ORIGINAL

FORM 15
RECORD ON APPEAL

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM APPELLATE PANEL OF THE S.C. WORKER'S COMPENSATION COMMISSION

T. Scott Beck, Commissioner

Melody L. James, Commissioner

Gene McCaskill, Commissioner

WCC File No. 1303465

Appellate Case No. 2016-000790

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AUG 04 2017
SC Court of Appeals

Ann Stevenson — Claimant/Appellant

vs.

Wal-Mart Stores,Inc., Employer
AND
New Hampshire Insurance Co. — Carrier,

Respondents

RECORD ON APPEAL

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INDEX

Decision And Order Commissioner Campbell, October 13, 2015 ..... 2 - 27
Decision And Order Appellate Panel Full Commission, March 28, 2016 ..... 28 - 58
Hearing Transcript Before Commissioner Campbell, January 8, 2015 ..... 59 - 154
Hearing Transcript Full Commission Panel Hearing, January 11, 2016 ..... 155 - 170
Form 12A First Report of Injury or Illness, February 22,2013 171
Form 14B Physician's Statement, October 10, 2013 172
Form 21 Employer's Request for Hearing, October 28,2013 173
Form 22 Claimant's answer to Request for Hearing, November 8,2013 174
Form 30 Claimant Request For Commission Review, October 23, 2015 175
Form 50 Employee's Notice of Claim and/or Request for Hearing, November 8, 2013 176
Form 51 Employer's answer to Request for Hearing, November 13, 2013 177
Form 58 Defendants' Pre-Hearing Brief, December 4, 2013 178
Form 58 Defendants' Pre-Hearing Brief,December 24, 2014 179
Form 58 Claimant's Pre-Hearing Brief, December 9, 2013 180
Form 58 Claimant's Pre-Hearing Brief, December 29, 2014 181
Form R08 WCC Updated First Report dated April 17,2013(after email statements of accepted coverage) 182
Deposition of Ann Stevenson November 26, 2013 with attached exhibit Associate Incident Report (02/16/13) .....183 - 202
Transcript Testimony of Dr. James Merritt December 18, 2013 (missing the attached accident photo exhibits that were lost before the Commission received Dr. Merritt's Transcript) pg 1-14 .....203 - 217
Brief of Claimant/Appellant to Commission dated December 14, 2015 .....218 - 225
Brief of Defendants/Respondents to Commission, December 29,2015 .....226 - 232
APA Submissions Defendants (p1-90), December 24, 2014 .....233 - 323
APA Submissions Claimant (p88-128, 129-132) and attached Exhibits,12/29/14 .....324 - 370
Emails -Adjuster and Injured Employee Communications (supplied by Mr. Baxley) consisting of a 5 pg email train describing problems From 3/16/2013 at 3:45Pm to 3/05/13 at 11:48am between Barbara Cowan and Ann Stevenson .....371 - 375
Emails Adjusters and Injured Employee Communications 5 pgs provided by WCC which were presented during the January 8, 2015 Hearing, from 4/16/13 at 11:46am to 4/01/13 at 10:26am, describing what body parts were covered, between Ann Stevenson and three different adjusters, Hanna Wiley, Krystal Rogers (Hanna's Supervisor), Barbara Cowan .....376 - 380
Certificate of Appellant 381
Similar Accident pictures (allowed by the Court to replace the missing and/or lost pictures that were attached to Dr. Merritt's Deposition the day of) .....382 - 385

DECISION AND ORDER OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1303465

Ann Stevenson, Employee, Claimant, vs. Wal-Mart Stores, Inc., Employer, and American Home Assurance, Carrier, Defendants.	)

HEARING: Held in Myrtle Beach, South Carolina on January 8, 2015.

APPEARANCES: Claimant represented by Carter Martling, Esquire of Irmo, South Carolina.

Defendants represented by Johnnie W. Baxley, III, Esquire of Willson Jones Carter & Baxley, P.A., Mt. Pleasant, South Carolina.

PURPOSE OF HEARING: To determine the issues as set forth on the Form 21 and Forms 50/51.

DECISION AND ORDER: **By R. Michael Campbell, II, Commissioner**

FILED: October 13, 2015.

I. APA SUBMISSIONS

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

DEFENDANTS' APA SUBMISSIONS:

APA #1: Records of Dr. James Merritt, dated 3/27/13-5/22/14, consisting of pages 1-26.

APA #2: Records of Dr. Alan Tamadon, dated 8/1/13, consisting of pages 27-31.

APA #3: Records of Doctor's Care, dated 2/22/13-3/19/13, consisting of pages 32-39.

APA #4: Records of WorkWell FCE, dated 8/27/13-8/28/13, consisting of pages 40-55.

APA #5: Reports of Stand Orthopedics, dated 2/22/13-5/7/13, consisting of pages 56-64.

APA #6: Records of Progressive PT, dated 3/8/13-6/12/13, consisting of pages 65-87.

APA #7: Records of Pee Dee Orthopedic, dated 12/13/13, consisting of pages 88-90.

CLAIMANT'S APA SUBMISSIONS:

APA #7: Records of Strand Orthopaedic, dated 12/27/13-11/12/14, consisting of pages 88-126.

APA #8: Records of Coastal Orthopedic, dated 4/2/14 – 4/14/14, consisting of pages 129-132.

CLAIMANT'S EXHIBITS:

Exhibit 1: Claimant Emails to Adjuster

Exhibit 2: Walmart Store Surveillance Video, dated 2/16/13

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, Form 50, and Form 51 and any other issues which may timely come before the Commission;

2. The Claimant's accident occurred on February 16, 2013;

3. The Claimant's average weekly wage was $2,212.05 with a corresponding maximum compensation rate of $743.72;

4. Notices were timely and properly served upon all parties of interest;

5. Venue, set in Horry 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; whether Defendants are entitled to a credit for overpayment of benefits; whether Claimant is at MMI for the right shoulder and right lower extremity; Claimant's entitlement to temporary total disability compensation, permanent partial disability compensation, total disability compensation, and future medical benefits regarding the right shoulder and right lower extremity; compensability and entitlement to benefits for the neck, right hand, low back, and right foot/ankle alleged injuries, 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 Myrtle Beach, South Carolina, on January 8, 2015.

It is claimant's position in this matter that she tripped on an electrical cord on February 16, 2013, resulting in injuries. She alleged injuries to the right shoulder and right knee, both of which are accepted, as well as additional injuries to the neck, low back, right hand, right ankle/foot, all of which are denied. The claimant requested disability determinations on all accepted body parts and a determination of compensability on the denied body parts. Claimant asserted that she had not reached maximum medical improvement regarding her hand injury, that she continues to be on work restrictions, that she is entitled to temporary benefits, and that she is entitled to permanent

partial disability compensation. The claimant also asserted that there was no lack of credibility on her part.

Is the position of the Defendants that the claimant has been provided medical treatment with regard to her right shoulder and right knee injuries, and that she was released at maximum medical improvement by Dr. James Merritt originally on August 8, 2013, and then again on October 8, 2013. Defendants asserted that the claimant was assigned an impairment rating of 2% to the right upper extremity and 3% to the right lower extremity on October 10, 2013. Defendants denied that the claimant was entitled to temporary total disability compensation after October 10, 2013, the date of maximum medical improvement. Temporary total disability compensation was paid through January 10, 2014, resulting in a credit of 13 2/7 weeks. With regard to disability on the right shoulder and right knee, the Defendants noted that the impairment ratings were based solely upon subjective complaints and there were no objective findings to support a legitimate injury or any ongoing problems.

Based on Dr. Merritt's reports and deposition testimony, Defendants assert Claimant has a two percent (2%) impairment rating to the right upper extremity and a three percent (3%) rating to the right lower extremity for her knee complaints. Defendants seek a finding that they are entitled to stop payment of temporary total compensation as of October 10, 2013, the date of MMI, that they are entitled to a finding of permanency to both the right upper extremity and the right lower extremity, that they are entitled to a credit for overpayment of temporary total disability compensation after October 10, 2013, and that Claimant is entitled to no additional benefits (indemnity or medical) regarding the admitted injuries. Finally, Defendants assert there are problems with the validity and credibility of Claimant's complaints as evidenced in Dr. Merritt's reports, the Doctor's Care reports, the records of Dr. Tamadon, and Claimant's physical therapy

providers. For this reason, Defendants seek a finding on credibility as well.

With regard to the neck, low back, right hand, and right foot/ankle, the Defendants deny that the claimant has sustained a compensable injury by accident to any of those body parts, deny medical causation, and deny that claimant is entitled to any benefits under the South Carolina Workers' Compensation Act for those injuries. The Defendants assert that the claimant lacks a statement of causation for the back, the neck, the right foot, the right ankle, and the right hand. Specifically with regard to the right hand, the Defendants noted that the claimant had been diagnosed with carpal tunnel syndrome, but she also has carpal tunnel syndrome in the left hand which is not alleged to be related to the accident. The Defendants asked for a denial of the four denied body parts.

This matter was previously adjudicated by Commissioner Avery Wilkerson in an order dated March 5, 2014. However, the full commission overturned that order, and this hearing was set based upon remand from the full commission. This is a de novo hearing. The undersigned Commissioner reviewed all of the submitted evidence, considered all of the testimony, and formed his own findings and conclusions without reference or consideration of any previous findings.

EVIDENCE OF THE CASE

The medical evidence submitted as part of the parties' APA submissions reflects that Claimant initially treated at Doctor's Care on February 22, 2013, after her fall where she was diagnosed with a right arm and hand strain. (APA 38). She also began treating at Progressive Physical Therapy ("Progressive") on March 8, 2013, and treated there through June 12, 2013 when she was discharged due to non-improvement. (APA 65-87). The discharge summary records from Progressive state Claimant was observed "performing activities she states she cannot do," that she had "non-organic symptoms," that she refused to perform most all therapy exercises for various

reasons, and that there were signs of questionable "malingering." (APA 65-66).

On March 19, 2013, Dr. Baens at Doctor's Care provided a written notification to the assigned workers' compensation claims adjuster advising that Claimant had requested prescriptions to be written for various items including: an elastic gel wrist wrap, elastic hot/cold gel knee wrap, elastic gel cervical collar, elastic gel shoulder splint, a shoulder splint, and 2 ace wraps. (APA 32). Dr. Baens noted that she does not routinely write for these items and that she told Claimant she would write these on her behalf but did not believe there was any real therapeutic benefit to these items. (APA 32). Dr. Baens cautioned Claimant that she was "determining her own treatment plan" and that the items requested would be subject to payment by the workers' compensation carrier. (APA 32). Finally, she noted she was concerned that Claimant had varying symptoms with every visit claiming "muscle atrophy" (which does not occur in just a few days), and burning sensation after her x-rays were done. (APA 32).

Claimant also underwent a variety of diagnostic imaging tests to include x-rays of her right elbow and hand at Doctor's Care on February 22, 2013, that revealed "unremarkable" results. (APA 63-64). On February 28, 2013, an x-ray of Claimant's right knee showed no acute osseous abnormality. (APA 62). X-rays of Claimant's cervical spine and shoulder taken on February 28, 2013, were negative with no acute abnormalities. (APA 60-61). X-rays of Claimant's pelvis and right hip on February 28, 2013 were also negative. (APA 59). An MRI of Claimant's right shoulder was performed on April 2, 2013, at the direction of Dr. Merritt which revealed tendinopathy of the rotator cuff with some overlying subacromial and subdeltoid bursitis, but no full-thickness tear. (APA 58). A cervical spine MRI was performed on April 17 2013, showing straightening of the cervical spine with no focal central canal or foraminal stenosis. (APA 57). Finally, an MRI of Claimant's right knee was performed on May 7, 2013, showing minimal signal

changes within both menisci, an equivocal meniscal tear in the body of the lateral meniscus, and a popliteal cyst. (APA 56).

Claimant treated with Dr. James Merritt at Strand Orthopaedic Consultants following her fall at work on numerous occasions between March 27, 2013 and October 8, 2013. (See APA 1-26). At Claimant's initial visit she reported pain in her right shoulder, arm, wrist, neck, low back, buttock, pain down the hip and cramping in the calf on the right side. (APA 25). Dr. Merritt examined Claimant and told her that most of her discomfort was ligament muscle related and would improve with therapy. On April 23, 2013, Dr. Merritt concluded no surgery would be warranted on the neck and shoulder for her ligamentous pain. (APA 22). He recommended continued therapy for Claimant's muscle related soft tissue discomfort and expressly noted that Claimant was "resistant" to his recommendation that she return to work on light duty. (APA 22). Dr. Merritt expressed his concerns about Claimant's "motivation" to return to work and recommended a functional capacity evaluation to assess her functional capabilities. (APA 22).

On April 24, 2013, claimant sent an email to Dr. Merritt's office regarding all of her various complaints and ongoing problems. (APA 21).

On May 13, 2013, Dr. Merritt reviewed the MRI of Claimant's right knee and ruled out any need for surgery. (APA 18-19). He again opined Claimant was not a surgical candidate for her neck and shoulder. (APA 18-19). Dr. Merritt discussed with Claimant his recommendation to get back to light duty but Claimant was "very hesitant." (APA 18-19).

On June 11, 2013, Claimant again reported to Dr. Merritt with a "multitude" of complaints. (APA 14-15). Dr. Merritt told her he would like a second opinion because he was not sure why she was not improving four months out from an injury without any major structural problems. (APA 14-15). He specifically noted in the record, "Get her back to work" and "I see no reason

from her studies why she can't do regular work." (APA 15). Dr. Merritt further commented that there may be a psychological component to Claimant's problem and not necessarily an orthopedic problem. (APA 15).

Claimant was subsequently evaluated by Dr. Alexander Pappas, at Strand Orthopaedics, for her ongoing complaints of pain in her right lower extremity and right foot. (APA 12-13). His report references complaints regarding the hip, knee, ankle and foot. Dr. Pappas conducted a physical evaluation of Claimant and assigned her some light duty work restrictions including no prolonged standing. (APA 12-13). He concluded most of Claimant's symptoms were related to nerve issues higher in the leg and low back with no further follow up needed. (APA 13).

On August 1, 2013, Claimant was evaluated by pain management specialist Dr. Tamadon. He noted Claimant's symptoms are not causally related in total to the alleged accident of February 16, 2013. (APA 29). Specifically, he noted that her neurologic exam was normal, and that her inspection of the neck was unremarkable with full range of motion and no tenderness to palpation. He noted that the inspection of the back was unremarkable with full range of motion within functional limits and no tenderness upon palpation except in the right gluteal region. He further noted that the claimant had full range of motion of the shoulder on the right side and it was symmetrical to the range of motion on the left side. Finally, he noted that the right foot was free of ankle pain complaints. (APA 28). Further, all objective findings with the exception of Claimant's myofascial pain are pre-existing, that it is not possible to determine if myofascial pain is pre-existing without access to any prior medical records, and that it is possible to experience a flare-up of pain from her pre-existing conditions but "the persistence of such pain is not probable." (APA 29-30). Dr. Tamadon performed an EMG which revealed moderate carpal tunnel but he was not sure how this was related to her fall; it did not reveal any radiculopathy or other problems. (APA

29-30). He stated that her only diagnosis was myofascial pain which was completely subjective. (APA 29).

Claimant followed up with Dr. Merritt on October 8, 2013, at which time he noted there was not much else he could do for her from an orthopedic standpoint. (APA 7). He documented that he was unsure as to why Claimant was not improved. (APA 7). He did not see any structural damage to her neck, shoulder, or knee, and opined her knee had a slight or small possible lateral meniscus tear but that it was not likely caused by the accident. (APA 7). He further noted that a second opinion was provided by Dr. Tamadon who did not feel there were any other orthopedic recommendations or needs. (APA 7). Dr. Merritt released Claimant at MMI and assigned a 3% impairment to the right lower extremity for a right knee strain and a 2% rating to the upper extremity for shoulder tendonitis. (APA 20).

Dr. Merritt completed a Form 14B on October 10, 2013, placing Claimant at MMI as of October 8, 2013, with a 2% rating to the upper extremity and a 3% rating to the right lower extremity. (APA 5). He released Claimant to return to work with 20 pound lifting restrictions and referenced her FCE for Claimant's full capabilities or other questions on restrictions. (APA 5). Dr. Merritt opined it is "possible" that Claimant may need future pain management if her pain continues and is not controlled with over the counter medications. (APA 5).

Dr. Merritt was deposed on December 18, 2013, and he testified that Claimant sustained a shoulder strain and knee strain as a result of her accident at work. (Merritt Deposition Transcript, page 31, lines 22-25). Dr. Merritt also testified that he did not have any explanation for Claimant's ongoing complaints of pain after seeing her over the course of two months, objective testing, and his physical examination of the patient. (Merritt Deposition Transcript, page 18, lines 6-16). He testified that he completed a thorough work up for the injuries for which he saw Claimant. (Merritt

Deposition Transcript, page 19, lines 1-10). He also agreed that Claimant exhibited "self-limiting behavior" during the WorkWell FCE, could still return to work in the light physical demand category, and that there was no reason from an orthopedic standpoint for Claimant's work hours to be limited for any reason. (Merritt Deposition Transcript, page 26, lines 3-18; page 27, lines 17-22). Based on his evaluation of Claimant and the objective testing performed, he did not see why she would not be able to go up and down stairs and did not know why she would need a cane. (Merritt deposition Transcript, page 27, lines 1-16). Finally, Dr. Merritt testified that it would not bother or offend him at all if Claimant wanted to find another physician but that it would surprise him if another orthopaedic surgeon found something else they could do. (Merritt Deposition Transcript, page 28, lines 17-19; page 29, lines 7-8).

The claimant returned to Dr. Merritt on May 22, 2014. At that visit, she continued to report pain in her right shoulder and right leg. She was very concerned about nerve damage in her leg giving her some of this pain. Dr. Merritt noted that she had a much improved gait from her last visit, that there might be mild swelling in the leg, but that she did not have any obvious deficits in the leg. Dr. Merritt stated that he would repeat an EMG study, but if the study was normal, she would remain at maximum medical improvement. (APA 2). The repeat EMG study was completed on June 3, 2014, and was reported as being a normal study with no electrodiagnostic evidence of any problem. (APA 3-4).

The claimant was also seen by Dr. Robert Elvington of Pee Dee Orthopedics for an independent medical evaluation on December 13, 2013. The claimant chose Dr. Elvington and presented on her own for this independent medical evaluation; this visit was not authorized by Defendants. That report indicated that the claimant appeared and complained of continued right knee pain. Dr. Elvington reviewed all of the claimant's previous records and fully evaluated the

claimant. Dr. Elvington concluded that the claimant's pain and her objective symptoms were out of proportion to her examination and MRI findings. He did not recommend any surgical intervention, and he did not feel that a repeat MRI scan was indicated. He indicated in his report that her current knee symptoms were not related to her original injury which occurred on February 16, 2013. He released her from care at that time. (APA 89-90).

The records from physical therapy were also reviewed. As early as March 8, 2013, the physical therapy reports note diffuse and poorly localized complaints and indicate that compliance may be an issue in the near future. (APA 86). On several occasions, the claimant actually refused medical treatment from physical therapy. (APA 75, 81, 83-84). On APA page 82, the physical therapy notes state that the claimant was complaining of vague complaints and she was unable to pinpoint her exact areas of pain. On APA page 78, the physical therapy notes state that the claimant was continuing with non-organic complaints and a stressed compliance to the claimant. On APA page 74, the physical therapy notes indicate that the claimant was having nonorganic symptoms that did not match her current complaints. One APA page 73, the note indicates that the claimant's complaints were very vague, the complaints were non-organic, and the claimant was able to demonstrate full range of motion throughout testing and observation despite her complaints. The physical therapist noted questionable malingering and recommended discharge. The note also indicates that the claimant refused to perform most exercises for various reasons that did not match her injury/complaints. On APA page 72, the note indicates that the claimant did not seem motivated to return to work and was again refusing treatment that was being offered. On APA page 71, the claimant was still complaining of nonspecific complaints and refusing to participate in some of the treatment that was being recommended. On APA page 68, the claimant was observed with full weight-bearing on her right lower extremity with shoes and no apparent distress.

However, she demonstrated an antalgic gait when asked by the therapists to walk. On APA page 66, the physical therapist again noted that her subjective complaints did not match her objective findings, and they noted that she was observed performing activities that she states she cannot do when not being observed. She was discharged at that time secondary to all of those issues.

The claimant underwent a functional capacity evaluation on August 27, 2013. On page 42 of the APA, the functional capacity report notes that claimant's performance on the functional capacity evaluation was inconsistent in a number of ways, all of which are listed at that time. The report notes that the claimant reported extreme discomfort which never increased, exaggerated posturing and grimacing and pain talk despite any objective signs of discomfort, and other inconsistencies.

The claimant submitted additional medical reports from Dr. Merritt. The claimant was seen on December 27, 2013, and released to work four hours per day, no pushing or pulling in excess of 10 pounds, and no repetitive movements with the right arm. (APA 124). Dr. Merritt saw the claimant on January 9, 2014, and reviewed her hip MRI with her. At that point, he told her that the exam was very normal with no significant findings. He also told her that no further orthopedic intervention was warranted. She asked him to fill in a work form for her at that time, and he completed it based upon what she felt she was capable of doing. (APA 122-123). The claimant was evaluated again on February 5, 2014, by Dr. Pappas, with numerous complaints regarding the right foot, both hands, and other symptoms. She was referred to a neurologist to evaluate her hypersensitivity and discomfort through the entire foot and ankle region. The doctor had to explain to her multiple times that he would not change her work restrictions, and he noted that she had no other pathology that he could determine on exam. She did not have any of the deformity of her foot and there was nothing else he could offer from an orthopedic standpoint. (APA 118-120). The

claimant was evaluated again on March 27, 2014. The note indicates that Ms. Stevenson had been through multiple tests and imaging studies, that no orthopedic intervention was needed at that time, but she was in the office on that day complaining of neck pain that began yesterday. (APA 112). The claimant was seen again on May 22, 2014, complaining of pain in the right upper extremity, right hip, right knee, and right ankle. He ordered a new nerve conduction study. The claimant went back to Dr. Merritt for consultation after the nerve conduction study on June 20, 2014. Dr. Merritt told the claimant that the study was normal, that her symptoms were inconsistent with carpal tunnel syndrome, that she did not need any surgical intervention for the right leg and right arm, and he did not need to see her back unless there were significant changes. (APA 101). The claimant was seen by a pain management doctor at Strand Orthopedics on June 24, 2014. That report indicates the claimant had migratory pains in her upper and lower extremities. From a rehabilitation standpoint, the doctor indicated that they did not see any problems with her range of motion in any of her joints. The doctor indicated that she did not know why the claimant was having numbness and tingling in various aspects of the right upper extremity and right lower extremity based upon her physical examination and the medical records. The doctor stated that she should not follow up with that office and discharged her from care. (APA 98-99). The claimant was seen again on November 3, 2014, by Dr. Merritt. He ordered a repeat MRI of the lumbar spine, and the repeat MRI of the lumbar spine was accomplished on November 10, 2014. Dr. Merritt saw the claimant back on November 12, 2014, and told the claimant that the MRI was fairly unremarkable with a very slight bulge at L4 – L5. There were no other significant problems identified. He stated in his report that he was not sure what was causing most of her pain and that she was probably just having some muscle discomfort. He indicated that she had been through appropriate treatment and he did not have anything else to offer her from an orthopedic standpoint and again released her

from care. (APA 88-89).

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

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

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

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

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

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

after the accident. The claimant testified that she was having throbbing pain in her right hand after the accident, pain in her right shoulder, pain in her right knee. She went over all of her medical treatment as well. As of today, she testified that her right hand has lots of cramping, that it gets worse with the cold, that she wears a compression glove to keep it from getting irritated at night, and that she has trouble writing or doing any repetitive motion. She testified that she is not even able to cut her own food and that her husband has to do that for her. She testified that she is unable to write, type, use a computer mouse, or staple anything together with her right hand. The claimant testified that she has been on a restriction of four hours per day, lifting and pulling of 10 pounds, and no repetitive movement of the right arm since December 27, 2013. The claimant testified that she has seen Dr. Merritt continually all the way through late 2014. (Hearing transcript at 20-24).

With regard to her foot, the claimant testified that she has trouble walking, trouble standing for long periods of time, trouble swelling, and trouble with cramping. With regard to the foot, she testified that surgery has not been recommended and she has not been released from care. She claimed at the hearing that Dr. Pappas told her that she had nerve damage in her foot and needed to see a neurologist. (Hearing transcript 25-26).

With regard to the neck, the claimant testified that she has trouble turning her neck and feels a pulling sensation. She testified that she gets headaches that come from the neck and that she has trouble moving her neck. With regard to the low back, she testified that she has problems sitting, walking, bending, getting in and out of a car, and that her pain comes and goes. She also claims that she has pain that shoots from her back into both of her legs and that she can only stand for 15 to 20 minutes. (Hearing transcript 26-28).

With regard to her right shoulder and right arm, she testified that she was having trouble lifting anything. (Hearing transcript 28).

On cross-examination, the claimant was questioned about her deposition testimony. In her deposition, the claimant complained about her neck, back, right shoulder, right arm, right elbow, right hand, right wrist, right fingers, left thumb, entire spine, right hip, right buttocks, right leg, right knee, right calf, right ankle, right foot, left shoulder, left leg, left hip, left buttocks, left knee, left ankle, and left foot. The claimant denied that she complained about all of those body parts. Specifically, the claimant denied that she had complained about the body parts on the left side. However, after being showed her specific deposition testimony, she testified that she could not remember exactly what she had said and that those body parts did not bother her all of the time. (Hearing transcript 30-32). The claimant also testified that these injuries were causing her memory loss, headaches, concentration issues, and even caused the various mistakes that she made in the pharmacy. (Hearing transcript 32-33). The claimant admitted that she had made prescription errors in the past even before this accident, but blamed her prescription errors after this accident on failed concentration as a result of these injuries. (Hearing transcript 33).

The claimant submitted at the hearing Exhibit 1 which was an email from the adjuster outlining the body parts that were being authorized for evaluation. That email listed the right arm, right elbow, right hand and fingers. However, the claimant asserted that Dr. Merritt was not permitted to evaluate those body parts by the adjuster despite the email that she submitted. She claims that this was memorialized in an email which she did not have a copy of at the hearing. (Hearing transcript 34-36).

Despite the claimant's testimony that the doctors never evaluated certain body parts, the claimant admitted that she had x-rays of her right hand and right elbow which were normal, x-rays of her pelvis, right hip, right shoulder, cervical spine, and right knee, all of which were normal. The claimant also detailed how rude the doctors were to her and admitted that she asked for a change of

doctors after her very first visit. She also claims that the doctors were not treating her for what was wrong, that they were treating her incorrectly, and that she made many demands with her doctors about her course of treatment. (Hearing transcript 36-38). The claimant also admitted that within 12 days of the accident she was asking the doctors to put her on work restrictions because full duties were hampering her recovery and worsening her symptoms. The claimant admitted that she was not happy about working full duty and that she was asking the doctors to restrict her from work. (Hearing transcript 39 – 40). The claimant also admitted that she didn't know why the doctors wouldn't send her to a chiropractor and that she demanded that she be sent. (Hearing transcript 41). The claimant also admitted that she told the doctor that she had already suffered muscle atrophy less than 30 days after the accident. In fact, she claims that there was a visible dent in her leg where she had lost muscle mass less than 30 days after the accident. (Hearing transcript 43).

The claimant was shown APA page 34 which was a return to work slip saying that the claimant could work up to 12 hour shifts. There is another work slip from the same day but on the bottom of that is a note which indicates that the claimant could not work more than seven hours per day. The claimant testified that she could not work a regular shift and that she convinced the doctors to limit her shift because she was taking muscle relaxers while she was working and she simply wasn't able to do the job. (Hearing transcript 43 – 45).

The claimant asserted that Dr. Merritt was only allowed to treat her for her shoulder and knee, but eventually admitted that Dr. Merritt evaluated her right shoulder, right arm, right wrist, neck, low back, buttocks, hip, and cramping in the calf on the right side. (Hearing transcript 46 – 47). The claimant was read the report from Dr. Merritt which stated that the claimant was resistant to doing light duty work and that she could not tolerate light duty work. She claims that she told

Dr. Merritt that Walmart was not adhering to light duty work, but admitted that her testimony and that report were inconsistent. (Hearing transcript 50). The claimant also later explained that she was resistant to going back to work because she had not had adequate treatment for all parts of her body. (Hearing transcript 53). The claimant testified repeatedly that her various injuries and body parts were not being addressed by the doctors and was repeatedly confronted with the fact that the medical reports mentioned and dealt with all of those body parts. The claimant, on numerous occasions, testified that she was resistant to going back to regular duty work because her injuries hadn't been treated properly at that time. (Hearing transcript 53 – 55). During her testimony, the claimant admitted that Dr. Merritt referred her to Dr. Pappas. Dr. Pappas is a specialist who treats feet and ankles. Counsel for the Defendants pointed out how illogical her testimony was that she was never allowed to treat for her foot and ankle and yet was referred by Dr. Merritt to a doctor who specializes in treatment of the feet and ankles. (Hearing transcript 55 – 56). The claimant then told a story about how she was walking in May 2013 and something ripped in her foot and was poking out. Of course, this was during a period of time where she was not working, and none of that history is contained in any of the reports. (Hearing transcript 56).

The claimant admitted that she was released by Dr. Merritt and that she was released by Dr. Pappas. She also admitted that she saw a pain management doctor, Dr. Tamadon, who released her from care as well. She further admitted that she has been released from care by physical therapy, but claims that the physical therapist never discussed with her the fact that she was unable to pinpoint exactly where her pain was coming from and that she had non-organic complaints. The claimant stated that the physical therapist never discussed any of those concerns directly with her.

The claimant admitted that she asked Dr. Pappas to modify her work restrictions in early 2014. (Hearing transcript 76). She then went back and stated that she did not ask Dr. Pappas to

change her work restrictions, and that he was simply relying upon Dr. Merritt's restrictions. (Hearing transcript 77).

The claimant admitted that she saw Dr. Elvington upon referral from her own attorney. She denied that Dr. Elvington discussed with her his concerns about symptom magnification. She also admitted that she saw Dr. Haskin on her own, but denied that he discussed with her any exaggerated pain response and posturing. (Hearing transcript 85 – 88). The claimant also admitted that she underwent a functional capacity evaluation.

The claimant admitted that she was totally out of work from April 9, 2013, until July 2, 2013. The claimant then came back and started working partial hours from July 3, 2013, until October 4, 2013. At that point, the claimant was suspended for her third prescription error in a short period of time, and she took personal time until a hearing about her prescription errors. The claimant denied that she was on a leave of absence, but admitted that she has not returned to work for Walmart since October 4, 2013. The claimant testified that she believes she could be back working as a pharmacist at this time four hours per day, but she has not returned to work. (Hearing transcript 88 – 91).

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.

IV. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Ann Stevenson as Employee-Claimant and Wal-Mart Stores, Inc. as Employer and New Hampshire Insurance Company as Carrier, Defendants.

2. That Claimant was an employee of the above-named Employer on and prior to February 16, 2013, on which date she did sustain an injury to the right knee and right shoulder arising out of and in the course of her employment, and proper notice was given to Employer. This was an accepted claim as to the right knee and right shoulder, and Claimant has received appropriate medical benefits and temporary disability compensation.

3. That the average weekly wage of Employee Ann Stevenson at the time of the above-described accident was $2,212.05, making the maximum compensation rate of $743.72 applicable in this matter.

4. Claimant's testimony and subjective complaints lack credibility.

5. After carefully listening to Claimant's testimony during the hearing, and reviewing all of the submitted reports, deposition, and exhibits, I find that Claimant's testimony is exaggerated, not credible, and unreliable. Her complaints regarding her symptoms are out of proportion to the objective medical evidence, and I find her complaints to be exaggerated. Her testimony regarding medical treatment, work restrictions, and other parts of this claim are not reliable and not credible.

6. That the only admitted body parts are the right shoulder and right lower extremity/ knee.

7. The claimant has also alleged injuries to her neck, right hand, low back, and right foot/ankle, all of which have been denied by the defendants.

8. The claimant has undergone various evaluations and treatments for both her admitted and denied injuries. The claimant has treated with Dr. Merritt, Dr. Pappas, Dr. Elvington, Dr. Purgavie, Dr. Tamadon, and Dr. Haskin, as well as physical therapy. She has had exhaustive and extensive evaluations, testing, and treatment for both her admitted and denied body parts, as

fully detailed above.

9. On October 8, 2013, the authorized treating physician, Dr. James Merritt, stated that claimant had reached maximum medical improvement and assigned a 2% impairment rating to the right upper extremity and a 3% impairment rating to the right lower extremity. In addition, Dr. Merritt assigned work restrictions of 20 pounds lifting and referred to the functional capacity evaluation for full capabilities. Dr. Merritt opined that claimant would possibly need future medical treatment in the form of possible pain management.

10. On December 13, 2013, in an independent medical evaluation for the claimant, Dr. Robert Elvington opined that claimant's pain and her objective symptoms were out of proportion to her examination and MRI findings.

11. On December 18, 2013, in deposition testimony, Dr. Merritt testified that his impairment ratings were based mostly on claimant's subjective complaints.

12. On April 2, 2014, in an independent medical evaluation for the claimant, Dr. Stewart Haskin opined that the claimant's exaggerated pain response and posturing would make doubtful that any treatment was going to affect a good outcome for her.

13. The Claimant does not believe that her doctors listened to her complaints or examined all of her complaints and body parts. I find that those beliefs by Claimant are not supported by the medical evidence.

14. That Dr. Merritt's deposition was very informative, and his opinion is given great weight. Dr. Merritt specifically referenced Claimant's self-limiting behavior (page 26, lines 1-25) and that three different MRIs have been performed in the course of Claimant's treatment (See page 28; page 30, lines 12-25). Dr. Merritt has serious questions about Claimant's motivation to treat, motivation to get back to work, and whether her complaints were legitimate or physical in nature.

15. There are a host of medical records and testimony which call Claimant's motivation and the legitimacy of her complaints into serious question. I give greater weight to the medical reports. I also give less weight to the testimony of Claimant based upon these concerns and my judgment of her testimony at the hearing.

16. The claimant reached maximum medical improvement as of October 10, 2013, for her admitted work-related injuries to her right shoulder and right knee. This finding is based upon my review of the claimant's testimony and my review of the submitted medical records and the deposition testimony of Dr. Merritt.

17. I place the greatest weight on the medical reports and opinions of Dr. Merritt.

18. The claimant's alleged injuries to her neck, back, right hand, and right foot/ankle are hereby denied. I specifically find that the claimant failed to prove, through proper medical evidence, a causal connection between these alleged injuries and her work-related accident. I have serious doubts as to the legitimacy of these alleged accidents in the first place. All of these body parts were evaluated by several doctors, and no doctor could identify any objective injury, nor could any doctor give a legitimate objective diagnosis for any of these alleged injuries. The claimant also failed to prove by a preponderance of the evidence medical causation between any of these alleged injuries and her work-related accident. The claimant's testimony, which lacks credibility and reliability, is insufficient to prove by a preponderance of the record the compensability of these alleged body parts.

19. That Defendants were entitled to stop payment of temporary total compensation effective October 10, 2013, and are entitled to a credit for the overpayment of temporary total compensation since October 10, 2013, against the award for permanent partial disability ordered herein.

20. Claimant has sustained a six percent (6%) permanent partial disability to the right lower extremity (knee) and four percent (4%) permanent partial disability to the right shoulder (even though the rating is to the right upper extremity, the injury was to the shoulder) as a result of the accidental injury on February 16, 2013. This finding is based on the medical evidence and the testimony of the Claimant, although the Claimant's testimony was given little weight because of the credibility problems discussed above.

21. The claimant is not entitled to any future medical treatment. Even though Dr. Merritt indicated on the Form 14B that claimant might possibly need pain management, I find that this opinion is insufficient to establish that claimant will most likely or most probably need ongoing medical treatment in order to maintain her current status. Additionally, the claimant has already treated with two pain management doctors who opined that they had nothing further to offer her. Those facts, combined with the claimant's lack of credible testimony, and the concerns about the claimant's credibility in almost every medical report, leads to the ultimate conclusion that there is insufficient evidence upon which to base an award for future medical treatment on this claim.

22. 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.

V. CONCLUSIONS OF LAW

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

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and

under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Under § 42-1-160, Claimant did sustain an injury to her right knee and right shoulder by accident arising out of and in the course and scope of her employment on February 16, 2013.

3. Under § 42-1-160, claimant's alleged injuries to her neck, back, right hand, and right foot/ankle are hereby denied.

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

5. Under § 42-15-60, Claimant was entitled to medical, surgical, hospital and other authorized treatment until October 10, 2013, the date on which Claimant reached maximum medical improvement.

6. Under § 42-9-30, Claimant has sustained a six percent (6%) permanent partial disability to the right lower extremity (knee) and four percent (4%) permanent partial disability to the right shoulder.

7. Under § 42-9-210, Defendants are entitled to a credit for the overpayment of temporary total compensation since October 10, 2013.

VI. ORDER/AWARD

IT IS HEREBY ORDERED that the Application of Employer/Carrier to stop payment of temporary total compensation is hereby granted, effective October 10, 2013, the date on which Claimant reached maximum medical improvement.

IT IS FURTHER ORDERED that as a result of Claimant's accidental injury occurring on February 16, 2013, she has sustained a six percent (6%) permanent partial disability to the right lower extremity (knee) and four percent (4%) permanent partial disability to the right shoulder. At Claimant's compensation rate of $743.72, she is entitled to 11.7 weeks of benefits for the right knee or $8,701.52; and 12 weeks of benefits for the right shoulder or $8,924.64. The total indemnity award, therefore, equates to $17,626.16. From this amount, the Defendants are entitled to a credit or offset for the overpayment of temporary total compensation (October 10, 2013 – January 10, 2014) in the amount of $9,880.85 which represents 13 2/7 weeks of overpayment.

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.

IT IS FURTHER ORDERED that claimant is not entitled to any ongoing or future medical treatment.

IT IS FURTHER ORDERED that claimant's application for benefits for asserted injuries to the neck, low back, right hand, and right foot/ankle is hereby denied and her claims for benefits associated with these body parts is dismissed with prejudice.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Mike Campbell

Commissioner Mike Campbell

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).

October 13, 2015

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Campbell

APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1303465

Ann Stevenson,	CLAIMANT/APPELLANT,
vs.	
Wal-Mart Stores, Inc.,	EMPLOYER,
AND	
New Hampshire Insurance, Co.,	CARRIER, DEFENDANTS/RESPONDENTS

Appellate Panel Review held in Columbia, South Carolina, on January 11, 2016 per notices timely and properly served upon all parties of interest.

Appellate Panel Decision and Order filed March 28th, 2016

APPEARANCES:

Appellant Ann Stevenson, Claimant, represented by Carter Martling, Esquire of Irmo, South Carolina.

Defendants/Respondents represented by Johnnie W. Baxley, III, Esquire of Willson Jones Carter & Baxley, P.A. in Mt. Pleasant, South Carolina.

STATEMENT OF THE CASE

This is a partially admitted/partially denied claim arising out of an accident which occurred on February 16, 2013. It is the claimant's position that she tripped on electrical cord on that date which resulted in multiple injuries. The claimant alleged injuries to her right shoulder, right knee, neck, low back, right hand, and right ankle/foot. The Defendants admitted the injuries to the right shoulder and right knee, but denied all other injuries. The claimant requested disability determinations on all except the body parts, a determination of compensability on the denied body parts, additional medical treatment, temporary compensation, and other benefits under the act. With regard to the admitted body parts, the Defendants took the position that the claimant had already been released at maximum medical improvement and was entitled to a determination of permanent disability. The Defendants also requested a denial of all of the denied body parts.

This matter was originally heard by Commissioner Wilkerson on December 19, 2013. At that hearing, he determined the issues as set forth on the Forms 21 and 22, but did not hear the issues as set forth on the Forms 50 and 51. Commissioner Wilkerson issued an order dated March 5, 2014, and the claimant appealed that decision to the Appellate Panel of the South Carolina Worker's Compensation Commission. The Appellate Panel issued an order dated October 22, 2014, whereby they vacated the order of Commissioner Wilkerson dated March 5, 2014, and ordered that the matter was remanded to a hearing Commissioner for a de novo hearing on the issues set forth on the Forms 21, 22, 50, and 51. That de novo hearing was held on January 8, 2015 before Commissioner Michael Campbell. On October 13, 2015, Commissioner Campbell issued an order adjudicating all of the issues. Commissioner Campbell issued the following order:

IT IS HEREBY ORDERED that the Application of Employer/Carrier to stop payment of temporary total compensation is hereby granted, effective October 10, 2013, the date on which Claimant reached maximum medical improvement.

IT IS FURTHER ORDERED that as a result of Claimant's accidental injury

occurring on February 16, 2013, she has sustained a six percent (6%) permanent partial disability to the right lower extremity (knee) and four percent (4%) permanent partial disability to the right shoulder. At Claimant's compensation rate of $743.72, she is entitled to 11.7 weeks of benefits for the right knee or $8,701.52; and 12 weeks of benefits for the right shoulder or $8,924.64. The total indemnity award, therefore, equates to $17,626.16. From this amount, the Defendants are entitled to a credit or offset for the overpayment of temporary total compensation (October 10, 2013 – January 10, 2014) in the amount of $9,880.85 which represents 13 2/7 weeks of overpayment.

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.

IT IS FURTHER ORDERED that claimant is not entitled to any ongoing or future medical treatment.

IT IS FURTHER ORDERED that claimant's application for benefits for asserted injuries to the neck, low back, right hand, and right foot/ankle is hereby denied and her claims for benefits associated with these body parts is dismissed with prejudice.

Within the statutory period, Claimant filed an Application for Review (Form 30) in the case, setting forth his reasons, copies of which were furnished to all interested parties. All parties appeared at oral arguments on September 21, 2015, and presented their case on appeal.

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

By appeal, it is respectfully submitted that the Hearing Commissioner erred in the following:

1. *Did the Single Commissioner err in Finding of Fact #18 and Conclusion of Law #3? The error being that the Claimant's allegation of an injury by accident to the neck was denied despite being supported by the greater weight of medical evidence.*
2. *Did the Single Commissioner err in Finding of Fact #18 and Conclusion of Law #3? The error being that the Claimant's allegation of an injury by accident to the low back was denied despite being supported by the greater weight of medical evidence.*
3. *Did the Single Commissioner err in Finding of Fact #18 and Conclusion of Law #3? The error being that the Claimant's allegation of an injury by accident to the right hand was denied despite being accepted by the carrier and supported by the greater weight of medical evidence.*
4. *Did the Single Commissioner err in Finding of Fact #16 and Conclusion of Law #5? The error being that the Claimant was not at maximum medical improvement.*
5. *Did the Single Commissioner err in Finding of Fact #19 and Conclusion of Law #7? The*

error being that the Claimant was not at maximum medical improvement by the greater weight of medical evidence.

The Form 30 dated October 23, 2015, indicates that the claimant was appealing the denial of the neck, low back, right hand, and the findings that the claimant had reached maximum medical improvement. However, the Brief filed by claimant dated December 14, 2015, only asserts that the Commissioner erred in denying the right hand and finding that the claimant had reached maximum medical improvement; the Brief abandons the appeals regarding the neck and low back. Counsel for the Claimant confirmed at the oral arguments that claimant was abandoning and dismissing Grounds for Appeal #1 and #2 (the appeals regarding the neck and low back).

In an Appellate Review, the Appellate Panel shall, pursuant to S.C. Code Ann. Section 42-17-50, review the award, weigh the evidence as presented at the initial hearing, and if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent or inconsistent with those of the Hearing Commissioner.

Although the Full Commission is empowered to make its own findings of fact and to reach its own conclusions of law, it is logical for the Full Commission, which did not have the benefit of observing the witnesses, to give weight to the Single Commissioner's opinion. McGuffin v. Schlumberger-Sangamo, 307 S.C. 184, 414 S.E.2d 162 (1992). In this case, the preponderance of evidence in the record supports a full affirmation of the Hearing Commissioner's findings.

EVIDENCE OF THE CASE

Statement of the Positions of the Parties

It is claimant's position in this matter that she tripped on an electrical cord on February 16, 2013, resulting in several injuries. She alleged injuries to the right shoulder and right knee, both of which are accepted, as well as additional injuries to the neck, low back, right hand, right ankle/foot, all of which are denied. The claimant requested disability determinations on all accepted body

parts and a determination of compensability on the denied body parts. Claimant asserted that she had not reached maximum medical improvement regarding her hand injury, that she continues to be on work restrictions, that she is entitled to temporary benefits, and that she is entitled to permanent partial disability compensation. The claimant also asserted that there was no lack of credibility on her part.

It is the position of the Defendants that the claimant has been provided medical treatment with regard to her right shoulder and right knee injuries, and that she was released at maximum medical improvement by Dr. James Merritt originally on August 8, 2013, and then again on October 8, 2013. Defendants asserted that the claimant was assigned an impairment rating of 2% to the right upper extremity and 3% to the right lower extremity on October 10, 2013. Defendants denied that the claimant was entitled to temporary total disability compensation after October 10, 2013, the date of maximum medical improvement. Temporary total disability compensation was paid through January 10, 2014, resulting in a credit of 13 2/7 weeks. With regard to disability on the right shoulder and right knee, the Defendants noted that the impairment ratings were based solely upon subjective complaints and there were no objective findings to support a legitimate injury or any ongoing problems. Based on Dr. Merritt's reports and deposition testimony, Defendants assert Claimant has a two percent (2%) impairment rating to the right upper extremity and a three percent (3%) rating to the right lower extremity for her knee complaints. Defendants seek a finding that they are entitled to stop payment of temporary total compensation as of October 10, 2013, the date of MMI, that they are entitled to a finding of permanency to both the right upper extremity and the right lower extremity, that they are entitled to a credit for overpayment of temporary total disability compensation after October 10, 2013, and that Claimant is entitled to no additional benefits (indemnity or medical) regarding the admitted injuries. Finally, Defendants

assert there are problems with the validity and credibility of Claimant's complaints as evidenced in Dr. Merritt's reports, the Doctor's Care reports, the records of Dr. Tamadon, and Claimant's physical therapy providers. For this reason, Defendants seek a finding on credibility as well.

With regard to the neck, low back, right hand, and right foot/ankle, the Defendants deny that the claimant has sustained a compensable injury by accident to any of those body parts, deny medical causation, and deny that claimant is entitled to any benefits under the South Carolina Workers' Compensation Act for those injuries. The Defendants assert that the claimant lacks a statement of causation for the back, the neck, the right foot, the right ankle, and the right hand. Specifically with regard to the right hand, the Defendants noted that the claimant had been diagnosed with carpal tunnel syndrome, but she also has carpal tunnel syndrome in the left hand which is not alleged to be related to the accident. The Defendants asked for a denial of the four denied body parts.

Discussion of the Evidence

The medical evidence submitted as part of the parties' APA submissions reflects that Claimant initially treated at Doctor's Care on February 22, 2013, after her fall where she was diagnosed with a right arm and hand strain. (APA 38). She also began treating at Progressive Physical Therapy ("Progressive") on March 8, 2013, and treated there through June 12, 2013 when she was discharged due to non-improvement. (APA 65-87). The discharge summary records from Progressive state Claimant was observed "performing activities she states she cannot do," that she had "non-organic symptoms," that she refused to perform most all therapy exercises for various reasons, and that there were signs of questionable "malingering." (APA 65-66).

On March 19, 2013, Dr. Baens at Doctor's Care provided a written notification to the assigned workers' compensation claims adjuster advising that Claimant had requested

prescriptions to be written for various items including: an elastic gel wrist wrap, elastic hot/cold gel knee wrap, elastic gel cervical collar, elastic gel shoulder splint, a shoulder splint, and 2 ace wraps. (APA 32). Dr. Baens noted that she does not routinely write for these items and that she told Claimant she would write these on her behalf but did not believe there was any real therapeutic benefit to these items. (APA 32). Dr. Baens cautioned Claimant that she was "determining her own treatment plan" and that the items requested would be subject to payment by the workers' compensation carrier. (APA 32). Finally, she noted she was concerned that Claimant had varying symptoms with every visit claiming "muscle atrophy" (which does not occur in just a few days), and burning sensation after her x-rays were done. (APA 32).

Claimant also underwent a variety of diagnostic imaging tests to include x-rays of her right elbow and hand at Doctor's Care on February 22, 2013, that revealed "unremarkable" results. (APA 63-64). On February 28, 2013, an x-ray of Claimant's right knee showed no acute osseous abnormality. (APA 62). X-rays of Claimant's cervical spine and shoulder taken on February 28, 2013, were negative with no acute abnormalities. (APA 60-61). X-rays of Claimant's pelvis and right hip on February 28, 2013 were also negative. (APA 59). An MRI of Claimant's right shoulder was performed on April 2, 2013, at the direction of Dr. Merritt which revealed tendinopathy of the rotator cuff with some overlying subacromial and subdeltoid bursitis, but no full-thickness tear. (APA 58). A cervical spine MRI was performed on April 17 2013, showing straightening of the cervical spine with no focal central canal or foraminal stenosis. (APA 57). Finally, an MRI of Claimant's right knee was performed on May 7, 2013, showing minimal signal changes within both menisci, an equivocal meniscal tear in the body of the lateral meniscus, and a popliteal cyst. (APA 56).

Claimant treated with Dr. James Merritt at Strand Orthopaedic Consultants following her

fall at work on numerous occasions between March 27, 2013 and October 8, 2013. (See APA 1-26). At Claimant's initial visit she reported pain in her right shoulder, arm, wrist, neck, low back, buttock, pain down the hip and cramping in the calf on the right side. (APA 25). Dr. Merritt examined Claimant and told her that most of her discomfort was ligament muscle related and would improve with therapy. On April 23, 2013, Dr. Merritt concluded no surgery would be warranted on the neck and shoulder for her ligamentous pain. (APA 22). He recommended continued therapy for Claimant's muscle related soft tissue discomfort and expressly noted that Claimant was "resistant" to his recommendation that she return to work on light duty. (APA 22). Dr. Merritt expressed his concerns about Claimant's "motivation" to return to work and recommended a functional capacity evaluation to assess her functional capabilities. (APA 22).

On April 24, 2013, claimant sent an email to Dr. Merritt's office regarding all of her various complaints and ongoing problems. (APA 21).

On May 13, 2013, Dr. Merritt reviewed the MRI of Claimant's right knee and ruled out any need for surgery. (APA 18-19). He again opined Claimant was not a surgical candidate for her neck and shoulder. (APA 18-19). Dr. Merritt discussed with Claimant his recommendation to get back to light duty but Claimant was "very hesitant." (APA 18-19).

On June 11, 2013, Claimant again reported to Dr. Merritt with a "multitude" of complaints. (APA 14-15). Dr. Merritt told her he would like a second opinion because he was not sure why she was not improving four months out from an injury without any major structural problems. (APA 14-15). He specifically noted in the record, "Get her back to work" and "I see no reason from her studies why she can't do regular work." (APA 15). Dr. Merritt further commented that there may be a psychological component to Claimant's problem and not necessarily an orthopedic problem. (APA 15).

Claimant was subsequently evaluated by Dr. Alexander Pappas, at Strand Orthopaedics, for her ongoing complaints of pain in her right lower extremity and right foot. (APA 12-13). His report references complaints regarding the hip, knee, ankle and foot. Dr. Pappas conducted a physical evaluation of Claimant and assigned her some light duty work restrictions including no prolonged standing. (APA 12-13). He concluded most of Claimant's symptoms were related to nerve issues higher in the leg and low back with no further follow up needed. (APA 13).

On August 1, 2013, Claimant was evaluated by pain management specialist Dr. Tamadon. He noted Claimant's symptoms are not causally related in total to the alleged accident of February 16, 2013. (APA 29). Specifically, he noted that her neurologic exam was normal, and that her inspection of the neck was unremarkable with full range of motion and no tenderness to palpation. He noted that the inspection of the back was unremarkable with full range of motion within functional limits and no tenderness upon palpation except in the right gluteal region. He further noted that the claimant had full range of motion of the shoulder on the right side and it was symmetrical to the range of motion on the left side. Finally, he noted that the right foot was free of ankle pain complaints. (APA 28). Further, all objective findings with the exception of Claimant's myofascial pain are pre-existing, that it is not possible to determine if myofascial pain is pre-existing without access to any prior medical records, and that it is possible to experience a flare-up of pain from her pre-existing conditions but "the persistence of such pain is not probable." (APA 29-30). Dr. Tamadon performed an EMG which revealed moderate carpal tunnel but he was not sure how this was related to her fall; it did not reveal any radiculopathy or other problems. (APA 29-30). He stated that her only diagnosis was myofascial pain which was completely subjective. (APA 29).

Claimant followed up with Dr. Merritt on October 8, 2013, at which time he noted there

was not much else he could do for her from an orthopedic standpoint. (APA 7). He documented that he was unsure as to why Claimant was not improved. (APA 7). He did not see any structural damage to her neck, shoulder, or knee, and opined her knee had a slight or small possible lateral meniscus tear but that it was not likely caused by the accident. (APA 7). He further noted that a second opinion was provided by Dr. Tamadon who did not feel there were any other orthopedic recommendations or needs. (APA 7). Dr. Merritt released Claimant at MMI and assigned a 3% impairment to the right lower extremity for a right knee strain and a 2% rating to the upper extremity for shoulder tendonitis. (APA 20).

Dr. Merritt completed a Form 14B on October 10, 2013, placing Claimant at MMI as of October 8, 2013, with a 2% rating to the upper extremity and a 3% rating to the right lower extremity. (APA 5). He released Claimant to return to work with 20 pound lifting restrictions and referenced her FCE for Claimant's full capabilities or other questions on restrictions. (APA 5). Dr. Merritt opined it is "possible" that Claimant may need future pain management if her pain continues and is not controlled with over the counter medications. (APA 5).

Dr. Merritt was deposed on December 18, 2013, and he testified that Claimant sustained a shoulder strain and knee strain as a result of her accident at work. (Merritt Deposition Transcript, page 31, lines 22-25). Dr. Merritt also testified that he did not have any explanation for Claimant's ongoing complaints of pain after seeing her over the course of two months, objective testing, and his physical examination of the patient. (Merritt Deposition Transcript, page 18, lines 6-16). He testified that he completed a thorough work up for the injuries for which he saw Claimant. (Merritt Deposition Transcript, page 19, lines 1-10). He also agreed that Claimant exhibited "self-limiting behavior" during the WorkWell FCE, could still return to work in the light physical demand category, and that there was no reason from an orthopedic standpoint for Claimant's work hours to

be limited for any reason. (Merritt Deposition Transcript, page 26, lines 3-18; page 27, lines 17-22). Based on his evaluation of Claimant and the objective testing performed, he did not see why she would not be able to go up and down stairs and did not know why she would need a cane. (Merritt deposition Transcript, page 27, lines 1-16). Finally, Dr. Merritt testified that it would not bother or offend him at all if Claimant wanted to find another physician but that it would surprise him if another orthopaedic surgeon found something else they could do. (Merritt Deposition Transcript, page 28, lines 17-19; page 29, lines 7-8).

