

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

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

WCC File No. 1302654

Wanda Joe Employee, Claimant, Appellant,

v.

S.C. Department of Disabilities and Special Needs, Employer, and State Accident Fund,
Carrier, ... Respondents.

RECORD ON APPEAL

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RECEIVED

JUN 19 2017

SC Court of Appeals

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Single Commissioner Decision and Order,

March 15, 2016

DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1302654

Wanda Joe,	)
Employee,	)
Claimant,	)
vs.	)
SC Department of Disabilities and Special	)
Needs,	)
Employer,	)
and	)
State Accident Fund ,	)
Carrier,	)
Defendants.	)

HEARING:

Held in Florence, South Carolina on June 17, 2015.

APPEARANCES:

Claimant represented by Sydney J. Lynn, Esquire of Myrtle Beach, South Carolina.

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

PURPOSE OF HEARING:

To determine the issues as set forth on the Form 21.

DECISION AND ORDER:

By Aisha G. Taylor, Commissioner

FILED:

March 15, 2016

I. APA SUBMISSIONS

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

- Defendants' APA #1: Records of Dr. Maria Perez-Garcia, dated 3/8/13 – 4/18/13, consisting of pages 1-7.
- Defendants' APA #2: Records of InMed, dated 4/3/13, consisting of page 8.
- Defendants' APA #3: Records of Pee Dee Orthopaedic Associates, PA, dated 5/13/13 – 9/10/14, consisting of pages 9-41.
- Defendants' APA #4: Records of Dr. R. Douglas Markham, dated 4/15/14, consisting of pages 42-45.
- Defendants' APA #5: Reports of McLeod Regional Medical Center, dated 7/18/14 – 7/30/14, consisting of pages 46-49.
- Defendants' APA #6: Records of Columbia Neurosurgical Associates, P.A., dated 11/19/14 – 4/1/15, consisting of pages 50-54.
- Defendants' APA #7: Records of Progressive Physical Therapy, dated 12/11/14 – 2/18/15, consisting of pages 55-92.
- Defendants' APA #8: Records of CORA FCE, dated 3/26/15, consisting of pages 93-116.
- Claimant's APA #1: Records of InMed, dated 4/3/13, consisting of page 1.
- Claimant's APA #2: Records of Dynamic Physical Therapy and Rehabilitation Center, dated 5/24/13 – 5/29/14, consisting of pages 2-95.
- Claimant's APA #3: Records of McLeod Regional Medical Center, dated 9/13/13 – 10/3/14, consisting of pages 96-138.
- Claimant's APA #4: Records of Allergy partners, dated 10/23/13, consisting of pages 139-141.
- Claimant's APA #5: Pee Dee Orthopaedic Associates, PA, dated 3/17/14 – 10/10/14, consisting of pages 142-180.
- Claimant's APA #6: Columbia Neurological Associates, PA, dated 11/19/14 – 4/1/15, consisting of pages 181-189.

Claimant's APA #7: Progressive Physical Therapy, dated 12/11/14 – 3/25/15, consisting of pages 190-233.

Claimant's APA #8: First Physical Therapy of Camden, dated 3/26/15, consisting of pages 234-259.

II. STIPULATIONS

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

1. The purpose of the hearing is to determine the issues as set forth in the Form 21 and any other issues which may timely come before the Commission;
2. That the Claimant's accident occurred on March 7, 2013;
3. The Claimant's average weekly wage was \$802.65 with a corresponding compensation rate of \$535.13;
4. Notices were timely and properly served upon all parties of interest;
5. Venue, set in Florence County, is proper as agreed by all parties;
6. That the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues involved;
7. The issues for determination are whether the Defendants are entitled to stop payment of temporary total compensation, Claimant's entitlement to partial disability compensation, medical benefits and/or disfigurement, if any, and any other issues which may timely come before the Commission.

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

III. STATEMENT OF THE CASE

This case was heard by the undersigned Commissioner in Florence, South Carolina, on June 17, 2015.

Defendants' filed a Form 21 Request for Hearing on March 21, 2015 to terminate temporary disability payments. Defendants assert Claimant has reached MMI, is able to return to work, and is no longer entitled to receive temporary disability payments. It is Claimant's position in this matter that she has not reached MMI and that she is entitled to additional medical treatment and TTD benefits.

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

IV. EVIDENCE OF THE CASE

Claimant testified she was injured on March 7, 2013 while trying to stop a patient, who was having a seizure, from falling to the ground. She testified she believes she injured her back while she was lowering the patient to the floor. Claimant asserted she treated with Dr. Chokshi until such time as he recommended a spinal cord stimulator trial. Claimant was unsure whether she wanted to undergo such a procedure, and therefore, she requested another medical opinion. Claimant testified she then treated with Dr. Gunter, who ultimately found she was nonsurgical and placed her at MMI.

Claimant first sought medical treatment from Carolina Occupational Health on March 8, 2013 with Dr. Perez. (Defendants' APA #1, p. 1). She complained of tightness about 3/10 in intensity located on the midthoracic area. (*id.*). She was then referred to Dr. Chokshi of Pee Dee Orthopaedic Associates (Defendants' APA #3, p. 28). Dr. Chokshi recommended a discogram which was performed by Dr. Bruce Johnson of the McLeod Pain Management Clinic on July 30, 2014. (Defendants' APA #5, p.48). The procedure was unsuccessful because Dr. Johnson was unable to get into the L5-S1 disc space. (*id.*). In addition, Dr. Chokshi recommended a spinal

cord simulator. (*Id.* at 40). Next, Claimant visited Dr. Brett C. Gunter of Columbia Neurological Associates, P.A. Dr. Gunter referred Claimant to CORA Rehabilitation Clinic for a FCE. (Defendants' APA #8, p. 93). During the FCE it was noted that Claimant demonstrated "inconsistent and submaximal effort during the evaluation." (*Id.* at 95). On April 1, 2015, Dr. Gunter determined that Claimant was at MMI and assigned a 4% impairment rating to her whole person. (Defendants' APA #6, p. 52).

A record such as was necessary for a decision was made of the proceeding and after careful consideration and study of all the evidence, the following findings of fact are accordingly made.

V. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. Dr. Johnson's IME report is excluded as it was not timely submitted. Although the report was dated June 10, 2015, the report was not filed with the Commission or served on opposing counsel until June 17, 2015, the date of the hearing.
2. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Wanda Joe as Employee-Claimant and SC Department of Disabilities and Special Needs as Employer and State Accident Fund as Carrier, Defendants.
3. That Claimant was an employee of the above-named Employer on and prior to March 7, 2013, on which date she did sustain an injury to the back arising out of and in the course of her employment, and proper notice was given to Employer. This was an accepted claim, and Claimant has received appropriate medical benefits and is presently receiving temporary total compensation.
4. That the average weekly wage of Claimant at the time of the above-described

accident was \$802.65, making a compensation rate of \$535.13 applicable in this matter.

5. That Claimant reached maximum medical improvement on April 1, 2015 for the injuries resulting from the March 7, 2013 accident, and there is no evidence in the record that any additional medical treatment would tend to lessen the period of Claimant's disability.

6. This finding is based upon the evidence as a whole including the medical opinion of Dr. Gunter.

7. Although, Dr. Chokshi recommended a spinal cord stimulator, I find Claimant's subsequent evaluation by Dr. Gunter, to be more persuasive and deserving of greater weight. Claimant's "submaximal effort" and "poor effort" on her FCE strengthened this finding.

8. That Defendants were entitled to stop payment of temporary total compensation effective on the filing date of this order and are entitled to a credit for the overpayment of temporary total compensation since April 1, 2015, against the award for permanent partial disability ordered herein.

9. That Claimant has sustained 14% permanent partial disability to her back as a result of the accidental injury on March 7, 2013.

10. Although Dr. Gunter only issued Claimant a 4% permanent impairment rating, the Commission finds Claimant's disability is significantly greater based on her medical and surgical history. This finding is based on the evidence as a whole including the preponderance of the medical evidence.

11. Claimant is entitled to a lump sum payment of her award with James v. Anne's SSA apportionment language.

12. That Claimant has failed to prove that she is entitled to any further medical benefits, any award for serious disfigurement or any other compensable element under the law, other than

the award for disability as ordered herein.

13. No hearing costs are assessed.

VI. CONCLUSIONS OF LAW

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

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

2. Under Reg. 67-612 and other applicable law, Dr. Johnson's IME report is excluded as it was not timely submitted. Although the report is dated June 10, 2015, the report was not filed with the Commission or served on opposing counsel until June 17, 2015, the date of the hearing.

3. Under § 42-1-160, Claimant sustained an injury to her back by accident arising out of and in the course and scope of her employment on March 7, 2013.

4. Under §§ 42-9-10 and 42-1-120, Claimant was entitled to compensation for a period of temporary total disability from March 8, 2013 until April 1, 2015, the date on which Claimant reached maximum medical improvement. Defendants are entitled to suspend Claimant's TTD benefits.

5. Under § 42-15-60, Claimant was entitled to medical, surgical, hospital and other authorized treatment until April 1, 2015, the date on which Claimant reached maximum medical improvement, but not thereafter, there being no evidence that any additional medical treatment would tend to lessen the period of her disability.

6. Under § 42-9-30, Claimant has sustained 14% permanent partial disability to the back. Claimant is entitled to a lump sum payment of her award with James v. Anne's SSA apportionment language. From such award, Defendants are entitled to a credit for the overpayment

of temporary total compensation since April 1, 2015.

VII. ORDER/AWARD

IT IS HEREBY ORDERED that the Application of Employer/Carrier to stop payment of temporary total compensation is hereby granted, effective April 1, 2015 the date on which Claimant reached maximum medical improvement.

IT IS FURTHER ORDERED that as a result of Claimant's accidental injury occurring on March 7, 2013, she has sustained 14% permanent partial disability to the back., for which she is entitled to 42 weeks of compensation, at the compensation rate of \$535.13 per week. Claimant is entitled to a lump sum payment of her award with James v. Anne's SSA apportionment language. From this amount, the Defendants are entitled to a credit or offset for the overpayment of temporary total compensation paid after April 1, 2015. This credit shall be taken from the Claimant's Award.

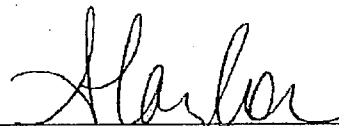
IT IS FURTHER ORDERED Claimant reached maximum medical improvement on April 1, 2015, and as such Defendants are not liable for any additional medical, surgical, hospital or other medical treatment to Claimant after said date.

IT IS FURTHER ORDERED that Claimant has not sustained any serious and permanent disfigurement as a result of this accident, and as such Defendants are not liable for same.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



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).

March 16, 2016

By: Renee Smith, Administrative Assistant to Commissioner Taylor

Appellate Panel Decision and Order, October 25, 2016

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1302654**

Wanda Joe,
Employee/Claimant,
Appellant

vs.

SC Department of Disabilities and Special Needs,
Employer,

and

State Accident Fund,
Carrier,
Defendants,
Respondents.

Appellate Panel Review in Columbia, South Carolina set for August 15, 2016 per
notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed October 25th, 2016.

Appearances:

Claimant/Appellant represented by Sydney J. Lynn, Esquire, of Myrtle
Beach, South Carolina.

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

STATEMENT OF THE CASE

The parties were heard by Commissioner Aisha G. Taylor on June 17, 2015 in Florence, South Carolina. As a result of said hearing, Commissioner Taylor issued an Order dated March 15, 2016 from which the Claimant appealed.

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

1. Dr. Johnson's IME report is excluded as it was not timely submitted. Although the report was dated June 10, 2015, the report was not filed with the Commission or served on opposing counsel until June 17, 2015, the date of the hearing.
2. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Wanda Joe as Employee-Claimant and SC Department of Disabilities and Special Needs as Employer and State Accident Fund as Carrier, Defendants.
3. That Claimant was an employee of the above-named Employer on and prior to March 7, 2013, on which date she did sustain an injury to the back arising out of and in the course of her employment, and proper notice was given to Employer. This was an accepted claim, and Claimant has received appropriate medical benefits and is presently receiving temporary total compensation.
4. That the average weekly wage of Claimant at the time of the above-described accident was \$802.65, making a compensation rate of \$535.13 applicable in this matter.
5. That Claimant reached maximum medical improvement on April 1, 2015 for the injuries resulting from the March 7, 2013 accident, and there is no evidence in the record that any additional medical treatment would tend to lessen the period of Claimant's

disability.

6. This finding is based upon the evidence as a whole including the medical opinion of Dr. Gunter.

7. Although, Dr. Chokshi recommended a spinal cord stimulator, I find Claimant's subsequent evaluation by Dr. Gunter, to be more persuasive and deserving of greater weight. Claimant's "submaximal effort" and "poor effort" on her FCE strengthened this finding.

8. That Defendants were entitled to stop payment of temporary total compensation effective on the filing date of this order and are entitled to a credit for the overpayment of temporary total compensation since April 1, 2015, against the award for permanent partial disability ordered herein.

9. That Claimant has sustained 14% permanent partial disability to her back as a result of the accidental injury on March 7, 2013.

10. Although Dr. Gunter only issued Claimant a 4% permanent impairment rating, the Commission finds Claimant's disability is significantly greater based on her medical and surgical history. This finding is based on the evidence as a whole including the preponderance of the medical evidence.

11. Claimant is entitled to a lump sum payment of her award with James v. Anne's SSA apportionment language.

12. That Claimant has failed to prove that she is entitled to any further medical benefits, any award for serious disfigurement or any other compensable element under the law, other than the award for disability as ordered herein.

13. No hearing costs are assessed.

The Hearing Commissioner's Decision and Order also set forth the following

Conclusions of Law:

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

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. Under Reg. 67-612 and other applicable law, Dr. Johnson's IME report is excluded as it was not timely submitted. Although the report is dated June 10, 2015, the report was not filed with the Commission or served on opposing counsel until June 17, 2015, the date of the hearing.
3. Under § 42-1-160, Claimant sustained an injury to her back by accident arising out of and in the course and scope of her employment on March 7, 2013.
4. Under §§ 42-9-10 and 42-1-120, Claimant was entitled to compensation for a period of temporary total disability from March 8, 2013 until April 1, 2015, the date on which Claimant reached maximum medical improvement. Defendants are entitled to suspend Claimant's TTD benefits.
5. Under § 42-15-60, Claimant was entitled to medical, surgical, hospital and other authorized treatment until April 1, 2015, the date on which Claimant reached maximum medical improvement, but not thereafter, there being no evidence that any additional medical treatment would tend to lessen the period of her disability.
6. Under § 42-9-30, Claimant has sustained 14% permanent partial disability to the back. Claimant is entitled to a lump sum payment of her award with James v. Anne's SSA apportionment language. From such award, Defendants are entitled to a credit for the

overpayment of temporary total compensation since April 1, 2015.

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

1. That the Claimant would request a review pursuant to S.C. Code §42-17-50 by the Full Commission of the Findings of Fact, Conclusions of Law and Decision rendered in this matter based upon a review of the evidence, the position and the legal precedents cited to the Commission and the entire Record before the Hearing Commissioner for decision.
2. That the Hearing Commissioner erred as a matter of law by giving the greatest weight to Dr. Turner and therefore finding Claimant reached Maximum Medical Improvement April 1, 2015.
3. That the Hearing Commissioner erred as a matter of law by giving the greatest weight to Dr. Gunter, and therefore finding that Claimant sustained a 14% Permanent Partial Disability to her back as a result of the work injury on March 7, 2013.
4. That the Hearing Commissioner erred as a matter of law by giving the greatest weight to Dr. Gunter, and therefore finding that there is no evidence in the record that any additional medical treatment would tend to lessen the period of Claimant's disability.
5. That the Hearing Commissioner erred as a matter of law by giving the greatest weight to Dr. Gunter, and therefore finding that defendants are entitled to stop payment of Temporary Total compensation effective March 15, 2016, and are entitled to a credit for the overpayment of Temporary Total compensation since

April 1, 2015.

6. That the Hearing Commissioner erred as a matter of law by giving the greatest way to Dr. Gunter, and therefore finding that Claimant is not entitled to any further medical benefits or treatment as a result of her work injury.

Copies of the above assignments of error were furnished to all interested parties prior to oral argument scheduled before the Appellate Panel on August 15, 2016.

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

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

FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. Dr. Johnson's IME report is excluded as it was not timely submitted. Although the report was dated June 10, 2015, the report was not filed with the Commission or served on opposing counsel until June 17, 2015, the date of the hearing.
2. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Wanda Joe as Employee-Claimant and SC Department of Disabilities and Special Needs as Employer and State Accident Fund as Carrier, Defendants.

3. That Claimant was an employee of the above-named Employer on and prior to March 7, 2013, on which date she did sustain an injury to the back arising out of and in the course of her employment, and proper notice was given to Employer. This was an accepted claim, and Claimant has received appropriate medical benefits and is presently receiving temporary total compensation.

4. That the average weekly wage of Claimant at the time of the above-described accident was \$802.65, making a compensation rate of \$535.13 applicable in this matter.

5. That Claimant reached maximum medical improvement on April 1, 2015 for the injuries resulting from the March 7, 2013 accident, and there is no evidence in the record that any additional medical treatment would tend to lessen the period of Claimant's disability.

6. This finding is based upon the evidence as a whole including the medical opinion of Dr. Gunter.

7. Although, Dr. Chokshi recommended a spinal cord stimulator, I find Claimant's subsequent evaluation by Dr. Gunter, to be more persuasive and deserving of greater weight. Claimant's "submaximal effort" and "poor effort" on her FCE strengthened this finding.

8. That Defendants were entitled to stop payment of temporary total compensation effective on the filing date of this order and are entitled to a credit for the overpayment of temporary total compensation since April 1, 2015, against the award for permanent partial disability ordered herein.

9. That Claimant has sustained 14% permanent partial disability to her back as a result of the accidental injury on March 7, 2013.

10. Although Dr. Gunter only issued Claimant a 4% permanent impairment rating, the Commission finds Claimant's disability is significantly greater based on her medical and surgical history. This finding is based on the evidence as a whole including the preponderance of the medical evidence.

11. Claimant is entitled to a lump sum payment of her award with James v. Anne's SSA apportionment language.

12. That Claimant has failed to prove that she is entitled to any further medical benefits, any award for serious disfigurement or any other compensable element under the law, other than the award for disability as ordered herein.

13. No hearing costs are assessed.

CONCLUSIONS OF LAW

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

2. Under Reg. 67-612 and other applicable law, Dr. Johnson's IME report is excluded as it was not timely submitted. Although the report is dated June 10, 2015, the report was not filed with the Commission or served on opposing counsel until June 17, 2015, the date of the hearing.

3. Under § 42-1-160, Claimant sustained an injury to her back by accident arising out of and in the course and scope of her employment on March 7, 2013.

4. Under §§ 42-9-10 and 42-1-120, Claimant was entitled to compensation for a period of temporary total disability from March 8, 2013 until April 1, 2015, the date on which Claimant reached maximum medical improvement. Defendants are entitled to

suspend Claimant's TTD benefits.

5. Under § 42-15-60, Claimant was entitled to medical, surgical, hospital and other authorized treatment until April 1, 2015, the date on which Claimant reached maximum medical improvement, but not thereafter, there being no evidence that any additional medical treatment would tend to lessen the period of her disability.

6. Under § 42-9-30, Claimant has sustained 14% permanent partial disability to the back. Claimant is entitled to a lump sum payment of her award with James v. Anne's SSA apportionment language. From such award, Defendants are entitled to a credit for the overpayment of temporary total compensation since April 1, 2015.

ORDER

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

IT IS HEREBY ORDERED that the Application of Employer/Carrier to stop payment of temporary total compensation is hereby granted, effective April 1, 2015 the date on which Claimant reached maximum medical improvement.

IT IS FURTHER ORDERED that as a result of Claimant's accidental injury occurring on March 7, 2013, she has sustained 14% permanent partial disability to the back, for which she is entitled to 42 weeks of compensation, at the compensation rate of \$535.13 per week. Claimant is entitled to a lump sum payment of her award with James v. Anne's SSA apportionment language. From this amount, the Defendants are entitled to a credit or offset for the overpayment of temporary total compensation paid after April 1, 2015. This credit shall be taken from the Claimant's Award.

IT IS FURTHER ORDERED Claimant reached maximum medical improvement on

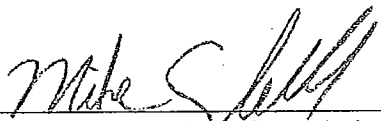
April 1, 2015, and as such Defendants are not liable for any additional medical, surgical, hospital or other medical treatment to Claimant after said date.

IT IS FURTHER ORDERED that Claimant has not sustained any serious and permanent disfigurement as a result of this accident, and as such Defendants are not liable for same.

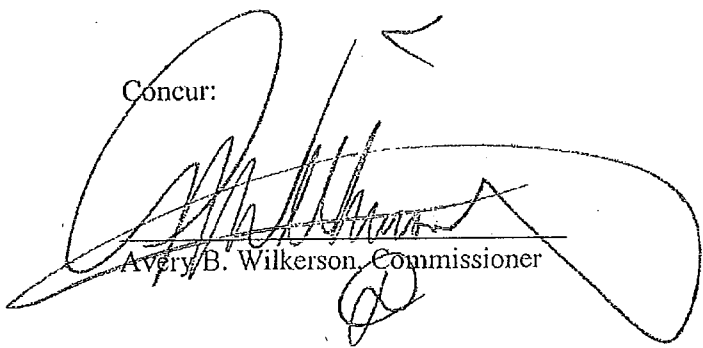
No hearing costs are assessed in this instance.

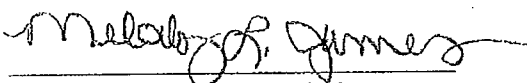
IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


R. Michael Campbell, Commissioner
For the Appellate Panel

Concur:


Avery B. Wilkerson, Commissioner


Melody L. James, Commissioner

CERTIFICATE OF SERVICE

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

By Kim Falls on October 25, 2016

Form 18 Periodic Report, April 13, 2015

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

WCC File # 1302654
Carrier File # 2013-000680
Carrier Code # 500 SF
Employer FEIN 570000J16

Wanda Joe 251-65-6217
PO Box 737, Timmonsville, SC 29161
Wk#:() - Home#:(843) 472-9910

DEPT OF DSN
714 National Cemetery Rd., Florence, SC 29502-3209

Preparer's name: Jennifer Harmon (803) 896-5913

State Accident Fund, Insurance Carrier

1. Date of injury: 03/07/2013
month day year

2. Total Weeks of Compensation Paid: 108.85714

3. Type of Compensation Paid (TP or TT)/Periods of Payment:

Type: TT From: 03/08/2013 To: 04/08/2015

4. Date of First Payment: 03/08/2013
month day year

5. Total Amount Paid (a) Compensation: \$ 58,252.72
(b) Medical (Include Nursing, Hospital Drugs, Etc.): \$ 35,634.45

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

7. Use these lines to send a memo to the Commission:

Employer's Representative

Phone #

04/13/2015
Date

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request an informal conference. Refer to R.67-413, R.67-507, and R.67-804 for further information.

WCC FORM # 18 REV. DATE 3/96

18

PERIODIC REPORT

Defendants' Form 21 Request for Hearing, April 16, 2015

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737.5675 www.wcc.sc.gov



WCC File #: 1302654
Carrier File #: 2013-000680
Carrier Code #:
Employer FEIN #:

Claimant's Name: Wanda Joe SSN: 251-65-6217 Employer's Name: SC Department of Disabilities and Special Needs
Address: P.O. Box 737 Address: 714 National Cemetery Road
City: Timmonsville State: SC Zip: 29161 City: Florence State: SC Zip: 29502
Home Phone: (843) 472-9910 Work Phone: Insurance Carrier: State Accident Fund
Preparer's Name: Sarah S. Alphin Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (803) 227-2885

The date of injury reported on Form 12A is: 3/7/2013 (m/d/yyyy)

Check appropriate section(s). The Employer's Representative requests a hearing to:

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

Claimant reached maximum medical improvement on 04/01/2015 (m/d/yyyy) (copy of medical report must be attached).
Compensation payments are current as of 03/07/2013 (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant.
A Form 17 was offered and refused on 04/13/2015 (m/d/yyyy).

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

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

The basis for the termination/ suspension is

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

The Claimant has reached MMI.

Claimant reached maximum medical improvement 04/01/2015 (m/d/yyyy) (copy of medical report must be attached).

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

- V. ☐ Determine amount of compensation for claims involving a fatality.

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

- VI. ☐ Mediation

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

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Sydney J. Lynn, 106 Lansford Court, Suite 202

Name & Address

Myrtle Beach, SC 29588 and Judicial Director, SC WCC, P. O. Box 1715, Columbia, SC 29202 on the 16th day of April, 2015 by ☒ first class mail ☐ personal service ☐ certified mail.

Sarah S. Alphin
Preparer's Signature

Attorney for Defendants
Title

ssalpin@wjlaw.net
Email

04/16/2015
Date

Tessa W. Campbell
Certifier, Tessa W. Campbell

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

Defendants' Form 58 Pre-Hearing Brief, June 4, 2015

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 130265

Claimant's Name: Wanda Joe Employer's Name: SC Department of Disabilities and Special Needs
Address: P.O. Box 737 Address: 714 National Cemetery Road
City: Timmonsville State: SC Zip: 29161 City: Florence State: SC Zip: 29502
Home Phone: (843) 472-9910 Work Phone: _____ Carrier: State Accident Fund
Preparer's Name: Sarah S. Alphin Preparer's Phone #: (803) 227-2885

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$535.13 2. AWW: \$ 802.65 Date of Injury: 3/7/2013
3. Type of Injury and body part(s): Back
4. Facts in controversy: Whether Claimant has reached MMI; whether Defendants are entitled to stop payment of TTD benefits; whether Defendants are entitled to credit for overpayment of TTD benefits; whether Claimant is entitled to any further benefits.
5. Legal issues involved: § 42-1-120; § 42-15-60; § 42-1-160; § 42-9-10; § 42-9-30; § 42-9-60; Curriel vs. Environmental Management Services; Shealy vs. Algernon Blair, Inc. 250 S.C. 106 and other applicable statutes, regulations, and case law.
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the Claimant.
7. Witnesses (designate if expert):* Employer Representative(s)/Supervisor; Claimant
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: Dr. Chokshi with Pee Dee Orthopaedics and Dr. Gunter with Columbia Neurosurgical Assoc.
11. Impairment rating(s); body part(s); physician and date of opinion: 4% to the back by Dr. Gunter on April 1, 2015
12. I am amending my Form 50/51 in the following manner: N/A

☐ **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.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Sydney J. Lynn, 106 Lansford Court, Suite 202, Myrtle Beach, SC 29588 and Commissioner Taylor via eCase upload on the 4th day of June, 2015, by ☒ first class mail ☐ personal service ☐ certified mail.

Tessa W. Campbell
Certifier, Tessa W. Campbell

Signature: Sarah S. Alphin
Sarah S. Alphin, Willson Jones Carter & Baxley, P.A.

Email: ssalpin@wjlaw.net

Date of hearing: 06/17/2015

Time needed for hearing: 45 minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58

Revised 7/13

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

WCC File # 1302654

Carrier File # 2013-000680

Carrier Code #

Employer FEIN

Wanda Joe	251-65-6217	SC Department of Disabilities and Special Needs
Claimant's Name	SSN	Employer's Name
P.O. Box 737, Timmonsville, SC 29161		714 National Cemetery Road, Florence, SC 29502
Address	City	State
(843) 472-9910		Zip
Home Phone	Work Phone	State Accident Fund
		Insurance Carrier
Sarah S. Alphin	4500 Fort Jackson Boulevard, Columbia, SC 29209	(803) 227-2885
Preparer's Name	Address	Phone #

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
SYDNEY J. LYNN, ESQUIRE, ATTORNEY FOR CLAIMANT

YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
1. Dr. Maria Perez-Garcia	March 8, 2013 – April 18, 2013	1 – 7
2. InMed	April 3, 2013	8
3. Pee Dee Orthopaedic Associates, PA	May 13, 2013 – September 10, 2014	9 – 41
4. Dr. R. Douglas Markham	April 15, 2014	42 – 45
5. McLeod Regional Medical Center	July 18, 2014 – July 30, 2014	46 – 49
6. Columbia Neurosurgical Associates, P.A.	November 19, 2014 – April 1, 2015	50 – 54
7. Progressive Physical Therapy	December 11, 2014 – February 18, 2015	55 – 92
8. CORA FCE	March 26, 2015	93 – 116

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the employer-defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: Employer Representative(s)/Supervisor; Claimant.

Sarah S. Alphin
Sarah S. Alphin
Willson Jones Carter & Baxley, P.A.
4500 Fort Jackson Boulevard
Columbia, SC 29209

June 4, 2015

June 17, 2015
(hearing date)

Claimant's Amended Form 58 Pre-Hearing Brief, June
17, 2015

South Carolina Workers' Compensation Commis
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739
<http://www.wcc.sc.gov>



PRE-HEARING BRIEF
WCC File No: 1302654

Claimant's Name: Wanda B. Joe Employer's Name: South Carolina Department of Disabilities & Special Needs
Address: PO Box 737 Address: 714 National Cemetery Road State: SC Zip: 29161
City: Timmonsville City: Florence State: SC Zip: 29502
Home Phone: (843) 472-9910 Work Phone: () Carrier: Corvel Corporation
Preparer's Name: Sydney J. Lynn, Esquire, Joye Law Firm, L.L.P. Preparer's Phone #: (843) 315-3424

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 535.13 2. AWW: \$ 802.65 Date of Injury: 3/7/2013
3. Type of Injury and body part(s): Claimant was assisting a seizing patient when they both fell causing her injuries. / back, legs & feet
4. Facts in controversy: Whether Claimant has reached MMI for all of her injuries; Whether the Claimant has a permanent partial disability for all of her injuries; Whether the Claimant is entitled to additional or future medical treatment; Whether Claimant is due TTD or TPD; Whether Claimant has suffered a wage loss; Whether Claimant is due additional benefits under the Act.
5. Legal Issues involved: Section 42-9-10, 42-9-20, 42-9-30, 42-15-60 and all other applicable sections under the act. See No. 4 Above.
6. Unusual aspects: None Known
7. Witnesses (designate if expert):* Claimant - Wanda B. Joe
8. Exhibits: See attached Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Claimant.
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance): See attached Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of Claimant.
10. Name, address, and specialty, if any, of the treating physician: Carolina Hospital System, 805 Pamlico Hwy Florence, SC 29505; Columbia Neurosurgical Associates 720 Rabon Road Columbia, SC 29203; Dynamic Physical Therapy and Rehabilitation 2724 West Palmetto Street Suite 2 Florence, SC 29501; First Physical Therapy of Camden 1202 Mill Street Camden, SC 29020; InMed Diagnostics of Florence 1120 West Evans Street Florence, SC 29501; McLeod Regional Medical Center 555 East Cheves Street Florence, SC 29506; Pee Dee Orthopaedic Associates 901 E Cheves Street Suite 100 Florence, SC 29506; Progressive Physical Therapy 2200 South Irby Street Florence, SC 29505; Southeastern Spine Institute 1106 Chuck Dawley Blvd. Mount Pleasant, SC 29464
11. Impairment rating(s); body part(s); physician and date of opinion: 4%, whole person, Dr. Gunter, 04/01/2015; 13%, whole person, Dr. Donald Johnson, 06/10/2015
12. I am amending my Form 50/51 in the following manner: N/A

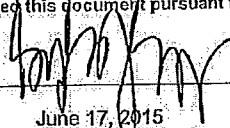
☐ Mediation

- ☐ 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.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to (See Attached) by: ☒ first class postage ☐ certified mail ☐ personal service.

Signature: 

Email: slynn@joyelawfirm.com

Date of hearing: June 17, 2015

Time needed for hearing: 30 Minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

Appellant's Form 30 Request for Commission Review,
March 28, 2016

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov



WCC File #: 1302654
Carrier File: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Wanda B. Joe SSN: 251-65-6217
Address: PO Box 737
City: Timmonsville State: SC Zip: 29161
Home Phone: _____ Work Phone: (843) 472-9910

Employer's Name: South Carolina Department of Disabilities & Spec Needs
Address: 714 National Cemetery Road
City: Florence State: SC Zip: 29502
Insurance Carrier: Corvel Corporation

Preparer's Name: Sydney J. Lynn Law Firm: Joye Law Firm, L.L.P. Preparer's Phone #: (803) 451-4902

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 3/7/2013

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.

(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 Sarah S. Alphin, Esq.
address 500 Fort Jackson Blvd on the 28 day of 3 2016 by ☒ first class postage ☐ certified mail ☐ personal service.

Preparer's Signature	Attorney	<u>slynn@joyelawfirm.com</u>	March 28, 2016
	Title	Email	Date

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

WCC Form # 30
Revised 7/13

30

REQUEST FOR COMMISSION REVIEW

Wanda Joe v. SC Department of Disabilities and Special Needs and State Accident Fund
WCC File No.: 1302654
Date of Accident: March 7, 2013

Attachment to Form 30

1. Did the Commissioner err in excluding Dr. Johnson's IME report?
2. Did the Commissioner err in finding that Claimant reached maximum medical improvement on April 1, 2015?
3. Did the Commissioner err in finding that there is no evidence in the record that any additional medical treatment would tend to lessen the period of Claimant's disability?
4. Did the Commissioner err in giving greater weight to the opinion of Dr. Gunter over Dr. Chokshi?
5. Did the Commissioner err in finding that Defendants are entitled to stop payment of temporary total compensation effective March 15, 2016, and are entitled to a credit for the overpayment of temporary total compensation since April 1, 2015, against the award for permanent partial disability?
6. Did the Commissioner err in finding that Claimant has sustained a 14% permanent partial disability to her back as a result of the work injury of March 7, 2013?

Appellant's Brief to the Full Commission, July 18, 2016

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1302654

Wanda Joe

EMPLOYEE / CLAIMANT,

vs.

**South Carolina Department of Disabilities and
Special Needs,**

EMPLOYER,

and

State Accident Fund,

CARRIER,

DEFENDANTS.

CLAIMANT/APPELLANT'S BRIEF

STATEMENT OF THE CASE

This case was heard by the undersigned Commissioner in Florence, South Carolina, on June 17, 2015.

Claimant sustained a compensable injury by accident on March 7, 2013, when she was assisting a seizing patient. Claimant suffered an injury to her back.

It is Claimant's position in this matter that she is not at maximum medical improvement as a result of her March 7, 2013, accident and that she would benefit from additional medical treatment as a result of the same. Specifically, Claimant requests authorization for further spinal cord stimulator trial counseling and/or pain management procedures.

It is Defendants' position in this matter that Claimant is at maximum medical improvement for an injury to Claimant's lumbar spine as of April 1, 2015, per the opinion of Dr. Brett Gunter, an authorized treating physician.

The medical evidence submitted reflects that Claimant treated for lumbar spine injuries from March 7, 2013, until being released by Dr. Gunter on April 1, 2015. Prior to Dr. Gunter's assumption of care, Claimant was treated by Dr. Rakesh Chokshi. Claimant was treated with medication, injections, and physical therapy. Claimant was further evaluated by Dr. Donald Johnson, who opined that Claimant is, from a surgical standpoint, at maximum medical improvement. However, Dr. Johnson indicated that she would benefit from ongoing advanced pain management (i.e., injections, physical therapy, possibly rhizotomy procedure) and possible spinal cord stimulator trial as suggested by Dr. Chokshi.

Claimant contends that since her work injury, several of her symptoms remain unresolved. Specifically, low back pain with radiation, numbness and tingling into her bilateral lower extremities, right greater than left.