The claimant returned to Dr. Merritt on May 22, 2014. At that visit, she continued to report pain in her right shoulder and right leg. She was very concerned about nerve damage in her leg giving her some of this pain. Dr. Merritt noted that she had a much improved gait from her last visit, that there might be mild swelling in the leg, but that she did not have any obvious deficits in the leg. Dr. Merritt stated that he would repeat an EMG study, but if the study was normal, she would remain at maximum medical improvement. (APA 2). The repeat EMG study was completed on June 3, 2014, and was reported as being a normal study with no electrodiagnostic evidence of any problem. (APA 3-4).

The claimant was also seen by Dr. Robert Elvington of Pee Dee Orthopedics for an independent medical evaluation on December 13, 2013. The claimant chose Dr. Elvington and presented on her own for this independent medical evaluation; this visit was not authorized by Defendants. That report indicated that the claimant appeared and complained of continued right knee pain. Dr. Elvington reviewed all of the claimant's previous records and fully evaluated the claimant. Dr. Elvington concluded that the claimant's pain and her objective symptoms were out of proportion to her examination and MRI findings. He did not recommend any surgical intervention, and he did not feel that a repeat MRI scan was indicated. He indicated in his report that her current

knee symptoms were not related to her original injury which occurred on February 16, 2013. He released her from care at that time. (APA 89-90).

The records from physical therapy were also reviewed. As early as March 8, 2013, the physical therapy reports note diffuse and poorly localized complaints and indicate that compliance may be an issue in the near future. (APA 86). On several occasions, the claimant actually refused medical treatment from physical therapy. (APA 75, 81, 83-84). On APA page 82, the physical therapy notes state that the claimant was complaining of vague complaints and she was unable to pinpoint her exact areas of pain. On APA page 78, the physical therapy notes state that the claimant was continuing with non-organic complaints and a stressed compliance to the claimant. On APA page 74, the physical therapy notes indicate that the claimant was having nonorganic symptoms that did not match her current complaints. One APA page 73, the note indicates that the claimant's complaints were very vague, the complaints were non-organic, and the claimant was able to demonstrate full range of motion throughout testing and observation despite her complaints. The physical therapist noted questionable malingering and recommended discharge. The note also indicates that the claimant refused to perform most exercises for various reasons that did not match her injury/complaints. On APA page 72, the note indicates that the claimant did not seem motivated to return to work and was again refusing treatment that was being offered. On APA page 71, the claimant was still complaining of nonspecific complaints and refusing to participate in some of the treatment that was being recommended. On APA page 68, the claimant was observed with full weight-bearing on her right lower extremity with shoes and no apparent distress. However, she demonstrated an antalgic gait when asked by the therapists to walk. On APA page 66, the physical therapist again noted that her subjective complaints did not match her objective findings, and they noted that she was observed performing activities that she states she cannot do

when not being observed. She was discharged at that time secondary to all of those issues.

The claimant underwent a functional capacity evaluation on August 27, 2013. On page 42 of the APA, the functional capacity report notes that claimant's performance on the functional capacity evaluation was inconsistent in a number of ways, all of which are listed at that time. The report notes that the claimant reported extreme discomfort which never increased, exaggerated posturing and grimacing and pain talk despite any objective signs of discomfort, and other inconsistencies.

The claimant submitted additional medical reports from Dr. Merritt. The claimant was seen on December 27, 2013, and released to work four hours per day, no pushing or pulling in excess of 10 pounds, and no repetitive movements with the right arm. (APA 124). Dr. Merritt saw the claimant on January 9, 2014, and reviewed her hip MRI with her. At that point, he told her that the exam was very normal with no significant findings. He also told her that no further orthopedic intervention was warranted. She asked him to fill in a work form for her at that time, and he completed it based upon what she felt she was capable of doing. (APA 122-123). The claimant was evaluated again on February 5, 2014, by Dr. Pappas, with numerous complaints regarding the right foot, both hands, and other symptoms. She was referred to a neurologist to evaluate her hypersensitivity and discomfort through the entire foot and ankle region. The doctor had to explain to her multiple times that he would not change her work restrictions, and he noted that she had no other pathology that he could determine on exam. She did not have any of the deformity of her foot and there was nothing else he could offer from an orthopedic standpoint. (APA 118-120). The claimant was evaluated again on March 27, 2014. The note indicates that Ms. Stevenson had been through multiple tests and imaging studies, that no orthopedic intervention was needed at that time, but she was in the office on that day complaining of neck pain that began yesterday. (APA 112).

The claimant was seen again on May 22, 2014, complaining of pain in the right upper extremity, right hip, right knee, and right ankle. He ordered a new nerve conduction study. The claimant went back to Dr. Merritt for consultation after the nerve conduction study on June 20, 2014. Dr. Merritt told the claimant that the study was normal, that her symptoms were inconsistent with carpal tunnel syndrome, that she did not need any surgical intervention for the right leg and right arm, and he did not need to see her back unless there were significant changes. (APA 101). The claimant was seen by a pain management doctor at Strand Orthopedics on June 24, 2014. That report indicates the claimant had migratory pains in her upper and lower extremities. From a rehabilitation standpoint, the doctor indicated that they did not see any problems with her range of motion in any of her joints. The doctor indicated that she did not know why the claimant was having numbness and tingling in various aspects of the right upper extremity and right lower extremity based upon her physical examination and the medical records. The doctor stated that she should not follow up with that office and discharged her from care. (APA 98-99). The claimant was seen again on November 3, 2014, by Dr. Merritt. He ordered a repeat MRI of the lumbar spine, and the repeat MRI of the lumbar spine was accomplished on November 10, 2014. Dr. Merritt saw the claimant back on November 12, 2014, and told the claimant that the MRI was fairly unremarkable with a very slight bulge at L4 – L5. There were no other significant problems identified. He stated in his report that he was not sure what was causing most of her pain and that she was probably just having some muscle discomfort. He indicated that she had been through appropriate treatment and he did not have anything else to offer her from an orthopedic standpoint and again released her from care. (APA 88-89).

The claimant also submitted a medical report from Dr. Stewart Haskin dated April 2, 2014. She was seen for complaints with both hands hurting. The report notes that the claimant

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

The Claimant testified at the hearing in this matter, and her testimony allowed the Commissioner to observe the Claimant, to ask questions to the Claimant and to judge her credibility as a witness. Claimant testified that she is a licensed pharmacist, and she worked for Walmart as a pharmacist. The claimant testified that she last worked in October 2013 and has not had any income since that time.

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

The claimant went over her accident at work and detailed all of her injuries immediately after the accident. The claimant testified that she was having throbbing pain in her right hand after the accident, pain in her right shoulder, pain in her right knee. She went over all of her medical treatment as well. As of today, she testified that her right hand has lots of cramping, that it gets worse with the cold, that she wears a compression glove to keep it from getting irritated at night, and that she has trouble writing or doing any repetitive motion. She testified that she is not even able to cut her own food and that her husband has to do that for her. She testified that she is unable

to write, type, use a computer mouse, or staple anything together with her right hand. The claimant testified that she has been on a restriction of four hours per day, lifting and pulling of 10 pounds, and no repetitive movement of the right arm since December 27, 2013. The claimant testified that she has seen Dr. Merritt continually all the way through late 2014. (Hearing transcript at 20-24).

With regard to her foot, the claimant testified that she has trouble walking, trouble standing for long periods of time, trouble swelling, and trouble with cramping. With regard to the foot, she testified that surgery has not been recommended and she has not been released from care. She claimed at the hearing that Dr. Pappas told her that she had nerve damage in her foot and needed to see a neurologist. (Hearing transcript 25-26).

With regard to the neck, the claimant testified that she has trouble turning her neck and feels a pulling sensation. She testified that she gets headaches that come from the neck and that she has trouble moving her neck. With regard to the low back, she testified that she has problems sitting, walking, bending, getting in and out of a car, and that her pain comes and goes. She also claims that she has pain that shoots from her back into both of her legs and that she can only stand for 15 to 20 minutes. (Hearing transcript 26-28).

With regard to her right shoulder and right arm, she testified that she was having trouble lifting anything. (Hearing transcript 28).

On cross-examination, the claimant was questioned about her deposition testimony. In her deposition, the claimant complained about her neck, back, right shoulder, right arm, right elbow, right hand, right wrist, right fingers, left thumb, entire spine, right hip, right buttocks, right leg, right knee, right calf, right ankle, right foot, left shoulder, left leg, left hip, left buttocks, left knee, left ankle, and left foot. The claimant denied that she complained about all of those body parts. Specifically, the claimant denied that she had complained about the body parts on the left side.

However, after being showed her specific deposition testimony, she testified that she could not remember exactly what she had said and that those body parts did not bother her all of the time. (Hearing transcript 30-32). The claimant also testified that these injuries were causing her memory loss, headaches, concentration issues, and even caused the various mistakes that she made in the pharmacy. (Hearing transcript 32-33). The claimant admitted that she had made prescription errors in the past even before this accident, but blamed her prescription errors after this accident on failed concentration as a result of these injuries. (Hearing transcript 33).

The claimant submitted at the hearing Exhibit 1 which was an email from the adjuster outlining the body parts that were being authorized for evaluation. That email listed the right arm, right elbow, right hand and fingers. However, the claimant asserted that Dr. Merritt was not permitted to evaluate those body parts by the adjuster despite the email that she submitted. She claims that this was memorialized in an email which she did not have a copy of at the hearing. (Hearing transcript 34-36).

Despite the claimant's testimony that the doctors never evaluated certain body parts, the claimant admitted that she had x-rays of her right hand and right elbow which were normal, x-rays of her pelvis, right hip, right shoulder, cervical spine, and right knee, all of which were normal. The claimant also detailed how rude the doctors were to her and admitted that she asked for a change of doctors after her very first visit. She also claims that the doctors were not treating her for what was wrong, that they were treating her incorrectly, and that she made many demands with her doctors about her course of treatment. (Hearing transcript 36-38). The claimant also admitted that within 12 days of the accident she was asking the doctors to put her on work restrictions because full duties were hampering her recovery and worsening her symptoms. The claimant admitted that she was not happy about working full duty and that she was asking the doctors to restrict her from

work. (Hearing transcript 39 – 40). The claimant also admitted that she didn't know why the doctors wouldn't send her to a chiropractor and that she demanded that she be sent. (Hearing transcript 41). The claimant also admitted that she told the doctor that she had already suffered muscle atrophy less than 30 days after the accident. In fact, she claims that there was a visible dent in her leg where she had lost muscle mass less than 30 days after the accident. (Hearing transcript 43).

The claimant was shown APA page 34 which was a return to work slip saying that the claimant could work up to 12 hour shifts. There is another work slip from the same day but on the bottom of that is a note which indicates that the claimant could not work more than seven hours per day. The claimant testified that she could not work a regular shift and that she convinced the doctors to limit her shift because she was taking muscle relaxers while she was working and she simply wasn't able to do the job. (Hearing transcript 43 – 45).

The claimant asserted that Dr. Merritt was only allowed to treat her for her shoulder and knee, but eventually admitted that Dr. Merritt evaluated her right shoulder, right arm, right wrist, neck, low back, buttocks, hip, and cramping in the calf on the right side. (Hearing transcript 46 – 47). The claimant was read the report from Dr. Merritt which stated that the claimant was resistant to doing light duty work and that she could not tolerate light duty work. She claims that she told Dr. Merritt that Walmart was not adhering to light duty work, but admitted that her testimony and that report were inconsistent. (Hearing transcript 50). The claimant also later explained that she was resistant to going back to work because she had not had adequate treatment for all parts of her body. (Hearing transcript 53). The claimant testified repeatedly that her various injuries and body parts were not being addressed by the doctors and was repeatedly confronted with the fact that the medical reports mentioned and dealt with all of those body parts. The claimant, on numerous

occasions, testified that she was resistant to going back to regular duty work because her injuries hadn't been treated properly at that time. (Hearing transcript 53 – 55). During her testimony, the claimant admitted that Dr. Merritt referred her to Dr. Pappas. Dr. Pappas is a specialist who treats feet and ankles. Counsel for the Defendants pointed out how illogical her testimony was that she was never allowed to treat for her foot and ankle and yet was referred by Dr. Merritt to a doctor who specializes in treatment of the feet and ankles. (Hearing transcript 55 – 56). The claimant then told a story about how she was walking in May 2013 and something ripped in her foot and was poking out. Of course, this was during a period of time where she was not working, and none of that history is contained in any of the reports. (Hearing transcript 56).

The claimant admitted that she was released by Dr. Merritt and that she was released by Dr. Pappas. She also admitted that she saw a pain management doctor, Dr. Tamadon, who released her from care as well. She further admitted that she has been released from care by physical therapy, but claims that the physical therapist never discussed with her the fact that she was unable to pinpoint exactly where her pain was coming from and that she had non-organic complaints. The claimant stated that the physical therapist never discussed any of those concerns directly with her.

The claimant admitted that she asked Dr. Pappas to modify her work restrictions in early 2014. (Hearing transcript 76). She then went back and stated that she did not ask Dr. Pappas to change her work restrictions, and that he was simply relying upon Dr. Merritt's restrictions. (Hearing transcript 77).

The claimant admitted that she saw Dr. Elvington upon referral from her own attorney. She denied that Dr. Elvington discussed with her his concerns about symptom magnification. She also admitted that she saw Dr. Haskin on her own, but denied that he discussed with her any exaggerated pain response and posturing. (Hearing transcript 85 – 88). The claimant also admitted

that she underwent a functional capacity evaluation.

The claimant admitted that she was totally out of work from April 9, 2013, until July 2, 2013. The claimant then came back and started working partial hours from July 3, 2013, until October 4, 2013. At that point, the claimant was suspended for her third prescription error in a short period of time, and she took personal time until a hearing about her prescription errors. The claimant denied that she was on a leave of absence, but admitted that she has not returned to work for Walmart since October 4, 2013. The claimant testified that she believes she could be back working as a pharmacist at this time four hours per day, but she has not returned to work. (Hearing transcript 88 – 91).

After careful review and consideration of all of the evidence in this matter, we find that the Hearing Commissioner properly denied the alleged right hand injury. The claimant failed to prove by a preponderance of the evidence that she had a legitimate right hand injury that was causally related to her accident at work. The claimant failed to prove her case with either medical evidence or credible testimony. It is important to note that the Hearing Commissioner made eight separate Findings of Fact that the claimant's testimony was exaggerated, not believable, unreliable, and not credible. (Findings of Fact #5, 10, 12, 13, 14, 15, 18, and 21). Those Findings were not appealed and are the law of the case. Based upon those credibility findings, the claimant's testimony is insufficient to support a finding of compensability of any right hand injury.

Additionally, the preponderance of the medical evidence does not support a compensable injury to the right hand which is causally related to her accident at work. On February 22, 2013, the report from Doctors Care indicate that the claimant underwent diagnostic testing to include x-rays of her right elbow and hand which were "unremarkable." (APA 63-64). The claimant was diagnosed with a right arm and hand strain based upon her subjective complaints, but the doctor

indicated that there were signs of questionable malingering. (APA 65-66). A note from the doctor at Doctors Care indicated that the claimant was attempting to determine her own treatment plan and the doctor was concerned that claimant had varying symptoms with every visit and had symptoms that made no medical sense. (APA 32). At the claimant's first visit to the orthopedist, Dr. James Merritt, she did not even complain about a right hand injury, but instead complained about a right wrist injury. (APA 25). Dr. Merritt also noted serious signs of malingering, lack of motivation, and symptom magnification. Dr. Alan Tamadon performed an EMG study on August 1, 2013, which revealed moderate carpal tunnel syndrome in both hands. He stated that he was not sure how this could be related to her fall and that her only diagnosis was myofascial pain which was completely subjective. (APA 29-30). At the hearing, the claimant also submitted a medical report from Dr. Stuart Haskin dated April 2, 2014. The claimant went to Dr. Haskin on her own and was seen for complaints of both hands hurting. The report notes that the claimant complained of severe diffuse pain throughout both upper extremities. Dr. Haskin noted exaggerated and inappropriate pain behaviors and actions by Claimant during the evaluation. (APA 130). Dr. Haskin noted that the claimant has absolutely no symptoms compatible with carpal tunnel syndrome and also noted that given her exaggerated pain response and posturing, he was doubtful that any treatment would affect a good outcome for the patient. An EMG report was conducted on April 14, 2014, and it revealed evidence of moderate right and mild left carpal tunnel syndrome. (APA 129-132). The closest that Dr. Haskin would get to establishing causation was to say that if repeat electrodiagnostic studies confirmed right carpal tunnel syndrome and if the claimant had an injury to the right hand, then carpal tunnel syndrome would be related to the fall. He specifically noted that the carpal tunnel syndrome in the left hand was not related to the fall. The claimant underwent another nerve conduction study on June 20, 2014, with Dr. James Merritt, and he

indicated that the study revealed mild to moderate carpal tunnel syndrome in both hands and that her symptoms were inconsistent with carpal tunnel syndrome.

As required by the statute and existing case law, the claimant presented no medical evidence, stated to a most likely or most probable standard within a reasonable degree of medical certainty, which states that the claimant has a legitimate right hand injury which is causally related to an accident at work. The report from Dr. Haskin does not meet the necessary burden of proof, and the reports from Dr. Merritt and Dr. Tamadon both indicate that the problems are not related to work. All doctors state that the claimant has no symptoms compatible with carpal tunnel syndrome. In fact, this appears to be an incidental finding. The claimant failed to present the necessary medical evidence to prove by a preponderance of the evidence that she had a legitimate injury to her right hand which was causally related to an accident at work.

The combination of the claimant's failure to present medical evidence to prove, within a reasonable degree of medical certainty, that she has a legitimate right hand injury which is causally related to an accident at work, the claimant's lack of credible or reliable testimony, and the overwhelming sentiment in all of the submitted medical records that the claimant's complaints, symptoms, and problems were either exaggerated, fabricated, or not reliable, constitutes sufficient and overwhelming evidence to support the denial of the right hand injury.

At the hearing, the claimant complained that her right hand was hurting severely, and that her right hand was so bad that she couldn't use a stapler, she couldn't write, she couldn't type, and she couldn't use a computer mouse. She indicated that she was having severe cramping in the right hand and had to use a compression glove on the hand at night. She indicated that her right hand is so bad that she has to have her husband cut up all food for cooking because she cannot cut anything with her right hand. Of course, none of these complaints are supported by any of the

medical documentation in the claim. As indicated above, the law on this case is that these complaints are not credible or reliable.

In her brief, the claimant argues that because her right hand was involved in the fall at work, that she has satisfied her burden of proving that there was a right hand injury that was causally related to the work accident. This is both factually and legally incorrect. As indicated above, and based upon the long-standing case law and statutory authority, the claimant bears the burden of proving by a preponderance of the evidence that she sustained a compensable injury to her right hand that is causally related to her accident at work. The claimant must also submit expert medical evidence, stated to a reasonable degree of medical certainty, proving both the injury and the causal connection. As indicated above, the claimant has failed to meet her burden of proof on all counts.

The claimant has also argued that the right hand was an admitted body part at the beginning of the claim and therefore must be found compensable by the commission. Again, this argument is both factually and legally incorrect. The Form 12A dated February 22, 2013, list the type of injury as a sprain and list the body part affected as "ring finger(s)." The Form 12A does not list the right hand or right wrist as a body part. A Form 21 was filed by defendants on October 22, 2013, seeking to resolve the claim based upon the fact that the claimant had been released at maximum medical improvement with regard to the right shoulder and right knee, the only two admitted body parts. A Form 50 was filed by claimant on November 8, 2013, and asserted as injured body parts the neck, right shoulder, right upper extremity, right hand, low back, right knee, and right foot/ankle. A Form 51 was timely filed by Defendants on November 13, 2013, and admitted only the right knee injury as compensable. In their Form 58 Pre-hearing Brief before the first hearing, the Defendants admitted injuries to the right shoulder and right knee. The Defendants maintain that

position at the first hearing, all subsequent pleadings, at the first appeal hearing, and at the second hearing on this claim. We find that the right hand was, and has always been, a denied body part.

Claimant's counsel, in his statement on the record before Commissioner Campbell, admitted that the right shoulder and right knee were the only two accepted body parts and that the right hand, low back, neck, and right foot/ankle were all denied. (1/8/15 Hearing Tr. at p. 5). Likewise, at the original hearing before Commissioner Wilkerson on December 19, 2013, claimant's counsel noted that the admitted body parts were the right shoulder and right knee and that the other body parts listed on the Form 50, including the right hand, were denied. (12/19/13 Hearing Tr. at pp. 8-10). In fact, this argument that the Defendants previously accepted the right hand injury and that they should be barred by estoppel from asserting a denial was raised for the first time in the Form 30 appeal dated October 23, 2015. As indicated above, the Defendants have denied the compensability of the right hand injury from the beginning of the claim and the claimant's estoppel argument is without merit.

The claimant has also argued that because the Defendants provided medical treatment of the right hand, that this is somehow an admission that the injury is compensable and causally related. There is no legal basis for any such argument. The claimant had an accident at work, and the Defendants provided medical treatment for the compensable body parts, the right shoulder and right knee. During the course of this claim, the claimant alleged a multitude of other injuries. At various times, the Defendants provided diagnostic testing and evaluations of these other alleged injuries in order to determine if they were legitimate and causally related or if they would be denied and defended. There is absolutely no legal basis in either the statute or the case law which would indicate that providing diagnostic testing or evaluations of a disputed body part is somehow an admission by the Defendants that the body part is compensable under the South Carolina

Workers' Compensation Act.

Because the claimant abandoned her appeal regarding the neck and low back by failing to address or argue those grounds in her Brief, which was confirmed by claimant's counsel during oral arguments, we need not address assertions #1 or #2 in the Form 30. We find that the Hearing Commissioner properly denied the right hand injury and thus properly addressed maximum medical improvement, permanent disability, and credit for overpayment of temporary compensation for the admitted right shoulder and right knee in the Order.

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.

FINDINGS OF FACT

Based upon the documentary evidence submitted by the respective parties, pursuant to the Administrative Procedures Act, and the Commission's file relative to this claim, WE, THE APPELLATE PANEL, FIND THE FOLLOWING AS FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Ann Stevenson as Employee-Claimant and Wal-Mart Stores, Inc. as Employer and New Hampshire Insurance Company as Carrier, Defendants.

2. That Claimant was an employee of the above-named Employer on and prior to February 16, 2013, on which date she did sustain an injury to the right knee and right shoulder arising out of and in the course of her employment, and proper notice was given to Employer. This was an accepted claim as to the right knee and right shoulder, and Claimant has received appropriate medical benefits and temporary disability compensation.

3. That the average weekly wage of Employee Ann Stevenson at the time of the above-

described accident was $2,212.05, making the maximum compensation rate of $743.72 applicable in this matter.

4. Claimant's testimony and subjective complaints lack credibility.

5. After carefully listening to Claimant's testimony during the hearing, and reviewing all of the submitted reports, deposition, and exhibits, we find that Claimant's testimony is exaggerated, not credible, and unreliable. Her complaints regarding her symptoms are out of proportion to the objective medical evidence, and we find her complaints to be exaggerated. Her testimony regarding medical treatment, work restrictions, and other parts of this claim are not reliable and not credible.

6. That the only admitted body parts are the right shoulder and right lower extremity/ knee.

7. The claimant has also alleged injuries to her neck, right hand, low back, and right foot/ankle, all of which have been denied by the defendants.

8. The claimant has undergone various evaluations and treatments for both her admitted and denied injuries. The claimant has treated with Dr. Merritt, Dr. Pappas, Dr. Elvington, Dr. Purgavie, Dr. Tamadon, and Dr. Haskin, as well as physical therapy. She has had exhaustive and extensive evaluations, testing, and treatment for both her admitted and denied body parts, as fully detailed above.

9. On October 8, 2013, the authorized treating physician, Dr. James Merritt, stated that claimant had reached maximum medical improvement and assigned a 2% impairment rating to the right upper extremity and a 3% impairment rating to the right lower extremity. In addition, Dr. Merritt assigned work restrictions of 20 pounds lifting and referred to the functional capacity evaluation for full capabilities. Dr. Merritt opined that claimant would possibly need future medical treatment in the form of possible pain management.

10. On December 13, 2013, in an independent medical evaluation for the claimant, Dr. Robert Elvington opined that claimant's pain and her objective symptoms were out of proportion to her examination and MRI findings.

11. On December 18, 2013, in deposition testimony, Dr. Merritt testified that his impairment ratings were based mostly on claimant's subjective complaints.

12. On April 2, 2014, in an independent medical evaluation for the claimant, Dr. Stewart Haskin opined that the claimant's exaggerated pain response and posturing would make doubtful that any treatment was going to affect a good outcome for her.

13. The Claimant does not believe that her doctors listened to her complaints or examined all of her complaints and body parts. We find that those beliefs by Claimant are not supported by the medical evidence.

14. That Dr. Merritt's deposition was very informative, and his opinion is given great weight. Dr. Merritt specifically referenced Claimant's self-limiting behavior (page 26, lines 1-25) and that three different MRIs have been performed in the course of Claimant's treatment (See page 28; page 30, lines 12-25). Dr. Merritt has serious questions about Claimant's motivation to treat, motivation to get back to work, and whether her complaints were legitimate or physical in nature.

15. There are a host of medical records and testimony which call Claimant's motivation and the legitimacy of her complaints into serious question. We give greater weight to the medical reports. We also give less weight to the testimony of Claimant based upon these concerns and my judgment of her testimony at the hearing.

16. The claimant reached maximum medical improvement as of October 10, 2013, for her admitted work-related injuries to her right shoulder and right knee. This finding is based upon our review of the claimant's testimony and our review of the submitted medical records and the

deposition testimony of Dr. Merritt.

17. I place the greatest weight on the medical reports and opinions of Dr. Merritt.

18. The claimant's alleged injuries to her neck, back, right hand, and right foot/ankle are hereby denied. We specifically find that the claimant failed to prove, through a preponderance of the evidence, a causal connection between these alleged injuries and her work-related accident. We have serious doubts as to the legitimacy of these alleged accidents in the first place. All of these body parts were evaluated by several doctors, and no doctor could identify any objective injury, nor could any doctor give a legitimate objective diagnosis for any of these alleged injuries. The claimant also failed to prove by a preponderance of the evidence medical causation between any of these alleged injuries and her work-related accident. The claimant's testimony, which lacks credibility and reliability, is insufficient to prove by a preponderance of the record the compensability of these alleged body parts.

19. That Defendants were entitled to stop payment of temporary total compensation effective October 10, 2013, and are entitled to a credit for the overpayment of temporary total compensation since October 10, 2013, against the award for permanent partial disability ordered herein.

20. Claimant has sustained a six percent (6%) permanent partial disability to the right lower extremity (knee) and four percent (4%) permanent partial disability to the right shoulder (even though the rating is to the right upper extremity, the injury was to the shoulder) as a result of the accidental injury on February 16, 2013. This finding is based on the medical evidence and the testimony of the Claimant, although the Claimant's testimony was given little weight because of the credibility problems discussed above.

21. The claimant is not entitled to any future medical treatment. Even though Dr. Merritt indicated on the Form 14B that claimant might possibly need pain management, we find that this

opinion is insufficient to establish that claimant will most likely or most probably need ongoing medical treatment in order to maintain her current status. Additionally, the claimant has already treated with two pain management doctors who opined that they had nothing further to offer her. Those facts, combined with the claimant's lack of credible testimony, and the concerns about the claimant's credibility in almost every medical report, leads to the ultimate conclusion that there is insufficient evidence upon which to base an award for future medical treatment on this claim.

22. 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.

CONCLUSIONS OF LAW

In view of those Findings of Fact, and as provided in the South Carolina Code of Laws, WE, THE APPELLATE PANEL, CONCLUDE THE FOLLOWING AS MATTERS OF LAW:

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

2. Under § 42-1-160, Claimant did sustain an injury to her right knee and right shoulder by accident arising out of and in the course and scope of her employment on February 16, 2013.

3. Under § 42-1-160, claimant's alleged injuries to her neck, back, right hand, and right foot/ankle are hereby denied.

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

5. Under § 42-15-60, Claimant was entitled to medical, surgical, hospital and other authorized treatment until October 10, 2013, the date on which Claimant reached maximum medical

improvement.

6. Under § 42-9-30, Claimant has sustained a six percent (6%) permanent partial disability to the right lower extremity (knee) and four percent (4%) permanent partial disability to the right shoulder.

7. Under § 42-9-210, Defendants are entitled to a credit for the overpayment of temporary total compensation since October 10, 2013.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED that the Application of Employer/Carrier to stop payment of temporary total compensation is hereby granted, effective October 10, 2013, the date on which Claimant reached maximum medical improvement.

IT IS FURTHER ORDERED that as a result of Claimant's accidental injury occurring on February 16, 2013, she has sustained a six percent (6%) permanent partial disability to the right lower extremity (knee) and four percent (4%) permanent partial disability to the right shoulder. At Claimant's compensation rate of $743.72, she is entitled to 11.7 weeks of benefits for the right knee or $8,701.52; and 12 weeks of benefits for the right shoulder or $8,924.64. The total indemnity award, therefore, equates to $17,626.16. From this amount, the Defendants are entitled to a credit or offset for the overpayment of temporary total compensation (October 10, 2013 – January 10, 2014) in the amount of $9,880.85 which represents 13 2/7 weeks of overpayment.

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.

IT IS FURTHER ORDERED that claimant is not entitled to any ongoing or future medical treatment.

IT IS FURTHER ORDERED that claimant's application for benefits for asserted injuries to the neck, low back, right hand, and right foot/ankle is hereby denied and her claims for benefits associated with these body parts is dismissed with prejudice.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

FULL AFFIRMATION

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

T. Scott Beck, Commissioner

Melody L. James, Commissioner

Gene McCaskill, 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 March 28, 2016

59

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1303465

ANN STEVENSON, CLAIMANT, v. WALMART ASSOCIATES, INCORPORATED, EMPLOYER, AND NEW HAMPSHIRE INSURANCE COMPANY, CARRIER, DEFENDANTS.	HEARING BEFORE COMMISSIONER R. MICHAEL CAMPBELL, II **TRANSCRIPT**

THE WORKERS' COMPENSATION HEARING, TAKEN BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 11:40 A.M., THURSDAY, JANUARY 8, 2015, SOUTH STRAND GOVERNMENT COMPLES, 9630 SCIPIO LANE, MYRTLE BEACH, SOUTH CAROLINA 29588.

CORA ELLIS BRUTON
COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

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INDEX

WITNESS - ANN STEVENSON
DIRECT EXAMINATION BY MR. MARTLING. 13
CROSS EXAMINATION BY MR. BAXLEY 30
REDIRECT EXAMINATION BY MR. MARTLING. 93

CERTIFICATE 96

EXHIBITS

CLAIMANT'S EXH. NO. 1, EMAILS,. 18

THE COURT: Today's date is January the 8th, 2015. This is South Carolina Workers' Compensation case File Number 1303465. The Claimant is Ann Stevenson represented by Attorney Carter Anthony Martling. The Employer is Walmart Associates, Incorporated. The Carrier is Employers New Hampshire Insurance Company; both Defendants represented by Attorney Johnnie W. Baxley, III.

THE COURT: The date of accident is February 16th, 2013.

There is an average weekly wage of $2,212.05 with a corresponding compensation rate of $743.72.

The APAs have been submitted. Are there any objections to APAs, jurisdiction, venue or any other items?

MR. MARTLING: No, Your Honor.

MR. BAXLEY: No, sir. The only thing that I did not hand in, Commissioner, was the deposition of Dr. Merritt and I've just realized that I don't have the original.

THE COURT: Okay.

MR. BAXLEY: Because that was handed in at the first hearing.

THE COURT: Okay.

MR. BAXLEY: So, it's probably in the

Commission's file somewhere. So that --

THE COURT: If you handed it in, yeah.

MR. BAXLEY: -- so that you will have it I've got an extra copy of the deposition transcript of Dr. Merritt.

THE COURT: Do you need to hang onto it?

MR. BAXLEY: I don't, I've got a condensed version, so I'm fine.

THE COURT: Okay. That'll work. Without objections the Commission's File becomes a part of the record with the exception of self-serving declarations and unstipulated medical reports.

We're here on a remand by the Full Commission, so Mr. Martling, we're also here on your 50 and Mr. Baxley on your 21, so Mr. Martling if you would please state your position for the record, sir.

MR. MARTLING: Thank you, Commissioner. Commissioner, I do appreciate your patience in listening to us both pre-hearing and now. I'd like to restate, for the record, a couple of things we did. We're here on a -- an accepted accident. It's our position that the -- the facts surrounding the accident are fairly un -- undisputed. Ms. Stephenson tripped on an electrical cord, she fell into a -- a waste bin, she suffered various injuries to the right

side of her body. We're here on the -- the residual effects of that accident. The various body parts that we are claiming, we are claiming the neck, the -- which is denied; the low back, which is denied, the right shoulder, which is accepted, the right knee which is accepted, the right hand which is denied and the right foot. We ask for determinations of -- disability determinations on all accepted body parts. We ask for determination of compensability on the remaining body parts and we ask for -- if you feel that any accepted -- body parts that should be accepted are at maximum medical improvement, that we are granted a -- a disability rating for those as well. We contend that Ms. Stevenson suffered a very clear injury to her hand which was -- and I'm focusing on the hand, that was never properly wrapped up and is still lingering, that is -- and that was not at maximum medical improvement at the time of -- at the time of the last hearing was not at maximum medical improvement on -- on 10/10/13 and Ms. Stevenson will testify it's still not at maximum medical improvement. She's been written out by Dr. Merritt on a fairly continuous basis since the last hearing. She's still written out to -- to limited duty work which is -- we'll hand in, but I believe four hours standing, no

repetitive usage of the right hand, so on, so forth, which has precluded her from returning to work as position as a pharmacist and that Walmart has not accommodated with a -- with a secondary position; so we would -- we would ask you to address that. We realize that there are disputes in terms of Ms. Stevenson's -- the -- the severity of -- of her various injuries, Ms. Stevenson and the Carrier have had disagreements on that. We ask you to look to the medical evidence and -- and make your own determination. In regards to any sort of credibility determination we would point out that we don't feel that there's any material misrepresentation, that at every hearing the Carrier and the Claimant disagree over something, so the Commissioner can decide who's right based on the evidence and it doesn't mean that one side or the other has a lack of credibility and -- so we would just ask that we -- we keep everything to what's in front of us and that we get determinations on that body part and any back TTD, and that's -- that's all I have. Thank you.

THE COURT: Mr. Baxley.

BY MR. BAXLEY: Thank you, Commissioner. Admitted accident, I agree with that. There was medical treatment provided; the only date of maximum

medical improvement that we have in the file was from Dr. Merritt. Dr. Merritt first stated maximum medical improvement on August 8, 2013 and then clarified it again on October 10, 2013 and gave ratings and restrictions and all that stuff at that point. He gave a -- impairment rating of two percent to the right upper extremity and three percent to the right lower extremity on October 10, 2013. We believe that, obviously, all entitlement to temporary total disability compensation would stop as of that point. We actually paid temporary total disability compensation through January 10, 2014 so we would ask for a credit; that's 13 and 2/7s weeks for the overpayment after the date of maximum medical improvement. We leave it in your discretion as to a disability award on the ratings to the right upper extremity and the right lower extremity with regard to the shoulder and the knee injuries. I will point out to you, and -- and I've just handed in the deposition of Dr. Merritt; Dr. Merritt has stated with regard to those impairment ratings, the two percent impairment rating that he gave to the right upper extremity is based solely upon subjective complaints. The MRI -- there was nothing on the MRI, there was nothing really in there that he -- he based it on objective -- based

upon subjective complaints and that then leads to the determination as to whether or not the subjective complaints are legitimate or not. With regard to the knee there was -- the MRI showed an equivocal meniscus tear and frankly Merritt said that her symptoms didn't match with the meniscus tear and so his exact words were, "I'd be hard pressed to say that there's actually a tear in there", but he gave her the benefit of the doubt and gave her a three percent rating as if there was a tear in there. But again, that goes back to subjective complaints and so, you know, the -- the disability awards need to bear in mind that how credible are the complaints themselves; because that's all the ratings are based upon. There are four other body parts that are listed that we do not believe are compensable and that there's nothing entitled for. The neck and the back are listed as two body parts; I understand that ultimately they're all the back, but they're listed separately. She has had an MRI on her cervical spine, she has had extensive eval -- evaluations of both the back and the neck. No doctor has been able to find anything objectively wrong. There is no statement of causation, there is no statement as to any further treatment that she needs on those, there is no statement as to any disability

or impairment rating that she has on those. We do not believe that either of those are compensable. With regard to the right foot, again, there is -- there have been a good bit of evaluation of the foot, but every doctor has basically said they can't find anything, including a foot and ankle specialist, Dr. Pappas, who she saw and you'll -- you'll hear about at some point; so again, not statement of causation from any doctor, no statement that there's a legitimate injury to the right foot, no statement that there is any sort of permanent impairment or permanent disability to the right foot. With regard to the right hand, there is something in the wrist, not necessarily the hand, but the wrist; she has carpal tunnel syndrome. She also has carpal tunnel syndrome in the left hand which was not affected by this accident and frankly the -- I think what you'll see to the medical records is it's -- it's just a finding; it's an incidental finding. Dr. Merritt, Dr. Elvington, Dr. Haskin and Dr. Purdavie have all said that the symptoms that she has -- that she complains about in her right hand are not consistent with carpal tunnel syndrome. There is no statement that says to a reasonable degree of medical certainty that the most probably cause of her right hand problem is her work

accident. There is no indication that there is a legitimate injury that came from the work accident with regard to the right hand and again, as I said, I truly believe that the carpal tunnel which is present in both the injured extremity and the non-injured extremity is an incidental finding and we would ask for a denial on that as well; and there's no indication of any kind of permanent impairment for that as well. So we'd be asking for denials of those four body parts in their entirety and then we leave it to your discretion on the permanency award to the right shoulder and the right knee. We'd ask for a credit for overpayment since October 10, 2013 and with regard to any request for benefits or temporary benefits since October 10, 2013 she has been on a leave of absence since October of 2013 and has not worked at the store. Dr. Merritt has released her a number of times to limited hours, limitations. Again, you'll see in his deposition he -- he notes in his deposition that the limited hours and the limited duty are based solely upon subjection complaints; nothing objective for her to be out of work except for the fact that she says she can't do it. And so, again, based upon the totality of the circumstance here and all of the concerns voiced by basically every medical

provider in the case, including people that she went to on her own, I think that there's serious questions there. We would ask for a finding about credibility, especially since everything in this case is based upon subjective complaints and we don't think that there's a basis for an award of temporary total going back in this case.

THE COURT: All right. Mr. Martling, do you have anything to add?

MR. MARTLING: I think -- about the only thing I could probably add to that is, again, this is a -- a woman who has not missed time before, who actually had no history of injuries, who makes a lot of money; there is no incentive to keep herself out of work. No incentive that makes any financial sense or any sense whatsoever to keep herself out of work and you can see the disparity in the average weekly and -- and the comp rate; that's number one. Number two, in terms of just going back to her hand, Dr. Haskin, who is really the only hand specialist that we have to rely on here, his EMG report that said that she -- carpal tunnel came after his -- his IME with her. He's not had a follow-up with her after -- after the carpal tunnel. He did say that if something showed up it was work related.

THE COURT: Okay. Mr. Baxley, anything more?

MR. BAXLEY: No, sir.

THE COURT: All right. Ms. Stevenson, I have a couple of quick instructions. Please be sure to speak up loudly and as clearly as you can. We don't have any microphones in the room so it's important that everyone in the room be able to hear you, particularly this nice lady right here, the court reporter, so if you would please speak up. If you are asked a yes or no question please reply with a verbal yes or no answer and uh-huh, huh-uh, that's too easily misunderstood so if you have more to say you can explain that, but if it's a yes or no question please be sure to respond with a yes or no answer.

THE WITNESS: Yes.

THE COURT: Please raise your right hand. Do you swear or affirm that the testimony that you're about to give is the truth, the whole truth and nothing but the truth?

THE WITNESS: Yes.

THE COURT: Okay. Thank you. Please state and spell your name for the court reporter.

THE WITNESS: Ann Stevenson, A-N-N, S-T-E-V-E-N-S-O-N.

THE COURT: Thank you, Ms. Stevenson. Mr.

Martling, your witness.

MR. MARTLING: Thank you, Commissioner.

Ann Stevenson,

Having first been duly sworn testified as follows:

DIRECT EXAMINATION

BY MR. MARTLING:

Q Ann, what I'm going to do is just start off, to get on record, some -- some very brief background -- background questions. Could you just state what your -- your position is, state your -- your occupation position, your educational background and basically what you do for a living.

A I'm a pharmacist and I have B.S., five year degree from pharmacy school. I usually -- when I was working I was counseling patients, filling prescriptions, talking to doctors, drug interactions.

Q Do you have any other relevant work history in the last 15 years, or is it just pharmacist?

A Just pharmacist.

Q Okay. Okay. Thanks. And we're going to get right to -- to the heart of some the matters here, because that's just what we need to do. What was your salary?

A Yearly?

Q Yeah, yearly.

A Over a $100,000.00.

Q Okay.

A It depended upon the 401K and -- I don't know exactly how it would be.

Q How are you currently supporting yourself; are you married?

A Yes, but I've been selling my retirement stocks.

Q Okay. Do you have any income currently?

A My stocks.

Q Okay. Other than your stocks, any work income?

A No, no work income.

Q Okay. When's the last time you made any work income?

A October of 2013.

Q Okay. And this is not meant to -- not meant to -- we're not turning this into a -- what I really want to do is get you -- because your credibility is sort of at -- at issue here. I want you to explain to the Commissioner what, if any incentive -- or what -- being out on workers' comp has done -- why would you in any way, shape or form want to be sitting out of work if it weren't for -- for your injuries?

A If I wasn't injured I would be working, but

having trouble with injuries and not sleeping, I can hurt somebody in a prescription area, and I did that -- I had those -- during that time they wouldn't take me out of work; I had three in two weeks.

Q Okay. And I want to go through the -- the body parts that we -- we've discussed. You claim injuries to your neck and your low back, we'll just call it your spine, your right shoulder, your right knee, your foot and your hand; is that correct?

A Yes.

Q Okay. Now, do you remember last year we were in here and we -- we discussed with -- in front of Commissioner Wilkerson your right shoulder and your right knee? I'd like to just sort of rehash that a little bit. You had an injury to your right shoulder; is -- is -- is that still in about the same place it was last year, is it -- are you still suffering any?

A It -- it hasn't -- the shoulder by itself hasn't changed much.

Q Okay. But is -- is that what's keeping you out at this point, your shoulder?

A No.

Q Okay. As far the knee, is that sort of in the same place as it was where Dr. Merritt had -- had left it off last year, or has that changed, or better

worse, the same?

A I don't really know, it goes back and forth with the knee.

Q Okay. Do you have a problem with those body parts being adjudicated here today by Commissioner Campbell?

A No.

Q Okay. And I want you to describe the accident and how it happened and what the symptoms were that -- that -- that you felt, both immediately and as they arose afterwards.

A Okay. On the day of the accident I was counseling at the counsel area; it's not a window, but you just step down from the pharmacy into it. And I turned around because the antibiotic liquid had not been mixed, to hand it to a tech, and I did not look down, but evidently there was a coil data cord stuck in the wall there that pulled up around my foot. And when I went to take a step it -- it jerked me out so I kind of hung by the cord. And because that hazardous waste bin was there I didn't hit the ground, I ended up slamming into it and when the cord broke my hand went in -- into that and I kind of rolled and hit the floor on the left side.

Q What was -- what body part hit the hazardous

waste material -- I'm sorry -- bin, I'm sorry, bin?

A My right hand and it separated between the little -- little finger and the next one as it went through the division. There's a solid hard division that puts two different types of hazardous waste in there..

Q So it went into the bin? Okay.

A And then it rammed up all the way up into my arm.

Q Did you immediately report -- complain of -- of an injury?

A Yes.

Q Okay. Had you previously had any complaints before that day of -- of your right hand? Have you --

A No.

Q -- have you -- did you report to any doctors any -- any -- any issues with your right hand?

A No.

Q Did you have -- did your right hand keep you from doing your job at any point in time?

A Yes, I was having trouble writing, I had to get people to help me write or write instead of me writing?

Q Before the accident?

A After the accident -- before no. No, before

the accident.

Q Okay. Before the accident did you have -- no. Okay. Since then -- we're going to stay on the hand for a little bit. You reported to -- who did you report to -- let's -- let's go on there? Did you eventually start dealing with Walmart's workers' comp?

A Yes.

Q Okay. Did they indicate to you that -- was it at that -- was it your impression that your hand would be either treated, covered?

A They told me it was covered in several emails.

Q Okay.

MR. MARTLING: Your Honor, I'd like to put into evidence -- this is between the Employer and the -- and this is going to be Claimant's One. It's an emails from -- okay. And this is going to be Claimant's 1.

(Claimant's Exhibit No. 1, emails, marked for identification and entered into the record.)

Q It's an email from -- who is Barbara Callen?

A That was the first adjustor that I had.

Q Okay. I'd just like you to read --

MR. MARTLING: This is an email from April 1st, 2013, Johnnie.

MR. BAXLEY: I've seen it.

MR. MARTLING: You've seen it? Okay.

BY MR. MARTLING:

Q The first sentence -- I mean here.

A "Compensable body parts. At your initial office visit you indicated injury to your right upper arm, right elbow and right hand and fingers. When I interviewed" --

Q That's it.

A Okay.

Q Okay. And what does the last sentence say?

A "These are the only body parts that are covered in this workers' comp claim."

Q Okay. Did you not -- indicate to you that your hand was going to be -- as we use in terms, an accepted -- an accepted body part?

A Yes.

Q What sort of treatment did you receive for your hand?

MR. BAXLEY: Carter, you've got to submit the email.

MR. MARTLING: Oh, I'm sorry. I apologize.

MR. BAXLEY: Are you submitting the whole chain of emails?

MR. MARTLING: Should we do that?

MR. BAXLEY: Yes.

MR. MARTLING: Okay. Then we will, so that it is complete.

THE COURT: That's fine.

MR. MARTLING: So that it's all there.

MR. BAXLEY: Can we have that back?

MR. MARTLING: Sure. Let me make sure. Where this is at is -- is Barbara -- Sherrill then went to Barbara who responded to Ann about the compensable body parts. I know there's a million emails.

THE COURT: Okay.

BY MR. MARTLING:

Q All right, Ann, let's talk about where your hand is at this point; what -- what started happening?

A Okay. After I hurt it, it was throbbing really bad and I couldn't -- I was having trouble using it, I couldn't use the staple gun; I had to use the left hand for that. And I couldn't sleep with it. I didn't close the pharmacy down that day, because they would have had to close it -- so -- to go to the doctor and I thought it was bruised, so I waited a couple of days and my next day off I called them and told them that I needed to go see the doctor and they told me that I had to wait until there was a manager available to go.

Q How many hand specialists have you -- you seen since that time? I know we've got on record -- is Dr. Haskin the only one that we're aware of?

A I saw Dr. Leak after Dr. Merritt referred me to him and workers' comp refused to treat it.

Q So you didn't actually see him, you were referred to him, is that -- Dr. Leak?

A I actually went in for the appointment.

Q But the appointment didn't occur?

A It left it out of the record.

Q Okay. As far as Dr. Haskin goes, you saw him this was back in -- back in April of this year; is that correct?

A I think so, I think it was April.

Q Okay. Is that the only hand specialist you've seen at this point?

A Yes.

Q Okay. He discussed with you sending you to have some electrical diagnostic testing done; do you remember that?

A Yes.

Q Have you seen him since?

A No.

Q So has he at this point -- he or any other hand specialist at this point drawn a conclusion as to

whether -- what sort of future treatments you might need?

A Well, in his --

Q You haven't seen anyone else?

A No one else.

Q Okay. I apologize.

A Only him.

Q That was a bad question. And what symptoms are you having today?

A I have a lot of cramping, gripping. My hand gets cold, in the wintertime I'm having to heat it up, it stays colder during -- it gets worse with the cold. I -- a lot of times I have to heat it up and I sometimes wear a compression glove on it to keep it from getting irritated at night. But I'm having trouble writing, doing repetitive motion. My husband has to cut up all the vegetables that need cutting because it's a pushing type thing that pushes into like a board. He cuts up things for me and leaves them in zip lock bags so that I can cook.

Q What sort of things at your job would you have trouble doing?

A Writing, typing, using the mouse, clipping and stapling bags together; I'm right handed.

Q Okay.

A So almost everything and I don't know how to do -- I haven't developed the left hand to where I can do that much with.

Q Okay. Did -- after our hearing last year, which I believe was on December 19th, did you -- you continued to seek treatment from Dr. Merritt, who had been your treating doctor for your other body parts?

A Yes.

Q Did you see him -- I have --

MR. MARTLING: This would be APA 126.

Q -- did you see him on 12/27 of 2013?

A Yes.

Q Okay. Did he give you any work status -- comment on your work status at that time?

A Yes, he gave me some work restrictions.

Q Okay. I have them as four hours a day, limited pushing and pulling of ten pounds, and no repetitive movement or gripping with the right arm; is that correct, or is that your understanding?

A Right.

Q All right. Did you present those to your -- to your supervisor?

A Yes. Usually that day or the next I emailed them to him.

Q Okay. Now, you can't speak for them, but

have -- has -- have those restrictions been able -- have they been accommodated, in other words?

A No.

Q Okay. And I --

MR. MARTLING: Your Honor, I'm not going to belabor this point.

Q -- but did you see Dr. Merritt again? I've got on January 9th of this year - I'm sorry, that was last year now. January 9th of 2014, February 15th of 2014, May 22nd, 2014, May 29th of 2014, June of 2014, you've continually seen him?

A Yes.

Q Has he given you the same work restrictions?

A Yes.

Q Have you attempted to present them to your employer for accommodation?

A Yes.

Q Okay. And have you been able to get accommodated for -- for these work restrictions?

A No.

Q Okay. And again, just to restate, any hand problems prior to -- prior to your fall?

A No.

Q Okay. And you're also alleging some other body parts that are -- that are at issue here, so I

want to -- we've discussed your shoulder and we've discussed your knee. You've complained of a foot -- a foot injury. I'd just like you to describe symptoms that you were and that you continue to -- that you're alleging with your foot.

A I have trouble walking -

Q Let's do your right foot, I'm sorry.

A The right foot, I have trouble walking on it, standing for long periods of time in one spot, the foot sometimes swells up. Water therapy has kept the swelling down some, but sometimes it swells up, I have trouble getting it in the shoes. I wear support socks now because -- to try to keep the fluid out of my foot -- feet. It cramps up; in the water therapy I've tried to move it and it sometimes cramps -- the toes cramp. And I'm not walking like a normal rolling motion, it -- it just -- the pain of shifting --

Q Now, you've seen Dr. -- I'm sorry; you've seen Dr. Pappas several times, correct?

A Yes.

Q Okay. He hasn't recommended any sort of surgery or any procedures like that?

A No.

Q Okay. All right. Has he released you from care?

A He referred me to a neurologist.

Q Okay. But you haven't -- have you seen anybody?

A I saw Dr. Benjamin, the same one that Dr. Merritt sent me to.

Q Okay. Did you agree with any of -- agree or disagree with any of Dr. Pappas' conclusions about your foot, being -- just being direct about it, obviously we're here because -- I don't -- if you disagree with it, you know, what any of the doctors feel like you're going through, you know, this is your chance.

A He said he didn't think it needed operating on, but it was probably nerve damage and I needed to see a neurologist; that's why he referred me to him.

Q Okay. With your neck and your lower back, were you ever diagnosed with -- do you remember -- any sort of strain, sprains, or anything like that from -- from Dr. Merritt, I believe?

A Yes, on 3/27/13.

Q Okay. What sort of symptoms were you -- let's keep it to the neck first. What sort of symptoms were you having after the accident and what are you having today?

A It's really stiff, I have trouble turning

it, it kind a pulls. And sometimes I get -- when it's really tight I get headaches that go up into the right back side of the head, coming up out of the neck. I try to back into parking places because I have trouble turning my neck to drive.

Q What about your lower back?

A I have problems sitting and walking, and I'm having some trouble -- more trouble bending, getting in and out of cars is a lot of problems with that.

Q Is it constant pain or is it -- does it come and go?

A It kind of comes and goes, but I have not been really moving that much. And -- and I've got -- I use limited activity so I don't bend that much like I used to.

Q Okay. Now, you've had MRIs on -- on both those body parts, but neither indicated any surgical intervention you need?

A I don't think so.

Q Okay. But you're complaining of -- do feel like you have --

A Yes.

Q -- some sort of pain or -- or issues in that?

A Pain that shoots down from my back into my

leg.

Q Okay. How long can you stand up right now? You haven't -- I'd just like to get some -- some posture limitations on record. How long do you feel like you can stand up at a time?

A Probably 15 to 20 minutes, but most of the time I can't stand in one spot; I have to move.

Q Okay. And that would be -- is that your back, your foot, or your knee, or is it just a combination?

A Yeah, it's a combination of that -- all of that.

Q Okay. Are you having trouble with -- any -- any issues with lifting weight with -- with your arms; do you feel limited at all in that way?

A Yes, I can't -- I'm having a lot of trouble trying to lift my right arm, but I've noticed I'm having more trouble lifting weights in my left arm; it bothers my back trying to lift when I try to carry things, heavy things in my -- into the house.

Q And would you return to work if there was some sort of -- if -- if there was a job, whether in the pharmacy department or at all, would you be -- would you be willing to return to work to -- in general if -- if there was a job that could meet any

accommodations that you were needed?

A Yes.

Q Okay. You want to return to work?

A Yes, I would like to. I'm getting close to what they consider like retirement within the next, what, year and a half.

Q And, again, to restate, have you had any medical problems to speak of before this accident?

A No.

Q Okay.

A Not these same ones.

Q Well, as -- as far as what we're talking about that are germane to this -- this --

A No, I haven't had any of those before.

Q So, no previous injuries to any of these body parts, neck, lower back, right shoulder, right hand, right knee, right foot?

A No.

Q Never any? Okay. Is it your opinion you're still -- you're written out of work still at this point?

A Yes.

Q Okay.

MR. MARTLING: All right, Johnnie, I'm going to put it over to you right now.

THE COURT: Mr. Baxley.

MR. BAXLEY: Thank you, Commissioner.

CROSS EXAMINATION

BY MR. BAXLEY:

Q Ms. Stevenson, I want the Commissioner to get kind of a flavor of -- of everything that you were complaining about. We've gone through some of your complaints here today, but you had even more complaints and injuries than what we've gone over today, correct?

A Yes.

Q I mean, if the original deposition -- I'm -- I'm just going to read these to you and -- and you tell me if this is right. You said --

THE COURT: I'm sorry, what page are you referring to?