Claimant testified at the hearing in this matter, and her testimony allowed this Commissioner to observe Claimant and to ask questions of Claimant.

A hearing was set in front of the Single Commissioner on June 17, 2015, in Florence, South Carolina, to determine issues set forth on the Form 21. On March 15, 2016, the Single Commissioner ordered that Claimant was entitled to a PPD award to the back consistent with fourteen (14%) percent, that Claimant is not entitled to any additional medical treatment, and that Defendants are entitled to a credit of temporary total disability benefits (TTD) from April 1, 2015, to March 15, 2016.

Claimant filed a Form 30 on March 28, 2016, to appeal the Single Commissioner's Order that affords the opinion of Dr. Gunter the greatest weight despite the longer medical relationship between Dr. Chokshi and Claimant, excludes the independent medical evaluation of Dr. Johnson, and ultimately holds that:

Claimant reached maximum medical improvement on April 1, 2015;

There is no evidence of record that any additional medical treatment would tend to lessen the period of Claimant's disability;

Defendants are entitled to stop payment of temporary total compensation effective March 15, 2016, and are entitled to a credit for the overpayment of temporary total compensation since April 1, 2015, and;

Claimant is not entitled to any further medical benefits or treatment as a result of her work injury.

ISSUES PRESENTED

1. Did the Single Commissioner err in giving the greatest weight to Dr. Gunter and therefore finding that:
 - a. Claimant reached maximum medical improvement on April 1, 2015;
 - b. Claimant sustained a 14% permanent partial disability to her back as a result of the work injury of March 7, 2013;
 - c. there is no evidence in the record that any additional medical treatment would tend to lessen the period of Claimant's disability;
 - d. Defendants are entitled to stop payment of temporary total compensation effective March 15, 2016, and are entitled to a credit for the overpayment of temporary total compensation since April 1, 2015; and
 - e. Claimant is not entitled to any further medical benefits or treatment as a result of her work injury.
2. Did the Single Commissioner err in excluding the independent medical evaluation report of Dr. Johnson?

ARGUMENT

1. **THE SINGLE COMMISSIONER ERRED IN GIVING THE GREATEST WEIGHT TO DR. GUNTER, AND THEREFORE FINDING THAT:**
 - a. **CLAIMANT REACHED MAXIMUM MEDICAL IMPROVEMENT ON APRIL 1, 2015;**
 - b. **CLAIMANT SUSTAINED A 14% PERMANENT PARTIAL DISABILITY TO HER BACK AS A RESULT OF THE WORK INJURY OF MARCH 7, 2013;**
 - c. **THERE IS NO EVIDENCE IN THE RECORD THAT ANY ADDITIONAL MEDICAL TREATMENT WOULD TEND TO LESSEN THE PERIOD OF CLAIMANT'S DISABILITY;**
 - d. **DEFENDANTS ARE ENTITLED TO STOP PAYMENT OF TEMPORARY TOTAL COMPENSATION EFFECTIVE MARCH 15, 2016, AND ARE ENTITLED TO A CREDIT FOR THE OVERPAYMENT OF TEMPORARY TOTAL COMPENSATION SINCE APRIL 1, 2015; AND**
 - e. **CLAIMANT IS NOT ENTITLED TO ANY FURTHER MEDICAL BENEFITS OR TREATMENT AS A RESULT OF HER WORK INJURY.**

The Single Commissioner erred in giving the greatest weight to Dr. Gunter, and therefore making subsequent findings that are inconsistent with the evidence of record. In addition to Dr. Gunter, a spinal surgeon, Claimant was evaluated by Drs. Chokshi and Johnson, both spinal surgeons, with regard to her back. After a failed discogram, Dr. Chokshi ruled out surgical intervention. Dr. Johnson agreed. However, when Claimant last saw Dr. Chokshi on September 10, 2014, Dr. Chokshi recommended a spinal cord stimulator trial. Claimant was unsure as to whether she wanted to undergo this procedure and requested a second opinion, which gives rise to Dr. Gunter's assumption of care. Claimant saw Dr. Gunter on two occasions. At the first visit on November 19, 2014, Dr. Gunter noted that the Claimant wished to pursue additional counseling on the spinal cord stimulator trial. Dr. Gunter noted at that time that the Claimant had numbness and tingling in the front of her lower legs into the tops of her feet and toes. Dr. Gunter ordered physical therapy. Dr. Gunter next saw Claimant on April 1, 2015, at which time he released her from his care and deemed her at maximum medical improvement.

Dr. Gunter never discussed any ongoing pain management techniques with Claimant, spinal cord stimulator trial or otherwise. (Claimant's APA #6; Defendants' APA #6).

"MMI is a medical issue that requires a medical opinion concerning the health status of a person taking into consideration whether additional care and treatment will lessen the claimant's impairment. Assuming the physician reaches the opinion that the claimant no longer needs medical care or treatment related to the work injury because the claimant has reached a medical plateau, then MMI has occurred." Beard, Poteat, Lamar, Sumwalt, Bluestein, Sullivan, *The Law of Workers' Compensation Insurance*, (S.C. Bar 6th Ed. 2012), Ch. 9 – Benefits, p. 329. It is reasonably impossible for a Claimant to have reached maximum medical improvement when there is evidence of a blatant disparity between the evaluative efforts made by a treating physician and a Claimant's undisputed ongoing symptoms.

2. THE SINGLE COMMISSIONER ERRED IN EXCLUDING THE INDEPENDENT MEDICAL EVALUATION REPORT OF DR. JOHNSON.

By way of an independent medical evaluation, Claimant was evaluated by Dr. Donald Johnson of Southeastern Spine Institute on June 10, 2015. Dr. Johnson agreed that Claimant was at maximum medical improvement from a surgical standpoint. However, citing Claimant's positive EMG nerve conduction study, evidencing radiculopathy, Dr. Johnson opined that Claimant would benefit from "ongoing pain management with physician visits every one to two months to include medications, potential course of physical therapy, potential repeat injections, facet medical branch blocks, facet rhizotomy (if successful, repeat rhizotomies every 18 months) and possible spinal cord stimulator trial as suggested by Dr. Chokshi." (Id.).

Defendants contended that the inclusion of Dr. Johnson's report would unfairly prejudice them, based on its submission by way of an Amended Form 58. Defendants filed their Form 21

on April 16, 2015. Claimant saw Dr. Johnson on June 10, 2015. Claimant testified at her deposition on June 3, 2015, that she had an appointment to see Dr. Johnson on June 10, 2015, and Dr. Johnson's report was completed on June 16, 2015.

Claimant testified that while her thoracic back pain had improved with treatment since the initial injury, her low back pain with numbness and tingling into her bilateral lower extremities are ongoing without resolution. Furthermore, Claimant testified at the hearing that she is willing to try any treatment recommendation made available to her to obtain relief from her symptoms. (Tr. pp. 22).

Based on the foregoing, we ask that this Commission find that Claimant is entitled to further medical examination and/or treatment with regard to her unresolved symptoms.

CONCLUSION

Based on the above reasoning, Claimant asks that this Commission vacate the Single Commissioner's findings and allow Claimant further medical examination and/or treatment.

[SIGNATURE BLOCK ON FOLLOWING PAGE]

RESPECTFULLY SUBMITTED,



Sydney Lynn, Esquire
JOYE LAW FIRM, LLP
106 Lansford Court,
Suite 202
Myrtle Beach, SC 29588
(843) 215-2245
synn@joyelawfirm.com
Attorney for Claimant/Appellant

Columbia, SC

Dated: July 18, 2016

Defendants' Brief to the Full Commission, August 2,
2016

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1302654

Wanda Joe,	)
Employee,	)
Claimant/Appellant,	)
vs.	)
SC Department of Disabilities and Special	)
Needs,	)
Employer,	)
and	)
State Accident Fund ,	)
Carrier,	)
Defendants/Respondents.	)

**BRIEF OF
DEFENDANTS/RESPONDENTS**

STATEMENT OF THE CASE

The Claimant sustained an admitted back injury on March 7, 2013, and the Defendants provided benefits pursuant to the Act. The Defendants filed a Form 21 Request for Hearing to terminate temporary disability payments and pay compensation on April 16, 2015. The Defendants assert the Claimant reached maximum medical improvement on April 1, 2015, she is able to return to work, and they are entitled to a credit for overpaid temporary total disability as of the date of maximum medical improvement. The Claimant contends she is not at maximum medical improvement and seeks additional medical treatment and temporary total disability.

STATEMENT OF THE FACTS/EVIDENCE

The Claimant sustained an admitted back injury on March 7, 2013. The Claimant originally presented to Carolinas Urgent Care and Occupational Health Center on March 8, 2013.

(Defendant's APA #1, p. 1). She was referred to Dr. Chokshi of Pee Dee Orthopaedic Associates. (Defendant's APA #3, p. 28). Dr. Chokshi recommended a discogram which proved unsuccessful. (Defendant's APA #5, p. 48). Since surgery was no longer an option, on September 10, 2014, Dr. Chokshi recommended a spinal cord stimulator. (Defendant's APA #3, p. 40). The Claimant was hesitant to pursue Dr. Chokshi's recommendation and sought a second opinion from Dr. Gunter. Dr. Gunter recommended physical therapy and for the Claimant to undergo an FCE. (Defendant's APA #6, p. 52). The results of the FCE were unreliable because the Claimant "demonstrated inconsistent and submaximal effort during the evaluation." (Defendant's APA #8, p. 95). On April 1, 2015, Dr. Gunter placed the Claimant at maximum medical improvement with a 4% impairment rating, no work restrictions, and recommendations for no future medical treatment. (Defendant's APA #6, p. 52).

On June 17, 2015 a Hearing was held to determine the issues set forth on the Defendants' Form 21. On the day of the hearing, the Claimant provided Defense counsel with an independent medical evaluation performed by Dr. Johnson. The Hearing Commissioner excluded Dr. Johnson's report as it was not timely submitted. She also found Dr. Gunter's medical evaluation to be more persuasive than Dr. Chokshi's and deserving of the greater weight. As a result, the Hearing Commissioner determined the Claimant reached maximum medical improvement on April 1, 2015; the Claimant had sustained a 14% permanent partial disability to her back; the Claimant is not entitled to any further medical benefits; the Defendants are entitled to stop payment of temporary total compensation; and the Defendants are entitled to a credit for overpaid temporary total compensation. (Decision and Order, 03/15/2016). This appeal to the Full Commission followed.

ISSUES PRESENTED

- I. Whether the Hearing Commissioner properly placed the greatest weight on the medical evaluation of Dr. Gunter in ruling that Claimant reached maximum medical improvement.
- II. Whether the Hearing Commissioner properly excluded Dr. Johnson's independent medical evaluation.

ARGUMENTS/DISCUSSION

- I. THE SUBSTANTIAL WEIGHT OF THE EVIDENCE SUPPORTS THE HEARING COMMISSIONER'S DETERMINATION THAT DR. GUNTER'S EVALUATION WAS MOST PERSUASIVE AND DESERVING OF THE GREATEST WEIGHT.

The Appellant contends the Hearing Commissioner erred by placing the greatest weight on the recommendations of Dr. Gunter rather than the subjective complaints made by the Claimant. The Hearing Commissioner only had reports from two physicians to consider. The first of which being Dr. Chokshi of Pee Dee Orthopaedic Associates. Dr. Chokshi recommended a discogram that proved unsuccessful because the doctor was unable to get to the L5-S1 disc space. (Defendant's APA #5, p. 48). Since surgery was no longer an option, on September 10, 2014, Dr. Chokshi recommended a spinal cord stimulator. (Defendant's APA #3, p. 40). He also noted that it is unclear where her pain was exactly coming from. (*Id.*).

The Claimant was hesitant to pursue treatment with a spinal cord stimulator and requested a second opinion. As a result, she was scheduled to see Dr. Gunter of Columbia Neurological Associates. Dr. Gunter recommended the Claimant attend physical therapy and undergo an FCE. (Defendant's APA #8, p. 93). The results of the FCE were unreliable because the Claimant demonstrated "inconsistent and submaximal effort during the evaluation." (*Id.*). Considering the FCE and his own evaluations of the Claimant, Dr. Gunter concluded that he could not identify a cause of her current symptoms. (Defendant's APA #6, p. 54). On April 1,

2015, Dr. Gunter placed the Claimant at maximum medical improvement with a 4% impairment rating, no permanent work restrictions, and no recommendation for future medical treatment. (Defendant's APA #6, p. 54).

The Hearing Commissioner concluded that the Claimant had reached maximum medical improvement on April 1, 2015. The Hearing Commissioner determined that taken as a whole, Dr. Gunter's evaluation is more persuasive than Dr. Chokshi's in light of the "poor effort" displayed during the FCE. (Decision and Order, 03/15/2016). In addition, Dr. Gunter had seen the Claimant more recently than Dr. Chokshi. Dr. Gunter placed the Claimant at maximum medical improvement more than 6 months after she was seen by Dr. Chokshi. Neither doctor was able to determine the cause of the Claimant's symptoms. Also, the Claimant presented to Dr. Gunter upon her own request for a second opinion. It is the Hearing Commissioner's duty and obligation to weigh the evidence presented and make rulings. Her findings are supported by the substantial evidence in the record and should not be overturned because the Claimant disagrees with the outcome.

II. THE HEARING COMMISSIONER PROPERLY EXCLUDED THE INDEPENDENT MEDICAL REPORT OF DR. JOHNSON

The Defendants filed the Form 21 Request for Hearing on April 16, 2015. The Claimant presented to Dr. Johnson of her own accord on June 10, 2016. The Claimant did not produce Dr. Johnson's report until the day of the hearing on June 17, 2016. Pursuant to Reg. 67-612, any medical report to be admitted as evidence at a hearing must be provided to the other party at least ten days in advance. The Claimant did not furnish the report until the day of the hearing depriving the Defendants the opportunity to depose Dr. Johnson or take other action to investigate his opinion. Allowing Dr. Johnson's report into evidence would be highly prejudicial

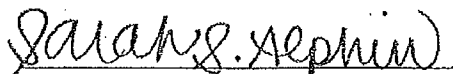
to the Defendants. Whether the Defense was aware of the Claimant's scheduled appointment with Dr. Johnson is irrelevant. His thoughts and opinions were not provided to the Defendants via his report until the day of the hearing.

CONCLUSION

The Hearing Commissioner's finding that Dr. Gunter's evaluation was the most persuasive medical report and deserving of the greatest weight is supported by the substantial evidence in the record. Moreover, the admission of Dr. Johnson's evaluation into evidence would violate Reg. 67-612(2) and would be highly prejudicial to the Defendants. For these reasons, the Defendant's respectfully request that the Full Commission affirm the Hearing Commissioner's Order and Award in full.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.



Sarah S. Alphin, Esquire
4500 Fort Jackson Boulevard
Columbia, SC 29209
Attorneys for Defendants

Date: August 2, 2016

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1302654

Wanda Joe,

Employee,
Claimant,

vs.

SC Department of Disabilities and Special
Needs,

Employer,

and

State Accident Fund,

Carrier,
Defendants.

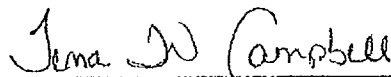
CERTIFICATE OF SERVICE

I, Tessa W. Campbell, do hereby certify that I am the Legal Assistant for Sarah S. Alphin, Esquire, attorney for the defendants with **WILLSON JONES CARTER & BAXLEY, P.A.** in Columbia, South Carolina, and that on the 2nd day of August, 2016, I mailed the foregoing BRIEF OF DEFENDANTS/RESPONDENTS to the following by placing a copy thereof in the United States mail, first class, proper postage affixed thereto:

Sydney J. Lynn, Esquire
Joye Law Firm, L.L.P.
1333 Main St., Ste. 170A
Columbia, SC 29201

VIA eCase UPLOAD

Ms. Amy Bracy
South Carolina Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715



Tessa W. Campbell
Legal Assistant to Sarah S. Alphin, Esquire
WILLSON JONES CARTER & BAXLEY, P.A.
4500 Fort Jackson Boulevard
Columbia, SC 29209

Appellant's Brief to the Court of Appeals, March 20,
2017

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

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

WCC File No. 1302654

Wanda Joe Appellant,

v.

S.C. Department of Disabilities and Special Needs, Employer Respondent,

AND

State Accident Fund, Carrier Respondent.

APPELLANT'S INITIAL BRIEF

Sydney Lynn
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Columbia, SC 29201
(803) 771-3100
(803) 451-4921 (facsimile)
Attorney for Appellant

STATEMENT OF ISSUES ON APPEAL

1. Did the Full Commission Panel err in fully affirming the Order of the Single Commissioner which gave the greatest weight to Dr. Gunter and therefore found that:
 - a. Appellant reached maximum medical improvement on April 1, 2015;
 - b. Appellant sustained a 14% permanent partial disability to her back as a result of the work injury of March 7, 2013;
 - c. There is no evidence in the record that any additional medical treatment would tend to lessen the period of Appellant's disability;
 - d. Respondents were entitled to stop payment of temporary total compensation effective March 15, 2016, and were entitled to a credit for the overpayment of temporary total compensation since April 1, 2015; and
 - e. Appellant is not entitled to any further medical benefits or treatment as a result of her work injury.
2. Did the Full Commission Panel err in fully affirming the Order of the Single Commissioner which excluded the independent medical evaluation report of Dr. Johnson?

STATEMENT OF THE CASE

This is an appeal from the Workers' Compensation Commission. This case was heard by the Full Commission Panel in Columbia, South Carolina on August 15, 2016. Appellant sustained a compensable injury by accident on March 7, 2013, when she was assisting a seizing patient. Appellant suffered an injury to her back. It is Appellant's position in this matter that she is not at maximum medical improvement as a result of her March 7, 2013, accident and that she would benefit from additional medical treatment as a result of the same. Specifically, Appellant requests authorization for further spinal cord stimulator trial counseling and/or pain management procedures.

It is Respondents' position in this matter that Appellant is at maximum medical improvement for an injury to Appellant's lumbar spine as of April 1, 2015, per the opinion of Dr. Brett Gunter, an authorized treating physician.

The medical evidence submitted reflects that Appellant treated for lumbar spine injuries from March 7, 2013, until being released by Dr. Gunter on April 1, 2015. Prior to Dr. Gunter's assumption of care, Appellant was treated by Dr. Rakesh Chokshi. Appellant was treated with medication, injections, and physical therapy. Appellant was further evaluated by Dr. Donald Johnson, who opined that Appellant is, from a surgical standpoint, at maximum medical improvement. However, Dr. Johnson indicated that she would benefit from ongoing advanced pain management (i.e., injections, physical therapy, possibly rhizotomy procedure) and possible spinal cord stimulator trial as suggested by Dr. Chokshi.

Appellant contended that since her work injury, several of her symptoms remain unresolved. Specifically, low back pain with radiation, numbness and tingling into her bilateral lower extremities, right greater than left.

A hearing was set in front of the Single Commissioner on June 17, 2015, in Florence, South Carolina, to determine issues set forth on the Form 21. On March 15, 2016, the Single Commissioner ordered that Appellant was entitled to a PPD award to the back consistent with fourteen (14%) percent, that Appellant was not entitled to any additional medical treatment, and that Respondents were entitled to a credit of temporary total disability benefits (TTD) from April 1, 2015, to March 15, 2016.

Appellant filed a Form 30 on March 28, 2016, to appeal the Single Commissioner's Order that affords the opinion of Dr. Gunter the greatest weight despite the longer medical relationship between Dr. Chokshi and Appellant, excludes the independent medical evaluation of Dr. Johnson, and ultimately held that:

Appellant reached maximum medical improvement on April 1, 2015;

There is no evidence of record that any additional medical treatment would tend to lessen the period of Appellant's disability;

Respondents were entitled to stop payment of temporary total compensation effective March 15, 2016, and were entitled to a credit for the overpayment of temporary total compensation since April 1, 2015, and;

Appellant is not entitled to any further medical benefits or treatment as a result of her work injury.

A hearing was set in front of the Full Commission Panel on August 15, 2016, in Columbia, South Carolina to determine the issues set forth on the Form 30. On October 25, 2016, the Full Commission Panel affirmed in full the Order of the Single Commissioner, which held that Appellant was entitled to a PPD award to the back consistent with fourteen (14%) percent, that Appellant was not entitled to any additional medical treatment, that Respondents were entitled to a credit of temporary total disability benefits (TTD) from April 1, 2015, to March 15, 2016, that Appellant reached maximum medical improvement on April 1, 2015, and as such that Respondents were not liable for any additional medical, surgical, hospital or other medical treatment to Appellant after said date.

Claimant now appeals to this Court.

ARGUMENT

1. **THE FULL COMMISSION PANEL ERRED IN FULLY AFFIRMING THE ORDER OF THE SINGLE COMMISSIONER WHICH GAVE THE GREATEST WEIGHT TO DR. GUNTER, AND THEREFORE FOUND THAT:**
 - a. **APPELLANT REACHED MAXIMUM MEDICAL IMPROVEMENT ON APRIL 1, 2015;**
 - b. **APPELLANT SUSTAINED A 14% PERMANENT PARTIAL DISABILITY TO HER BACK AS A RESULT OF THE WORK INJURY OF MARCH 7, 2013;**
 - c. **THERE IS NO EVIDENCE IN THE RECORD THAT ANY ADDITIONAL MEDICAL TREATMENT WOULD TEND TO LESSEN THE PERIOD OF APPELLANT'S DISABILITY;**
 - d. **RESPONDENTS WERE ENTITLED TO STOP PAYMENT OF TEMPORARY TOTAL COMPENSATION EFFECTIVE MARCH 15, 2016, AND WERE ENTITLED TO A CREDIT FOR THE OVERPAYMENT OF TEMPORARY TOTAL COMPENSATION SINCE APRIL 1, 2015; AND**
 - e. **APPELLANT IS NOT ENTITLED TO ANY FURTHER MEDICAL BENEFITS OR TREATMENT AS A RESULT OF HER WORK INJURY.**

The Full Commission Panel erred in fully affirming the Order of the Single Commissioner which gave the greatest weight to Dr. Gunter, and therefore made subsequent findings that are inconsistent with the evidence of record. In addition to Dr. Gunter, a spinal surgeon, Appellant was evaluated by Drs. Chokshi and Johnson, both spinal surgeons, with regard to her back. After a failed discogram, Dr. Chokshi ruled out surgical intervention. Dr. Johnson agreed. However, when Appellant last saw Dr. Chokshi on September 10, 2014, Dr. Chokshi recommended a spinal cord stimulator trial. Appellant was unsure as to whether she wanted to undergo this procedure and requested a second opinion, which gives rise to Dr. Gunter's assumption of care. Appellant saw Dr. Gunter on two occasions. At the first visit on November 19, 2014, Dr. Gunter noted that Appellant wished to pursue additional counseling on the spinal cord stimulator trial. Dr. Gunter noted at that time that the Appellant had numbness and tingling in the front of her lower legs into the tops of her feet and toes. Dr. Gunter ordered physical therapy. Dr. Gunter next saw Appellant on April 1, 2015, at which time he released her

from his care and deemed her at maximum medical improvement. Dr. Gunter never discussed any ongoing pain management techniques with Appellant, spinal cord stimulator trial or otherwise. (Claimant's Full Commission Brief pp. 4-5).

"MMI is a medical issue that requires a medical opinion concerning the health status of a person taking into consideration whether additional care and treatment will lessen the claimant's impairment. Assuming the physician reaches the opinion that the claimant no longer needs medical care or treatment related to the work injury because the claimant has reached a medical plateau, then MMI has occurred." Beard, Poteat, Lamar, Sumwalt, Bluestein, Sullivan, *The Law of Workers' Compensation Insurance*, (S.C. Bar 6th Ed. 2012), Ch. 9 – Benefits, p. 329. It is reasonably impossible for an injured worker to have reached maximum medical improvement when there is evidence of a blatant disparity between the evaluative efforts made by a treating physician and an injured worker's undisputed ongoing symptoms.

2. THE FULL COMMISSION PANEL ERRED IN FULLY AFFIRMING THE ORDER OF THE SINGLE COMMISSIONER WHICH EXCLUDED THE INDEPENDENT MEDICAL EVALUATION REPORT OF DR. JOHNSON.

By way of an independent medical evaluation, Appellant was evaluated by Dr. Donald Johnson of Southeastern Spine Institute on June 10, 2015. Dr. Johnson agreed that Appellant was at maximum medical improvement from a surgical standpoint. However, citing Appellant's positive EMG nerve conduction study, evidencing radiculopathy, Dr. Johnson opined that Appellant would benefit from "ongoing pain management with physician visits every one to two months to include medications, potential course of physical therapy, potential repeat injections, facet medical branch blocks, facet rhizotomy (if successful, repeat rhizotomies every 18 months) and possible spinal cord stimulator trial as suggested by Dr. Chokshi." (Id.).

Respondents contended that the inclusion of Dr. Johnson's report would unfairly prejudice them, based on its submission by way of an Amended Form 58. Respondents filed their Form 21 on April 16, 2015. Appellant saw Dr. Johnson on June 10, 2015. Appellant testified at her deposition on June 3, 2015, that she had an appointment to see Dr. Johnson on June 10, 2015, and Dr. Johnson's report was completed on June 16, 2015.

Appellant testified that while her thoracic back pain had improved with treatment since the initial injury, her low back pain with numbness and tingling into her bilateral lower extremities are ongoing without resolution. Furthermore, Appellant testified at the hearing that she is willing to try any treatment recommendation made available to her to obtain relief from her symptoms. (Tr. pp. 22).

Based on the foregoing, we ask that this Court find that Appellant is entitled to further medical examination and/or treatment with regard to her unresolved symptoms.

CONCLUSION

This Court should reverse the Decision and Order of the Full Commission Panel and allow Appellant further medical examination and/or treatment.

Respectfully submitted,

Sydney Lynn
Joye Law Firm, LLP
1333 Main Street
Suite 170A
Columbia, SC 29201
(803) 771-3100
Attorneys for the Appellant

Dated: March 20, 2017

Single Commissioner Hearing Transcript

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1302654

EMPLOYEE/CLAIMANT: WANDA JOE

EMPLOYER: SOUTH CAROLINA DEPARTMENT OF DISABILITIES
AND SPECIAL NEEDS

CARRIER: STATE ACCIDENT FUND

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 17TH DAY
OF JUNE, 2015, COMMENCING AT THE HOUR OF 3:35 P.M., IN
FLORENCE, SOUTH CAROLINA, BEFORE THE HONORABLE AISHA
TAYLOR, ATTENDED BY COUNSEL AS FOLLOWS:

TIMMI A. PARRISH
VERBATIM REPORTER

ORIGINAL

TIMMI A. PARRISH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, SC 29376
864-921-8743

APPEARANCES

SYDNEY LYNN, ESQUIRE, OF THE
JOYE LAW FIRM, LLP
1333 MAIN STREET, SUITE 170A
COLUMBIA, SOUTH CAROLINA 29201

ATTORNEY FOR THE CLAIMANT,

SARAH S. ALPHIN, ESQUIRE, OF THE FIRM
WILLSON, JONES, CARTER & BAXLEY, P.A.
4500 FORT JACKSON BOULEVARD
COLUMBIA, SOUTH CAROLINA 29209

ATTORNEY FOR THE EMPLOYER/CARRIER.

I N D E X

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REDIRECT EXAMINATION BY MS. ALPHIN.....	23
CERTIFICATE OF NOTARY PUBLIC.....	25

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 FLORENCE,
4 SOUTH CAROLINA.

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

6 BY COMMISSIONER TAYLOR:

7 TODAY IS WEDNESDAY, JUNE 17TH, 2015. WE ARE
8 HERE ON WORKERS' COMP FILE NUMBER 1302654. THIS IS
9 THE CLAIM OF MS. WANDA JOE, WHO IS REPRESENTED TODAY
10 BY MS. SYDNEY LYNN. THE EMPLOYER IS THE SOUTH
11 CAROLINA DEPARTMENT OF DISABILITY AND SPECIAL NEEDS,
12 AND THE CARRIER IS THE STATE ACCIDENT FUND. BOTH
13 THE EMPLOYER AND THE CARRIER ARE REPRESENTED TODAY
14 BY MS. SARAH ALPHIN. I HAVE A DATE OF ACCIDENT OF
15 MARCH 7TH, 2013. THE CLAIMANT HAS AN AVERAGE WEEKLY
16 WAGE OF \$802.65, WHICH YIELDS A COMPENSATION RATE OF
17 \$535.13. WE ARE HERE SET TODAY ON THE EMPLOYER AND
18 CARRIER'S FORM 21, REQUEST FOR HEARING.

19 I WILL ALLOW THE PARTIES TO PUT DETAILED
20 POSITION STATEMENTS ON THE RECORD. HOWEVER, PRIOR
21 TO DOING SO ARE THERE ANY OBJECTIONS TO APAs,
22 JURISDICTION, VENUE, OR ANY OTHER ITEMS? MS.
23 ALPHIN?

24 BY MS. ALPHIN:

25 YES, COMMISSIONER. WE OBJECT TO THE ADMISSION

1 OF A REPORT OF DR. JOHNSON FROM SOUTHEASTERN SPINE
2 INSTITUTE THAT WAS FILED AS AN AMENDED APA
3 SUBMISSION TODAY, SOMETIME THIS MORNING ACTUALLY
4 AFTER I HAD LEFT MY OFFICE TO COME TO THIS HEARING.
5 SO WE WOULD OBJECT ON THE GROUNDS THAT THAT IS A
6 LATE APA SUBMISSION BEING SUBMITTED MERELY HOURS
7 PRIOR TO THE HEARING. AND WE WOULD ALSO OBJECT AS
8 WE BELIEVE THAT THAT PREJUDICES BOTH THE -- I'M
9 SORRY, BOTH THE EMPLOYER AND CARRIER, AS WITHOUT ANY
10 -- AS WITHOUT THE -- I'M SORRY, THE TIME FRAME IN
11 WHICH WE RECEIVED IT DOES NOT GIVE US AN APPROPRIATE
12 AMOUNT OF TIME TO RESPOND TO SUCH EVIDENCE IN
13 WHATEVER WAY WE WOULD CONSIDER APPROPRIATE.

14 BY THE COMMISSIONER:

15 OKAY. MS. LYNN?

16 BY MS. LYNN:

17 WE HAVE NO OBJECTION TO ANY OF THE APAS. AND
18 TO RESPOND TO MS. ALPHIN'S OBJECTION, WE WOULD AGAIN
19 NOTE FOR THE RECORD THAT THE FORM 21 WAS FILED ON
20 APRIL 16TH, 2015. THE I.M.E. WAS SUBSEQUENTLY
21 SCHEDULED FOR THE FIRST AVAILABLE TIME WITH THE
22 EXAMINING PHYSICIAN FOR JUNE 10TH, 2015. WE
23 PROCURED THE REPORT FROM THAT PHYSICIAN YESTERDAY,
24 ON JUNE 16TH, 2015. AND WE WOULD FURTHER OBJECT TO
25 MS. ALPHIN'S CHARACTERIZATION OF NOT HAVING ANY

1 KNOWLEDGE OF SAID I.M.E., GIVEN THAT ANOTHER
2 ATTORNEY IN HER FIRM DEPOSED MS. JOE LAST WEEK
3 WHEREIN SHE WAS ASKED IF SHE HAD ANY PENDING
4 DOCTORS' APPOINTMENTS, AND OBVIOUSLY THAT
5 APPOINTMENT WAS DISCLOSED, AND, ALSO, GIVEN THE FACT
6 THAT I IMMEDIATELY EMAILED THE I.M.E. REPORT TO MS.
7 ALPHIN YESTERDAY, AND SHE AND I ACTUALLY DISCUSSED
8 IT VIA EMAIL FOR SEVERAL HOURS. ✓ OTHER THAN THAT WE
9 HAVE NO OTHER OBJECTIONS. WE WOULD CONTEND THAT IF
10 THE I.M.E. REPORT IS NOT ADMITTED, THEN MS. JOE IS
11 UNFAIRLY PREJUDICED GIVEN THE LIMITED -- GIVEN THE
12 LIMITED TREATMENT HISTORY WITH DR. GUNTER SINCE SHE
13 WAS NOT REFERRED BACK TO A PREVIOUS TREATING
14 PHYSICIAN, I.E. DR. CHOKSHI OR DR. ALEXANDER. WE
15 HAD NO CHOICE BUT TO SEEK ANOTHER OPINION AS TO WHAT
16 OTHER RECOMMENDATIONS MIGHT BE MADE FOR HER.

17 BY THE COMMISSIONER:

18 IS DR. JOHNSON'S I.M.E. REPORT ALREADY
19 INCLUDED?

20 BY MS. LYNN:

21 IT'S THE SEPARATE ONE.

22 BY THE COMMISSIONER:

23 OKAY, ALL RIGHT. WHAT I'LL DO IS -- YOU DON'T
24 HAVE TO TAKE IT OUT RIGHT NOW.

25 BY MS. LYNN:

1 NO, IT'S THIS ONE.

2 BY THE COMMISSIONER:

3 WHAT I'LL IS I WILL -- I'M GOING TO PROBABLY
4 HOLD THE ISSUE IN ABEYANCE. THIS IS A TRICKY ONE.
5 I JUST HAVE TO THINK ABOUT IT SOME MORE. SO WHAT
6 I'LL DO, SINCE IT IS ALREADY SEPARATE, IS I'LL ASK
7 YOU TO JUST SUBMIT THE PREVIOUSLY SUBMITTED APAs
8 INTO THE RECORD IMMEDIATELY AFTER THE HEARING, AND
9 THEN I'LL -- IN MY ORDER INSTRUCTIONS, ONE WAY OR
10 THE OTHER, I'LL ADMIT THAT EVIDENCE AT THAT TIME IF
11 THAT'S WHAT MY RULING IS AT THE TIME.

12 ALL RIGHT. MS. ALPHIN, WE ARE HERE ON YOUR 21.
13 YOUR POSITION STATEMENT, PLEASE.

14 BY MS. ALPHIN:

15 YES. THANK YOU, COMMISSIONER. IT'S THE
16 POSITION OF THE DEFENDANTS THAT TODAY WE ARE SEEKING
17 A FINDING THAT MS. JOE HAS REACHED MAXIMUM MEDICAL
18 IMPROVEMENT. WE ARE REQUESTING AN ORDER OF THE
19 COMMISSION TO STOP PAYMENT OF TEMPORARY TOTAL
20 DISABILITY BENEFITS AND AN AWARD OF PERMANENCY, IF
21 ANY. WE ARE ALSO SEEKING A CREDIT FOR OVERPAYMENT
22 OF T.T.D. BENEFITS PAID AFTER THE DATE OF M.M.I.,
23 WHICH WE ASSERT IS APRIL 1ST, 2015..