MR. BAXLEY: This is her deposition.

THE COURT: Okay, go ahead.

BY MR. BAXLEY:

Q You had complained about the neck, the back, the right shoulder, right arm, right elbow, right hand, right wrist, right fingers, left thumb, entire spine, right hip, right buttocks, right leg, right knee, right calf, right ankle, right foot, left shoulder, left leg, left hip, left buttocks, left

knee, left ankle and left foot?

A No.

Q You didn't say all that?

A No.

Q Okay. Do you remember me taking your deposition in this claim?

A Yes.

Q Way back in November of 2013?

A Yes, and the only thing I said on the left side was the left thumb.

Q So you agree with everything that I mentioned on the right side, but you're only --

A I think so, I don't remember exactly what I said then about the right side, but I know that I said the only thing wrong on the left side was the left thumb.

Q Okay. Let me see if this will help you. I'm going to show you page 19 of your deposition. And I asked you; the question is; "Are you having any problems with your left shoulder related to this accident?" And your answer was; "Having to use the left side a lot more, so I don't know whether it's from tiredness or not, I'm having to use the left side to do more things." And I specifically went on to ask you about your left shoulder and your left arm and

your left fingers and your left thumb and your left ankle and your left foot and you went through all those things with me. Do you not remember that?

A I don't remember exactly what it says on there, but you're asking me -- and I said not most of the time and I said -- told you the only thing that really bothered me was my left thumb.

Q Okay. Do you remember you telling me that you were having problems with some of those body parts?

A Well, you were asking me about areas from my back, and I don't -- you were asking me about my left butt. Looks like that's what that says on there. I don't really remember that much about my back, back then. But I know that I didn't get -- say that I was hurt on the left side in the accident, just the left thumb, because that's what I actually landed on.

Q Okay. All right. You were also claiming that as a result of these problems you had problems with concentration, correct?

A Yes, I was having to take muscle relaxers and pain killers.

Q You had memory loss, correct?

A Yes.

Q You had headaches, correct?

A Yes.

Q In fact, you were even blaming the injury on the mistakes you made in the pharmacy?

A I blame the injury on not letting me sleep and not having the restrictions the doctor had originally put on there.

Q And then you blamed those on making mistakes in the pharmacy?

A I never made three in two weeks, before that accident.

Q But you've made --

A I have made prescriptions errors in the past, --

Q Okay.

A -- usually not more than two a year, sometimes less than that, but I have never made three in two weeks and that was the two weeks after the accident, before they decreased my hours or anything.

Q Let me ask you real quick about the email that your lawyer just turned in with you and Barbara Callen. That was back in April of 2013; is that correct? That email said it was April 1st of 2013?

MR. MARTLING: We'll stipulate to that.

MR. BAXLEY: Okay.

Q That email was when you had originally got

hurt and it was about what they were going to send you to the doctor and get treated, correct?

A Okay. There were a lot of emails. If that was on 4/1, I sent her an email on 3/27 about why had they quit treating me for the stuff that they were treating me before. Okay, so, what did you want me to know about?

Q I'm asking if that email was listing the body parts that they were going to send you to the doctor and get covered? Isn't that what that email is talking about?

A Yeah, I think this was in reply to the doctor's visit when I went to see Dr. Merritt and they refused to treat the areas that they had been treating before under Doctors Care.

Q Yes, ma'am, that's not what I'm asking. This is an email that was sent to you by Barbara Callen, correct?

A Yes.

Q It's addressed to you?

A Yes.

Q That -- that's what the Ann, right?

A Yes.

Q Okay. That email is talking about what body parts they're going to get covered and evaluated by

workers' comp was refusing to treat with a new doctor.

Q Okay.

A And then they started adding more body parts.

Q Ms. Stevenson, let's talk about your medical treatment for a minute. The first doctor you went to that Walmart sent you to was Doctors Care, correct?

A Right. Yes.

MR. BAXLEY: And Commissioner, this is page 38 of our APA.

Q It looks like on the very first visit you were complaining of a slip and fall and you were complaining about problems with your right hand, your right ring finger, your right elbow; is that accurate?

A Yes.

Q Okay. And they did an x-ray at that time of both the elbow and the hand, correct?

A I think so, yes.

Q And both of those x-rays were normal, correct?

A Yes.

MR. BAXLEY: Commissioner, just -- if you need it, the x-rays are at 63 and 64.

THE COURT: Thank you.

Q All right. And then you went back to

Doctors Care for several other visits, correct?

A Yes, to a different doctor.

Q It looks like on the second visit --

MR. BAXLEY: And Commissioner, this is APA page 37.

Q -- it looks like on the second visit you were complaining about the right arm again and this time the right knee.

A Oh, I complained about the right knee at the first visit, he just didn't write it up. He put refused something on it, but when I asked him about it before he left the room, he had his hand on the door knob and sarcastically asked me, "Do you really want your knee and leg x-rayed?" And that's when I requested them to change to the other doctor. That's when I didn't want to see him again, but I had to see him again because that second doctor refused to see me.

Q All right. Well, let me ask you this, Ms. Stevenson. So your testimony is, is that the doctor refused to do it on the first visit, but wrote it down in the second visit and then ultimately did x-rays on it?

A No, on the first visit the doctor walked out of the room --

Q Yes, ma'am, you've already told me that.

A Okay.

Q That's what I'm asking you.

A And I told him no and immediately called the adjustor and requested they change doctors. And then I went and saw the other doctor and I told her what was wrong.

Q So you asked for a change of doctor on the very first visit?

A Yes.

Q Okay.

A Because that doctor wasn't treating me for what was wrong.

Q All right.

A And he upset me so much that I told him, no, I didn't want it. If I had been smart I would have told him yes.

Q Now, the second visit when he reported the -- or when he wrote down the right arm and the right -- somebody wrote down the right arm and the right knee, you got referred for some more x-rays, correct?

A Yes, that was the female doctor, Dr. Baynes.

Q And you've had an x-ray of your pelvis, your right hip, your right shoulder, your cervical spine and your right knee, correct?

A Whatever they have listed I had x-rayed, I don't remember everything that they x-rayed.

MR. BAXLEY: Commissioner, these are pages 59 to 62, for all those x-rays.

THE COURT: Thank you.

Q Ma'am, all those x-rays were normal, correct?

A It showed narrowing in the hip.

Q Ma'am, the interpretation is that all the x-rays were normal, correct?

A I don't know what the interpretation was. I looked at it and it said narrowing in the right hip.

Q All right. There is a quote on the visit from February 28th, -- and again this is just 12 days after the accident and it said, "States full duties have hampered recovery and worsened symptoms." Did you tell the doctor that, that working full duty was hampering --

A Yes, I was having trouble sleeping, they had never given me pain killers.

Q So 12 days after the accident you were already working on the doctors to get restrictions or something done with work duties?

A Actually, there were -- I don't know what the restrictions were from the first visit, I never

got a copy of the doctor's first visit until a couple weeks later.

Q But you were not happy about working full duties still at that point, correct?

A I was in pain and I couldn't sleep, I couldn't function.

Q That report also says that they were going to refer you over to pain management, but that you preferred going to a chiropractor; is that accurate?

A No.

Q So that statement about you preferring a chiropractor, that's just made up?

A No, what I said was I needed to go to somewhere where I could get pain -- the pain taken care of. I don't think they were ever going to refer me for pain management.

THE COURT: Mr. Baxley, which page --

MR. BAXLEY: Page 37.

THE COURT: 37?

MR. BAXLEY: Yes, sir. And I'm actually just reading a handwritten note that's on here.

A I think that Dr. Nash is the only one that said pain management.

MR. BAXLEY: It's a breakdown here right under additional comments.

THE COURT: I've got it.

Q And, ma'am, I'm just going to read you what it says. "Will refer" -- it's a p -- I'm assuming that's "patient for pain management, but she prefers chiropractor care." That's not true?

A She must have been talking about physical therapy. She sent me to physical therapy for the first couple of weeks, but nothing about pain management.

Q I'm -- I'm not asking you what she said. I'm just asking did you tell her that you didn't want to go to pain management; you wanted to go to a chiropractor?

A No, I didn't tell her I didn't want to go to pain management.

Q Okay.

A I just said that I didn't know why they wouldn't send me to a chiropractor if they could help with the pain.

Q Okay.

MR. BAXLEY: The next one is page 35.

Q At the next visit on March 12th, that report says that you were reporting muscle pain and joint pain kind of all over and muscle spasms; is that accurate?

A Well, I was having a lot of muscle spasms, yes, probably so.

Q Okay. That report says, and I'm going to quote here, "I don't know what she needs. Symptoms are changing." Did they discuss with you the fact that your symptoms seemed to change every visit?

A I was getting worse, that's why there were more symptoms, I was getting worse with each visit.

Q So you would agree with me that the symptoms were different at every visit, up to that point?

A No, they were increasingly worse, they weren't totally different.

Q And there were new body parts, correct?

A I don't remember if I said new ones or not on there.

Q Okay.

A The second visit I think she examined almost everything.

Q I think at that visit she examined -- it looks like they referred you to an orthopedist; is that correct?

A Yes.

MR. BAXLEY: And Commissioner, this is on page 36. It's the actual referral.

Q Their note says, "I will refer her to

orthopedics because she is claiming that she has suffered "muscle atrophy."" Were you claiming that you had already had muscle atrophy?

A I pointed to the side of my right leg and showed her where the muscle was missing. It decreased where it was indented.

Q So at less than 30 days after the accident the muscle was already missing in your leg?

A Not all, but it was just indented in there.

Q But you -- you're claiming that you had muscle atrophy less than 30 days after the accident?

A Whatever day I was at that appointment I showed it to her and I told her that there was -- the muscle was decreasing.

Q Okay. Ma'am, it looks like on page 34, this is a return to work slip, and it gave you some work restrictions; 25 pounds, no lifting more than 25 pounds. And it says okay to work up to 12 hour shifts. Do you see -- do you see that on that report? Okay to work up to 12 hour shifts?

A I never got a copy of that.

Q I didn't ask you that, ma'am. Can you see this report?

A Okay. I also see limited use of right arm, but that didn't happen.

Q Yes, ma'am, I got you. I'm just asking does it say down here on this report, okay to work up to 12 hour shifts?

A That's what Dr. Scott wrote.

Q Okay. There is another work slip from that same day, and at the bottom of this one it says please limit to no more than seven hour work days; is that right?

A Okay, I know what happened there. They were supposed to be working me seven hours, they were working me ten hours, I was trying to get a day off in between so I could take muscle relaxants and Walmart wouldn't give it to me. So I never saw the second one, I don't know what that doctor wrote that about.

Q You were the one that got them to limit your hours, right?

A No, they limited my hours originally. I didn't ask -- request that kind of hours, and I don't know what's going on with that, I had requested an accommodation from Walmart and workers' comp and Walmart talked to the doctor and evidently that sheet that I never saw before about the 12 hour days is what they came up with.

Q You -- at that point, and this is about a month after the accident, you were convinced that you

couldn't work normal shifts, right?

A I -- that doctor wanted me to take muscle relaxers while I was working.

Q Yes, ma'am, I'm just asking you a simple question. You were convinced at that point that you couldn't work a normal shift?

A No, I could not work a regular shift.

Q Okay. Fair enough. There's a letter in here and I know you've already seen it, because I asked that about it at the last hearing. This is the letter from Dr. Baynes, about all of the self referrals you were you making.

MR. BAXLEY: This is page 32, Commissioner.

THE COURT: Thank you.

Q About all of the kind of -- you were self prescribing yourself a lot of different things, from braces to wraps to all sorts of stuff; is that true?

A There wasn't any braces, they were hot packs, heat packs.

Q Okay. I mean is that true, that you were basically telling the doctor that you needed something even though the doctor was telling you that he didn't think you needed it?

A She wrote for some kind of heat pack that tore up and leaked and I asked her for the ones that

wrapped around the injured areas; that's what Elasta Gel is.

Q Let me get you to read this real quick. Read that letter real quick and just let me know whether that's accurate.

A Yes, all those things except for the two ACE wraps or heat packs, and they go on certain areas. You heat them up in the microwave and they keep heat on the areas.

Q I'm not asking you --

A But that's not accurate there, because a shoulder splint, I never asked for that. Everything that's Elasta Gel, and it doesn't say Elasta Gel, it says elastic; so that's not what I asked for. I asked for Elasta Gel, which is a heat pack.

Q You went to Dr. Merritt next, correct?

A Yes.

Q And when you first saw Dr. Merritt, he was evaluating you for a variety of body parts, correct?

MR. BAXLEY: Page 25, Commissioner. Sorry.

THE COURT: Thank you.

A He was only allowed to evaluate me for certain body parts.

Q What are those certain body parts, ma'am?

A I think it was shoulder and knee, but I

don't know. He said he was never told he could evaluate the hand and arm.

Q So when his report says, "She's here today for evaluation of the right shoulder, arm, wrist, neck, low back, buttock, pain down the hip and cramping in the calf on the right side," that's not true?

A That might have been the second appointment where they refused.

Q No, ma'am.

A I mean this is the first one.

Q Yes, ma'am.

A So he -- he diagnosed me and evaluated what he thought was wrong with me at that point.

Q And he evaluated all of those body parts, correct, first exam?

A What does it say he looked at?

Q Right shoulder, right arm, right wrist, neck, low back, buttocks, pain down the hip, cramping in the calf on the right side.

A Yes.

Q All right. It looks like the first MRI that he did on you was an MRI of the right shoulder and that was in April of 2013, correct?

A Yes, I guess, I don't remember the dates and

I know the shoulder was the first one.

Q All right. And then he saw you back in follow-up of that MRI, correct?

A Yes.

Q And when he saw you back --

MR. BAXLEY: And this is page 23, Commissioner.

THE COURT: Okay.

Q -- when he saw you back in follow-up, he said there were no tears or significant lesions on the MRI scan, correct?

A When in the office he went over it and said there was something there and he was going to give me a steroid shot for it.

Q He gave you a steroid shot?

A Yes.

Q And you just had the one?

A Yes.

Q All right.

A He said you couldn't have another one for three to six months.

Q And you've never had another one, correct?

A No, I had one in my foot.

Q Yes, ma'am. I'm talking about your Shoulder; have you ever had another steroid injection in your shoulder?

A No, not since that one.

Q All right.

MR. BAXLEY: Commissioner, this is page 22.

Q This report is dated April 23rd. It says that he was concerned that you were not improving with physical therapy. Did he discuss that with you?

A What date is that?

Q April 23, 2013.

MR. MARTLING: Are we on 22; I'm sorry?

MR. BAXLEY: Yes, page 22.

A I don't remember him discussing that. I know they only gave me half of what he ordered on physical therapy.

Q That report also says that he wanted to get you back to light duty work, but that you were resistant to going back to work and you told him that you couldn't even tolerate any light duty work he wanted to try for you; is that accurate?

A What I told him was Walmart had not given me light duty work. Those seven hour day restrictions they never did adhere to them before.

Q Ma'am, what this says is that he -- I'll read it to you exactly. "I just tried to get her back to light duty work, but she seems resistant doing this, stating that any type of light duty work I tried

for her she cannot tolerate." Did you tell him that?

A I didn't tell him any type, I kept telling him that they never adhered to the light duty; they never gave me light duty.

Q But you would agree with me that what you're telling me now and what this says are two different things?

A He did want me to go back to work under light duty, and I said they did not give me light duty before.

Q Okay. So he would be accurate in saying that you were resistant to going back, for whatever reason?

A Under regular working conditions, yes; resistant to go back under regular working conditions.

Q All right. He then did an MRI of your neck, correct?

A Yes, I think so.

Q Okay.

MR. BAXLEY: And Commissioner, that's on page 57 the MRI scan.

Q And the MRI scan basically showed a little bit of straightening of the spine, but that's it, right?

A There was a bulge somewhere in there on the cervical spine, if that's the one you're talking about.

Q You're not qualified to read MRI scans, are you?

A No, but it printed it on the sheet.

Q Okay. And if -- if the impression said straightening of the spine and no stenosis of any level, you wouldn't have any reason to disagree with that, would you?

A I don't know. I don't know what stenosis means.

Q Fair enough.

MR. MARTLING: I object. That's asking for a medical opinion.

MR. BAXLEY: She said she didn't know what it means.

THE COURT: Sustained.

MR. BAXLEY: I mean she said she didn't know what it was.

BY MR. BAXLEY:

Q You then had an MRI of your right knee, correct?

A I had an MRI of my knee, yes.

Q Okay. And Dr. Merritt went over the MRI

scan of the right knee with you, correct?

A Yes.

Q Okay. And he decided that you did not have any kind of a surgical lesion in the knee and he wasn't going to do any kind of surgery on that knee, correct?

A He thought I didn't, yes.

Q Okay.

MR. BAXLEY: Commissioner, it's page 18.

Q May 13th, so now we're three months post accident and that report says --

MR. BAXLEY: At the bottom of page 18, Commissioner.

Q -- that you were there continuing to have pain in the neck, shoulder and knee and then over on page 19 it says that you were complaining about a lot of pain around the knee, but he did not note any major changes. Do you remember him talking with you about that?

A I complained about a lot of pain on the knee, I don't know exactly what he said to me.

Q Okay. There's also a statement in there --

MR. BAXLEY: And again, Commissioner, this is on page 19.

Q -- "I told her I would like to get her back

to light duty. She is very hesitant." Do you, again, remember hesitant about going back to work?

A Yes, I was trying to get workers' comp to cover the areas that they had refused to let him treat.

Q What does that have to do with going back to work, ma'am?

A Because the other areas were hurting then, too; you can't just work with two pieces of your body.

Q Okay. You continued treating with Dr. Merritt, correct?

A Yes.

MR. BAXLEY: Commissioner, this is on page 15 now.

Q His report from June of 2013 says that he was not sure why you were not improving. Do you remember him talking to you about that?

A I don't remember that much about him saying not sure why I wasn't improving.

Q He says in there that you were four months out from the injury. He did not see any major structural problems and that he was concerned. Do you remember talking with him about that?

A Yes, but he wasn't allowed to treat or discuss any of the other injuries? My knee was having

trouble getting better because nothing else was being treated.

Q What else wasn't being treated at that point, ma'am?

A My foot, my back, wherever else all the pain was going to. It usually shot up out of the knee up into the groin.

Q Because he's specifically talking in all these reports about your neck and your back and your hand and your wrist and your shoulder. I'm just trying to figure out what --

A I'm having those pains, too.

Q Okay.

A But the worse pains was -- I was having so much trouble walking I couldn't get to and from places.

Q This report says, "I see no reason from her studies why she can't do regular work." But, again, it talked about how you were very resistant to going back to work; is that accurate?

A All the injuries hadn't been treated, and you -- I was having pain from everything, not just those two places where he treated me.

Q There's also a note in his report that says. "I have concerns that there is a psychological

component to her problem and not necessarily an orthopedic problem." Did he discuss that with you?

A I was upset about the prescription errors and I discussed it with him and said that I could not take muscle relaxants and work. And I couldn't concentrate -- couldn't -- I had made prescription errors because I couldn't sleep, I was in pain. He was the first doctor to write for any pain medicine, but it didn't help that great.

Q The next visit that you had after that was with Dr. Pappas, correct?

A I actually went to Dr. Merritt and he told me that he didn't do ankles.

Q Yes, ma'am, and I'm not asking you about you going -- I'm just saying the next visit, the actual visit that you had was with Dr. Pappas?

A Yes, Dr. Merritt referred me to.

Q Yes, ma'am. And he referred you to Dr. Pappas, who is a foot and ankle specialist, correct?

A Yes.

Q So the doctor who's not allowed to treat you for your foot and ankle, according to your testimony, referred you to a foot and ankle specialist?

A Yes.

Q You understand that that makes no logical

sense?

A In May something ripped in my foot and it was poking out.

Q In May of 2013?

A Yes.

Q Well, you weren't working then. What happened in May of 2013 that something ripped in your foot?

A I kept walking.

Q What ripped in your foot and was poking out?

A I don't know, they couldn't -- one thought it was ligaments and the other one thought -- said it was stuffing in my foot.

Q And that's just from walking?

A Yes, I had trouble walking. I couldn't walk before; I was having to flat walk like that. And when the doctor told me that I should try to walk more, I went too far and I couldn't get back.

Q Okay. And you were out of work at that point, correct?

A Yes.

Q Okay. When you saw Dr. Pappas, it looks like he saw you -- I mean, he's a lower extremity specialist, but it looks like he saw you and kind of examined your knee, your hip, your leg, your ankle and

your foot?

A Everything he wrote on his report I think he examined.

Q All right. With regard to the ankle and the foot, he -- he put down your kind of complaints.

MR. MARTLING: Johnnie, I'm sorry; where are we now?

MR. BAXLEY: We're on page 12.

MR. MARTLING: Thank you.

Q And he's got listed down here ankle, and it says, "Hurts all over. Foot hurts all over." Is -- is that accurate?

A Yes.

Q And he said --

MR. BAXLEY: Okay. And he said --

MR. BAXLEY: And Commissioner, this is on page 13 kind of down near the bottom.

THE COURT: Thank you.

Q -- it says that he does not believe that your problems were coming from either your foot or your ankle and he thought that they might be related to nerve issues higher in the leg or the low back or something, but not necessarily the foot or the ankle; is that accurate?

A I don't know what he wrote about that.

Q All right. But he did at least examine the foot and the ankle areas, correct?

A Yes, and he gave me a steroid shot in the foot.

Q All right. And you went back to Dr. Merritt after that appointment with Dr. Pappas, correct?

A I think -- yes, probably so.

Q Okay.

MR. BAXLEY: Commissioner, this is page 7, and this is the October 8, 2013 MMI note.

THE COURT: Okay.

MR. BAXLEY: But it's on page 7 under Assessment and Plan.

Q Ma'am, and let me read this to you and tell me if he discussed this with you. It says, "I had a long discussion with her today and told her that I'm not sure that there is much else we need to do from an orthopedic standpoint. I am unsure as to why she has not improved. I do not see any structural damage to her neck, shoulder or knee." Did he discuss that with you?

A He told me that he didn't think there was anything that needed operating on.

Q He goes on to say, "I told her I don't think that the meniscus tear was caused by the accident or

symptomatic." Did he tell you that?

A He said the cyst that was in there, he thought it had not been caused by the accident.

Q He goes on to say that, "He did perform" -- this is talking by Dr. Tamadon - "he did perform an EMG, which revealed moderate carpal tunnel in the right arm. I'm not sure this is related to her fall. I don't believe this would explain all the symptoms she is having." Did he talk about that with you?

A Did who talk about that with me?

Q Dr. Merritt? I'm reading from Dr. Merritt's report, yes, ma'am.

A Dr. Merritt? Yes.

Q Okay. And then he ultimately released you and gave you impairment ratings to your knee and your shoulder, correct?

A What was that first thing you said just before that, because I don't -- you said that Dr. Merritt read Dr. Tamadon and Dr. Tamadon said that --

Q No, ma'am, I said he performed an EMG. Dr. Tamadon was the one that performed the EMG?

A Yes.

Q And Dr. Merritt said that "The EMG revealed moderate carpal tunnel in the right arm. I'm not sure this is related to her fall. I don't believe this

would explain all the symptoms she is having." That was Dr. Merritt's opinion that he put in his note. Did he talk to you about that?

A I didn't hear that part.

Q Okay. And then he ultimately released you and gave you a couple of impairment ratings, correct?

A Released me for the shoulder and the knee.

Q Yes, ma'am, and gave you a couple of impairment ratings?

A Yes, and requested pain management.

Q Okay. Well, that's a nice seg-way into you saw Dr. Tamadon, who is a pain management doctor, correct?

A Yeah, but he didn't have all the medical files.

Q Yes, ma'am, didn't ask that. You saw Dr. Tamadon, correct?

A He was an IME, he said he was there just to do test.

Q Ms. Stevenson, if you will --

A I saw Dr. Tamadon.

Q Yeah, if you'll just answer the questions, it would make this so much easier.

A Yes.

Q Did you see Dr. Tamadon?

A Yes.

Q Okay. Is he a pain management doctor?

A I guess he is.

Q Okay. Did you see him for an independent medical evaluation?

A Workers' Comp sent me, yes.

Q All right.

MR. BAXLEY: Commissioner, his report is -- I'm going to refer to page 27.

THE COURT: Okay.

Q It looks like he saw you for a variety of complaints; right foot, right hand, right shoulder, right knee, right hip, neck pain associated with right hand weakness; is that accurate?

A Yes.

Q And it looks like he went through a fairly extensive evaluation of all of those body parts, correct?

A Yes.

MR. BAXLEY: Commissioner, on page 28.

Q Ma'am, it looks like he went through the neck and tested range of motion and all that sort of stuff and palpated your neck, where they do the little tapping on the neck.

A I don't remember what he did. But looks

like he did most of the things he said in his report when I looked at it at the time.

Q And it looks like he tested your back, your right arm and your right shoulder. And then it looks like he went down into the knee and the foot and the ankle and -- and basically had you move and see how much range of motion you had in all those body parts; is that right?

A He just did nerve tests.

Q So when it says that he did, for instance the right foot he did passive and full inversion and eversion and you said that that was associated with a pulling sensation in the leg compartments; you're telling me that he didn't do that?

A He may have pulled my foot, I don't know, but he did nerve tests mainly.

Q Okay. Did he discuss with you his opinion that your symptoms were not related to your work accident?

A He didn't discuss anything, he left after he finished the nerve tests.

Q Okay. So his opinions he did not discuss with you?

A No.

Q Okay.

A But he did refuse to look at the video.

Q Okay. Ma'am, you've had a good bit of physical therapy, correct?

A Not really.

Q All right. Well, let me take a step back. Have you had any physical therapy?

A Yes.

Q Okay. And you worked with a physical therapist at Progressive Physical Therapy it looks like for a period of about three and a half months?

A Yes, off and on.

Q All right.

MR. BAXLEY: And Commissioner, I'm going to start with page 84, under the part that says assessment.

THE COURT: Okay.

Q Ma'am, this report says that you declined any Ther-Ex -- therapeutic exercises?

A Yes.

Q And it says, "Difficult to assess secondary to locations of pain are sporadic."

A Yeah, the doctor had discussed sending me just for pain therapy during that time.

Q Okay. Did the physical therapist discuss with you that it was hard to determine what your problems were when the pain kind of changed every

time?

A Well, it didn't change every time, it just radiated different.

Q Okay.

MR. BAXLEY: Page 82 is the next one, Commissioner.

Q This one says. "Patient complains of vague pain; unable to pinpoint the areas of pain." Did you discuss that with the physical therapist?

A She didn't really discuss that. She would write down whatever I told her or him, at the thing they didn't discuss much. They gave me the therapy and the heat packs and the ultrasound.

Q They never discussed with you the fact that it was very hard to figure out what was going on so that they could treat it?

A Well, what was the problem is my hand wasn't being treated, so I couldn't do the pull and grip exercises. They had to do other exercises for my shoulder that didn't involve those requirements.

Q You completely didn't answer my question. My question was did they ever talk with you about how it was to diagnose you and to treat you when they couldn't pinpoint where the pain was coming from?

A I don't remember them ever talking about

that. They had to adapt the exercises so they wouldn't involve my hand.

MR. BAXLEY: Commissioner, the next one is 78.

Q This one says, "Patient continues with nonorganic complaints, stressed compliance." Did they ever talk to you about the fact that you needed to comply with the exercises and with the therapy and all that in order to get better?

A What did that say again?

Q It said, "Patient continues with nonorganic complaints." In other words complaints that can't be verified, and it said, "stressed compliance." And it's talking about how you refused to perform therapeutic exercises, I mean the same things --

A Well, certain ones that I couldn't do that involved my hand and my foot.

Q Yes, ma'am. That's basically in every report in there.

A Well, I think somewhere along there she said that the symptoms matched my complaints.

Q Yes, ma'am, that's not at all what these say; it says the exact opposite of that.

A There's one that says that. I don't know where it is, but there's one that says that in that -- in the emails from me, I mean in the write-up report.

Q Okay.

MR. BAXLEY: Here's another one, Commissioner. This is 74.

Q It says, "Complains of foggy head and refusal to do some therapeutic exercises. Continued with nonorganic symptoms that do not match current complaints." Do you remember her talking about that with you?

A Physical therapist usually don't discuss that much.

Q I'm just asking if she did.

A They just give you the exercises. I don't think so. I don't remember her talking that much about it.

Q All right.

A I was surprised that she had written down what I told her when I'd come to the appointments about foot pain or headache or something like that.

MR. BAXLEY: Commissioner, the next one is page 73 and it's kind of a progress report.

Q And ma'am, let me show you this progress report. This one looks like -- kind of -- they kind of mark areas of concerns and they have marked obviously the neck and the right shoulder area. They have marked further down in the arm kind of a lower

arm and the hand area.

A Okay, those -- that's the sheet where I filled in the parts where it hurts.

Q Okay.

A So I made the Xs on that.

Q Okay. Fair enough.

A Then they told me I was only allowed to do the ones -- specific ones that they were treating.

Q So that would have been the neck and the shoulder area and then the right hand area, and then I guess the right leg in -- into the knee area?

A Yeah, it looks like calf and above the knee and into the knee.

Q Okay. This report says that they were going to continue your remaining three visits and then discharge you secondary to non-improvement and non-organic symptoms with questionable malingering. Did they discuss that with you?

A She didn't discuss it with me, but she also recommended water therapy in a different one.

Q This says, "That patient refuses to perform most all therapy for various reasons that do not match injury/complaints."

A I think that's where she thought I wasn't doing some of the exercises before I came to physical

therapy.

Q Okay.

A I was doing some and spreading them out so they wouldn't hurt as bad, throughout the day.

Q All right.

MR. BAXLEY: Here's one, and this is on page 72.

Q This kind of goes -- goes back to what we were talking about with Dr. Merritt. This one says, "Continues with non-organic complaints." Something --

A Planter foot --

Q -- "planter foot pain with isometric hip; does not see motivated to return to work. Refused some therapeutic exercises secondary to already doing them at home." Did she talk with you about getting back to work?

A What day is that?

Q That is May --

A If that's in May, I was already having foot problems, more foot problems. That's probably around the time that that thing ripped in my foot.

Q Okay. Did she talk with you about getting back to work?

A No, she didn't really discuss that much with me. I know I had to cancel an appointment the second day after I had ripped that thing in my foot.

Q Yes, ma'am.

MR. BAXLEY: On page 71.

Q And this also on in May, it says that you were complaining of nonspecific ankle and knee pain, but that there were no palpable restrictions and that you refused to participate in the therapeutic exercise due to that you had already done them at home, I guess; is that accurate?

A Yes, I had done them at home.

Q Is the rest of that report accurate, that -- that you were complaining about ankle and knee pain and that she kind of palpated around trying to figure out where they were coming from?

A I think that was Mike that did that therapy.

Q I didn't ask you who did the therapy, I was just asking if that's true?

A I don't know. That's May?

Q Yes, ma'am, May 16th.

A And now what were you asking again?

Q Is it true that you were complaining about ankle and knee pain and that they palpated around to try and figure out where it was coming from?

A Yes.

Q Okay.

MR. BAXLEY: 69 is the next one.

THE COURT: Okay.

Q Ma'am, this one says, "Patient complained of poor toleration for any of the therapeutic exercises. She complained of pain, not organic, unrelated to the activity." And as an example, she said, that when you were doing stuff with your arms, you complained of about shooting pain in your ankle. Do you remember her having those discussions with you about her concerns about those things?

A She didn't discuss it, but she might have had me standing trying to do some kind of arm exercise and I was having trouble standing. And that was during that time -- that said June 5th? That was during -- after that time that I had that foot problem, I was having trouble standing up for long periods of time.

Q The next visit, --

MR. BAXLEY: This is page 68.

Q It said that you came in saying that your hand was swollen; your right hand was swollen, but she says further down that no swelling was noted in the right hand; do you remember that?

A I don't know what she said in there.

Q And do you remember coming in with your hand swollen?

A My hand was swollen the majority of the time when I'd go in there, but I don't remember anything there. If she saw it, then --

Q Well, no, she said she didn't see it. She said that she couldn't see any swelling.

A Okay, I didn't go to Sam's when I went for that physical therapy. Evidently it was the day that I had come back from Sam's was when I had said my hand was swollen and I don't know why she had it listed as it was swollen that day.

Q Okay.

A I didn't go --

Q Ma'am, this -- this also says that she saw you full weight bearing on your right lower extremity without shoes and in no apparent distress. But when she asked you to walk and was looking at you, then you would walk with a big antalgic gait, which means a limp. You'd walk with a big limp; is that accurate?

A She saw me standing with no problem?

Q She said, "Patient seen full weight bearing on right lower extremity without shoes on and in no apparent distress." However, when asked to walk then you had a limp.

A That was the beginning of June, after that thing, too; I had trouble stepping down on that foot.

Q The problems that you had stepping down on that foot, were there -- was it just sometimes, or was it all the time?

A The majority of the time I'd bend over and I'm standing on my left side and slightly -- I may have my right knee bent or something, but almost all -- three fourths of my weight is on the left side.

Q What this note suggests, ma'am, is that when you're being watched you've got a limp and when you're not being watched you don't have a limp; is that accurate?

A I thought it said I was standing there and there was no problem -- there appeared to be no problem until I started to walk.

Q That's the way you interpret that?

A Read it again, doesn't that sound like that?

Q I'm just asking for your interpretation. That's your interpretation of that?

A I don't know; read it.

Q I'm just asking you, ma'am, is that your interpretation of that?

A I know that's what usually happens, is when I stand, I don't stand for long and I stand with most of my weight on my left leg.

Q And then when you walk you walk with a limp?

A It depends upon whether the leg is tired or not or if I'm having trouble with my foot, if it's cramping.

Q Okay. They discharged you from care at the physical therapy place on June 12, 2013, correct?

A They stopped therapy then.

Q Yes, ma'am, that's what I'm asking you. Physical therapy discharged you from care?

A She put down that water therapy would probably help, but they didn't have it.

Q Yes, ma'am, I'm not asking you about any of that. They discharged you from care on June 12, correct? If everything in the report says that they discharged you from care at that point?

A Yes, they stopped treating me.

Q Okay. That last report --

MR. BAXLEY: 65, Commissioner.

Q -- says, "Patient complains of inability to weight bear or to perform toe push off during gait; however, she is observed with DEAPH, which is how you move your foot, of greater than ten degrees." In other words you are saying that you can't do something, but she's watching you do it. Is that accurate?

A I don't know. They had a foot exercise that

had like a triangular, if that's part of that triangular thing where she wanted me to lift my toes and drop them; is that what that exercise she is saying that --

Q I'm not sure, ma'am.

A -- that I said I couldn't do? I don't know either.

Q Okay.

A Because if she's talking about that exercise I couldn't do it, it pulled all the way into the ankle.

Q You eventually had some EMGs of your legs, correct?

A Yes.

Q To see if there was maybe anything radiating down into your legs from your back, correct?

A I don't know what -- whether it was from the back or whether it was just that the pain was -- I have no idea why they did the -- I know I had the pain and that's what they did the tests for, the nerves in the leg.

Q Earlier when Mr. Martling asked you about your back you said that you had back pain that radiated down into your leg, and you had told Dr. Merritt the same thing, correct?

A I'm not sure what I told Dr. Merritt about the back pain.

Q Okay. They did an EMG, correct?

A Yes.

Q Of your legs, correct?

A Yes.

Q And it was completely normal, correct?

A Is that what it says?

Q Normal study, yes, ma'am.

A It says yes.

Q Okay.

MR. BAXLEY: That was page 3, Commissioner. Sorry.

THE COURT: Thank you.

Q And it looks like you actually went back to Dr. Merritt in May of 2014 and he had at that point recommended the EMG. But he basically said if this is unremarkable again, I think she would be at maximum medical improvement. Do you remember him discussing with you that, you know, if the EMG didn't show anything that he thought you were still at MMI?

A No.

Q Okay. You went back to Dr. Pappas again on your own, correct?

A Well, I always went to Dr. Pappas on my own.

Q Fair enough. You went back to him a second time, correct?

A I've seen him three times, yes.

MR. BAXLEY: Commissioner, this is actually in Carter's APA. It's page 116.

Q It looks like you saw Dr. Pappas on February 5 of 2014?

A That was the third time.

Q Okay. That report --

MR. BAXLEY: And this actually over on page 119.

Q It says, "She has asked me to modify the work restrictions that Dr Merritt placed upon her and asked for a renewal of the handicap placard." Is that accurate; did you ask him to amend the restrictions from Dr. Merritt?

A Does that say that on that same date that you're doing?

Q Yes, ma'am.

A Yeah, and I think he said that he'd just let Dr. Merritt handle it.

Q Right. He specifically said that he would not change the restrictions, correct?

A Well, I just asked if he would give me the same restrictions that Dr. Merritt and he said he'd let Dr. Merritt handle it.

Q Okay. It says, "I reiterated to her multiple times that I will not change her work restrictions." Did he reiterate to you multiple times that he would not change your work restrictions?

A I didn't ask him to change them, I just asked him to give me a work restriction sheet and he said that he would not do that; he was going to let Dr. Merritt see about that.

Q So if the report says you specifically asked for changing of the restrictions and that he told you that he wouldn't change the restrictions, that report and his statement to that effect is wrong?

A Okay. What is was, was --

Q No, ma'am, I'm just asking, is -- so -- so his statements are wrong?

A I wanted him to put Dr. Merritt's restrictions on his restrictions and he would not do that.

Q Okay. Ma'am, this report says, "She has on other pathology that I can determine on exam. She has no deformity of her foot on exam. Discussed with her that there is really nothing else I can offer from an orthopedic standpoint. There is no need for her to follow with me in the future for problems related to her foot."

A Yes, he said he didn't need to operate, so I needed to see a neurologist.

Q No, ma'am, this doesn't anything about a neurologist.

A He didn't put the referral down there?

Q No, ma'am.

A He sent it to the doctor -- neurologist.

Q Okay. Did he discuss with you that there was no deformity that he could see in the foot?

A He said there was no need to operate, I did not need to see him again and he would refer me to a neurologist.

Q So, again, what he told you and what's in his report are two different things, then?

A I don't know what he put in his report exactly.

Q Well, ma'am, it's right here --

A Okay.

Q -- and you can read it.

A It says, "Discussed with her there is really nothing else I can offer from an orthopedic standpoint. There is no need for her to follow with me in the future for problems related to her foot. She can seek further treatment of her foot by an alternative provider." And he referred me to

Dr. Benjamin.

Q Ma'am, what -- what I'm asking you is did he, in fact, tell you that he couldn't see any deformity and there was nothing he could do for you?

A He didn't say it that way. He said that there was nothing -- there was no need for an operation and he didn't need to see me again.

Q Okay. And you've been back to Dr. Merritt after he initially released you back in 2013, as well, correct?

A What are you asking me?

Q He released you originally at maximum medical improvement back in October of 2013. You've seen Dr. Merritt several times since then, correct?

A Yes.

Q Okay.

MR. BAXLEY: Commissioner, this is page 112 of the APA. It's about mid way in the report, and it's under the part that says HPI.

THE COURT: Okay.

Q Ma'am, this says -- this is a report dated March 27 of 2014. It says, "However she started having left sided neck pain unrelieved by Skelaxin. She comes in requesting pain medication. Her neck began hurting yesterday. She thinks it all stems from

the previous injury on the right."

A Is that March of 14?

Q Yes, ma'am.

A That was --

Q Wait a minute, let me finish reading it. "She thinks it all stems from her previous injury on the right, but the muscles have all been pulled to one side causing the left to now spasm." Did you report with those complaints in March of 2014?

A No.

Q Okay. What complaints did you report?

A And that wasn't Dr. Merritt, that was his physician's assistant.

Q Okay.

A I told her that when I poked the left side of my neck it stopped some of the pain that was shooting up the right side. I told her that all of the spasms and everything was on the right side.

Q Do you remember being referred over to a physiatrist pain management person name Dr. Kimberly Pergavi?

A Yes, I was referred over there because she would be able to like -- she was a sports injury doctor.

Q Okay.

A She said she only did operations though, that she couldn't help me.

Q Are you familiar that she does pain management and podiatry?

A I know she is a physiatrist like that other doctor, but she said he only did certain things.

Q Okay. Her report --

MR. BAXLEY: And this is 98, Commissioner, down kind of near the bottom of the report. Oh, this is Carter's APA still, I'm sorry.

THE COURT: Yeah.

Q It says, "I have reviewed the patient's EMG Nerve Conduction Study of the upper and lower extremity on the right side, which are normal. The MRI and the cervical spine does not show any evidence of compressive sequalae. The patient appears to have migratory pains in the upper extremities and lower extremities, more so on the right side than the left side." Remember her talking with you about the migratory pains?

A I don't know what she's got written in the report. She --

Q I'm just asking you if she discussed with you the fact that there were migratory pains?

A She didn't call it that, she asked me where

the pain was and like evaluated me; that's what she did.

Q Okay.

MR. BAXLEY: Commissioner, over on page 99, the first full sentence.

Q It says, "I do not know why she is having numbness and tingling in various aspects of the right upper extremity and right lower extremity based on her physical examination, as well as review of her medical records. She does not have to follow-up with this office. She is discharged from my care." Is that an accurate assessment of what she concluded?

A She told me that she didn't do what other physiatrist did, because I had gone to her to coordinate some type of physical therapy.

Q All right. And you went to Dr. Pergavi on your own? I mean that's certainly --

A Dr. Merritt referred me because I asked him about this.

Q But not somebody we sent you to?

A No, y'all didn't send me to anybody but Dr. Merritt.

Q Okay.

MR. BAXLEY: On page 90.

Q It looks like you actually had an MRI scan

of your lumbar spine, your low back; is that right?

A I did back -- I think it was November.

Q Okay. And that MRI revealed nothing more than some mild degenerative disc disease at L4-L5; is that correct?

A There's a bulge in there, too.

Q The compression just says mild degenerative disk disease at L4-L5.

THE COURT: I don't have a page 90.

MR. BAXLEY: Oh, you don't have a page 90?

A It's right there. Says it encroaches on the something canal.

THE COURT: It's actually on my -- well, I have two 91s. That's okay. I've got it.

MR. BAXLEY: And Commissioner, I'm going to refer over to page 89, which is the Merritt follow-up.

THE COURT: Okay.

Q You saw Dr. Merritt in follow-up after that MRI scan, correct?

A Yes.

Q And that date was November 12 of 2014, so just a couple months ago now?

A Yes.

Q Okay. That report says, "I have reviewed her MRI, it is fairly unremarkable. Very slight disk

bulge at L4-5. No significant stenosis. No pathologic lesions or other problems. I discussed with her that I'm not sure what is causing most of her pain. I do think she is probably having some muscle ligamentous discomfort. She has been through all appropriate treatment -- she's been through appropriate treatment at all -- really have much to offer from an orthopedic standpoint." I think what he means is I don't have much to offer from an orthopedic standpoint. "I'll be happy to see her back on an as needed basis." Do you remember him discussing with you that there was really nothing that was surgical or anything on that MRI?

A Yes, he said he didn't think he could do anything for me surgically.

Q Okay.

MR. BAXLEY: And, Commissioner, my APA, page 7, it's an IME from Dr. Elvington.

Q You saw Dr. Elvington at Pee Dee Orthopaedic in Florence, I think, on an IME from Dr. Martling?

A Yes. Is that the knee doctor?

Q Yes, ma'am. And you just saw him the one time, correct?

A Yes.

Q Okay. And that was back in December of

2013, correct?

A I don't know when I saw him.

Q Okay. That report says, "The patient's pain and her objective symptoms seem out of proportion to her examination and MRI findings. I would not recommend any surgical intervention. I do not feel that a repeat MRI is indicated. Her current knee symptoms do not appear to be related to her original injury which occurred on February 16, 2013. Return as needed." Did he discuss that with you?

A He was only evaluating the knee.

Q Yes, ma'am. Did he discuss -- that's what this says. This says that basically he doesn't think there's anything wrong with your knee? Did he discuss that with you?

A I think he said that something about it not requiring surgery and it may not have -- I don't exactly know what he said.

Q Okay. Did he discuss with you up there where --

MR. BAXLEY: In the middle of the page where it says focused exam on page 89.

Q It says, "Symptom magnification was present on examination." Did he discuss that with you? Do you know what symptom magnification means?

A Probably means that the symptoms seems larger than they are.

Q Yes, ma'am, that's right. Did he discuss that with you?

A Not that I know of. I don't think -- no, I don't think he did.

Q All right. You saw Dr. Haskin again -- somebody you went to on your own, correct?

A Yes.

Q Okay. And Dr. Haskin also put in his report --

A Can I stand up for a couple of minutes?

Q Sure.

A Thank you.

MR. BAXLEY: On page 130 of his report.

Q He says, "The patient has absolutely no symptoms compatible with the diagnosed carpal tunnel syndrome." Did he discuss that with you?

A What did he say again?

Q It says, "The patient has absolutely no symptoms compatible with the diagnosed carpal tunnel syndrome." Did he discuss that with you?

A I don't remember whether he did or he didn't.

Q And you've got carpal tunnel, according to

the EMG, in both hands, right, the right and the left?

A It had higher a amount on the right than the left.

Q But you've got it in both, correct?

A Yes.

Q And you did not hurt this left wrist in this fall, correct?

A No. I'm not saying that I didn't hurt it, I landed and hit my thumb on there. I actually landed on that after I rolled off of that bin.

Q You would agree with me that there had been no complaints about your left wrist during the entirety of this claim with all the doctors --

A No, I haven't complained about my left wrist, just my left thumb.

Q Okay. Got you. He also puts in his very last sentence on his report --

MR. BAXLEY: This is page 131, Commissioner,

Q -- "However, given her exaggerated pain response and posturing I am doubtful that any treatment is going to affect a good outcome for this patient." Did he discuss with you that he just didn't think that anything was really going to work?

A No, he got irritated when I started crying, because he made -- had me turn my hand a certain way

and it hurt.

Q Okay. You did a Functional Capacity Evaluation in this case, correct?

A Yes.

Q Okay.

MR. BAXLEY: Commissioner, I'm not going to go through the FCE, but it's page 41 and 42 and it lists all the inconsistencies, but it's going to take me forever to go through them, so --

THE COURT: That's fine.

MR. BAXLEY: -- it kind of speaks for itself.

Q Ma'am, I just want to make sure we've got a couple of dates right here. I have written down that you were completely and totally out of work from April 9 of 2013 until July 2nd of 2013.

A There were some days that I took personal leave after I had those prescription errors until the doctor took me out of work, two weeks, I think.

Q Yes, but that wasn't my question, ma'am.

A I don't know what the dates are.

Q Okay.

A So I have no idea what the dates started.

Q If I've got written down April 9, 2013 to July 2, 2013, that you were completely out of work, would you agree with that if that's what my dates say?

A If you have the correct paperwork, yes.

Q Okay. And then it looks like you came back to partial hours on July 3, 2013?

A Yes, and accommodations.

Q All right. And you did that job until October 4, 2013, correct?

A Until sometime in October, I just don't know the exact date.

Q And in October of 2013 you took a leave of absence from the store, correct?

A No, I had another prescription error and they suspended me for a couple of days and then I took some personal time until the court hearing.

Q Ma'am, you -- you actually completed and filled out leave of absence paperwork before --

A I know and they refused me.

Q So you're not on a leave of absence right now as we speak?

A I think I filled it out three or four times and they've refused it every time. They said the doctor never took me out of work.

Q So if Walmart's reports say that you're currently on a leave of absence, you would disagree with that?

A I don't know whether I am or not. I've got

all these papers that tell me they denied it.

Q Okay. Mr. Martling asked you earlier about whether your current restrictions were being accommodated by Walmart. I know that you've been taking your restrictions back to the store, correct; is that right?

A I've been emailing them to my supervisor.

Q Fair enough. And who is that?

A Hamp.

Q Hamp who?

A Manning.

Q Okay. At any point have you asked Hamp about coming back to work?

A Yes.

Q And what exactly did you ask him?

A He told me the only way I could come back --

Q Ma'am, I said what did you ask him?

A I asked him would Walmart let me work under those doctor's restrictions and he said no.

Q Did he ever discuss with you the fact that you were on a leave of absence at the store right now?

A No, he didn't tell me that. He kept telling me I had to turn in the paperwork. Continuously keep turning in paperwork for that and for the accommodations, but I kept getting letters in the mail

that denied it and I'd send those up to someone else up at Walmart.

Q Do you believe that you could work right now as a pharmacist, full duty --

A I know that --

Q -- full duty as a pharmacist?

A No.

Q Do you believe that you could work in any capacity at all?

A Under the doctor's -- doctor's restrictions that he has.

Q What are those restrictions, ma'am? What do you think you could do?

A I'm having trouble standing and sitting for long. I'm having trouble writing and using my right hand.

Q Yes, ma'am, I -- I'm just asking you what do you think you could do. You know the job as a pharmacist. What do you think you could do?

A Probably counsel.

Q How many hours a day do you think you could work?

A Four.

Q And you think at this point you can only work four hours a day doing nothing but counseling

because of which injuries?

A All of the injuries.

Q Okay. And this point, Ms. Stevenson, is there one that's worse than the other, or are they all about the same?

A I think right now it's my back from sitting, but my next -- my hand is probably the worst thing, it limits me more than anything else, because I adapt to everything else, but I can't do -- I can't really adapt with that.

Q I mean the reason I ask, is when you saw Dr. Tamadon the foot was the worst.

A That's because I had just ripped that thing in the foot back in May.

Q So the foot's no longer the worst; the hand is now the worst?

A The hand has always been the worst, they just refused to treat it.

Q Okay.

MR. BAXLEY: I don't have any other questions, Commissioner. Thank you.

THE COURT: Okay. Mr. Martling.

MR. MARTLING: Are we doing summations, Commissioner, or would you prefer that we continue with the examination?

THE COURT: We can just continue with the examination.

MR. MARTLING: Okay.

REDIRECT EXAMINATION

BY MR. MARTLING:

Q I just want to be brief. I just want to see if we can cut through some of the -- for lack of a better term, the complications of your medical history over the last year. Has it been fair to say you haven't always agreed with your doctors?

A Right.

Q Okay. But I would like to -- let's -- I would like to refer to the people who have actually looked at your hand. Dr. Tamadon, --

MR. MARTLING: Your Honor, this is APA, page 30.

Q -- "Has Ann reached maximum medical improvement, MMI relative to the 2/16/13 injury? If so, what date this occur? If not, do you anticipate Ann will reach MMI, what are your recommendations for further treatment, if any, to bring the associate to MMI. Please clearly define your recommendations." "Yes, if carpal tunnel syndrome is not an improved diagnosis, in that case MMI status was reached. If carpal tunnel syndrome is accepted, Claimant is not at MMI." Do you remember him discussing the carpal

tunnel with you?

A Yes.

Q Okay. If carpal tunnel was approved, then you are not at MMI. Did he discuss that with you? I'm sorry, do you remember that?

A Yes.

Q You remember going to Dr. Merritt and seeking a -- did he give you a -- a recommendation to go see a hand specialist?

A Yes.

Q That didn't happen through Dr. Merritt, did it?

A To see the hand specialist --

Q To see his hand specialist? Not -- don't rehash, but did you see a hand specialist through him?

A I went to an appointment to see him.

Q Okay. You eventually saw Dr. Haskin, correct?

A Yes.

Q Okay. I'm going to read you another part of Dr. Haskin's report.

THE COURT: I'm sorry, what page?

MR. MARTLING: This is my page, APA 130.

THE COURT: Got it.

MR. MARTLING: Okay.

Q Do you remember seeing him on April 2nd?

A Yes.

Q "I would recommend electro diagnostic studies be repeated. If repeat Electro Diagnostic Studies are confirmatory for right carpal tunnel, and she's had an injury to the right hand, then the carpal tunnel syndrome would be related to her fall." Do you remember him discussing that with you?

A I'm not sure.

Q Do you remember reading that report?

A Yes, I remember reading that.

Q Did you have carpal -- have an Electro Diagnostic Study done on 4/14?

A Yes.

Q Of -- of '14? And we've already discussed it and was it confirmed for your right hand?

A Yes.

Q And just a final question, are you still in need of treatment for your hand, and, if so, do you believe it is related to your -- to your fall?

A Yes.

THE COURT: Thank you, Mr. Martling. Mr. Baxley, anything further?

MR. BAXLEY: Nothing further.

THE COURT: Anything further?

MR. MARTLING: No, we're good.

THE COURT: Well that concludes this proceeding.

(The hearing concluded at 1:50 p.m.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF LEXINGTON)

CERTIFICATE

BE IT KNOWN THAT I TOOK THE FOREGOING WORKERS' COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT CONSISTING OF **96** TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 15TH DAY OF FEBRUARY, 2015.

_____
CORA ELLIS BRUTON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES JANUARY 18, 2015

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

Ann Stevenson,	)
	)
Claimant,	)
	)
v.	)
	)
Wal-Mart Association,	)
	)
Employer,	)
	)
and	)
	)
New Hampshire Insurance Company,	)
	)
Carrier/Defendants.	)
	)

FULL COMMISSION PANEL HEARING

****

Monday, January 11, 2016
2:40 p.m. - 2:55 p.m.