24 MS. JOE SUSTAINED AN ADMITTED BACK INJURY ON
25 MARCH THE 7TH, 2013, WHEN SHE TRIED TO HELP A

1 PATIENT TO THE FLOOR WHEN THE PATIENT WAS HAVING A
2 SEIZURE. THE M.R.I. SCANS HAVE REVEALED THAT THERE
3 IS A SMALL HERNIATED DISC. SURGERY HAS NOT BEEN
4 RECOMMENDED BY MS. JOE -- BY ANY OF THE NUMEROUS
5 DOCTORS SHE HAS SEEN. SHE DID UNDERGO A FAILED
6 DISCOGRAM FOLLOWING DISCUSSION OF A POTENTIAL
7 SURGERY. DR. CHOKSHI WAS ONE OF THE AUTHORIZED
8 TREATING PHYSICIANS DURING THIS CLAIM. HE INDICATED
9 IT WAS UNCLEAR WHERE MS. JOE'S PAIN WAS COMING TO.
10 ULTIMATELY DR. GUNTER ASSUMED CARE OF MS. JOE. MS.
11 JOE WAS GIVEN THE OPTION OF PHYSICAL THERAPY THROUGH
12 DR. GUNTER, AND THAT IS THE ROUTE SHE CHOSE FOR HER
13 TREATMENT. DR. GUNTER RECOMMENDED PHYSICAL THERAPY
14 FOR MS. JOE AND ULTIMATELY FOUND THAT SHE REACHED
15 M.M.I. AS OF APRIL 1ST, 2015. DR. GUNTER ALSO
16 NOTED, JUST LIKE DR. CHOKSHI, THAT HE COULD NOT
17 IDENTIFY WHERE THE PAIN WAS COMING FROM. AN F.C.E.
18 WAS ALSO RECOMMENDED BY DR. GUNTER, AND THAT WAS
19 COMPLETED PRIOR TO THE M.M.I. RELEASE. THE F.C.E.,
20 WHICH IS REFERENCED IN THE APA SUBMISSIONS, ACTUALLY
21 DOES STATE THAT SHE GAVE POOR AND INCONSISTENT
22 EFFORT, AND THAT IS A QUOTE FROM THAT. THE M.M.I.
23 RELEASE, AT THE TIME OF THAT RELEASE DR. GUNTER
24 ASSIGNED A FOUR PERCENT PERMANENT IMPAIRMENT RATING
25 AND INDICATED THAT MS. JOE HAD NO WORK RESTRICTIONS,

1 AND NO FUTURE MEDICAL TREATMENT WAS NEEDED FOR HER.
2 IT IS ON THOSE GROUNDS THAT WE ARE SEEKING TO STOP
3 PAYMENT OF T.T.D. AND FOR A FINDING OF M.M.I. ANY
4 PERMANENCY THAT WOULD BE AWARDED WE WOULD MAINTAIN
5 WOULD BE MINIMUM AND NOT ABOVE THE FOUR PERCENT
6 RATING ASSIGNED.

7 WOULD YOU LIKE ME TO ADDRESS ANY OF THE MERITS
8 OF DR. JOHNSON'S I.M.E.?

9 BY THE COMMISSIONER:

10 NO, BECAUSE IT'S NOT TECHNICALLY EVIDENCE AT
11 THIS TIME.

12 BY MS. ALPHIN:

13 FAIR ENOUGH.

14 BY THE COMMISSIONER:

15 IF I ADMIT IT INTO EVIDENCE LATER, I WILL LET
16 YOU ALL DO WRITTEN SUBMISSIONS OR AN EMAIL THAT I'LL
17 JUST COPY IT TO THE FILE LATER.

18 BY MS. ALPHIN:

19 OKAY. AND I BELIEVE THOSE ARE OUR POSITIONS ON
20 THIS CLAIM. THANK YOU.

21 BY THE COMMISSIONER:

22 ALL RIGHT. MS. LYNN.

23 BY MS. LYNN:

24 OKAY. OUR POSITION IS THAT THE
25 CHARACTERIZATION OF MS. JOE BEING AT MAXIMUM MEDICAL

1 IMPROVEMENT IS FROM A SURGICAL STANDPOINT, AS THAT
2 CHARACTERIZATION HAS BEEN ASSIGNED BY DR. GUNTER,
3 WHO IS A SURGEON, AND TO THE EXTENT THAT YOU
4 CONSIDER DR. JOHNSON'S I.M.E. REPORT, HE IS ALSO A
5 SURGEON. BEYOND THAT, LAST YEAR DR. CHOKSHI
6 RECOMMENDED EITHER PHYSICAL THERAPY OR A SPINAL CORD
7 STIMULATOR TRIAL, AND MS. JOE OPTED THE LESS
8 CONSERVATIVE ROUTE AT THAT TIME BY WAY OF PHYSICAL
9 THERAPY, SO SHE WAS REFERRED TO DR. GUNTER.
10 HOWEVER, IN THE FIRST VISIT, THE FIRST TIME THAT SHE
11 SAW DR. GUNTER HE NOTES IN THAT RECORD THAT SHE
12 REQUESTED ADDITIONAL SPINAL CORD STIMULATOR TRIAL
13 COUNSELING AT THAT TIME. GIVEN THAT SHE HAD ELECTED
14 THE PHYSICAL THERAPY, HE, THEREFORE, RECOMMENDED
15 PHYSICAL THERAPY. SHE WENT TO PHYSICAL THERAPY,
16 RETURNED TO DR. GUNTER ONE ADDITIONAL VISIT, NOTED
17 TO HIM THAT SHE HAD NOT, YOU KNOW, ACHIEVED ANY
18 RELIEF OF HER SYMPTOMS, AND HE RATED AND RELEASED
19 HER AT THAT TIME WITH NO FURTHER CONSIDERATION FOR
20 THE PREVIOUS SPINAL CORD TRIAL STIMULATOR -- SPINAL
21 CORD STIMULATOR TRIAL OR DR. -- OR SENDING HER BACK
22 TO DR. CHOKSHI TO FURTHER OPINE AS TO THAT.

23 AT THIS POINT WE ARE REQUESTING ADDITIONAL
24 TREATMENT. MS. JOE'S PAIN IS NOT UNDER CONTROL.
25 SHE'S BEEN WITHOUT ANY MEDICATIONS OR TOPICAL

1 MEDICATION THAT SHE WAS USING. SHE'S FAILED SEVERAL
2 DIFFERENT TREATMENT COURSES.

3 I ALSO WANT TO ADD -- AND THIS IS KIND OF IN NO
4 PARTICULAR ORDER -- THE REASON THAT MS. JOE IS
5 NONSURGICAL AT THIS POINT IS BECAUSE OF THE FAILED
6 DISCOGRAM, WHICH IS RELATED TO THE ANATOMY OF HER
7 SPINE. SO THE DOCTORS HAVE NOTED THAT IT WOULD BE
8 UNSAFE TO PROCEED IN A SURGICAL CAPACITY AT THIS
9 TIME. SHE HAS HAD A POSITIVE E.M.G. NERVE
10 CONDUCTION STUDY FOR LUMBAR RADICULOPATHY. NUMBNESS
11 AND TINGLING IN HER LOWER EXTREMITIES IS WELL
12 DOCUMENTED THROUGHOUT THE COURSE OF HER MEDICAL
13 TREATMENT. TO THE EXTENT THAT IT'S CONSIDERED, I
14 WOULD POINT OUT THAT DR. JOHNSON HAS RECOMMENDED A
15 RHIZOTOMY PROCEDURE, WHICH HAS NEVER BEEN OFFERED TO
16 HER.

17 BY MS. ALPHIN:

18 I WOULD OBJECT. WE'RE NOT TALKING ABOUT DR.
19 JOHNSON'S ON THE RECORD.

20 BY THE COMMISSIONER:

21 SUSTAINED.

22 BY MS. LYNN:

23 SO AT THIS POINT WE WOULD CONTEND THAT THERE
24 ARE TREATMENT MODALITIES THAT HAVE NOT BEEN
25 EXPLORED, ALTHOUGH THEY HAVE BEEN RECOMMENDED. WE

1 WOULD CONTEND THAT MS. JOE WAS SENT OVER TO DR.
2 GUNTER BY WAY OF HER ELECTION OF PHYSICAL THERAPY,
3 BUT WHEN THAT FAILED SHE WAS NEVER RETURNED TO DR.
4 CHOKSHI, AS IT SHOULD HAVE BEEN, FOR FURTHER
5 EXPLORATION OF THE SPINAL CORD STIMULATOR TRIAL.

6 BY THE COMMISSIONER:

7 THANK YOU. MADAM COURT REPORTER, WILL YOU
8 PLEASE SWEAR MS. JOE.

9 BY THE COURT REPORTER:

10 MA'AM, IF YOU WOULD RAISE YOU RIGHT HAND,
11 PLEASE.

12 * * * * *

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

16 WANDA JOE,

17 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS
18 FOLLOWS:

19 BY THE COMMISSIONER:

20 AND I DID FORGET TO ASK BEFORE THE WITNESS WAS
21 SWORN, MS. ALPHIN, WE ARE HERE ON YOUR FORM 21, SO
22 YOU HAVE THE RIGHT TO EXAMINE THE CLAIMANT FIRST.

23 BY MS. ALPHIN:

24 I WILL GO AHEAD FIRST.

25 BY THE COMMISSIONER:

1 OKAY. SURE.

2 BY MS. ALPHIN:

3 THANK YOU.

4 DIRECT EXAMINATION BY MS. ALPHIN:

5 Q. MS. JOE, YOU WERE INJURED BACK ON MARCH 7TH, 2013,
6 WORKING FOR THE DSN, CORRECT?

7 A. THAT'S CORRECT.

8 Q. OKAY. AND YOU HURT YOUR BACK AT THAT TIME?

9 A. YES.

10 Q. AND SINCE THAT TIME YOU STARTED TREATING WITH PEE
11 DEE ORTHOPAEDIC AT ONE POINT IN TIME, CORRECT?

12 A. YES.

13 Q. ALL RIGHT. AND WHILE YOU WERE THERE DR. CHOKSHI
14 PROVIDED MOST OF YOUR TREATMENT?

15 A. YES.

16 Q. AND YOU UNDERWENT SOME INJECTIONS, ALSO?

17 A. BY DR. ALEXANDER.

18 Q. OKAY. AND THAT'S IN THE SAME PRACTICE AS DR.
19 CHOKSHI, CORRECT?

20 A. YES.

21 Q. OKAY. AT ONE POINT IN TIME A SPINAL CORD STIMULATOR
22 TRIAL WAS MENTIONED FOR YOU, CORRECT?

23 A. CORRECT.

24 Q. AND FOLLOWING THAT RECOMMENDATION YOU WERE THEN SEEN
25 BY DR. GUNTER IN COLUMBIA?

1 A. CORRECT.

2 Q. AND HE RECOMMENDED PHYSICAL THERAPY FOR YOU,
3 CORRECT?

4 A. CORRECT.

5 Q. AND YOU CHOSE TO UNDERGO THE PHYSICAL THERAPY AT HIS
6 RECOMMENDATION?

7 A. YES.

8 Q. AND AT THAT POINT IN TIME YOU CAME UNDER THE CARE OF
9 DR. GUNTER, CORRECT?

10 A. CORRECT.

11 Q. OKAY. AND SO THE MOST RECENT DOCTOR THAT YOU'VE
12 SEEN THAT WORKERS' COMP HAS SENT YOU TO HAS BEEN DR.
13 GUNTER, CORRECT?

14 A. YES.

15 Q. ALL RIGHT. AND DR. GUNTER HAS RELEASED YOU AT
16 M.M.I., AS FAR AS YOU'RE AWARE, CORRECT?

17 A. YES.

18 Q. ALL RIGHT. AND HE'S BASICALLY INDICATED TO YOU
19 THERE ISN'T ANYTHING FURTHER THAT CAN BE DONE FOR
20 YOUR CONDITION, CORRECT?

21 A. CORRECT.

22 Q. OKAY. YOU ARE A HIGH SCHOOL GRADUATE?

23 A. YES.

24 Q. AND YOU DO HAVE -- YOU ARE ALSO A COLLEGE GRADUATE,
25 CORRECT?

1 A. YES.

2 Q. AND I BELIEVE AT SOME POINT IN TIME YOU'VE EVEN

3 WORKED ON A MASTER'S DEGREE?

4 A. YES.

5 Q. ALL RIGHT. BEFORE YOUR JOB DOING NURSING FOR DSN,

6 YOU WORKED SOME SEDENTARY OR SIT-DOWN TYPE JOBS?

7 A. YES.

8 Q. ALL RIGHT. AND YOU'VE WORKED JOBS IN H.R.?

9 A. CORRECT.

10 Q. AND YOU'VE WORKED ADMINISTRATION JOBS?

11 A. CORRECT.

12 Q. OKAY. AND AS A FINANCE CLERK?

13 A. CORRECT.

14 Q. OKAY. AND SO YOUR NURSING WAS YOUR FIRST JOB THAT

15 WAS NOT A SIT-DOWN, SEDENTARY JOB, CORRECT?

16 A. CORRECT.

17 Q. AND THAT'S THE JOB YOU WERE DOING AT THE TIME OF

18 YOUR INJURY?

19 A. CORRECT.

20 Q. SO YOU WOULD AGREE WITH ME THAT YOU HAVE MANY YEARS

21 OF EXPERIENCE DOING SIT-DOWN, SEDENTARY, H.R.,

22 ADMINISTRATION--TYPE WORK, CORRECT?

23 A. CORRECT.

24 Q. ALL RIGHT. AND AT THIS TIME THAT YOU'VE BEEN

25 RELEASED BY DR. GUNTER HE DOES NOT -- HE DID NOT

1 PLACE ANY WORK RESTRICTIONS ON YOU, CORRECT?

2 A. CORRECT.

3 Q. ALL RIGHT. AND SO AT THIS TIME YOU'RE NOT UNDER ANY

4 WORK RESTRICTIONS; WOULD YOU AGREE WITH THAT?

5 A. I WOULD NOT AGREE.

6 Q. OKAY. DR. GUNTER IS THE MOST RECENT DOCTOR THAT'S

7 SEEN YOU FOR WORKERS' COMP, CORRECT?

8 A. CORRECT.

9 Q. AND HE DID NOT PLACE ANY WORK RESTRICTIONS ON YOU?

10 A. HE DID NOT.

11 Q. OKAY. YET YOU HAVEN'T LOOKED FOR ANY WORK?

12 A. I HAVE NOT.

13 Q. OKAY. AND YOU HAVEN'T LOOKED FOR ANY SEDENTARY OR

14 SIT-DOWN TYPE WORK EVEN THOUGH YOU'VE BEEN RELEASED?

15 A. I HAVE NOT.

16 Q. OKAY. YOU LIVE HERE IN THE FLORENCE AREA?

17 A. I DO.

18 Q. AND YOU TREATED WITH DR. GUNTER. DOES HE TAKE ABOUT

19 A LITTLE OVER AN HOUR TO GET TO HIS OFFICE?

20 A. YES.

21 Q. ALL RIGHT. AND YOU DROVE YOURSELF TO THOSE

22 APPOINTMENTS?

23 A. NOT ALL THE TIME, NO.

24 Q. OKAY. HOW DID YOU GET THERE?

25 A. ONE TIME MY HUSBAND TOOK ME, MY MOM TOOK ME, AND

1 THEN I DROVE.

2 Q. OKAY. HOW MANY TIMES DID YOU GO SEE DR. GUNTER?

3 A. TWICE.

4 BY MS. ALPHIN:

5 I DON'T HAVE ANY OTHER QUESTIONS FOR YOU AT
6 THIS TIME. THANK YOU VERY MUCH.

7 BY THE COMMISSIONER:

8 OKAY. MS. LYNN.

9 BY MS. LYNN:

10 YES.

11 CROSS EXAMINATION BY MS. LYNN:

12 Q. MS. JOE, WHEN DID YOU LAST SEE DR. CHOKSHI?

13 A. I'M NOT EXACTLY SURE.

14 Q. OKAY. IF I REPRESENT TO YOU THAT IT WAS THE MIDDLE
15 PART OF LAST YEAR, WOULD THAT SOUND FAMILIAR?

16 THAT'S FINE. DO YOU REMEMBER WHAT YOU DISCUSSED
17 WITH HIM AT THAT VISIT?

18 A. AT THAT VISIT WE DISCUSSED THE RESULTS OF THE FAILED
19 DISCOGRAM.

20 Q. OKAY. AND WHAT IS YOUR UNDERSTANDING OF WHY THE
21 DISCOGRAM FAILED?

22 A. ACCORDING TO DR. JOHNSON, HE WAS UNABLE TO REACH MY
23 L5-S1. HE -- DESPITE SEVERAL ATTEMPTS HE KEPT
24 HITTING MY SACRUM.

25 Q. OKAY. AND THAT'S DR. BRUCE JOHNSON; IS THAT

1 CORRECT?

2 A. THAT'S CORRECT.

3 Q. OKAY. WHEN YOU FIRST SAW DR. GUNTER, DID YOU
4 INDICATE TO HIM A CONTINUED INTEREST IN A SPINAL
5 CORD STIMULATOR TRIAL?

6 A. I DID.

7 Q. OKAY. DID HE EVER DISCUSS THAT WITH YOU FURTHER?

8 A. HE JUST ASKED ME IF I HAD GOTTEN ANY ADDITIONAL
9 INFORMATION, AND I EXPRESSED TO HIM THAT I HAD NOT.

10 Q. OKAY. WHEN YOU -- THE LAST TIME THAT YOU SAW DR.
11 GUNTER, DID HE ADDRESS THE SPINAL CORD STIMULATOR
12 TRIAL AT THAT TIME?

13 A. I CAN'T RECALL.

14 Q. OKAY. WHY DO YOU LIKE THAT YOU'RE NOT ABLE --
15 CAPABLE OF RETURNING TO WORK RIGHT NOW?

16 A. MY PAIN IS STILL NOT UNDER CONTROL.

17 Q. OKAY. TELL ME WHERE YOU HAVE PAIN.

18 A. I HAVE PAIN IN MY LOWER BACK. I HAVE NUMBNESS AND
19 TINGLING IN MY LOWER EXTREMITIES.

20 Q. OKAY. DOES IT COME AND GO, OR IS IT CONSTANT?

21 A. THE PAIN IN MY BACK IS CONSTANT. THE NUMBNESS AND
22 TINGLING, IT DOES COME AND GO. IT WAS CONSTANT AT
23 THE BEGINNING.

24 Q. OKAY. SO YOU FEEL LIKE YOU'VE MADE SOME
25 IMPROVEMENT?

1 A. IN THE NUMBNESS AND TINGLING BUT NOT IN MY BACK.

2 Q. TELL ME WHAT YOU DO TO HELP ALLEVIATE THE PAIN.

3 A. WELL, I DID HAVE MEDICATIONS AND A TENS UNIT, BUT
4 ALL OF THAT WAS DISCONTINUED. SO NOW ALL I HAVE IS
5 OVER THE COUNTER. I TRY TO NOT -- WELL, I CAN'T SIT
6 TOO LONG. I CAN'T STAND TOO LONG. SO FREQUENT
7 CHANGES IN POSITION IS ABOUT ALL I CAN DO, THE
8 MEDICATION, THE OVER-THE-COUNTER STUFF.

9 Q. OKAY. TELL ME WHAT HAPPENED AT THE F.C.E., THE
10 FUNCTIONAL CAPACITY EVALUATION. WHY IS THERE A
11 CHARACTERIZATION THAT YOUR EFFORT WAS SUBMAXIMAL?

12 A. A LOT OF THE THINGS -- WELL, MOST OF THE ACTIVITIES
13 THAT SHE ASKED ME TO DO WERE WELL ABOVE THE LEVEL
14 THAT I HAD ACHIEVED IN PHYSICAL THERAPY. I
15 ATTEMPTED EVERY SINGLE THING THAT SHE ASKED ME. AND
16 SHE EVEN COMMENTED WHY I WAS ---

17 BY MS. ALPHIN:

18 OBJECT TO HEARSAY.

19 BY THE COMMISSIONER:

20 SUSTAINED. YOU CAN'T TELL ME WHAT SHE SAID,
21 BUT YOU CAN KEEP EXPLAINING.

22 WITNESS RESUMES:

23 A. I ATTEMPTED EVERYTHING THAT WAS ASKED OF ME. MOSTLY
24 EVERYTHING WAS WELL ABOVE THE LEVEL THAT I HAD
25 ACHIEVED AT PHYSICAL THERAPY, AND I DID NOT WANT TO

1 REINJURE, BUT I PUT FORTH A GREAT AMOUNT OF EFFORT,
2 GREAT AMOUNT AS FAR AS WHAT I COULD DO.

3 CROSS EXAMINATION RESUMED BY MS. LYNN:

4 Q. WOULD YOU BE WILLING TO PROCEED WITH FURTHER
5 TREATMENT RECOMMENDATIONS IF THAT WAS MADE AVAILABLE
6 TO YOU?

7 A. ABSOLUTELY.

8 Q. OKAY. AND IF THAT INCLUDED A SPINAL CORD STIMULATOR
9 TRIAL, WOULD YOU BE COMPLIANT WITH THAT?

10 A. YES.

11 BY MS. LYNN:

12 YOU DON'T WANT ME TO ASK HER ABOUT DR. JOHNSON?

13 BY THE COMMISSIONER:

14 NO.

15 BY MS. LYNN:

16 OKAY.

17 CROSS EXAMINATION RESUMED BY MS. LYNN:

18 Q. DID YOU GET ANY RELIEF FROM THE EPIDURAL STEROID
19 INJECTIONS?

20 A. I DID NOT.

21 Q. NONE AT ALL. OKAY.

22 BY THE COMMISSIONER:

23 I DON'T WANT THIS TO GET YOU OFF TRACK, BUT
24 TECHNICALLY YOU CAN ASK IF SHE'S BEEN IN -- HOW LONG
25 SHE'S -- YOU KNOW, THOSE GENERAL QUESTIONS. THAT'S

1 STILL TESTIMONY.

2 BY MS. LYNN:

3 SURE.

4 BY THE COMMISSIONER:

5 BUT JUST NOT THE SUBSTANCE ---

6 BY MS. LYNN:

7 I'VE GOT YOU.

8 CROSS EXAMINATION RESUMED BY MS. LYNN:

9 Q. DID YOU SEE DR. DONALD JOHNSON AT SOUTHEASTERN SPINE
10 INSTITUTE LAST WEEK?

11 A. YES.

12 Q. OKAY. AND DID HE MAKE SOME ADDITIONAL ---

13 BY MS. ALPHIN:

14 OBJECT TO SUBSTANCE OF THE REPORTS.

15 BY MS. LYNN:

16 I'M JUST GOING TO ASK IF HE MADE SOME
17 RECOMMENDATIONS.

18 BY MS. ALPHIN:

19 AND THAT GOES TO THE EXACT SUBSTANCE OF THE
20 REPORT.

21 BY MS. LYNN:

22 WHETHER OR NOT YOU DECIDE IT'S ADMISSIBLE IT
23 STILL HAPPENED.

24 BY THE COMMISSIONER:

25 I'M GOING TO SUSTAIN THE OBJECTION BECAUSE THE

1 RECOMMENDATIONS DO. HOWEVER, SHE CAN TESTIFY AS TO
2 WHETHER SHE THOUGHT THERE WERE -- IF SHE JUST
3 GENERALLY THINKS THERE IS ADDITIONAL TREATMENT THAT

4 ---

5 BY MS. LYNN:

6 OKAY. SURE.

7 CROSS EXAMINATION RESUMED BY MS. LYNN:

8 Q. ARE YOU AWARE OF POTENTIAL TREATMENT MODALITIES FROM
9 WHICH YOU MAY BENEFIT THAT HAVE NOT YET BEEN OFFERED
10 TO YOU?

11 A. NOW I AM, YES.

12 Q. OKAY. AND ARE YOU WILLING AND ABLE AND READY TO
13 UNDERGO ANY RECOMMENDED TREATMENT MODALITY FROM
14 WHICH YOU MIGHT BENEFIT?

15 A. ABSOLUTELY.

16 Q. OKAY. DO YOU HAVE A DESIRE TO RETURN TO YOUR LINE
17 OF WORK AT SOME POINT?

18 A. YES.

19 Q. AND IF IT -- YOU KNOW, IF IT'S NOT WITH DIRECT
20 PATIENT CARE, ARE YOU WILLING TO RETURN TO YOUR LINE
21 OF WORK IN SOME OTHER CAPACITY?

22 A. YES.

23 BY MS. LYNN:

24 THOSE ARE ALL MY QUESTIONS.

25 BY THE COMMISSIONER:

1 OKAY; THANK YOU. MS. ALPHIN?

2 REDIRECT EXAMINATION BY MS. ALPHIN:

3 Q. MS. JOE, YOUR ATTORNEY SENT YOU TO DR. JOHNSON IN
4 CHARLESTON?

5 A. YES.

6 Q. OKAY. AND THAT TRIP, DID THAT TAKE YOU MORE THAN
7 TWO HOURS TO GET DOWN THERE?

8 A. YES.

9 Q. OKAY. AND DID YOU GO SEE THAT DOCTOR BECAUSE YOUR
10 ATTORNEY INSTRUCTED YOU TO GO SEE THAT DOCTOR?

11 A. YES, AND BECAUSE I WANT SOME RELIEF.

12 Q. OKAY. YOU DIDN'T SEEK A DOCTOR ON YOUR OWN?

13 A. I DID NOT.

14 BY MS. ALPHIN:

15 THANK YOU.

16 BY THE COMMISSIONER:

17 ANY OTHER QUESTIONS FOR MS. JOE?

18 BY MS. LYNN:

19 I THINK THAT'S ALL.

20 BY THE COMMISSIONER:

21 ANY OTHER WITNESSES ON BEHALF OF MS. JOE?

22 BY MS. LYNN:

23 NO, MA'AM.

24 BY THE COMMISSIONER:

25 ANY WITNESSES ON BEHALF OF THE DEFENDANTS?

1 BY MS. ALPHIN:

2 NO, COMMISSIONER.

3 BY THE COMMISSIONER:

4 THAT CONCLUDES THIS MATTER. THANK YOU.

5 (THERE BEING NO FURTHER QUESTIONS, THIS HEARINGS WAS
6 CONCLUDED AT THE HOUR OF 3:54 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1302654

EMPLOYEE/CLAIMANT: WANDA JOE

EMPLOYER: SOUTH CAROLINA DEPARTMENT OF DISABILITIES
AND SPECIAL NEEDS

CARRIER: STATE ACCIDENT FUND

I, TIMMI A. PARRISH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 24 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF WANDA JOE, TAKEN ON THE 17TH DAY OF JUNE, 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 AND OFFICIAL SEAL THIS 2ND DAY OF MAY, 2016.

TIMMI A. PARRISH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 11-20-2018

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

Defendants' APA Submission 3, June 4, 2015



**Pee Dee
Orthopaedic
Associates, PA**

Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elington, Jr., M.D.,
Dewey M. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Wolch, M.D.

901 E. CHURCH ST., SUITE 100 - FLORENCE, SC 29506-2769
(843) 662-5233 - FAX (843) 676-9003 - WWW.PDOA.COM

Initial Examination

PATIENT ID: 242626

PATIENT: Wanda Joe
DOB: 07/23/1972
Employer: SC Dept Disabilities and Special Needs

Date of Service: 05/13/13
Age: 40 years old
Occupation: RN

Referring Physician: Perez, Maria, ; Ash,
Other Physicians: Ezra, ;

Date of injury/onset:

Date: 03/07/2013
Type: INJURY

Chief Complaint: Injury to the lower back; 3/7/13.

HPI:

Wanda Joe is a 40 years old, right hand dominant black female who is kindly referred by Dr. Perez for orthopaedic evaluation and treatment of the above complaint. Patient reports that she was tried to prevent a patient that was seizing from falling on the above date. She awoke with significant pain in her low back the following morning. She was seen by Dr. Perez who ordered x-rays and an MRI and referred her to our office for further evaluation. Patient presents today complaining primarily of post-sacral pain. She is also having intermittent stocking glove paresthesias in her bilateral lower legs to the feet. No change in bowel/bladder function. She complains of difficulty sitting and has been using a pillow to sit on. No previous back problems. Patient has undergone four weeks of physical therapy and states that she does feel stronger. She has been out of work since the above incident.

The patient works as an RN for SC Dept. of Disabilities and Special Needs.

Allergies: prednisone; rash; facial swelling; Sulfa (Sulfonamide Antibiotics) Group: difficulty breathing; rash
Current Meds: fish oil () (Dosage:), ibuprofen () (Dosage:), multivitamin () (Dosage:)
Past Med Hx: Seasonal Allergies; sinusitis
Surgical History: C-section; D & C
Family History: Diabetes; Heart Disease; Parents: Father-Living; Parents: Mother-Living
Social History: Alcohol use: None; Drug Use: Never; Employment: Full Time; Marital Status: Married; Tobacco: Never Smoked

REVIEW OF SYSTEMS:

General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted: **EENT: Sinus Problems**

9

Report Date: May 28, 2013 Patient: Joe, Wanda DOS: 05/13/13

PHYSICAL EXAM:**Vitals:** HEIGHT: 5'2.5" WEIGHT: 175 lbs 0 oz BMI: 32.0 TEMPERATURE: 97.7**Appearance:** No acute distress**Psychiatric:** Mood and affect were appropriate.**Head:** Normocephalic, atraumatic.**Skin:** Clean, dry, no lesions, no rashes.**Neuro:** Alert and oriented x 3.**FOCUSED EXAM:****Back Exam:**

1. Gait: (X) Normal () Hesitant () Stooped
2. List: (X) None () Right () Left
3. Pelvic tilt: (X) None () Right () Left
4. Lumbar lordosis: (X) Normal () Increased () Decreased
5. Paravertebral muscle spasm: (X) None () Mild () Moderate () Severe
6. Tenderness: () None () Spinous process () Posterior iliac crest () Sciatic Notch
() right () left () right () left
7. Range of motion lumbosacral: () Normal (X) Mildly limited () Moderate limited () Severely limited
8. Hip range of motion: (X) Nonpainful () Painful () right () left
9. Straight leg raising: (X) Negative () Positive () right degrees () left degrees
10. Muscle strength: (X) Normal Weakness: () extensor hallucis () ankle dorsiflexors
() ankle plantarflexors

11. Reflexes:

		0	+1	+2	+3
Knees	R	()	(X)	()	()
	L	()	(X)	()	()
Ankles	R	()	(X)	()	()
	L	()	(X)	()	()

12. Radiculopathy: (X) None () In L4 distribution to medial thigh
() In L5 distribution to dorsum of foot
() In S1 distribution to lateral toes
() Posterolateral thigh
() Lateral calf.
13. Thoracic kyphosis: (X) Normal () Mild () Moderate () Severe
14. Scoliosis: (X) None () Right () Left () With apex at
15. Hamstring tightness: (X) Absent () Present

10

Report Date: May 28, 2013 Patient: Joe, Wanda DOS: 05/13/13

X-ray: X-rays of the lumbar spine taken at Carolinas Hospital on 3/25/13 were personally reviewed by me today and show well-maintained lumbar lordosis and disc spaces. The facet joints, sacroiliac joints, hip joints and pelvis are intact.

MRI of the lumbar spine performed on 4/3/13 at InMed was personally reviewed by me today. The MRI was read by Dr. Stephen Gordin as showing "mild degenerative changes affecting the lumbar spine but no focal disc herniation or severe central canal stenosis is identified. Small disc bulge is noted at L5-S1 that does not appear to be significantly compressive." See report filed in chart.

ASSESSMENT:

Diagnosis: -Lumbosacral strain/sprain without radiculopathy.

PLAN:

PRESCRIPTION: Ultram (tramadol) (Dosage: 50 mg tablet SIG: Take 1 tablet Oral every six hours as needed for pain Dispense: 30 Method: eRx)

I feel that the patient would benefit from more physical therapy. We will have her continue with Dynamic Physical Therapy three times a week for three weeks. Patient can return to work light duty with no lifting greater than 50 lbs. She will return for a follow-up in four weeks.



Dewey N. Ervin, M.D. /dsm

This document was electronically signed on 05/13/13

Referral Reply Letter(s) Date: 07/20/13

Ash, Ezra - SPECIALTY: Family Practice

Perez, Maria - SPECIALTY: Occupational Medicine



2013
2012-0680

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(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Patient Name: Wanda Joe

DATE: 05/13/13

() UNABLE TO RETURN TO WORK

(X) * RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 05/13/2013

- | | |
|--------------------------------------|-----------------------------------|
| (X) No Lifting/Carrying over 50 lbs. | () No repetitive bending |
| () No sitting over hrs./day | () No repetitive stooping |
| () No standing over | () Cannot reach above shoulder |
| () No prolonged walking | () No work involving use of hand |
| () No Climbing | () No repetitive squatting |
| () No Kneeling | () No repetitive crawling |
| () No repetitive twisting | () No pushing or pulling |

Other: light duty.

*If the patient is unable to adhere to the above restrictions, the employer must consider the patient off work.

Return Appointment: 4 weeks

May return to work with no restrictions on

Dewey N. Ervin, M.D.

This document was electronically signed on 05/13/13

As an appointment with

Anthony W. Alexander, M.D.	Jason B. O'Dell, M.D.
Rakesh P. Chokshi, M.D.	Chadley M. Runyan, M.D.
Barry L. Clark, D.O.	Nigel A.R. Watt, M.D.
Patrick K. Denton, M.D.	Matthew D. Welch, M.D.
W.S. (Bill) Edwards, Jr., M.D.	Dean Hulet, PA-C
Robert E. Ervington, Jr., M.D.	Brian Feagin, OTR/L, CHT
Dewey N. Ervin, M.D.	Cathy Edwards, MHA, OTR/L

PEE DEE ORTHOPAEDIC ASSOCIATES, P.A.

901 E. Cieves St. - Suite 100 - Phone: (843) 662-5233
Florence, South Carolina 29506-2769

☒ MON. ☐ TUES. ☐ WED. ☐ THURS. ☐ FRI. ☐ SAT.
6-10-13 AT 8:45 AM

NAME OF EMPLOYEE: Wanda B Joe

SOCIAL SECURITY #: 251-65-6217

DATE OF INJURY: 3/7/13

12



**Pee Dee
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901 E. CHEVES ST, SUITE 100 - FLORENCE, SC 29506-2769

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Follow Up Examination

PATIENT ID: 242626

PATIENT: Wanda Joe
DOB: 07/23/1972
Employer: SC Dept Disabilities and Special Needs

Date of Service: 06/10/13
Age: 40 years old
Occupation: RN

Referring Physician: Perez, Maria ; Ash,
Other Physicians: Ezra,

Date of injury/onset:

Date: 03/07/2013
Type: INJURY

Chief Complaint: Lumbosacral strain/sprain without radiculopathy.

History of Present Illness: Wanda Joe returns today for a follow-up of her low back symptoms. She states that her leg symptoms have improved with physical therapy, but she continues with low back pain and difficulty sitting for a prolonged period of time. She has continued out of work due to the type of clientele that she has to deal with.

Allergies: prednisone: rash; facial swelling; Sulfa (Sulfonamide Antibiotics) Group: difficulty breathing; rash
Current Meds: fish oil () (Dosage:), ibuprofen-() (Dosage:), multivitamin () (Dosage:)

FOCUSED EXAM:

X-ray: None taken.

ASSESSMENT:
Diagnosis: Lumbosacral strain/sprain without radiculopathy.

PLAN:

PRESCRIPTION: No data for Prescription
I recommend that the patient be seen by Dr. Anthony Alexander, physiatrist, for his treatment recommendations. She can return to work light duty with no lifting greater than 50 lbs. until seen by Dr. Alexander.

Dewey N. Ervin, M.D. /dsm
This document was electronically signed on 06/10/13

13

Corvel Scan Date: 6/17/2013

Report Date: June 12, 2013 Patient: Joe, Wanda DOS: 06/10/13

Referral Requested Date: 06/10/2013

Ash, Ezra - SPECIALTY: Family Practice
Perez, Maria - SPECIALTY: Occupational Medicine



Pee Dee
Orthopaedic
Associates, PA
2013-0680

Anthony W. Alexander, M.D., Ralph P. Chisholm, M.D., Barry L. Clark, D.O.,
Patrick H. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Livingston, Jr., M.D.,
Dewey N. Ervin, M.D., Leon B. O'Dell, M.D., Chadley M. Remyer, M.D.,
Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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Patient Name: Wanda Joe

DATE: 06/10/13

() UNABLE TO RETURN TO WORK

(X) * RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 06/10/2013

- | | |
|--------------------------------------|-----------------------------------|
| (X) No Lifting/Carrying over 50 lbs. | () No repetitive bending |
| () No sitting over hrs./day | () No repetitive stooping |
| () No standing over | () Cannot reach above shoulder |
| () No prolonged walking | () No work involving use of hand |
| () No Climbing | () No repetitive squatting |
| () No Kneeling | () No repetitive crawling |
| () No repetitive twisting | () No pushing or pulling |

Other: light duty

*If the patient is unable to adhere to the above restrictions, the employer must consider the patient off work.