The full commission panel hearing was held before the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina, on the 11th day of January, 2016 before Jill H. Vickers, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES

COMMISSION PANEL:
Scott Beck, Chair
Melody James
Gene McCaskill

Carter A. Martling, Esquire
The Law Offices of Carter Martling, PC
7437 College Street, Suite 103
Irmo, South Carolina 29063
Attorney for the Claimant

Johnnie W. Baxley, III, Esquire
Willson, Jones, Carter & Baxley, PA
421 Wando Park Boulevard, Suite 100
Mt. Pleasant South Carolina 29464
Attorney for the Defendants

INDEX

ARGUMENTS:		PAGE:
MR. MARTLING	ARGUMENT	3
MR. BAXLEY	ARGUMENT	9
MS. MARTLING	ARGUMENT IN REPLY	14
Certificate		17

COURT REPORTER: Today is January 11, 2016. This is South Carolina Workers' Compensation Case Number 1303465. This is the case of Ann Stevenson, Claimant vs. Wal-Mart Association, Employer, and New Hampshire Insurance Company is the Carrier. The Appellant is the Claimant represented by Carter Martling. The Respondent is represented by Johnnie Baxley. Each side is allowed ten minutes for oral argument and three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

ARGUMENT BY MR. MARTLING:

MR. MARTLING: Thank you, commissioner. I don't think I'll break anyone's heart with this one. My argument here is going to be fairly short and sweet and fairly to the point. This has been a very long convoluted case, and there's a multitude of records. There have been two trials at this point, there's been an appellant hearing, and we're back here again. Ms. Stevenson had a work fall on February 16, 2013, fell into a trash can hitting multiple body parts and sort of set off the stage to where we are right now. An issue has been the

-- two things, really; the nature and the extent of the accepted body parts and whether or not other claims by Ms. Stevenson should be accepted and brought into the case. Admittedly, not every single one of those body parts that we've looked at and every bit of evidence relating to them is as strong as the other. So, I'm really here to discuss with you the compensability of her right hand. The right hand quite honestly is the -- literally, is the first thing that hit the ground, or more accurately, hit the materials wastebasket when Ms. Stevenson fell that day. She has been complaining of the right hand since literally day one. The record is fraught with the treatments provided to her right hand throughout by Dr. Merritt. The defense provided an Independent Medical Exam with Dr. Tamadon. Ms. Stevenson went and got her own IME with Dr. Haskins. Dr. Merritt has continued to treat her after the initial first hearing that we had in 2013. He treated her throughout 2014. To my knowledge, he's probably still seeing her, on her own dime, at this point, I will add. They're not authorized

treatments at this point. The first time he saw her was in March of 2013, and he wrote prescriptions based on her injuries to her right hand and said "no repetitive movements or gripping with the right lifting hand". I'm looking at APA 2, "no pushing or pulling in excess of ten pounds", and this goes on and on and on for several months. He eventually released her from treatment for two other body parts, for the right shoulder and the right knee. The defense filed a 21. We filed a 50 in response that wasn't heard at the first hearing, which is why we appealed and were given a de novo trial to hear all issues, but it is our contention that the right hand is and should be an accepted body part. Now, the nature and the extent of how hurt the right hand is left up to -- well, I would like to see a rating in here somewhere. We don't have one. My point is, I really -- from the beginning, our position has been that what should have been, what I would term an "accepted body part" just fell off and was no longer one. And the carrier will make the argument that it was never technically an accepted body part. I

take exception based on both the treatment and communications which the claimant testified to in the form of e-mails from the carrier stating that they would cover the right hand. That was Claimant's Exhibit 1 at the last trial, and -- but if we look at Dr. Merritt's -- his recommendations for her, I -- he was asked in the deposition -- he was asked whether or not he had any reason to believe that she didn't injure her right hand, and he replied, "I don't have any reason to believe that she didn't. I have no other history of an injury or anything like that". There is no back -- there is no previous medical records, available in this case, for any of these injuries. She sees Dr. Tamadon, who gives a very curious opinion regarding the right hand and whether it's related to her fall, and he says, "Yes, if CTS is ..." -- I'm sorry, "Is she at MMI", and he says, "Yes, if right CTS is not an approved diagnosis. If right CTS is accepted as part of the treatment, then she's not at MMI." So, in other words, his opinion of MMI is based on whether or not she's going to return to see him again. Finally, she sees Dr. Haskins in what

I admit was not a glowing report on the claimant's behalf, but he does at end of it say very clearly -- this is APA 130. "I would recommend electrodiagnostic studies be repeated. If repeated electrodiagnostic studies are confirmatory for right carpal tunnel syndrome and she has had an injure to the right hand, then right carpal tunnel syndrome would be related to her fall." She had the electrodiagnostic studies done, and it confirmed right carpal tunnel syndrome on the right side, exactly what he said. The point to all this is that I think she is, at the very least, entitled to a statement of MMI and an impairment rating, even if it's a small one. I think that the -- obviously, we're here because I take issue with the single commissioner in the last one just flat denying the hand injury. I think it would have been -- I don't believe we would be here if he had accepted it as an injury and had said, "Based on the evidence, it's this percent". Even at a small level, even a small percentage, I wouldn't be appealing it.

COMMISSIONER BECK: Didn't she complain about a

whole bunch of stuff?

MR. MARTLING: She did.

COMMISSIONER BECK: And wouldn't -- or couldn't the commissioner have just lumped that in with all the other stuff that she complained about, that there was no objective evidence of any injury?

MR. MARTLING: I'm sure he did, and I think that was an error, because ...

COMMISSIONER BECK: You're not arguing about anything else.

MR. MARTLING: I'm not here arguing about anything else, because I have to make a command decision where I feel the evidence points, and while I don't -- I'm not going to sit here and argue to the commission over the weight of evidence in regards to certain other body parts. The weight of evidence with regard to this one body part is -- it's more than we ask for in most cases and just -- to be honest with you, I'm not even here dealing with the credibility issue. Okay. I understand that in terms of it, though, everything is related to the fact that this lady just likes to argue with her doctors left and right, and I understand that she's been her own worst enemy many times

throughout the totality of this case, but that makes it all the more important for us to sift through every bit of the evidence and parse out, "Well, okay, what really is going on?" The woman tell. She did hurt her right hand, and she is entitled to, at the very least, a statement of MMI from the doctor and an impairment rating to it, and I don't she's at MMI in totality until she gets such.

COMMISSIONER BECK: Okay. Anything further?

MR. MARTLING: Nothing further.

COMMISSIONER BECK: Mr. Baxley.

ARGUMENT BY MR. BAXLEY:

MR. BAXLEY: Thank you. May it please the commission. The only admitted body parts on this case were right shoulder and right knee. When the accident originally happened, the original 12-A said "right ring finger". That was it. That then expanded -- and as the commissioner noted earlier, that then rapidly expanded into allegations of almost every body part. At some point, it then became necessary to figure out which ones were legitimate and which ones were not legitimate. The only accepted body parts were the shoulder and the

knee. Those were the only body parts linked up by the doctor. That's Dr. Merritt. Dr. Merritt never linked up the right hand, the left hand, the low back or the multitude of other injuries that were alleged by this lady. I think it is very important to note that there is no credibility about any of her complaints in this case, no credibility from the viewpoint of the doctors. Almost every doctor she saw, including the doctor she went to or her own, noted symptom magnification, malingering, all that sort of thing. Two different single commissioners have now had the opportunity to lay eyes on this lady, and they formed the exact same conclusion, which is, she's not credible. Her testimony is unreliable. It's just not believable. If you don't have lay testimony to support what it is that you're arguing, you better have medical evidence to tie it in. I think the law requires medical evidence and good credible testimony, but in this case, she doesn't have either. She doesn't have any medical evidence tying it in. She certainly doesn't have credible testimony tying in anything with regard to the right

hand. Dr. Merritt had stated that the only thing he can find wrong with the right hand is carpal tunnel syndrome, which she also has in the left hand. He has never linked it up. Dr. Tamadon never linked it up. In fact, he said that her symptoms that she was complaining of were inconsistent with the carpal tunnel that showed up on the EMG testing. Dr. Haskins, her treating doctor, also said that her presentation was inconsistent with the diagnosis of carpal tunnel. The closest they can get to causation in this case is Dr. Haskins' report which says, "If she gets a repeat EMG that shows carpal, and if she had an injury to the right wrist, then it would be compensable". She goes back to Dr. Merritt and has that EMG, and Dr. Merritt says again, "It shows carpal tunnel syndrome in both wrists", which is completely inconsistent with everything that she is complaining about, and so I don't think ---

COMMISSIONER BECK: That's how do you explain his comments in his notes talking about tenderness in the wrist and the hand.

MR. BAXLEY: Exactly, yes.

COMMISSIONER JAMES: Now, I want to talk about the standard for just a minute, because while we may agree with you that there's not enough medical evidence and credibility and this, that and the other, but I think in the brief, it said -- and I saw it just a second ago. It says that "She must submit expert medical evidence stated to a degree of reasonable medical certainty". Where -- what statute would you be relaying to for that gatekeeper of information, because it's not complex. It's not repetitive.

MR. BAXLEY: Actually, I -- I mean, the argument in this case is basically a complex argument. We don't have a simple run-of-the-mill physical injury, and she's alleging some sort of phantom right hand injury that no doctor has been able to diagnose, commissioner.

COMMISSIONER JAMES: I understand, but the statute says -- and I'm trying to pull it up. It says, "Diagnostic tests can be used", and I'm hearing carpal tunnel. Then, you don't have to have the statement to a reasonable degree of medical certainty. I'm just trying to get the standard straight. So, you know, I'm not sure which of

either one of you is prevailing today, but let's say that you prevail, Mr. Baxley. I don't know that that says -- I don't know that that's actually the standard that we're looking at. It comes in the definition of "complex medical" ...

MR. BAXLEY: Yes. I mean, commissioner, I think that there's got to be a diagnosis. The diagnosis can certainly be by diagnostic criteria. For example, if she ---

COMMISSIONER JAMES: Yes. I agree with you about the diagnosis, but what I'm saying is, "stated to a degree of medical certainty". I'm not sure ...

MR. BAXLEY: Yes, and I don't think the diagnosis needs to be stated to that. I think the causation needs to be stated. In other words, if -- I mean, I think there's any question that this lady has got carpal tunnel syndrome in her right wrist and her left wrist. I think multiple EMGs have confirmed that, but we've got to have a doctor telling us whether or not that problem is related to the work accident and whether or not it's causing her current symptoms. Those opinions need to be stated to

a reasonable degree of medical certainty, tying in that causation, because those are medically complex issues. I mean, I agree with you that the carpal tunnel itself can be easily diagnosed with an EMG test.

COMMISSIONER JAMES: I'm just not sure that it meets that standard under there, and I know the past ten weeks -- if it was an injury, and let's say it was minor, this the past ten weeks, you'd have to have a statement to a reasonable degree of medical certainty under 42-15-60. I just don't see it fitting into any of those gatekeeper -- I call them "gatekeeper statutes".

MR. BAXLEY: Thank you.

COMMISSIONER BECK: You still have four-and-a-half minutes, if you'd like.

MR. BAXLEY: No, I'm good. Thank you.

COMMISSIONER BECK: Okay. Thank you. Mr. Martling, any reply?

ARGUMENT IN REPLY BY MR. MARTLING:

MR. MARTLING: I'm not sure how medically complex that the injury needs to be when we have a videotape of the woman falling down, hitting her wrist and getting up and holding the

injured body part the way she did, which was submitted into evidence. We know that she hurt her right hand. Now, I don't see -- there's nothing in this record of past injuries to this woman, and if anybody would have been going to a doctor with complaints of an injury for her hand, it would have been Ms. Stevenson. There's just nothing there until she falls and hurts herself. Dr. Merritt says in his deposition it's relating and refers her to Dr. Leak, the hand specialist who she never saw. Like I say, I think Dr. Tamadon's explanation is very qualified on whether or not he's going to get to see her again, and finally, Dr. Haskins ---

COMMISSIONER BECK: Tell me again where Dr. Merritt relates it.

MR. MARTLING: In his deposition.

COMMISSIONER BECK: What page?

MR. MARTLING: I'll withdraw that.

COMMISSIONER BECK: Thank you.

MR. MARTLING: Again, I think she's entitled to a rating. I know this has been a very complex case in a lot of ways, but I think the one thing that's been actually somewhat simple in

this case is the fact that she hit her hand. It's been the only thing that's consistent, and it's been the only thing that we can really wrap our hands around, it just sort of fell off by the wayside, and that's why we're here. That's it.

COMMISSIONER BECK: Okay. That concludes the hearing. Thank you, gentlemen.

(Whereupon, the hearing concluded at 2:55 p.m.)

171

WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

COPY

EMPLOYER (NAME & ADDRESS INCL ZIP)	CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG NUMBER	REPORT PURPOSE CODE
WAL-MART ASSOCIATES, INC. 151 MYRTLE RIDGE DR CONWAY SC 29526	6815476	C3458859	
	JURISDICTION: SC	JURISDICTION CLAIM NUMBER:	
	INSURED REPORT NUMBER: C3458859		
	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)	LOCATION #: 4664	
INDUSTRY CODE: 452112 / EMPLOYER FEIN: 710794409		PHONE #: (843) 234-2040	

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS & PHONE #)	POLICY PERIOD	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)
New Hampshire Insurance Co. 70 Pine Street New York, NY 10270	09/15/2012 TO 09/14/2013 CHECK IF APPROPRIATE: ☐ SELF INSURANCE	CLAIMS MANAGEMENT INC P O BOX 1288 BENTONVILLE AR 72712-9989 (479) 621-2900

CARRIER FEIN	POLICY/SELF-INSURED NUMBER	ADMINISTRATOR FEIN
020172170	043464546	710738006

AGENT NAME & CODE NUMBER:

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
Ann, Stevenson	05/19/1956	251-80-5185	03/07/2001	SC

ADDRESS (INCL ZIP)	SEX	MARITAL STATUS	OCCUPATION/JOB TITLE
2261 Greenleaf Dr Conway, SC 29526	M Male F Female U Unknown	U Unmarried/Single/Divorced M Married S Separated K Unknown	Pharmacy Associate EMPLOYMENT STATUS: Other

PHONE	# OF DEPENDENTS	NCCI CLASS CODE
(843) 454-6186	1	

RATE PER: $2,200.00	DAY	WEEK	MONTH	OTHER:	DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY?	DID SALARY CONTINUE?
	☐	X	☐	☐	5	☐ YES	☐ YES
						☐ NO	X NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	LAST WORK DATE	DATE EMPLOYER NOTIFIED
☐ AM ☐ PM	02/16/2013	( ) CANNOT BE DETERMINED 10:50 X AM ☐ PM	02/21/2013	02/16/2013 DATE DISABILITY BEGAN:

CONTACT NAME/PHONE NUMBER	TYPE OF INJURY/ILLNESS	PART OF BODY AFFECTED
Harry Burgess, (843) 234-2040 Ext.	Sprain	Ring Finger(s)

DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES?	TYPE OF INJURY/ILLNESS CODE	PART OF BODY AFFECTED CODE
X YES ☐ NO	49	36

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
151 Myrtle Ridge Dr Conway, SC 29526	Electrical Cord
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	**WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED**
Trip/Fall-Same Level	WALKING

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL

FELL ON HAS MATT BIN CAUGHT ON COMPUTER CORD

CAUSE OF INJURY CODE: 29

DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?	WERE THEY USED?
02/16/2013		X YES ☐ NO	X YES ☐ NO

PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)	HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)	INITIAL TREATMENT
Doctor's Care 200 Middleburg Drive Myrtle Beach, SC 29579		0 NO MEDICAL TREATMENT 1 MINOR: BY EMPLOYER X MINOR CLINIC/HOSP 3 EMERGENCY CARE 4 HOSPITALIZED > 24 HRS 5 FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED

OTHER

WITNESSES (NAME & PHONE #)

Margarett Barro (843) 503-3379

DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE	PHONE NUMBER
02/22/2013	02/22/2013	Barbara Marion ASST. MGR.	(843) 234-2040

172

Oct. 10. 2013 2:26PM No. 5604 P. 2

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

Physician's Statement

Claimant's Name: Ann Stevenson DOB 5/19/1956

Physician's Name: Dr Merritt

Practice/Clinic: Strand Ortho 843-236-3005

Preparer's Name:

Phone: ( ) -

Employer's Name: Wal-Mart Stores Inc

Please fax completed form back to 479-273-8058

Insurance Carrier: American Home Assurance

SCWCC File No: 1303465

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

Date of Injury or Illness: 2/16/13

Date of first office visit: 3/27/13 Date of last visit: 10/8/13

Diagnosis or nature of injury or illness: Shld Strain, Knee Strain

Body part(s) injured: Shld & Knee Body part(s) affected: Same

Date of **Maximum Medical Improvement:** 10/8/13

Based on the **AMA Guidelines,** the claimant has sustained a 3 **% medical impairment** to 2% to (R) UE upper extrem (R) injured body part(s) and a _____ **% medical impairment** to _____ other affected body part(s).

____ The claimant is **able to return to work** without restriction.

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

20 lbs lift (for full capabilities on questions refer to FCE)

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

As of the date I last saw this patient, it is **my professional medical opinion** the claimant:

____ **will not** need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

✓ **will** need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Possible pain mangement if pain continues & is not controlled with OTC meds

Treating Physician

10/10/13
Date

173

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 #: 1303465
Carrier File #: 6815476
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ann Stevenson SSN: 251-80-5185
Address: 2261 Greenleaf Drive
City: Conway State: SC Zip: 29526
Home Phone: (843) 454-6186 Work Phone:

Employer's Name: Wal-Mart Stores, Inc.
Address: 2709-A Church Street
City: Conway State: SC Zip: 29526
Insurance Carrier: American Home Assurance

Preparer's Name: Johnnie W. Baxley, III Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (843) 284-1082

The date of injury reported on Form 12A is: 2/16/2013(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 0/8/2013 (m/d/yyyy) (copy of medical report must be attached).
Compensation payments are current as of 10/14/2013 (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 10/14/2013 (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:
Based upon the report of Dr. Merritt dated 10/10/13 placing claimant at MMI and assigning an impairment rating.
Claimant reached maximum medical improvement 10/20/2013 (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: Carter Anthony Martling, Esq., P. O. Box 3781, Irmo, SC 29063
Name & Address
and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 28th day of October, 2013 by ☒ first class mail ☐ personal service ☐ certified mail.

Preparer's Signature	Attorney for Defendants Title	jwbaxley@wjlaw.net Email	10/28/2013 Date

Certifier, Lea E. Mason

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.

174

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 #: 1303465
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ann Stevenson SSN: 251-80-5185 Employer's Name: Walmart Stores, Inc.
Address: 2261 Greenleaf Dr Address: 2709 Church St, Ste. A
City: Conway State: SC Zip: 29526 City: Conway State: SC Zip: 29526
Home Phone: 843-454-6186 Work Phone: Insurance Carrier: American Home Assurance
Preparer's Name: Carter Martling Law Firm: Carter Martling, PC Preparer's Phone #: 803-661-7429

Date of Injury or Illness: 2/16/2013

Complete each information blank. Clearly specify when contention are admitted in part and denied in part. The Claimant's answer to the claim respectfully shows:

I. ☑ **Stop payment of compensation.**
It is ☐ admitted ☑ denied the Claimant has reached maximum medical improvement and continues to receive temporary compensation payments.
It is ☐ admitted ☐ denied the Claimant's temporary total payments are current.
It is ☐ admitted ☐ denied the Claimant's temporary total payments have been properly stopped as of _____ (m/d/yyyy) pursuant to Reg. 67-505.

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.
☐ c. Temporary total compensation was suspended, terminated, or reduced without proper order of the Commission.
☐ d. Additional compensation and penalties are requested pursuant to Reg. 67-510.
The basis for additional compensation and penalty 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:
Claimant disputes that she is at MMI for any accepted body part and requests further treatment. She also requests treatment for denied injuries, see F50
Claimant reached maximum medical improvement on _____ (m/d/yyyy) (copy of medical report must be attached).
It is admitted/denied the Claimant has reached maximum medical improvement.
Claimant ☐ has ☐ has not returned to work. Claimant ☐ has ☐ has not returned to light duty.
☐ a. Permanency is premature at this time.
☐ b. Claimant is in need of additional medical care and treatment
☐ c. Claimant is entitled to permanent partial disability pursuant to 42-9-30.
☐ d. Claimant is entitled to wage loss pursuant to 42-9-20.
☐ e. Claimant is entitled to total and permanent disability pursuant to 42-9-10 or 42-9-30(21) and Reg. 67-1802.

IV. ☑ **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**
It is ☐ admitted ☑ denied that the Employer/Carrier is due a credit for overpayment.

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.

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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 I have served this document pursuant to Reg. 67-211 by delivering a copy to Johnnie Baxley, Esquire, 421 Wando Park **address** Blvd, Ste. 100, Mt. Pleasant, SC 29464 and Virginia Crocker, SCWCC, PO Box 1715, Columbia, SC 29202 **on the** 8 **day of** November **20** 13
by ☑ **first class postage** ☐ **certified mail** ☑ **personal service.**

Preparer's Signature	Attorney (Title)	martlinglawpc@gmail.com (Email)	11/8/13 (or 8/11/2013) (Date)

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or **judicial@wcc.sc.gov** or **mediation@wcc.sc.gov**
Refer to Regulations 67-211, 67-504, 67-505, 67-506, 67-510; and 67-1801.

1715

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

WCC File #: 1303465
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ann Stevenson SSN: 251-80-5185 Employer's Name: Wal Mart Stores, Inc.
Address: 2261 Greenleaf Drive Address: 2709 Church Street, Ste. A
City: Conway State: SC Zip: 29526 City: Conway State: SC Zip: 29526
Home Phone: 843-454-6186 Work Phone: Insurance Carrier: American Home Assurance
Preparer's Name: Carter Martling Law Firm: Carter Martling, PC Preparer's Phone #: 803-661-7429

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☑ Claimant ☐ Employer (check one) Date of Injury or Illness: 2/16/2013 (m/d/yyyy)

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

1. Did the Single Commissioner in err in Finding of Fact #18 and Conclusion of Law #3? The error being that the Claimant's allegation of an injury by accident to the neck was denied despite being supported by the greater weight of medical evidence.
2. Did the Single Commissioner err in Finding of Fact #18 and Conclusion of Law #3? The error being that the Claimant's allegation of an injury by accident to the low back was denied despite being supported by the greater weight of medical evidence.
3. Did the Single Commissioner in err in Finding of Fact #18 and Conclusion of Law #3? The error being that the Claimant's allegation of an injury by accident to the right hand was denied despite being previously accepted by the carrier and supported by the greater weight of medical evidence and that the Defendants should have been barred by estoppel from asserting a denial at hearing.
4. Did the Single Commissioner in err in Finding of Fact #16 and Conclusion of Law #5? The error being that the Claimant was not not at maximum medical improvement.
5. Did the Single Commissioner err in Finding of Fact #19 and Conclusion of Law #7? The error being that the Claimant was not at maximum medical improvement by the greater weight of medical evidence.

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(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 A. Bracy J. Baxley III, Esq.; ~~V. Speaker~~, Judicial Director, SCWCC **address** 421 Wando Park Blvd., Mt. Pleasant, SC, 29464; PO Box 1715, Columbia, SC 29202 **on the** 23 **day of** October **20** 15, **by** ~~first class postage~~ **certified mail personal service.**

Preparer's Signature	Title	Email	Date
	attorney	martlinglawpc@gmail.com	10/23/2015

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

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

176

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

WCC File #: 1303465
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ann Stevenson SSN: 251-80-5185 Employer's Name: Walmart Stores, Inc.

Address: 2261 Greenleaf Dr. Address: 2709 Church St., Ste. A

City: Conway State: SC Zip: 29526 City: Conway State: SC Zip: 29526

Home Phone: 843-454-6186 Work Phone: Insurance Carrier: American Home Assurance

Preparer's Name: Carter Martling, Esq. Law Firm: Carter Martling, PC Preparer's Phone #: 803-661-7429

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** 2/16/2013

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

1. The claimant sustained an injury to see next (Part(s) of Body Injured) on 2/16/2013 (Month/Day/Year) in Horry county, state of SC. Body part(s) affected are: neck, rt shldr, RUE, r hand, low back, rt knee, rt foot/ankle
2. Briefly describe how the accident occurred. Claimant fell while in the course of her employment landing on the right side of her body.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 2/16/2013 (Month/Day/Year) in the following manner: Timely reported to supervisors on day of the accident.

☑ 7. Due to injury, the claimant is in need of (check one):
- ☑ (a) medical examination and treatment for: right hand, right foot/ankle, neck, low back
- ☑ (b) additional medical examination and treatment for: right knee, right shoulder, RUE (elbow)

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

☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

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

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

10a. At the time of the injury, the Claimant was paid weekly wages of $ 743.72, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Claimant continues to work for Employer.

11. Further grounds or unusual aspects of claim:

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Dr. Merrit & Pappas, Strand Orthopaedic, Myrtle Beach; Dr. Tamadon, Wilmington, NC, Dr. Scott & Baens, Doctors Care, Conway, SC

11b. To the best of your knowledge, did you have any prior permanent disability? If yes, describe: no

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

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

14. Estimated time needed for hearing: 1 hr

☑ 13b. **I am requesting a hearing. A $25 fee is required.**

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Johnnie Baxley, Esq., 421 Wando Park, Mt. Pleasant, SC 29464; **address** WCC, PO Box 1715, Columbia, SC **on the** 8 **day of** November **20**13 **by** ☑ **first class postage** ☐ **certified mail** ☑ **personal service.**

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

Preparer's Signature	Attorney Title	martlinglawpc@gmail.com Email	11/3/13 11/8/2013 Date

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SC Workers' Comp Comm

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

WCC Form # 50
Revised 7/13

50

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

177

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

WCC File #: **1303465**
Carrier File #: **6815476**
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ann Stevenson SSN: 251-80-5185
Address: 2261 Greenleaf Drive
City: Conway State: SC Zip: 29526
Home Phone: (843) 454-6186 Work Phone:

Employer's Name: Wal-Mart Stores, Inc.
Address: 2709-A Church Street
City: Conway State: SC Zip: 29526
Insurance Carrier: American Home Assurance

Preparer's Name: Johnnie W. Baxley, III Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (843) 284-1082

Date of Injury or Illness: 2/16/2013

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

1. It is ☒ Admitted ☐ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants admit only injury to the right knee. All other alleged injuries are denied.

2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is ☒ Admitted ☐ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:

5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are:

6. It is ☐ Admitted ☒ Denied the employee ☐ **Needs** ☐ **Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:

7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :

8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:

9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement
[TO BE PROVIDED]

10. It is contended that an average weekly wage of $ 2212.05 applies, according to attached Form 20 as provided by law.

11. Further contentions, grounds of defense, or unusual aspects are:
Defendants reserve the right to amend and to assert defenses as they become aware of them.

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

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Carter Martling, 7337 St. Andrews Road, Suite D, PO Box 3781 Irmo, SC 29063 and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 13th day of November, 2013 by ☒ first class mail ☐ personal service ☐ certified mail.
Name & Address

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

Preparer's Signature

Attorney for the Employer/Insurer
Title

jwbaxley@wilaw.net
Email

11/13/2013
Date

Certifier, Frances A. Klotsch

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

178

South Carolina Workers' Compensation Cr ission
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: 1303465

Claimant's Name:	Ann Stevenson	Employer's Name:	Wal-Mart Stores, Inc.
Address:	2261 Greenleaf Drive	Address:	2709-A Church Street
City:	Conway State: SC Zip: 29526	City:	Conway State: SC Zip: 29526
Home Phone:	(843) 454-6186 Work Phone:	Carrier:	American Home Assurance
Preparer's Name:	Johnnie W. Baxley, III	Preparer's Phone #:	(843) 284-1082

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $743.72 2. AWW: $ 2212.05 **Date of Injury:** 2/16/2013
3. Type of injury and body part(s): Right upper extremity & right knee
4. Facts in controversy: This is an admitted claim, medical treatment was provided, Claimant was released at MMI, and Claimant has had a second opinion. The issue is degree of permanent disability, if any, and entitlement to future medical treatment and whether Defendants can stop TTD and credit for overpayment of TTD. Defendants have serious concerns about the validity/legitimacy of claimant's current complaints.
5. Legal issues involved: See #4 above.
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 and Tracey Samuel and Cheryl Bosse.
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant; Emails from claimant to adjuster and employer
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. James Merritt, orthopedic surgeon, Myrtle Beach.
11. Impairment rating(s); body part(s); physician and date of opinion: 2% to RUE and 3% to RLE by Dr. Merritt on 10/10/13.
12. I am amending my Form 50/51 in the following manner: None.

☐ **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: Carter Martling, 7337 St. Andrews Road, Suite D, PO Box 3781, Irmo, SC 29063 and Avery B. Wilkerson, Jr., P.O. Box 1715, Columbia, SC 29202-1715 on the 4th day of December, 2013 by ☒ first class mail ☐ personal service ☐ certified mail.

ertifier, Frances A. Klotsch

Signature: Johnnie W. Baxley, III, Wilson Jones Carter & Baxley, P.A. Email: jwbaxley@wjlaw.net

ate of hearing: 12/19/2013 Time needed for hearing: 1 hour

uestions 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 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 mit expert witnesses at hearings.

179

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: 1303465

Claimant's Name: Ann Stevenson
Address: 2261 Greenleaf Drive
City: Conway State: SC Zip: 29526
Home Phone: (843) 454-6186 Work Phone:

Employer's Name: Wal-Mart Stores, Inc.
Address: 2709-A Church Street
City: Conway State: SC Zip: 29526
Carrier: New Hampshire Insurance, Co.

Preparer's Name: Johnnie W. Baxley, III
Preparer's Phone #: (843) 284-1082

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $743.72 2. AWW: $ 2212.05 **Date of Injury:** 2/16/2013
3. Type of injury and body part(s): Right upper extremity and right knee
4. Facts in controversy: This is an admitted claim, medical treatment was provided, Claimant was released at MMI, and Claimant has already had a second opinion. The issues for adjudication are extent of permanent disability, if any, whether Defendants can stop payment of TTD, credit for overpayment of TTD, and entitlement to future medical treatment. Defendants have serious concerns about the validity/legitimacy of Claimant's current symptoms and complaints and request a finding as to credibility.
5. Legal issues involved: See #4 above.
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 and Tracey Samuel and Cheryl Bosse.
8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant; Deposition of Dr. James Merritt; emails from Claimant to adjuster and employer; Transcript of 12/9/13 hearing
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. James Merritt, orthopedic surgeon, Myrtle Beach.
11. Impairment rating(s); body part(s); physician and date of opinion: 2% to RUE and 3% to RLE by Dr. Merritt on 10/10/13.
12. I am amending my Form 50/51 in the following manner: None.

☐ **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: Carter Martling, 7321 St. Andrews Rd, Ste. C, PO Box 3781, Irmo, SC 29063 on the 24th day of December, 2014 by ☒ first class mail ☐ personal service ☐ certified mail.

Certifier, Elise R. Giles

Signature: Johnnie W. Baxley, III, Wilson Jones Carter & Baxley, P.A.
Email: jwbaxley@wjlaw.net

Date of hearing: 01/08/2015
Time needed for hearing: 1 hour

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.

180

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: 1303465

Claimant's Name:	Ann Stevenson	Employer's Name:	Walmart Stores, Inc
Address:	2261 Greenleaf Dr	Address:	2709-A Church St.
City:	Conway State: SC Zip: 29526	City:	Conway State: SC Zip: 29526
Home Phone:	843-454-6186 Work Phone:	Carrier:	American Home Assurance
Preparer's Name:	Carter Martling, Esq.	Preparer's Phone #:	803-661-7429

A claim for workers' compensation benefits is made based on the following grounds:
☑ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $743.72 2. AWW: $ 2,212.05 **Date of Injury:** 2/16/2013
3. Type of injury and body part(s): Right shoulder, RUE (elbow), right hand, neck, low back, right knee, and right foot/ankle.
4. Facts in controversy:

   Whether the claimant is at MMI for right knee and if not whether she is entitled to further medical treatment. Whether the claimant is entitled to further medical treatment and/or an impairment rating to the neck, RUE, and right hand should the Commission determine she's at MMI as these are accepted body parts yet not addressed by the 14B or the Form 21. Whether the claimant is entitled to medical treatment to her right foot and ankle.
5. Legal issues involved:

   See above.
6. Unusual aspects:
7. Witnesses (designate if expert):*
8. Exhibits:

   Store surveillance video of accident, emails between claimant and adjuster.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):

   See APA Submissions.
10. Name, address, and specialty, if any, of the treating physician:

    Dr. James Merrit, Myrtle Beach.
11. Impairment rating(s); body part(s); physician and date of opinion: 2% to the RUS and 3% to RLE by Dr. Merrit on 10/10/13.
12. I am amending my Form 50/51 in the following manner:

☐ **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 Johnnie Baxley, 421 Wando Park Blvd, Mt. Pleasant, SC 2946 **address** Avery Wilkerson, PO Box 1715, Columbia, SC 29202-1715 **on the** 9 **day of** December **20** 13

by ✓ **first class postage** **certified mail** **personal service.**

Signature: _____ Email: martlinglawpc@gmail.com

Date of hearing: 12/19/13 Time needed for hearing: 1 hour

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.

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

181

PRE-HEARING BRIEF

WCC File No: 1303465

Claimant's Name:	Ann Stevenson	Employer's Name:	Walmart Stores Inc.
Address:	2261 Greenleaf Drive	Address:	2709-A Church St.
City:	Conway State: SC Zip: 29526	City:	Conway State: SC Zip: 29526
Home Phone:	843-454-6186 Work Phone:	Carrier:	New Hampshire Ins. Co.
Preparer's Name:	Carter Martling	Preparer's Phone #:	803-661-7429

A claim for workers' compensation benefits is made based on the following grounds:
☑ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $743.72 2. AWW: $ 2,212.05 **Date of Injury:** 2/16/2013
3. Type of injury and body part(s): Neck, Right Shoulder, Right Hand, low back, Right Knee, and Right Foot/ankle
4. Facts in controversy:

   Whether the Claimant is entitled to causally related medical treatment and/or and award of permanency to any or all pled body parts. Whether Defendants are entitled to a credit. Whether the Defendants may claim MMI prior to a proper medical release for all accepted body parts. Whether Claimant is entitled to any back TTD. Claimant has serious concerns about the validity/legitimacy of the Defendants' concern about her credibility.
5. Legal issues involved:

   See above.
6. Unusual aspects: Claimant has been written to restricted duty by the ATP intermittently since the previous hearing.
7. Witnesses (designate if expert):*
8. Exhibits:

   Written communications between the Employer and 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 Submitted on Behalf of the Claimant.
10. Name, address, and specialty, if any, of the treating physician:

    Dr. Merritt, Strand Orthopaedic, Myrtle Beach, SC.
11. Impairment rating(s); body part(s); physician and date of opinion: 2% to shoulder (RUE), 3% to the RLE, Dr. Merritt, 10/10/13
12. I am amending my Form 50/51 in the following manner:

☐ **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 J. Baxley, Esq, WJC&B, 421 Wando Park Blvd, Mt. Pleasant, SC 29464 **address** The Hon. Mike Campbell, SCWCC, PO Box 1715, Columbia, SC 29212-1715 **on the** 29 **day of** December **20** 14,
by ✓ **first class postage** **certified mail** **personal service.**

Signature: _____ Email: martlinglawpc@gmail.com

Date of hearing: Jan. 8, 2015 Time needed for hearing: 1 hour

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.

'ILEID002764 EDI CREATED/UPDATED FIRST REPORT

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

:MPLOYER: WALMART ASSOCIATES INC
702 S.W. 8TH STREET
DIVISION 01 OF WAL-MART STORES
BENTONVILLE, AR 72712-6209
:AICS CODE: 452112

CARRIER CLAIM#: C3458859
SCWCC CLAIM#: 1303465 9999
FED. TAX I.D. NO.: 710794409

:NSURANCE NEW HAMPSHIRE INSURANCE CO
:ARRIER: Chartis Claims, Inc.
PO Box 4230
Alpharetta, GA 30023-4230
:ARRIER ID: 00143 CARRIER FEIN: 020172170

CLAIMS CLAIMS MANAGEMENT INC
ADMIN: P O BOX 1288
BENTONVILLE, AR 72712-9989

MPLOYEE NAME (Last, First, Middle): TEVENSON, ANN
SOCIAL SECURITY NUMBER: 251-80-5185
PHONE NO.: (843)347-5151

DDRESS: 2261 GREENLEAF DR
CONWAY, SC 29526
DATE OF BIRTH: 05/19/1956 MARITAL STATUS: M
MALE/FEMALE: F # DEPENDENT CHILDREN: 1

ATE OF HIRE: 03/07/01
OCCUPATION: PHARMACY ASSOCIATE

AGE INFORMATION
ATE: $2,246.28 WAGE PERIOD: DATE RETURNED TO WORK:
ULL DAY PAY FOR DAY OF INJURY: Y DID SALARY CONTINUE: N

CCURRENCE
LACE OF ACCIDENT OR OCCURRANCE: -
HORRY
DATE OF INJ: 02/16/13 TIME OF INJ: 10:50 AM
MPLOYER'S PREMISES: N LAST WORKDATE: 02/21/13 DATE EMPLOYER NOTIFIED: 02/16/13

ESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 29 ON SAME LEVEL
NATURE: 49 SPRAIN
LOCATION: 36 FINGER(S)

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

LL ON HAS MATT BIN CAUGHT ON COMPUTER CORD

FATAL GIVE DATE OF DEATH:

Created **
ECTRONIC FILING ORIGINAL DATE SENT:
<1>: <2>:
DATE PROCESSED: 04/17/13
ADING PARTNER: Claims Management, Inc.
922 W. Walnut, Suite B
PO Box 1288
Bentonville, AR 727121288

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

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

DEPOSITION OF

ANN STEVENSON

****

Tuesday, November 26, 2013
1:22 p.m. - 3:00 p.m.

The deposition of ANN STEVENSON was taken on behalf of the Defendants at the offices of Hearn & Hearn, Attorneys at Law, 1206 3rd Avenue, Conway, South Carolina, on the 26th day of November 2013, before Alexandra A. Patrick, Court Reporter and Notary Public in and for the State of South Carolina, pursuant to Notice of Deposition.

APPEARANCES

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

Johnnie W. Baxley, III, Esquire
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Mt. Pleasant, South Carolina 29464
Attorney for the Defendants

INDEX

MS. STEVENSON: PAGE
MR. BAXLEY . . . . . EXAMINATION. 3
Certificate 75

EXHIBITS

Defendant's Exhibit Number 1 36
(Incident report)

STIPULATIONS

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

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

ANN STEVENSON, being duly sworn, deposes and testifies as follows:

MS. STEVENSON - EXAMINATION BY MR. BAXLEY:

Q: Ms. Stevenson, my name is Johnnie Baxley. I'm the lawyer who represents Wal-Mart on your workers' compensation claim. The reason that we're here today is so that I can take your deposition, which is an opportunity for me to ask you questions and investigate your claim. What I'm going to do with you right now is go over the rules of the deposition with you, so that you can understand what we're going to do here today, okay?

A: Okay.

Q: During the course of the deposition, I'm going to ask you a lot of questions about a lot of different things. I need you to answer those questions as truthfully and as fully as you can, okay?

A: Yes.

Q: During the course of the deposition, if I ask you something that you do not understand or if you're confused by one of my questions, I'd ask you to please stop me and tell me that. I will then rephrase the question so that you can understand it and then answer it, okay?

A: Okay.

Q: During the course of the deposition today, you've taken an oath to tell the truth just like you would in court, so the same rules apply as they would in court. You need to answer all the questions truthfully. If you do not answer the questions truthfully, you're subject to penalties of perjury and things, just like in regular court. Do you understand that?

A: Yes.

Q: Okay. During the course of the deposition today, if I ask you a question and you answer it, I'm going to assume that you heard it, that you understood it and that you're answering it truthfully to the best of your ability. Is that fair?

A: Yes.

Q: During the course of the deposition today, if you need to take a break for anything, please let me know. If you need to run to the restroom or something, that's fine. We can do that, okay?

A: Okay. I may need to stand if I start having

Page 5

trouble sitting.
Q: That'll be fine. During the course of the deposition today, I need for you to answer everything out loud. This court reporter is going to take down everything that I say and everything that you say. If you say uh-huh or huh-uh or you shake your head, she's not going to be able to pick that up, so I need you to answer everything out loud today, okay?
A: Yes.
Q: Are you under the influence of any medications, drugs, alcohol, anything today that would prohibit you from understanding my questions and answering those questions truthfully?
A: No.
Q: Okay. Let me get some background information from you please ma'am. What's your full name?
A: Ann W. Stevenson.
Q: What's your current address?
A: 2261 Green Leaf Drive Conway, South Carolina.
Q: What's your Social Security number?
A: ***-**-5185.
Q: What's your date of birth?
A: 5/19/19/56.
Q: That makes you how old right now?

Page 6

A: Fifty-seven, I think.
Q: Are you married?
A: Yes.
Q: How long have you been married?
A: More than 20 years. We were married in '86. I'd have to figure it out.
Q: Do you have any children?
A: No.
Q: Is there anyone that is dependent upon you for financial support at this time other than yourself and your husband?
A: Yes.
Q: My niece who's in college.
Q: Just one niece?
A: I have other children too, but they're -- right now they're okay.
Q: I thought you said you didn't have any children.
A: I have no children directly. I have nieces and nephews that require money for school and other things.
Q: Okay. So, no biological children.
A: No biological children.
Q: But you do have some nieces and nephews that you help out?

Page 7

A: Yes.
Q: How far did you go in school?
A: BS in Pharmacy.
Q: What year did you graduate high school?
A: I think it was '73, but I'm not sure.
Q: All right. Where did you go to college?
A: Pre-pharmacy or after pharmacy?
Q: Let's start with the first college you went to.
A: USC in Columbia.
Q: Okay. And is that where you got your undergraduate degree from?
A: I didn't get an undergraduate degree.
Q: You just got a pharmacy degree?
A: Right.
Q: Okay. Where did you end up getting your pharmacy degree from?
A: Charleston Medical University.
Q: Okay. And that's a BS in pharmacy?
A: Yes.
Q: Do you have any degrees past your Bachelor's?
A: No.
Q: What year did you get your BS in Pharmacy from the Medical University?
A: I think that was '79.
Q: Okay. And are you a licensed pharmacist?

Page 8

A: Yes.
Q: I mean, did you get your license to become a pharmacist?
A: Well, I don't remember what year that was. It was some -- either in '80 or '81. I had to do interning before I could get my license.
Q: Okay. And you still have your valid license now?
A: Yes.
Q: Since 1980 or 1981 when you got your license, have you worked as a pharmacist since that time?
A: Yes.
Q: And it is my understanding that you are currently working for Wal-Mart?
A: Yes.
Q: When did you start working at Wal-Mart?
A: 2001, March 2001.
Q: And you started working for them as a pharmacist?
A: Yes.
Q: Have you held any other jobs at Wal-Mart other than that of a pharmacist?
A: No.
Q: I've got the date of your accident written down

Page 9

at February 16, 2013. Is that correct?
A: Yes.
Q: In February of 2013, was Wal-Mart your only job?
A: Other than self-employed? I worked some in our comic book store too.
Q: Okay. So, Wal-Mart was your primary job?
A: Yes.
Q: And you had another job doing what?
A: Ordering promotions and other things.
Q: For whom?
A: Our comic book store we have in Florence.
Q: And when you say ours -
A: Legends Comics on Irby Street.
Q: Yes, ma'am. Who owns that?
A: My husband and I.
Q: Okay.
A: He's self-employed.
Q: Do you take any kind of salary from that comic book store?
A: No.
Q: Okay. Do you get paid, like if you're helping him out, do you get paid by the hour?
A: No.
Q: But obviously, that's household income whatever

Page 10

profit the place makes.
A: If there's a profit, then that would be income.
Q: Okay. How long have y'all owned that store?
A: I can't really remember. I think it's been around 20 years.
Q: Have you already filed your tax returns for the tax year 2012?
A: You're saying the ones that were due last April?
Q: Yes, ma'am.
A: Yes.
Q: Did you have any other employment in February of 2013 other than your job as a pharmacist at Wal-Mart and helping out your husband with Legend's Comics?
A: No.
Q: Before working at Wal-Mart, had you worked as a pharmacist at some other places?
A: Yes.
Q: Where else had you worked as a pharmacist?
A: Winn-Dixie.
Q: Okay. Anywhere else other than that?
A: CVS and Rite Aid.
Q: Okay. So, we've got CVS, Rite Aid, Winn-Dixie and Wal-Mart. Every worked as a pharmacist

Page 11

anywhere else other than those places?
A: Revco and CVS are the same.
Q: Yes, ma'am.
A: I filled in at a small pharmacy in Cheraw called Wannamaker's.
Q: Kind of a mom and pop type pharmacy?
A: Yes. When she'd need off, she'd call me.
Q: Okay. And it's called Wannamaker?
A: Yes.
Q: Okay. Any other pharmacy jobs in the past?
A: I might have filled in some other ones too that people would call me when they need off.
Q: Okay.
A: But not within, since I've been working at Wal-Mart.
Q: Okay. Has your license as a pharmacist ever been suspended or revoked for any reason?
A: No.
Q: Have you ever been investigated for any problems related to your license?
A: No.
Q: Have you ever been terminated from any of the pharmacy jobs that you've had in the past?
A: Yes.
Q: Okay. Which one?

Page 12

A: Revco.
Q: And why were you terminated from Revco?
A: I don't know why.
Q: They fired you without giving a reason?
A: I don't remember what reason they used.
Q: Okay. Did it have anything to do with your making mistakes or job performance as a pharmacist, anything like that?
A: No.
Q: Have you ever been terminated from any other place that you've worked as a pharmacist?
A: I'm not sure whether that would be classified as termination or not. They closed two stores in the area and didn't give me hours.
Q: And who was that?
A: Rite Aid.
Q: And why was it that they were not giving you hours?
A: They closed the two stores in the area.
Q: Okay. When you left Rite Aid, you went to work where?
A: I think it was Winn-Dixie. I think it might have been Winn-Dixie, but I may have filled in at some independents in-between.
Q: Okay. But your not getting hours at Rite Aid

Page 13

was not due to any problems that you were having as a pharmacist. It was just that stores weren't there anymore?
A: Yes.
Q: Okay.
A: I think they sold them, but it's been a long time since then.
Q: Any other terminations from any places that you've worked in the past?
A: No.
Q: All right. Have you ever had a Workers' Compensation claim before?
A: No.
Q: Have you ever had an on the job injury before?
A: No.
Q: Have you ever -
A: Not that I know of. I was in a tornado -
Q: Okay.
A: - in Bennettsville.
Q: All right. Did you get hurt?
A: I don't remember a lot about it.
Q: And why is it that you don't remember that?
A: It's been a long time. It was back when I worked for Revco.
Q: Okay.

Page 14

A: When I was single.
Q: Have you ever been involved in an automobile accident?
A: Yes.
Q: Have you ever been involved in an automobile accident where you've got hurt?
A: Yes.
Q: Tell me about that.
A: A meat truck ran me off the road.
Q: When was that?
A: It's when I was working for Winn-Dixie but I don't remember the date.
Q: Were you, was that a job-related thing? Were you working at the time?
A: No, I was driving down there. I stayed down there and was going to work the next day.
Q: Okay.
A: At the beach.
Q: What kind of injuries did you have?
A: My left arm.
Q: What happened to your left arm?
A: The meat truck ran me off the road, and my car spun around and my arm hit up against the door.
Q: What kind of injury did you have to your left arm?

Page 15

A: It was the top of it that was bruised.
Q: Did you have any other injuries other than some bruising or contusions?
A: It hurt for a couple of weeks, but I think that was all that was wrong with it.
Q: Did you get any medical treatment?
A: I did, but I don't remember much about it.
Q: Okay. Do you remember if you went to an emergency room or what?
A: Well, I had to have seen a doctor. I think I probably did go to the emergency room.
Q: Where were you living when that happened?
A: Bennettsville.
Q: Did you have an attorney representing you on that claim?
A: Yes.
Q: Who was that attorney?
A: I don't know what his name was.
Q: I'm assuming that claim has been resolved a long time ago?
A: Yes.
Q: Did y'all settle or did you have to go to court or what?
A: I think he settled with the meat company.
Q: Okay. Any other automobile accidents?

Page 16

A: I had one when I was in college on the Cooper River Bridge, at the foot of the Cooper River Bridge.
Q: Did you get hurt in that?
A: No.
Q: Any other automobile accidents?
A: I think I did have one down in Beaufort, but that was a long time ago. I don't remember anything about that too much.
Q: Okay. Anything else?
A: No, I can't think of any other accidents. Maybe I had one when I was 15 or 16 driving in the car with my father, but I don't remember that too well either.
Q: Have you ever been involved in a lawsuit where you sued someone or someone sued you?
A: I don't think so. Is that what that other lawyer thing would be?
Q: Maybe, but I know about that one.
A: Well, I don't think I've had anything other than that.
Q: Have you ever hired or been represented by an attorney for anything before? I know about this claim, and I know about the previous automobile accident back when you were working

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(803) 252-3445 / (800) 822-0896

Page 17

at Winn-Dixie. Anything else other than that?
A: To settle my father-in-law's estate.
Q: Okay.
A: And I don't think I've had a lawyer other than that meat company.
Q: Have you ever had surgery for anything?
A: Tonsillectomy, and I think I had a mole removal when I was -- I don't know how old I was then. I was a child.
Q: Okay. Anything else other than that?
A: Not that I know of.
Q: Have you ever been hospitalized where you had to stay in the hospital overnight?
A: When I had that tonsillectomy.
Q: Anything else other than that?
A: I don't know if I did when I had that mole removed or not.
Q: Anything else other than those two?
A: No, I don't think so.
Q: Okay. Tell me what parts of your body you hurt in your accident at Wal-Mart.
A: It's all over the right side.
Q: Okay. Well, let's do this. We'll start from the very top of your head, and you tell me what kind of problems you're having, just body

Page 18

parts. Just list the body parts for me that you're having problems with that are related to this work accident.
A: Neck, shoulder, back.
Q: Which shoulder? Right?
A: Right most of the time.
Q: Okay. All right. I've got neck, right shoulder, back.
A: Arm.
Q: Right arm?
A: Right.
Q: Okay.
A: Elbow.
Q: Right elbow?
A: Yes.
Q: Okay.
A: Hand.
Q: Right hand?
A: Right hand, right wrist, right fingers. My left thumb was swollen too. You want me to go down the rest of the back?
Q: Yes, ma'am.
A: All the way down the back, the hip, right hip, whatever that muscle is on the butt, the right leg, the knee, the right calf, the right ankle,

Page 19

foot, right foot. All of it's on the right, most of it's on the right side.
Q: Okay. Are you having any problems with your left shoulder related to this accident?
A: Having to use the left side a lot more, so I don't know whether it's from tiredness or not. I'm having to use the left side to do more things.
Q: Okay. Are you having problems with your left shoulder at this point?
A: Not usually.
Q: How about your left arm? Are you having any problems with your left arm?
A: Not most of the time.
Q: How about your left hand or your left wrist or your left fingers?
A: My left thumb bothers me.
Q: Okay. How about your left hip, left leg, left knee, left ankle, left foot, anything down there?
A: Well, my back hurts, and that bothers anything that comes down there.
Q: Okay. So, you do have some pain going into your left leg from your back?
A: I don't feel it as much as I feel the right

Page 20

side, but my back on that side gets sore.
Q: Yes, ma'am. I guess what I'm asking you is does it go down into your left buttock, your left hip, your left leg?
A: Not like the right side.
Q: Does it go down at all into your left buttock, left hip or your left leg?
A: I'm having to use that side more.
Q: Okay.
A: So, it gets tireder. I'm having to use it most of the time instead of the right side.
Q: Okay. All right. Any other problems other than those body parts?
A: What else are you asking about?
Q: I'm just asking you what other parts we're here about. I mean, you pretty much listed every body part that I can think of, but I just didn't know if there was anything else that you hadn't listed that you're having problems with.
A: I told you my back. It hurts up at the top of my back a lot. The more I try to use my arms.
Q: Are there any other body parts that I'm missing though?
A: What parts did I say already?
Q: All right. I've got neck, right shoulder,

Page 21

back, right arm, right elbow, right hand, right wrist, right fingers, left thumb, right hip, right buttock, right leg, right knee, right ankle, right foot. Left shoulder and arm, you use it a little bit more but it doesn't hurt that much and left hip, left leg, left knee, left ankle and left foot don't bother you very much but gets more tired because you use it and so on.

A: My back.
Q: Yes, ma'am. I've got that one.
A: You've got that one?
Q: Yes, ma'am.
A: Okay.
Q: Any other body parts that I've missed out on?
A: You're just talking about body parts and not other problems?
Q: Any other problems that you're having.
A: I have trouble concentrating.
Q: Okay. Anything else?
A: I'm having a lot of pain.
Q: Okay. Anything else?
A: Headaches.
Q: Anything else?
A: I can't think right now, but --

Page 22

Q: All right. Before your accident at Wal-Mart, had you ever had an injury or any problem with any part of your back? By that, I mean your neck, you mid back, your low back, any part of your spine?
A: I slipped in some mayonnaise but not at work.
Q: Okay.
A: At a grocery store.
Q: All right. And did you hurt your back?
A: I'm not sure what part I hurt. It was butt or something right about there.
Q: When did that happen?
A: That was probably 2002 or 2003. I don't really remember.
Q: Did you file a claim against that store?
A: Did I fill out an accident report?
Q: Yes, ma'am.
A: Yes.
Q: What store were you in when that happened?
A: Wal-Mart grocery store.
Q: The same Wal-Mart you work at or a different one?
A: It was in Lumberton, North Carolina.
Q: Is that case settled or did you file a lawsuit against them? What happened with that?

Page 23

A: No, I didn't file any lawsuit.
Q: Did they settle the case with you?
A: They reimbursed the chiropractor bills.
Q: What chiropractor did you go to?
A: I think his name was Ray Armstrong.
Q: And he's a chiropractor?
A: Yes.
Q: What city was he located in?
A: Laurinburg, North Carolina.
Q: Laurinburg? Is that right?
A: Yes.
Q: Okay. Have you ever had any other injuries or problems with any other part of your back?
A: I don't think so.
Q: Have you ever had any type of medical treatment on your back before February 16, 2012, other than the chiropractor that you just told me about?
A: No, not that I know of.
Q: How about with regard to your right shoulder, your right arm, your right elbow, have you ever had any prior injuries or problems with any of those body parts before February 16, 2012?
A: I had a frozen shoulder.
Q: Okay. When was that?

Page 24

A: I think five or six years ago.
Q: How did you get a frozen shoulder?
A: The dog pulled the leash.
Q: Did you go and get medical treatment?
A: Yes.
Q: With whom?
A: Paul somebody, Dr. Paul, I can't remember. It might have been longer than five or six years ago. It might have been seven or eight years ago. I can't remember. He's in Bennettsville, Rush.
Q: Dr. Paul Rush?
A: Yes.
Q: What kind of doctor is he?
A: I think he's an ortho doctor.
Q: What kind of treatment did you have on your -- this is your right shoulder that we're talking about, correct?
A: Right.
Q: Okay. What kind of treatment did you have on your right shoulder?
A: He gave me a steroid shot and physical therapy.
Q: Okay. Did you see anyone else for that problem other than Dr. Paul Rush?
A: No.

Page 25

Q: All right. And how long did it take for you to recover from that injury?
A: Three or four months.
Q: After those three or four months, did you continue having problems with the right shoulder or did it resolve a hundred percent?
A: It was gone.
Q: So, it resolved completely?
A: Yes.
Q: Okay. Any other previous problems or injuries with your right shoulder, your right arm, your right elbow?
A: I don't remember any other reason why I went to see a doctor.
Q: Okay. Do you ever remember having medical treatment of any kind on your right shoulder, your right arm or your right elbow other than this previous treatment that you just told me about with Dr. Rush, before your accident at Wal-Mart?
A: Not on those areas. No, I don't think so.
Q: Okay. Next, I'll move the hand and wrist area. Your right hand, your right wrist, your right fingers. Had you ever had any injuries or problems with your right hand, your right wrist

Page 26

or your right fingers before your accident on February 16, 2013?
A: No.
Q: Had you ever had any medical treatment of any kind on your right hand, your right wrist or your right fingers before February 16, 2013?
A: No, I don't think so.
Q: What about your left thumb? Had you ever had any problems or injuries to your left thumb before the accident on February 16, 2013?
A: No.
Q: Had you ever had any medical treatment on your left thumb before February 16, 2013?
A: No.
Q: Let's go down from there and talk about the right hip, right buttocks, right leg, right knee, right ankle, right foot, basically that entire right lower extremity. Had you ever had any problem or injuries with any part of that right lower extremity before the accident on February 16, 2013?
A: No, I don't think so.
Q: Have you ever had any medical treatment before February 16, 2013, on your right hip, your right buttocks, your right leg, your right

Page 27

knee, your right ankle or your right foot?
A: What did you just ask?
Q: Have you ever had any medical treatment on any body parts basically from your right hip down, anything involving your right lower extremity.
A: I don't think so.
Q: Okay. How about your left lower extremity? Any problems or injuries or medical treatment before February 16, 2013, on your left lower extremity? Basically left hip all the way down to your left foot.
A: I don't remember anything on the left side.
Q: You mentioned earlier a problem with concentration and headaches. Have you ever had a problem with concentration or headaches before February 16, 2013?
A: What kind of headaches are you talking about?
Q: Any kind.
A: Sinus headaches before.
Q: Okay. Anything else before February 16, 2013, other than sinus headaches?
A: I don't know what causes different kinds of headaches.
Q: I'm not asking you what caused them. I'm asking you if you had them.