Return Appointment: UNTIL SEEN BY DR. ALEXANDER.

May return to work with no restrictions on

Dewey N. Ervin, M.D.

This document was electronically signed on 06/10/13

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JUN 10 2013

HUMAN RESOURCES

15



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: July 2, 2013 Patient: Wanda Joe Page: 1
 Anthony W. Alexander, M.D., Robert A. Chisholm, M.D., Daryl L. Clark, D.O.,
 Paul R. Denson, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 David N. Ervin, M.D., Jason R. O'Dell, M.D., Wesley M. Ruyter, M.D.,
 Michael R. Wall, M.D., Morris D. Welch, M.D.

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Initial Examination

PATIENT ID: 242626

PATIENT: Wanda Joe
DOB: 7/23/1972
Employer: SC Dept Disabilities and Special Needs

Date of Service: 7/2/2013
Age: 40 year(s)
Occupation: RN

Referring Physician: Maria Perez, M.D.
Other Physicians: Ezra Ash,

Date of Injury/onset:

Date 03/07/2013
Type INJURY

Chief Complaint: Low back pain

History of Present Illness:

Wanda Joe is a 40 year(s), right hand dominant black female who presents with a four month history of experiencing a moderately severe, dull, throbbing pain in the lower back region that radiates down the bilateral legs into her feet. She also experiences numbness and tingling in the calves and feet. On the visual analog scale, with 10 being most severe, she rates her pain as a 5. The pain is exacerbated by bending, lifting and sitting. Taking Tramadol and Tylenol/Lortab tends to decrease the pain. Past medical history is significant for having injured her lower back at work when she attempted to lower a patient to the floor that was having a seizure. She injured her lower back at that time. She felt a pulling sensation the next morning and therefore presented to the emergency room.

Allergies: prednisone; rash; facial swelling; Sulfa (Sulfonamide Antibiotics) Group; difficulty breathing; rash
Current Meds: fish oil (), Ibuprofen (), Lortab (hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet SIG: 1 tablet Oral every six hours as needed Dispense: 40 Note: for Moderate to severe pain), multivitamin (), tramadol (Dosage: 50 mg tablet SIG: Take 1 tablet Oral every six hours as needed Dispense: 40 Note: For Moderate to Severe pain), Tylenol Extra Strength (acetaminophen) (Dosage: 500 mg tablet SIG: Oral)
Past Med Hx: Seasonal Allergies; sinusitis
Surgical History: C-section; D & C
Family History: Diabetes; Heart Disease; Parents: Father-Living; Parents: Mother-Living
Social History: Alcohol use: None; Drug Use: Never; Employment: Full Time; Marital Status: Married; Tobacco: Never Smoked

REVIEW OF SYSTEMS:

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted below:
EENT: Sinus Problems

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5'3" WEIGHT: 184 lbs 0 oz BMI: 29.0 TEMPERATURE: 97.7 HEAD CIRC: 22 0"

Date of Service: July 2, 2013 Patient: Wanda Joe Page: 2

Appearance: No acute distress
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Skin: Clean, dry, no lesions, no rashes.
Neuro: Alert and oriented x 3.

FOCUSED EXAM:**Lumbar spine Exam**

Appearance: Well-developed, well nourished female. Alert and oriented x 3. In no acute distress.

Observation: The patient ambulates with an antalgic gait.

Palpation:

Spinal process: No tenderness

Paraspinous muscles: No tenderness

Skin: intact

Soft tissue triggers: No triggers are palpated

Muscle Spasms: No muscles spasms

Range of Motion: Forward flexion and extension reproduces the lower back pain. Tenderness to palpation of the lumbar paraspinal muscles is noted.

Forward Flexion: Full

Extension: Full extension

Hip: Full and painless

Special Tests: A positive bilateral straight leg raise test and a positive crossed straight leg raise test is noted.

Sitting Straight Leg Raising: Negative

Supine Straight Leg Raising: Negative

Toe Rise and Walk: Normal

Heel Walking: Normal

Tandem Walking: Normal

Muscle Strength:

Hip

Adductors: Normal

Abductors: Normal

Flexors: Normal

Extensors: Normal

Paraspinous Muscles: Normal

Gluteus Maximus: Normal

Quadriceps: Normal

Hamstrings: Normal

Gastrocnemius: Normal

Anterior Tibials: Normal

Neurological Sensory Testing:

Cranial nerves 2-12: Normal

T12-L1: Normal

L1-L5: Normal

S1: Normal

Reflexes:

Patellar Tendon: 2+

Achilles Tendon: 2+

X-ray: Lumbosacral spine AP and lateral 7/2/13 - revealed mild disc space narrowing at the L5-S1 level with facet arthropathy present.

MRI of the lumbar spine of 4/3/13 - revealed mild degenerative changes of the lumbar spine, but no disc herniations or severe central canal stenosis. A small disc bulge is noted at the L5-S1 level.

ASSESSMENT:

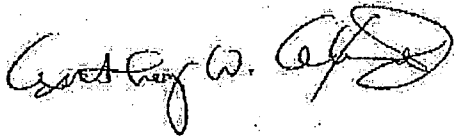
Diagnosis: -Acute lower back pain.

PLAN:

PRESCRIPTION: No data for Prescription

1. Lumbosacral spine x-ray series.
2. Electrodiagnostic study of the nerves of the bilateral lower extremities and lumbosacral spine to rule out lumbar radiculopathy.
3. Refill Tramadol.
4. LESI series.
5. Consult allergist regarding possible allergic reaction to Prednisone.
6. Physical therapy, TIW, with a trial of lumbar gentle traction and hot and cold modalities.
7. Restrictions: No lifting or pushing patients.
No lifting greater than 15 lbs.
Avoid frequent bending at the waist.

Work Status:



Anthony W. Alexander, M.D. /dsm

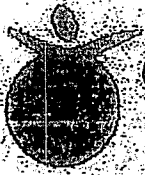
This document was electronically signed on 7/2/2013

Revised: 7/2/2013
Maria Perez, M.D. Occupational Medicine, Ezra Ash Family Practice

Signature: MARIA PEREZ, M.D. Date: 7/2/2013

Signature: ANTHONY W. ALEXANDER, M.D. Date: 7/2/2013

Date of Service: October 9, 2013 Patient: Wanda Joe Page: 1



**Pee Dee
Orthopaedic
Associates, PA**

Anthony W. Alexander, M.D., Patrick P. Chalmers, M.D., Darryl L. Cox, D.O.,
Patrick C. Cannon, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Huntington Jr., M.D.,
Dewey H. Smith, M.D., John B. O'Sell, M.D., Charles M. Fuhman, M.D.,
Hedra R. Watt, M.D., Matthew D. Welch, M.D.

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Follow Up Examination**PATIENT ID:** 242626

PATIENT: Wanda Joe
DOB: 7/23/1972
Employer: SC Dept Disabilities and Special Needs

Date of Service: 10/9/2013
Age: 41 year(s)
Occupation: RN

Referring Physician: Maria Perez, M.D.
Other Physicians: Ezra Ash, M.D.

Date of Injury/onset:

Date
03/07/2013

Type
INJURY

Chief Complaint: Low back pain.**History of****Present Illness:**

Wanda Joe presents today for reevaluation of the lumbar spine. She reports that her lower back pain is approximately a 6. She has numbness and tingling in her feet and lower legs. She states that this is moderately severe. The patient states that workers' comp. has stopped her physical therapy and told her that they did not think it was working. She is stating that they will resume the physical therapy once she has started the LESI's.

Allergies: coconuts: unspecified; prednisone: rash; facial swelling; Sulfa (Sulfonamide Antibiotics)
Group: difficulty breathing; rash
Current Meds: fish oil, ibuprofen, Lortab (hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet
Dispense: 40 Note: for Moderate to severe pain), multivitamin, Tylenol Extra Strength
(acetaminophen) (Dosage: 500 mg tablet)

ASSESSMENT:**Diagnosis:** L4-5 radiculopathy.**PLAN:****PRESCRIPTION:** No data for Prescription

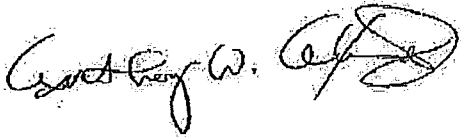
1. Follow up in two weeks.
2. Resume previous restrictions.

Work Status:

19

Corvel Scan Date: 2/11/2014

Date of Service: October 9, 2013 Patient: Wanda Joe Page: 2

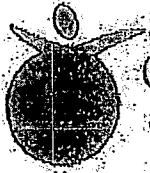


Anthony W. Alexander, M.D. /dsm
This document was electronically signed on 10/9/2013

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Maria Perez, M.D. - SPECIALTY: Occupational Medicine
Ezra Ash, M.D. - SPECIALTY: Family Practice

20



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: October 29, 2013 Patient: Wanda Joe Page: 1
 Anthony W. Alexander, M.D., Nathaniel P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick R. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elington, Jr., M.D.,
 Dawcy M. Ervin, M.D., Jaron B. O'Dell, M.D., Chadley M. Runyon, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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Follow Up Examination

PATIENT ID: 242626

PATIENT: Wanda Joe
DOB: 7/23/1972
Employer: SC Dept Disabilities and Special Needs

Date of Service: 10/29/2013
Age: 41 year(s)
Occupation: RN

Referring Physician: Maria Perez, M.D.
Other Physicians: Ezra Ash, M.D.

Date of Injury/onset:

Date
 03/07/2013

Type
 INJURY

Chief Complaint: Low back pain

History of Present Illness: Wanda Joe states that she has been approved for the injections. We are awaiting the referral note from her allergist. Presently she rates her lower back pain as a 9. She has bilateral leg pain and numbness and tingling that radiates into her toes.

Allergies: coconuts: unspecified; prednisone: rash; facial swelling; Sulfa (Sulfonamide Antibiotics) Group: difficulty breathing; rash

Current Meds: fish oil, ibuprofen, Lortab (hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet Dispense: 40 Note: for Moderate to severe pain), multivitamin, Tylenol Extra Strength (acetaminophen) (Dosage: 500 mg tablet)

ASSESSMENT:

Diagnosis: Lumbar radiculopathy.

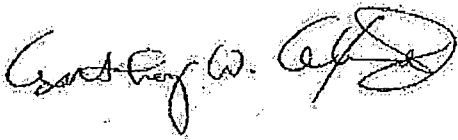
PLAN:

PRESCRIPTION: No data for Prescription

1. Schedule LESI series.
2. Physical therapy, TIW - Dynamic Rehab.
3. Obtain copy of allergist's note prior to appointment.

Work Status:

Date of Service: October 29, 2013 Patient: Wanda Joe Page: 2



Anthony W. Alexander, M.D. /dsm

This document was electronically signed on 10/29/2013

Referral Reply Letter # 70411627/2013

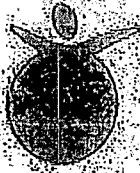
Marla Perez, M.D. - SPECIALTY: Occupational Medicine

Ezra Ash, M.D. - SPECIALTY: Family Practice

IFX Created Name: CHAD JAVIER Number: 1866406782 Date: 12/16/2013 12:28:50 PM

IFX Created Name: CINDY TAYLOR Number: 1866406782 Date: 12/16/2013 12:30:11 PM

22



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: November 6, 2013 Patient: Wanda Joe Page: 1
 Anthony W. Alexander, M.D., Nelson P. Chokley, M.D., Beryl L. Clark, D.O.,
 Paul H. O'Brien, M.D., W.S. Bill Edwards, Jr., M.D., Robert L. Livingston, Jr., M.D.,
 Dorey H. Ervin, M.D., Jaron B. O'Dell, M.D., Ciedley A. Ruyvan, M.D.,
 Nigel A. R. Watt, M.D., Matthew D. Welch, M.D.

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Procedure Note

PATIENT ID: 242626

Right L5 Transforaminal Epidural Steroid Injection #1

PATIENT: Wanda Joe
DOB: 7/23/1972

Date of Service: 11/6/2013
Age: 41 year(s)

Referring Physician: Maria Perez, M.D.
Other Physicians: Ezra Ash, M.D.

History of Present Illness: Wanda Joe is a 41 year(s) old female who presents today to undergo her first lumbar epidural steroid injection. The patient rates her pain as a 5-8 /10

Procedure: Right L5 Transforaminal Epidural Steroid Injection:

The patient was placed prone on the fluoro table. The C-arm was rotated ipsilaterally until the foramen could be visualized. The skin over the target area was sterilized with Betadine solution then the target area was anesthetized with 2 cc's of 1% Lidocaine. Once anesthesia was obtained a 22 gauge spinal needle was carefully inserted into the skin over the target at the superior medial aspect of the foramen. The needle was advanced until the trajectory was established. Needle placement was confirmed with a lateral view. On AP view the needle tip did not pass beyond the mid pedicular line. Aspiration was negative. There were no radiating pains or paresthesias with needle placement. 1 cc of Isovue-M200 was instilled into the right L5 neural foramen outlining the right L5 nerve root. Aspiration was negative and there were no radiating pains or paresthesias with needle insertion. Then a mixture of 1 cc of Methylprednisolone 80 mg. and 4 cc's of 0.9% Sodium Chloride solution was combined and instilled proximally and distally along the right L5 spinal nerve root. The spinal needle was removed and a sterile Band-Aid was applied over the entrance wound. The patient tolerated the procedure well and there were no complications. The patient will follow-up in approximately 2 weeks for a reevaluation.

Vitals: HEIGHT / LENGTH: 5' 2" WEIGHT: 179 lbs 0 oz BMI: 32.7 TEMPERATURE: 98.8 B/P Sitting 124/78

Diagnosis: 724.4-Radiculopathy, Lumbar

PRESCRIPTION: No data for Prescription

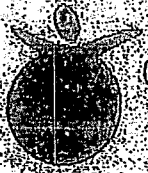
Anthony W. Alexander, M.D.

Anthony W. Alexander, M.D. /dsm
 This document was electronically signed on 11/6/2013

23

Electronically signed: Dated: 11/6/2013

Date of Service: November 21, 2013 Patient: Wanda Joe Page: 1



**Pee Dee
Orthopaedic
Associates, PA**

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Frank C. Denton, M.D., H.S. (Bill) Edwards, Jr., M.D., Robert E. Burdick, Jr., M.D.,
Dwight N. Evers, M.D., John D. O'Dell, M.D., Charles M. Rumpel, M.D.,
Nigel A.R. Webb, M.D., Matthew D. Welch, M.D.

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Procedure Note**PATIENT ID:** 242626**L4-5 Interlaminar Epidural Steroid Injection #2**

PATIENT: Wanda Joe
DOB: 7/23/1972

Date of Service: 11/21/2013
Age: 41 year(s)

Referring Physician: Maria Perez, M.D.
Other Physicians: Ezra Ash, M.D.

History of Present Illness: Wanda Joe is a 41 year(s) old female who returns today to undergo her second transforaminal epidural steroid injection. The patient rates her pain as a 4-8/10.

Procedure: L4-5 Interlaminar Epidural Steroid Injection:

The patient was placed on the table in the prone position with his head and chest supported. The C-arm was set up in the AP plane. The image intensifier was tilted caudally to resolve the parallax at the apophyseal rings. The skin over the target area was sterilized with Betadine solution. The anesthetic was instilled over the lamina of L5 and 5 cc's of 1% Lidocaine was used to anesthetize the soft tissue in this region. Once anesthesia was obtained the epidural needle was advanced in the same plane with the needle touching the superior edge of the L5 lamina before advancing over the interlaminar space. The loss of resistance technique was used to advance the tip of the epidural needle into the epidural space. Needle placement was within the midline. The air tap test was used to confirm placement of the tip of the epidural needle into the epidural space. 1 cc of Isovue-M200 was instilled into the epidural space at the L4-5 level creating a good epidurogram. Aspiration was negative and there were no radiating pains or paresthesias with needle insertion. Then a mixture of 2 cc's of 0.9% Sodium Chloride solution was combined with 1 cc of Methylprednisolone 80 mg. and instilled into the epidural space via the epidural needle. The needle was removed and a sterile Band-Aid was applied over the entrance wound. The patient tolerated the procedure well and there were no complications. The patient will follow-up in 2 weeks.

Vitals: HEIGHT / LENGTH: 5' 2" WEIGHT: 179 lbs 0 oz BMI: 32.7 TEMPERATURE: 97.8 B/P Sitting 118/76.

Diagnosis: 724.4-Radiculopathy, Lumbar

PRESCRIPTION: No data for Prescription

Anthony W. Alexander

Anthony W. Alexander, M.D. /dsm
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24

Date of Service: December 5, 2013 Patient: Wanda Joe Page: 1



**Pee Dee
Orthopaedic
Associates, PA**

Anthony W. Alexander, M.D., Deborah P. Choleff, M.D., Barry L. Cline, D.O.,
Polite H. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Evington, Jr., M.D.,
Dawcy N. Ervin, M.D., Jason D. O'Dell, M.D., Chadley R. Rynyon, M.D.,
Nigel A.R. Wall, M.D., Matthew D. Wolosh, M.D.

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Procedure Note**PATIENT ID:** 242626

L4 5 interlaminar epidural steroid injection #3 he he he and and he he he he he he he he is in her in her in a a and a
a and a

PATIENT: Wanda Joe
DOB: 7/23/1972

Date of Service: 12/5/2013
Age: 41 year(s)

Referring Physician: Maria Perez, M.D.
Other Physicians: Ezra Ash, M.D.

**History of
Present Illness:**

Wanda Joe is a 41 year(s) female who returns today to undergo her third epidural steroid injection of the lumbar spine. She rates her pain as a 7/10.

Procedure: L4 5 Interlaminar Epidural Injection

The patient was placed on the table in the prone position with his head and chest supported. The C-arm was set up in the AP plane. The image intensifier was tilted caudally to resolve the parallax at the apophyseal rings. The skin over the target area was sterilized with Betadine solution. The anesthetic was instilled over the lamina of L5 and 5 cc's of 1% Lidocaine was used to anesthetize the soft tissue in this region. Once anesthesia was obtained the epidural needle was advanced in the same plane with the needle touching the superior edge of the L5 lamina before advancing over the interlaminar space. The loss of resistance technique was used to advance the tip of the epidural needle into the epidural space. Needle placement was within the midline. The air tap test was used to confirm placement of the tip of the epidural needle into the epidural space. 1 cc of Isovue-M200 was instilled into the epidural space at L4 5 level creating a good epiduragram. Aspiration was negative and there were no radiating pains or paresthesias with needle insertion.

Then a mixture of 2 cc's of 0.9% Sodium Chloride solution was combined with 1 cc of Methylprednisolone 80 mg. and instilled into the epidural space via the epidural needle. The needle was removed and a sterile Band-Aid was applied over the entrance wound. The patient tolerated the procedure well and there were no complications. The patient will follow-up in 2 weeks.

Vitals: HEIGHT / LENGTH: 5' 2" WEIGHT: 179 lbs 0-oz BMI: 32.7 TEMPERATURE: 97.8 B/P Right Arm
Sitting 120/78

Diagnosis: 724.4-Radiculopathy, Lumbar

PRESCRIPTION: No data for Prescription

Anthony W. Alexander

Anthony W. Alexander, M.D.

25



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: January 13, 2014 Patient: Wanda Joe Page: 1
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Ruryan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsch, M.D.

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Follow Up Examination

PATIENT ID: 242626

PATIENT: - Wanda Joe
 DOB: 7/23/1972
 Emp. yer: SC Dept Disabilities and Special Needs

Date of Service: 1/13/2014
 Age: 41 year(s)
 Occupation: RN

Ref: ing Physician: Maria Perez, M.D.
 Other Physicians: Ezra Ash, M.D.

Date of injury/onset:

Date
 03/07/2013

Type
 INJURY

Chief Complaint: Low back pain

History of

Present Illness:

Wanda Joe presents today post lumbar epidural steroid injection #3. The numbness and tingling has improved some. However, she still has numbness and tingling from the knee down into the toes, which she states is mild to moderate.

Allergies:

coconuts: unspecified; prednisone: rash; facial swelling; Sulfa (Sulfonamide Antibiotics)
 Group: difficulty breathing; rash

Current Meds:

fish oil, ibuprofen, Lortab (hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet
 Dispense: 40 Note: for Moderate to severe pain), multivitamin, Tylenol Extra Strength
 (acetaminophen) (Dosage: 500 mg tablet), Ultram (tramadol) (Dosage: 50 mg tablet SIG:
 Take 1 tablet by mouth every six hours as needed Dispense: 40 Note: for
 moderate-severe pain)

ASSESSMENT:

Diagnosis: Lumbar radiculopathy

PLAN:

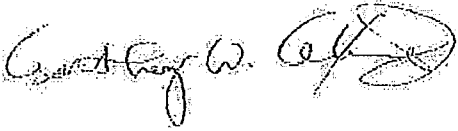
PRESCRIPTION: No data for Prescription

1. Consultation with ortho spine regarding the lumbar spine.
2. Follow up ten days post ortho spine.
3. Continue with present restrictions.

Work Status:

26

Date of Service: January 13, 2014 Patient: Wanda Joe Page: 2



Anthony W. Alexander, M.D. /dsm
This document was electronically signed on 1/13/2014

Referral Reply Letter(s) - Dated 2/5/2014
Marie Perez, M.D. - SPECIALTY: Occupational Medicine
Ezra Ash, M.D. - SPECIALTY: Family Practice



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: February 26, 2014 Patient: Wanda Joe Page: 1
 Anthony W. Alexander, M.D., Hakeem P. Kholshi, M.D., Darryl L. Clark, D.O.,
 Patrick C. Barton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Blington, Jr., M.D.,
 Dawey N. Evely, M.D., Jason B. O'Dell, M.D., Chadley M. Remyah, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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Initial Lumbar Examination

Patient ID: 242626 **Date of Service:** 2/26/2014
Patient: Wanda Joe **Gender:** female
DOB: 7/23/1972 **Age:** 41 year(s)
Employer: SC Dept Disabilities and Special Needs **Occupation:** RN
Referring Physician: Anthony
Other Physicians: Alexander,
 Ezra Ash, M.D.

Date of injury/onset:

Date: 03/07/2013 **Type:** INJURY

Chief Complaint: lumbar pain
Time / Duration: 11 months

(X) Low back pain (X) Leg pain (X) L (X) R () Thoracic back pain

PRIOR TREATMENT:

Medications: tramadol NSAIDS: aleve Relief? temporary
ESI: yes How many 3x's Relief? temporary
PT/OT: yes PT When May 2013-December 2013 for how long 3x's/week relief? some
Chiropractor: no

WORK HISTORY: Type: RN

How long: 6 years before termination
 Worker's Comp (X) Yes () No Out of Work (X) Yes () No
 How long: march 07, 2013-present (terminated-summer 2013)

PRIOR NECK/BACK PROBLEMS: none

PRIOR NECK/BACK SURGERY: none

Medications: Aleve (naproxen sodium) (Dosage: 220 mg tablet), fish oil, ibuprofen, Lortab (hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet Dispense: 40 Note: for Moderate to severe pain), multivitamin, Tylenol Extra Strength (acetaminophen) (Dosage: 500 mg tablet), Valium (diazepam) (Dosage: 5 mg tablet SIG: Take 1 tablet as directed Dispense: 2. Note: Take one tablet 1 hour before MRI take second tablet upon arrival)
Allergies: coconuts: unspecified; prednisone: rash; facial swelling; Sulfa (Sulfonamide Antibiotics) Group: difficulty breathing: rash
Surgical History: C-section; D & C
Medical History: Seasonal Allergies; sinusitis
Family History: Diabetes; Heart Disease; Parents: Father-Living; Parents: Mother-Living

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Date of Service: February 26, 2014 Patient: Wanda Joe Page: 2

Social History: Alcohol use: None; Drug Use: Never; Employment: Full Time; Marital Status: Married;
Tobacco: Never Smoked

REVIEW OF SYSTEMS:

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, ENT, musculoskeletal, skin and endocrine systems are normal except what is noted below:
EENT: Sinus Problems

HPI: Patient is a 41-year-old female complaining of low back pain that radiates to bilateral legs after suffering a work-related injury about 11 months ago. Describes pain as primarily in her back consisting of 35% of her pain. Pain is a constant ache in her back with radicular pain to primarily bilateral great toes. She has had conservative treatment of physical therapy for many months. She has used a brace and pain medications. Current pain is worse with bending, lifting, standing, and especially sitting. Pain is 8/10 at its worst, and 5/10 at its best. Physical therapy has improved radicular symptoms. She has had 3 epidural spinal injections with no relief at all at L5 S1.

Pain diagram reviewed.

Bowel or bladder dysfunction: None.

PHYSICAL EXAM:

Vitals: HEIGHT / LENGTH: 5' 2" WEIGHT: 179 lbs 0 oz BMI: 32.7 TEMPERATURE: 98.1
Appearance: No acute distress
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Neuro: Alert and oriented x 3.

FOCUSED EXAM: Lumbar Spine Exam

Appearance: Well developed, well nourished female. Alert and oriented x 3. In no acute distress.
Observation: Short stepped careful deliberate gait
Lumbar Lordosis Normal
Thoracic Kyphosis Normal
Scoliosis None
Palpation:
Spinal process No tenderness
Paraspinous muscles No tenderness
Greater Trochanter No tenderness
Sciatic Notch No tenderness
Skin:
Soft tissue triggers: No triggers are palpated
Muscle Spasms: No muscles spasms
Range of Motion:
Forward Flexion Decreased with pain
Extension Decreased with pain
Hip Full and painless
Special Tests:
Sitting Straight Leg Raising Negative bilaterally
Muscle Strength:
Hip Flexors 5/5 right 5/5 left
Quadriceps 5/5 right 5/5 left
Hamstrings 5/5 right 5/5 left
Gastrocnemius 5/5 right 5/5 left
Anterior Tibialis 5/5 right 5/5 left
EHL 5/5 right 5/5 left
Other
Neurological Sensory Testing:
L2 Normal bilaterally

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Date of Service: February 26, 2014 Patient: Wanda Joe Page: 3

L3	Normal bilaterally
L4	Normal bilaterally
L5	Normal bilaterally
S1	Normal bilaterally
Reflexes:	
Patellar Tendon	2+ bilaterally
Achilles Tendon	2+ bilaterally
Babinski	Negative
Clonus	Negative
Pulses:	
Dorsalis Pedis	2+ bilaterally
Other:	SI joint exam positive

DIAGNOSTIC STUDIES: Reviewed by me personally.

Radiographs: Lumbar AP, Lateral, flexion and extension films show [intervertebral disc space well preserved. No spondylolisthesis, no fracture, no abnormal coronal or sagittal balance. Normal SI joint, normal hip joint.

MRI:

MRI Lumbar spine dated April 3, 2013, from limited shows small L5 S1 herniated bulging disc, left paracentral. Other disc space well preserved. No spondylolisthesis.

Other Imaging Studies:**ASSESSMENT:****Diagnosis:**

Low back pain with bilateral radiculopathy, L5-S1 lumbar degenerative disc disease, left-sided L5-S1 herniated nucleus pulposus.

MEDICAL DECISION MAKING:

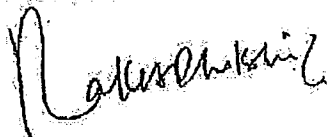
PLAN: Available imaging studies were reviewed by me and findings discussed with the patient. Natural history of the spinal condition was explained to the patient. Various treatment options, non surgical and surgical (if applicable) were discussed. Risk and benefits with each treatment modality was addressed with the patient.

I am going to proceed with getting a **MRI of the lumbar spine**, in a closed MRI facility, to evaluate for stenosis and/or herniated nucleus pulposus and other disk/ bone pathologies. The process was explained to the patient. I will review the studies in a follow up visit and discuss the findings with the patient. Further treatment recommendations, surgical or nonsurgical, will be made at the follow up visit. Patient is given a prescription for Valium for this procedure.

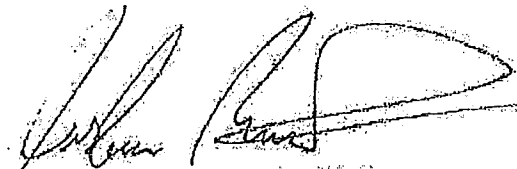
If worsening pain, numbness, paresthesias, or weakness occur, notify physician's office immediately or go to the nearest emergency room.

Prescription: No data for Prescription

Thank you,



Rakesh P. Chokshi, M.D.
Spine Surgeon
Pee Dee Spine Center
Pee Dee Orthopaedic Associates



Joshua L. Ninichuck, MPAS, PA-C

30

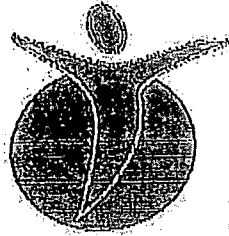
Corvel Scan Date: 3/20/2014

Date of Service: February 26, 2014 Patient: Wanda Joe Page: 4

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31



Pee Dee
Orthopaedic
Associates
Pee Dee Spine Center

Patient Name: JOE WANDA
Physician: RAKESH CHOKSHI
Study Date: 03/17/2014 07:47:25

X-RAY #: 242626
AGE: 041Y
DOB: 07/23/1972 (F)

FINAL REPORT

MRI OF LUMBAR SPINE:

CLINICAL INFORMATION: Low back pain.

COMPARISON: No comparison films.

FINDINGS: Visualized osseous elements intact with no evidence of fracture. Marrow signals within normal limits. Normal lordotic curvature of lumbar spine. Conus medullaris & cauda equine normal.

T12-L1: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L1-L2: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L2-L3: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L3-L4: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L4-L5: Normal sagittal alignment & vertical disc height. Normal hydration of lumbar disc. Facet joints normal. No central nor foraminal stenosis.

L5-S1: 1-mm ventral bulging disc. No disc herniation nor spinal stenosis.

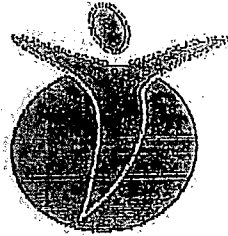
IMPRESSION: L5-S1: 1-MM VENTRAL BULGING DISC. NO DISC HERNIATION NOR SPINAL STENOSIS.

Dictated: Hatten, H. Paul Jr. M.D. 03/17/2014 10:18 AM

Transcribed: McCullough, Patricia 03/17/2014 11:36 AM

Electronically signed: Hatten, H. Paul Jr. M.D. 03/17/2014 11:53:45 AM LICENSE #

32



Pee Dee
Orthopaedic
Associates
Pee Dee Spine Center

Patient Name: JOE WANDA
Physician: RAKESH CHOKSHI
Study Date: 03/17/2014 07:47:25

X-RAY #: 242626
AGE: 041Y
DOB: 07/23/1972 (F)

Dictated: Hatten, H. Paul Jr. M.D. 03/17/2014 10:18 AM
Transcribed: McCullough, Patricia 03/17/2014 11:36 AM
Electronically signed: Hatten, H. Paul Jr. M.D. 03.17.2014 11:53:45 AM

LICENSE #

33

Pee Dee Orthopaedic Associates, P.A. - 901 E. Cheves St., Suite 100 - Florence, SC 29506



Pee Dee Orthopaedic Associates, PA

Date of Service: March 24, 2014 Patient: Wanda Joe Page: 1
 Anthony W. Alexander, M.D., Rakesh P. Chakshi, M.D., Barry L. Clark, D.O.,
 Patrick R. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

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MRI Scan Review

PATIENT ID: 242626

PATIENT: Wanda Joe
 DOB: 7/23/1972
 Employer: SC Dept Disabilities and Special Needs

Date of Service: 3/24/2014
 Age: 41 year(s)
 Occupation: RN

Referring Physician: Maria Perez, M.D.
 Other Physicians:
 Anthony Alexander,
 Ezra Ash, M.D.

Vitals: HEIGHT / LENGTH: 5' 2" WEIGHT: 179 lbs 0 oz BMI: 32.7 TEMPERATURE: 97.9
 Allergies: coconuts: unspecified; prednisone: rash: facial swelling; Sulfa (Sulfonamide Antibiotics) Group: difficulty breathing: rash
 Current Meds: Aleve (naproxen sodium) (Dosage: 220 mg tablet), fish oil, ibuprofen, Lortab (hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet Dispense: 40 Note: for Moderate to severe pain), multivitamin, Tylenol Extra Strength (acetaminophen) (Dosage: 500 mg tablet), Ultram (tramadol) (Dosage: 50 mg tablet SIG: Take 1 tablet by mouth every six hours as needed for pain Dispense: 50), Valium (diazepam) (Dosage: 5 mg tablet SIG: Take 1 tablet as directed Dispense: 2 Note: Take one tablet 1 hour before MRI, take second tablet upon arrival)

Scan Review:

MRI lumbar Scan was personally reviewed and discussed with the patient in detail. This study demonstrates L5/S1 central herniated nucleus pulposus. Patient has had three epidural injections. She experiences low back pain and bilateral leg pain.

Plan:

Physical Therapy was ordered for stretching, strengthening, and modalities of the lumbar spine, 2-3 days per week for 4 weeks. Topical creams to help alleviate the symptoms.

Neurontin was prescribed along with Mobic.

Follow up in four weeks.

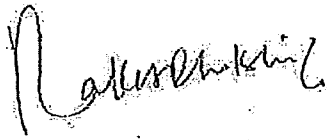
Diagnosis: Low back pain with bilateral radiculopathy, L5-S1 lumbar degenerative disc disease, left-sided L5-S1 herniated nucleus pulposus.

Prescription: Mobic (meloxicam) (Dosage: 15 mg tablet SIG: Take 1 tablet by mouth once a day with meals Dispense: 60); Neurontin (gabapentin) (Dosage: 300 mg capsule SIG: 1 capsule by mouth at bedtime Dispense: 60 Note: take 1 at bedtime for 5 nights, then increase to twice a day)

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Corvel Scan Date: 4/8/2014

Date of Service: March 24, 2014 Patient: Wanda Joe Page: 2



Rakesh P. Chokshi, M.D.
Spine Surgeon
Pee Dee Spine Center

This document was electronically signed on 3/24/2014

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35



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: May 5, 2014 Patient: Wanda Joe Page: 1
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Darryl L. Clark, D.O.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Houghton, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watts, M.D., Matthew D. Welsh, M.D.

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Follow up Visit

Patient ID: 242626 **Date of Service:** 5/5/2014
Patient: Wanda Joe **Gender:** female
DOB: 7/23/1972 **Age:** 41 year(s)
Employer: SC Dept Disabilities and Special Needs **Occupation:** RN

Referring Physician: Marla Perez,
Other Physicians: M.D.; Anthony Alexander

DATE OF INJURY/ONSET OF SYMPTOMS:

Date 03/07/2013 **Type** INJURY

Vitals: HEIGHT / LENGTH: 5' 2" WEIGHT: 179 lbs 0 oz BMI: 32.7 TEMPERATURE: 98.3
Allergies: coconuts: unspecified; prednisone: rash; facial swelling; Sulfa (Sulfonamide Antibiotics)
 Group: difficulty breathing; rash.
Current Medications: Aleve (naproxen sodium) (Dosage: 220 mg tablet), fish oil, ibuprofen, Lortab
 (hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet Dispense: 40 Note: for
 Moderate to severe pain), Mobic (meloxicam) (Dosage: 15 mg tablet SIG: Take 1 tablet
 by mouth once a day with meals Dispense: 60), multivitamin, Neurontin (gabapentin)
 (Dosage: 300 mg capsule SIG: Take 1 capsule by mouth twice a day as directed
 Dispense: 60 Refills: 2), Tylenol Extra Strength (acetaminophen) (Dosage: 500 mg tablet),
 Valium (diazepam) (Dosage: 5 mg tablet SIG: Take 1 tablet as directed Dispense: 2
 Note: Take one tablet 1 hour before MRI take second tablet upon arrival)

REASON FOR VISIT: 41 year(s) is here-in follow up for low back pain post PT

HPI/PE/X-RAY/PLAN:

Wanda Joe returns after physical therapy. Physical therapy is not helping her. Pain is greater than one year. She has essentially exhausted all the different treatments. We talked about considering surgical intervention. She wants to continue physical therapy a little bit longer. Follow up in 6-8 weeks.

DIAGNOSIS: L5/S1 degenerative disc disease with superimposed herniated nucleus pulposus.

We had a detailed discussion regarding lumbar fusion surgery. More than likely she is going to require anterior lumbar interbody fusion to help minimize her pain and symptoms.

PRESCRIPTION: No data for Prescription

Thank you,

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7/7/2014 9:55 AM FROM: Fax TO: 18664406782 PAGE: 002 OF 003



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: June 23, 2014 Patient: Wanda Joe Page: 1
 Anthony W. Alexander, M.D., Rakesh P. Chakraborty, M.D., Barry L. Clark, M.D.,
 Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Evington, Jr., M.D.,
 Dewey M. Fivim, M.D., Jason B. O'Dell, M.D., Chadley M. Rungtorn, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welch, M.D.

991 E. CHEVY SE, SUITE 100 FLORENCE, SC 29502-1769
 (843) 667-2233 FAX (843) 678-9001 WWW.PDA.COM

Follow Up Visit

Patient ID:	242626	Date of Service:	6/23/2014
Patient:	Wanda Joe	Gender:	female
DOB:	7/23/1972	Age:	41 year(s)
Employer:	SC Dept Disabilities and Special Needs	Occupation:	RN

Referring Physician: No data for Referred
Other Physicians: By

DATE OF INJURY/ONSET OF SYMPTOMS:

Date **Type**
 03/07/2013 INJURY

Vitals: No data for Vitals

Allergies: coconuts: unspecified; prednisone: rash; facial swelling; Sulfa (Sulfonamide Antibiotics)
 Group: difficulty breathing: rash

Current Medications: Aleve (naproxen sodium) (Dosage: 220 mg tablet), fish oil, ibuprofen, Lortab
 (hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet Dispense: 40 Note: for
 Moderate to severe pain), Mobic (meloxicam) (Dosage: 15 mg tablet SIG: Take 1 tablet by
 mouth once a day with meals Dispense: 60), multivitamin, Neurontin (gabapentin)
 (Dosage: 300 mg capsule SIG: Take 1 capsule by mouth twice a day as directed
 Dispense: 60 Refills: 2), Tylenol Extra Strength (acetaminophen) (Dosage: 500 mg tablet),
 Valium (diazepam) (Dosage: 5 mg tablet SIG: Take 1 tablet as directed Dispense: 2
 Note: Take one tablet 1 hour before MRI take second tablet upon arrival)

REASON FOR VISIT: 41 year(s) is here in follow up for Low Back Pain/Post PT

HPI/PE/X-RAY/PLAN:

Wanda Joe returns after physical therapy. She is being treated for lumbar L5/S1 herniated nucleus pulposus, posterior
 tear, degenerative disc disease changes and the symptoms are progressively getting worse and her back pain is getting
 worse with her right leg pain. Her back pain is clearly worse.

Grossly motor strength is 5/5 in all the major muscle groups. She is in a lot of pain. Range of motion of the lumbar spine
 is fairly limited.

DIAGNOSIS: Lumbar degenerative disc disease L5/S1, small disc protrusion and posterior tear.

She has tried and failed conservative treatment. I believe it is time to consider surgical intervention. We will proceed with
 getting a lumbar discography done at L4-5, L5/S1 to see if she has a positive discography to identify her problem. We will
 let Dr. Bruce Johnson do the test for us.

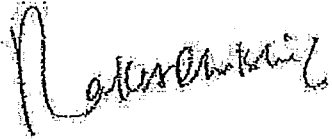
PRESCRIPTION: No data for Prescription

Thank you,

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7/7/2014 8:55 AM FROM: EAK TO: 18664406782 PAGE: 003 OF 003

Date of Service: June 23, 2014 Patient: Wanda Joe Page: 2



Rakesh P. Chokshi, M.D.
Spine Surgeon
Pee Dee Spine Center
Pee Dee Orthopaedic Associates

38



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: June 23, 2014 Patient: Wanda Joe Page: 1
 Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Darryl L. Clark, D.O.,
 Patricia K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
 Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Runyan, M.D.,
 Nigel A.R. Watt, M.D., Matthew D. Welsh, M.D.

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Follow Up Visit

Patient ID: 242626 Date of Service: 6/23/2014
 Patient: Wanda Joe Gender: female
 DOB: 7/23/1972 Age: 41 year(s)
 Employer: SC Dept Disabilities and Special Needs Occupation: RN

Referring Physician: No data for Referred
 Other Physicians: By

DATE OF INJURY/ONSET OF SYMPTOMS:

Date Type
 03/07/2013 INJURY

Vitals: No data for Vitals

Allergies: coconuts: unspecified; prednisone: rash; facial swelling; Sulfa (Sulfonamide Antibiotics)
 Group: difficulty breathing; rash

Current Medications: Aleve (naproxen sodium) (Dosage: 220 mg tablet), fish oil, ibuprofen, Lortab
 (hydrocodone-acetaminophen), (Dosage: 5-500 mg tablet Dispense: 40 Note: for
 Moderate to severe pain), Mobic (meloxicam) (Dosage: 15 mg/tablet SIG: Take 1 tablet by
 mouth once a day with meals Dispense: 60), multivitamin, Neurontin (gabapentin)
 (Dosage: 300 mg capsule SIG: Take 1 capsule by mouth twice a day as directed
 Dispense: 60 Refills: 2), Tylenol Extra Strength (acetaminophen) (Dosage: 500 mg tablet),
 Valium (diazepam) (Dosage: 5 mg tablet SIG: Take 1 tablet as directed Dispense: 2
 Note: Take one tablet 1 hour before MRI take second tablet upon arrival)

REASON FOR VISIT: 41 year(s) is here in follow up for Low Back Pain/ Post PT

HPI/PE/X-RAY/PLAN:

Wanda Joe returns after physical therapy. She is being treated for lumbar L5/S1 herniated nucleus pulposus, posterior tear,
 degenerative disc disease changes and the symptoms are progressively getting worse and her back pain is getting worse with
 her right leg pain. Her back pain is clearly worse.

Grossly motor strength is 5/5 in all the major muscle groups. She is in a lot of pain. Range of motion of the lumbar spine is
 fairly limited.

DIAGNOSIS: Lumbar degenerative disc disease L5/S1, small disc protrusion and posterior tear.

She has tried and failed conservative treatment. I believe it is time to consider surgical intervention. We will proceed with
 getting a lumbar discography done at L4-5, L5/S1 to see if she has a positive discography to identify her problem. We will let
 Dr. Bruce Johnson do the test for us.

PRESCRIPTION: No data for Prescription

Thank you,

39



**Pee Dee
Orthopaedic
Associates, PA**

Date of Service: September 10, 2014 Patient: Wanda Joe Page: 1
Anthony W. Alexander, M.D., Rakesh P. Chokshi, M.D., Barry L. Clark, D.O.,
Patrick K. Denton, M.D., W.S. (Bill) Edwards, Jr., M.D., Robert E. Elvington, Jr., M.D.,
Dewey N. Ervin, M.D., Jason B. O'Dell, M.D., Chadley M. Ruyon, M.D.,
Nigel A.R. Watt, M.D., Hanhew D. Welsch, M.D.

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Follow Up Visit

Patient ID: 242626

Date of Service: 9/10/2014

Patient: Wanda Joe
DOB: 7/23/1972
Employer: SC Dept Disabilities and Special Needs

Gender: female
Age: 42 year(s)
Occupation: RN

Referring Physician: No data for Referred
Other Physicians: By

DATE OF INJURY/ONSET OF SYMPTOMS:

Date: 03/07/2013
Type: INJURY

Vitals: No data for Vitals

Allergies: coconuts: unspecified; Prednisone; rash: facial swelling; Sulfa (Sulfonamide Antibiotics)
Group: difficulty breathing: rash

Current Medications: Aleve (naproxen sodium) (Dosage: 220 mg tablet), fish oil, ibuprofen, Lortab
(hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet Dispense: 40 Note: for
Moderate to severe pain), Mobic (meloxicam) (Dosage: 15 mg tablet SIG: Take 1 tablet by
mouth once a day with meals Dispense: 60), multivitamin, Neurontin (gabapentin)
(Dosage: 300 mg capsule SIG: Take 1 capsule by mouth twice a day as directed
Dispense: 60 Refills: 1 Note: Take 1 by mouth twice daily as directed.), Tylenol Extra
Strength (acetaminophen) (Dosage: 500 mg tablet), Valium (diazepam) (Dosage: 5 mg
tablet SIG: Take 1 tablet as directed Dispense: 2 Note: Take one tablet 1 hour before
MRI take second tablet upon arrival)

REASON FOR VISIT: 42 year(s) is here in follow up for

HPI/PE/X-RAY/PLAN:

Wanda Joe returns with unsuccessful discogram. It is unclear where exactly her pain is coming from. Again review of the MRI
did not clearly delineate any pain generators but she is significant pain and she is looking for more advanced pain
management.

DIAGNOSIS: Intractable low back pain and leg pain.

I am going to refer her to Dr. Alexander for dorsal column stimulator trial. If it is successful, I will be happy to implant the
permanent trial in the hopes of getting her some relief and hopefully if the pain is under control she may be able to return to
work in some capacity.

PRESCRIPTION: No data for Prescription.

Thank you,

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Corvel Scan Date: 9/26/2014

Date of Service: September 10, 2014 Patient: Wanda Joe Page: 2

Rakesh P. Chokshi

Rakesh P. Chokshi, M.D.
Spine Surgeon
Pee Dee Spine Center
Pee Dee Orthopaedic Associates

File Created: Name: Carmen Burgess Number: 1066528882 Date: 9/23/2014 12:22:33 PM

41

Defendants' APA Submission 5, June 4, 2015

McLeod Regional Medical Center
Pain Management Center
Post Office Box 100551
Florence, South Carolina 29501-0551

PATIENT NAME: WANDA JOE
MED. REC. NO.: 00146998
CHART NO.: 17187
DATE SEEN: 7/18/14
PHYSICIAN DICTATING: BRUCE JOHNSON, M.D.

REQUESTING PHYSICIAN: Dr. Rakesh Chokshi

HISTORY OF PRESENT ILLNESS: The patient is a very pleasant 41 year old female who comes to the Anesthesia Pain Clinic with ongoing low back pain, bilateral lower extremity weakness, numbness and tingling. It started March of last year, 2013, when a patient had a seizure and she tried to catch them. They both fell to the ground according to the patient and she has been having back pain ever since. The back pain is across her low back, right at the belt line. It goes into both of her legs, anterolateral aspects, into the back of her leg. She is having some numbness and tingling down her legs. She denies any fever, chills, sweats, or any bowel or bladder problems. It is better with lying back in a reclining position. It is a pressure pain. It is worse with standing, walking, bending, lying down. It is constant in nature. Does get worse with activities. She has had physical therapy and oral steroids with no benefit. She has had three Epidural Steroid Injection with no help. Her temperature did go up with one but was corrected with Acetaminophen. She has a MRI of the lumbar spine which is normal except for a small disc bulge at the L5 S1 location. No disc herniation or spinal stenosis. She is being seen for a possible discogram at the L4,5 and L5 S1 location.

PAST MEDICAL HISTORY: Allergic rhinitis.

PAST SURGICAL HISTORY: C-Section, D&C. Past general anesthesia without anesthetic related complications.

FAMILY HISTORY: Diabetes, heart disease.

SOCIAL HISTORY: She denies any alcohol, drugs or tobacco.

MEDICATIONS: Current medications include Aleve, Ibuprofen at times, Lortab, Multivitamin, Gabapentin, Meloxicam.

ALLERGIES: Coconut, Prednisone, Sulfur and Latex.

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WANDA JOE
DATE: 7/18/14
PAGE #2

REVIEW OF SYSTEMS: Fourteen system review of system is otherwise negative except for history of present illness. Patient denies any fever, chills, sweats, nausea, vomiting, shortness of breath, weakness, bowel or bladder symptoms.

PHYSICAL EXAMINATION: The patient is alert and oriented x three. She is pleasant, cooperative, no acute distress. TEMP: 98.6, BP: 124/72, PULSE 91, RESP: 18. VAS Score is 5/10. She is well developed. Neck is supple. No masses. Trachea is midline. No thyroid tenderness is appreciated. Chest is clear to auscultation. Normal chest excursion. No retractions. Cardiovascular: Regular rate and rhythm. Pulses are equal and present bilaterally. Musculoskeletal: Patient gets from a seated to a standing position slowly. She ambulates with a normal gait. She does have some tenderness to palpation over her lumbosacral paraspinal muscles, some going into the right buttock region over the SI joint. 5/5 muscle strength of bilateral lower extremities. Deep tendon reflexes are 1+ bilaterally. Sensation appears to be intact. Skin shows no induration, no edema, no signs of infection or inflammation.

ASSESSMENT:

1. Lumbar degenerative disc disease
2. Possible lumbar radiculitis

PLAN: I do agree with Dr. Chokshi that we need some more information for diagnostic purposes. I think a diskogram would be beneficial in trying to delineate where some of the patient's pain is coming from. He wants a L5 S1 diskogram with L4,5 being a control level. We will proceed with this at my earliest convenience. I have discussed with her the risks, benefits and alternatives of the procedure to include infection as well as paralysis. She also understands that this is going to be a very painful procedure and that I can give her some pain medications afterwards. She understands all of this.

BRUCE JOHNSON, M. D.

BJ/tmp

CC: Dr. Rakesh Chokshi
Pee Dee Orthopaedics, 901 East Cheves Street, Suite 100, Florence, SC 29506

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RT/DOCUMENTATION
MED IMAGESSM
(40ISC1)

DATE: July 30, 2014

PATIENT: #146998 Wanda Joe

SURGEON: Bruce Johnson, M.D.

FACILITY: McLeod Regional Medical Center

OPERATIVE NOTE

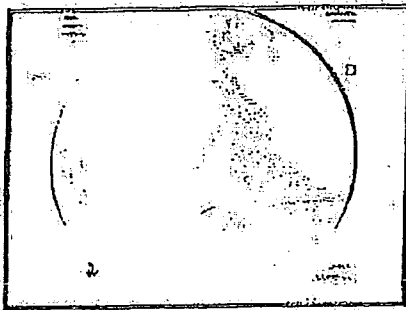


Photo 1.

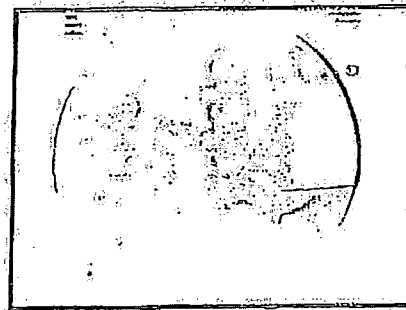


Photo 2.

PROCEDURE PERFORMED: L4-S1 and L5-S1 discogram.

INDICATIONS FOR PROCEDURE: Lumbar degenerative disc disease, lumbar radiculopathy.

SUMMARY OF PROCEDURE: After the risks, benefits and alternatives were discussed with the patient and consent form obtained, the patient was taken back to the fluoroscopy suite where she was placed prone on the table. A procedural time out was performed for patient identification times two. The low back was sterilely prepped and draped in the usual fashion. Minimal sedation was given. She was given 2 mg of Versed. She was alert and coherent answering questions throughout the procedure. She was given no opioids and no pain medications throughout. She was given 900 mg of Ancef IV prior to the procedure. Fluoroscopy was used to identify the L5-S1 disc space from a far right lateral approach and flattening off of the superior endplate of the S1 vertebral body and put in the superior articulating process of S1 in the center of the disc space. Then, 1% lidocaine local anesthetic was applied to the skin. A 20 gauge 3 1/2 inch spinal needle was advanced under intermittent fluoroscopic guidance to contact the superior articulating process. Basically, I could not get around the top part of the sacrum and I kept running into the superior articulating process at multiple angles and multiple locations. I could not get into the L5-S1 disc space despite it looking fairly open. I was unable to access it. The patient was getting somewhat distressed and having some increasing pain. Therefore, I stopped the procedure.

RT/DOCUMENTATION
MED IMAGESSM
(40ISCI)

DATE: July 30, 2014

Dr. Johnson

PATIENT: #146998 Wanda Joe

without doing any dye. We did not need to do post discogram CT because I did not inject any dye. I could not get into the L5-S1 disc to get any further information.

Bruce Johnson, M.D.

DD: 07/30/2014 14:22

DT: 07/30/2014 14:44

Transmission Date: 07/30/2014

cc: Rakesh Chokshi, M.D.

BJ:lb

Page 2 of 2

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Defendants' APA Submission 6, June 4, 2015

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

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Pain Medicine

Eva J. Rawl, MD

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(803) 794-3700 - (F) 794-0322

INDEPENDENT MEDICAL EVALUATION

Patient: WANDA B JOE
DOB: 07/23/1972
Chart: 146511
Date: 11/19/2014

CHIEF COMPLAINT:

Lower back pain with intermittent numbness and tingling in the front of her lower legs.

DATE OF SURGERY:

Original date of injury 3-7-2013

INTERIM HISTORY:

Mrs. Joe is a 42 year old right handed female presenting with lower back pain and intermittent numbness and tingling in the front of her lower legs and feet. On 3/7/13, she was attempting to assist a patient that was in the process of a generalized tonic clonic seizure. She and the patient fell to the floor. She denies striking her head. She felt pain in her middle and lower back shortly after the fall. She took some Tylenol and finished her shift. The next morning, her pain in her lower and middle back had increased. Initially she went to Carolinas Occupational health and treated with medications. Later she went to PeeDee Orthopedics. She has had lumbar physical therapy, 3 lumbar epidural steroid injections, and various medications that have not reduced her symptoms. A discogram was attempted but the L5-S1 disc could not be accessed. The thoracic pain has resolved but the lower back pain persists. A spinal cord stimulator has been recommended by Dr. Choksy, but she has not yet had a trial. She is wearing a lumbar support.

CURRENT SYNDROME:

Back: 100% This is a constant ache that is worse with sitting, standing too long, walking too long, transitions, and most mechanical activity. It is eased reclining, but not by lying down, and using TENS or heat will temporarily help. Repositioning also helps. She repositions often due to the pain. The pain is constant. The back pain is the worst pain of her life. Over the past month the pain has not gone below a 7/10.

Leg: She denies leg pain. She has intermittent numbness and tingling in the front of her lower legs. (75% right / 25% left) This travels into the top of her feet and all of her toes. It is inconsistent with her activity or positioning. It happens without a clear inciting event. The numbness is not daily but it is still weekly, and may be several times per week.

She is taking Gabapentin, Mobic, and a lidocaine/tramadol topical cream. She states these minimally affect her pain. She is not currently working. She has not worked since March 7, 2013. She has had lumbar physical therapy but inconsistently.

PATIENT HISTORY:

PAST MEDICAL HISTORY, CURRENT MEDICATIONS, ALLERGIES, SOCIAL HISTORY, FAMILY HISTORY, AND REVIEW OF SYSTEMS: All are contained in the 3-page past history document. I have reviewed this information which I signed today, and it is contained in the chart and considered a part of this note.

Allergies: coconut, prednisone (facial swelling)

SO

No history of significant bleeding including with previous surgical procedures. No history of problems with

anesthesia. No history of AIDS or hepatitis. The patient does not have diabetes mellitus. The patient has never had a heart attack. The patient does not have hypertension. The patient is not a cigarette smoker. The patient does not use alcohol. The patient denies illicit drug use.

PHYSICAL EXAM: VITALS: Height: 62in. Weight: 179lbs. Pulse: 78

GENERAL EXAM:

GENERAL: Slightly overweight female, otherwise appropriate.

HEAD: normocephalic

EYES: pupils equal and reactive, extrocular movements intact

EARS: external anatomy unremarkable

NECK: full range of motion without tenderness to palpation

THROAT: oropharynx clear to visual inspection

LUNGS: clear to auscultation bilaterally

HEART: regular rate and rhythm

ABDOMEN: Well-healed surgical scar

EXTREMITIES: warm, moist, pulses present

BACK: Mild reduction in range of motion all cardinal planes.

NEUROLOGICAL EXAM:

MENTAL STATUS: awake alert and oriented to person, place and time

SPEECH: fluent and conversant

CRANIAL NERVE:

III. Oculomotor: medial, superior, oblique muscle intact

IV. Trochlear: superior oblique muscle intact

V. Trigeminal: facial sensory muscle intact

VI. Abducent: lateral rectus muscle intact

VII. Facial: muscles of facial expression symmetric

VIII. Vestibulocochlear: hearing in both ears present

IX. Glossopharyngeal: sensation of oropharynx present

X. Vagus: elevation of oropharynx present

XI. Accessory: shoulder shrug intact

XII. Hypoglossal: tongue protrudes normally in the midline

POWER EXAM:

UPPER EXTREMITIES:

SHOULDER ABDUCTION: power 5/5 bilaterally

ELBOW FLEXOR: power 5/5 bilaterally

ELBOW EXTENSOR: power 5/5 bilaterally

WRIST FLEXOR: power 5/5 bilaterally

WRIST EXTENSOR: power 5/5 bilaterally

HAND GRIP: power 5/5 bilaterally

LOWER EXTREMITIES:

HIP FLEXOR: power 5/5 bilaterally

HIP EXTENSOR: power 5/5 bilaterally

KNEE FLEXOR: power 5/5 bilaterally

KNEE EXTENSOR: power 5/5 bilaterally

ANKLE DORSIFLEXOR: power 5/5 bilaterally

ANKLE PLANTAR FLEXOR: power 5/5 bilaterally

POWER EXAM:

SENSORY:

TRUNK: sensation intact to light touch

UPPER EXTREMITIES: sensation intact to light touch

LOWER EXTREMITIES: sensation intact to light touch

CEREBELLAR: gait and finger to nose testing intact

REFLEXES: upper and lower extremity reflexes symmetric and intact

RADIOGRAPHIC STUDIES:

PeeDee Ortho MRI L-spine dated 3/17/14 shows a broad central disc bulge at L5-S1.

ASSESSMENT:

At present her history, physical examination, and radiographic studies are most suggestive of myofascial syndrome. I do not have a copy of the Electro-myogram with nerve conduction velocity test that has been

done. I do not identify a cause for her current syndrome. She wants to pursue additional counselling on spinal cord stimulator.

PLAN:

She should pursue 6 weeks of lumbar physical therapy including an attempt of intradiscal distraction with goal of improving her back pain and tenderness, improving her core strength, teaching her safe lifting technique. After complete of this therapy she should undergo a work conditioning program followed by an Functional capacity examination. She has been off work for about 18 months. I do not identify a reason to mechanically limit her activities.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

BRETT C. GUNTER MD
FAXED TO:

52

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

www.columbianeurosurgical.com

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(803) 794-3700 - (F) 794-0322

OFFICE VISIT-FOLLOW UP

Patient: WANDA B JOE
DOB: 07/23/1972
Chart: 146511
Date: 04/01/2015

DATE OF SURGERY:

Date of original injury: March 7, 2013 She was assisting a patient that was having a convulsion and assisted the patient to the floor. She is a BSN nurse.

INTERIM HISTORY:

Her current syndrome is of lower back pain, numbness and tingling into both legs, and four instances of leg pain (right three times and left one time)

BACK PAIN: 90% overall. The pain is constant. Mechanical activities consistently make it worse including lifting stooping and bending. She cannot sleep in a bed due to the pain. The pain is worsened with virtually all activities.

PHYSICAL EXAM: VITALS: Height: 62in. Weight: 179lbs..

GENERAL EXAM:

GENERAL: appropriate for age
HEAD: normocephalic
EYES: pupils equal and reactive, extraocular movements intact
EARS: external anatomy unremarkable
NECK: Moderate loss of range of motion in all planes.
THROAT: oropharynx clear to visual inspection
LUNGS: clear to auscultation bilaterally
HEART: regular rate and rhythm
ABDOMEN: soft non-distended, nontender
EXTREMITIES: warm, moist, pulses present
BACK: Limited range of motion in all planes...

NEUROLOGICAL EXAM:

MENTAL STATUS: awake alert and oriented to person, place and time
SPEECH: fluent and conversant

POWER EXAM:

LOWER EXTREMITIES:

HIP FLEXOR: power 5/5 bilaterally
HIP EXTENSOR: power 5/5 bilaterally
KNEE FLEXOR: power 5/5 bilaterally
KNEE EXTENSOR: power 5/5 bilaterally
ANKLE DORSIFLEXOR: power 5/5 bilaterally
ANKLE PLANTAR FLEXOR: power 5/5 bilaterally

OTHER DATA:

Functional capacity examination was reported as "unreliable"

S3

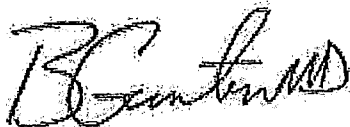
ASSESSMENT:

At present I cannot identify the cause of her current syndrome. I would not expect "strain" from her back to

persist for almost two years. She is at Maximum Medical Improvement her Impairment rating is 4% of the whole person according to the American Medical Association Guides to the Evaluation of Permanent Impairment 5th edition with a reasonable degree of medical certainty. There are no permanent restrictions for return to work, as I do not identify a mechanical explanation for her syndrome. I do not anticipate that future treatments would lessen or alter her period of disability.

PLAN:

Followup at the patient's discretion, full instructions given
The patient verbally understood the plan.



Electronically signed on 4/1/2015 12:08:54 PM

FAXED TO:

54

Defendants' APA Submission 7, June 4, 2015

Corvel Capture 12/29/2014

Time In: 10:00 / Time Out: 11:25

TICKET No:

ACCOUNT NUMBER	DATE	TIME	LOCATION	ACCOUNT
68355	12/11/2014	PT SOUTH IRBY,	3252505	

NAME & ADDRESS JOE, WANDA BROWN P.O. BOX 737 TIMMONSVILLE, SC 29161 843-472-9910 WRK: N/A		DOB: 07/23/1972 AGE: 42 years SSN: FEL: 6	INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES AMOUNT PAID NEW BALANCE GASTU CHECK AMOUNT
INSURED: JOE, WANDA BROWN INSURANCE:		RELATION: SELF GRP:	

PROCEDURES	CPT	FEES	REMARKS
☐ Evaluation	97001	110.00	S: See IT
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l: 1 hour	97546		
☒ Therapeutic Exercise, 15 mins	97110	92.00	
☐ Functional Activities, 15 mins	97530		
☐ Electrical Stim., Unattended, 15 mins	97014	25.00	
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97140		
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851		
☐ Other / Supplies	99070		

Evaluation Completed
 Therapy per flow sheet
 & instructions in HEP
 discussed log roll techniques
 IFC STM & MHP to (6) lumbar
 + sacrum
 See IT
 P: AT per POC

Visit Number: 1 of 6
 Staff:
 Therapist's Signature: Melissa Hall PT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
 I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature:
 Date:

Progressive Physical Therapy

The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

2200 South Irby Street
Florence, SC 29505
Phone: (843) 669-0421
Fax: (843) 669-0422

To M.D.:

☐ Faxed
☐ Mailed
☐ Given to Patient
☐ Filed in DC chart

Patient Name: Wanda Joe
DOB: 07/23/1972
Claim #: 032013000680

Dx/ICD-9: 724.2, 724.4
Date of Onset: 03/17/2013
Date of Surgery: n/a

Date: 12/11/2014
Physician: Dr. Brett Gunter
Therapist: Melissa Holt, P.T.

History: This patient presents with constant central LBP and bilateral lower leg/foot intermittent tingling and numbness. She also has had 3 episodes of RLE pain to her foot. She reports having difficulty sitting upright and reclined sitting decreases the pain. She tolerates ~20 mins of walking/standing. She reports that she was injured while working when she fell to the floor of her right side while assisting a patient, who was having a seizure.

Medx: Gabapentin, Mobic

Diagnostic findings: MRI - broad central disc bulge at L5-S1

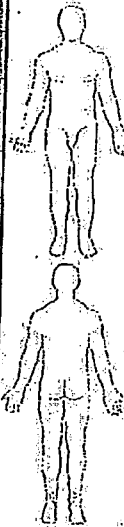
Past Medical History: none

Occupation: RN
Physical Demands: lift and carry 50# 100', push and pull 100# 100'
Work Status: off duty
Vitals: HR = nt, BP = nt

When Worse: see patient's medical hx form
When Better: sitting in reclined position, frequent repositioning, movement
Pain: 5 /10 @ present, 10 /10 @ worst, 4 /10 @ best
Quality: dull, aching

Summary of Objective Findings: * → denotes pain below with movements, NT → not tested, © → cogwheel

ACTION Normal average values below	CERVICAL ROM	THORACIC ROM	LUMBAR ROM
FLEXION (ERT) 0-15; TL 0-30			50*
EXTENSION (ERT) 0-15; TL 0-25			10*
SIDEBEND RIGHT (ERT) 0-15; TL 0-35			18*
SIDEBEND LEFT (ERT) 0-15; TL 0-35			20*
ROTATE RIGHT (DTR) 0-60; TL 0-45			22*
ROTATE LEFT (ERT) 0-60; TL 0-45			32*
POSTURE	Cervical: mild forward head Lumbar: increased lordosis Thoracic: WNL Scapulothoracic: WNL Asymmetry: Leg length discrepancy: R=L		
SPECIAL TESTS AND NEURAL TENSION TESTING	(+) slump test bilateral (+) SLR R - 65° L - 65°		



MYOTOMES	R	L	MYOTOMES	R	L
L2-L3 Hip Flexion	5	5	C1 Cervical Rotation		
L3-L4 Knee Extension	5	5	C4 Shoulder Shrug		
L4 Ankle DF	5	5	C5 Shoulder Abduction		
L5 Gr. Toe Extension	5	5	C6 Wrist Ext/Elbow Flex		
L5-S2 Toe Walk/Ev.	nt	nt	C7 Wrist Flex/Elbow Ext		
T1 Digital Add/Abd	nt	nt	C8 Finger Flexion		
DERMATOMES	WNL				
RADICULAR SYMPTOMS	Tingling and numbness bilateral lower legs and feet				
SEGMENTAL MOVEMENT AND SOFT TISSUE PALPATION	Tender center lower lumbar vertebra, upper sacrum				
WADDELLS SIGNS	(-)				
OSWESTRY	64%				
OTHER FINDINGS	Bilateral hamstrings 4/5, hip extension 4/5 Abdominals 4/5, trunk extensors 3/5				

Assessment: This patient presents with the above limitations, affecting ADL and work capacity. Signs and symptoms are consistent with a differential diagnosis of lumbar radiculopathy/ lumbar spondylosis. She has central low back and sacral pain with intermittent radicular symptoms in BLE. She has decreased trunk ROM and decreased abdominal and hamstring strength.

Rehab Potential: Good

Vocation readjustment services required? No

Continued on next page

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**Progressive
Physical Therapy**
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

2200 South Irby Street
Florence, SC 29505
Phone: (843) 669-0421
Fax: (843) 669-0422

To M.D.:
☐ Faxed
☐ Mailed
☐ Given to Patient
☐ Filed in DC chart

Patient Name: Wanda Joe.
DOB: 07/23/1972
Claim #: 032013000680

Dx/ICD-9: 724.2, 724.4
Date of Onset: 03/17/2013
Date of Surgery: n/a

Date: 12/11/2014
Physician: Dr. Brett Gunter
Therapist: Melissa Holt, P.T.

Continued - Page 2/2

Goals: to be met in 6 weeks:

1. Patient will report decreased pain to $< 0-1/10$ at rest and $< 5/10$ at worst to allow greater functional mobility.
2. Patient will increase pain free ROM to WNL to improve functional mobility.
3. Patient will increase strength $\geq 4+/5$ to improve functional mobility.
4. Patient will be independent with a home exercise program to allow return to previous functional status.
5. Patient will demonstrate proper body mechanics with the following activities to allow return to work at full duty:
 - a. Patient will tolerate normal upright sitting > 1 hr. without increased pain.
 - b. Patient will tolerate walking/standing > 1 hr. without increased pain.
 - c. Patient will be able to push and pull 100# 100' without increased pain.
 - d. Patient will be able to lift and carry 50# 100' without increased pain.

Plan of Care: Physical Therapy 3 x per week for 6 weeks with treatment including the following:

- ☒ Therapeutic exercise- Lumbar and trunk ROM, lumbosacral and thoracic stabilization, core strengthening
- ☒ Functional activities- reach, lifting, push, pull as required for job
- ☒ Manual therapy- as appropriate: myofascial release, lumbar joint mobility, muscle energy techniques, dry needling, lumbar traction
- ☒ Modalities as necessary- MENS/IFC/TENS, moist heat, ice, ultrasound, laser therapy
- ☒ Patient education- postural awareness/ body mechanics to promote healing and function and prevent reinjury

Please sign and date the PT plan of care. Return to the therapist as soon as possible.
Thank you for this referral!