Page 28

A: Rarely.
Q: And what does that mean, rarely?
A: Hardly at all headaches.
Q: Once a month, once a year?
A: I don't know, usually when I had a sinus infection.
Q: Okay. Are we talking about something that happened on a monthly basis?
A: No.
Q: Less frequent than that?
A: Yes.
Q: Had you ever had any problems with concentration before this accident on February 16, 2013?
A: If I don't get enough sleep.
Q: Okay. And how long have you been having problems with your concentration if you don't get enough sleep?
A: You mean due to the accident?
Q: No, ma'am. I'm asking you specifically before the accident.
A: I don't remember much about that. I didn't stay up too late most of the time.
Q: So, did you ever have problems with concentration before this accident?

Page 29

A: No, not in general.
Q: Okay. Have you ever had problems with memory loss, forgetting things, not being able to recall things?
A: Are you asking is that a big problem or is that, what are you asking exactly?
Q: I'm asking if you've ever had those problems.
A: Because everybody has that.
Q: Okay. Do you have that?
A: Are you asking did the accident cause that or what are you asking?
Q: No, ma'am. It's very simple. I'm just asking if you ever had problems with memory loss or forgetting things.
A: Not most of the time until the accident.
Q: Okay. Have you ever sought medical treatment before February 16, 2013, for any type of headache, regardless of what type it was or what caused it?
A: Sinus.
Q: Okay. And who would you have seen for sinus headaches?
A: Well, I might now have had treatment for the headache. It might have been an infection by then.

Page 30

Q: All right. Who would you have treated with for a sinus infection?
A: I saw Dr. -- let me see, there was a doctor in Surfside. I can't think of his name. I only saw him that time, and one of the pharmacists recommended him. I can't remember what his name is.
Q: How many times did you see this doctor in Surfside Beach?
A: Once.
Q: Okay. And just for a sinus injection?
A: That one time, yes.
Q: Have you seen anyone else for any sinus infections or sinus headaches?
A: I went to a Doctors Care for some infection.
Q: Okay. Which Doctors Care did you go to?
A: Conway.
Q: I don't know if there's more than one in Conway. What street was it on in Conway?
A: Main Street.
Q: Ever been anywhere else for any medical treatment related to either sinus infections or sinus headaches?
A: Not within the last seven years.
Q: Yes, ma'am. I'm just asking generally, not

Page 31

within the last seven years.
A: I didn't usually go see doctors very often. I only saw my gynecologist. That was the only other doctor I saw.
Q: Okay.
A: So, if I had an infection when I saw him, I got an antibiotic for the sinus infection. I don't remember what I had when.
Q: Who's your gynecologist?
A: I hadn't seen him in a long time either.
Q: Who is it?
A: He's in Bennettsville.
Q: Okay.
A: I don't remember what his name is.
Q: How long did you go to the OB/GYN in Bennettsville?
A: Probably five years. John Nobles is the doctor's name.
Q: All right. You've lived here in the general Conway, Myrtle Beach, Grand Strand area for how long?
A: Five to, four to seven years maybe.
Q: Do you have a family doctor that you see here in the Grand Strand area?
A: No.

Page 32

Q: Have you seen anyone for just routine healthcare other than Doctors Care in Conway and this doctor that you saw one time in Surfside Beach?
A: I saw a doctor for a well visit.
Q: Who was that?
A: Dr. Sienna Alford.
Q: Sienna?
A: S-I-E-N-N-A.
Q: Okay. Alford?
A: Uh-huh (affirmative response). Yes.
Q: Where's Dr. Alford's office located?
A: I think she's still on Main Street.
Q: Here in Conway?
A: Yes.
Q: Have you seen any other doctors?
A: I don't think so.
Q: Okay.
A: I think that's the only one in Conway.
Q: Have you ever seen a doctor for problems with concentration, memory loss or focus, attention, anything like that?
A: No.
Q: All right. Ms. Stevenson, tell me about your accident. How did you get hurt?

Page 33

A: You mean at Wal-Mart at the pharmacy?
Q: Yes, ma'am.
A: I had walked down to the counsel window to talk to a mom about the child's antibiotic, and I talked to her and the antibiotic wasn't mixed. So, I turned to tell a tech that it needed to be mixed, and my foot had to have stepped down into a coiled cord.
Q: What kind of cord? Like a telephone cord? What kind of cord are we talking about?
A: It was a computer cord.
Q: Okay. Basically a power cord? That kind of thing?
A: No, it was a computer cord, computer notched telephone computer.
Q: Okay. What we call a cap five line?
A: I don't know what that is.
Q: I mean, are you talking about a cord like that's plugged into the wall here or not that thick?
A: No, it's not a plug. It was like a cable cord.
Q: Okay, I gotcha.
A: But it's notched.
Q: All right. And okay, so what happened after your foot stepped into that cord?

Page 34

A: Okay. I didn't know it had stepped into there until after I turned and tried to take a step, and I fell forward and hit that, hit the counter and the can and my hand went through it, and I bounced a little bit I guess.
Q: Which hand are we talking about that went through something?
A: The right hand.
Q: And it went through what.
A: The hazardous waste bin.
Q: Okay. What other parts of your body did you hit in that fall?
A: I'm not sure exactly what hit, but I think almost everything hit something. Maybe my head didn't hit anything.
Q: Okay. Did you fall all the way to the ground?
A: I ended up on the ground.
Q: Were you laying on the ground, or did you fall like on hands and knees or how did you fall?
A: I landed on, I landed on the left hand and knee or hand, left side and left hand.
Q: Okay. So, you ended up on the ground on your left side?
A: Yes.
Q: Okay. What did all the stuff on the right side

Page 35

hit?
A: That hazardous waste bin.
Q: Okay. And -
A: I think when the hazardous waste bin went down and the computer cord ripped out of the wall is when I hit the ground on the left side.
Q: Okay. Did you fill out the accident paperwork that day?
A: Yes.
Q: Okay. And did you go and get medical treatment that day?
A: No.
Q: But you did fill out the incident report?
A: Yes.
Q: What body parts did you indicate that you had injured when you filled out your incident report?
A: I don't know. I haven't seen it. They wouldn't give me a copy of it.
Q: Is that a copy of the incident report that you completed?
A: Yeah, it looks like my handwriting on there.
Q: Okay. And is that your signature down at the bottom?
A: Yes.

Page 36

Q: What body parts does it say were injured?
A: It says the cord pulled the right foot out and twisted down where hand was caught in plastic lid, and I put right hand and pinkie finger.
Q: Okay.
A: That's what was hurting at the time when I filled out the form.
Q: Okay. We'll mark this as Exhibit Number 1.
(Defendant's Exhibit Number 1 was marked for identification purposes.)
A: But that wasn't all that was hurting.
Q: You had more stuff hurting at the time?
A: I don't remember exactly what else was going on. My hand was throbbing.
Q: Okay. Well, you just said that's not all that was hurting at the time.
A: I was sore.
Q: Okay.
A: But I didn't put anything down. I was sore all over probably.
Q: Why did you not list that on the form?
A: They asked me what part got hurt.
Q: Yes, ma'am.
A: So, I put down what part I knew got hurt.
Q: But you were having soreness and pain in other

Page 37

parts right?
A: It was sore.
Q: Why didn't you put those parts down if they were sore?
A: I don't know. I don't have any idea. I don't remember too much about back then.
Q: Okay. When is it that you went to the doctor for the first time?
A: I think it was the Friday following that. That was the first day off I could go.
Q: Okay. And the doctor that you went to was Doctors Care?
A: Yes.
Q: In Myrtle Beach?
A: At Carolina Forest.
Q: Okay. When you got to Doctors Care, did they take a history from you, ask you the usual doctor questions?
A: I guess he did, yes.
Q: What happened, how did it happen, what got hurt, you know those sorts of questions?
A: Yes.
Q: Okay. Did you tell them all the problems that you were having?
A: I told him how I got hurt.

Page 38

Q: Did you tell them what body parts got hurt?
A: Yes, and I told him I was sore all over.
Q: Okay. It said you had been using some Elasto-gel on your own. What's Elasto-gel?
A: Heat pack. Ice pack, heat pack.
Q: Okay. Had you been treating yourself in any other way other than heat packs and ice packs before you saw Doctors Care?
A: Before the accident?
Q: No, ma'am. Before you saw the doctor, in between February 16th when you got hurt and February 20th when you saw Doctors Care. During those brief couple of days, did you have any, did you do anything else to treat yourself?
A: I took an anti-inflammatory.
Q: What kind of anti-inflammatory did you take?
A: It might have been Advil or Percogesic.
Q: Where would you have gotten Percogesic from?
A: It's -- Percogesic backache.
Q: I don't know what that -
A: It's on the shelf. You can get it.
Q: Oh, it's an over-the-counter-type thing?
A: Yes.
Q: Okay. When you first went to Doctors Care, did

Page 39

they release you to go back to work?
A: They didn't take me out of work.
Q: Okay. Did you continue working?
A: Yes.
Q: And you continued working as a pharmacist?
A: Yes.
Q: All right. It looks like you went to Doctors Care several times over the course of about a month. Is that accurate?
A: Yes.
Q: And it looks like they also started you at Progressive Physical Therapy. Is that correct?
A: The one on 21st Avenue.
Q: Yes, ma'am.
A: I don't remember what their name was.
Q: But they stared you in physical therapy?
A: Yes.
Q: And it looks like after they saw you in March, they sent you over to an orthopedist. Is that correct?
A: Yes.
Q: And you saw Dr. Merritt at Strand Orthopedics?
A: Yes.
Q: And it looks like Dr. Merritt continued you in physical therapy for quite some time.

Page 40

A: Yes.
Q: It looks like you ended up doing a full three months of physical therapy.
A: Yes.
Q: Okay.
A: Can I stand up for a little while?
Q: Sure.
A: My neck's getting awfully stiff.
Q: Okay. Do you need to take a break or do you -
A: No, I don't need to take a break. I just need to stand up.
Q: All right. When you went to Dr. Merritt, did you tell him all the problems you were having with all the various body parts?
A: Yes.
Q: Okay. And what problems were the most pressing when you went to Dr. Merritt? What was hurting you the most?
A: Everything hurt, but he'd only treat what they said.
Q: Okay. How do you know that?
A: He said he wouldn't look at anything but what they had on the sheet.
Q: Okay. What did they have on the sheet?

Page 41

A: I don't remember exactly, but they didn't -- I don't know. I don't know exactly what they had. They didn't send the same thing the first doctor okayed.
Q: Who is they that wrote on the sheet?
A: Workers' comp.
Q: Did you see the sheet?
A: No, he said he wasn't allowed to look at anything that wasn't authorized.
Q: Yes, ma'am. You're referring to the sheet I just -
A: I don't know. He said whatever he was authorized to see was on some sheet. I never saw it.
Q: Okay. What was it that you were having the most problem with when you saw him?
A: Pain all over the right side.
Q: Was there anything on the right side that was hurting more than the rest or was it all the same?
A: At different times, some hurt worse than others, but I don't remember which ones were the worst.
Q: Okay. What body parts has Dr. Merritt actually treated?

Page 42

A: I don't remember what parts he's actually treated.
Q: What have you had medical treatment on, ma'am?
A: I don't remember which ones he actually treated.
Q: Okay.
A: I know which ones he didn't.
Q: Let's go with that then. Which ones didn't he treat?
A: He didn't treat my arm or hand or fingers or any of that.
Q: Okay.
A: Because I don't know what they approved or what they didn't approve. They changed things.
Q: So, he didn't treat the right arm, correct?
A: Right.
Q: The right hand? Is that right?
A: Yes.
Q: The right fingers?
A: Yes.
Q: How about the right shoulder?
A: He gave me a shot in the shoulder.
Q: Okay. So, he did do some treatment on the shoulder?
A: Yes.

Page 43

Q: How about the neck? Did he do treatment on the neck?
A: He did something there.
Q: How about the low back?
A: I don't know what he did. I don't know what he chose to treat or what they let him treat.
Q: Okay. How about your hip and your knee and your right leg? Did he treat any of that?
A: He evaluated my knee.
Q: Did he treat any of that?
A: I don't know if he did, what exactly he did. I think he looked at the knee, so he must have done something with that.
Q: Okay. How about physical therapy? Did you ever have any physical therapy on your right arm, your right hand or your right fingers?
A: Most of what they had me do was on the shoulder.
Q: Did they ever do anything with the arm or the hand or the fingers?
A: Some of the exercise I couldn't do.
Q: Yes, ma'am. That's not what I asked. What I asked is did they ever do -
A: Specifically do it?
Q: Yes, ma'am. Any physical therapy on the arm or

Page 44

the hand?
A: It wasn't ordered.
Q: Okay. All right. How many injections did you have in your shoulder?
A: One.
Q: Did you have injections anywhere else?
A: By who?
Q: Any injections anywhere else on your body other than the one in your right shoulder.
A: Dr. Pappas.
Q: Okay. Who's Dr. Pappas?
A: He's another doctor there.
Q: At Strand Orthopedics?
A: Yes.
Q: Where did he give you the injection?
A: In the foot.
Q: In the right foot?
A: Right.
Q: Okay. Any other injections to any other body parts?
A: I don't think so. I can't remember anything else.
Q: It looks like you had an MRI of your right knee. Is that correct?
A: Yes.

Page 45

Q: You had an MRI of your neck.
A: Is that the spine?
Q: Yes, ma'am.
A: Yes.
Q: You had an MRI of your right shoulder.
A: Yes.
Q: You had x-rays of the pelvis and hips.
A: I know I had a hip x-ray. I don't remember exactly what was on it.
Q: You had x-rays of your shoulder, your right shoulder specifically.
A: I think, they took a lot of x-rays at that place, but I think nothing came back that they told me about.
Q: Yeah, it looks like they also did x-rays of your neck, your right knee, your right elbow and your right hand. Does that sound right?
A: Yeah, I think they did those too.
Q: Okay. It looks like Dr. Merritt released you from his care on October 8th of this year. Is that true?
A: If that's what he wrote on that date, that is.
Q: Have you seen him since then?
A: No.
Q: Do you feel like any of the medical treatment

Page 46

he gave you helped?
A: The steroid shot helped.
Q: The one in the right shoulder?
A: Yes.
Q: How about any of the physical therapy, did that help?
A: Yes.
Q: How about the medications that he had you on?
A: Are you asking did it help with the pain?
Q: Yes, ma'am.
A: Yes.
Q: So, were you happy with Dr. Merritt's treatment?
A: No.
Q: Why?
A: He was a workers' comp doctor. They only let him see certain parts.
Q: Okay. Is that the only reason you're not happy with him?
A: He never had time for me.
Q: Is there any other reason you're not happy with him?
A: He didn't answer questions. He didn't have time for me.
Q: Okay. Any other reasons that you're not happy

Page 47

with him?
A: He didn't explain things well.
Q: Yes, ma'am. You said that. Anything else?
A: I didn't feel like he was my doctor.
Q: What did you feel like he was the doctor for?
A: He was workers' comp doctor. He didn't listen to me.
Q: Do you feel like he was just doing what they wanted him to do?
A: He didn't believe me. He didn't listen to me.
Q: How about Doctors Care? Did you feel the same way about Doctors Care?
A: I saw two different doctors. The lady doctor was nice.
Q: Okay. How about the physical therapy place? How were they?
A: I saw two different physical therapists too. They were pretty good.
Q: You were happy with them?
A: Most of the time.
Q: Were there periods of time that you weren't happy with them?
A: I -- everything I know was smooth over there -
-
Q: Okay.

Page 48

A: - when I went. It seemed to be smooth.
Q: All right. How about Dr. Pappas. Were you happy with him?
A: Yes.
Q: Okay. And then you had a one time evaluation with Dr. Tamadon, correct?
A: Yes.
Q: How was Dr. Tamadon?
A: What do you mean by that?
Q: How did you like him?
A: Well, he was a doctor.
Q: Did he listen to you?
A: He didn't believe what I said either.
Q: How do you know that?
A: I read his report.
Q: Did he let you tell him what was wrong?
A: He took the time to be in there to do the nerve test.
Q: He did a nerve conduction study?
A: Yes.
Q: Okay. Did he talk with you about what kind of problems you were having and take a history from you?
A: About ten minutes before, I think about ten minutes before he did the nerve test.

Page 49

Q: Okay. And did he meet with you after the nerve test?
A: No.
Q: All right. Have you seen any other doctors other than the doctors that we've already mentioned? Let me read them to you so -- this is my list. I've got Dr. Merritt, Dr. Pappas, Dr. Tamadon, Doctors Care, and Progressive Physical Therapy. Have you seen any other health providers for this accident other than that?
A: Other than Doctors Care?
Q: Yes, ma'am.
A: I saw Dr. Ownens.
Q: Who is Dr. Owens?
A: He's in Georgetown.
Q: Okay. What kind of doctor is Dr. Owens?
A: He's a chiropractor.
Q: Is that Winyah Chiropractic Clinic?
A: Yes.
Q: Okay. And what has Dr. Owens done for you?
A: Pain relief and treatment.
Q: What has he actually done though?
A: Pain relief and treatment.
Q: Yes, ma'am. I understand that's the goal, but

Page 50

what has he actually done? Is it the manipulation, cracking your back and the massage and all that stuff?
A: Yes.
Q: Is he treating you for anything other than your spine?
A: No.
Q: Is his treatment helping?
A: Yes.
Q: Are you still seeing him?
A: Yes.
Q: And how are you paying for Dr. Owens?
A: Cash.
Q: Do you have health insurance?
A: Yes.
Q: And do you have health insurance through Wal-Mart?
A: Yes.
Q: Have you seen any other doctors other than the ones that I mentioned earlier, and now you've just told me about Dr. Owens? Anybody else?
A: No.
Q: Do you have any pending appointments to see any doctors at this time?
A: I don't know.

Page 51

Q: Okay. Are there any doctors you're supposed to follow up with?
A: I don't have any follow-ups with anybody.
Q: Okay. When's the last time you saw Dr. Owens?
A: Oh, I have continuing appointments with him.
Q: That's what I'm asking.
A: Okay. I saw him on Monday.
Q: Okay. So, you saw him yesterday, the 25th?
A: Yes.
Q: Actually, yeah, yesterday. How often do you see Dr. Owens?
A: Most of the time three times a week.
Q: And is that the kind of place where you just show up or you have to make an appointment?
A: I have an appointment.
Q: And how much does he charge you a visit?
A: I think it's $55.
Q: And you can't put any of that on your health insurance?
A: No.
Q: Okay. All right. Are you seeing anybody else in an ongoing fashion at this point?
A: No.
Q: Do you have any appointments coming up with anybody else?

Page 52

A: I don't know.
Q: I don't even understand --
A: I haven't made any.
Q: Okay.
A: I haven't made any yet, so I don't know who I will be seeing.
Q: Okay. Do you plan to see somebody else?
A: I'm still hurt. Workers' comp didn't fix everything.
Q: Okay.
A: I'm going to need to see somebody.
Q: Okay. But you haven't done that yet?
A: No, I haven't gotten any appointments.
Q: Okay. When do you plan to do that?
A: As soon as I get a chance to.
Q: And what is it that's stopping you from getting a chance to do that for now?
A: When I can get an appointment.
Q: Have you called anybody to try and get an appointment?
A: I called a couple of offices, but they don't do what I want done.
Q: Okay. Who have you called?
A: Two offices in Georgetown.
Q: What kind of doctors?

Page 53

A: Orthopedics.
Q: Okay. And what is it that you want done?
A: The same thing Dr. Tamadon did.
Q: I don't know what that is.
A: That was some kind of second opinion doctor.
Q: Oh, okay. Do you remember the names of the doctors you saw?
A: I didn't see anybody.
Q: That you called about?
A: Well, it was two of them that my chiropractor recommended.
Q: Okay.
A: But I don't remember what their names are.
Q: Okay.
A: One starts with a T, and I don't know what the other one's name is.
Q: Are you waiting on an appointment or you couldn't get one?
A: No, they did not do that.
Q: Okay. So, now you've got to go and find somebody else who does that.
A: So, I have to find an appointment with someone who does that.
Q: Okay. And specifically, what kind of, what body parts are that you want someone to look

Page 54

at?
A: Everything that was hurt.
Q: Okay. Back and all the stuff on the -
A: Everything you have on your list that was hurt.
Q: Okay. All right. At this point, you feel like you still need medical treatment for all those body parts I have listed?
A: Yes.
Q: Do you feel like any of the body parts that were injured have resolved?
A: No.
Q: Are any of the body parts that were injured improved?
A: Somewhat.
Q: Which body parts are improved?
A: The shoulder is some.
Q: Right shoulder?
A: Right.
Q: How much improvement would you say you've gotten?
A: Well, I can't tell. It gets worse. It's been getting worse since the physical therapy stopped in June.
Q: Okay. I mean, sitting here right now, is it any better than it was before you had medical

Page 55

treatment, or it's about the same?
A: I don't remember.
Q: Okay.
A: I don't remember. That was seven or eight months ago.
Q: All right. Do you have any, any opinion on anything else that's gotten better other than the right shoulder maybe a little bit?
A: I don't know. It all hurts.
Q: And it all hurts just as much now as it has the whole time?
A: No, it goes back and forth with what I use.
Q: What do you mean by that, with what you use?
A: With anything the way I move.
Q: Okay. With activities?
A: Yes.
Q: All right. Are you still working at Wal-Mart right now?
A: I'm still employed by Wal-Mart.
Q: Are you still working at Wal-Mart right now? Physically showing up, clocking in and working?
A: No, they don't have me scheduled.
Q: Okay. When is the last time you actually physically worked at Wal-Mart?
A: I don't remember. It was in October.

Page 56

Q: Between February 16, 2012, and October of 2013, were you working that entire period of time?
A: No.
Q: What periods of time did you miss?
A: I don't remember those exact days either.
Q: Are we talking periods of time that you missed or just a day here and a day there or what?
A: I don't remember exactly, but I know that I went back around July 3rd or July 4th. I don't know when I was totally out and when I, my last, anything of that, but I know it was around the 3rd that I went back.
Q: Okay. And when you went back to work, you went back to work being a pharmacist?
A: Yes.
Q: Were you working full-time at that point or just part-time?
A: They had me on a limited schedule.
Q: All right. And what happened that you went out of work in October?
A: I was suspended.
Q: Why were you suspended?
A: For a prescription error.
Q: What does that mean?
A: A mistake on a prescription.

Page 57

Q: How many prescriptions errors did you make after you returned in July?
A: That one.
Q: Only one?
A: That I know of. That's the only one they told me about.
Q: Okay. Have you ever made any other prescription errors during your time at Wal-Mart?
A: You mean after the accident?
Q: No, ma'am, during your entire period of employment at Wal-Mart.
A: Yes.
Q: Okay. It's my understanding that there were some prescription errors before this accident, within the past year.
A: Yes.
Q: How many?
A: I don't know.
Q: More than -
A: Within the last year, there may have been, I think I had one in January or maybe it was December, before the accident.
Q: Only one?
A: I don't know how many before that. You said

Page 58

within a year.
Q: Yes, ma'am.
A: I don't remember.
Q: Did you have any back in 2012?
A: Yes.
Q: How many?
A: I don't remember.
Q: More than one.
A: More than one.
Q: Okay. How about 2011?
A: Yes.
Q: How many, more than one?
A: Yes.
Q: Okay. And these are errors in either mixing things or wrong prescription in the bottle or wrong number of pills in the bottle, anything like that?
A: Uh-huh (affirmative response). Yes.
Q: Okay. And working in a pharmacy, there's a whole series of -- Wal-Mart calls them coachings, discipline --
A: Yes.
Q: - when you make those sorts of errors?
A: Yes,
Q: Okay. And in October, you were suspended,

Page 59

correct?
A: Yes.
Q: That's still being investigated at this point?
A: I haven't heard anything from them.
Q: Okay.
A: Usually they tell you in three days.
Q: Okay. All right. So, you have not worked at all since October, correct?
A: No, not at Wal-Mart.
Q: Have you worked anywhere since October?
A: No, not at any other pharmacy.
Q: Have you worked anywhere --
A: I haven't been working anywhere.
Q: Okay. Have you worked with your husband at the comic book store?
A: No, I haven't gone to the comic book store.
Q: Okay. There was a period of time where I know you were out of work completely and you were paid Workers' Comp checks, correct?
A: Yes.
Q: Are you still getting any kind of workers' comp checks at this point?
A: Yes.
Q: How much are your workers' comp checks that you're getting now.

Page 60

A: Seven hundred and something.
Q: $743.72?
A: Probably so, a week.
Q: Okay. And as a pharmacist, you were on an annual salary before this happened, correct or did you get paid by the hour?
A: I'm hourly.
Q: Okay. And it looks like your hourly rate before this accident was $62.60 an hour?
A: I don't remember how much exactly.
Q: Okay. The form that Wal-Mart filled out showed that you made just a hair over $115,000 in 2012. Does that sound about right to you?
A: Probably so. I don't know the exact amount.
Q: Okay. When you, before you got suspended and you were working, what did they have you doing? Were you still working as a pharmacist?
A: Yes.
Q: Were you doing all the duties as a pharmacist or no?
A: No.
Q: What were you not doing?
A: I couldn't open bottles.
Q: Couldn't open bottles?
A: Right.

Page 61

Q: Like prescription bottles?
A: Right.
Q: Okay. Why couldn't you open a bottle?
A: Because I had a hand injury. I couldn't open bottles.
Q: You couldn't open it with either hand?
A: Okay. I couldn't open the bottles.
Q: Yes, ma'am.
A: You have to use both hands to open the bottles.
Q: Okay.
A: I couldn't open the bottles.
Q: Was there anything that you couldn't do in the pharmacy other than opening the bottles?
A: There were a lot of things. They only had me doing the things that I could do.
Q: Okay. I guess that's -- I don't know what you do in a pharmacy. So, I don't know what it is that you can and can't do.
A: They had me counsel the patients.
Q: Yes, ma'am.
A: And look in the computer and do four point.
Q: Do what?
A: Four point.
Q: What's four point?
A: That's checking the directions on the

Page 62

prescriptions.
Q: Okay. So, you were counseling patients when they had questions?
A: Yes.
Q: And you were looking in a computer doing four points?
A: Right.
Q: Were you doing anything else in the pharmacy other than that?
A: There were other things too.
Q: Like what?
A: The techs would bring me bottles to check and make sure they were in the right bag.
Q: Okay. Anything else?
A: Doctor's phone calls.
Q: You could field the phone calls coming in from the doctor's offices?
A: Yes.
Q: Okay.
A: Calling about drug interactions.
Q: Okay.
A: I couldn't staple. I didn't do visual verify. I didn't bag prescriptions, and I didn't carry things.
Q: And when you went back to work, were you

Page 63

working a full 40 hours a week or no?
A: No.
Q: How many hours a week were you working?
A: Sixteen.
Q: Okay. So, you were doing two eight hour shifts or four four hour shifts or what?
A: Four hour shifts.
Q: Okay. Four hour shifts four times a week?
A: Yes.
Q: And that was the most you were able to work?
A: Yes.
Q: Okay. Why is it that you could not work more than 16 hours a week?
A: I had trouble with 16 hours a week.
Q: Tell me why.
A: I was restricted from the doctor to four hour days, because I was already having problems.
Q: Yes, ma'am. I'm asking what problems you were having. Tell me why you couldn't work more than that.
A: The pain, no sleep.
Q: Pain where?
A: All over where I had injuries.
Q: All the body parts I have listed down?
A: Yes.

Page 64

Q: Okay. All right. Any other reason?
A: I couldn't walk. I was having trouble walking. There was all kinds of stuff going on.
Q: Why is it you're having difficulty walking?
A: My leg, all my injuries.
Q: Okay. Specifically what part? Are we talking about your right leg?
A: Yes.
Q: Specifically what about your right leg prevented you from walking?
A: From the foot to the hip and probably the back.
Q: Just pain?
A: No.
Q: You've got to tell me. You're the only one that listens to your body.
A: Pulling, snapping.
Q: Pulling and snapping where?
A: All up and down the leg and in the hip.
Q: Okay. What other symptoms are you having there that prevent you from walking?
A: I don't know. Pain is more than enough to cause you not to, to avoid things.
Q: Okay. I see you've got a cane with you here today. Who prescribed the cane for you?
A: Dr. Pappas told me not to walk on my foot.

Page 65

Q: At all?
A: He told me to avoid walking and to stay off of my feet.
Q: Okay. So, who prescribed the cane to you? Or is that just something you went out and got?
A: Well, I got it so I wouldn't be stepping on my foot that much. He told me I could use crutches or something, and I told him I couldn't.
Q: Okay. So, you got the cane on your own.
A: Yes.
Q: Are you wearing any kind of braces or walking boots or anything like that on any part of your leg or your foot?
A: I'm not wearing anything, no.
Q: Okay. How about, do you have something wrapped around your right wrist?
A: That's a, yes.
Q: Show me what, I can't remember what you have wrapped around your right wrist. Oh, like a tennis -
A: Yes.
Q: - sweatband?
A: Uh-huh (affirmative response).
Q: What's that there for?

Page 66

A: Because my wrist hurts.
Q: What does that sweatband do for you?
A: It makes it hurt less sometimes, and then I take it off when it – because it might hurt sometimes with it on there.
Q: Okay. Any other assisted devices that you're using at this point? Wraps, compresses, hot and cold, anything?
A: Yes, I'm using all of that.
Q: Okay. Are you taking any medication at this point?
A: The same stuff that the doctor prescribed and what's on my chart.
Q: I don't know what that is. What are you taking at this point?
A: The medicines that the doctor prescribed was Skelaxin and I think it was either Lortab or Lorcet.
Q: You're still taking Skelaxin?
A: And the Percogesic.
Q: Okay. The Percogesic is something you're buying over-the-counter, correct?
A: Yes.
Q: Are you still taking Skelaxin?
A: Sometimes.

Page 67

Q: How often do you take Skelaxin?
A: I don't know. It's whenever it hurts really bad.
Q: Once a day, once a week, once a month, I mean, about how often?
A: I don't, can't, can't really tell because if I have to do something the next day, I can't take it. It makes my brain fuzzy.
Q: Okay. When's the last time you've taken Skelaxin before today?
A: Probably about two weeks ago.
Q: And you still have some of that prescription left over from Dr. Merritt?
A: Yes.
Q: What about either the Lortab or the Lorcet? How often do you take that?
A: I try not to take it very often.
Q: How often do you take it?
A: I don't remember how often. He wouldn't write me anymore, so I try not to take it very often.
Q: When's the last time you took any of that?
A: After that exam. After that exam they made me take.
Q: I don't know what exam you're talking about.
A: That test, that function test.

Page 68

Q: Oh, the functional capacity evaluation. Okay. That was back in August. That was the last time you took any of that stuff?
A: I think probably so.
Q: Okay. Are you taking anything over the counter other than the Percogesic?
A: I don't know if I've taken Advil or something like that.
Q: Okay. How often are you taking Percogesic?
A: Most of the time four times a day, three or four times a day.
Q: If, I'm not, I don't know what's going to happen with your suspension, but if that gets resolved and you're able to come back to work, do you feel like you can go back and work 16 hours a week again like you were? I mean, physically, can you do it?
A: Probably not.
Q: And why not?
A: After that test, it got, places got worse.
Q: Do you think you could work any hours at all right now?
A: I don't know. I'm having a lot of trouble sleeping.
Q: What's giving you problems sleeping?

Page 69

A: Pain.
Q: How much sleep do you get per night?
A: It depends upon how long I can stay in the bed.
Q: How long can you normally stay in the bed?
A: If I don't have to go anywhere and I can choose ten or 11 hours to go back and forth to sleep, I might get more sleep.
Q: Okay.
A: Most of the time, it's about three hour time periods.
Q: Okay.
A: Two or three hour time periods.
Q: Now, you've been out of work now for about five weeks, correct?
A: I don't know. It was some time in October.
Q: Okay. What have you been doing since you've been out of work?
A: Going to the chiropractors.
Q: That's three times a week. I'm assuming about 45 minutes a time?
A: Yeah, that 45 minutes to an hour.
Q: Yes, ma'am. What else are you doing other than that?
A: Trying to keep from having pain.
Q: How is it that you try and keep from having

Page 70

pain?
A: Distraction.
Q: How do you do that?
A: Music.
Q: You listen to music?
A: Uh-huh (affirmative response).
Q: Is that a yes?
A: Yes.
Q: Okay. What else?
A: I have that TENS machine.
Q: Where do you use the TENS unit?
A: Wherever I can reach.
Q: Does it help?
A: Some.
Q: What else are you doing?
A: Most normal things.
Q: I mean like, you're able to get up and take care of yourself and that sort of thing?
A: The majority of the time. I have some trouble doing things with my hair and raising my hand up a lot.
Q: Okay. Are you able to run to the grocery store and buy groceries or run out and buy stuff?
A: I haven't been doing that.
Q: Okay. Who does that for you?

Page 71

A: Usually my husband. If he takes me, he drops me at the door, and I get a cart.
Q: Are you able to go shopping -
A: No.
Q: - go outside, do anything like that?
A: No, I do outside. I sit out when it's nice days. I just sit out there.
Q: Can you drive?
A: You mean normally or with pain?
Q: Just can you physically get in a car and drive it.
A: I have trouble driving.
Q: Okay. But you can drive?
A: Sometimes.
Q: Okay.
A: I'm driving back and forth to the chiropractors.
Q: All right. Have you had any injuries or accidents after February 16, 2013?
A: The functional test hurt me worse.
Q: Okay. And what about that functional capacity evaluation hurt you worse?
A: For three days, my left side hurt worse, and my right side hurt for three or four weeks.
Q: Just from all the lifting and stooping and -

Page 72

A: Whatever he made me do.
Q: Okay. Do you think you could work right now unrestricted as a pharmacist?
A: No.
Q: Could you go back to your regular job?
A: No.
Q: Even at reduced hours?
A: No.
Q: And do you feel like you could go back and do the light duty job you were doing prior to your suspension?
A: That was part of the reason why I was suspended.
Q: Why?
A: I couldn't get enough sleep in-between. I was having pain in-between, and I was having trouble with concentration.
Q: And you think that's the reason you had the error?
A: Yes.
Q: What about all the errors before this accident?
A: You get distracted.
Q: Okay. You would agree that you had errors before this accident, right?
A: Say, I filled possibly more than 800

Page 73

prescriptions between July and October, and I had one prescription error, one out of 800. It was probably more than that, but ...
Q: That's the only one they caught.
A: As far as I know. They haven't told me about any others. You never know. It's a possibility of anything.
Q: Okay. Did you want to go back to work when you went back to work in July?
A: I didn't think I was ready to.
Q: Why is that?
A: Because I still needed more treatment. I couldn't take muscle relaxants and work. You can't take anything and work. You have to be able to concentrate.
Q: All right. Do you feel like you could go back and do even a light duty job right now?
A: I'm not sure. It's gotten worse since that test.
Q: All right. Ms. Stevenson, I'm going to ask you a couple of questions. Please don't take any offense to these. These are just standard deposition questions. Do you have any kind of a criminal record?
A: No.

Page 74

Q: Have you ever been convicted of a crime or pled guilty to a crime?
A: No.
Q: Do you have any arrests or warrants that are out there that have not been taken care of?
A: No.
Q: Have you ever had treatment or been recommended treatment for any type of mental or psychological problem?
A: No.
Q: Have you ever had treatment or been recommended treatment for any type of substance abuse?
A: No.
Q: All right, ma'am. I think that's all the questions I have for you. I appreciate your time.
(There being no further questions, the deposition was concluded at 3:00 p.m.)

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ASSOCIATE INCIDENT REPORT

Walmart

INSTRUCTIONS TO ASSOCIATE: *Fill out this form completely, sign the form where indicated and return the original signed form to your Manager immediately.*

INSTRUCTIONS TO MANAGER: *Have Associate complete and sign this form immediately after the injury is reported to you. If no medical treatment is requested by the Associate, file the report in the appropriate location unless your facility is located in Alaska, Idaho, Maine or Texas. In Alaska, Idaho, Maine, and Texas, all incidents must be reported via the Incident Reporting System (IRS) within 24 hours of notice. Once you enter the incident via IRS, fax or email this completed form to your Claims Administrator.*

done 10 Apr

ASSOCIATE INFORMATION:

Associate Name: Ann W Stevenson (first, middle, last)

Home Address: 2261 Greenleaf Drive (street address)

City, State, Zip: Conway, SC 29526

Home Phone #: 843-347-5151 (area code + phone) Cell #: 843-454-6186 (area code + phone)

Birth Date: 5/19/56 ___ Male x Female

Email Address: asteven4@sccoast.net

Hire Date: 3/6/01 Marital status: M

Department/Location: Pharmacy

Job Title: Pharmacy

INCIDENT INFORMATION:

Incident Location: _____

Work Phone #: _____

Manager's Name: _____

Manager's Phone #: _____

Date/Time of Incident: ___/___/___ (___am ___pm)

Date/Time Reported: ___/___/___ (___am ___pm)

Reported To: _____

Witnesses (Name/phone number for each witness): _____

What were you doing just before the incident happened? Describe the activity, as well as the tools, equipment, or materials that you were using. Be specific. (*Example:* "I was climbing a ladder"): Counselling patient tripped on hose cord & turn around

Describe what happened. Describe how the injury actually occurred (*Example:* "I slipped off the ladder and hit the ground."): tripped on hose cord & hand was caught in Hippa top fell to floor

Describe the part(s) of your body (including left or right side) affected and type of injury (bruise, cut, etc.). Be more specific than just saying "hurt" or "sore". (*Example:* "Nature of Injury: twisted and bruised ankle; Part of Body Injured: left ankle"):

Nature of Injury:	Part of Body Injured:
cord pulled right foot out & twisted down ~~other hand was caught in~~ plastic lid	R hand & pinkie finger

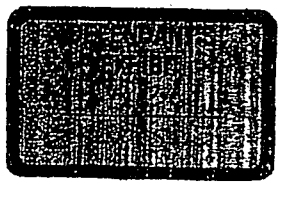
Have you ever been treated for a similar injury? ___ Yes X No If yes, please describe any previous treatment that you received and the Name(s) and Telephone Number(s) of the Health Care Provider(s) that provided you with previous treatment:

Are you requesting medical treatment at this time? ___ Yes ___ No unknown will see how swelling on finger goes

I certify that the above information is true and correct to the best of my knowledge. I understand that my employer will not be responsible for any expenses related to the incident or any resulting injury, unless the expenses are pre-approved and obtained from an Approved Provider.

ASSOCIATE SIGNATURE: Ann W Stevenson DATE: 2/16/13

MANAGER - AFTER ENTERING THE CLAIM VIA IRS, FAX THE COMPLETED FORM TO YOUR CLAIMS ADMINISTRATOR



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

Date: December 18, 2013

CREEL COURT REPORTING, INC.
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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1303465

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

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

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

APPEARANCES

Carter Martling, Esquire
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Irmo, South Carolina 29063
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Attorney for the Defendants

INDEX

DR. MERRITT: PAGE

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

EXHIBITS

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

STIPULATIONS

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

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

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

DR. MERRITT - EXAMINATION BY MS. VERSTRATEN:

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

A: That's correct.

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

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

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

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

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

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

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

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

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

A: Yes.

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

A: That's correct.

Q: And what did that reveal?

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

Page 5

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

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

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

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

A: As best I could, yes.

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

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

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

Page 6

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

MR. MARTLING: Objection, leading.

Q: --- correct?

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

Q: Okay.

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

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

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

Q: Okay.

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

Q: And you ordered that diagnostic testing -- or

Page 7

what was the purpose of ordering that diagnostic testing?

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

Q: February 16th.

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

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

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

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

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

Page 8

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

A: Yes. Muscle ligament strain.

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

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

Q: Okay.

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

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

A: Correct.

Q: And what did that reveal?

A: Just some shoulder tendinitis and bursitis.

Q: Anything that would indicate surgical intervention?

A: No.

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Page 9

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

Page 10

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

Page 11

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

Page 12

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

Page 13

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

Page 14

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

Page 15

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

Page 16

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

Page 17

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

Page 18

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

Page 19

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

Page 20

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

Page 21

this may be more of a mental problem instead of a --
A: Yes. I think I had notes from the therapist suggesting that she was -- didn't seem to be putting forth the effort and wasn't progressing like they'd hoped. They pretty much exhausted... So I was concerned whether she be (sic) depressed or had, you know, desires not to get back to work. So I did feel that that would be beneficial to have that type of evaluation.
Q: Because you would have expected a recovery at this point, correct?
A: From a fall from a standing height four months out, maybe not a complete recovery but at least a significant improvement, not to be getting worse or not improving.
Q: Dr. Pappas is a partner in your practice, correct?
A: That's correct.
Q: And what is his specialty?
A: Foot and ankle.
Q: And so it's my understanding she went to see him, which would have been a second opinion I guess in this case, on July 12th, 2013?

Page 22

A: I think she went and saw him on her on own for her foot --
Q: Okay.
A: --- not for the... So it wasn't the type -- I was talking about a second opinion on her, you know, shoulder, knee, neck, back. That wasn't what I was referring to as a second opinion.
Q: Okay.
A: I mean she was -- she saw him for her foot. It was bothering her as well.
Q: Have you reviewed his notes?
A: No, I have not.
Q: Okay. It appears he did recommend and order an EMG nerve conduction study, because you did not order one, correct?
A: I don't recall doing that, no.
Q: Okay. It's my understanding that was indeed performed. Do you have the results of that in the record?
A: Yes, I think I've seen... I'm trying to remember where it is. Is that Dr. Tamadon? Who did the EMG? Do you know?
MS. VERSTRATEN: Do you have a copy of it?
MR. MARTLING: Of which?
MS. VERSTRATEN: The EMG study? Can we go off the record?

Page 23

(Off the record discussion)
Q: So you did not actually order an EMG study, it was ordered by your partner, correct? Dr. Pappas?
A: I'm not sure whether he ordered it or not.
Q: Okay. You have not seen the results of that?
A: I have not seen the order to see who ordered it.
Q: Okay. Have you seen the IME report by Dr. Tamadon?
A: Yes, I have.
Q: In that report he references some physical therapy notes indicating that she was indeed released from physical therapy on June 12th due to non-improvement and notes indicating non-organic symptoms, refusal to perform most all therapy exercises for various reasons and possible malingering. Based on your experience with this patient, would you agree that there's a possibility of malingering in this case?
A: There is a possibility of it. I don't consider myself an expert on psychological problems.
Q: Okay. In this report from Dr. Tamadon, he also appears to indicate that with the exception of

Page 24

the myofascial pain, the objective findings in this case are all pre-existing. Would you agree with that to a reasonable degree of medical certainty?
A: I'm sorry, I need to get to where you are.
Q: Paragraph five.
A: Okay.
Q: The question is --
A: The knee findings and the back findings, certainly there is no evidence of any -- those findings are more likely not pre-existing, the signal in the meniscus and the bulging disc. I mean, there's no large herniation or acute problem that I can see. The bursitis and tendinitis, I don't know how you can't say that's pre-existing without a study or something showing she had it before. I mean, most people don't walk around with inflammation in their tendon or bursitis. Usually, they will seek attention if it bothers them enough. So ---
Q: Okay.
A: --- I don't feel comfortable saying that. I don't have enough knowledge to know whether that was pre-existing or not.

Page 25

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

Page 26

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

Page 27

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

Page 28

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

Page 29

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

MR. MARTLING: Objection, leading question.

Q: --- her treatment, correct?

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

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

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

Q: I have a report here indicating you did.

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

Q: Okay.

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

Page 30

Q: Sure.

A: So yes, that would be correct.

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

A: Yes.

Q: The treating physicians line?

A: Yes.

Q: And did you indeed complete this form?

A: Yes.

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

A: Her shoulder, correct.

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

A: Continued shoulder rotator cuff tendinitis.

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

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

Page 31

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

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

A: Correct.

Q: Do you stand by that opinion today?

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

Q: And is that based on the MRI findings?

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

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

A: Shoulder strain and knee strain. I think

Page 32

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

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

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

Q: I do.

A: So I can see her medications.

Q: Sure.

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

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Page 33

more -- if she's still needing it 5-6 months out, she probably would need that ---
Q: Okay.
A: --- more likely than not. If she's still needing it at that point.
Q: How long do you think she'll need those medications for?
A: It's a lot of speculation. I mean I would expect that she would -- I would have expected that wouldn't need them at that point in time, but she's -- she was continuing to have pain and needing those medicines, so I would -- I mean, it's a coin toss. I mean I would hope that she wouldn't be on them but there's a good chance she may.
Q: So as of October you would have expected that she wouldn't even have needed them at that point, correct?
A: I mean without any structural -- major structural damage -- I mean I have people that shatter their knees and their off narcotics in six days. But then there's people that have muscle pain with a diagnosis of fibromyalgia that are on chronic narcotics. So I mean, a muscle ligament doesn't go away and -- you

Page 34

know, I personally think there are better ways to treat it than narcotics, but there are some people that feel narcotics give them the relief they need and it's no -- my personal belief's though that that's not a good way to treat it, but that's just my feelings towards narcotics.
Q: Okay.
A: But I mean, if she's needing them, she's needing them.
Q: Are you aware if she has any follow-up visits to see you anymore?
A: I'm not aware.
Q: Okay. Are you recommending she come back and see you?
A: I don't know that there's much I can do. Again, I'd probably send her to another orthopaedic surgeon, see if they had any other recommendation for the shoulder or knee that they wanted to perform. I jut didn't feel comfortable telling her that, you know, sur- -- I could fix anything surgically. I mean, as much as I like to operate, I don't want to operate on someone and not have the feeling that they're going to get better.
Q: Do you believe that any additional diagnostic

Page 35

testing is necessary for you to solidify your opinions here today?
A: No.
Q: Dr. Merritt, I believe those are all the questions I have for you. Thank you for your time.
A: All right.
MR. MARTLING: Thank you. If I could just have a minute.
MS. VERSTRATEN: Sure.
DR. MERRITT - EXAMINATION BY MR. MARTLING:
Q: All right. Dr. Merritt, were going to go a little bit off -- jump a little bit. Just because a lot of what I'm going to ask is in follow-up. So if you need me to ---
A: Okay.
Q: if it seems like I get ahead of myself. I mean, but a lot of these -- almost 75 percent of what I'm going to ask you is in response to what we've discussed. Earlier in the deposition you were asked, and I'm paraphrasing so don't ---
MS. VERSTRATEN: Sure.
Q: But whether or not you believe that her symptoms were a result of this accident. Your

Page 36

response was based on medicals that you had seen? That ---
A: Yeah. Her -- my respo- -- I believe my response was is that I had nothing to show me that -- I have no history of problems with her shoulder, neck, back or knee prior to the fall ---
Q: Okay.
A: --- so that I felt that her symptoms were related to the fall.
Q: Now in the last -- in the course of this -- first of all, in the course of treating her you hadn't -- as you said, you hadn't seen any previous medicals. Now you haven't been shown any new medicals here today, correct?
A: Correct.
Q: So you've -- to the best of your knowledge and to the best of anyone's knowledge there are no medical -- previous medical records indicating in the last five to ten years injuries to any of these body parts?
A: I'm not aware of any, so.
Q: Okay. Assuming what I tell you is -- assuming this to be th truth, Ms. Stevenson has no significant, by significant I miss -- mean --

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Page 37

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

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

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

A: Yes.

Q: Okay.

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

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

A: Okay.

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

Page 38

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

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

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

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

Q: Okay.

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

Q: What does an EMG do?

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

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

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

Page 39

finding.

Q: What does a physiatrist do?

A: I'm not a specialist in that, but. They usually -- physiology of the body, a lot of them specialize in rehab after injuries. Some of them will sub-specialize in pain management. They kind of -- it's kind of a general field of people localized in different areas. Some people stick to rehab medicine, work for a rehab facility and things of that nature. Some -- we have one in our practice who does post-operative care, rehabilitation after injuries and things like that.

Q: From an orthopaedic standpoint, though, what are their qualifications in terms of evaluating -- let's say we were talking about the shoulder and the knee injury.

A: They -- again, it depends on how they do their practice and their experience. I don't know exactly what they go through in their training to be honest with you. So -- but, you know, our physiatrist in our practice here treats, you know, acute, non-surgical injuries. You know, and if they're not sure or think something's surgical, they refer it to other

Page 40

people, but they're not ---

Q: Is it more, as the name suggests, rehab oriented or diagnostic oriented?

A: They diagnose, too, as far as I know. But again, I'm not an expert on what the training is in that area.

Q: Would you have -- personally in terms of trying to -- we're going to talk specifically about the knee. In terms of them getting a second look or a second opinion, would you give them an orthopaedic second opinion or the test specifically that Dr. Tamadon did, the EMG?

A: I didn't -- did he even do one of the lower extremity? I saw him -- I mean, I never saw -- I mean, I'm not sure what he did. I never saw the EMG results.

Q: No, he did not.

A: So I don't even know what he did with the knee. You know, I would prefer that, you know -- I mean, she'd gone through therapy for her leg. I would prefer that she'd seen an orthopaedic surgeon because, you know, again, I don't think that the signal change in the lateral meniscus was explaining all of her pain and I don't think the surgery would be very predictable on

Page 41

it. And I think that more likely than not, another surgeon would say no, I wouldn't be doing surgery. And if that's the case, you know, she's kind of had the non-operative treatment for, you know, a knee injury.
Q: Okay.
A: So.
Q: Ms. Stevenson was sent to and she has visited with Dr. Elvington at Pee Dee Ortho.
A: Okay.
Q: As of last Friday there's -- Johnnie's aware, there's no report as of yet. You've seen Dr. Tamadon's report. In your opinion as a fellow orthopaedist, would you feel more comfortable with the final diagnosis of Ms. Stevenson's knee after seeing the second orthopaedic opinion or are you comfortable with what we have?
A: I mean I'm comfortable with mine. If he thought she had a lateral meniscus tear and needed surgery, I would -- you know, I mean, if he wanted to do it, it's fine. I don't feel -- it wouldn't change my opinion if that's what you're asking.
Q: No, no, I understand that. You know, obviously

Page 42

in a workers' comp, second opinions are fairly common. They're almost ---
A: Yes.
Q: They happen almost all the time. Well, fairly common, let's go with that.
A: Yeah.
Q: And I guess I'm just trying to ask and I'm not doing a great job of it, would you feel more comfortable in the confines of this case, or if you are comfortable with her second opinion being given by an orthopaedic such as ---
A: Yeah, I would rather have a second opinion on the knee from an orthopaedic, certainly.
Q: Okay. I have a picture -- I got off of Insight. I've got more copies here, this is just a -- just from an educational standpoint, can you sort of show where -- and this has -- also has the tendons and I believe because she has -- was diagnosed with a cyst.
A: She has a small popliteal cyst.
Q: Okay. And that was -- you cut off again ---
A: Yeah.
Q: --- smaller. Can you just sort of show what exactly you're seeing or not seeing in terms of the meniscus and then explain what's happening

Page 43

with the cyst as well?
A: Well, the cyst is sometimes -- again, I think it was a trace popliteal cyst. You just have a little pouching from the joint fluid and it goes out behind the knee.
Q: Okay.
A: It's very common. I mean, we see them all the time. You don't do anything to them or -- you know. If it -- and anyone that has any cartilage wear or arthritis will have them so, you know, I don't really do anything with it.
Q: How do they occur?
A: Usually if there's a little inflammation in the knee they'll -- you'll get a little fluid and it'll patch out the back, but she didn't have a large effusion and again, it's trace -- it may be physiologic, you know, you don't do anything with those. The meniscus is, you know, just kind of a discoid cushion that we have in between the knee. And on the lateral meniscus there was a little bit of signal, which may or may not be a tear but, -- I mean, the meniscus is -- this is just showing one side (indicated). It's not medial or lateral but the tear ---

Page 44

Q: Okay.
A: The signal was in here, in the, you know, the lateral meniscus area. And I don't have the MRI in front of me to look at the size of the cyst, but usually when they say a trace cyst, you just see a little bulge of fluid out here and, you know, it's nothing like that (indicated).
Q: Right.
A: It's usually a few millimeters or something.
Q: Can they occur after a trauma like the tendinitis or do they form on their own or does this sort of ---
A: They usually form over time due to, you know, arthritis. You know, inflammation of the knee would be like fluid. It's not something like you fall and twist and then tear the cartilage. I mean, a cyst occurs.
Q: Is it anything like the cyst, like when people sometimes get in their back or another part of their body?
A: Arthritic synovial cysts, yeah. Like a synovial cyst -- well, there's like subaceous cysts and things like that in the skin and other areas, but cysts associated with a joint

Page 45

like a ganglion cyst that can come from a joint. It's a very similar type thing where you have fluid from the joint that leaks out of the joint capsule and forms a small cyst.
Q: Could that be -- I think most people who have some form of subaceous cysts, at some point they're quite painful. Could that explain any of the symptoms pain wise?
A: A trace cyst should not be something symptomatic. I would not expect that to be giving her any pain ---
Q: Okay.
A: --- in my opinion.
Q: The -- I want to switch gears a little bit to the disc bulge. This is in the neck?
A: Uh-huh (affirmative response).
Q: I'm going to ask you just some generic questions on how they may or kind of form. Is it always -- I'm sorry. Is it always a degenerative, can they form from trauma or does it vary?
A: Most all discs age and with age we lose water content and they flatten a little bit like a pancake so you get bulging. Forty years old walking around with no problems whatsoever, if

Page 46

you MRI them, half of them have some slight disc bulge and as you get in your 60s, you're talking 80 or 90 percent will have a disc bulge. So, it's typically an aging process, more often than not. I'm not, and I've never been of a belief that a small bulge occurs with a trauma. You can get annular tears which heal. You can get acute disc herniations. They may not be a trauma, may be just bending over, maybe sitting down in the chair. But you do have acute structural changes that occur real quickly like a disc herniation or something of that nature. But a little disc bulging, to my knowledge and training, is not something that typically would occur with an injury.
Q: Can they -- even to a slight degree, can they go from asymptomatic to slightly symptomatic in terms of -- with ---
A: I'm not a big believer in discogenic pain.
Q: Okay.
A: I think that the pain that people have in their back and neck is more ligament and muscle related. There's a lot more nerve endings around at the joints and facets of the spine.