X _____ X _____
Physician / Nurse Practitioner / Physician's Asst. Date

Physical Therapist

Date:

Workers Compensation Information Sheet

Patient Name: Wanda Joe DOB: 01/23/1972 SSN: 251-65-6217
Home # 833-472-9910 Work # 1 Cell #
Diagnosis: L-Spine Date of Injury: 03/07/13
Treating M.D. & Location: Dr. Brett Gunter
Employer: EC DUSEN
Home # 813-664-2600 EXT: Contact: N/A
Employer Address: 714 National Cemetery Road, Florence, SC 29506

W/C Carrier Info:

Carrier Name: Care 103/Corvel
Address: 301 Pennsylvania Parkway Suite 210
City: Indianapolis State: IN Zip: 46220
Adjuster Name: Bxt:
Home # Fax #
Claim # 321300080
Notes:

Authorization:

Make with: Care 103/Corvel Date: 12/03/14
of Visits Authorized: 6
Applicable: Auth # Dates Valid: to
Additional Auth:
Make with: Date:
of Visits Authorized:
Applicable: Auth # Dates Valid: to
Make with: Date:
of Visits Authorized:
Applicable: Auth # Dates Valid: to

Tagged

Information Obtained By: GA (RSR Initials)

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Corvel Capture 1/5/2015

Time In: 10:37 Time Out: 12:00

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	PT SOUTH IRBY,	IC3253829
68355		12/15/2014		
NAME & ADDRESS			INSURANCE	
JOE, WANDA BROWN			BALANCE \$27.00	
P.O. BOX 737			GENDER	
TIMMONSVILLE, SC 29161			ACCOUNT BALANCE \$27.00	
843-472-9910 WRK: 843-664-2600			CURRENT CHARGES 202.1	
SC DDSN			AMOUNT PAID	
INSURED: JOE, WANDA BROWN			NEW BALANCE	
INSURANCE: WC/CARE ID THERAPY PROGRAM			CASH CHECK MO C.C.	
RELATION: OTHER				
GRP:				
REASON: FOLLOW UP BACK/SPINE				

PROCEDURES	DATE	TIME	REMARKS
☐ Evaluation	97001		S. Pt. Reports 1d soreness following last visit.
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins	97110	138-	O. MHP to L-spine x10 a Rx
☐ Functional Activities, 15 mins	97530		MTT: manual lumbar traction via (B) 1/2
☒ Electrical Stim., Unattended, 15 mins	97014	25-	3 on, 1 off x 2 Rps.
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		Ther ex per flowsheet.
☐ Electrical Stim., Manual, 15 mins	97032		IFC to MHP to (B) SI/L-spine x15
☐ Ultrasound, 15 mins	97035		Pt. prone.
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☒ Manual Therapy	97140	39-	A. Pt has some discomfort c MIT today.
☐ Mechanical Traction	97012		P. Continue c pt per POC.
☐ Neuromuscular Re-Educ., 15 mins	97112		Visit Number: 2 of 6
☐ Self Care Training, 15 mins	97535		Staff: Kim Parker, PTA
☐ ROM Measure and Report	95851		Therapist's Signature: Melissa Holt PO
☐ Other / Supplies	99070		
RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature: <u>60</u> Date: _____			

Progressive Physical Therapy LUMBOSACRAL PROGRAM

Patient Name: Gerardo Jr

Next MD appt:

DATE	12-11-14	12/15/14					
BIKE							
TREADMILL							
MHP to L spine prone		*10'					
SRG							
PIRIFORMIS							
SUPRIOR GLUT							
TRUNK ROLL							
HAMSTRING (strap) or 90/90	10x10"	15x5"					
PI HANG (strap / standing)	2x30"	2x30"					
HIP EXT-NOR (Chair / Thomas)							
HIP EXT-STRETCH (with stool)							
TRIMING							
PELVIC TILTS		*10x5"					
MULTIFIDUS/TrA "drawing in"	10x10"	15x10"					
BRIDGING							
AB CRUNCH FWD (rectus)							
AB CRUNCH FWD (oblique)							
ROWS Taylor sit / standing / ball							
PS Taylor sit / standing / ball							
Lat pull down Taylor / cable / ball							
PRONE ON ELBOWS	5x10"	10x10"					
PRONE PRESS UPS							
PRONE ALT UE/LE "superman"							
PRONE PLANKS (with hip ext)							
PRONE PLANKS (with hip abd)							
QUADRUPED UE/LE "bird dog"							
STANDING I's, T's, Y's							
SQUATS (chair / Swiss Ball)							
KNEEL → 1/2 KNEEL							
HIP PLANKS							
SWISS BALL TRUNK EXT							
BOX LIFTS FLOOR → WAIST							
BOX LIFTS WAIST → SHOULDER							
BOX LIFTS SHLDR → OVERHEAD							
BOX CARRIES X 25 FT							
STOOP/SQUATS							
WRITTEN HEP ISSUED?		yes					
THERAPIST'S INITIALS		CP					

601

Corvel Capture 1/5/2015

Time In: 8:55 Time Out: 10:00

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	TICKET NO.
68355	12/17/2014	PT SOUTH IRBY,	103255361
NAME & ADDRESS			INSURANCE BALANCE
JOE, WANDA BROWN			\$429.00
P.O. BOX 737			ACCOUNT BALANCE
TIMMONSVILLE, SC 29161			\$429.00
843-472-9910 WRK: 843-664-2600			CURRENT CHARGES
SC DDSN			156.-
INSURED: JOE, WANDA BROWN			AMOUNT PAID
INSURANCE: WC/CARE IQ THERAPY PROGRAM			NEW BALANCE
RELATION: OTHER			CASH
GRP:			CHECK
			MO
			CC

REASON: FALL ON UP BACK/SPINE

PROCEDURES	CPT	FE	
☐ Evaluation	97001		S: "I am always sore, it did it for the rest of the day."
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		D: Ther ex per flowsheet. MTT: manual lumbar traction via (B) 48 3' on, 1' off x 2 Reps. cMHP.
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins	97110	92.-	IFC cMHP to L-spine x 15' pt. prone.
☐ Functional Activities, 15 mins	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	25.-	A: Pt. needs to A position throughout all activities 2° pain.
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		P: Continue c pt. per doc.
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		Visit Number: 3 of 6
☐ Massage, 15 mins	97124		
☒ Manual Therapy	97140	39.-	Staff: Pamela Jaeger, PTA Melissa Holt pr
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		Therapist's Signature: _____
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
☐ Other / Supplies	99070		
			Patient or Authorized Person's Signature
			62
			Date

Progressive Physical Therapy LUMBOSACRAL PROGRAM

Patient Name: Wanda Lee

Next MD appt: _____

DATE	12/11/14	12/15/14	12/17/14			
KNEE			*10 min			
TREADMILL						
MHP to L-Spine prone		*10'				
SKC						
PIRIFORMIS						
SUPERIOR GLUT						
TRUNK ROLL	10 x 10"	15 x 5"	15 x 5"			
WALKING (strap) or 90/90	2 x 30"	2 x 30"	2 x 30"			
LE BAND (strap / standing)						
HIP FLEXOR (Chair / Thomas)						
HIP GLAR STRETCH (with stool)						
TRUNK						
PELVIC TILTS		*10 x 5"	15 x 5"			
KNEE TIGHTENING/TTA "drawing in"	10 x 10"	15 x 10"	20 x 10"			
CRUNCHING						
AB CRUNCH FWD (rectus)						
AB CRUNCH FWD (oblique)						
ROWS						
Taylor sit / standing / ball						
T's						
Lat pull down - Taylor / cable / ball						
PRONE ON ELBOWS	5 x 10"	10 x 10"	10 x 10"			
PRONE PRESS UPS						
PRONE ALT UE/LE "superman"			*10/10			
PRONE PLANKS (with hip ext)						
SIDE PLANKS (with hip abd)						
OPALRIFIED UE/LE "bird dog"						
STANDING L's, T's, Y's						
SQUATS (chair / Swiss Ball)						
KNEEL → 1/2 KNEEL						
HIP PLANES						
SWISS BALL TRUNK EXT						
BOX LIFTS FLOOR → WAIST						
BOX LIFTS WAIST → SHOULDER						
BOX LIFTS SHLDR → OVERHEAD						
BOX CARRIES X 25 FT						
STOOP/SQUATS						
WRITTEN HEP ISSUED?	yes					
PHYSICIAN'S INITIALS	WEL	CP	CP			

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Corvel Capture 1/6/2015

61

Time In: 10:20 / Time Out: 11:30

TICKET NO.

ACCOUNT NUMBER	DATE	TIME		
68355		12/19/2014	PT SOUTH IRBY	103256317

NAME & ADDRESS		DOB	AGE	SEX	RELATION	OTHER
JOE, WANDA BROWN P.O. BOX 737 TIMMONSVILLE, SC 29161 843-472-9910 WRK: 843-664-2600 SC DDSN		07/23/1972	42 years			
INSURED: JOE, WANDA BROWN		RELATION: OTHER				
INSURANCE: WC/CARE IQ THERAPY PROGRAM		GRP:				

INSURANCE BALANCE	ACCOUNT BALANCE	CURRENT CHARGES	AMOUNT PAID	NEW BALANCE
\$505.00	\$505.00	209.15		

PERSON	FOLLOW UP	BACK	SPINE

PROCEDURES	CPT	PRICE	
☐ Evaluation	97001		S: "I think the pain is getting a little worse."
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		D: Ther ex per flowsheet. IFC & MHP to (B) SI x 15' pt. prone
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins	97110	184.15	A: Pt. has some 7'd pain, eliminate manual traction to see if pain ↓s.
☐ Functional Activities, 15 mins	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	25.15	
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		P: Continue 2 pt. per POC.
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97140		Visit Number: 4 of 6
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		Staff: Pamela Daecker, RPA
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851		Therapist's Signature: Melissa Hout
☐ Other / Supplies	99070		

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS	
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.	
Patient or Authorized Person's Signature: 64	
Date	

Progressive Physical Therapy
LUMBOSACRAL PROGRAMPatient Name: Wanda J.

Next MD appt:

DATE	12/11/14	12/15/14	12/17/14	12/19/14	12/22/14
TIME			*10min	8min	10min
TRIADMI					
MHP to L-Spine prone		*10'			
SKC					
PIRIFORMIS					
SUPERIOR GLUT					
TRUNK ROLL	10' x 10"	15x5"	15x5"	15x5"	15x5"
HAMSTRING (strap) or 90/90	2x30"	2x30"	2x30"	2x30"	2x30"
IT BAND (strap / standing)					
HIP FLEXOR (Chair / Thomas)					
DEQUAR STRETCH (with stool)					
IRONING					
PELVIC TILTS		*10x5"	15x5"	15x5"	15x5"
MULTIFIDUS/TTA "drawing in"	10x10"	15x10"	2x10x10"	20x10"	25x10"
BRIDGING					
AB CRUNCH FWD (reclus)					
AB CRUNCH FWD (oblique)					
ROWS Taylor sit/standing / ball					
T Taylor sit/standing / ball					
Lat pull down - Taylor / cable / ball					
PRONE ON ELBOWS	5x10"	10x10"	10x10"	10x10"	10x10"
PRONE PRESS UPS					
PRONE AFT UE/LE "superman"			*10/10	11/11	10/10
PRONE PLANKS (with hip ext)					
SIDE PLANKS (with hip abd)					
QUADRUPED UE/LE "bird dog"					
STANDING T's, T's, Y's					
SQUATS (chair / Swiss Ball)					
KNEEL → 1/2 KNEEL					
HIP PLANES					
SWISS BALL TRUNK EXT					
BOX LIFTS FLOOR → WAIST					
BOX LIFTS WAIST → SHOULDER					
BOX LIFTS SHLDR → OVERHEAD					
BOX CARRIES X.25 FT					
SQUATS					
WRITTEN HEP ISSUED?	Yes				
THERAPIST'S INITIALS	WJ	CP	CP	CP	CP

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Corvel Capture 1/6/2015

Time In
3:03

ACCOUNT NUMBER	DATE	TIME	
68355	12/22/2014	PT SOUTH IRBY,	103257423

NAME & ADDRESS		DOB: 07/23/1972	AGE: 42 years	GEN: M	INSURANCE BALANCE \$585.00
JOE, WANDA BROWN P.O. BOX 737		SS#: _____	FCL: 6		ACCOUNT BALANCE \$585.00
TIMMONSVILLE, SC 29161 843-472-9910 WRK: 843-664-2600 SC DDSN					CURRENT CHARGES 163.1-
INSURED: JOE, WANDA BROWN		RELATION: OTHER			AMOUNT PAID
INSURANCE: WC/CARE ID THERAPY PROGRAM		GRP: _____			NEW BALANCE
REASON: RE-ASSESS BACK/SPINE					CASH CHECKS FIDUCIARY

PROCEDURES	CHI	FEE	
☐ Evaluation	97001		S: "I'm the same."
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		O: Ther ex per flowsheet.
☐ Work Hardening, 2 hours	97545		IFC & MHP to L-spine / SI x 15'
☐ Work Hardening, add'l. 1 hour	97546		PT: PRON.
☒ Therapeutic Exercise, 15 mins.	97110	138.1-	
☐ Functional Activities, 15 mins	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	25.1-	A: Pt. needs several rest breaks
☐ Electrical Stim., Unattended, 15 mins, Medical	G0283		throughout Rx today. Pt.
☐ Electrical Stim., Manual, 15 mins	97032		W/ progress ther ex &
☐ Ultrasound, 15 mins	97035		7'd pain.
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97140		P: Continue & Pt. per POC.
☐ Mechanical Traction	97012		Visit Number: 5 of 6
☐ Neuromuscular Re-Educ., 15 mins	97112		Staff: Pamela J. Arter, APT
☐ Self Care Training, 15 mins	97535		Therapist's Signature: Melissa Holt
☐ ROM Measure and Report	95851		
☐ Other / Supplies	99070		

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS	
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.	
Patient or Authorized Person's Signature	66
Date	

Progressive Physical Therapy
LUMBOSACRAL PROGRAMPatient Name: Linda J.

Next MD appt:

DATE	12-11-14	12/15/14	12/17/14	12/19/14	12/22/14
BIKE			*10min	8min	10min
TREADMILL					
MHP to L-Spine prone		*10'			
SKC					
PIRIFORMIS					
SUPERIOR GLUT					
TRUNK ROLL					
HAMSTRING (strap) or 90/90	10x10"	15x5"	15x5"	15x5"	15x5"
LEGABD (strap / standing)	2x30"	2x30"	2x30"	2x30"	2x30"
HIP FLEXOR (Chair / Thomas)					
HEELAR STRETCH (with stool)					
IRONING					
DELT TILTS		*10x5"	15x5"	15x5"	15x5"
MULTIFIDUS / TFA "drawing in"	10x10"	15x10"	2x10x10"	20x10"	25x10"
BRIDGING					
ALL CRUNCH FWD (rectus)					
ALL CRUNCH FWD (oblique)					
ROWS Taylor sit / standing / ball					
TR Taylor sit / standing / ball					
Lat pull down - Taylor / cable / ball					
PRONE ON ELBOWS	5x10"	10x10"	10x10"	10x10"	10x10"
PRONE PRESS UPS					
PRONE ALT UE (LE) "superman"			*10/10	11/11	10/10
PRONE PLANKS (with hip ext)					
SIDE PLANKS (with hip abd)					
QUADRUPED UE/LE "bikidog"					
STANDING T's, P's, Y's					
SQUATS (chair / Swiss Ball)					
KNEEL → KNEEL					
HIP PLANES					
SWISS BALL TRUNK EXT.					
BOX LIFTS FLOOR → WAIST					
BOX LIFTS WAIST → SHOULDER					
BOX LIFTS SHLDR → OVERHEAD					
BOX CARRIES X 25 FT					
STOOPS/SQUATS					
WRITTEN HEP ISSUED?	yes				
THERAPIST'S INITIALS	JEH	CP	CP	CP	CP

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Corvel Capture 1/14/2015

Time In: 9:03 / Time Out: 10:30

ACCOUNT NUMBER	DATE	TIME	TICKET NO.
68355	12/29/2014	PT SOUTH IRBY,	103260072

NAME & ADDRESS		DOB	AGE	SS#	FCL	RELATION	GRP
JOE, WANDA BROWN P.O. BOX 737 TIMMONSVILLE, SC 29161 843-472-9910 WRK: 843-664-2600 SC DDSN		07/23/1972	42 years		6	OTHER	

INSURANCE	INSURED	REASON
W/CARE ID THERAPY PROGRAM	JOE, WANDA BROWN	FOLLOW UP BACK/SPINE

INSURANCE BALANCE	ACCOUNT BALANCE	CURRENT CHARGES	AMOUNT PAID	NEW BALANCE	CASH	CHECK	M.O.	C.C.
\$957.00	\$957.00	275.-						

PROCEDURES	CPT	TIME	REMARKS
☐ Evaluation	97001		S: See MD note
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins	97110	230.-	Ther ex per flowsheet. Rom and strength measurements for MD note.
☐ Functional Activities, 15 mins	97530		Pt declines IFC & MHP today 2° starting to feel nauseated
☐ Electrical Stim., Unattended, 15 mins	97014		
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		A&P: See MD note
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97140		
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851	45.-	
☐ Other / Supplies	99070		

Visit Number	Staff	Therapist's Signature
6 of 12	Amelia Taacke, PMA	Heather Hart PT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
Patient or Authorized Person's Signature: <u>68</u>
Date: _____

Progressive Physical Therapy

Initiative Therapies

SEMI-ANNUAL PROGRESS SUMMARY

2200 South Ithya Street
Florence, SC 29505
Phone: (843) 669-0421
Fax: (843) 669-0422

To M.D.:
☐ Faxed
☐ Mailed
☐ Given to Patient
☐ Filed in DC chart

Patient Name: Wanda Joe ICD-9: 724.2, 724.4 Date: 12/31/2014
DOB: 07/23/1972 Date of Onset: 03/17/2013 Physician: Dr. Gunter
Home #: 033013000680 Date of Surgery: n/a Therapist: Pamela Taecker, PTA

Date of initial evaluation: 12/11/14 Date of last treatment: _____ Total visits attended? 6 Missed?: 1

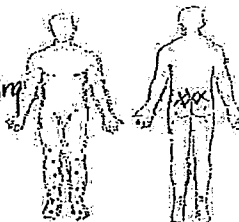
Benefit of treatment perceived by the patient? ☒ Good ☐ Fair ☐ Poor
Compliance to PT HEP perceived by therapist? ☒ Good ☐ Fair ☐ Poor
Current Work status: ☒ A ☐ on regular duty ☒ off duty: Reason MD restrictions
☐ on light duty

Summary of Treatments

Orthopedic Rehab-ROM/ stabilization ☒ Back School ☒ Manual Treatments ☐
Non-orthopedic Rehab-ROM/ core stabilization ☒ Postural Education ☐ Functional Training ☐
Work Related Conditioning ☒ Home Exercise Program ☒ Physical Agents/Modalities

Subjective Report of Current Status

Pain: 6/10 @ present, 3-4/10 @ best, 10/10 @ worst Location: _____
Quality: sharp (dull) (aching) (throbbing) (shooting) (sore) other: pressure, numbness, tingling
Neuro/Radicular Complaints: intermittent numbness/tingling from knee to toes (b)
Functional Limitations / Aggravating Factors: unloading
 Oswestry Score: EVAL = 64% P.N. = 54%



Summary of Objective Findings:

ROM: flexion = 35° * pull act = 10° * pull Bxb = 20° * LSb = 24° * RROT = 32° * = pull
Strength: 5/5 throughout hip flexors/extensors LROT = 38° * = pull

Functional Abilities Demonstrated: Not tested b/c d pain and up to sit up and needs to
lie in a Reclined position
Other Objective Findings: Pl. up to sit up right and needs several Rot
beats throughout Rx and needs to 2 positions often

Review of Established Goals

Goal has met 1 out of 9 initial PT goals established at the initial evaluation.
☒ Independent with HEP (partially met/fully met/not met) ☐ Increase/Decrease joint mobility (partially met/fully met/not met)
☒ Decrease symptoms (partially met/fully met/not met) ☐ Improve quality of movement (partially met/fully met/not met)
☒ Increase range of motion (partially met/fully met/not met) ☒ Increase functional capacity (partially met/fully met/not met)
☒ Increase strength (partially met/fully met/not met) ☐

Recommendations Requested by PT

☐ Continue Physical Therapy for 3 x per week for 3 weeks
☒ to ↓ pain, ↑ strength and progress to FA 5 T'd
☒ discontinue

MD Orders Based Upon Review of Above Progress Summary

☐ Continue Physical Therapy _____ x per week for _____ weeks
☐ Hold Physical Therapy
☐ Discharge Physical Therapy
☐ Call physician concerning this patient

Follow up visit scheduled with MD: _____

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral!

Physician / Nurse Practitioner / Physician's Asst. Date

Physical Therapist

Date

Progressive Physical Therapy LUMBOSACRAL PROGRAM

Patient Name: Wanda Lee

Next MD appt:

DATE	12-11-14	12/15/14	12/17/14	12/19/14	12/22/14	12/29/14
BIKE			*10min	8min	10min	10min
TREADMILL						
MHP to L-Spine prone		*10'				
KC 2 Strap						*2x30"
FIREWORKS 2 Strap						*2x30"
SUPERIOR GLUT						
TRIPLE ROLL	10'x10"	15x5"	15x5"	15x5"	15x5"	15x5"
HAME TRISCU (strap) or 90/90	2x30"	2x30"	2x30"	2x30"	2x30"	2x30"
FT LEVIT (strap / standing)						
HIP LIT FOR (Chair / Thomas)						
HIP EXTRENTRECH (with stool)						
DROPPING						
PIVOT TILTS		*10x5"	15x5"	15x5"	15x5"	20x5"
ANTI-THROUS/TRA "drawing in"	10x10"	15x10"	2x10x10"	20x10"	25x10"	30x10"
BRIDGING						
AB CRUNCH EWD (rectus)						
AB CRUNCH FWD (oblique)						
hip ABD/ADD 150						*10x10" ea
ROWS Taylor sit / standing / ball						
T'S Taylor sit / standing / ball						
Lat pull down - Taylor / cable / ball						
PRONE ON ELBOWS	5x10"	10x10"	10x10"	10x10"	10x10"	10x10"
PRONE PRESS UPS						
PRONE AT TUBE (LF) "superman"			*10/10	11/11	10/10	20/20
PRONE PLANKS (with hip ext)						
PRONE PLANKS (with hip abd)						
DEADLIFTED DE/LI "bird dog"						
STANDING T's, T's, Y's						
ROHATS (chair / Swiss Ball)						
KNEEL → KNEEL						
HIP PLANKS						
SWISS BALL TRUNK EXT						
BOX LIFTS FLOOR → WAIST						
BOX LIFTS WAIST → SHOULDER						
BOX LIFTS SHLDR → OVERHEAD						
BOX LARRIES X 25 FT						
STOOL SQUATS						
WRITTEN HEP ISSUED?	yes					
PHYSICIST'S INITIALS	Wanda Lee	CP	CP	CP	CP	CP

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Progressive Physical Therapy
LUMBOSACRAL PROGRAM

Patient Name: Wanda Joe

Next CMD appt:

DATE	12/31/14	1/2/15	1/5/15	1/7/15		
WALK	10 min	10 min	10 min	12 min		
UNTREADMILL			* 4 mph 5'	4-10 mph 5'		
TRAP STRAP	2x30"	2x30"	2x30"	2x30"		
TRIFORMIS STRAP	2x30"	2x30"	2x30"	2x30"		
PIERCE GLUT						
TRUNK ROLL over ball	15/15	15/15	15/15	15/15		
TRANSIT RING (strap / 90/90)	2x30"	2x30"	2x30"	2x30"		
TRIPAD (strap / standing)						
HIP FLEXOR (Chair / Thomas)						
BEAGAR STRETCH (with stool)	2x30"	2x30"	2x30"	2x30"		
IRONING						
RELAX TILTS	25x5"	30x5"	30x5"	30x5"		
WITH THERAPY TRA "drawing in"	30x5"	30x5"	30x5"	30x5"		
BRIDGING						
AB CRUNCH FWD (rectus)						
AB CRUNCH FWD (oblique)						
hip ABD/ADD ISO.	10x10"	10x10"	10x10"	10x10"		
ROWS Taylor sit / standing / ball						
ROWS Taylor sit / standing / ball						
LAT pull down Taylor / cable / ball						
SL Clams	* 10/10	15/15	20/20	25/25		
PRONE EXTENSION				5x10"		
PRONE ONE BOWS	10x10"	10x10"	10x10"	5x10"		
PRONE PRESS UPS						
PRONE ALT UE/LE "superman"	20/20	25/25	25/25	30/30		
PRONE PLANKS (with hip ext)						
PRONE PLANKS (with hip abd)						
QUADRUPED UE/LE "bird dog"						
STANDING I's, T's, Y's						
SQUATS (chair / Swiss Ball)				* Blue SK		
KNEEL → KNEEL						
HIP PLANES						
SWISS BALL TRUNK EXT						
BOX 1 FT'S FLOOR → WAIST						
BOX 1 FT'S WAIST → SHOULDER						
BOX 1 FT'S SHLDR → OVERHEAD						
BOX CARRIES X 25 FT (50#)						
Push/pull (100#)				* 45# 3'		
TRUCK SQUATS						
WRTTEN HEP ISSUED?						
PHYSICIAN'S INITIALS	PP	PP	PP	MLT		

Corvel Capture 1/20/2015

Time In: 8:20 Time Out: 9:40

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	TICKET NO.
68355	01/02/2015	PT SOUTH IRBY,	IC3261875
NAME & ADDRESS			INSURANCE BALANCE
JOE, WANDA BROWN			ACCOUNT 1,232.00
P.O. BOX 737			GENE RANCE
TIMMONSVILLE, SC 29161			CURRENT \$1,232.00
843-472-9910 WRK: 843-664-2600			CHARGES 209.-
SC DDSN			AMOUNT PAID
INSURED: JOE, WANDA BROWN			NEW BALANCE
INSURANCE: WC/CARE IQ THERAPY PROGRAM			CASH CHECK M.O. C.O.
RELATION: OTHER			
GRP:			
PROCEDURES	CPT	FEES	
☐ Evaluation	97001		S: "I was really sore. I went to Church, but I wasn't able to stay standing up for a long time."
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		O: Ther ex per flow sheet.
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins	97110	184.-	IFC 2 MHP to SI/L-spine Paraspinals x15" pt prone.
☐ Functional Activities, 15 mins	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	25.-	A: Pt needs to Δ positions throughout all activities today and has some hip discomfort.
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		P: Continue 2 pt per fdc.
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		Visit Number: 8 of 12
☐ Massage, 15 mins	97124		Staff: Pamela Decker, PTA
☐ Manual Therapy	97140		Therapist's Signature:
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851		
☐ Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
			I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature
			72
			Date:

Corvel Capture 1/20/2015

Time In: 9:07 / Time Out: 10:40

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	TICKET NO.
68355	01/05/2015	PT SOUTH IRBY,	103262791
NAME & ADDRESS			INSURANCE BALANCE
JOE, WANDA BROWN			ACCOUNT BALANCE
P.O. BOX 737			CURRENT CHARGES
TIMMONSVILLE, SC 29161			AMOUNT PAID
B43-472-9910 WRK: B43-664-2600			NEW BALANCE
SC DDSN			CASH CHECK MO CO
INSURED: JOE, WANDA BROWN			RELATION: OTHER
INSURANCE: WC/CARE IQ THERAPY PROGRAM			GRP:
DOB: 07/23/1972			AGE: 42 years
SS#:			FCL: 6

PROCEDURES	OPT	FEE	
☐ Evaluation	97001		S: "I am always sore."
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		O: Three ex per flow sheet. FC & MHP to SI/L-spine X15' pt. prone.
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins	97110	230.-	A: Pt. is ① & clinical ther ex.
☐ Functional Activities, 15 mins	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	25.-	
☐ Electrical Stim., Unattended, 15 mins; Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		P: Continue & pt. per fax.
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97140		Visit Number: 9 of 12
☐ Mechanical Traction	97012		Staff: Pamela Taecker, AA
☐ Neuromuscular Re-Educ., 15 mins	97112		Therapist's Signature: Charles C. Ford, PT
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851		
☐ Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
			I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature
			Date

Corvel Capture 1/20/2015

Time In: 8:50 / Time Out: 10:25

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	TICKET NO.
68355	01/07/2015	PT SOUTH IRBY,	10326439
NAME & ADDRESS			INSURANCE BALANCE
JOE, WANDA BROWN			ACCOUNT 1,951.00
P.O. BOX 737			GEN BALANCE
TIMMONSVILLE, SC 29161			CURRENT 1,951.00
843-472-9910 WRK: 843-664-2600			CHARGES 29.00
SC DDSN			AMOUNT PAID
INSURED: JOE, WANDA BROWN			NEW BALANCE
INSURANCE: WC/CARE IQ THERAPY PROGRAM			CASH CHECK MO YC
RELATION: OTHER			
GRP:			

PROCEDURES	CPT	FEE	
☐ Evaluation	97001		S: Pt. reports she can tell a difference in her mobility being improved.
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		O: Therex per flow sheet.
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins	97110	18.00	FA per flow sheet.
☒ Functional Activities, 15 mins	97530	50.00	
☒ Electrical Stim., Unattended, 15 mins	97014	25.00	IFC stim c mlt x 15 mins to (B) lumbar in prone.
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		A: Slow guarded movement c position change. Uses good log roll body mech anc.
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		p: Cont PT per POC
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97140		Visit Number: <u>B</u> of <u>12</u>
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		Staff:
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851		Therapist's Signature: <u>Wendy Holt</u> or
☐ Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
			I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature <u>74</u>
			Date

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Time 8:40

TICKET NO.

ACCOUNT NUMBER	DATE	TIME
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103276560

NAME & ADDRESS

ACCOUNT BALANCE	\$2,952.00
CURRENT CHARGES	\$2,952.00
AMOUNT PAID	118.10
NEW BALANCE	
CASH	CHECK
M.O.	C

TIMMONSVILLE, SC 29161
843-472-9910 WRK: 843-664-2600
SC DDSN

RELATION: OTHER
GRP: 251-65-6217

PROCEDURES	CPT	IUS
☐ Evaluation	97001	
☐ Re-Evaluation	97002	
☐ OT Evaluation	97003	
☐ Functional Capacity Evaluation	97750	
☒ Work Hardening, 2 hours	97545	118,-
☐ Work Hardening, add'l. 1 hour	97546	
☐ Therapeutic Exercise, 15 mins	97110	
☐ Functional Activities, 15 mins	97530	
☐ Electrical Stim., Unattended, 15 mins	97014	
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283	
☐ Electrical Stim., Manual, 15 mins	97032	
☐ Ultrasound, 15 mins	97035	
☐ Paraffin Bath	97018	
☐ Massage, 15 mins	97124	
☐ Manual Therapy	97140	
☐ Mechanical Traction	97012	
☐ Neuromuscular Re-Educ., 15 mins	97112	
☐ Self Care Training, 15 mins	97535	
☐ ROM Measure and Report	95851	
☐ Other / Supplies	99070	

S: Pt. has no new C/O today.

O: WORK Conditioning per flowsheet.
(total time = 1 hr, 50 mins).

A: Pt. needs Constant supervision
and v/c for proper body
mechanics w lifting today.

P: Continue w pt. per POC.

Visit Number: 2 of 6

Staff: Famela Taecker, RPA

Therapist's Signature: Melissa Holt PT

**RELEASE OF MEDICAL INFORMATION and
ASSIGNMENT OF BENEFITS**

I hereby authorize the release of medical information necessary to
process this claim and authorize payment of medical benefits to PPT or
their designee for services described above.

Patient or Authorized Person's Signature _____ Date 7/5

Progressive Physical Therapy
WORK HARDENING PROGRAM - 2 pages

Patient Name: Ward, Jr

Next MD appt:

		DATE	DATE	DATE	DATE	DATE	DATE
CARDIO VITALS	Pre-exercise HR	79	72bpm				
	Pre-exercise BP	122/67	113/72				
	Bike	10 mins	10 min				
	Treadmill	9mph 10'	9mph 10'				
	Elliptical	5'	5'				
CORE STABILIZATION & STRENGTHENING	Pelvic Tilts		* 15x5"				
	Multifidus / TrA "drawing in"						
	Bridging double LE / single LE	11	* 15x5"				
	Hooklying swiss toss w/ TrA	11					
	Ab crunch / obliques	11					
	Taylor Sit - Seated Rows	11					
	Taylor Sit - Seated T's						
	Taylor Sit - Pull Downs						
	Triceps Press						
	Biceps Curls						
	Lat pulls						
	Prone on elbows		* 10x10"				
	Prone Press ups						
	Prone Alt UE / LE "supermans"		* 15/15				
	Prone planks						
	Side planks						
	Seated on swiss - pelvic tilts	11					
	Swiss march - pelvic neutral	11					
	Swiss LAQ's - pelvic neutral	11					
	Swiss diagonals - pelvic neutral	11					
	Swiss quadruped "bird dog"	11					
	Swiss walkouts - prone / supine	11					
	Swiss wall slides - neutral pelvis	11					
	Swiss extensions in standing	11					
	Standing I's, T's, Y's	11					
	Kneel to 1/2 kneel	11					
	Standing hip flex / ext	11	* 10x10				
	Standing hip abd / add	11	* 10x10				

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THE UNIVERSITY OF CHICAGO

STREET CHIES

77

Corvel Capture 2/16/2015

Time In: 8:35 / Time Out: 10:30

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	
68355	01/30/2015	PT SOUTH IRBY,	103276685
NAME & ADDRESS			INSURANCE BALANCE
JOE, WANDA BROWN P.O. BOX 737 TIMMONSVILLE, SC 29161 843-472-9910 WRK: 843-664-2600 SC DDSN			ACCOUNT \$2,952.00 BALANCE F
DOB: 07/23/1972 AGE: 42 years SS#: FCL: 6			CURRENT \$2,952.00 CHARGES 118.-
INSURED: JOE, WANDA BROWN INSURANCE: WC/CARE ID THERAPY PROGRAM			AMOUNT PAID
RELATION: OTHER GRP: 251-65-6217			NEW BALANCE
			CASH CHECK MO C/C

PROCEDURES	ICPT	TIME	
☐ Evaluation	97001		
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☒ Work Hardening, 2 hours	97545	118.-	
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins	97110		
☐ Functional Activities, 15 mins	97530		
☐ Electrical Stim., Unattended, 15 mins	97014		
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97140		
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851		
☐ Other / Supplies	99070		

S. Pt Reports significant discomfort following Rx yesterday.

O: WORK Conditioning per Hwachee (total time = 1 hr, 55 min).

A. Pt needs several rest breaks and v/c for proper body mechanics & FA today.

P: Continue c pt per POA.

Visit Number: 3 of 6

Staff: Kime Patackey, PTA

Therapist's Signature: Melissa Holtor

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.

Patient or Authorized Person's Signature 78

Date:

Progressive Physical Therapy WORK HARDENING PROGRAM - 2 pages

Patient Name: Wanda Joe

Next MD appt: _____

CARDIO VITALS

	DATE	DATE	DATE	DATE	DATE	DATE
Pre-exercise HR	1/20/15	1/27/15	1/30/15			
Pre-exercise BP	122/67	113/72	103/63			
Bike	10 min	10 min	12 min			
Treadmill	9mph 10'	9mph 10'	9mph 10'			
Elliptical	5'	5'	9 min			
Pelvic Tilts		*15x5"	15x5"			
Multifidus / TrA "drawing in"						
Bridging double LE / single LE		*15x5"	10x5"			
Hooklying swiss toss w/ TrA						
Ab crunch / obliques						
Taylor Sit - Seated Rows						
Taylor Sit - Seated T's						
Taylor Sit - Pull Downs						
Triceps Press						
Biceps Curls						
Lat pulls						
Prone on elbows		*10x10'	10x10'			
Prone Press ups						
Prone Alt UE / LE "supermans"		*15/15	15/15			
Prone planks						
Side planks						
Seated on swiss - pelvic tilts						
Swiss march - pelvic neutral						
Swiss LAQ's - pelvic neutral						
Swiss diagonals - pelvic neutral						
Swiss quadruped "bird dog"						
Swiss walkouts - prone / supine						
Swiss wall slides - neutral pelvis						
Swiss extensions in standing						
Standing I's, T's, Y's						
Kneel to 1/2 kneel						
Standing hip flex / ext		*10x10	10x10			
Standing hip abd / add		*10x10	10x10			

CORE STABILIZATION & STRENGTHENING

Progressive Physical Therapy

WORK HARDENING PROGRAM - 2 pages

	1/20/15	1/29/15			
Static trunk bending					
Knobling	2' 5"	ND	2'		
Stooping					
Crouching					
Overhead reaching	1-5#	1x 2a	3x 2a	3x 2a	
Crawling				2x 2a	
Squatting	2' 10"	ND	18x		
Ladder climbing					
Stair climbing	2' 2"	ND	2' x 1		
Pushing/ pulling cart (100#)	45# 3'	45# 3'	45# 3'		
Work simulation tasks:					
1.					
2.					
3.					
4.					
Box lifts floor -> knuckle	4/1				
Box lifts knuckle -> shldr					
Box lifts shoulder -> overhead					
Box carries 50' (75#)	15# 3x	15# 3x	15# 3x		
Box lifts level	15# 3x	15# 3x	15# 3x		
Box lift knee -> waist	15# 3x	15# 3x	15# 3x		
Hamstring stretch - seated					
Hamstring stretch - supine - strap		* 2x 30"	2x 30"		
Piriformis stretch		* 2x 30"	2x 30"		
Glut stretches					
Gastroc / Soleus stretch		* 2x 30"	2x 30"		
Hip flexor stretch					
Quad stretch					
Ironing					
Faber's stretch					
Ober's stretch					
Upper thoracic					
Chest wall					
LTR over mill		* 10/10	10/10		
Boogaie stretch 2 stool		* 2x 30"	2x 30"		
Post ex HR	92	82 bpm	85 bpm		
Post ex BP	101/63	103/62	98/63		
HOURS OF WK HARDENING			1 hr. 55 min		
Therapist's Initials.		CP	CP		

Corvel Capture 2/16/2015

Time In: 8:35 / Time Out: 10:54

TICKET NO.

ACCOUNT NUMBER

DATE

TIME

68355

02/02/2015 PT SOUTH IRBY,

EC3277430

NAME & ADDRESS

JOE, WANDA BROWN
P.O. BOX 737TIMMONSVILLE, SC 29161
843-472-9910 WRK: 843-664-2600
SC DDSN

DOB: 07/23/1972

AGE: 42 years

SSN:

FCL: 6

INSURANCE
BALANCE

ACCOUNT \$3,070.00

BALANCE

CURRENT \$3,070.00

CHARGES

AMOUNT
PAIDNEW
BALANCE

CASH CHECK P.M.O. C.C.

INSURED: JOE, WANDA BROWN

RELATION: OTHER

INSURANCE: WC/CARE IQ THERAPY PROGRAM

GRP: 251-65-6217

PROCEDURES

CPT

TIME

- ☐ Evaluation
☐ Re-Evaluation
☐ OT Evaluation
☐ Functional Capacity Evaluation

97001

97002

97003

97750

- ☒ Work Hardening, 2 hours
☒ Work Hardening, add'l. 1 hour

97545

97546

- ☐ Therapeutic Exercise, 15 mins
☐ Functional Activities, 15 mins

97110

97530

- ☐ Electrical Stim., Unattended, 15 mins
☐ Electrical Stim., Unattended, 15 mins,
Medicare
☐ Electrical Stim., Manual, 15 mins

97014

G0283

97032

- ☐ Ultrasound, 15 mins
☐ Paraffin Bath
☐ Massage, 15 mins
☐ Manual Therapy
☐ Mechanical Traction

97035

97018

97124

97140

97012

- ☐ Neuromuscular Re-Educ., 15 mins
☐ Self Care Training, 15 mins
☐ ROM Measure and Report
☐ Other / Supplies

97112

97535

95851

99070

S: Pt. Reports 1 d pain after last
Rx. Pt. States pain a Rx is 4/10
and pain p Rx is 6/10.

0 Work Conditioning per flowchart.
(total time = 2hrs, 24 min)

A: Pt. needs several Rest breaks
between activities today.

P: Continue pt per pax

Visit Number: 4 of 6

Staff: Pamela Trecker, PT

Therapist's Signature: *Amelisse Holt*

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

I hereby authorize the release of medical information necessary to
process this claim and authorize payment of medical benefits to PPT or
their designee for services described above.

Patient or Authorized Person's Signature

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Date

Progressive Physical Therapy

WORK HARDENING PROGRAM - 2 pages

Patient Name: Wanda Joe

Next MD appt:

	1/28/15	1/29/15	1/30/15	2/2/15	2/3/15	
	DATE	DATE	DATE	DATE	DATE	DATE
Pre-exercise HR	79	72 bpm	85 bpm	74 bpm	77 bpm	
Pre-exercise BP	124/67	113/72	103/63	100/65	108/73	
Bike	10 mins	10 min	1/2 min	11 min	12 min	
Treadmill	9 mph 10'	9 mph 10'	9 mph 10'	9 mph 12 min	9 mph 10 min	
Elliptical	5'	5'	9 min	7 min	8 min	
Pelvic Tilts		* 15x5"	15x5"	16x5"	16x5"	
Multifidus / TrA "drawing in"						
Bridging double LE / single LE		* 15x5"	10x5"	15x5"	16x5"	
Hooklying swiss toss w/ TrA						
Ab crunch / obliques						
Taylor Sit- Seated Rows						
Taylor Sit- Seated T's						
Taylor Sit- Pull Downs						
Triceps Press						
Biceps Curls						
Lat pulls						
Prone on elbows		* 10x10"	10x10"	10x10"	10x10"	
Prone Press ups						
Prone Alt UE (LE) "supermans"		* 15/15	15/15	* 4x10"	5x10"	
Prone planks				20/20	18/18	
Side planks						
Seated on swiss- pelvic tilts						
-swiss march- pelvic neutral						
-swiss LAQ's- pelvic neutral						
-swiss diagonals pelvic neutral						
Swiss quadruped "bird dog"						
Swiss walkouts- prone/supine						
Swiss wall slides- neutral pelvis						
Swiss extensions in standing						
Standing I's, T's, Y's						
Kneel to 1/2 kneel						
Standing hip flex/ ext		* 10x ea	10x ea	10x ea	11x ea	
Standing hip abd / add		* 10x ea	10x ea	10x ea	11x ea	

Progressive Physical Therapy

WORK HARDENING PROGRAM - 2 pages

	1/20/15	1/29/15				
Static trunk bending						
Knocking	2' 5x	ND	2'	3'	3'	
Stooping						
Crouching						
Overhead reaching	1-5#	1x ea	3x ea	3x ea	4x ea	4x ea
Crawling				2x ea	2x ea	2x ea
Squatting	2' 10x	ND	18x	12x	12x	12x
Ladder climbing						
Stair climbing	2' 2x	ND	2' x 1	2' x 2	2' x 2	2' x 2
Pushing/pulling cart (100#)	45# 3'	45# 3'	45# 3'	45# 3'	45# 3'	45# 3'
Work simulation tasks:						
1.						
2.						
3.						
4.						
Box lifts floor -> knuckle	9/4					
Box lifts knuckle -> shldr						
Box lifts shoulder -> overhead						
Box carries 50' (15#)	1x	15# 3x	15# 3x	15# 3.5x	15# 3x	15# 3x
Box lifts 1x ea	15# 1x	15# 3x	15# 3x	15# 3x	15# 3x	15# 3x
Box lifts knee -> waist	15# 3x	15# 3x	15# 3x	15# 3x	15# 3x	15# 3x
Hamstring stretch-seated						
Hamstring stretch-supine ^{Strap}		* 2x 30"	2x 30"	2x 30"	2x 30"	2x 30"
Piriformis stretch		* 2x 30"	2x 30"	2x 30"	2x 30"	2x 30"
Chil stretches						
Gastroc / Soleus stretch		* 2x 30"	2x 30"	2x 30"	2x 30"	2x 30"
Hip flexor stretch						
Quad stretch						
Ironing						
Faber's stretch						
Ober's stretch						
Upper thoracic						
Chest wall						
LTP over ball		* 10/10	10/10	10/10	11/11	
Beagel stretch ^{2 stool}		* 2x 30"	2x 30"	2x 30" ea	2x 30"	
Post ex HR	92	82bpm	85bpm	80bpm		
Post ex BP	101/63	103/62	98/63	102/66		
HOURS OF WK HARDENING			1hr 55min	2hrs 24min		
Therapist's Initials		PP	PP	PP	PP	

Corvel Capture 2/16/2015

Time In: 8:35 / Time Out: 11:10

ACCOUNT NUMBER	DATE	TIME	TICKET NO.
68355	02/03/2015	PT SOUTH IRBY,	203278134

NAME & ADDRESS

JOE, WANDA BROWN
P.O. BOX 737

TIMMONSVILLE, SC 29161
843-472-9910 WRK: 843-664-2600
SC DDSN

DOB: 07/23/1972
AGE: 42 years
SS#:
FCL: 6

INSURANCE BALANCE
ACCOUNT \$3,188.00
GENUINE F
CURRENT \$3,188.00
CHARGES 239.-
AMOUNT PAID
NEW BALANCE
CASH CHECKS RMOZ H/COCAS

INSURED: JOE, WANDA BROWN
INSURANCE: WC/CARE IQ THERAPY PROGRAM

RELATION: OTHER
GRP: 251-65-6217

PROCEDURES	CPT	FEE	
☐ Evaluation	97001		S: See MD note
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☒ Work Hardening, 2 hours	97545	118.-	D: Work Conditioning per flowsheet (total time - 2 hrs. 35 min)
☒ Work Hardening, add'l. 1 hour	97546	76.-	
☐ Therapeutic Exercise, 15 mins	97110		Rom and Strength measurements for MD note taken
☐ Functional Activities, 15 mins	97530		
☐ Electrical Stim., Unattended, 15 mins	97014		
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		A&P: See MD note
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97140		Visit Number: 5 of 6 Staff: Amatack, PA Therapist's Signature: [Signature]
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☒ ROM Measure and Report	95851	45.-	RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature: 84 Date
☐ Other / Supplies	99070		

Progressive Physical Therapy

WORK HARDENING PROGRAM - 2 pages

Patient Name: Wanda Joe

Next MD appt:

	DATE	DATE	DATE	DATE	DATE	DATE
Pre-exercise HR	79	72bpm	85bpm	74bpm	77bpm	
Pre-exercise BP	122/67	113/72	103/63	100/65	108/73	
Bike	10 mins	10 min	1/2 min	11 min	12 min	
Treadmill	9mph 10'	9mph 10'	9mph 10/10'	9mph 10 min	9mph 10 min	
Elliptical	5'	5'	9 min	7 min	8 min	
Pelvic Tills						
Multifidus / TrA "drawing in"		*15x5"	15x5"	11x5"	11x5"	
Bridging double LE / single LE						
Hooklying swiss loss w/ TrA		*15x5"	10x5"	15x5"	10x5"	
Ab crunch / obliques						
Taylor Sit- Seated Rows						
Taylor Sit- Seated T's						
Taylor Sit- Pull Downs						
Triceps Press						
Biceps Curls						
Lal pulls						
Prone on elbows						
Prone Press ups		*10x10"	10x10"	10x10"	10x10"	
Prone Alt UE (LE) "supermans"		*15/15	5/15	*4x10"	5x10"	
Prone planks				20/20	18/18	
Side planks						
Seated on swiss- pelvic tills						
-swiss march- pelvic neutral						
-swiss LAQ's- pelvic neutral						
-swiss diagonals- pelvic neutral						
Swiss quadruped "bird dog"						
Swiss walkouts- prone/supine						
Swiss wall slides- neutral pelvis						
Swiss extensions in standing						
Standing I's, T's, Y's						
Kneel to 1/2 kneel						
Standing hip flex/abd						
Standing hip/abd/add		*10x10"	10x10"	10x10"	11x10"	
		*10x10"	10x10"	10x10"	11x10"	

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Corvel Capture 3/2/2015

Time In: 1:17 / Time Out: 3:05

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	TICKET NO.
68355		02/11/2015	PT SOUTH IRBY, 2C32B3489
NAME & ADDRESS JOE, WANDA BROWN P.O. BOX 737 TIMMONSVILLE, SC 29161 843-472-9910 WRK: 843-664-2600 SC DDBN			INSURANCE BALANCE \$2,522.00 GEN ACCOUNT BALANCE \$2,522.00 CURRENT CHARGES 118.00 AMOUNT PAID 0 NEW BALANCE CASH CHECK MO CC
INSURED: JOE, WANDA BROWN INSURANCE: WC/CARE IQ THERAPY PROGRAM			RELATION: OTHER GRP: 251-65-6217
REASON: WORK CONDITIONING BACK/SPINE			
PROCEDURES	CPT	FEES	
☐ Evaluation	97001		S: "I am going to call the MD because after yesterday I couldn't walk for about 4 hours."
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☒ Work Hardening, 2 hours	97545	118.00	O: WORK Conditioning per flowsheet (total time = 1 hr, 48 min)
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins	97110		A: Pt. up to complete all activities today 2nd needing to pick child up from school. Pt. also refused to complete 1st activities today to see if
☐ Functional Activities, 15 mins	97530		
☐ Electrical Stim., Unattended, 15 mins	97014		
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		B: 1st pain & S
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		Visit Number: 13 Continue 7 Pt. See POC
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97140		Staff: Pamela Jackson, RPA Therapist's Signature: Melissa Foster
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851		
☐ Other / Supplies	99070		
			Patient or Authorized Person's Signature: 86
			Date

Progressive Physical Therapy

WORK HARDENING PROGRAM - 2 pages

Patient Name: Wanda Joe

Next MD appt: _____

	2/10/15	2/11/15	DATE	DATE	DATE	DATE
CARDIO VITALS	Pre-exercise HR	80bpm				
	Pre-exercise BP	60/82	112/72			
	Bike	10min	7min			
CARDIO	Treadmill	13min	7min			
	Elliptical	11min	7min			
CORE STABILIZATION & STRENGTHENING	Pelvic Tilts	15x5"	16x5"			
	Multifidus / TrA "drawing in"					
	Bridging double LE / single LE	15x5"	11x5"			
	Hooklying swiss toss w/ TrA					
	Ab crunch / obliques					
	Taylor Sit- Seated Rows	Red 5x	Red 1x			
	Taylor Sit- Seated T's	Red 5x	Red 10x			
	Taylor Sit- Pull Downs	Red 5x	Red 16x			
	Triceps Press					
	Biceps Curls					
	Lat pulls					
	Prone on elbows	10x10"	10x10"			
	Prone Press ups	5x10"	4x10"			
	Prone Alt UE (LE) "supermans"	20/20	20/20			
	Prone planks					
	Side planks					
	Seated on swiss- pelvic tilts					
	-swiss march-pelvic neutral					
	-swiss LAQ's-pelvic neutral					
	-swiss diagonals pelvic neutral					
	Swiss quadruped "bird dog"					
	Swiss walkouts- prone/supine					
	Swiss wallslides- neutral pelvis					
	Swiss extensions in standing					
	Standing I's, T's, Y's					
	Kneel to 1/2 kneel					
	Standing hip flex/ext	11x ea.	13x ea.			
	Standing hip abd/add	11x ea.	13x ea.			

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Progressive Physical Therapy

WORK HARDENING PROGRAM - 2 pages

FUNCTIONAL RETURN TO WORK ACTIVITIES

Static trunk bending	3 min	3 min
Kneeling		
Stooping		
Crouching		
Overhead reaching (1-5#)	4x ea.	3x ea.
Crawling	13x	10x
Squatting		
Ladder climbing	2' x 2'	2' x 2'
Stair climbing	50# 3'	50# 3'
Pushing/pulling cart		
Work simulation tasks:		
1.		
2.		
3.		
4.		
Box lifts floor -> knuckle		
Box lifts knuckle -> shldr		
Box lifts shoulder -> overhead		
Box carries 50 lb.	15# 3x	15# 4x
Chair -> chair lifts (unl)	15# 4x	15# 4x
Knee -> waist lift.	15# 4x	15# 4x
Hamstring stretch- seated	2x 30"	2x 30"
Hamstring stretch- supine	2x 30"	2x 30"
Piriformis stretch	2x 30"	2x 30"
Glut stretches	2x 30"	2x 30"
Gastroc / Soleus stretch	2x 30"	2x 30"
Hip flexor stretch		
Quad stretch		
Ironing		
Faber's stretch		
Ober's stretch		
Upper thoracic		
Chest wall		
LTR over ball	10/10	10/10
Beggar Stretch - start	2x 30"	2x 30"
Post ex HR		88 bpm
Post ex BP	130/82	116/82
HOURS OF WK HARDENING	1 hr 48 min	
Therapist's Initials	PT	PT

STRETCHES

VITALS

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Corvel Capture: 3/6/2015



**Progressive
Physical Therapy**

The Leader in Innovative Therapies

SPINAL PROGRESS SUMMARY

2200 South Iby Street
Florence, SC 29505
Phone: (843) 669-0422
Fax: (843) 669-0422

To M.D.:

- ☐ Faxed
☐ Mailed
☐ Given to Patient
☐ Filed in DC chart

Patient Name: Wanda Joe
DOB: 07/23/1972
Claim #: 032013000680

DX/ICD-9: 724.2, 724.4
Date of Onset: 03/07/2013
Date of Surgery: N/A

Date: 02/18/2015
Physician: Dr. Guntel
Therapist: Pamela Tacke, PTA
Melissa Holt, PT

Date of initial evaluation: 01/08/2015 Date of last treatment: _____ Total visits attended? 12 Missed?: 0

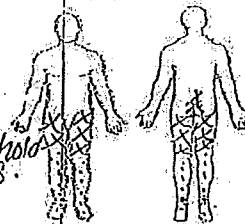
Benefit of treatment perceived by the patient? ☐ Good ☒ Fair ☐ Poor *when only*
Compliance to PT HEP perceived by therapist? ☐ Good ☒ Fair ☐ Poor *in PT 2-3x/wk*
Current Work status: ☐ on light duty ☒ off duty: Reason *none when in therapy 4 days/wk*

SUMMARY OF TREATMENTS

- ☐ Cervicothoracic Rehab-ROM/ stabilization
☐ Lumbosacral Rehab-ROM/ core stabilization
☒ Work Rehab/ Conditioning
☐ Back School
☐ Postural Education
☐ Home Exercise Program
☐ Manual Treatments
☐ Functional Training
☐ Physical Agents/Modalities

SUBJECTIVE REPORT OF CURRENT STATUS:

Pain: 10/10 @ present, 4/10 @ best, 10/10 @ worst Location: (B) spine, and 4/5
Quality: sharp (dull) aching throbbing shooting sore other:
Neuro/ Radicular Complaints: (B) from knee to toes
Functional Limitations / Aggravating Factors: Therapy, lifting, reaching, bending, push/pull, hold
Oswestry Score: EVAL = 62% P.N. = 51% Chokes



SUMMARY OF OBJECTIVE FINDINGS: * = denotes pain

ROM: L-Spine Flex=38°*, Ext=10°*, RBB=21°*, LBB=19°*, RLOT=41°*, LLOT=38°*
Strength: hip Flex (R)=4/5*, Ext (R)=4/5*, Knee Flex (R)=4/5*, Ext (R)=5/5*
(L)=4/5*, (L)=4/5*, (L)=4/5*, (L)=5/5*
Functional Abilities Demonstrated: PT able to lift 15# from knee to chest and chair to chair
as well as carry 5# x 5 bags each. PT is able to push/pull 50# x 3.
Other Objective Findings: PT up to tolerate 1'd activities 2° (dull) 4/5 pain.

REVIEW OF ESTABLISHED GOALS

Patient has met 1 out of 7 initial PT goals established at the initial evaluation.

- ☒ Independent with HEP [partially met/ fully met/ not met/]
☐ Decrease symptoms [partially met/ fully met/ not met/]
☐ Increase range of motion [partially met/ fully met/ not met/]
☐ Increase strength [partially met/ fully met/ not met/]
☐ Increase/ Decrease joint mobility [partially met/ fully met/ not met/]
☐ Improve quality of movement [partially met/ fully met/ not met/]
☒ Increase functional capacity [partially met/ fully met/ not met]

**RECOMMENDATIONS
REQUESTED BY PT**

- ☐ Continue Physical Therapy for 4 x per week for 1 weeks
☒ to 1 aerobic activity, and FA 5 1'd pain
☐

**MD ORDERS BASED UPON REVIEW
OF ABOVE PROGRESS SUMMARY**

- ☐ Continue Physical Therapy _____ x per week for _____ weeks.
☐ Hold Physical Therapy
☐ Discharge Physical Therapy
☐ Call physician concerning this patient

Follow up visit scheduled with MD: _____

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral!

X _____
Physician / Nurse Practitioner / Physician's Asst. Date:

Pamela Tacke, PTA 2/18/15
Physical Therapist Date
Melissa Holt

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Corvel Capture 3/6/2015

Time In: 8:35 / Time Out: 10:35

ACCOUNT NUMBER 68355	DATE 02/28/14	TIME 08:35	PT SOUTH IRAY,	TICKET NO.
-------------------------	------------------	---------------	----------------	------------

NAME & ADDRESS
JOE, WANDA BROWN
P.O. BOX 737

TIMMONSVILLE, SC 29161
843-472-9910 WRK: 843-664-2600
SC DDSN

DOB: 07/23/1972
AGE: 42 years
SS#:
FCL: 6

GENC

INSURANCE BALANCE	661.00
ACCOUNT BALANCE	1,661.00
CURRENT CHARGES	118.00
AMOUNT PAID	0
NEW BALANCE	
CASH	CHECK
MOL	CC

INSURED: JOE, WANDA BROWN
INSURANCE: WC/CARE IQ THERAPY PROGRAM

RELATION: OTHER
GRP: 251-65-6217

REASON: RE-ASSESS BACK/SPINE

PROCEDURES	CPT	FEE	
☐ Evaluation	97001		S: See MD note
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☒ Work Hardening, 2 hours	97545	118.00	D: Work Conditioning per Jon Stuart (total time - 2 hrs) to include Run and Strength measurements for MD note
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins	97110		
☐ Functional Activities, 15 mins	97530		
☐ Electrical Stim., Unattended, 15 mins	97014		AFP: See MD note
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		Visit Number: 13 of 18
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97140		
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		Staff: Pamela Catecker, PT Therapist's Signature: [Signature]
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851		
☐ Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
			I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature
			Date

Progressive Physical Therapy

WORK HARDENING PROGRAM - 2 pages

Patient Name: Wanda Joe

Next MD appt:

	2/10/15	2/11/15	2/12/15	2/13/15	2/17/15	2/18/15
	DATE	DATE	DATE	DATE	DATE	DATE
Pre-exercise HR	80bpm		84bpm	76bpm	76	70
Pre-exercise BP	122/82	112/72	122/86	122/74	122/78	118/80
Bike	10 min	7 min	8 min	9 min	10 min	10 1/2 min
Treadmill	13 min	7 min	8 min	9 min	10 min	10 1/2 min
Elliptical	11 min	7 min	8 min	9 min	10-10 min	10 1/2 min
Pelvic Tilts	15x5"	11x5"	15x5"	15x5"	15x5"	15x5"
Multifidus / TrA "drawing in"						
Bridging double LE / single LE	15x5"	11x5"	15x5"	15x5"	15x5"	15x5"
Hooklying swiss loss w/ TrA						
Ab crunch / obliques						
Taylor Sit - Seated Rows	Red 5x	Red 6x	Red 5x	Stand	Stand	Stand
Taylor Sit - Seated T's	Red 5x	Red 6x	Red 5x	Red 7x	Red 8x	Red 8x
Taylor Sit - Pull Downs	Red 5x	Red 6x	Red 5x	Red 7x	Red 8x	Red 8x
Triceps Press						
Biceps Curls						
Lat pulls						
Prone on elbows	10x10"	10x10"	10x10"	10x10"	10x10"	10x10"
Prone Press ups	5x10"	4x10"	5x10"	5x10"	5x10"	5x10"
Prone Alt UE (LE) "supermans"	20/20	20/20	21/21	22/22	22/22	22/22
Prone planks						
Side planks						
Seated on swiss- pelvic tilts						
-swiss march-pelvic neutral						
-swiss LAQ's-pelvic neutral						
-swiss diagonals pelvic neutral						
Swiss quadruped "bird dog"						
Swiss walkouts- prone/supine						
Swiss wallslides- neutral pelvis						
Swiss extensions in standing						
Standing I's, T's, Y's			Red 10x ea	Red 11x ea	Red 12x ea	Red 13x ea
Kneel to 1/2 kneel						
Standing hip flex/ext	11x ea	13x ea	13x ea	14x ea	15x ea	15x ea
Standing hip abd/add	11x ea	13x ea	13x ea	14x ea	15x ea	15x ea

Progressive Physical Therapy

WORK HARDENING PROGRAM - 2 pages

FUNCTIONAL RETURN TO WORK ACTIVITIES	Static trunk bending	3min	3min	3min	3min	3min	3min
	Kneeling	3min	3min	3min	3min	3min	3min
	Stooping						
	Crouching						
	Overhead reaching (1-5#)	4x ea.	3x ea.	4x ea.	4x ea.	4x ea.	4x ea.
	Crawling	13x	10x	14x	14x	14x	15x
	Squatting						
	Ladder climbing						
	Stair climbing	2' x 2'	2' x 2'	2' x 2'	2' x 2'	2' x 2'	2' x 2'
	Pushing/pulling cart	50# 3'	50# 3'	50# 3'	50# 3'	50# 3'	50# 3'
STRETCHES	Work simulation tasks:						
	1.						
	2.						
	3.						
	4.						
	Box lifts floor -> knuckle						
	Box lifts knuckle -> shldr						
	Box lifts shoulder -> overhead						
	Box carries 50 lb.	15# 4x	15# 4x	15# 4x	15# 4x	NO	15# 4x
	Chair -> Chair lifts (level)	15# 4x	15# 4x	15# 4x	15# 4x	15# 5x	15# 5x
VITALS	Knee -> waist lift	15# 4x	15# 4x	15# 4x	15# 4x	15# 4x	15# 5x
	Hamstring stretch-seated	2x30"	2x30"	2x30"	2x30"	2x30"	2x30"
	Hamstring stretch-supine	2x30"	2x30"	2x30"	2x30"	2x30"	2x30"
	Piriformis stretch	2x30"	2x30"	2x30"	2x30"	2x30"	2x30"
	Glut stretches						
	Gastroc/Soleus stretch	2x30"	2x30"	2x30"	2x30"	2x30"	2x30"
	Hip flexor stretch						
	Quad stretch						
	Ironing						
	Faber's stretch						
VITALS	Ober's stretch						
	Upper thoracic						
	Chest wall						
	ITR over ball	10/10	10/10	10/10	10/10	11/11	10/10
	Beggar Stretch - stool	2x30"	2x30"	2x30"	2x30"	2x30"	2x30"
	Post ex HR		88bpm	68bpm	86bpm	84bpm	86bpm
	Post ex BP	130/82	116/82	116/84	118/72	125/80	104/76
	HOURS OF WK HARDENING		1hr 48min	1hr 50min	1hr 38min	1hr 55min	2hrs
	Therapist's Initials	PP	PP	PP	PP	MIT	PP

Defendants' APA Submission 8, June 4, 2015



Functional Capacity Evaluation

Mrs. Wanda Joe was referred to CORA Rehabilitation for an FCE to define her return to work ability. A job specific FCE was performed to determine if she can perform the required job demands of a RN.

Validity & Reliability

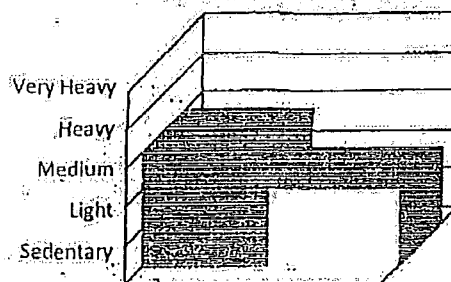
The results of this evaluation show that Mrs. Joe demonstrated inconsistent and submaximal effort. The test results and the referral diagnosis do not correlate. Therefore this FCE is not a reliable indication of her true functional abilities at this time.

Lifting Ability Summary

Mrs. Joe's occasional lifting capabilities are at a Light physical demand category (PDC). According to the US Department of Labor guidelines, Light work is defined as lifting 0-20 pounds 0-33% of the workday.

Name	Wanda Joe
Occupation	RN
Employer	SC Dept of Disabilities and Special Needs
Job Req. PDC	Medium
Body Part/System	Lumbar/Thoracic
Date of Injury	03/07/2013
Ref. Physician	Dr. Gunter

Physical Demand Category



Functional Restrictions & Limitations

Mrs. Joe put forth poor effort with today's FCE and was self limiting during functional testing. With all movements/activities in clinic, Client was very guarded and movements were extremely slow and calculated. The results of this FCE are not reliable and are not a true indicator of Mrs. Joe's functional capabilities. Client self limiting to Light PDC without appropriate physiological/biomechanical signs during testing.

- Floor to Waist: 3 lbs Occasional; Self limiting without appropriate physiological/biomechanical signs.
- 12 inches to Knuckle: 11 lbs Occasional; Self limiting without appropriate physiological/biomechanical signs.
- Waist to Shoulder: 16 lbs Occasional; Self limiting without appropriate physiological/biomechanical signs.
- Bilateral Carry: 16 lbs Occasional; Self limiting without appropriate physiological/biomechanical signs.
- Push/Pull: 75 lbs Occasional.

Recommendations & Accommodations

Client can work at a minimum of the Light PDC as that was her demonstrated FCE performance however this is not a reliable indication of her maximal function as noted through the FCE.

Evaluator 1	<i>Carrie Manges</i> Carrie Manges, PTA	03/26/2015
Evaluator 2	<i>James Mullennax</i> James Mullennax, PT	03/26/2015

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FCE

Wanda Joe

March 26, 2015

Patient Demographics

Name:	Wanda Joe	Gender:	Female
SSN:	XXX-XX-6217	Age:	42
Referring Physician:	Dr. Gunter	Height:	5 ft. 3 in.
Date of Onset/Injury:	March 7, 2013	Weight:	176 lbs.
Surgery Date:	N/A	Hand Dominance:	Right

Employment Information

Employer:	SC Dept. of Disabilities and Special Needs	Job Req. PDC:	Medium
Occupation:	RN	DOT Code:	075.364-010
Claim #:	032013000680	Work Status:	Not Working
Insurance/Payer:	State Accident Fund		

Diagnosis

ICD-9	Description	Code	Description
8472	SPRAIN, LUMBAR		

History & Mechanism of Injury

Mrs. Joe reports that she was injured on March 7, 2013 while working as a RN for SC Dept of Disabilities and Special Needs.

Patient's Report of Injury:

Mrs. Joe reports that she injured her back when attempting to lower a "seizing patient" to the floor.

Past Medical History

She did attend therapy for this diagnosis. She did not have surgery for this injury.

Mrs. Joe does not have any significant medical history.

Medication

Mrs. Joe is not taking any medication at this time. Mrs. Joe reports that she did not take pain medication prior to the evaluation.

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FCE

Wanda Joe

March 26, 2015

Sincerity of Effort

Hand grip, pinch grip and static testing were used to determine if Mrs. Joe's performance is consistent and reliable.

Test		Result	Expected	Measure	Reliable
Jamar Hand Test	MVE Pos 1 Right	45.1%	≤11%	COV	No
Jamar Hand Test	MVE Pos 1 Left	20.0%	≤11%	COV	No
Pinch Grip Test	Palmar Right	28.6%	≤11%	COV	No
Pinch Grip Test	Palmar Left	32.7%	≤11%	COV	No
Pinch Grip Test	Tip to Tip Right	45.8%	≤11%	COV	No
Pinch Grip Test	Tip to Tip Left	21.7%	≤11%	COV	No
Jamar Hand Test	Bell Curve - MVE - Right	No Bell Curve	Bell Curve	MVE	No

The results of the sincerity of efforts testing show that Mrs. Joe demonstrated inconsistent and submaximal effort during the evaluation.

In addition to the sincerity of effort testing results, Mrs. Joe was observed throughout the FCE using distraction based testing, a technique used to detect insincere effort. Distraction based testing is a clinical testing situation in which the client is unaware of all information being gathered by the tester making it difficult if not impossible to consciously control performance.

There were no inconsistencies noted during the test.

Please note that according to the AMA Guidelines-Fifth Edition, page 19, section 2.5c "the physician can use the entire range of clinical skill and judgment when assessing whether or not test results are plausible and consistent with the impairment being evaluated."

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JAMAR Hand Tests

The JAMAR hand dynamometer was used to quantify grip strength and determine whether Mrs. Joe exerted consistent effort during grip strength testing. Mrs. Joe was tested using the maximum voluntary effort (MVE) and rapid exchange hand grip (REG) protocols.

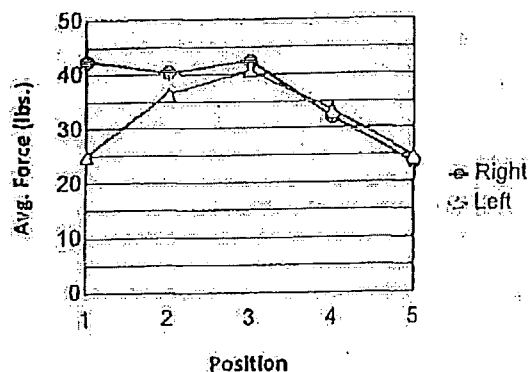
Maximum Voluntary Effort

The MVE protocol tests strength over a range of five positions on the hand dynamometer. With maximal effort, the strength graphs obtained will result in a bell-shaped curve. Research has shown that both normal and injured hand strength should be strongest in positions 2, 3 and 4 and weaker in positions 1 and 5. The average and standard deviation is analyzed for coefficient of variation (COV) at each test position. Any COV > 20% indicates inconsistent effort. Any COV < 11% indicates consistent effort. Anything between 11% and 20% does not indicate either consistent or inconsistent effort and is therefore not relevant for determining consistency of effort.

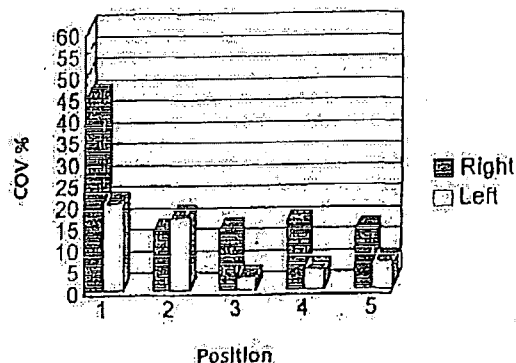
	Right Hand		Avg		SD	COV
1	64.0	28.0	35.0	42.3	19.1	45.1%
2	40.0	35.0	46.0	40.3	5.5	13.7%
3	49.0	40.0	38.0	42.3	5.9	13.8%
4	26.0	35.0	35.0	32.0	5.2	16.2%
5	26.0	25.0	20.0	23.7	3.2	13.6%

	Left Hand		Avg		SD	COV
1	20.0	25.0	30.0	25.0	5.0	20.0%
2	35.0	43.0	31.0	36.3	6.1	16.8%
3	42.0	40.0	40.0	40.7	1.2	2.8%
4	33.0	35.0	32.0	33.3	1.5	4.6%
5	23.0	25.0	26.0	24.7	1.5	6.2%

Maximal Voluntary Effort - Grip



Coefficient of Variation - Grip



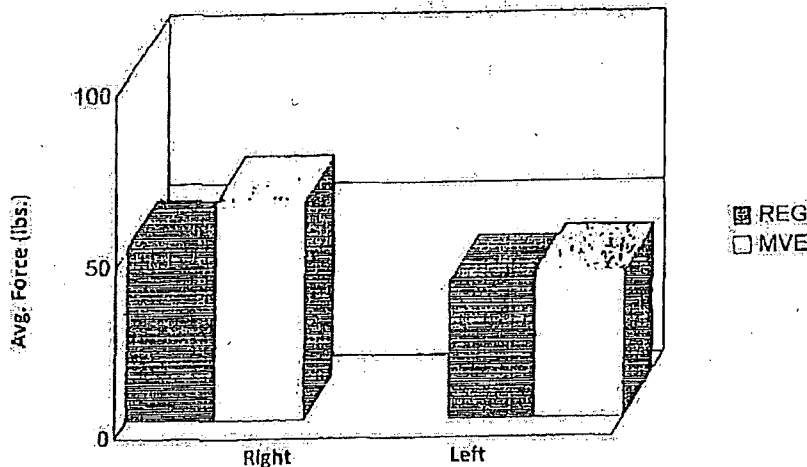
Rapid Exchange Grip

The REG test protocol is used as a means to assess the reliability of effort in the maximum voluntary effort test. Research shows that REG strength exceeding max grip strength is an indication of sub maximal or unreliable effort. REG testing is performed using the position in which the client produces the greatest force during the MVE test.

Mrs. Joe demonstrated the highest MVE on position 1 on the right hand, therefore position 1 was used for REG testing. REG values were compared to MVE values for both right and left sides at position 1.