Page 47

And when those areas have -- get inflamed or irritated or you get swelling in that area from an injury, whether it be a ligamentous or muscle injury, you get a lot of muscle spasm and discomfort and I feel that that would much more likely be the root of someone's pain after an injury of a fall or something than a slight bulging disc. I mean, you don't do anything to a slight bulging disc. I mean, if they're there and if it -- I don't know that -- I just don't believe that would be causing any pain.
Q: All right, I understand. And when she first came to you, she was complaining also of a hand injury. Is that correct?
A: I believe so.
Q: Okay. Let me -- any reason to doubt that she may or may not have injured her hand in the accident?
A: I don't have any reason to believe that she didn't. I have no history of another injury or anything like that.
Q: Okay. Did you say you sent her to a hand -- or you referred her to a hand specialist?
A: I referred her to Dr. Leak.
Q: She's never been.

Page 48

A: Okay. Maybe I mentioned that if it didn't get better I would have her do -- I don't really do any hand -- try not to do any hand stuff.
Q: At least at the time, if I understand you correct, you would have liked to have seen -- had her see your hand specialist here?
A: I don't remember.
Q: Okay.
A: I mean I ---
Q: Okay.
A: My memory's not that great.
Q: Did you ever have -- are there -- there are some surveillance video of the fellow. Did you ever have a chance to see it?
A: I was sent a disc, but it never loaded in. It would just come up blank.
Q: Okay.
A: So I never saw it.
Q: I have just a couple of pictures and I just want to -- just to confirm the mechanisms -- mechanics of the injury.
A: Okay.
Q: This is straight -- I'm going to put it into evidence.
MR. MARTLING: This is straight from the disc that

Page 49

you guys sent me.
MS. VERSTRATEN: Okay.
MR. MARTLING: They're just stills. Do you want to mark them as one or as four?
MS. VERSTRATEN: Just mark them as one, that's fine.
MR. MARTLING: We'll just mark them as one.
(Claimant's Exhibit Number One was marked for identification purposes.)
Q: This is just -- and you can see the times right after it.
A: Okay.
Q: Here is one where he seems to be -- I'll let you describe what you see, that's better.
A: I see a computer. Somebody standing next to a ---
Q: No, that's her arm coming down.
A: Okay.
Q: All right. Maybe if it starts -- if you ---
A: Okay.
Q: --- look at them quick, you start ---
A: Okay. I see someone falling.
Q: Okay.
A: I see someone landing on their left arm.
Q: Right.
A: And the floor.

Page 50

Q: Do you see where the right hand is? Just to help you, that's a medical waste bin.
A: It's in the trash can?
Q: Yeah, that's a medical waste bin.
A: Okay. Yeah. Her right arm was in the ---
Q: Right.
A: --- trash can.
Q: Over.
A: Okay. Falling to the floor ---
Q: And then...
A: --- on the left side.
Q: And then finally with the ---
A: And rolling to their back. It looks like maybe he's trying to sit back up.
Q: Okay. Do you see where the right hand is though?
A: It's in the waste basket?
Q: Yeah.
A: Okay.
Q: All right. So, does that leave any doubt with you that she did land on her right hand in the ---
A: The right hand was in the waste basket ---
Q: Okay.
A: --- as she went down.

Page 51

Q: Okay. Is it consistent with her description of having a twisting fall?
A: Yeah. It looked like she started to go down on the left side and kind of ---
Q: Okay.
A: --- twisted 40 to 50 degrees.
Q: And it's impossible to tell from there, but if, according to her description, her knee, her right knee was planted and it did twist, is it possible to either aggravate or create new symptoms in the knee as she complained of?
A: It's a little difficult to see what the right knee is doing, but certainly a fall from a height, you know, you can twist or strain your knee.
Q: Assuming -- again, everything I tell you, you're just assuming to be -- hypothetically to be true. If her foot had been caught in a type of wire, a cable wire, the type that doesn't move -- you know, when you have computers, not a ---
A: Uh-huh (affirmative response).
Q: --- plug like those that will snap right out, could that cause the jerking and twisting with her coming down?

Page 52

A: That could have created ---
MS. VERSTRATEN: Objection.
A: --- twisting ---
Q: Okay.
A: --- of the knee as well.
Q: You said there's nothing -- I'm skipping back to the -- assess- -- there's nothing in your opinion that can be done about that?
A: No. A trace cyst should not give anyone any symptoms. I wouldn't be -- I wouldn't operate on it or do anything to it.
Q: The subject of malingering came up. In general -- I'm sure you, especially in a work comp setting, that's a term that is questioned every now and then correct?
A: Every now and then, yes.
Q: Okay. What are some of the motivations of the -- for lack of a better term, behind malingering? Why do people malinger?
A: It can be monetary. It can be psychological, depression, unhappy with the work environment. Those are probably the most, you know, most common.
Q: Okay .
A: Again, I'm not a specialist on that subject.

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Q: And I understand that. It was addresses, I just need to bring it up a little bit.
A: Uh-huh.
Q: Ms. Stevenson is a pharmacist making in excess of $54 an hour at full time. Under work comp law, the maximum comp rate per week while she's out is $743. Would that impact whether you think malingering might be affected by monetary reasons?
MR. VERSTRATEN: Objection.
A: I'm not an expert on people -- people's motivations for, you know, why they don't want to get back to work. I mean, it ---
Q: I understand these are not totally fair questions.
A: Yeah, I mean -- again, don't -- that's why I recommended, you know, another evaluation or opinion may be beneficial. I just -- I just was looking for other reasons why she wasn't getting better.
Q: Okay. All right, Doctor. That's all I have right now.
(There being no further questions, the deposition concluded at 3:32 p.m.)

218

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION
W.C.C. FILE No.: 1303465

COPY

ANN STEVENSON, Claimant, vs. WALMART STORES, Inc., Employer, And AMERICAN HOME ASSURANCE, Carriers/Defendants.	CLAIMANT/APPELLANT'S BRIEF TO THE FULL COMMISSION

STATEMENT OF THE CASE

This is an appeal by the Claimant/Appellant, Ann Stevenson (hereinafter, "Appellant") to the Full Commission. It arises out of a Decision and Order of the Honorable R. Michael Campbell issued on October 13, 2015. The issues for determination being whether the Defendants were entitled to stop payment of temporary total compensation; whether Defendants were entitled to a credit for overpayment of benefits, whether Claimant was at MMI for the right shoulder and right lower extremity as of October 10, 2013, whether the Claimant was entitled to temporary total disability compensation past October 13, 2015 and if to until when, and compensability and entitlement to benefits for the neck, right hand, low back, and right foot/ankle alleged injuries, and any other issues which may timely come before the Commission.

The Appellant suffered a work accident on February 16, 2013. While the facts surrounding her initial accident are agreed upon, disputes arose between the parties regarding the nature and extent of the injuries to accepted body parts as well as whether injuries to other body parts alleged arose out of her accident. The Respondents filed a Form 21 requesting a stop payment of TTD on October 31, 2013. The Appellant Filed a Form 50 on November 8, 2013 requesting a hearing to adjudicate the disputed body parts and requested that the issues be heard along with the Form 21 issues. The Appellant concurrently filed a Form 22 in response to the stop pay request claiming that the Appellant was not at MMI. Finally, the Respondents filed a Form 51 in response to the Appellant's Form 50 on November 13, 2013. An initial hearing took place on December 19, 2013 in Myrtle Beach, South Carolina in front of Commissioner Avery B. Wilkerson who heard issues on the Defendants' Form 21 but declined to hear issues on the Claimant's Form 50. An Order was issued by Commissioner Wilkerson on March 5, 2014, however, that Order was subsequently appealed to the Full Commission where it was heard on August 11, 2014. On August 29, 2014, the Order of the Single Commissioner was vacated and remanded for a de novo hearing which was eventually set before Commissioner Campbell on January 9, 2015 with a corresponding Order being issued on October 13, 2015. It is that Order from which the subject of this appeal arises.

FACTS OF THE CASE

The Appellant works as a pharmacist for Walmart. On February 16, 2013 she was performing her duties at the branch located at 151 Myrtle Ridge Road in Conway, South Carolina. While returning from the customer service area to her work station, her right foot got caught in an electrical cord causing her to fall forward towards the ground,

striking a recycling bin with her right arm and getting her right hand caught inside the top portion of the bin before she hit the ground. The incident was captured on store surveillance and the circumstances of the accident are not in dispute. The incident was timely reported.

The Appellant was initially seen at Doctor's Care on February 22, 2013, after her fall where she was diagnosed with a right arm and hand strain. (APA 28). After that, she was authorized to treat at Progressive Physical Therapy from March 8, 2013 through June 12, 2013. (APA 62-99). Additionally, the Appellant was provided diagnostic imaging tests including x-rays of her right elbow and hand at Doctor's Care. (APA 60-61).

The Appellant was authorized to treat with Dr. James Merritt at Strand Orthopaedic Consultants on several occasions between March 27, 2013 and October 8, 2013. (APA 1-22). She was diagnosed with a "probable low back strain with some sciatic discomfort down the right leg, and right shoulder rotator cuff injury, cervical strain, and wrist and hand strain." (APA 1, 2) She has continued to complain of symptoms related to these body parts consistently ever since, including the hand. In his deposition, Dr. Merritt states she was "having problems with her hand…I referred her to our hand specialist for that." (Merritt Deposition at 19:1-3) When asked in the same deposition whether he had any reason to believe she did or didn't injure her hand, he replies, "I don't have any reason to believe that she didn't. I have no history of another injury or anything like that." (Merritt Deposition at 47:19-20)

The Appellant was sent to Dr. Alan Tamadon, a physiatrist in Wilmington, North Carolina, for an IME on August 1, 2013. He was charged with evaluating her for "right foot, hand, shoulder, knee, hip, and neck pain associated with right hand weakness."

(APA 23) When asked whether her symptoms "in total" were relate to her accident, he simply replies, "No." (APA 25) He further opines that "All objective findings with the exception of the myofascial pain are pre-existing." (APA 23) He then further notes that he has no "access to any prior to injury medical/alternative medicine records." (APA 23) In regards to whether or not her right hand is at MMI, Dr. Tamadon states "Yes, if right CTS is not an approved diagnosis." He then states in regards to MMI, "If right CTS is accepted as part of this injury, claimant is not at MMI." (APA 24)

On October 10, 2013 Dr. Merritt issued a Form 14B placing the Appellant at MMI for her right shoulder and knee and assigned impairment ratings of 2% and 3% respectively. The procedural aspects that followed are outlined above in the Statement of the Case.

QUESTION

Did the Single Commissioner in err in Finding of Fact #18 and Conclusion of Law #3? The error being that the Claimant's allegation of an injury by accident to the right hand was denied despite being previously accepted by the carrier and supported by the greater weight of medical evidence?

ARGUMENT

Since the moment the Appellant fell her right hand has been one of the central issues to this claim. The Respondents' Form 12A dated February 22, 2013 lists her ring finger(s) as the initial body parts reported as injured. "The report of the accident made by the employer to the commission pursuant to its rules or to requirements of the statute is competent prima facie evidence of the facts stated, subject to be explained or

contradicted..." [Sligh v. Newberry Electric Cooperative, 216 SC 401, 417-418] The Respondents' APAs are wrought with authorized treatments with multiple providers where the hand is addressed. The Respondents have scheduled and paid for multiple diagnostic studies to address the Appellant's hand complaints. It was evidenced above that the primary authorized treating physician, Dr. Merritt, has noted a likely and related hand injury necessitating a referral to a hand specialist. Dr. Merritt also stated there was no evidence to suggest any previous injury. At no point has the Respondent provided any evidence to suggest a previous injury to the hand because none exists. The only suggestion of such is noted in the IME of Dr. Tamadon who, curiously, also states that his opinion is made "without access to any to any prior medical/alternative medicine records." (APA 25) As stated above, the facts surrounding her initial accident remain undisputed. One need only view the security footage (see Dr. Merritt deposition, Claimant Ex. 1, attached) to agree that from the instant the Appellant fell her right hand has been involved.

The Claimant began treatment with Dr. Merritt on March 27, 2013 and was diagnosed with a "low back strain...right shoulder rotator cuff injury, cervical strain, and wrist and hand strain." (APA 1-2) On May 19, 2013 the Claimant was placed on work restrictions by Dr. Merritt to include "No repetitive movements or gripping with the right wrist/hand." (APA 10) The Claimant continued with Dr. Merritt after the initial hearing for the remainder of 2013 and all throughout 2014. On December 27, 2013 he wrote the Claimant to work restrictions including no repetitive use of the right arm (APA 126) On January 9, 2014, Dr. Merritt filled out a Medical Questionnaire provided by Walmart in which he reiterated these restriction. (APA 123) Dr. Merritt again treated her on March

27, 2014 (APA 113-114) and May 22, 2014. (APA 111-112) On May 29, 2014, Dr. Merritt filled out another Medical Questionnaire where he again put in place restrictions of no lifting greater than 10 pounds, no repetitive use of the right arm, and no repetitive gripping with the right arm. (APA 106-108) On June 20, 2014 she again treated with Dr. Merritt who diagnosed her with carpal tunnel syndrome and suggested she see a hand specialist. (APA 102-104) On November 3, 2014 she returned to Dr. Merritt for additional treatment and he once again kept the same work restrictions in place. (APA 94-97) It should be noted that the Employer has not to date provided work within the restrictions placed on the Claimant by Dr. Merritt. Dr. Merritt was deposed on December 18, 2013. The doctor references "problems with her hand, I want to say I thought that I referred her out to our hand specialist for that." (Deposition p. 19) When asked upon cross examination whether he had "any reason to doubt that she may or may not have injured her hand in the accident..." Dr. Merritt replied "I don't have any reason to believe that she didn't." (Deposition p. 47) Finally, on April 2, 2014 the Claimant presented to Dr. Stewart Haskins of Coastal Orthopaedics for an independent medical evaluation of her right hand. Dr. Haskins opined "I would recommend electrodiagnostic studies be repeated. If repeat electrodiagnostic studies are confirmatory for right carpal tunnel syndrome, and she had an injury to the right hand, then the carpal tunnel syndrome would be related to her fall." (APA 130) An electrodiagostic study was completed on April 14, 2014 and confirmed carpal tunnel syndrome on the right side. (APA 132)

Despite the often confusing nature of the record on the whole, the totality of the medical evidence is replete with confirmatory diagnoses, references, and records confirming what all parties have known since the very outset of this claim, that Ms.

Stevenson injured her right hand when she fell at work on February 16, 2013. The injury by accident to the right hand was confirmed by video evidence, by medical evidence, and in the employer's first report of injury. The overlying issue is that the Defendants have never at any point in this case proven maximum medical improvement to what had been from the very start an admitted body part. Had there ever been a statement of MMI, an impairment rating, or anything of the sort then the entire premise of this appeal would be moot. Instead, the Defendants reversed course on their Form 51 and denied the right hand despite the fact that they had repeatedly provided treatment for such and even paid TTD for several months based on the work status reports of Dr. Merritt which repeatedly included restrictions to the right hand. The Defendants have continually picked and chosen when Dr. Merritt's recommendations should be given weight and when they should be ignored based on legal convenience.

In the case of *Anderson v. Baptist Medical Center* [343 SC 487], the claimant disputed a finding of maximum medical improvement by the Commission because impairment ratings were not provided for all claimed body parts. The Claimant ultimately lost because it was determined she failed to carry her burden of proof that all body parts, not just those rated by the doctor, were related. The clear implication is that had she proven such by a preponderance of the evidence then ratings (or statements of MMI) would have been required to support the finding. Here, Ms. Stevenson has provided voluminous that she suffered an injury by accident to the right hand. At issue should have been the more legitimate argument between the parties as to the extent of those injuries, whether or not she was at MMI, and whether or not she was entitled to a permanent partial disability award for that body part. The Single Commissioner erred by

issuing a denial to the Claimant's right hand rather than acknowledging a legitimate injury by accident and issuing a supported opinion on MMI and permanent partial disability no matter what that may have been.

CONCLUSION AND REQUESTED REMEDY

The Appellant respectfully requests that the Full Commission order the credit for overpayment of $9,880.85 awarded by the Single Commissioner held in abeyance and the claim be remanded to the Single Commissioner for determination of MMI and permanent partial disability to the right hand.

Respectfully Submitted,

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Irmo, South Carolina
December 14, 2014

226

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1303465

Ann Stevenson, Employee, Claimant/Appellant, vs. Wal-Mart Stores, Inc., Employer, and New Hampshire Insurance, Co., Carrier, Defendants/Respondents.	)	BRIEF OF DEFENDANTS/RESPONDENTS

STATEMENT OF THE CASE

A hearing on the Defendants' Form 21 was held before Commissioner Wilkerson on December 19, 2013. After hearing the testimony and considering all of the evidence, the Commissioner Wilkerson issued an Order dated March 5, 2014. From that Order, the Claimant appealed. The Full Commission heard that appeal and vacated the previous order on the basis that all body parts, both admitted and denied, should have been adjudicated at one time. A de novo hearing was then held before Commissioner Michael Campbell on January 8, 2015, and an order was issued on October 13, 2015. Commissioner Campbell found that the defendants were entitled to stop payment of temporary total disability compensation as of October 10, 2013, the date on which claimant reached maximum medical improvement, he awarded permanent disability benefits to the admitted body parts (right knee and right shoulder), he awarded a credit for overpayment of temporary compensation after the date of maximum medical improvement,

227

he found that claimant was not entitled to any ongoing or future medical treatment, and he denied the claimant's alleged injuries to her neck, low back, right hand, and right foot/ankle. The claimant has again appealed. The Form 30 dated October 23, 2015, indicates that the claimant was appealing the denial of the neck, low back, right hand, and the findings that the claimant had reached maximum medical improvement. However, the Brief filed by claimant dated December 14, 2015, only asserts that the Commissioner erred in denying the right hand and finding that the claimant had reached maximum medical improvement; the Brief abandons the appeals regarding the neck and low back.

Claimant/Appellant contends the hearing Commissioner erred in placing her at maximum medical improvement as of October 10, 2013, and awarding the carrier a credit for overpayment of TTD because she alleges she sustained a compensable injury to her right hand that should have been considered. Defendants/Respondents contend the Commissioner appropriately denied the asserted right hand claim and properly awarded disability benefits to the admitted body parts and properly addressed maximum medical improvement and credit for overpayment of temporary compensation.

ISSUE PRESENTED

I. Did the Hearing Commissioner properly deny the alleged right hand injury?

ARGUMENTS/DISCUSSION

The Hearing Commissioner properly denied the alleged right hand injury. The claimant failed to prove by a preponderance of the evidence that she had a legitimate right hand injury that was causally related to her accident at work. As noted by the Hearing Commissioner in his order, the claimant failed to prove her case with either medical evidence or credible testimony. It is important to note that the Hearing Commissioner made eight separate Findings of Fact that the

228

claimant's testimony was exaggerated, not believable, unreliable, and not credible. (Findings of Fact #5, 10, 12, 13, 14, 15, 18, and 21). Those Findings have not been appealed and are the law of the case. Based upon those credibility findings, the claimant's testimony is insufficient to support a finding of compensability of any right hand injury.

Additionally, the medical evidence does not support a compensable injury to the right hand which is causally related to her accident at work. On February 22, 2013, the report from Doctors Care indicate that the claimant underwent diagnostic testing to include x-rays of her right elbow and hand which were "unremarkable." (APA 63-64). The claimant was diagnosed with a right arm and hand strain based upon her subjective complaints, but the doctor indicated that there were signs of questionable malingering. (APA 65-66). A note from the doctor at Doctors Care indicated that the claimant was attempting to determine her own treatment plan and the doctor was concerned that claimant had varying symptoms with every visit and had symptoms that made no medical sense. (APA 32). At the claimant's first visit to the orthopedist, Dr. James Merritt, she did not even complain about a right hand injury, but instead complained about a right wrist injury. (APA 25). Dr. Merritt also noted serious signs of malingering, lack of motivation, and symptom magnification. Dr. Alan Tamadon performed an EMG study on August 1, 2013, which revealed moderate carpal tunnel syndrome in both hands. He stated that he was not sure how this could be related to her fall and that her only diagnosis was myofascial pain which was completely subjective. (APA 29-30). At the hearing, the claimant also submitted a medical report from Dr. Stuart Haskin dated April 2, 2014. The claimant went to Dr. Haskin on her own and was seen for complaints of both hands hurting. The report notes that the claimant complained of severe diffuse pain throughout both upper extremities. Dr. Haskin noted exaggerated and inappropriate pain behaviors and actions by Claimant during the evaluation. (APA 130). Dr. Haskin noted that the claimant has absolutely no symptoms compatible with carpal tunnel syndrome and also noted that

229

given her exaggerated pain response and posturing, he was doubtful that any treatment would affect a good outcome for the patient. An EMG report was conducted on April 14, 2014, and it revealed evidence of moderate right and mild left carpal tunnel syndrome. (APA 129-132). The closest that Dr. Haskin would get to establishing causation was to say that if repeat electrodiagnostic studies confirmed right carpal tunnel syndrome and if the claimant had an injury to the right hand, then carpal tunnel syndrome would be related to the fall. He specifically noted that the carpal tunnel syndrome in the left hand was not related to the fall. The claimant underwent another nerve conduction study on June 20, 2014, with Dr. James Merritt, and he indicated that the study revealed mild to moderate carpal tunnel syndrome in both hands and that her symptoms were inconsistent with carpal tunnel syndrome.

As required by the statute and existing case law, the claimant presented no medical evidence, stated to a most likely or most probable standard within a reasonable degree of medical certainty, which states that the claimant has a legitimate right hand injury which is causally related to an accident at work. The report from Dr. Haskin does not meet the necessary burden of proof, and the reports from Dr. Merritt and Dr. Tamadon both indicate that the problems are not related to work. All doctors state that the claimant has no symptoms compatible with carpal tunnel syndrome. In fact, this appears to be an incidental finding. The claimant failed to present the necessary medical evidence to prove by a preponderance of the evidence that she had a legitimate injury to her right hand which was causally related to an accident at work.

The combination of the claimant's failure to present medical evidence to prove, within a reasonable degree of medical certainty, that she has a legitimate right hand injury which is causally related to an accident at work, the claimant's lack of credible or reliable testimony, and the overwhelming sentiment in all of the submitted medical records that the claimant's complaints, symptoms, and problems were either exaggerated, fabricated, or not reliable,

230

constitutes sufficient and overwhelming evidence to support the Hearing Commissioner's denial of the right hand injury.

At the hearing, the claimant complained that her right hand was hurting severely, and that her right hand was so bad that she couldn't use a stapler, she couldn't write, she couldn't type, and she couldn't use a computer mouse. She indicated that she was having severe cramping in the right hand and had to use a compression glove on the hand at night. She indicated that her right hand is so bad that she has to have her husband cut up all food for cooking because she cannot cut anything with her right hand. Of course, none of these complaints are supported by any of the medical documentation in the claim. As indicated above, the law on this case is that these complaints are not credible or reliable.

In her brief, the claimant argues that because her right hand was involved in the fall at work, that she has satisfied her burden of proving that there was a right hand injury that was causally related to the work accident. This is both factually and legally incorrect. As indicated above, and based upon the long-standing case law and statutory authority, the claimant bears the burden of proving by a preponderance of the evidence that she sustained a compensable injury to her right hand that is causally related to her accident at work. The claimant must also submit expert medical evidence, stated to a reasonable degree of medical certainty, proving both the injury and the causal connection. As indicated above, the claimant has failed to meet her burden of proof on all counts.

The claimant has also argued that the right hand was an admitted body part at the beginning of the claim and therefore must be found compensable by the commission. Again, this argument is both factually and legally incorrect. The Form 12A dated February 22, 2013, list the type of injury as a sprain and list the body part affected as "ring finger(s)." The Form 12A does not list the right hand or right wrist as a body part. A Form 21 was filed by defendants on October

231

22, 2013, seeking to resolve the claim based upon the fact that the claimant had been released at maximum medical improvement with regard to the right shoulder and right knee, the only two admitted body parts. A Form 50 was filed by claimant on November 8, 2013, and asserted as injured body parts the neck, right shoulder, right upper extremity, right hand, low back, right knee, and right foot/ankle. A Form 51 was timely filed by Defendants on November 13, 2013, and admitted only the right knee injury as compensable. In their Form 58 Pre-hearing Brief before the first hearing, the Defendants admitted injuries to the right shoulder and right knee. The Defendants maintain that position at the first hearing, all subsequent pleadings, at the first appeal hearing, and at the second hearing on this claim. Any assertion that the Defendants admitted a right hand injury is simply incorrect and disingenuous.

Claimant's counsel, in his statement on the record before Commissioner Campbell, admitted that the right shoulder and right knee were the only two accepted body parts and that the right hand, low back, neck, and right foot/ankle were all denied. (1/8/15 Hearing Tr. at p. 5). Likewise, at the original hearing before Commissioner Wilkerson on December 19, 2013, claimant's counsel noted that the admitted body parts were the right shoulder and right knee and that the other body parts listed on the Form 50, including the right hand, were denied. (12/19/13 Hearing Tr. at pp. 8-10). In fact, this argument that the Defendants previously accepted the right hand injury and that they should be barred by estoppel from asserting a denial was raised for the first time in the Form 30 appeal dated October 23, 2015. As indicated above, the Defendants have denied the compensability of the right hand injury from the beginning of the claim and the claimant's estoppel argument is without merit.

The claimant has also argued that because the Defendants provided medical treatment of the right hand, that this is somehow an admission that the injury is compensable and causally related. There is no legal basis for any such argument. The claimant had an accident at work, and

232

the Defendants provided medical treatment for the compensable body parts, the right shoulder and right knee. During the course of this claim, the claimant alleged a multitude of other injuries. At various times, the Defendants provided diagnostic testing and evaluations of these other alleged injuries in order to determine if they were legitimate and causally related or if they would be denied and defended. There is absolutely no legal basis in either the statute or the case law which would indicate that providing diagnostic testing or evaluations of a disputed body part is somehow an admission by the Defendants that the body part is compensable under the South Carolina Workers' Compensation Act.

Because the claimant abandoned her appeal regarding the neck and low back by failing to address or argue those grounds in her Brief, the Defendants will not address assertions #1 or #2 in the Form 30. Because the Hearing Commissioner properly denied the right hand injury, the Hearing Commissioner properly addressed maximum medical improvement, permanent disability, and credit for overpayment of temporary compensation for the admitted right shoulder and right knee in the Order.

CONCLUSION

For all of these reasons Defendants/Respondents request that the Full Commission affirm the Order of the Hearing Commissioner dated October 13, 2015.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.

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Date: December 29, 2015

233

South Carolina Workers' Compensation Commission
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WCC File # 1303465
Carrier File # 6815476
Carrier Code #
Employer FEIN

Ann Stevenson	251-80-5185	Wal-Mart Stores, Inc.	
Claimant's Name	SSN	Employer's Name	
2261 Greenleaf Drive, Conway, SC 29526		2709-A Church Street, Conway, SC 29526	
Address City State Zip		Address City State Zip	
(843) 454-6186		New Hampshire Insurance, Co.	
Home Phone	Work Phone	Insurance Carrier	
Johnnie W. Baxley, III	421 Wando Park Boulevard, Suite 100, Mt. Pleasant, SC 29464	(843) 284-1082	
Preparer's Name	Address	Phone #	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
CARTER MARTLING, 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
APA (1) Dr. James Merritt	5/22/14 – 3/27/13	1-26
APA (2) Dr. Alan Tamadon	8/1/13	27-31
APA (3) Doctors Care	3/19/13 – 2/22/13	32-39
APA (4) WorkWell FCE	8/27/13	40-55
APA (5) Diagnostic tests	5/7/13 – 2/22/13	56-64
APA (6) Progressive PT	6/13/13 – 3/8/13	65-87
APA (7) Pee Dee Orthopedic	**12/13/13**	**88-90**

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: See Pre-Hearing Brief.

Johnnie W. Baxley, III
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mt. Pleasant, SC 29464

December 24, 2014

January 8, 2015
(hearing date)

AMENDED APA

STRAND ORTHOPAEDIC CONSULTANTS, LLC • 210 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579-6706

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

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 05/22/2014

Patient

Name	STEVENSON, ANN (58, F) ID# 231443	**Appt. Date/Time**	05/22/2014 09:15AM
DOB	05/19/1956	**Service Dept.**	SOC
Provider	JAMES O. MERRITT, IV., MD		

Insurance

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

Patient's Care Team

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

Patient's Pharmacies

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

Chief Complaint

back pain
Followup: Hip pain

Problems

Reviewed Problems
- Tarsal tunnel syndrome
- Mononeuritis of lower limb
- Pain in elbow
- Hand joint pain
- Hip pain
- Tenosynovitis of foot
- Plantar fascial fibromatosis
- Sprain of shoulder and upper arm
- Sprain of knee and leg
- Neck sprain
- Strain of neck muscle
- Lumbar sprain

Medications

Reviewed Medications

Name	Date	
hydrocodone 5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route.	03/27/14	prescribed
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	08/30/13	prescribed
Skelaxin 800 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed.	03/27/14	prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

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

Discussed Past Medical History

Surgical History

Reviewed Surgical History
- Other - tonsilectomy as a child

Family History

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

Social History

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

Vitals

05/22/2014 09:23 am

Ht:	5 ft 4 in	**Wt:**	192 lbs	**BMI:**	33
BP:	124/77 sitting L wrist	**Pulse:**	76 bpm		

HPI

This is a pleasant lady is in today for follow-up of her right leg. She continues to report pain in her right upper extremity. I think I believe she is seeing another physician for this. She is also contained have pain and swelling in the hip knee and ankle. She is now walking with no assistive device. She is very concerned regarding nerve damage in her leg giving her some of this pain.

ROS

None recorded.

Physical Exam

Patient is a 58-year-old female.

On exam she has a much improved gait from her last visit. There may be mild swelling in the leg. There is normal alignment of her knee and leg. She does not have any obvious deficits.

Assessment / Plan

Right leg pain. I have told her given her continued pain I don't have a problem checking a nerve conduction study. We'll see if and get this is done. If this is unremarkable again I think she would be at maximal medical improvement. We will keep her working injections as they were before.

1. Hip pain
719.45: Pain in joint, pelvic region and thigh
719.46: Pain in joint, lower leg
719.47: Pain in joint, ankle and foot
- TENS UNIT - 1 TENS UNIT - Use as directed Qty: 1 Unit Refills: 0 Supplier: N/A
- ELECTROMYOGRAM (EMG) - Note to Imaging Facility: EMG for RIGHT LEG - Dr. Watson

Return to Office
None recorded.

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 05/22/2014.

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 05/22/2014 at 4:39pm

COASTAL ELECTRODIAGNOSTICS

A division of Coastal Orthopedics

Name: ANN STEVENSON Date: 6/03/14

Chart: 210630

ELECTROMYOGRAPHIC REPORT

MUSCLE	INNERVATION	POSITIVE WAVES	FIBRILATION	FASCICULATION	MOTOR UNIT ACTION POTENTIALS
Paraspinals Right	L5S1	0	0	0	Normal no., amp. & duration
Right					
Quadriceps	Femoral L234	0	0	0	Normal no., amp. & duration
Anterior Tibial	Peronual L45	0	0	0	
Gastrocnemius	Tibial S12	0	0	0	
First Dorsal Interosseous	Tibial S12	0	0	0	
Abductor Digiti Minimi	L.Plantar S12	0	0	0	

NERVE CONDUCTION VELOCITIES

NERVE	DISTAL LATENCY MILLISECONDS	NL	AMPLITUDE mV or mcv	NL	CONDUCTION VELOCITY METERS PER SECOND	NL
Right						
Peroneal Motor	3.4/9.9	<6.0	3.2/3.1	>1.2	47.6	>40
Superficial Peroneal Sensory	3.2	<4.2	11.7	>5		
Tibial Motor	3.8/11.3	<6.0	10.6/7.2	>2	44.0	
Sural Sensory	3.6	<4.5	9.3	>5		
Medial Plantar	2.7	<3.5	20.7	>12		
Lateral Plantar	2.8	<3.5	15.3	>12		

Temp 30°C right lower extremity after warming

IMPRESSION:

1) **NORMAL STUDY.**
2) **NO ELECTRODIAGNOSTIC EVIDENCE OF RIGHT LUMBAR RADICULOPATHY, PLEXOPATHY, SCIATIC, TIBIAL OR PERONEAL NEUROPATHY, MYOPATHY.**
3) **NO EVIDENCE OF PERIPHERAL NEUROPATHY OR TARSAL TUNNEL SYNDROME.**

ERIN WATSON, M.D.

EW/dsh

fcc: James Merritt, MD (843-236-3005)

2376 Cypress Circle, Suite 300 • Conway, SC 29526
843-347-7222 • FAX 843-347-3305

237

(f) Single Lower

Name: Ann Stevenson

Date 6/3/14

Chart: 2100280

ELECTROMYOGRAPHIC REPORT

MUSCLE	INNERVATION	POSITIVE WAVES	FIBRILLATION	FASCICULATION	MOTOR UNIT ACTION POTENTIALS
Paraspinals Right	L5S1	0	0	0	Normal no., amp. & duration
Paraspinals Left	L5S1	0	0	0	Normal no., amp. & duration
RIGHT LEFT					
Quadriceps	Femoral L234	0	0	0	Normal no, amp & duration
Anterior Tibial	Peroneal L45	0	0	0	
Extensor Hallucis Longus	Peroneal L5S1	0	0	0	
Gastrocnemilus	Tibial S12	0	0	0	
Flexor Digitorum Longus	Tibial L5S1	0	0	0	
First Dorsal Interosseous	Tibial S12	0	0	0	
Abductor Digiti Minimi	L. Plantar S12	0	0	0	
Abductor Hallucis Brevis	M. Plantar L5S	0	0	0	

NERVE CONDUCTION VELOCITIES

NERVE	DISTAL LATENCY MILLISECONDS	NL	AMPLITUDE MV OR MCV	NL	CONDUCTION VELOCITY METERS PER SECOND	NL
Right / Left						
Peroneal Motor	3.4 / 9.9	<6.0	3.2 / 3.1	>1.2	47.6	>40
Peroneal Motor		<6.0		>2.0		
Superficial Peroneal Sensory	3.2	<4.2	11.7	>5		
Tibial Motor	3.8 / 11.3	<6.0	10.6 / 7.2	>2	44.0	
Sural Sensory	3.6	<4.5	9.3	>5		
Femoral Motor		<6.0		>2		
Medial plantar	2.7	<3.5	20.7	>12		
lateral "	2.8	<3.5	15.3	>12		

IMPRESSION: Temp = 30°C RLE after warming

1. Normal Study.
2. No electrodiagnostic evidence of right lumbar radiculopathy, plexopathy, Sciatic, tibial, or femoral neuropathy, myopathy.
3. No evidence of peripheral neuropathy or tarsal tunnel syndrome.

Erin Watson, M.D.

cc: Merritt

238

Oct. 10. 2013 2:26PM No. 5604 P. 2

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

Physician's Statement

Claimant's Name: Ann Stevenson DOB 5/19/1956

Physician's Name: Dr Merritt

Practice/Clinic: Strand Ortho 843-236-3005

Preparer's Name:

Phone: ( )-

Employer's Name: Wal-Mart Stores Inc

Please fax completed form back to 479-273-8058

Insurance Carrier: American Home Assurance

SCWCC File No: 1303465

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

Date of Injury or Illness: 2/16/13

Date of first office visit: 3/27/13 Date of last visit: 10/8/13

Diagnosis or nature of injury or illness: Shld Strain, Knee Strain

Body part(s) injured: Shld & Knee Body part(s) affected: Same

Date of **Maximum Medical Improvement:** 10/8/13

Based on the **AMA Guidelines**, the claimant has sustained a 3 **% medical impairment** to lower ext. injured body part(s) and a _____ **% medical impairment** to _____ other affected body part(s).

2% to (R) upper extremity

_____ The claimant is **able to return to work** without restriction.

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

20 lbs lift (for full capabilities on questions refer to FCE)

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

As of the date I last saw this patient, it is **my professional medical opinion** the claimant:

_____ **will not** need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

✓ **will** need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Possible pain mangment if pain continues & is not controlled with OTC meds

Treating Physician

10/10/13
Date

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

Encounter Summary

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	Appt. Date/Time	10/08/2013 09:45AM
DOB	05/19/1956	Service Dept.	SOC
Provider	JAMES O. MERRITT, IV., MD		

Insurance

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

Patient's Providers

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

Patient's Pharmacies

WAL-MART PHARMACY 4664 (ERX): 161 MYRTLE RIDGE RD, CONWAY SC 29526, Ph (843) 234-1420, Fax (843) 234-1440

Chief Complaint

Right shoulder pain, Right knee pain

Problems

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

Medications

Reviewed Medications

Name	Date
LORTAB 5 MG-500 MG TABLET Take 1 tablet(s) every 6 hours by oral route as needed.	08/30/13 prescribed
SKELAXIN 800 MG TABLET Take 1 tablet(s) 3 times a day by oral route as needed.	08/30/13 prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History

STRAND ORTHOPAEDIC CONSULTANTS, LLC • 210 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579-6706

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

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

Social History

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

Vitals

10/08/2013 09:48 am

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

BP: 145/87 sitting L wrist Pulse: 81 bpm

HPI

This is a pleasant lady who is in today for follow-up of her right shoulder neck right knee. She sustained a fall at work well 9 months ago when her right foot got caught around the cord and she fell to the ground. She's continued have significant myofascial complaints in the right upper extremity and right lower chemise since. She's gone through extensive therapy with no significant improvement and asked reported that it made her worse at times. She does not have any new complaints other than continued pain throughout the right upper extremity and right lower extremity.

ROS

None recorded.

Physical Exam

Patient is a 57-year-old female.

On physical exam she continues to myofascial pain around the right shoulder as well as the right knee. She does not have any obvious focal deficits in either upper or lower extremity. On examination of her knee there is no significant swelling alignment. There is no instability. On examination of her shoulder she has mild rotator cuff impingement-type discomfort and a good deal myofascial pain. There are no obvious deficits in upper extremity.

Assessment / Plan

Right shoulder strain and right knee strain that of continue to be problematic. I long discussion with her today and told her that I'm not sure that there is much else we need to do from an orthopedic standpoint. I am unsure as to why she is not improved. I do not see any structural damage to her neck shoulder or knee. Her neck MRI has some mild disc bulging but no obvious pathology or structural problems her shoulder has some mild rotator cuff tendinitis which should improve with time and therapy and exercise. Her knee has a slight or small possible lateral meniscus tear. None of her knee pain is lateral at all seems to be in the medial thigh muscles medial aspect of the knee the medial calf. I told her I don't think that the meniscal tear was caused by the accident or symptomatic. I had requested a second opinion and this was performed by Dr. T amadon. He did not feel that there is any other orthopedic recommendations or needs. He did perform an EMG which revealed moderate carpal tunnel and the right arm. I'm not sure this is related to her fall. I don't believe this would explain all the symptoms she is having. I told her I will go ahead and release her maximal medical improvement. Her impairment based on a right knee strain is 3% lower extremity and this is from page 509 In the guides to the evaluation of permanent impairment. Her impairment for the shoulder tendinitis is 2% of the upper extremity and this is from page 401. I discussed with Mrs. Stevenson that continued exercise and strengthening often help myofascial pain and I would expect improvement with time also think modalities such as heat and ice can be helpful with with inflammation of muscles and ligaments. as for work we will base her workers reductions on her FCE which I do not have at this point but will include in the 14B form. Mrs Stevenson also reported that she had more questions as to why she still had discomfort or pain. I have told her I'm not sure and that shemay obtain another opinion on her own but I already attained one second opinion. She reported that she would like to talk to me more about her injury but unfortunately due to time constraints we cannot do it at this visit. I did tell her be happy to see her back another visit to try to answer more questions. I have told her I'm not sure that I have the answers to why she still has muscle and ligamentous pain after her injury but would be happy to try to answer any further questions. I did tell her that possibly further treatment with pain management would be an option.

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

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

Return to Office
- James O. Merritt IV., MD for JM-Re-Check at SOC on 11/05/2013

Encounter Sign-Off
Encounter signed-off by James O. Merritt IV., MD, 10/08/2013.

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 10/08/2013 at 3:28pm

242

CMI Claims Management, Inc.
Respect · Service · Excellence

August 6, 2013

STRAND ORTHO CONSULTANTS LLC
210 VILLAGE CENTER BLVD
MYRTLE BEACH, SC 29579

Via fax 843-236-3005

Re: Ann Stevenson
File #: 6815476
Date of Loss: 02/16/2013
Store#: 4664

Dear Dr. Merritt:

Please find enclosed the notes from the requested IME Dr. Tamadon completed on 8/1/13. The CTS is bilateral and not part of this work related injury.
Do you agree based on the IME with Dr Tamadon that:

1. Has Ann Stevenson reached maximum medical improvement?
   ☑ Yes Date 8/8/13
   ☐ No Date Anticipated _____

2. Can Ann Stevenson returned to work full time? ☑ No ☐ Yes Date: _____

   Any restrictions? ☐ No ☑ Yes

   If so, what are they? Need a FCE

Signature of Physician: _____ **Date:** 8/8/13

Hanna Wiley
Case Manager IV
(479) 621-2900 ext. 58041

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

Patient Cases

Source	PATIENT (Clinical Question)
Date	07/18/2013
Provider	jmerritt7
Department	SOC
Outside Provider/Lab/Pharmacy	
Person to Call	
Desired Callback Number	mobile - (843) 454-6186
Subject	hand
Case Description	Pt would like to know if Dr Merritt can write her order or rx for wrist support, that she can use while at work She is having hard time using mouse and gripping objects.
Orders/Prescriptions created	WRIST SPLINT

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

Encounter Summary

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	Appt. Date/Time	07/12/2013 09:00AM
DOB	05/19/1956	Service Dept.	SOC
Provider	ALEXANDER J. PAPPAS, MD		

Insurance

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

Patient's Providers

Other: MARIA BAENS MD: 3361 HWY 9, LITTLE RIVER, SC 29566, Ph (843) 497-5929, Fax (843) 399-3494 NPI: 1447256872
Insurance Adjuster (Worker's Comp): BARBARA COWAN: Ph (800) 527-0566 X 20746, Fax (479) 273-8058
Referring Provider (Worker's Comp): MERRITT, JAMES O, MD: 210 VILLAGE CENTER BOULEVARD, MYRTLE BEACH, SC 29579, Ph (843) 238-3222, Fax (843) 236-3005

Patient's Pharmacies

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

Chief Complaint

Right foot pain, Right ankle pain

Problems

Reviewed Problems
- Tarsal tunnel syndrome (355.5)
- Other mononeuritis of lower limb (355.79)
- Tenosynovitis of foot and ankle (727.05)
- Plantar fascial fibromatosis (728.71)
- Sprains and strains of shoulder and upper arm* (840)
- Sprains and strains of knee and leg* (844)
- Sprains and strains of knee and leg; unspecified site of knee and leg (844.9)
- Sprains and strains of other and unspecified parts of back; neck (847.0)

Medications

Reviewed Medications

Name	Date
LORTAB 5 MG-500 MG TABLET Take 1 tablet(s) every 6 hours by oral route.	06/11/13 prescribed
SKELAXIN 800 MG TABLET Take 1 tablet(s) 3 times a day by oral route as needed.	06/11/13 prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
- Other - tonsilectomy as a child

Family History

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

Social History

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

Vitals

Ht: 5 ft 4 in Wt: 187 lbs BMI: 32.1 BP: 131/82 sitting R wrist Pulse: 75 bpm

HPI

Ankle

Reported by patient.

Location: right; Hurts all over
Quality: aching
Severity: moderate
Duration: 5 months
Timing: acute
Context: fall
Associated Symptoms: no weakness; no numbness; no tingling; no swelling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no radiation down leg; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits

Foot

Reported by patient.

Location: right; Hurts all over
Quality: aching
Severity: moderate
Duration: 5 months
Timing: acute
Context: fall
Associated Symptoms: no weakness; no numbness; no tingling; no swelling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no radiation down leg; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits

The patient is a 57-year-old female who presents with a complicated medical history following an injury sustained 2/16/2013. She reports that she was at work when he cord wrapped around her right leg, creating a falling injury to the right leg. She sustained a twisting injury to the knee, hip and leg. Since that time, she's had persistent radiating pain throughout the right lower extremity radiating from the region of the low back through the posterior thigh and lateral knee into the foot and ankle. She reports that depending on her position she has numbness and burning sensations to the right lower extremity. She also concerned about a small palpable nodule that forms along the medial heel intermittently. She says when this form she has significant pain. She does report that she had a large area of purplish discoloration around the lateral side of the right knee at the time of the injury that has remained. She has been treated by Dr. Merritt, to date and is scheduled for a second opinion with a physician in Wilmington regarding the right lower extremity injury. She reports undergoing a course of physical therapy without significant improvement. None of this related to the right foot. She believes she has a gait disturbance secondary to the symptoms of the right lower extremity. She has refused any radiographs today.

ROS

Patient reports **weight gain** (___ lbs) and **exercise intolerance** but reports no fever, no night sweats, and no significant weight loss. She reports **muscle weakness, back pain, and swelling in the extremities** but reports no muscle aches and no arthralgias/joint pain. She reports **weakness and numbness** but reports no loss of consciousness, no seizures, no dizziness, and no headaches. She reports no dry eyes, no irritation, and no vision change. She reports no difficulty hearing and no ear pain. She reports no frequent nosebleeds and no nose/sinus problems. She reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. She reports no cough, no wheezing, no shortness of breath, and no coughing up blood. She reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no abnormal mole, no jaundice, and no rashes. She reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. She reports no fatigue. She reports no swollen glands and no bruising. She reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

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

Constitutional: General Appearance: healthy-appearing, NAD, and overweight.

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

Cardiovascular System: Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Edema Right: pedal 2+. Varicosities Right: capillary refill test normal and varicosities.

Gait and Station: Appearance: no limp, ambulating with no assistive devices, and antalgic gait.

Ankles and Feet: Inspection Right: no erythema, induration, warmth, or deformity and normal alignment and swelling. Bony Palpation of the Ankle/Foot Right: no tenderness of the metatarsals, the navicular tuberosity, the dome of talus, the head of talus, or the achilles tendon insertion and tenderness of the lateral ankle, the calcaneal tuberosity, the tarsometatarsal joints, and the inferior tibiofibular joint; Tenderness with palpation along the distal fibula.. Soft Tissue Palpation of the Ankle/Foot Right: no tenderness of the achilles tendon or the peroneus longus and brevis and tenderness of the plantar fascia, the sinus tarsi, and the anterior talofibular ligament; Tenderness along the tarsal tunnel. With some tingling developing throughout the plantar forefoot with compression. Strength Right: extensor hallucis longus 4/5, tibialis anterior 4/5, and gastrocnemius 4/5. Inspection of the Toes Right: no callus, claw toes, or hammer toes.

Neurological System: Sensation on the Right: normal distal extremities; Exquisite tenderness with palpation along the region of the common peroneal nerve near the fibular head..

Skin: Right Lower Extremity: There is an area of purplish discoloration around the lateral leg, near the fibular head..

Assessment / Plan

Right common peroneal nerve neurapraxia

Right foot plantar fasciitis

Right fibular stress reaction.

Right sinus Tarsi syndrome.

Right tarsal tunnel syndrome

1. TARSAL TUNNEL SYNDROME (355.5)

2. TENOSYNOVITIS OF FOOT AND ANKLE (727.06)

3. PLANTAR FASCIAL FIBROMATOSIS (728.71)
   - PLANTAR FASCIITIS: AFTER YOUR VISIT

4. OTHER MONONEURITIS OF LOWER LIMB (355.79)

Discussion:

The patient was counseled instructed on proper plantar fascial specific stretching exercises. The patient will be given a handout with instructions on exercises. Arch supports (Accommodators, three-quarter length) will be placed in the patient's shoes. The patient can work on icing the heel in the evening for swelling. Patient advised to avoid impact activities on the foot including running and walking.

Discussed with the patient. Secondary to the severe pain and discomfort throughout the right lower extremity. Regarding work, but recommend no prolonged standing. Also recommended no kneeling or squatting activities. I believe most of her issues related to a common peroneal nerve neurapraxia. She also has symptoms consistent with sciatica . She has radicular findings. I would recommend an EMG/ nerve conduction study of the right lower extremity to evaluate nerve function. I believe most of her symptoms are related to nerve issues higher in the leg and low back. No need for further followup with me.

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Alexander J. Pappas, MD, 07/12/2013.

Encounter performed and documented by Alexander J. Pappas, MD

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

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 06/11/2013

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	**Appt. Date/Time**	06/11/2013 09:15AM
DOB	05/19/1956	**Service Dept.**	SOC
Provider	JAMES O. MERRITT, IV., MD		

Insurance

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

Patient's Providers

Other: MARIA BAENS MD: 3361 HWY 9, LITTLE RIVER, SC 29566, Ph (843) 497-5929, Fax (843) 399-3494 NPI: 1447256672
Referring Provider (Worker's Comp): MERRITT, JAMES O, MD: 210 VILLAGE CENTER BOULEVARD, MYRTLE BEACH, SC 29579, Ph (843) 236-3222, Fax (843) 236-3005

Patient's Pharmacies

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

Chief Complaint

None recorded.

Problems

- Sprains and strains of shoulder and upper arm* (840)
- Sprains and strains of knee and leg* (844)
- Sprains and strains of knee and leg; unspecified site of knee and leg (844.9)
- Sprains and strains of other and unspecified parts of back; neck (847.0)

Medications

Reviewed Medications

Name	Date
AZITHROMYCIN 250 MG TABLET	06/28/12 filled
LORTAB 5 MG-500 MG TABLET Take 1 tablet(s) every 6 hours by oral route.	06/11/13 prescribed
PENICILLIN V POTASSIUM 500 MG TABLET	05/10/12 filled
SKELAXIN 800 MG TABLET Take 1 tablet(s) 3 times a day by oral route as needed.	06/11/13 prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
- Other - tonsilectomy as a child

Social History

Reviewed Social History
Smoking Status: Never smoker.

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

Vitals

Ht: 5 ft 4 in	**Wt:** 188 lbs	**BMI:** 32.3
BP: 127/78	**Pulse:** 67 bpm	

HPI

this is a pleasant lady who is in today for followup. She's continued to have a multitude of complaints. She reports that she is dropping things with the right hand. She feels that her hand is weak she complains of cramping pain on the right side of her body being in the hand and small finger forearm elbows to the armpit around the shoulder she is also to obtain have hip pain on the right neck pain as well. She is also complaining of pain in her right foot heel ankle knee holder muscles and tendons around the knee. As well as going up and the hip area. She reports cramping in the leg and foot and heel shell splint versus having trouble driving.

ROS

None recorded.

Physical Exam

Patient is a 57-year-old female.

On exam she continues to have pain in the hand motion and wrist elbow and shoulder. No major changes in her grip strength does seem to be slightly decreased not sure if this is effort related. Essentially no major changes from previous exams.

Assessment / Plan

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

Return to Office

- Alexander J. Pappas, MD for AP-New Patient at SOC on 07/12/2013

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 06/11/2013.

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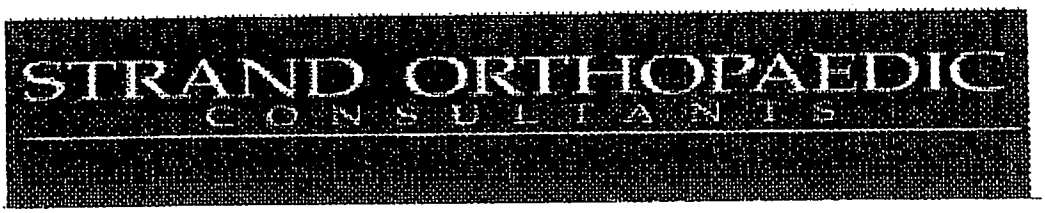
STEVENSON, ANN W (id #231443, dob: 05/19/1956)

Letters



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

WORK STATUS REPORT

Patient: Stevenson, Ann W
DOB: 05/19/1956
Address: 2261 Greenleaf Drive
Conway, SC 29526

Date: 06/11/2013
Patient ID: 231443

Note to Patient:

_X__ Was Seen in my office on: ____6/11/13_____

___ Release to work: WITHOUT RESTRICTIONS __ Medically Stationary

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

XReleased to work WITH THE FOLLOWING RESTICTIONS:

_X__ Limited work to _4_ hours a day.

_X__ No pushing, pulling, or excessive lifting in excess of _20_ lbs

___ No twisting, climbing, or stooping

___ No repetitive movements or gripping with the LEFT/RIGHT WRIST/HAND

___ No walking on rough or uneven ground

___ The patient needs walking aid(s)

___ Must wear a splint or brace when working

___ Sedentary work with ability to change positions

___ No kneeling, crawling, or squatting

_X__ Other ALLOW TO RECEIVE HELP WITH TASK PATIENT IS UNABLE TO DO. SHOULD NOT BE WORKING WHILE UNDER THE INFLUENCE OF NARCOTIC MEDS.

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

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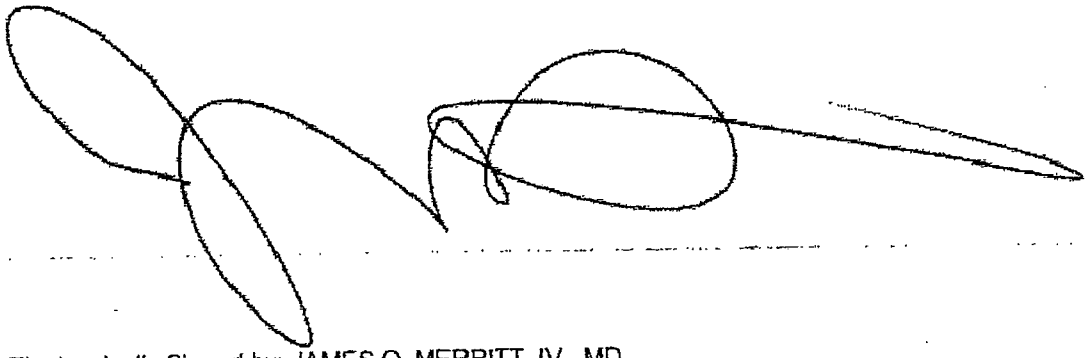
STEVENSON, ANN W (id #231443, dob: 05/19/1956)



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

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

Encounter Summary

Patient			
Name	STEVENSON, ANN (56, F) ID# 231443	Appt. Date/Time	05/13/2013 04:00PM
DOB	05/19/1956	Service Dept.	SOC
Provider	JAMES O. MERRITT, IV., MD		
Insurance	Med Worker's Comp: ARKANSAS CLAIMS MANAGEMENT - CMI - WALMART Policy/Group # : 251805185 Employer Name : WALMART Case # : 251805185 Case Injury Date : 02/16/2013 Prescription: MHS - Member is eligible.		

Patient's Providers

Other: MARIA BAENS MD: 3361 HWY 9, LITTLE RIVER, SC 29566, Ph (843) 497-5929, Fax (843) 398-3494 NPI: 1447256672

Patient's Pharmacies

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

Chief Complaint

Right shoulder pain, neck pain, Right knee pain

Problems

Sprains and strains of shoulder and upper arm* (840)
Sprains and strains of knee and leg* (844)
Sprains and strains of knee and leg; unspecified site of knee and leg (844.9)
Sprains and strains of other and unspecified parts of back; neck (847.0)

Medications

Reviewed Medications

Name	Date	
AZITHROMYCIN 250 MG TABLET	06/28/12	filled
LORTAB 5 MG-500 MG TABLET Take 1 tablet(s) every 6 hours by oral route.	05/13/13	prescribed
PENICILLIN V POTASSIUM 500 MG TABLET	05/10/12	filled
SKELAXIN 800 MG TABLET Take 1 tablet(s) 3 times a day by oral route as needed.	05/13/13	prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Social History

Reviewed Social History
Smoking Status: Never smoker.
Alcohol Intake: None.

Vitals

Ht: 5 ft 4 in	Wt: 187 lbs	BMI: 32.1
BP: 123/71	Pulse: 93 bpm	

HPI

The patient is in today for followup of her knee MRI she's continued to have pain in her neck shoulder and knee as well fairly [illegible] neck and shoulder as well as posterior cervical spine pain she also continues to endorse pain radiating

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

ROS

None recorded.

Physical Exam

Patient is a 56-year-old female.

On physical exam she still has a lot of myofascial pain around the knee no major changes on exam.

Assessment / Plan

Assessment strain of the cervical spine right shoulder and right knee. I discussed with her after reviewing her MRI that I don't think any type of surgery is warranted on her knee and . I also reviewed her old MRIs of her neck and shoulder were done last earlier in the month and again feel that surgery is not warranted on these joints either. I recommended she continue with therapy and I have stressed with her that I think that the mainstay of treatment will be decreasing inflammation and increasing strength and motion in the joints. I told her I would like to get her back to light duty she is very hesitant I have told her I would like to do it slowly I have recommended to limit work 6 hours a day for days a week limited standing to 4 hours a day. Not to lift more than 10 pounds no repetitive motion with the right arm. If they are unable to provide light duty I recommended that she staff at work see her back in 4 weeks. I also discussed with her that if she does not make improvement we could consider a second opinion.

1. SPRAINS AND STRAINS OF OTHER AND UNSPECIFIED PARTS OF BACK; NECK (847.0)

2. SPRAINS AND STRAINS OF SHOULDER AND UPPER ARM* (840)

3. SPRAINS AND STRAINS OF KNEE AND LEG* (844)

Return to Office

- to see James O. Merritt IV., MD at SOC on or around 06/10/2013
- James O. Merritt IV., MD for JM-Re-Check at SOC on 06/11/2013

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 05/13/2013.

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 05/13/2013 at 5:37pm

253

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Joe N. Jarrett, MD
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Richard W. Ward, MD
Sports Medicine
Orthopaedic Surgery
Shoulder Surgery

Steven M. Callihan, MD
Orthopaedic Surgery
Total Joint Replacement
Sports Medicine

J. Clark Butler, MD
Sports Medicine
Orthopaedic Surgery
Total Joint Replacement

Wayne B. Banerle, MD
Spine Surgery
Orthopaedic Surgery

Robert S. Leak, MD
Hand & Upper Extremity Surgery
Orthopaedic Surgery

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Orthopaedic Surgery

Thomas Chambers, MD
Orthopaedic Surgery
Sports Medicine
Total Joint Replacement

David G. Everman, MD
Hand & Upper Extremity Surgery
Orthopaedic Surgery

Gene M. Massey, MD
Spine Surgery
Orthopaedic Surgery

Kimberly Purgavie, DO
Physical Medicine & Rehabilitation

WORK STATUS REPORT

Patient Name: Ann Stevens DOB: 5/19/56

Date of Office Visit: 5-13-13 Next Appointment: _____

Diagnosis: Cervical Strain/Sprain Strain (R) heel Strain

_____ Released to work WITHOUT RESTRICTIONS _____ Medically Stationary

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

✓ Released to work WITH THE FOLLOWING RESTRICTIONS: on 5/20/13

✓ Limited work to 6 hours a day.

✓ No pushing, pulling, or excessive lifting in excess of 10 lbs

_____ No twisting, climbing, or stooping

✓ No repetitive movements or gripping with the LEFT / RIGHT WRIST / HAND

_____ No walking on rough or uneven ground

_____ The patient needs walking aid(s)

_____ Must wear a splint or brace when working

_____ Sedentary work with ability to change positions

_____ No kneeling, crawling, or squatting

✓ ~~Other~~ limit standing to 4 hrs/Day

*If unable to provide light duty Pt would need to be out of work

The patient has been referred to the following: _____ PT _____ OT _____ Other

MD Signature: _____

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www.strandorthopaedic.com

Toni Hayes

From: ANN STEVENSON <asteven@sccoast.net>
Sent: Wednesday, April 24, 2013 1:48 PM
To: ahayes@sccoast.net
Subject: Ann Stevenson -- need PT separated and specified

Hi Toni,

1. I am still having trouble sometimes dropping things with my hand and with cramping and pain on the right body side of little finger, hand, forearm, under forearm to elbow, from elbow to under arm pit and from elbow across top arm into shoulder..... along with treatment of hip, shoulder and neck
2. I am still having trouble with foot, heel, ankle calf muscle, inside between ankle and knee, front outside betwee ankle and knee, muscles and tendons all around knee inside and out below and above into groin and hip
3. So I have trouble driving , getting in and out of car (less since some hip ultrasound and therapy), but still calf cramping, leg, foot and heel along with turning neck to see..... so I have been limiting my driving only to PT days and Doctor visits.
4. If Dr Merritt could write for all areas that need help then I could get pictures of exercises to be worked on at home that are not as painful as the more serious areas such as hip and shoulder and others that are being ultrasounded and worked on at PT and home.
5. If all areas could be specified and priority assigned to those PT works with me on .....

this would allow me to be able to rehab more at home, because PT cannot give me pictures to use unless told or allowed to for the different areas.

Dr Merritt wants to get me back to work as soon as possible and I need to do as much as I am able to of all the different areas as I can to get back to use with exercise while I can still take the muscle relaxants.

Thank you,
Ann Stevenson 843-454-6186

STRAND ORTHOPAEDIC CONSULTANTS

Patient ID: 137403AS
Patient Name: ANN W STEVENSON
Date of Birth: 05/19/1956

Date of Service: 04/23/2013
MYRTLE BEACH OFFICE

HISTORY: This is a pleasant lady who is in today for evaluation of her neck, shoulder, and right leg. She is continuing to have problems with the neck and shoulder. She is here to followup the shoulder MRI. Her knees are also bothering her. She states it wants to buckle and give way. It aches. She has vague complaints of pain medially and globally around the knee and medial hamstring area and a little bit over the lateral hip area. She is also continuing to endorse some low backache. Neck and arm pain seemed to be unchanged.

PHYSICAL EXAMINATION: On exam, the knee has full extension and normal alignment. Motion is from 0 to 120 degrees. No large effusion and just some mild myofascial pain around the knee.

STUDIES: MRI of the neck is normal other than some mild degenerative changes. She has a small bulge at C6-C7 and again no evidence of any stenosis or anything concerning.

ASSESSMENT: Strain shoulder, neck, and knee.

PLAN: I told her really I do not think that really on the shoulder and neck any surgery is warranted and I think most of the pain is muscle ligamentous and I am concerned that she does not seem to be improving with the therapy. I think that probably the knee discomfort is also muscle related soft tissue discomfort. I again think therapy will be best in long-term treatment of this. I am going to continue therapy for four more weeks with the emphasis to work into a home exercise program. I just tried to get her back to light duty work but she seems resistant doing this, stating that any type of light duty work I tried for her, she cannot tolerate. I do have concerns about her motivation to get back to work and at this point we will keep her out of work for four more weeks and then we will obtain an FCE if she does not feel that she can get back to work at that point in time so that we can actually see her functional capabilities. I have recommended an MRI of the knee to rule out any structural pathology.

James O. Merritt, IV, M.D.
JM/ft

STRAND ORTHOPAEDIC CONSULTANTS

Patient ID: 137403AS
Patient Name: ANN W STEVENSON
Date of Birth: 05/19/1956

Date of Service: 04/09/2013
MYRTLE BEACH OFFICE

HISTORY: This is a pleasant lady who is in today. She is still having a lot of complaints and pain in the neck, lower back, and right shoulder and also still complaining of discomfort in the right knee as well. She is here today to followup the MRI of her shoulder.

PHYSICAL EXAMINATION: On physical exam, she still has impingement type discomfort and really no major changes and a lot of myofascial pain around the shoulder.

STUDIES: MRI reveals some tendinopathy within the tendon and a downsloping of the acromion. Otherwise no evidence of any significant rotator cuff tear. No fractures, pathologic lesions, or anything of that nature.

ASSESSMENT: Cervical and lumbar strains along with rotator cuff impingement tendinitis and possible sciatic pain down her legs as well as some right knee pain.

PLAN: Again, I told her at this point I think we probably start out with a cortisone shot into this shoulder. I would also have therapy work with her on the shoulder as well as neck and I do think help with the low back would be also beneficial. If she does not make improvement with the low back or the neck, further studies are warranted to make sure there is no other process occurring. Hopefully, I think most of her pain though seems to muscle ligament and joint related and would improve with therapy. Given the multitude of complaints and discomfort she is having, I am going to keep her out of work at this point in time. She would like to come back again in two weeks rather than four, so that I can treat her for her right hip and knee, which are bothering her. I told her I would be happy to see her at that point, so I will see her back in two weeks just for the right hip and right knee.

James O. Merritt, IV, M.D.
JM/ft

257

137403

STRAND ORTHOPAEDIC CONSULTANTS, L.L.C

Joe N. Jarrett, MD
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Richard W. Ward, MD
Sports Medicine
Orthopaedic Surgery
Shoulder Surgery

Steven M. Callihan, MD
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J. Clark Butler, MD
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Orthopaedic Surgery
Total Joint Replacement

Wayne B. Bauerle, MD
Spine Surgery
Orthopaedic Surgery

Robert S. Leak, MD
Hand & Upper Extremity Surgery
Orthopaedic Surgery

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Foot & Ankle Surgery
Orthopaedic Surgery

Thomas Chambers, MD
Orthopaedic Surgery
Sports Medicine
Total Joint Replacement

David G. Evernan, MD
Hand & Upper Extremity Surgery
Orthopaedic Surgery

Gene M. Massey, MD
Spine Surgery
Orthopaedic Surgery

Kimberly Purgavie, DO
Physical Medicine & Rehabilitation

WORK STATUS REPORT

Patient Name: Ann Stevenson DOB: 5/19/56

Date of Office Visit: 4/9/13 Next Appointment: 2 WKS 4/23/13

Diagnosis: Cerv, Lumbar Strain, RC impingement

_____ Released to work: WITHOUT RESTRICTIONS _____ Medically Stationary

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

_____ Released to work WITH THE FOLLOWING RESTRICTIONS:

_____ Limited work to ___ hours a day.

_____ No pushing, pulling, or excessive lifting in excess of ___ lbs

_____ No twisting, climbing, or stooping

_____ No repetitive movements or gripping with the LEFT / RIGHT WRIST / HAND

_____ No walking on rough or uneven ground

_____ The patient needs walking aid(s)

_____ Must wear a splint or brace when working

_____ Sedentary work with ability to change positions

_____ No kneeling, crawling, or squatting

_____ Other

_____

The patient has been referred to the following: _____PT _____OT _____Other

MD Signature: _____

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STRAND ORTHOPAEDIC CONSULTANTS

Patient ID: 137403AS
Patient Name: ANN W STEVENSON
Date of Birth: 05/19/1956

Date of Service: 03/27/2013
MYRTLE BEACH OFFICE

HISTORY: This is a pleasant lady who is in today for evaluation of her right shoulder, arm, wrist, and neck and also having problems with low back, buttock, and pain down the hip and cramping in the calf on the right side as well. She had an accident at work where she fell about six weeks ago. She tried a little bit of therapy but this seemed to worsen and they just had been doing some pain management type of therapy with ultrasound recently for it, which helps her a little bit. Her greatest problem she states is pain in her right hip and leg. She also she states she has not had that before. She does not endorse any focal weakness. She seems to have a lot of different myofascial pain in the thigh and hip area and down the leg. She also is complaining of a lot of pain in the right shoulder and problems with overhead activity. It bothers her. She also gets discomfort in the wrist and hand. She points to pain between the ring and the small finger, which she states she injured when she fell. She is also complaining of tightness in the neck and does not seem to want to move this.

PHYSICAL EXAMINATION: On physical exam, she has forward flexion in the shoulder to 100 degrees. She has abduction 80 degrees. She internally rotates just to the back pocket. She has 35 degrees of external rotation. She has some mild tenderness on the wrist and hand. Alignment is normal. There are no deficits but she is hesitant to move the wrist. She is a little tender between the fourth and fifth fingers between the metacarpal heads; otherwise, the alignment is normal and the exam is fairly benign. As far as her lower extremity, she has no deficits. There is no hip or groin pain with motion. She has some mild myofascial pain on the lateral aspect of the hip. Nerve tension signs do give her some buttock pain but did not reproduce any significant radicular discomfort.

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

PLAN: I told her I think that most of this discomfort is ligament muscle related and will improve with therapy. I did recommend that we start that on the back trying to restore her motion and strengthen the low back and the neck region. I am going to hold off on any therapy on the neck at this point until we get her an MRI performed just to make sure there are no structural problems that need to be addressed. As far as work, I want her not to do any type of repetitive activity with her left arm, not to lift more than 10 pounds and no overhead activity and we will keep her lifting to less than 10 pounds.

James O. Merritt, IV, M.D.
JM/ft

259

137403

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Joe N. Jarrett, MD
Total Joint Replacement
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Hand & Upper Extremity Surgery
Orthopaedic Surgery

Gene M. Massey, MD
Spine Surgery
Orthopaedic Surgery

Kimberly Purgavie, DO
Physical Medicine & Rehabilitation

WORK STATUS REPORT

Patient Name: Ann Stevenson DOB: 5/19/56

Date of Office Visit: 3/27/13 Next Appointment: S/P MRI

Diagnosis: (R) sh, wrist, & NK strain

_____ Released to work: WITHOUT RESTRICTIONS _____ Medically Stationary

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

_____ Released to work WITH THE FOLLOWING RESTRICTIONS:

_____ Limited work to ___ hours a day.

✓ No pushing, pulling, or excessive lifting in excess of 10 lbs

_____ No twisting, climbing, or stooping

✓ No repetitive movements or gripping with the LEFT / RIGHT WRIST / HAND

_____ No walking on rough or uneven ground

_____ The patient needs walking aid(s)

_____ Must wear a splint or brace when working

_____ Sedentary work with ability to change positions

_____ No kneeling, crawling, or squatting

✓ ~~Other~~ limit standing to 20 mins
no overhead activity

The patient has been referred to the following: _____ PT _____ OT _____ Other

MD Signature: [signature]

210 Village Center Boulevard, Suite 200 Myrtle Beach, SC 29579
843.236.3222 phone / 843.236.3005 business fax / 843.903.7187 medical fax
www.strandorthopaedic.com

REHABILITATION MEDICINE SERVICES, P.C.
1914 Meeting Court
Wilmington, NC 28401
(910) 362-1112
Fax (910) 362-1115

CLAIMANT: Ann W. Stevenson DOB: 5/19/1956
CHART #: T07429

INDEPENDENT MEDICAL EVALUATION
August 1, 2013

CC: Right foot, hand, shoulder, knee, hip and neck pain associated with right hand weakness.

HPI: Claimant is a 57-year-old right-handed female whose medical records show a work related injury on 2/16/13 due to tripping and falling with the right hand getting caught in a trash bin with an incident report filled out by the claimant indicating the injured body parts of right hand and right pinky finger, and unsure if requesting medical care, "will see how swelling in finger goes". Six days later she was seen at an urgent care with complaints of right shoulder, elbow and right hand pain and was started in physical therapy. Twelve days after the injury she was seen again at the urgent care with the additional complaints of neck and right knee, right hip and pelvic pain and was referred for an orthopedic consultation. She was seen in orthopaedic consultation on 3/27/13 with additional problems of low back pain, and right calf cramping. MRIs of the right shoulder, cervical and right knee were done, no surgeries where recommended and she was continued in physical therapy. On subsequent visits there is documentation of "concerns about her motivation to get back to work", with additional and new complaints of hand weakness, difficulty opening bottles and dropping things as well as heel pain with difficulty driving. Additional diagnosis of tarsal tunnel syndrome, tenosynovitis of foot and ankle, plantar fasciitis and mononeuritis of the lower limb were given and electrodiagnostic testing along with another opinion were recommended. Claimant was released from physical therapy on 6/12/13 due to "non-improvement" with physical therapy notes indicating "non-organic symptoms", "refusal to perform most all therapy exercises for various reasons" and "?able malingering". She reports pain in multiple body parts on the right side of the body with the worst pain being in the right foot rated at 9/10 at its worst, 4/10 at the present and 0/10 at best. Physical activity including prolonged walking sitting or standing increases the pain whereas rest improves it. Associated with the pain is weakness and abnormal sensation in the right hand. She presents for IME admitting that she did part of the driving in coming to this evaluation.

CURRENT MEDICATIONS:
Magnesium Salicylate.

ALLERGIES:
Epinephrine.

PAST MEDICAL HISTORY:
Unremarkable.

PAST SURGICAL HISTORY:
Tonsillectomy.

SOCIAL HISTORY:
Claimant denies smoking. She is a registered pharmacist on 4 hrs/day work restrictions.
Continued ...

REVIEW OF SYSTEMS:

Constitutional: Claimant admits to a recent 20 lbs. weight gain.

GU: Claimant admits to more frequent urination but no accidents.

GI: Claimant denies any bowel issues.

Musculoskeletal: Claimant admits to a weakness on the right side of the body.

Neurologic: Claimant admits to abnormal sensations in right upper and lower extremities.

PHYSICAL EXAM:

General: Claimant is well developed, well nourished, in no acute distress. She is 5'4" and weighs 190lbs. She is evaluated in its entirety in presence of a chaperone.

Gait: Gait is normal without a limp or use of an assistive device.

Neurologic: Cranial nerves II through XII are grossly intact. Proprioception is intact. Memory, insight, and judgment are within normal limits. Claimant is alert and oriented.

Neck: Inspection is unremarkable. Palpation is associated with myofascial tenderness at midline over the posterior cervical spine. Range of motion is within functional limits and provocative maneuvers are negative.

Back: Inspection is unremarkable. Palpation is associated myofascial tenderness in the right upper gluteal region. Range of motion within functional limits with finger tips touching the floor on flexion.

Upper limbs Inspection is unremarkable for asymmetry or range of motion of the shoulder is full and symmetrical to the left. Shoulder forward flexion at near 180 degrees is associated with shoulder pain and palpation is positive for myofascial pain over the shoulder as well as the medial and lateral epicondyles. Grip strength is decreased.

Lower limbs: Inspection reveals spider veins over the right fibular head and left posterior knee. Deep tendon reflexes are intact, graded at 2/4 for knees and ankles. Range of motion of the knee and ankle are within functional limits and provocative maneuvers negative for instability. Seated SLR and slump tests are negative and strength is graded at overall good. On distraction, palpation of the calcaneous is free of tenderness. Right foot passive and full inversion/eversion is associated with "pulling" sensation in leg compartments and free of ankle pain complaints.

Continued ...

CLAIMANT: Ann W. Stevenson
CHART #: T07429
August 1, 2013
Page 3

MEDICAL RECORDS REVIEWED:
Doctor's Care (2/22/13-3/19/13), Strand Orthopaedic Consultants (3/8/13-7/22/13), Progressive Physical Therapy (4/3/13-6/12/13), MRI right knee (5/7/13), MRI right shoulder (4/2/13), MRI c-spine (4/17/13), x-rays right elbow and right hand (2/22/13), x-rays right shoulder, right knee, c-spine, pelvis and right hip (2/28/13), Rehabilitation Medicine Services, Electrodiagnostic test (EDX) (8/1/13).

ASSESSMENT:
(1) Carpal tunnel syndrome, right greater than left.
(2) Right foot pain, myofascial without EDX evidence of tarsal tunnel syndrome or peroneal neuropathy.
(3) Right shoulder pain, myofascial, with MRI evidence of bursitis and tendinopathy.
(4) Right hip pain with x-ray evidence of mild superior joint narrowing.
(5) Right medial knee pain, myofascial, with MRI evidence of possible lateral meniscus injury and popliteal cyst.

DISCUSSION:
1) What is your diagnosis of injuries sustained in the alleged accident of 2/6/13? The diagnoses are presented above under "ASSESSMENT".

2) What are your clinical objective findings during your examination today? Muscle tenderness, bilateral carpal tunnel syndrome, right shoulder bursitis/tendinopathy, mild right hip joint narrowing and possible right lateral meniscus injury with a popliteal cyst based on the imaging studies.

3) Explain how your examination and objective finding substantiate the associate's symptoms. The pain from carpal tunnel syndrome can refer to the elbow or higher and can be associated with dropping objects and sensory complaints. Shoulder bursitis can cause pain with shoulder flexion/abduction, a narrow hip joint space can be associated with hip pain and a popliteal cyst/ lateral meniscus injury can cause posterior and lateral knee pain. Claimant's knee pain is medial and myofascial.

4) Are Ann's current symptoms causally related in total to the alleged accident of 2/16/13? No.

5) Is there evidence of a pre-existing condition or other unrelated factors that may be contributing to Ann's symptoms? If so, please provide a detailed explanation of these contributing factors, as well as comment regarding the impact of these unrelated factors on her current status and treatment, as it related to injuries incurred on 2/16/13? Yes. All objective findings with the exception of the myofascial pain are pre-existing. Myofascial pain is a clinical diagnosis based on a subjective pain response and therefore not a true objective finding. It is not possible to determine if myofascial pain is pre-existing without access to any prior to injury medical/alternative medicine records. As it is possible to experience a flare-up of pain from her pre-existing conditions, the persistence of such pain is not probable. In regards to carpal tunnel syndrome, as it is possible to develop symptoms only after the injury, it is not probable.

6) Has Ann's current treatment program been reasonable, appropriate and medically necessary thus far, for injuries sustained on 2/16/13? All treatments of which medical records were provided have been reasonable and appropriate.
Continued ...

CLAIMANT: Ann W. Stevenson
CHART #: T07429
August 1, 2013
Page 4

7) **Is continued medical treatment, diagnostic testing, physical therapy, or chiropractic care medically necessary for the injuries sustained on 2/16/13? Please explain why or why not.** No, as right carpal tunnel syndrome (CTS) was not one of the diagnoses/body parts included for this IME. If right CTS is approved, claimant should return to the orthopedic service for treatment. In that case, her work restrictions are sedentary/office work with sitting or standing privileges and a 10 minute productive break after every 45-60 minutes of continuous work. However, if CTS is not considered a part of this injury, there has been adequate healing time and she has no work restrictions. Regardless, if CTS is a part of this injury or not, there is no objective basis for restriction on hours worked or with driving, given the lack of a neuropathy or loss of proprioception in the right lower limb that may interfere with driving and claimant admitting to driving.

8) **Has Ann reached maximum medical improvement (MMI) relative to the 2/16/13 injury? If so, what date did this occur? If not do you anticipate Ann will reach MMI and what are your recommendations for further treatment, if any, to bring the associate to MMI? Please clearly define your recommendations, including anticipated time frame.** Yes, if right CTS is not an approved diagnosis. In that case the MMI status was reached on 6/12/13, the date she was discharged from physical therapy. If right CTS is accepted as a part of this injury, claimant is not at MMI. The MMI status for CTS is typically reached 6-8 weeks after carpal tunnel release surgery if there has been no complication.

Alan Tamadon, M.D.
Board Certified in Physical Medicine and Rehabilitation

REHABILITATION MEDICINE SERVICES, P.C.
1914 Meeting Court
Wilmington, NC 28401
(910) 362-1112
Fax (910) 362-1115

CLAIMANT: Ann W. Stevenson DOB: 5/19/1956
CHART #: T07429

OUTPATIENT ELECTRODIAGNOSTIC CONSULTATION
August 1, 2012

HPI: Patient presents for electrodiagnostic studies (EDX) as a part of an IME subsequent to a work related injury of 2/16/13 and per recommendations of her treating physicians.

RESULTS:

(1) EDX of the right upper limb and right lower limbs including the right radial motor to EDC, bilateral median motor to APB, right ulnar motor to ADM, right peroneal to EDB, right tibial (medial plantar motor) to AHL, bilateral median sensory to digit #3, bilateral median/radial sensory to thumb, right radial sensory to base of the thumb, right ulnar sensory to digit #5, left medial antebrachial cutaneous to medial forearm, right sural to lateral heel, orthodromic right medial and lateral plantar sensory to medial malleolus, bilateral tibial H-reflex and EMG of the right upper and lower limbs was done.

(2) Prolonged distal latency of the bilateral median sensory response to digits #3 (R=4.72ms, L=3.81ms, NML<3.6ms) and #1 (R=3.66ms, L=3.13ms, NML<3.0ms) as well as right median motor to APB (R=5.11ms, L=3.8ms, NML<4.6ms), with intact amplitudes.

(3) No evidence of PSW/fibs in any of the muscles tested.

(4) Normal nerve response for other nerves tested including the distal latency of the right medial (3.66ms, NML<3.7ms) and lateral (3.56ms, NML<3.7ms) plantar sensory response medial malleolus, right medial plantar motor to AHL (4.59ms, NML<4.8ms), right peroneal motor to EDB (4.36ms, NML<6.1ms) with a normal nerve conduction velocity of the right peroneal motor response across the fibular head (53.3m/s, NML>40m/s), all with normal amplitudes.

CONCLUSION:

(1) EDX is positive for bilateral carpal tunnel syndrome affecting the myelin of motor and sensory fibers on the right and the myelin of sensory fibers on the left.

(2) EMG is negative for muscle denervation from peripheral motor nerve entrapment, C5-T1 or L2-S1 motor radiculopathy.

(3) Tibial H-reflex is intact and negative for S1 sensory radiculopathy.

(4) EDX is negative for common peroneal neuropathy at the fibular head, tarsal tunnel syndrome, other peripheral nerve entrapment or peripheral neuropathy.

Alan Tamadon, M.D.

cc: Insurance Adjuster

265

March 19, 2013

Dear Ms. Cowan,

During Ms. Ann Stevenson's last visit with me on 03/12/2013 she requested prescriptions written for several items. These items were elastic gel wrist wrap, elastic hot/cold gel knee wrap, elastic gel cervical collar, elastic gel shoulder splint, a shoulder splint and 2 ace wraps. I do not routinely write for these items and did advice her that I would write for these on her behalf although I did not believe there is any real therapeutic benefit. I also advised her that they would be subject to workers comp decision on paying for above items. I also cautioned her that she was determining her own treatment plan. I was concerned that she had varying symptoms with every visit claiming "muscle atrophy" (which does not occur in just a few days), and "burning sensation" after her x-rays were done.
I am aware of her upcoming appointment with Dr. Merritt and thank you for your prompt attention to my request for an orthopedic evaluation.

Sincerely,

M.Baens MD
Doctors Care Carolina Forest
200 Middleburg Drive
Myrtle Beach SC 29579
843 903-6650

hmf

C3T08057

Return To Work Form

Doctors Care

- 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650
- 1400 Main Street, Conway, SC 29526 (843) 381-6205
- 1113 Church Street, Conway, SC 29526 (843) 248-6269
- 1068 North Fraser Street, Georgetown, SC 29440 (843)545-7200
- 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
- 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379
- 1600 Hwy. 17 North, Surfside Beach, SC 29575 (843) 238-1481
- 2246 Highway 17, Little River, SC 29566-9235 (843) 663-2220

Name: Ann Stevenson Arrival Time: 9:22 Discharge Time: 0930

Date: 3-14-13 Company Name: Walmart

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
  - Estimated return to work date with modified duty: _____
  - Estimated return to work date for full duty: _____
  - **RETURN FOR RE-EVALUATION AT THIS LOCATION ON** _____ Time: _____
- ☑ 3. May work with the following accommodations as of: 3/14/13
  - ☑ No lifting more than 15 lbs.
  - ☐ No operation of hazardous or fast-moving machinery, no driving.
  - ☑ Ground level work only, no ladders or heights.
  - ☑ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
  - ☑ No continuous standing and/or sitting.
  - ☑ ~~Minimum walking or climbing (including stairs)~~ Avoid climbing stairs/ladders.
  - ☑ Limited use of (R) arm.
  - ☑ No overhead lifting.
  - ☑ No high repetitive hand activities for extended periods of time.
  - ☐ No use of _____
- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☐ 5. Return for re-evaluation at this office on _____ Time: _____

Additional Comments: Please limit to ≤ 7hrs/day work.

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Multiple Rib Fx's Sp Fall Medications: ☑ as directed ☑ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

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

To: Dr Zhou Date: _____ Time: _____

For: _____

Address: _____

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

Employee Signature: Ann Stevenson **Date:** 03/14/13

Provider Signature: [signature] **Date:** 3/14/13

2611

Return to Work Form

Doctors Care

200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650
1400 Main Street, Conway, SC 29526 (843) 381-8206
1113 Church Street, Conway, SC 29526 (843) 248-6269
1068 North Fraser Street, Georgetown, SC 29440 (843) 545-7300
1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
1220 21st Avenue North Myrtle Beach, SC 29577 (843) 626-9379
1600 Hwy 17 North, Surfside Beach, SC 29575 (843) 238-1461

Name: STEVENSON, ANN. Arrival Time: _____ Discharge Time: _____

Date: 3/14/13. Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
  - Estimated return to work date with modified duty: _____
  - Estimated return to work date for full duty: _____
  - **RETURN FOR RE-EVALUATION AT THIS LOCATION ON** _____ **Time:** _____
- ☑ 3. May work with the following accommodations as of: 3/14/13
  - ☑ No lifting more than 25 lbs.
  - ☐ No operation of hazardous or fast-moving machinery, no driving.
  - ☑ Ground level work only, no ladders or heights.
  - ☑ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
  - ☑ No continuous standing and/or sitting.
  - ☑ Minimum ~~walking~~ or climbing (including stairs) (flat)
  - ☑ Limited use of (R) arm.
  - ☑ No overhead lifting.
  - ☑ No high repetitive hand activities for extended periods of time.
  - ☐ No use of _____
- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☐ 5. Return for re-evaluation at this office on _____ Time: _____

3/15/13

Additional Comments: Ok to work up to 12 hr. shifts (479) 273 8058

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Multiple strains S/P fall. Medications: ☑ as directed ☑ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ Ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

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

To: Ortho _____ Date: _____ Time: _____

For: _____

Address: _____

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

Employee Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** 3/15/13

[MED-F016-(8-09)]

FEB-19-2013 23:07 From:DrsCare Car Forest 843 903 0758 To:14792738058 Page:3/3

268

1915

Doctors Care

8:29pm

ACCOUNT NUMBER	DATE	TIME		CHECKOUT TIME	TICKET NO.
B86516	03/12/13	07:06pm	DC CAROLINA FOREST, TUESDAY		34720

NAME & ADDRESS
STEVENSON, ANN
2261 GREENLEAF DR

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/WALMART
REASON: WKC-EVAL PROG
NICKNAME:

DOB: 05/19/1956 (56 years)
GENDER: F

IBG:
CELL:

RELATION: OTHER

COPAY: BT

AMM

INSURANCE BALANCE	$837.00
ACCOUNT BALANCE	$837.00
CURRENT CHARGES	
AMOUNT PAID	
NEW BALANCE	

CASH | CHECK | M.O. | C.C.

Personal Hx	Family Hx	Social Hx
DM	DM	Alcohol
HTN	HTN	Tobacco

Accident? ☐ yes ☐ no If yes, which state: _____
Date of Accident: _____
Prev. chart rev., no sig chg.: _____ Above Hx rev.: _____

ROS (/ or O): Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash ☐ All others negative

Allergies: Lidocaine, Dental epinephrine

Medications: Robaxin Doses

☐ Meds/Allergies Reviewed _____

WT	HT	BMI	BP	PULSE	RESP	TEMP	
185.2	64"		130/82	80	16	98.2 (T)	☐ LMP _____ ☐ Tetanus _____

PHYSICAL: (see reverse) Omit if N/A
(✓ if nml., O if abnml. & give details)
☐ General
☐ HEENT
☐ Neck
☐ Nodes
☐ Lungs
☐ CV
☐ Abd
☐ Back
☐ Ext
☐ GU
☐ Neuro
☐ Skin/Breasts
☐ Chaperone _____
☐ I.V.
☐ Injection
☐ Nebulizer
☐ Procedure
☐ Pulse Ox _____

Chief Complaint: Here for WKC

HPI: recheck - Has some residual issues w/ PT treatment - Worked all day today

Had PT didn't want to do exercises per PT - due to weakness / pain

Reports she feels worse not better since PT - Reports she developed numbness/tingling sensation from her knees/neck inwards

Knee 5 effusion or redness

Knee pain to release her muscle/hamstring

Dyspnea

Static

X-ray shoulder normal

R knee normal

C-spine - normal

R hip + pelvis - mild R hip narrowing

E8493

842.10

841.8

☐ CBC
☐ EKG
☐ FBS
☐ Flu
☐ Hemo
☐ Hgb A1C
☐ H. Pylori
☐ KOH
☐ Microalb
☐ Mono
☐ Strep
☐ Tetanus
☐ U/A
☐ U Preg
☐ Wet Prep
☐ X-Ray
☐ Labs - Send Out

DIAGNOSIS: 1) Muscle pains 2) Joint Pains 3) Muscle Spasms

☐ Patient Care Instructions Discussed
☐ Lifestyle Modification
☐ Preventative Recommendations
☐ Prescriptions / OTC Meds
☐ Side Effects Discussed
☐ Follow-Up: Return:
☐ Worsening symptoms: _____
☐ If not better: _____
Go to ER if:

Crutches/Splints/Supplies ☐ Given ☐ Recommended

Self treatment / self precautions / treatment

How

Patient states she rubbed stuff on her own - Elasto-gels on her own - Which she knows will help

Symptoms are changing

Off Work / School

Will ask PT specifically for Wednesday

to write for prescription - I would not release

PSR Notes: ESTAB

99214 (25)

AMM

Staff _____, M.D., D.O., P.A., F.N.P. wife for decision

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care.
2. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices
3. I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.

Patient or Authorized Person's Signature: Ann Stevenson Date: 3/12/13

Then Consent to treatment filed

she decided they were not for her - I

4. Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding medical records and the treatment I have received or will receive.

Patient or Authorized Person's Signature: _____ Date: _____

subject to [illegible] told her I'll [illegible] the effort that

35

267

COTD 8807

Return To Work Form

☒ 206 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6690
☐ 1400 Main Street, Conway, SC 29526 (843) 381-8206
☐ 1115 Church Street, Conway, SC 29526 (843) 248-5269
☐ 1068 North Fraser Street, Georgetown, SC 29440 (843)545-7200
☐ 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
☐ 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379
☐ 1000 Hwy. 17 North, Surfside Beach, SC 29575 (843) 238-1462
☐ 2246 Highway 17, Little River, SC 29566-9255 (843) 663-2228

Name: Ann Stevenson Arrival Time: 7:00pm Discharge Time: 8:29pm

Date: 3/12/13 Company Name: Walmart.

WORK STATUS: (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☑ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: 3/13/2013

Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON per ORTHO/one week Time: _____ otherwise comes first

☐ 3. May work with the following accommodations as of: _____

- ☑ No lifting more than 15 lbs.
- ☐ No operation of hazardous or fast-moving machinery, no driving.
- ☑ Ground level work only, no ladders or heights.
- ☑ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☑ No continuous standing and/or sitting.
- ☐ Minimum walking or climbing (including stairs)
- ☑ Limited use of R arm
- ☑ No overhead lifting.
- ☐ No high repetitive hand activities for extended periods of time.
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on as abvd Time: _____

Additional Comments: I will refer her to ORTHOPEDICS because she is claiming she has stiffness / muscle atrophy + now pain in her R thigh / more pain in her L shoulder/neck and is req. prescribing

PATIENT DISCHARGE INSTRUCTIONS: "Elastogel topical" Rx wraps/and U.S treatments for her pain

Diagnosis: Acute Muscle Strain / Neck + Shoulder Medications: ☐ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ Ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

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

To: ORTHOPAEDICS / PT Date: _____ Time: _____

For: _____

Address: _____

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

Employee Signature: X Ann Stevenson **Date:** _____

Provider Signature: _____ **Date:** 3/12/2013

36

Doctors Care

Return To Work Form

X 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-8650
☐ 1400 Main Street, Conway, SC 29526 (843) 381-8200
☐ 1113 Church Street, Conway, SC 29526 (843) 248-0269
☐ 1008 North Fraser Street, Georgetown, SC 29440 (843) 545-7200
☐ 1716 Hwy 17 South, N Myrtle Beach, SC 29582 (843) 361-0705
☐ 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379
☐ 1600 Hwy 17 North, Surfside Beach, SC 29575 (843) 238-1461
☐ 2246 Highway 17, Little River, SC 29566-9235 (843) 663-2220

Name: Ann Stevenson Arrival Time: 1403 Discharge Time: 1635

Date: 2/28/13 Company Name:: Walmart

WORK STATUS: (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☑ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: 3/01/2013

Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON 1 week after PT Time: _____

☑ 3. May work with the following accommodations as of: 3/01/2013

- ☑ No lifting more than 10 lbs.
- ☐ No operation of hazardous or fast-moving machinery, no driving.
- ☑ Ground level work only, no ladders or heights.
- ☑ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☐ No continuous standing and/or sitting.
- ☐ Minimum walking or climbing (including stairs)
- ☐ Limited use of (R hand/arm currently)
- ☑ No overhead lifting
- ☑ No high repetitive hand activities for extended periods of time.
- ☐ No use of (R knee (w/ kneeling))

☐ 4. Has reached Maximum Medical Improvement (MMI)

☑ 5. Return for re-evaluation at this office on 3/08/2013 or 1 week after PT Time: _____

Additional Comments: Stella pt's elbow more tempered w/ swelling + worsened symptoms will rejoin to PT for pain management - but to protect elbow can

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Medial Epicondylitis/Tendinitis Medications: ☑ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

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

To: PT Date: _____ Time: _____

For: _____

Address: _____

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

Employee Signature: Ann Stevenson Date: 02/28/13

Date: 02/28/2013

2/11

Bmi 12:05

4 EXAM ROOM TIME

Doctors Care

CHECKOUT TIME 1:58

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
B86516	02/22/13 FRIDAY	12:32pm	DC CAROLINA FOREST,	17485

NAME & ADDRESS
STEVENSON, ANN
2261 GREENLEAF DR

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: ESCREEN
REASON: WKC/ARM-HAND/POST ACC UDS
NICKNAME: Q Scott

DOB: 05/19/1956 (56 years)
GENDER: F

IBG:
CELL:

RELATION: OTHER

COPAY: BT

INSURANCE BALANCE	$0.00
ACCOUNT BALANCE	$0.00
CURRENT CHARGES	
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

Personal Hx	Family Hx	Social Hx
DM /	DM +	Alcohol
HTN	HTN +	Tobacco /

Accident? ☐ yes ☐ no If yes, which state:
Date of Accident:
Prev. chart rev., no sig chg.: Above Hx rev.:

ROS (/ or O): Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash ☐ All others negative

Allergies: lidocaine
dental epinephrine

Medications:
magnesium, Saliglet (1e Pearls)

☐ Meds/Allergies Reviewed

WT	HT	BMI	BP	PULSE	RESP	TEMP	
180.8	5'4"	/	180/82	UB	16	98.8	☐ LMP 3/25/90 ☐ Tetanus

PHYSICAL: (see reverse) Omit if N/A
(✓ if norml., O if abnrml. & give details)

- ☐ General
- ☐ HEENT
- ☐ Neck
- ☐ Nodes
- ☐ Lungs
- ☐ CV
- ☐ Abd
- ☐ Back
- ☐ Ext
- ☐ GU
- ☐ Neuro
- ☐ Skin/Breasts
- ☐ Chaperone
- ☐ I.V.
- ☐ Injection
- ☐ Nebulizer
- ☐ Procedure
- ☐ Pulse Ox

Chief Complaint:

HPI

2/16/13
Sat, got leg tangled in cord, fell over - reached out
Hurt (R) arm/Hand - got caught in mesh gate (plastic)
Had swelling of (R) wrist & some in upper arm/elbow.
Bruise on leg (at bedtime end.)
(R) shoulder NT, slt painful rom Xry = (R) Hand (R) elbow
elbow c mild discomfort - some pain
c swelling/deformity
c supination wrist/hand ↓ swelling/deformity
Some pain c grip Strength 3+ Good radial pulse
UDS collected CELL # 2005158817

- ☐ CBC
- ☐ EKG
- ☐ FBS
- ☐ Flu
- ☐ Hema
- ☐ Hgb A1C
- ☐ H. Pylori
- ☐ KOH
- ☐ Microalb
- ☐ Mono
- ☐ Strep
- ☐ Tetanus
- ☐ U/A
- ☐ U Preg
- ☐ Wet Prep
- ☐ X-Ray

DIAGNOSIS: Strain (R) arm (R) Hand S41.10 S49.90 S61.90

- ☐ Patient Care Instructions Discussed
- ☐ Lifestyle Modification
- ☐ Preventative Recommendation(s)
- ☐ Prescriptions / OTC Meds
- ☐ Side Effects Discussed
- ☐ Follow-Up: 1 week
- Return:
- ☐ Worsening symptoms: ASAP
- ☐ If not better:
- Go to ER if:

☐ Splints/Supplies ☐ Given ☐ Recommended

Rx: Robaxin 500 (#80)
1-1½ po QID prn
Spasm
Rx - #100 5 RF

Off Work / School: Full Duty

PSR Notes:
73080 Rt - NEW
73130 Rt
99202 - 107

Staff: 1328 M.D., D.O., P.A., F.N.P

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care
2. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to my/the patient's treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices.
3. I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.

Patient or Authorized Person's Signature: Ann Stevenson Date: 2/22/13

4. Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive.

Patient or Authorized Person's Signature: Date:

38

272

Mail Receive Date: 2013-03-02

Return To Work Form

- ☑ 200 Middleburg Drive, Myrtle Beach, SC 29579 (843) 903-6650
- ☐ 1400 Main Street, Conway, SC 29526 (843) 381-8286
- ☐ 1113 Church Street, Conway, SC 29526 (843) 248-6269
- ☐ 1068 North Fraser Street, Georgetown, SC 29440 (843)545-7200
- ☐ 1714 Hwy 17 South, N. Myrtle Beach, SC 29582 (843) 361-0705
- ☐ 1220 21st Avenue, North Myrtle Beach, SC 29577 (843) 626-9379
- ☐ 1600 Hwy. 17 North, Surfside Beach, SC 29575 (843) 238-1461
- ☐ 2246 Highway 17, Little River, SC 29566-9235 (843) 663-2220

Name: Quin Stinson Arrival Time: 1210 Discharge Time: 1:25

Date: 2/22/13 Company Name: Walmart

WORK STATUS: (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of 2/22/13 without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____

☐ 3. May work with the following accommodations as of: _____

- ☐ No lifting more than _____ lbs.
- ☐ No operation of hazardous or fast-moving machinery, no driving.
- ☐ Ground level work only, no ladders or heights.
- ☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☐ No continuous standing and/or sitting.
- ☐ Minimum walking or climbing (including stairs)
- ☐ Limited use of _____
- ☐ No overhead lifting.
- ☐ No high repetitive hand activities for extended periods of time.
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on Friday 3/01/13 Time: 8:45A

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Cervical/Shoulder Strain Medications: ☐ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

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

To: _____ Date: _____ Time: _____

For: _____

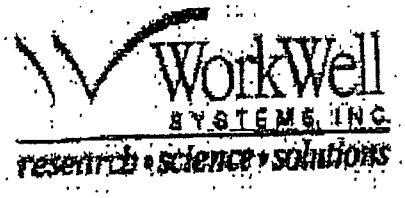
Address: _____

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

Employee Signature: X Quin Stinson Date: 2/22/13

Provider Signature: _____ Date: 2/22/13

Functional Capacity Evaluation



Client Name: Ann Stevenson

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

Therapist: James Kuykendall

Facility

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

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall
NextStep Rehabilitation
3650 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

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WorkWell Functional Capacity Evaluation

Summary Report
Name: Ann Stevenson
Test Date: 08/27/2013
2nd Date of Testing: 08/28/2013
Date of Birth: 05/19/1956
Gender: F
Physician: James Merritt, IV, MD

Job Match Grid
Pharmacist

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

US Department of Labor Physical Demand Level
Light

Summary/Recommendations:
These projections are for 8 hours a day 5 days a week at the levels indicated on the FCE grid.

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

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

41

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kinkendall
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Myrtle Beach, SC 29578

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Reason for Testing
Determine ability to return to previous job

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

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

Consistency of Performance
Client's performance was inconsistent in the following ways:
Client was able to maintain grip with right hand on one-hand carry with weight up to 20#. She was unable to carry 30# with two hands reporting loss of grip with right hand.
Client was able to lift 15# from waist-crown with no signs of limitation. She was unable to lift 20# (No accessory muscle strain was observed. Client showed no shoulder flexion despite verbal and physical cues).
Performance on the second day was less than performance on the first day. The second day is more reflective of what the client is
Reported discomfort in the right neck, shoulder, arm, elbow, wrist, hand, hip, buttock, leg, knee and foot during all activities with lifts and carries. Objective signs coincided with the client's reports of discomfort.
Client reported discomfort present in right neck, shoulder, arm, elbow, wrist, hand, hip, buttock, leg, knee and foot during all activities, but there was no interference in safety.
Client reported pain in the right neck, shoulder, wrist, hand and foot while performing lifts caused her to perform the activity unsafely. Few objective signs of discomfort were noted. Pain behaviors such as grimacing, exaggerated posture and pain talk were displayed.
Client noted increased symptoms upon presenting for day 2 testing including soreness and tightness in the legs and pain in the right arm/hand.
Client noted decreased discomfort/stiffness as day 2 testing progressed indicating some delayed muscle soreness involvement

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

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

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

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

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall
NextStep Rehabilitation
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Myrtle Beach, SC 29578

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WorkWell FCE Test Results and Interpretation

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

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

Interpretation of observed function regarding activity during a normal working day

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

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

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

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

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Myrtle Beach, SC 29578

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Posture, Flexibility, Ambulation	Never	Significant Limitation Rare 1-5%	Some Limitation Occ 6-33%	Slight/No Limitation Noted Freq 34-66%	Limitations	Recommendations
						height.
Bending-Standing						
Kneel - Half Kneel			X		Core fatigue and pain in left knee.	Low level work should be performed while sitting on a chair or stool when available.
Stairs			X		Client requires use of two handrails and ascends with left foot leading.	Minimize stair-climbing at work.
Sitting			II	II X	Client is limited by pain	Position should be

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

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

Hand Function

Hand/Finger Strength	Force Generated (pounds)	Mean for Age/ Gender	Values for approx 2/3 of this age/ gender group	Limitation	Recommendations
Hand Grip Right	49	57.3	45 - 70		
Hand Grip Left	54	47.6	35 - 59		

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

Signature [signature]
Date 8-29-2013

44

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall
NextStep Rehabilitation
3650 Coalition Dr
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Myrtle Beach, SC 29578

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WorkWell FCE Physical Exam

Systems Review

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

PAR-Q

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

Musculoskeletal System

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

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

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

45

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

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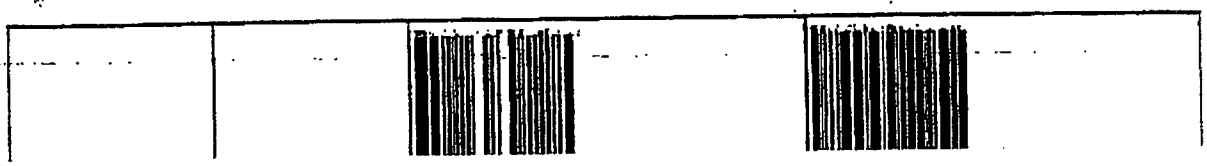

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall
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		Range of Motion		Muscle Strength	
		Right	Left	Right	Left
Ankle	Normal				
Plantar Flexion	50	WFL	WFL	5	5
Dorsiflexion	20	0	13	1	2
Inversion	35	WFL	WFL	4	4
Eversion	15	6	5	1	1

Other

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

Screening for Gross Balance

Attribute	Trial 1(Times)	Trial 2(Times)
Standing on Floor, Eyes Open	30	
Standing on Floor, Eyes Closed	30	
Standing on Foam, Eyes Open	30	
Standing on Foam, Eyes Closed	90	

Questions related to Back Specific Involvement Nerve Root Pain

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

Back Related Questions (CPR)

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

Questions related to Neck Specific Involvement

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

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

Hand Measurements:

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kurykendall
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Myrtle Beach, SC 29578

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Thumb			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
CMC	Abduction	40	WFL	WFL		
CMC	Flexion	20	WFL	WFL		
CMC	Extension	50	WFL	WFL		
MCP	Flexion	60	WFL	WFL		
MCP	Extension	0	WFL	WFL		
IP	Flexion	80	WFL	WFL		
IP	Extension	0	WFL	WFL		

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

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

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

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

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

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Myrtle Beach, SC 29578

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Digit 6			Range of Motion		Muscle Strength	
Attribute	Motion	Normal	Right	Left	Right	Left
MCP	Extension	0	WFL	WFL		
MCP	Abduction	25	WFL	WFL		
PIP	Flexion	120	WFL	WFL		
PIP	Extension	0	WFL	WFL		
DIP	Flexion	80	WFL	WFL		
DIP	Extension	0	WFL	WFL		

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

Client Name: Ann Stevenson
FCE Dates: 08/27/2013 and 08/28/2013
Therapist: James Kuykendall
NextStep Rehabilitation
3650 Coalition Dr
PO Box 1145
Myrtle Beach, SC 29578

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WorkWell FCE History

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

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

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

Current Medications:
Sodium Salicilate, Skelaxin, Lortab

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

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

Return to Work Information:
working modified duty or transitional work

Goals:
Assess client's ability to perform work.

Signature _____ OTR, CHT
Date 8/29/2013

NEXTSTEP REHABILITATION
A FAMILY MEMBER OF THE GEORGETOWN HOSPITAL SYSTEM
MEDICAL HISTORY FORM

Name: Ann Stevenson Birth Date: 05/19/1956 Age: 57 Today's Date: 08/27/13
Address: 2261 Greenleaf Drive Conway SC Phone Number: 843-347-5651
Emergency Contact Person: Denny Stevens Emergency Contact Phone #: 843-454-6038
Referring Physician: DR. Merritt Next Physician Appointment: / /
Reason coming to therapy (body part/problem): referral whiplash injury
What do you hope to gain from therapy(goals):

PAST MEDICAL HISTORY (PLEASE CHECK ALL THAT APPLY):
☐ Osteoarthritis ☐ HIV/Aids ☐ Pacemaker ☐ Diabetes ☐ Heart Disease ☐ MRSA
☐ Osteoporosis ☐ Tuberculosis ☐ Fainting ☐ Epilepsy ☐ High Blood Pressure ☐ Asthma
☐ Joint Replacement ☒ Stroke ☐ Headaches ☐ Pregnancy ☐ Hearing impaired ☐ Cancer
☐ Visual Impaired ☐ Allergies (list):
☐ Other:

PLEASE ANSWER THE FOLLOWING QUESTIONS:
- Current medications: ☐ Yes ☐ No Current number of medications: Please list: Magnesium gluconate, Ambien, Skelaxin, Lortab
- Previous surgeries: tonsillectomy 1 age 5
- Type of surgery related to this problem: Date: / /
- Who have you seen for this problem: ☐ Doctor/PA/NP ☐ Other PT/OT/ST ☐ Chiropractor ☐ Other:
- Have you been treated in therapy prior for this same problem: ☒ Yes ☐ No
- Are your symptoms: ☐ Getting better ☐ Not changing ☒ Getting Worse
- Current pain level: 0 (no pain) 1 2 3 4 5 6 7 8 9 10 (unbearable) scale 1 <---> 9
  - Describe your pain type: ☐ Burning ☐ Stabbing ☐ Shooting ☐ Aching ☐ Throbbing ☐ Other:
  - What increases your pain: use of arm
  - What decreases your pain: lack of use of arm
- Would you like to speak to someone regarding abuse or neglect you have recently experienced? ☐ Yes ☐ No
- Do you plan to harm yourself or commit suicide? ☐ Yes ☒ No (If yes, provide with Lifeline number)
- Do you have transportation concerns? ☐ Yes ☒ No
- Current household occupants: ☐ Alone ☐ Spouse ☐ Children ☐ Others:

Job Description

Walmart

Staff Pharmacist

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

Essential Functions

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

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

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

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

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

Competencies

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

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

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

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

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

Walmart

Job Description

Staff Pharmacist

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

Observes associate, customer, or supplier behavior.

Enters and locates information on computer.

Presents information to small or large groups and individuals.

Communicates effectively in person or by using telecommunications equipment.

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

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

Visually verifies information, often in small print.

Reads information, often in small print.

Visually locates merchandise and other objects.

Visually inspects equipment.

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

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

Travel

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

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

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

Work Environment

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

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

May work with substances that require special handling

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

Works overnight and on varying shifts as required.

Entry Requirements

Minimum Qualifications

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

Job Description

Staff Pharmacist

Walmart

Signature

I have read and understand the essential functions for this position and certify that:

I have the ability to perform the essential functions of this position either with or without a reasonable accommodation.

This is for the FCE on Ann Stevenson which is scheduled for 8/27 and 8/28/13

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 58041 Fax 479.273.8058
hanna.wiley@cmiw.com

Claims Management, Inc.
PO Box 1288

289

Mail Receive Date: 2013-05-17

Imaging Results

Imaging/Diagnostic Result (#1372, 05/07/2013)

5/8/2013 7:21 AM FROM: Fax TO: 1(855) 456-4330 PAGE: 001 OF 001

Strand Orthopaedic Consultants
210 Village Center Boulevard
Myrtle Beach, South Carolina, 29579
(843) 236-3222 Office
(843) 903-7171 Fax

Professionally Interpreted by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN **EXAM DATE:** 05/07/2013
DOB: 05/19/1956 **PATIENT ID:** SOC231443
PHYSICIAN: James Merritt IV MD

Exam: MRI of the right knee without contrast.

Indication: Fall at work, continued knee pain.

Comparison: None.

Technique: Using a 1.5 Tesla magnet, the knee was studied in sagittal proton density, coronal proton density with fat saturation, sagittal and axial FSE T2 with fat saturation.