POSITION	REG	MVE	RESULT
Right	51 lbs	64 lbs	Pass
Left	40 lbs	30 lbs	Fail

Rapid Exchange Grip vs. Maximum Voluntary Effort



Results

The results of these tests show that Mrs. Joe demonstrated inconsistent and submaximal effort.

The data obtained for Mrs. Joe did not demonstrate a bell shaped curve which indicates sub maximal effort. The coefficients of variation measured during the MVE are between 11% and 20% which does not indicate either consistent or inconsistent effort. Mrs. Joe's rapid exchange grip was not a significant factor in determining reliability of effort. Mrs. Joe's grip strength is within the normal range when compared to published norms.



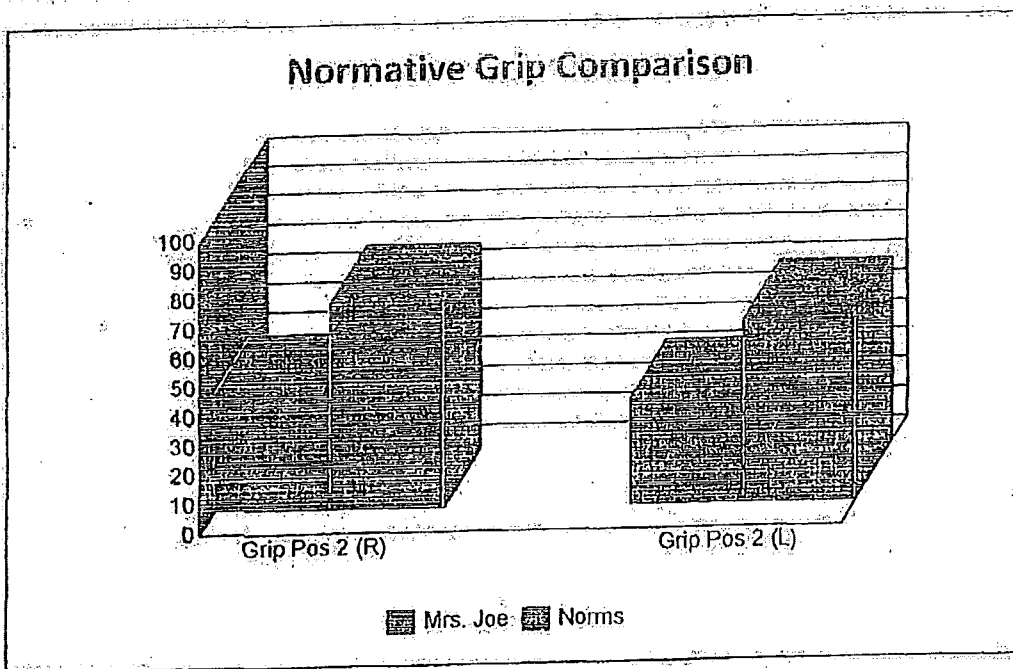
FCE

Wanda Joe
March 26, 2015

Normative Data Comparison

Normative data was compiled for grip strength to establish clinical norms for adults. In this test, normative data for grip strength at position 2 was used as a baseline to compare with evaluation data collected on Mrs. Joe. Mrs. Joe's average hand grip on position 2 bilaterally was compared to normative data for women her age.

Task Name	Actual	Normative Value	% Difference
Grip Pos 2 (R)	40.3	70.4	42.7%
Grip Pos 2 (L)	36.3	62.3	41.7%



Task Name	Right	Left	% Difference
Grip Pos 2	40.3	36.3	9.9%

Mrs. Joe's grip strength was compared to age and gender matched normative data. The published normal grip strength range for the left hand is between 35 and 94 pounds. Mrs. Joe produced an average force of 36 pounds which is considered within the normal range. The published normal grip strength range for the right hand is between 38 and 103 pounds. Mrs. Joe produced an average force of 40 pounds which is considered within the normal range. Mrs. Joe is right hand dominant and her average strength on position 2 for her right hand was 9.9% stronger than her left side which demonstrates a normal relationship. Right hand dominant subjects are assumed to be approximately 10% stronger on the right side, while left hand dominant subjects are assumed to have approximately equal strength on both sides.

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Pinch Grip Strength Test

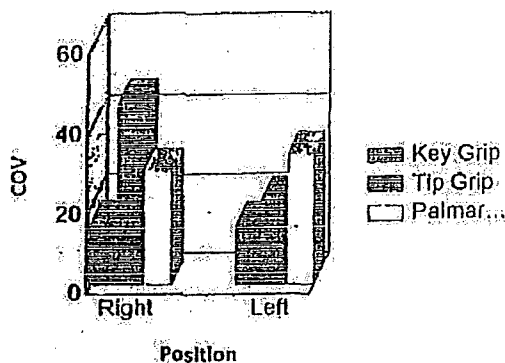
The pinch dynamometer is used to quantify an individual's pinch strength, to determine reliability of effort and to compare these measures to recognized population normative data. Mrs. Joe was asked to perform the following three pinch grip strength tests: standard key, tip and palmar. Each position is tested three times and the COV is calculated to determine if the client is giving reliable effort as evidenced by consistent results. Any COV >20% indicates inconsistent effort. Any COV <11% indicates consistent effort. Anything between 11% and 20% does not indicate either consistent or inconsistent effort and is therefore not relevant for determining consistency of effort. A comparison of the key and tip test was used to determine if maximal effort was given; full effort would result in a key pinch that is greater than the tip pinch.

	Key Grip			Avg.	SD	CV
Right	8.0	6.0	8.0	7.3	1.2	15.7%
Left	7.0	7.0	9.0	7.7	1.2	15.1%

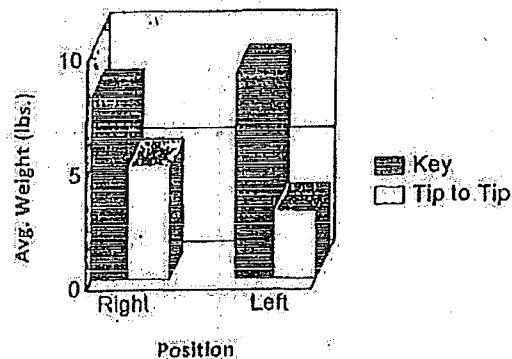
	Tip Grip			Avg.	SD	CV
Right	2.0	3.0	5.0	3.3	1.5	45.8%
Left	2.0	3.0	3.0	2.7	0.6	21.6%

	Palmar Grip			Avg.	SD	CV
Right	4.0	5.0	7.0	5.3	1.5	28.6%
Left	5.0	3.0	6.0	4.7	1.5	32.7%

Coefficient of Variation - Pinch



KEY vs. Tip to Tip



Results

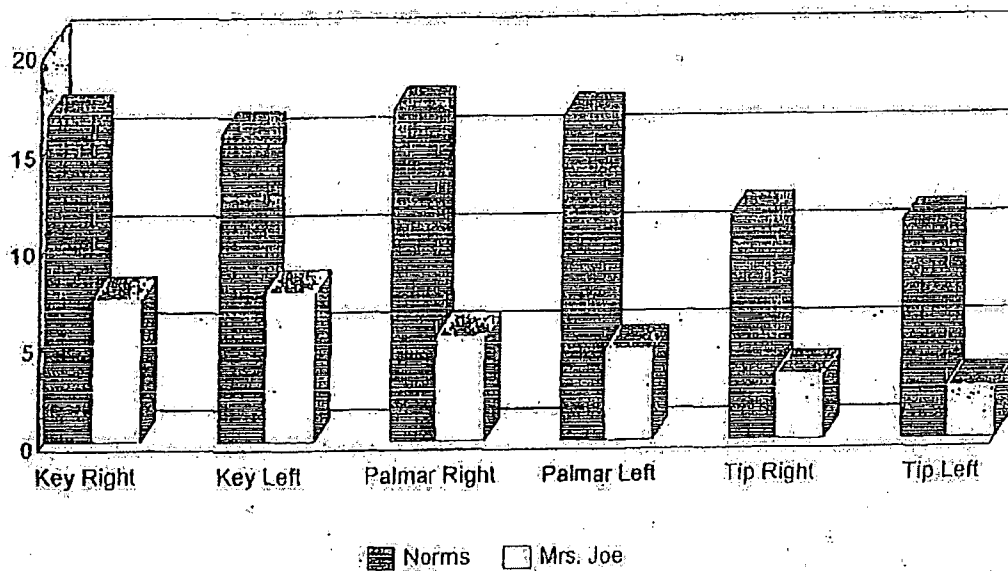
The coefficients of variation measured during the MVE are greater than the 20% acceptable limit showing Mrs. Joe performed the test with inconsistent effort. Mrs. Joe's maximum key pinch was greater than her maximum tip to tip pinch implying maximal effort during her test. Mrs. Joe's pinch grip is below normal when compared to published norms.

Normative Data

Normative data was compiled for pinch strength to establish clinical norms for adults. In this test, normative data for pinch strength at the key, tip, and palmar positions were used as a baseline to compare with evaluation data collected on Mrs. Joe. Mrs. Joe's average pinch grip for key, tip and palmar bilaterally were compared to normative data for women her age.

Task Name	Actual	Normative Value	% Difference
Key (R)	7.3	16.7	56.1%
Key (L)	7.7	15.8	51.5%
Palmar (R)	5.3	17.0	68.6%
Palmar (L)	4.7	16.6	71.9%
Tip (R)	3.3	11.5	71.0%
Tip (L)	2.7	11.1	76.0%

Normative Pinch Comparison



Task Name	Right	Left	% Difference
Key	7.3	7.7	4.3%
Palmar	5.3	4.7	12.5%
Tip	3.3	2.7	20.0%



FCE

Wanda Joe

March 26, 2015

Results

Mrs. Joe's key grip strength was compared to age and gender matched normative data. The published normal pinch strength range for the left hand is from 8 to 22 pounds. Mrs. Joe demonstrated an average force of 7.7 pounds which is below the normal range for the left pinch strength. The published normal grip strength range for the right hand is from 10 to 24 pounds. Mrs. Joe demonstrated an average force of 7.3 pounds which is below the normal range for the right pinch strength.

Mrs. Joe's palmar strength was compared to age and gender matched normative data. The published normal pinch strength range for the left hand is from 10 to 25 pounds. Mrs. Joe demonstrated an average force of 4.7 pounds which is below the normal range for left pinch strength. The published normal grip strength range for the right hand is from 10 to 23 pounds. Mrs. Joe demonstrated an average force of 5.3 pounds which is below the normal range for right pinch strength.

Mrs. Joe's tip strength was compared to age and gender matched normative data. The published normal pinch strength range for the left hand is from 6 to 17 pounds. Mrs. Joe displayed an average force of 2.7 pounds which is below the normal range left pinch strength. The published normal grip strength range for the right hand is from 5 to 15 pounds. Mrs. Joe displayed an average force of 3.3 pounds which is considered in the below the normal range for right pinch strength.



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Wanda Joe

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Pain Assessment

Pre-FCE	Post-FCE
6/10	8/10

Symptom Magnification

Symptom magnification or exaggerated pain response is noted when patients display more pain, difficulties, or incapacitation than would normally be expected for the same diagnosis. The implication of symptom magnification or exaggerated pain response is that the results of standard treatment are less predictable and the chance of delayed, temporary, or incomplete recovery is greater.

Test	Result	Expected	Symptom Magnification
Waddell's	3	< 3 out of 5	Positive

The results of this evaluation show that Mrs. Joe demonstrated positive symptom magnification.



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Wanda Joe

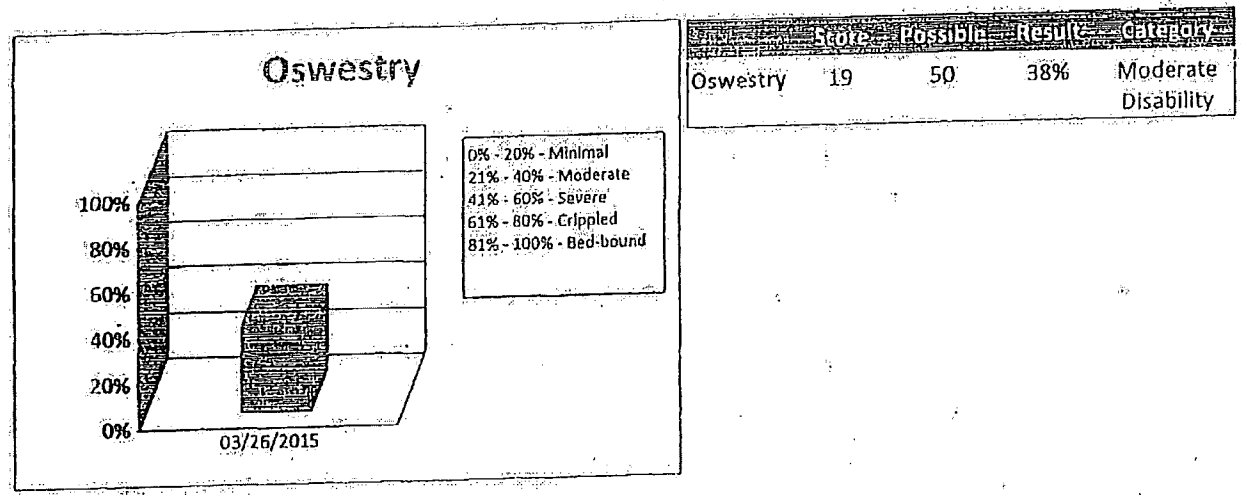
March 26, 2015

Oswestry Disability Index

The Oswestry Disability Index (ODI) has become one of the principal condition-specific outcome measures used in the management of spinal disorders. This questionnaire asks the patient to rate their ability to perform 10 different daily activities and then places them into one of five different disability categories ranging from minimal disability to bed-bound.

Results

Mrs. Joe scored a 38% on the ODI which equates to moderate disability. Moderate Disability, as defined by the ODI: This group experiences more pain and problems with sitting, lifting, and standing. Travel and social life are more difficult and they may be off work. Personal care, sexual activity and sleeping are not grossly affected and the back conditions can usually be managed by conservative means.



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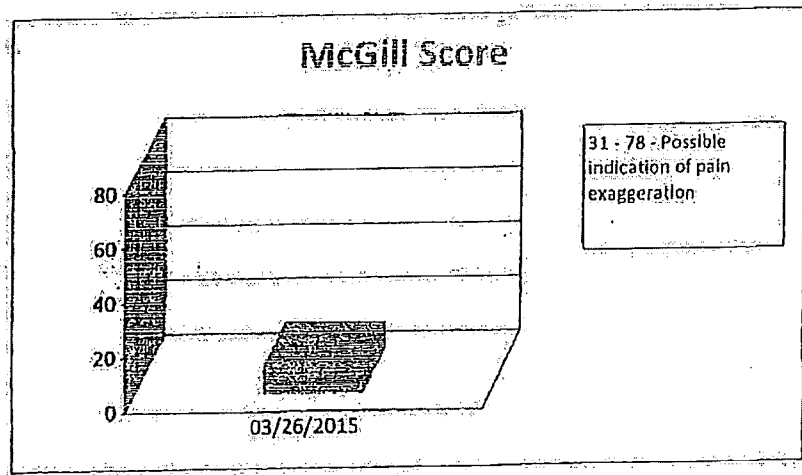
FCE
Wanda Joe
March 26, 2015

McGill Pain Index

McGill Pain Index is a self-report questionnaire that allows an individual to give a description of the quality and intensity of pain on a scale of 0-78.

Results

Mrs. Joe scored 10 on the McGill Pain Index which shows a low pain focus.



	Score	Symptom
		Magnification
McGill	10	Negative

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Waddell's

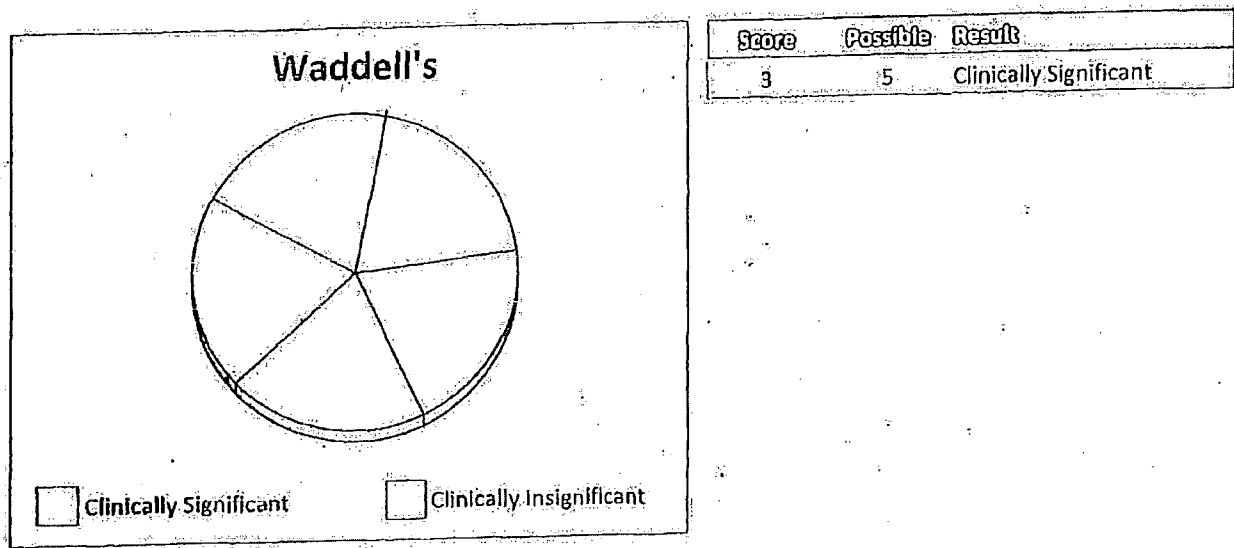
Waddell's signs are a group of physical signs that may indicate a non-organic or psychological component to chronic low back pain. Findings are considered clinically significant if three or more of the five Waddell's testing categories listed below are positive.

1. Tenderness tests are for superficial and diffuse tenderness and/or non-anatomic tenderness.
2. Simulation tests are based on complaints of pain during movements such as axial loading and simulated rotation which do not correlate physically with low back pain.
3. Distraction tests recheck positive straight leg raises while the patient's attention is distracted.
4. Regional Disturbance test looks for regional weakness or sensory changes that deviate from accepted neuroanatomy.
5. Overreaction test observes signs regarding the patient's demeanor and reaction to the testing.

When three or more categories are positive the findings are clinically significant.

Results

Mrs. Joe's Waddell's testing results indicated clinically significant symptom magnification.



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Job Demand Analysis

A detailed job demand analysis compares Mrs. Joe's abilities to her required demands for overall physical capacity, material handling, non-material handling and essential job demands. Mrs. Joe's employer did not provide a job description outlining the functional demands needed to perform her job as a RN for SC Dept of Disabilities and Special Needs. According to the Dictionary of Occupational Titles NURSE, GENERAL DUTY (medical ser.) alternate titles: nurse, staff with code 075.364-010 is classified as a Medium PDC.

Activity	Job Requirement	Demonstrated Ability	Meets Job Requirement
Physical Demand Category	Medium	Light	Not Met
Lifting Floor to Waist	30 lbs/Occasional	3 lbs/Occasional	Not Met
Lifting 12" to Knuckle	50 lbs/Occasional	11 lbs/Occasional	Not Met
Lifting Waist to Shoulder	20 lbs/Occasional	16 lbs/Occasional	Not Met
Carrying	30 lbs/Occasional	16 lbs/Occasional	Not Met
Pushing	75 lbs/Occasional	75 lbs/Occasional	Met
Sitting	Occasional	Occasional	Met
Standing	Constant	Constant	Met
Walking	Frequent	Frequent	Met
Reaching	Frequent	Frequent	Met
Kneeling	Occasional	Occasional	Met
Stooping	Frequent	Frequent	Met
Crouching	Occasional	Occasional	Met
Twisting	Occasional	Occasional	Met

Physical Demand Category	Occasional	Frequent	Constant
	0-33% or 1-100 Reps	34-66% or 100-500 Reps	67-100% or 500+ Reps
Sedentary	0-10 lbs.	Negligible	N/A
Light	0-20 lbs.	0-10 lbs.	Negligible
Medium	20-50 lbs.	10-25 lbs.	0-10 lbs.
Heavy	50-100 lbs.	25-50 lbs.	10-20 lbs.
Very Heavy	> 100 lbs.	> 50 lbs.	> 20 lbs.



ECE

Wanda Joe

March 26, 2015

Material Handling

Material handling is performed to test Mrs. Joe's maximal function with lifting, carrying, pushing and pulling. Progressive loading with incremental increases in weight is used until test is terminated by the client for any reason or by the evaluator when a notable breakdown in body mechanics is observed.

According to the DOT:

- Lifting is raising or lowering an object from one level to another.
- Carrying is transporting an object, usually holding it in the hands or arms, or on the shoulder.
- Pushing is exerting force upon an object so that it moves away from the force.
- Pulling is exerting force upon an object so that the object moves toward the force.

Lifting, pushing and pulling are evaluated in terms of both intensity and duration. Consideration is given to the weight handled and the position of the body. Carrying is most often evaluated in terms of duration, weight carried and distance carried.

NIOSH Lift Testing principles are used for maximal weight lifted when the client can perform beyond the weight load requirements for his/her job.

Lifting Floor to Waist - Not Met

A box or crate is placed on the floor with the client lifting the weight from the floor and placing it at waist level.

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Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
30 lbs.	3 lbs.	Occasional	No limitations	RPE's: 1# 10/10-unable secondary to 8-9/10 pain in LB per VAS (no clinical signs/symptoms. No sweating, no shaking/tremors; no labored breathing), 8# crate 10/10-unable, 3# empty crate 9/10 pt rpts "it's the position" 5# 10/10-unable- Client lifted x1 inch and held above the ground x10 sec before slowly lowering and reporting that she is unable secondary to increased LBP to 8-9/10. No clinical signs noted with lifting; no LE/UE shaking/tremors, no labored breathing, no sweating/pallor, and no facial grimacing. Client reports that the squat/crouch position causing pain which is limiting her ability to lift crate/box; however, client observed crouching and returning to stand w/o UE support, utilizing good body mechanics. Client movements very slow and guarded.

Lifting 12" to Knuckle - Not Met

A box or crate is placed on the floor with box handles at 12" above floor height with the client lifting the weight from 12" and standing upright until hand placement of the box is at knuckle height. (This test requires no flexion of the shoulder, elbow and wrist joints.)

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
50 lbs.	11 lbs.	Occasional	No limitations	RPE's: 5# 9/10, 11# 6/10. No noted clinical signs: no labored breathing, no sweating/pallor, no shaking/tremors, and no facial grimacing. Lift was performed with excellent body mechanics; however, pt with extremely guarded/slow movements.

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Lifting Waist to Shoulder - Not Met

A box or crate is placed at waist height with the client lifting the weight from waist height to shoulder height.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
20 lbs.	16 lbs.	Occasional	No limitations	RPE's: 11# 6/10 and 16# 6-7/10. Pt raising and lowering box by pushing box against shelf and moving slowly. No clinical signs noted; no sweating/pallor, no UE shaking/tremors, no labored breathing, and no facial grimacing.

Carrying - Not Met

A weighted box is placed at waist height and the client carries it over a distance of 50 ft.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
30 lbs.	16 lbs.	Occasional	No limitations	RPE's: 11# 5/10 and 16# 6/10. Movements very guarded/calculated with client stepping so slowly noted increased ankle sway and occ LOB (client able to trunk upright without issues). No UE shaking/tremors from holding box for an extended period of time; no sweating/pallor, no decline in body mechanics, no facial grimacing, and no labored breathing.

Pushing - Met

The client pushes a weighted sled to perform dynamic pushing for 50 ft.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
75 lbs.	75 lbs.	Occasional	No limitations	RPE's: 30# 4/10 and 75# 7/10.
75 lbs.	75 lbs.	Occasional	No limitations	RPE's: 30# 4/10 and 75# 7/10.

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Non-Material Handling

Mrs. Joe is assessed for positional tolerance using static or repetitive testing while comparing test performance to the standards of time and repetitions according to the Physical Demand Categories of Work for the Department of Labor (Dictionary of Occupational Titles, Fourth Edition Supplement Appendix D pg 101-102, 1996). All below tests are stopped when job standard is met; if a significant breakdown or compensation in body mechanics is observed; or if the client self terminates the activity early for any reason.

Sitting - Met

Sitting tolerance and frequency is observed throughout the duration of the FCE while the client performs testing in a seated position. The client's reported ability may also be referenced and compared to observed ability.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Occasional	Occasional	No limitations	Client demonstrated the ability to sit on an occasional basis; no subjective reports or complaints. No weight shifting noted.

Standing - Met

Standing tolerance and frequency is observed throughout the duration of the FCE while the client performs testing in an upright position at a work station without moving about. The client's reported ability may also be referenced and compared to observed ability.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Constant	Constant	No limitations	Client demonstrated the ability to stand on a constant basis; however, reports 7-8/10 LBP per VAS. No clinical signs noted. Client took one seated rest break after 41 min for <30 seconds then continued to stand x10 min after break.

Walking - Met

The client is asked to walk freely around the testing facility or on a treadmill using a normal pace for as long as possible.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Frequent	No limitations	Client demonstrated the ability to walk on a frequent basis; no subjective reports or complaints. Client took one <1min seated rest break after 15 min.

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Reaching - Met

Using a pegboard, the client was asked to extend hand(s) and arm(s) in any direction.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Frequent	No limitations	Client demonstrated the ability to reach on a frequent basis; no subjective reports or complaints.

Kneeling - Met

Kneeling tolerance may be measured either statically or dynamically. The client is asked to kneel on one or both knees. For static tolerance the client maintains the kneeling position as long as able, while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from kneeling to standing and back to kneeling as many times as can be safely demonstrated.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Occasional	Occasional	No limitations	Client demonstrated the ability to kneel on an occasional basis; no subjective reports or complaints.

Stooping - Met

Stooping tolerance may be measured either statically or dynamically. The client is asked to bend downward and forward by bending the spine at the waist. This motion requires the full use of the lower extremities and back muscles. For static tolerance the client maintains the stooping position as long as able, while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from stooping to standing and back to stooping as many times as can be safely demonstrated.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Frequent	No limitations	Client demonstrated the ability to stoop/bend on a frequent basis; pt rpts increased LBP and "pulling" to 7/10 per VAS at ~50 reps; Client's movements very slow and guarded; however, no facial grimacing, no labored breathing, no increased in weight shifting, and no sweating/pallor.



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Crouching - Met

Crouching tolerance may be measured either statically or dynamically. The client is asked to bend downward and forward by bending the legs and spine. For static tolerance the client maintains the crouching position as long as able while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from crouching to standing and back to crouching as many times as can be safely demonstrated.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Occasional	Occasional	No limitations	Client demonstrated the ability to crouch/squat on an occasional basis and return to stand without UE support.

Twisting - Met

Twisting refers to the ability to rotate through the spine. Ability is observed throughout the FCE and with ROM testing during the musculoskeletal screen. If client is expected to have job required twisting ability then client will be asked to move an empty crate across a horizontal plane back and forth from the right side of the body to the left side until frequency is met.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Occasional	Occasional	No limitations	Client demonstrated the ability to twist/rotate on an occasional basis; no subjective reports or complaints.

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Sit/Stand Tolerance

	Reported	Demonstrated Duration	Demonstrated Interval
Sitting	1 minutes	20 minutes	180 minutes
Standing	20 minutes	Without limitation	Without limitation

Mrs. Joe's demonstrated tolerance to sitting did not match her reported ability. Mrs. Joe's demonstrated tolerance to standing matched her reported ability.

Cardiovascular Status

According to the ACSM's Resource Manual for Guidelines for Exercise Testing and Prescription, exercise should not be initiated if blood pressure is uncontrolled ($>160/100$ mm Hg). Individuals with hypertension should avoid very strenuous aerobic activity, very heavy loads, sustained contractions, isometric handgrip, and Valsalva maneuver during lifting. Due to these guidelines the FCE would not be a safe test for anyone who's Pre-Testing BP is uncontrolled. The cut off for safe resting heart rate is <100 bpm. Individuals with high resting heart rates would require medical clearance prior to proceeding with the FCE.

	Pre-Testing	Post-Testing
Blood Pressure (BP)	118/70	115/78
Heart Rate (HR)	88	96

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Musculoskeletal Assessment

Musculoskeletal	ROM Normal (degrees)	ROM Right (degrees)	ROM Left (degrees)	Strength Right	Strength Left	Non-Phys Response
Lumbar - Flexion	40 to 60	40		4/5		None
Lumbar - Extension	20 to 35	15		4/5		Cogwheeling
Lumbar - Lat. Flexion	15 to 20	20	20	4+/5	4+/5	None

Results

AROM and MMT were performed to determine Mrs. Joe's range of motion and strength respectively. AROM below 75% and strength below 4-/5 are considered below functional limits. During MMT, attention is paid to any non-physiologic responses such as cogwheeling or breakaway. Cogwheeling is a jerky movement pattern similar to a tremor and breakaway is a complete sudden release of manual resistance.

Mrs. Joe demonstrated functional AROM and strength.

Mrs. Joe exhibited non-physiological responses to manual muscle testing.

During material handling, Mrs. Joe performed lifting with excellent body mechanics.

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March 26, 2015

References

Effort Analysis Testing

1. Mathiowetz V, Kashman N, Volland G, Weber K, Dowe M, Rogers S. 1985. Grip and pinch strength: normative data for adults. *Arch Phys Med Rehabil* 66:69-74
2. Mathiowetz V, Wiemer D, Federman S. 1986. Grip and pinch strength: norms for 6 to 19 year olds. *Am J Occup Ther* 40 (10): 705-11
3. Stokes H. 1983. The seriously uninjured hand-weakness of grip. *J Occup Med* 25(9):683-684.
4. Niebuhr B, Marion R. 1990. Voluntary control of submaximal grip strength. *Am J Phys Med Rehabil* 69(2):96-101
5. Matheson L, Carlton R, Niemeyer L. 1988. Grip strength in a disable sample: reliability and normative standards. *Ind Rehabil Q* 1(3):9, 17-23
6. Hildreth D, Breidenbach W, Lisler G, Hodges A. 1989. Detection of submaximal effort by use of the rapid exchange grip. *J Hand surgery* 14A (4): 742-745
7. Kilmeek E, Strait J. 1997. Volition an impairment rating: the validity of effort assessment. *J Occup Med* 6(2) 9-18
8. Domangue, B., Stokes, H., Landrieu, K., & Kunen, S. (1995). Identification of low-effort patients through dynamometry. *J Hand Surg*, Vol 20, pp 1047-56
9. Cuoto S, Hupli M, Alaranta H, Hurri. *Scandinavian Journal of Rehabilitation Medicine* 1996 Dec; 28(4): 207-10
10. Virgil Mathiowetz, MS, OTR, Nancy Kashman, OTR, Gloria Volland, OTR, Karen Weber, OTR, Mary Dowe, OTS, Sandra Rogers, OTS, "Grip and Pinch Strength: Normative Data for Adults", Occupational Therapy Program, University of Wisconsin-Milwaukee, Milwaukee, WI, *Arch Phys Med Rehabil* 66:69-72, Feb, 1985
11. Waddell G. Non-organic Physical Signs In Low Back pain. *Spine* 5: 117-125, Mar/Apr 1980
12. Main CJ, Waddell G. Behavioral Responses to Examination: A Reappraisal of the Interpretation of "Non-Organic Signs". *Spine*, 1998; 23(21): 2367-2371
13. Oesch, PR, Hillfiker, R, Kool, JP, Bachmann, S, Hagen, KB. (2010). Perceived functional ability assessed with the spinal function sort: Is it valid for European rehabilitation settings in patients with non-specific non-acute low back pain? *Eur Spine J*, 19:1527-1533
14. Matheson, L, Kaskutas V, Mada, D. (2001). Development and construct validation of the Hand Function Sort. *Journal of Occupational Rehabilitation*, 11(2): 75-86

Pain Assessment

1. Fairbank JC, Pynsent PB, "The Oswestry Disability Index." *Spine* 2000; 25(22):2940-2952
2. Fairbank JCT, Couper J, Davies JB. "The Oswestry low Back Pain Questionnaire." *Physiotherapy* 1980; 66: 271-273.
3. Melzack R. The McGill Pain Questionnaire: Major properties and scoring methods. *Pain* 1975; 1:277-299
4. Vernon H, Mior S. "The Neck Disability Index: a study of reliability and validity." *J Manipulative Physiol Ther*. 1991 Sep; 14(7):409-15.
5. Lawlis GF, Cuencas R, Selby D, McCoy CE. The development of Dallas pain questionnaire. *Spine* 1989; 14:515-16

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Range of Motion/Cardiovascular Assessment

1. American Medical Association: Guides to the Evaluation of Permanent Impairment, Fourth Edition, Revised 1999
2. American Medical Association: Guides to the Evaluation of Permanent Impairment, Sixth Edition,
3. Guidelines of American Heart Association and Prescription for Programs of Prevention and Rehabilitation
4. Ebbeling CB1, Ward A, Puleo EM, Widrick J, Rippe JM., Development of a single-stage treadmill walking test, Med Sci Sports Exercise, 1991, Aug, 23(8) 966-73

Physical Capacity Assessment

1. U.S. Dept of Labor Dictionary of Occupational Titles, Fourth Edition Supplement, Appendix D, 101-102, 1986
2. Waters, Thomas R., et.al., Revised NIOSH Equation for the Design and Evaluation of Manual Lifting Tasks, Ergonomics, Volume 36, No. 7: 749-776, 1993
3. Tanaka, H., Monahan, K.D. & Seals, D.R. Age Predicted Maximal Heart Rate Revisited, Journal of the American College of Cardiology, Jan 2001, Volume 37(1), 153-156
4. Khalil, T.M., Goldberg M.L, Asfour, S.S., et.al., Acceptable Maximum Effort (AME): A Psychological Measure of Strength in Back Pain Patients, Spine, 12:372-376, 1987.
5. Hart, Dennis L., et.al., Effect of Lumbar Posture on Lifting, Spine, Volume 12, Number 2, 1987 pp138-145
6. Work Practices Guide for Manual Lifting, U.S. Dept of Health and Human Services, P.B. 82-178948, 1981, pp 18-19
7. Florida Worker's Compensation Uniform Medical Treatment/Status Reporting Form DFS-FS-DWC-25 (revised 2/14/2006)

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Notice of Hearing, May 4, 2015

South Carolina Workers' Compensation Commission

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



WCC File #: 1302654
Carrier File #: 2013000680
May 4, 2015

NOTICE OF HEARING

Wanda Joe v. SC DEPT OF DSN

Subject: To determine if employer/carrier may stop payment, and if so, to determine if claimant is entitled to any further benefits. Carrier also request credit for temporary total benefits paid in excess of award.

Date: June 24, 2015 at 11:30 AM

Location: Southeastern Inst. of Manufacturing & Business Incubator, 1951 Pisgah Road,
Boardroom 102
Florence, SC 29501

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Aisha Taylor
803-737-5692, rgsmith@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Renee G Smith, SC Workers' Compensation, May 4, 2015

Party

Employee: Wanda Joe

Employer: SC DEPT OF DSN
Carrier: State Accident Fund

Employer: SC DEPT OF DSN
Carrier: State Accident Fund

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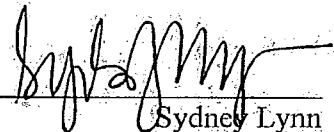
Page P. Snyder

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Certificate of Counsel

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material. I certify that this designation contains no matter which is irrelevant to this appeal.

May 16, 2017



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