Findings: There are minimal degenerative changes in the posterior horn of the medial meniscus without meniscal tearing. Other changes are seen at the apex of the body of the lateral meniscus. Laterally, the signal changes are equivocal for tear, particularly on the sagittal image 5, coronal images 15 and 16.

The ACL, PCL, MCL, LCL along with the quadriceps mechanism and patellar tendons are all intact.

Minimal joint fluid is present. Articular cartilage is age-appropriate. Bones show no evidence of worrisome lesions.

Surrounding soft tissues show a popliteal cyst.

Impression:

1. Minimal signal changes within both menisci. There is an equivocal meniscal tear in the body of the lateral meniscus with referenced images above. Please correlate for lateral joint line tenderness.

2. Popliteal cyst.

SIGNED BY: Russell Derrick MD
DD: 05/07/2013
DT: 05/08/2013
Transcribed by: SJ

290

Strand Orthopaedic Consultants
210 Village Center Boulevard
Myrtle Beach, South Carolina, 29579
(843) 236-3222 Office
(843) 903-7171 Fax

Professionally Interpreted by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANNE **EXAM DATE:** 04/17/2013
DOB: 05/19/1956 **PATIENT ID:** SOC137403AS
PHYSICIAN: James Merritt IV MD

Exam: MRI of the cervical spine.

Indication: Neck pain with right shoulder pain.

Technique: Sagittal T1 and T2, with axial T1, T2 and gradient recalled echo MR images of the cervical spine were obtained.

Findings: There is straightening of the cervical spine. The vertebral bodies are normal in height. A hemangioma is noted in the C7 vertebral body. The craniocervical junction is intact. The spinal cord is normal in signal intensity. Visualized posterior fossa is within normal limits.

C2-C3: Normal disc configuration. No central canal or foraminal stenosis.

C3-C4: Normal disc configuration. No central canal or foraminal stenosis.

C4-C5: Normal disc configuration. No central canal or foraminal stenosis.

C5-C6: Normal disc configuration. No central canal or foraminal stenosis.

C6-C7: Minimal broad-based disc bulge with minimal effacement of the ventral epidural space. No foraminal stenosis.

C7-T1: Normal disc configuration. No central canal or foraminal stenosis.

Limited evaluation of the upper thoracic spine demonstrates no abnormality.

Impression:

1. Straightening of the cervical spine. No focal central canal or foraminal stenosis.

SIGNED BY: Calvin Barnes MD
DD: 04/17/2013
DT: 04/17/2013
Transcribed by: SJ

Strand Orthopaedic Consultants
210 Village Center Boulevard
Myrtle Beach, South Carolina, 29579
(843) 238-3222 Office
(843) 903-7171 Fax

Professionally interpreted by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANNE
DOB: 05/19/1956
PHYSICIAN: James Merritt IV MD

EXAM DATE: 04/02/2013
PATIENT ID: SOC137403AS

Indication: Pain after work related injury.

Exam: MRI of the right shoulder.

Technique: Coronal T1 and T2 with fat saturation, sagittal T1 and T2 with fat saturation, and axial T2 with fat saturated images were obtained through the shoulder.

Findings:

Bones: No contusion or fracture is seen. There is degenerative change seen of the AC joint. The acromion is slightly down-sloping. A subacromial spur is seen.

Rotator cuff: Tendinopathy is seen of the rotator cuff with overlying subacromial and subdeltoid bursitis but no full-thickness tear is identified.

Labrum: No gross labral abnormality is seen.

Biceps tendon: Within normal limits.

Cartilage: No focal or full-thickness cartilaginous defects are identified.

Other: No joint effusion or loose bodies are seen.

Impression:

1. Tendinopathy of the rotator cuff some overlying subacromial and subdeltoid bursitis but no full-thickness tear.

SIGNED BY: Paul Kuperman MD
DD: 04/02/2013
DT: 04/03/2013
Transcribed by: KS

292

Doctors Care Carolina Forest
200 Middleburg Dr
Myrtle Beach, SC 29579
(843) 903-6650 Office
(843) 903-0758 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN	**DATE OF EXAM: 02/28/2013**
DOB: 05/19/1956	**PATIENT ID:** DCGSB86516
PHYSICIAN: Baens, Maria MD	

EXAM: AP pelvis and right hip series.

IMPRESSION: Single AP view of the pelvis and one view of the right hip demonstrate mild superior joint space narrowing of the right hip. No acute process. The SI joints are symmetrical.

Agree.

Elizabeth A. Kelley, M.D.
Electronic Signature
Mar 1 2013 10:11AM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

per RADIOLOGIST
some mild arthritic changes
(R hip otherwise NORMAL

3/8/13
letter sent>Lse

3/6/13
Unsuccessful

RECEIVED
03/02/2013

COPIED

293

Doctors Care Carolina Forest
200 Middleburg Dr
Myrtle Beach, SC 29579
(843) 903-6660 Office
(843) 903-0758 Fax

Radiology Overread by:
Carolina Radiology Associates, I I C

NAME: STEVENSON, ANN
DOB: 05/19/1956
PHYSICIAN: Baens, Maria MD

DATE OF EXAM: 02/28/2013
PATIENT ID: DCGSB86516

EXAM: SHOULDER 2V

IMPRESSION: Negative exam.

Agree.

Gary L Rike, M.D.
Electronic Signature
Mar 4 2013 8:43AM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

3/8/13- letter sent >ISE

(multiple complaints of "burning pain" worse to touch & shortly after Xrays — then demanded Magnesium Citrate. for her HSMD & please advise No, Only Extremities Xrays of Shoulder / knee / neck / Hips Referred to PT for pain Management.

4 reports

RECEIVED
POSTED
COPIED

3/6/13 (104)

294

Doctors Care Carolina Forest
200 Middleburg Dr
Myrtle Beach, SC 29579
(843) 903-6650 Office
(843) 903-0758 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN
DOB: 05/19/1956
PHYSICIAN: Baens, Maria MD

DATE OF EXAM: 02/28/2013
PATIENT ID: DCGSB86516

EXAM: C-SPINE 3V

IMPRESSION: No acute abnormality.

Agree.

Calvin Barnes, M.D.
Electronic Signature
Mar 4 2013 8:09AM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record

3/8/13 letter sent to Dr. Barnes

3/4/13 unable to call HF

ECOPY

BZA

295

Doctors Care Carolina Forest
200 Middleburg Dr
Myrtle Beach, SC 29579
(843) 903-6650 Office
(843) 903-0758 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN
DOB: 05/19/1956
PHYSICIAN: Baens, Maria MD

DATE OF EXAM: 02/28/2013
PATIENT ID: DCGSB86516

EXAM: RIGHT KNEE 2V

IMPRESSION: No acute osseous abnormality.

Agree.

Calvin Barnes, M.D.
Electronic Signature
Mar 4 2013 8:09AM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

3/8/13 - letter sent.

3/6/13 um ... Copy

COPIED

296

Doctors Care Carolina Forest
200 Middleburg Dr
Myrtle Beach, SC 29579
(843) 903-6650 Office
(843) 903-0758 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN
DOB: 05/19/1956
PHYSICIAN: Scott, Brian S MD

DATE OF EXAM: 02/22/2013
PATIENT ID: DCGSB86516

EXAM: R ELBOW 3V

IMPRESSION: Unremarkable exam.

Agree

Russell L. Derrick, M.D.
Electronic Signature
Feb 22 2013 3.22PM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

2/24/13

2/24/13 – ~~PE NOT~~ unonvm to callback 218
12/25/13 @ 1405 2mom. Send Letter @

RECEIVED
COPIES

13

297

Doctors Care Carolina Forest
200 Middleburg Dr
Myrtle Beach, SC 29579
(843) 903-6650 Office
(843) 903-0758 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN **DATE OF EXAM: 02/22/2013**
DOB: 05/19/1956 **PATIENT ID:** DCGSB8651.6
PHYSICIAN: Scott, Brian S MD

EXAM: R HAND 3 V

IMPRESSION: Unremarkable exam.

Agree

Russell L. Derrick, M.D.
Electronic Signature
Feb 22 2013 3:22PM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

2/24/13

2/24/13 - LM on VM to callback x2

RECEIVED
ECOPIE

ail Receive Date: 2013-07-05

298

Time In: 935 / Time Out 1040

EXAM ROOM TIME | CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
52877	06/13/13 THURSDAY	09:30am	PT STRAND, APPT ONLY	4C114187

NAME & ADDRESS
STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (57 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER (MH)

COPAY:

INSURANCE BALANCE	$3,158.00
ACCOUNT BALANCE	$3,158.00
CURRENT CHARGES	168.00
AMOUNT PAID	
NEW BALANCE	

CASH | CHECK | M.O. | C.C.

	PROCEDURES	CPT	FEE
☐	Evaluation	97001	
☐	Re-Evaluation	97002	
☐	OT Evaluation	97003	
☐	Functional Capacity Evaluation	97750	
☐	Work Hardening, 2 hours	97545	
☐	Work Hardening, add'l. 1 hour	97546	
☑	Therapeutic Exercise, 15 mins	97110	138.00
☐	Functional Activities, 15 mins	97530	
☐	Electrical Stim., Unattended, 15 mins	97014	
☐	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
☐	Electrical Stim., Manual, 15 mins	97032	
☑	Ultrasound, 15 mins	97035	30.00
☐	Paraffin Bath	97018	
☐	Massage, 15 mins	97124	
☐	Manual Therapy	97140	
☐	Mechanical Traction	97012	
☐	Neuromuscular Re-Educ., 15 mins	97112	
☐	Self Care Training, 15 mins	97535	
☐	ROM Measure and Report	95851	
☐	Other / Supplies	99070	

S: pt. states while doing exercises in her bed her foot got caught on the sheet + pulled it back. Now it hurts to walk + move my foot

O: therex → per grid
US c biofreeze to (R) ant + post knee x5 each (100%, 1.0, 1.5W/cm²)

A: pt. c/o inability to weight bear or perform toe push off during gait however she is observed c DF ↓ > 10° while performing sit → stand + don/doff shoe

P: DC per PN

Visit Number: 22 of 23

Staff:

Therapist's Signature: K. Courtney, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

299

Progressive Physical Therapy
The Leader in Innovative Therapies

FUNCTIONAL MOBILITY PROGRESS SUMMARY
1220 21st Avenue North
Myrtle Beach, SC 29577
ph. (843) 443-9168
fax (843) 916-2348

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

Knee + Hip

Patient Name: Ana Stevenson
DOB: 5/19/54
Claim #: 1088154716

Dx/ ICD-9: cervical, R shld Date: 6/12/13
Date of Onset: 8/16/13 Physician: Dr. Mexatt
Date of Surgery: n/a Therapist: Krista Courtney, DPT

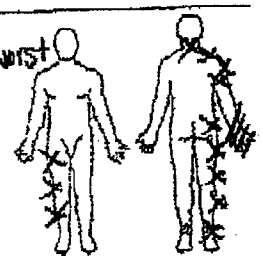
Date of initial evaluation: 4/3/13 Date of last treatment _____ Total visits attended? 21 Missed?: 1

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

SUMMARY OF TREATMENTS

☒ General Strengthening	☐ Manual Treatments	☐ Gait Training	☒ Physical Agents/ Modalities
☐ General Conditioning	☐ Postural Education	☐ Wheelchair Training	☐ Patient/ Caregiver Education
☒ General Stretching	☒ Home Exercise Program	☐ Transfer Training	☐ _____

SUBJECTIVE REPORT OF CURRENT STATUS: Shoulder: 8/10 now, 0/10 at best, 2/10 worst



neck: Pain: 1 /10 @ present, 1 /10 @ best, 6 /10 @ worst Location: (R) side of body
Quality: (sharp) dull aching throbbing shooting sore other:
Neuro/ Radicular Complaints:
Functional Limitations / Aggravating Factors: walking >5', using (R) arm, reaching
Pain (R) hip: 4/10 at present, 8/10 at worst, 0/10 at best
(R) knee: 3/10 at present, 9/10 at best, 7/10 at worst

SUMMARY OF OBJECTIVE FINDINGS:
ROM: Cervical: ✓ 45° ext 80° SB (R) 24° (L) 26° Rot (R) 58° (L) 55°
(R) Shoulder: ✓ 146° abd 142° IR: L1 (Smith) ER T4 (Smith)
(R) knee ✓ 118° ext -3° (R) hip ✓ 108°
Strength: 4-/5 throughout present 2/2 all motions of shoulder testing
Functional Abilities Demonstrated: Dr. Observed pt walk >5' c forward cane bilaterally, unable to stand/ walk >10-15min due to c/o pain; unable to perform most therex 2° reported due to inability to use (R) hand/(R) foot
Other Objective Findings: Positive Tinel's sign, non-dermatomal s/s; Subjective ≠ objective. Dr. Observed performing activities pt states she cannot do + performs ↑ ROM when not objectively measured

REVIEW OF ESTABLISHED GOALS
Patient has met 5 out of 6 initial PT goals established at the initial evaluation.

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

RECOMMENDATIONS REQUESTED BY PT
- ☐ Continue Physical Therapy for _____ x per week for _____ weeks
- ☒ D/C 2° plateau/ non-improvement
- ☐
- ☐

MD ORDERS BASED UPON REVIEW OF ABOVE PROGRESS SUMMARY
- ☐ Continue Physical Therapy _____ x per week for _____ weeks
- ☐ Hold Physical Therapy
- ☐ Discharge Physical Therapy
- ☐ Call physician concerning this patient

Follow up visit scheduled with MD: _____

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

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

K. Courtney, DPT 6/12/13
Physical Therapist Date

ail Receive Date: 2013-07-01

300

Time In: 115 / Time Out: 29

EXAM ROOM TIME | CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
52877	06/10/13	01:00pm	PT STRAND, APPT ONLY	4C 13973

NAME & ADDRESS MONDAY
STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (57 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$2,940.00
ACCOUNT BALANCE	$2,940.00
CURRENT CHARGES	218.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
2)	Therapeutic Exercise, 15 mins X3	97110	38.00
1	Functional Activities, 15 mins	97530	
]	Electrical Stim., Unattended, 15 mins	97014	
]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
])	Ultrasound, 15 mins	97035	30.00
1	Paraffin Bath	97018	
]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	
	TENS setup x1	G4550	50.00

S: I locked myself out of my house & had to crawl to get here & now my foot + ankle are swolled & hurt bad. X 15' late

O: therex → per grid
TENS unit set up. Use biofreeze to B ant/med knee x 6'

A: (I) d 100, 10, 15 cm² c home TENS unit use

P: Cont per POC

Visit Number: 20 of 23

Staff:

Therapist's Signature: K. Courtney, 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 6/7

301

Mail Receive Date: 2013-06-28

Time In: 930

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	
52877	06/06/13	09:30am	PT STRAND, APPT ONLY	4C 13832

NAME & ADDRESS — THURSDAY

STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (57 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

HH

INSURANCE BALANCE	$2,504.00
ACCOUNT BALANCE	$2,504.00
CURRENT CHARGES	218.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.D	C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
2	Therapeutic Exercise, 15 mins	97110	138.00
]	Functional Activities, 15 mins	97530	
2	Electrical Stim., Unattended, 15 mins	97014	50.00
]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
1	Ultrasound, 15 mins	97035	30.00
]	Paraffin Bath	97018	
]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

S. Pt. States she went to Sam's PT + lifted groceries + big boxes. & hurt her arm (R) again & now she is dropping things, can't write c her (R) hand. She states her hand is swollen.

C: therex → per grid
USc biofreq to (R) ant. shld at biceps x8' @ (100', 1.0, 1.5 w/cm²)
IFC x 15' c MHP to (R) shld / upper arm & (R) hip 130' concurrent) (L) SL

A: no swelling noted in (R) hand. Pt seen full weight bearing on (R) LE c shoes & no apparent distress, however antalg gait when asked by therapists to walk

P: Cont. per MD POC

Visit Number: 19 of 23

Staff:

Therapist's Signature: K. Courtney, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

302

ail Receive Date: 2013-06-29

Time In: 310 /

EXAM ROOM TIME | CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		
52877	06/05/13	03:00pm	PT STRAND, APPT ONLY	4C 13754

WEDNESDAY

NAME & ADDRESS
STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (57 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

UH

INSURANCE BALANCE	$2,504.00
ACCOUNT BALANCE	$2,504.00
CURRENT CHARGES	218.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
)	Evaluation	97001	
)	Re-Evaluation	97002	
)	OT Evaluation	97003	
)	Functional Capacity Evaluation	97750	
)	Work Hardening, 2 hours	97545	
)	Work Hardening, add'l. 1 hour	97546	
)	Therapeutic Exercise, 15 mins	97110	38.00
)	Functional Activities, 15 mins	97530	
)	Electrical Stim., Unattended, 15 mins	97014	50.00
)	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
)	Electrical Stim., Manual, 15 mins	97032	
)	Ultrasound, 15 mins	97035	30.00
)	Paraffin Bath	97018	
)	Massage, 15 mins	97124	
)	Manual Therapy	97140	
)	Mechanical Traction	97012	
)	Neuromuscular Re-Educ., 15 mins	97112	
)	Self Care Training, 15 mins	97535	
)	ROM Measure and Report	95851	
)	Other / Supplies	99070	

S: Pt reports continued swelling in (R) ankle. I've only been wearing flip flops. Shoes hurt too much + cause a "white bump" to surface on the inside of the ankle.

O: US c biofreeze to (R) knee - peri patella x8' (100%, 1.0, 1.5 W/cm²) therex → peri, id IFCKUS c MHP to (R) hip/knee + (R) shoulder/neck, pt. DSL

A: Pt c poor tolerance of any therex, c/o pt (non-organic) + unrelated to activity (ie. shooting pt in ankle c UE activity)

P: Cont per POC

Visit Number: 18 of 23

Staff:

Therapist's Signature: Courtney, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

69

Mail Receive Date: 2013-06-12

303

Time In: 100 / Time Out 215

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
52877	05/23/13	01:00pm	PT STRAND, APPT ONLY	4C113151

NAME & ADDRESS THURSDAY

STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (57 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$2,892.00
ACCOUNT BALANCE	$2,892.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
1	Therapeutic Exercise, 15 mins	97110	92.00
]	Functional Activities, 15 mins	97530	
1	Electrical Stim., Unattended, 15 mins	97014	50.00
]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
1	Ultrasound, 15 mins	97035	30.00
]	Paraffin Bath	97018	
]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

S: My ankle swelled upon fri + I had to stay in bed for 2 days. It's better now, but I'm not going to do anything that pulls the ankle.

O: Use biofreeze to (R) ant./lat. knee x8' (100', 10 Hz, 1.5%cm²)
therex → per grid
IFC x15' c MHP to (R) shoulder + (R) knee/hip; pt. (L) SL (30' concurrent)

A: Pt. refused to perform therex 2° ankle pain - must all therex she refused in no way involved her ankle.

P: Cont per POC

Visit Number: 17 of 17

Staff:

Therapist's Signature: M. Courtney, 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

il Receive Date: 2013-06-07

304

Time In: 10:35 / Time Out 11:55

EXAM ROOM TIME CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
52877	05/16/13	10:30am	PT STRAND, APPT ONLY	4C112764

NAME & ADDRESS THURSDAY

STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (56 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

HHO

INSURANCE BALANCE	$2,548.00
ACCOUNT BALANCE	$2,548.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

PROCEDURES	CPT	FEE
Evaluation	97001	
Re-Evaluation	97002	
OT Evaluation	97003	
Functional Capacity Evaluation	97750	
Work Hardening, 2 hours	97545	
Work Hardening, add'l. 1 hour	97546	
Therapeutic Exercise, 15 mins	97110	92.00
Functional Activities, 15 mins	97530	
Electrical Stim., Unattended, 15 mins	97014	50.00
Electrical Stim., Unattended, 15 mins, Medicare	G0283	
Electrical Stim., Manual, 15 mins	97032	
Ultrasound, 15 mins	97035	30.00
Paraffin Bath	97018	
Massage, 15 mins	97124	
Manual Therapy	97140	
Mechanical Traction	97012	
Neuromuscular Re-Educ., 15 mins	97112	
Self Care Training, 15 mins	97535	
ROM Measure and Report	95851	
Other / Supplies	99070	

S: "My right knee is still hurting and the pain goes to the ankle sometimes"

O: Therex - 5x / per grid
US + biofreeze to ant proximal knee (100%, 1mHz, 1.5 w/cm²) x 8'.
IFC + mtl x 15' to ® shoulder/UT + ® ant knee / lateral thigh (30' concurr

A: pt. c/o non-specific ankle/knee pain + no palpable restrictions. refused to perform some therex due to "performing them at home."

P: Continue per POC

Visit Number: 16 of 17

Staff:

Therapist's Signature: DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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Patient or Authorized Person's Signature

Date

Mail Receive Date: 2013-06-07 305

Time In: 1030 / Time Out 1138

EXAM ROOM TIME — CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		TICKET NO
52877	05/15/13	10:30am	PT STRAND, APPT ONLY 4C	12693

NAME & ADDRESS WEDNESDAY
STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (56 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$2,628.00
ACCOUNT BALANCE	$2,628.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

CASH | CHECK | M.O. | C.C.

	PROCEDURES	CPT	FEE
☐	Evaluation	97001	
☐	Re-Evaluation	97002	
☐	OT Evaluation	97003	
☐	Functional Capacity Evaluation	97750	
☐	Work Hardening, 2 hours	97545	
☐	Work Hardening, add'l. 1 hour	97546	
☑	Therapeutic Exercise, 15 mins	97110	92.00
☐	Functional Activities, 15 mins	97530	
☑	Electrical Stim., Unattended, 15 mins	97014	50.00
☐	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
☐	Electrical Stim., Manual, 15 mins	97032	
☑	Ultrasound, 15 mins	97035	30.00
☐	Paraffin Bath	97018	
☐	Massage, 15 mins	97124	
☐	Manual Therapy	97140	
☐	Mechanical Traction	97012	
☐	Neuromuscular Re-Educ., 15 mins	97112	
☐	Self Care Training, 15 mins	97535	
☐	ROM Measure and Report	95851	
☐	Other / Supplies	99070	

S: Pt reports MD returned her to work. She states she is hoping Walmart keeps her out of work.

O: Therex → per grid
US: biofreeze to (R) ant thigh at distal Quad/proximal Pat tendon x 8' (100%, 1.0, 1.5W/cm²)
IFC x 15' c MHP to (R) shld/ud & (R) knee/lat. thigh (30' concurrent) (100%, 1.0, 1.5W/cm²)

A: Continues c non organic c/o's (ie plantar foot pt c ischemic ulcer) - does not seem motivated to return to work; Refused to "time therex" - "already doing at home"

P: Cont per POC

Visit Number: 15 of 17

Staff:

Therapist's Signature: K. Caldwell, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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Patient or Authorized Person's Signature

Date 7

Progressive Physical Therapy
The Leader in Innovative Therapies

SPINAL PROGRESS SUMMARY
1220 21st Avenue North
Myrtle Beach, SC 29577
(843) 443-9368
(843) 916-2345

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

Patient Name: Ann Stevenson
DOB: 5/19/56
Claim #: 681547b

Dx/ ICD-9: multiple strains (emailed) Date: 5/13/13
Date of Onset: 2/16/13 Physician: Dr. Merritt
Date of Surgery: n/a Therapist: K. Courtney, DPT

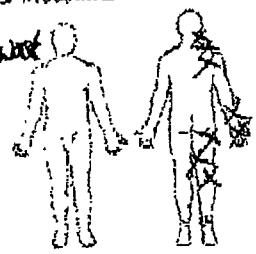
Date of initial evaluation: 4/8/13, 4/22/13, 5/1/13 Date of last treatment _____ Total visits attended? 11 Missed?: 0

Benefit of treatment perceived by the patient?	☐ Good	☑ Fair	☐ Poor
Compliance to PT HEP perceived by therapist?	☐ Good	☐ Fair	☑ Gor
Current Work status.	☐ N/A	☐ on regular duty	
	☐ on light duty	☑ off duty: Reason _____	

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
- ☑ Shoulder rehab
- ☑ Knee rehab

SUBJECTIVE REPORT OF CURRENT STATUS: Shoulder: 5/10 now, 2/10 at best, 7/10 at worst



Neck: Pain: 2/10 @ present, 0/10 @ best, 6/10 @ worst Location:
Quality: sharp dull aching throbbing shooting sore other: jumping
Neuro/ Radicular Complaints: LUE + TLE (R) (no pattern noted)
Functional Limitations / Aggravating Factors: exercises, walking, driving
Pain: Hip: 1/10 at present, 1/10 at best, 7/10 at worst
Knee: 3/10 at present, 1/10 at best, 9/10 at worst
SUMMARY OF OBJECTIVE FINDINGS: * = pt reports pain
ROM: Cervical: ✓ 45° ext 42* SB (R) 38° (L) 39 Rot (R) 46° (L) 39°
(R) Shoulder: ✓ 145° flex 155° IR (scratch) T10 ER (scratch) T2
(R) Knee ✓ 122° flex +5°* ; (R) hip ✓ : 105°
Strength: 4-4+/5 throughout (R) UE + LE ☐ as affected present
Functional Abilities Demonstrated: pt able to walk ~15-20 min, able to go 1+5 steps c use of (R)
UE for (A); pt able to sit ~15 min c pain 4/5
Other Objective Findings: (+) empty can noted c all strength testing, very vague C&S, non-organic c/s
TTP noted in acromion area + superficial pt ; pt. able to demonstrate full ROM c/ minimal
shown during testing c observations only.

REVIEW OF ESTABLISHED GOALS

Patient has met 0 out of 6 initial PT goals established at the initial evaluation.

- ☑ Independent with HEP (partially met/ fully met/ not met)
- ☑ Decrease symptoms (partially met/ fully met/ not met)
- ☑ Increase range of motion (partially met/ fully met/ not met)
- ☑ Increase strength (partially met/ fully met/ not met)
- ☐ 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 ____ x per week for ____ weeks
- ☑ Continue remaining 3 visits then DC 2nd non-improvement
- ☐ ____ d/t non-organic S/S. Table malingering
- ☑ Pt. refuses referral to MD at this time for various reasons that do not match injury/ complaints.

MD ORDERS BASED UPON REVIEW OF ABOVE PROGRESS SUMMARY

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

Follow up visit scheduled with MD: _____

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

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

K. Courtney, DPT 5/13/13
Physical Therapist Date

13

Mail Receive Date: 2013-05-31

307

Time In: 1030 / Time Out: 1135

EXAM ROOM TIME — CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
52877	05/09/13	10:30am	PT STRAND, APPT ONLY	4C112375

NAME & ADDRESS THURSDAY

STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (56 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

4H

INSURANCE BALANCE	2,147.00
ACCOUNT BALANCE	$2,147.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
2	Therapeutic Exercise, 15 mins	97110	92.00
]	Functional Activities, 15 mins	97530	
1	Electrical Stim., Unattended, 15 mins	97014	50.00
]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
1	Ultrasound, 15 mins	97035	30.00
]	Paraffin Bath	97018	
]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

S: Pt c/o continued p' in (R) hand & (R) medial knee. "The exercises make me hurt."

O: Therex → per grid
USc biofreeze to (R) adductors/medial knee x 8' (1001, 1.0, 1.5 W/cm²)
IFCx15'c MHP to (R) c/spine/shld + (R) lateral hip/medial knee (30' concurrent)
Pt (L) SL

A: Pt. shows compliance c HEP, but needs continued verbal cueing for most therex, c/o "foggy head" + refusal to do some therex; cont. c non-organic sx's that do not match current c/o's

P: Cont. per POC

Visit Number: 13 of 17

Staff:

Therapist's Signature: K Courtney, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date 7

ail Receive Date: 2013-05-31

308

Time In: 1030 / Time Out: 1140

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
52877	05/08/13	10:30am	PT STRAND, APPT ONLY	4C112322

AME & ADDRESS

WEDNESDAY

STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/13/1956 (56 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

HH

INSURANCE BALANCE	$2,147.00
ACCOUNT BALANCE	$2,147.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
]	Therapeutic Exercise, 15 mins X2	97110	92.00
]	Functional Activities, 15 mins	97530	
]	Electrical Stim., Unattended, 15 mins	97014	50.00
]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
]	Ultrasound, 15 mins	97035	30.00
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]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

S: Pt reports having pain a lot of walking yesterday & her leg pt is much worse

O: therex → per grid
US biofreeze to (R) medial knee/thigh x8' (100%, 1.0-1.5 w/cm²)
IFC x15'c MHP to (R) medial thigh, knee & (R) neck/shoulder 130°
(concurrently)

A: Pt reviewed to perform several therex 2x daily at home "deep pt" the need for 2-3x per day & the f

P: f/u per POC

Visit Number: 12 of 17

Staff:

Therapist's Signature: [signature] PT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

76

Mail Receive Date: 2013-08-12 309

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843) 443-9368
Fax: (843) 916-2348

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

Patient Name: Ann Stevenson
DOB: 05/19/1956
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 05/01/2013
Physician: Dr. Merritt
Therapist: Kristin Courtney, DPT

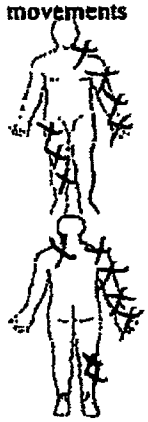
History: Patient presents with c/o neck, right shoulder, elbow, wrist, hip, and knee pain after tripping on computer cord at work and falling onto the right side of her body. Patient is unclear as to exactly how the fall occurred, but she did note it was on her right side. She also complains of intermittent headaches and diffuse and poorly localized pain. She is seen today for evaluation of right knee pain and is currently under treatment at this facility for cervical strain, right shoulder pain and right hip pain.
Meds: Magnesium Salicylate, Skelaxin
Diagnostic findings: X-ray (-) per patient report, MRI right shoulder shows bursitis and rotator cuff tendonitis, MRI of c-spine was normal, MRI right knee pain is pending
Past Medical History: (+) h/o MVA > 10 years which affected left side; see above for recent fall history

Occupation: Pharmacist at Walmart
Physical Demands: Constant phone-use and computer-use to assist customers, travels
Work Status: OOW
Vitals: HR = NT; BP = NT

When Worse: lifting > 5#, sitting > 30 min, driving, getting in and out of car, walking > 30 min, standing > 10 min, stooping, up and down stairs, reaching, laying on right side, using right UE or LE
When Better: lying on left side, heat
Pain: in knee: 1/10 @ present, 1/10 @ best, 7/10 @ worst
Quality: intermittent dull pain

Past Medical History: (-) per patient report
Summary of Objective Findings: * → denotes pain below with movements ©→ denotes cogwheel

ACTION		Left		Right	
KNEE	Norm Avg. Value	AROM	Strength	AROM	Strength
Flexion	0-140°	135°	5/5	100°*	4-/5*©
Extension	0°	0°	5/5	+14°	4-/5*©
ACTIVE ANKLE AND HIP ROM	HIP: decreased hip flexion to 100°, IR and ER limited to 15° with open endfeel and c/o pain ANKLE: WFL				
PALPATION AND JOINT MOBILITY	Patellar mobility – normal patellar mobs Vague superficial pain throughout the entire right LE; point tenderness at medial inferior knee at pes anserine; increased tone noted in adductors with c/o severe pain				



POSTURE	Standing: decreased WB on right LE
GAIT STATUS	Minimally antalgic gait, no AD - decreased cadence, with decreased stance phase on right and decreased knee flexion in swing phase
SPECIAL TESTS	(-) Homans; (-) joint laxities, (-) McMurrays, (-) ant/post drawer
SENSATION	Very sensitive to light touch
BALANCE	☐ Intact ☑ Impared on right LE due to pain
OTHER	Patient very vague with symptoms (+) cogwheel noted with mmt More ROM demonstrated throughout treatment than during evaluation and measurement. Patient demonstrates full knee extension during treatment of other body parts.

Assessment: This patient presents with the above functional limitations, affecting ADL and work capacity. Signs and symptoms are consistent with adductor strain. There is no evidence of internal derangement or ligamental involvement. We will continue to treat cervical and shoulder strain, hip pain and now knee pain. Patient is hesitant to participate in minimal therapeutic exercises due to her multiple complaints of pain and severity; If she continues to be resistant, she may benefit from aquatic therapy, which is not offered at this facility.

Rehab Potential: good Vocational readjustment services required? no

Continued on next page

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843) 443-9368
Fax: (843) 916-2348

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

Patient Name: Ann Stevenson
DOB: 05/19/1956
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 05/01/2013
Physician: Dr. Merritt
Therapist: Kristin Courtney, DPT

Continued - Page 2/2

Goals: to be met in 4 weeks

1. Patient will report decreased pain to < 2/10 at worst to allow greater functional mobility and gait.
2. Patient will increase right knee flexion > 125° to improve ambulation and allow squatting.
3. Patient will have increased strength in right knee ≥4+/5 without increased pain or cogwheel to improve functional mobility.
4. Patient will be independent with a home exercise program to allow return to previous functional status.
5. Patient will demonstrate proper body mechanics with the following activities:
   a. Patient will be able to sit longer than 60 minutes in order to tolerate traveling for work.
   b. Patient will be able to stand/walk greater than 60 minutes in order to perform pharmacological duties

Plan of Care: Physical Therapy 3x per week for 4 weeks with treatment including the following, as well as additional POC for neck, right shoulder and right hip:

- ☑ Therapeutic exercise- LE ROM, strengthening of quads and HS, proprioception, balance
- ☑ Functional activities-stand, walk, stoop, lift, carry
- ☑ Manual therapy- PROM and joint mobilizations as needed
- ☑ Modalities as appropriate/needed- MENS/IFC/TENS, moist heat, ice, ultrasound, laser therapy, iontophoresis
- ☑ Patient education- regarding prevention of future injury/reinjury

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

X_____ X_____
Physician / Nurse Practitioner / Physician's Asst. Date

K. Courtney, DPT 5/1/13
Physical Therapist Date

Mail Receive Date: 2013-05-11

311

Time In: 1035 / Time Out: 1145

EXAM ROOM TIME — CHECKOUT TIME

ACCOUNT NUMBER	DATE	TIME		TICKET NO.
52877	04/24/13	10:30am	PT STRAND, APPT ONLY	2C:11688

NAME & ADDRESS WEDNESDAY

STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (56 years)
GENDER: F
IBG:
FCL: E
CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$1,263.00
ACCOUNT BALANCE	$1,263.00
CURRENT CHARGES	172.00
AMOUNT PAID	
NEW BALANCE	

CASH | CHECK | M.O. | C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
4	Therapeutic Exercise, 15 mins	97110	92.00
]	Functional Activities, 15 mins	97530	
1	Electrical Stim., Unattended, 15 mins	97014	50.00
]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
1	Ultrasound, 15 mins	97035	30.00
]	Paraffin Bath	97018	
]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

S: Pt reports MD ordered an MRI on her knee - her hip pain was less prior until she did a lot of driving.

O: US c biofeedback to (R) lat hip x 8' (1 MHz, 1.0, 4.5 W/cm²)
therex → per grid
TECx15' c mtl Pt (R) hip + (R) neck/shoulder (30' concurrently)

A: Pt. continues c nonorganic c/o's
Stressed compliance c HEP as pt. Refused to perform ~~the~~ some therex

P: Cont per POC

Visit Number: 6 of 16

Staff:

Therapist's Signature: K. CUMMINS, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

312

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843)443-9368
Fax: (843)916-2348

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

Patient Name: Ann Stevenson
DOB: 05/19/1956
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 04/22/2013
Physician: Dr. Merritt
Therapist: Kristin Courtney, DPT

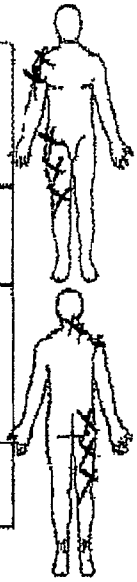
History: Patient presents with c/o neck, right shoulder, elbow, wrist, hip, and knee pain after tripping on computer cord at work and falling onto the right side of her body. Patient is unclear as to exactly how the fall occurred, but she did note it was on her right side. She also complains of intermittent headaches and diffuse and poorly localized pain. She is seen today for evaluation of right hip pain. She states she was told to discontinue PT on neck and shoulder until MRI results were attained and follow up with Dr. Merritt completed.
Meds: Magnesium Salicylate, Skelaxin
Diagnostic findings: X-ray (-) per patient report, MRI right shoulder shows bursitis and rotator cuff tendonitis
Past Medical History: (+) h/o MVA > 10 years which affected left side; see above for recent fall history

Occupation: Pharmacist at Walmart	**When Worse:** lifting > 5#, sitting > 30 min, driving, getting in and out of car, walking > 30 min, standing > 10 min, stooping, up and down stairs, reaching, laying on right side, using right UE or LE
Physical Demands: Constant phone-use and computer-use to assist customers, travels	**When Better:** lying on left side, heat
Work Status: OOW	**Pain:** 6/10 @ present, 2/10 @ best, 8/10 @ worst
Vitals: HR = NT; BP = NT	**Quality:** intermittent dull pain

Summary of Objective Findings: * → denotes pain below with movements

Range of Motion and Strength:

ACTIVE RANGE OF MOTION	Right LE: WNL with all motions with c/o pain at end range of right hip IR and ER; pt refused to perform AROM of right knee Right UE: Shoulder flexion/abduction restricted to 150 degrees due to anterior shoulder pain; normal right composite fist noted
STRENGTH	Left UE and LE 5/5 Right UE: grossly 3+/5 with c/o diffuse pain Right LE: grossly 4/5 with c/o lateral hip and knee pain
POSTURE	Cervical Lordosis ☑ ↑ ☐ ↓ ☐ WNL Lumbar Lordosis ☑ ↑ ☐ ↓ ☐ WNL Thoracic Kyphosis ☑ ↑ ☐ ↓ ☐ WNL Scapulothoracic – rounded shoulders and slumped Asymmetry – none noted
GAIT	☑ independent; no AD ☑ antalgic: favors left side due to right sided body pain



DOMINANCE - right		**LE FUNCTIONAL INDEX SCORE** 16/80
PALPATION	Vague tenderness when palpating posterolateral hip with slight increased tone noted in right piriformis and gluteal complex, anterior knee; point tenderness over anterior shoulder capsule at supraspinatus insertion	
JT. MOBILITY	Stiffness noted at end range of hip flexion; decreased posterior glenohumeral joint glides; empty end-feels noted at end range of shoulder flexion/abduction due to patient guarding	
SPECIAL TESTS	(+) Hawkins Kennedy, (+) Neers on right shoulder, (-) scour right hip, (-) Thomas, (-) Obers	
OTHER FINDINGS	Vague complaints with inconstancies noted	

Assessment: This patient presents with the above functional limitations, affecting ADL and work capacity. Signs and symptoms are consistent with multiple upper and lower body strains after a traumatic fall. Patient is hesitant to participate in any therapeutic exercises due to her multiple complaints of pain; Patient seems to be more interested in pain modalities only. She may benefit from aquatic therapy, which is not offered at this facility.

Rehab Potential: fair

Vocation readjustment services required? no

Continued on next page

313

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843)443-9368
Fax: (843)916-2348

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

Patient Name: Ann Stevenson
DOB: 05/19/1956
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 04/22/2013
Physician: Dr. Merritt
Therapist: Kristin Courtney, DPT

Continued Page 2/2

Goals: to be met in 3 weeks

1. Patient will report decreased pain to ≤ 2/10 at rest and ≤4/10 at worst to allow greater functional mobility.
2. Patient will increase right upper and lower extremity strength ≥4+/5 without increased pain to allow greater functional mobility.
3. Patient will be independent with a home exercise program to allow return to previous functional status.
4. Patient will demonstrate proper body mechanics with the following activities to allow return to work at full duty:
   a. Patient will be able to sit longer than 60 minutes in order to tolerate traveling for work.
   b. Patient will be able to stand/walk greater than 60 minutes in order to perform pharmacological duties.

Plan of Care: Physical Therapy 2-3 x per week for 4 weeks with treatment including the following:

- ☑ Therapeutic exercise- UE and LE rehab- ROM/ strengthening, postural stabilization
- ☑ Functional activities- reach, lifting, push, pull as required for job
- ☑ Manual therapy- prn – myofascial release, dry needling
- ☑ Modalities as appropriate- MENS/IFC/TENS, moist heat, ice, ultrasound, laser therapy, iontophoresis
- ☑ Patient education- postural awareness/ body mechanics to promote healing and function and prevent reinjury

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

X_____ X_____
Physician / Nurse Practitioner / Physician's Asst. Date

K. Courtney DPT 4/22/13
Physical Therapist Date

314

Mail Receive Date: 2013-05-11

Time In: 2:00 / Time Out: 3:58

EXAM ROOM TIME CHECKOUT TIME

TICKET NO. 11496

ACCOUNT NUMBER	DATE	TIME	PT STRAND, APPT ONLY	2C
52877	4/22/13 MONDAY	3:00PM		

$1,000.00

NAME & ADDRESS
STEVENSON, ANN Stevenson
2261 GREENLEAF DRIVE
CONWAY, SC 29526
843-454-6186
WRK:

DOB: 05/19/1956 (56 years)
GENDER: F
IBG:
FCL: 6
CELL:

INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: EVALUATION
NICKNAME:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$1,000.00
ACCOUNT BALANCE	
CURRENT CHARGES	257.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

	PROCEDURES	CPT	FEE
)	Evaluation	97001	110.00
)	Re-Evaluation	97002	
)	OT Evaluation	97003	
)	Functional Capacity Evaluation	97750	
)	Work Hardening, 2 hours	97545	
)	Work Hardening, add'l. 1 hour	97546	
)	Therapeutic Exercise, 15 mins	97110	92.00
)	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	30.00
)	Paraffin Bath	97018	
)	Massage, 15 mins	97124	
)	Manual Therapy	97140	
)	Mechanical Traction	97012	
)	Neuromuscular Re-Educ., 15 mins	97112	
)	Self Care Training, 15 mins	97535	
)	ROM Measure and Report	95851	
)	Other / Supplies	99070	

S: Left - Complete for (R) hip

O: therex → per grid
use biofreeze to (R) TFL/great trach
x 6' (100%, 1.0, 1.5#/in²)
LE CKC's c MHP to (R) hip, pt. SC

A: Pt. requires to perform therex - sx's do not match ROM

P: Cont per POC

Visit Number: 5 of 16

Staff:

Therapist's Signature: [signature] OTR/L

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

81

Mail Receive Date: 2013-04-08

315

Time In: 1030 /

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	
52877	03/20/13	10:30am	PT STRAND, APPT ONLY	09999

NAME & ADDRESS

WEDNESDAY

STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (56 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$286.00
ACCOUNT BALANCE	$286.00
CURRENT CHARGES	80.00
AMOUNT PAID	
NEW BALANCE	

CASH	CHECK	M.O.	C.C.

PROCEDURES	CPT	FEE
Evaluation	97001	
Re-Evaluation	97002	
OT Evaluation	97003	
Functional Capacity Evaluation	97750	
Work Hardening, 2 hours	97545	
Work Hardening, add'l. 1 hour	97546	
Therapeutic Exercise, 15 mins	97110	
Functional Activities, 15 mins	97530	
Electrical Stim., Unattended, 15 mins	97014	50.00
Electrical Stim., Unattended, 15 mins, Medicare	G0283	
Electrical Stim., Manual, 15 mins	97032	
Ultrasound, 15 mins	97035	30.00
Paraffin Bath	97018	
Massage, 15 mins	97124	
Manual Therapy	97140	
Mechanical Traction	97012	
Neuromuscular Re-Educ., 15 mins	97112	
Self Care Training, 15 mins	97535	
ROM Measure and Report	95851	
Other / Supplies	99070	

S: Pt. States she sees DR. Merritt next Wed. Continues the same c/o's - States she worked so many hours yesterday she could hardly walk by the end of the day.

O: US c biofreeze to (R) lateral thigh x 8' (100%, 1.0, 1.5w/cm²)
IFC x 15' c MHP to (R) calf + (R) thigh (30' total)

A: Pt. c/o vague pain 4/10 to pinpt. areas of pain.

P: Cont. per POC

Visit Number: 3 of 9

Staff:

Therapist's Signature: [signature], DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

Mail Receive Date: 2013-04-01

Time In: 1030

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	
52877	03/13/13	10:30am	PT STRAND. APPT ONLY	09660

NAME & ADDRESS

WEDNESDAY

STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (56 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

INSURANCE BALANCE	$206.00
ACCOUNT BALANCE	$206.00
CURRENT CHARGES	80.00
AMOUNT PAID	
NEW BALANCE	

CASH | CHECK | M.O. | C.C.

	PROCEDURES	CPT	FEE
)	Evaluation	97001	
)	Re-Evaluation	97002	
)	OT Evaluation	97003	
)	Functional Capacity Evaluation	97750	
)	Work Hardening, 2 hours	97545	
)	Work Hardening, add'l. 1 hour	97546	
)	Therapeutic Exercise, 15 mins	97110	
)	Functional Activities, 15 mins	97530	
)	Electrical Stim., Unattended, 15 mins	97014	50.00
)	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
)	Electrical Stim., Manual, 15 mins	97032	
)	Ultrasound, 15 mins	97035	30.00
)	Paraffin Bath	97018	
)	Massage, 15 mins	97124	
)	Manual Therapy	97140	
)	Mechanical Traction	97012	
)	Neuromuscular Re-Educ., 15 mins	97112	
)	Self Care Training, 15 mins	97535	
)	ROM Measure and Report	95851	
)	Other / Supplies	99070	

S: Pt brings in Rx for modalities only + states she is not to do any exercises. She also states she is being sent to another MD.

O: US c biofreeze to (R) lat. thigh/IT band x 8' (100%, 1.0, 1.5w/cm²)
IFC x 15' c MHP to (R) upper arm/elbow + (R) knee/lower thigh x 15' (30' concurrent)

A. Pt declines any TherEx; difficult passes 2° locations of pt are sporatic - Pt. observed carrying heavy items in (R) UE.

P: Cont. per POC

Visit Number: 2 of 9

Staff:

Therapist's Signature: [signature], PT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

02

Mail Receive Date: 2013-04-01

317

Time In: 1030

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	
52877	03/13/13	10:30am	PT STRAND. APPT ONLY	09660

AME & ADDRESS

WEDNESDAY

STEVENSON, ANN
2261 GREENLEAF DRIVE

CONWAY, SC 29526
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS: WC/ALIGN NETWORKS
REASON: FOLLOW UP
NICKNAME:

DOB: 05/19/1956 (56 years)
GENDER: F
IBG:
FCL: 6
CELL:

RELATION: OTHER

COPAY:

HH

INSURANCE BALANCE	$206.00
ACCOUNT BALANCE	$206.00
CURRENT CHARGES	80.00
AMOUNT PAID	
NEW BALANCE	

CASH | CHECK | M.O. | C.C.

	PROCEDURES	CPT	FEE
]	Evaluation	97001	
]	Re-Evaluation	97002	
]	OT Evaluation	97003	
]	Functional Capacity Evaluation	97750	
]	Work Hardening, 2 hours	97545	
]	Work Hardening, add'l. 1 hour	97546	
]	Therapeutic Exercise, 15 mins	97110	
]	Functional Activities, 15 mins	97530	
]	Electrical Stim., Unattended, 15 mins	97014	50.00
]	Electrical Stim., Unattended, 15 mins, Medicare	G0283	
]	Electrical Stim., Manual, 15 mins	97032	
]	Ultrasound, 15 mins	97035	30.00
]	Paraffin Bath	97018	
]	Massage, 15 mins	97124	
]	Manual Therapy	97140	
]	Mechanical Traction	97012	
]	Neuromuscular Re-Educ., 15 mins	97112	
]	Self Care Training, 15 mins	97535	
]	ROM Measure and Report	95851	
]	Other / Supplies	99070	

S: Pt brings in RX for modalities only + states she is not to do any exercises. She also states she is being sent to another MD.

O: US c biofeedback to (R) lat. thigh/IT band x 8' (100%, 1.0, 1.5w/cm²) IFC x 15' c MHP to (R) upper arm/elbow + (R) knee/lower thigh x 15' (30' concurrent)

A: Pt declines any TherEx; difficult because 2° lacerations of pt's arm. Sporadic - Pt. observed carrying heavy items in (B)UE.

P: Cont. per POC

Visit Number: 2 of 9

Staff:

Therapist's Signature: [signature], PT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

Mail Receive Date: 2013-03-28

318

Time In: 10:40 / Time Out 11:55

ACCOUNT NUMBER	DATE	TIME	CHECKOUT TIME	TICKET NO.
52877	03/08/13	10:30am	PT STRAND, APPT ONLY	09457

NAME & ADDRESS

FRIDAY
STEVENSON, ANN

,
843-454-6186
WRK:
INSURED: STEVENSON, ANN
INS:
REASON: EVALUATION
NICKNAME:

DOB:
GENDER:
IBG:
FCL: 6
CELL:

RELATION: SELF

COPAY:

INSURANCE BALANCE	$0.00
ACCOUNT BALANCE	$0.00
CURRENT CHARGES	206.00
AMOUNT PAID	
NEW BALANCE	

CASH | CHECK | C.C.

✓	PROCEDURES	CPT	FEE
☑	Evaluation X 1	97001	110.00
☐	Re-Evaluation	97002	
☐	OT Evaluation	97003	
☐	Functional Capacity Evaluation	97750	
☐	Work Hardening, 2 hours	97545	
☐	Work Hardening, add'l. 1 hour	97546	
☑	Therapeutic Exercise, 15 mins X 1	97110	46.00
☐	Functional Activities, 15 mins	97530	
☑	Electrical Stim., Unattended, 15 mins X 2	97014	60.00
☐	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	

See IE

O: Thera-Ex → per grid. Educated pt on pathy, dx, use of MHP and HEP.
IFC ε MHP x 15' to (R) shoulder and (R) lateral leg (concurrent), pt (L) side lying.

A: Pt hesitant to perform thera-Ex today, but completed. Pt only wanted pain treated today. Compliance might be a future issue.

P: Continue PT 2-3x/wk for 3 wks.

Visit Number: ____ of 9

Staff: ____

Therapist's Signature: Erika Fuller, DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature

Date

85

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843)443-9368
Fax: (843)916-2348

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

Patient Name: Ann Stevenson
DOB: 05/19/1956
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 03/08/2013
Physician: Dr. Baens
Therapist: Mike Miller, DPT

History: Patient is a poor historian. Patient presents with c/o right shoulder, elbow, wrist, hip, and knee pain after tripping on computer cord at work and falling onto the right side of her body. Patient is unclear as to exactly how the fall occurred, but she did note it was on her right side. She also complains of intermittent headaches and diffuse and poorly localized distal right extremity numbness/tingling.
Meds: Magnesium Salicylate, Roboxin
Diagnostic findings: X-ray (-) per patient report
Past Medical History: (+) h/o MVA > 10 years which affected left side; see above for recent fall history

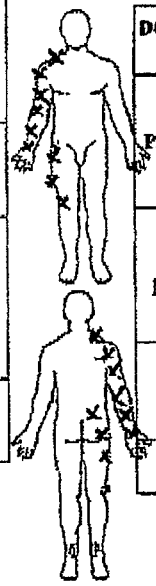
Occupation: Pharmacist at Walmart
Physical Demands: Constant phone-use and computer-use to assist customers, travels
Work Status: light duty
Vitals: HR = NT; BP = NT

When Worse: sitting > 30 min, walking > 30 min, using right UE or LE
When Better: lying on left side, heat, meds listed above
Pain: 5/10 @ present, 2/10 @ best, 8/10 @ worst
Quality: intermittent throbbing pain

Range of Motion and Strength:

ACTIVE RANGE OF MOTION	**Right LE:** WNL with all motions with c/o pain at end ranges **Right UE:** Shoulder flexion/abduction restricted to 110 degrees due to anterior shoulder pain; elbow supination=45 degrees, wrist extension=60 degrees; normal tight composite fist noted
STRENGTH	Left UE and LE 5/5 **Right UE:** grossly 3+/5 with c/o diffuse pain **Right LE:** grossly 4/5 with c/o lateral hip pain Grip: Right 30#, Left 60#
POSTURE	Cervical Lordosis ☑ ↑ ☐ ↓ ☐ WNL Lumbar Lordosis ☑ ↑ ☐ ↓ ☐ WNL Thoracic Kyphosis ☑ ↑ ☐ ↓ ☐ WNL Scapulothoracic – rounded shoulders and slumped Asymmetry – none noted
GAIT	☑ independent; no AD ☑ antalgic: favors left side due to right sided body pain

Summary of Objective Findings: * → denotes pain below with movements



DOMINANCE - right	**UE FUNCTIONAL INDEX SCORE** 14/80	**LE FUNCTIONAL INDEX SCORE** 25/80
PALPATION	Vague tenderness when palpating posterolateral hip, anterior knee, and volar forearm/wrist; point tenderness over anterior shoulder capsule at supraspinatus insertion	
JT. MOBILITY	Stiffness noted at end range of hip flexion; decreased posterior glenohumeral joint glides; empty end-feels noted at end range of shoulder flexion/abduction due to patient guarding	
SPECIAL TESTS	All negative at elbow, wrist, hip, and knee (+) Hawkins Kennedy, (+) Neers on right shoulder	
OTHER FINDINGS	Neck Oswestry: 44% Low Back Oswestry: 38%	

Assessment: This patient presents with the above functional limitations, affecting ADL and work capacity. Signs and symptoms are consistent with multiple upper and lower body strains after a traumatic fall. She will benefit from physical therapy in order to restore prior levels of function and return to previous work capacity. Patient was hesitant to begin exercises today due to her multiple complaints of pain; however we did initiate some light exercises to help manage her pain and immobility. Patient seems to be more interested in pain modalities. Compliance may be an issue in the near future.

Rehab Potential: fair

Vocation readjustment services required? no

Continued on next page

Progressive Physical Therapy
The Leader in Innovative Therapies

PROGRESSIVE PHYSICAL THERAPY EVALUATION

1220 21st Avenue North
Myrtle Beach, SC 29577
Phone: (843)443-9368
Fax: (843)916-2348

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

Patient Name: Ann Stevenson
DOB: 05/19/1956
Claim #: 6815476

Dx/ ICD-9: Multiple strains
Date of Onset: 02/16/2013
Date of Surgery: n/a

Date: 03/08/2013
Physician: Dr. Baens
Therapist: Mike Miller, DPT

Continued Page 2/2

Goals: to be met in 3 weeks

1. Patient will report decreased pain to < 2/10 at rest and <4/10 at worst to allow greater functional mobility.
2. Patient will increase right grip strength > 50# to improve grasping abilities.
3. Patient will increase right upper and lower extremity strength ≥4+/5 without increased pain to allow greater functional mobility.
4. Patient will be independent with a home exercise program to allow return to previous functional status.
5. Patient will demonstrate proper body mechanics with the following activities to allow return to work at full duty:
   a. Patient will be able to sit longer than 60 minutes in order to tolerate traveling for work.
   b. Patient will be able to walk greater than 60 minutes in order to perform pharmacological duties.

Plan of Care: Physical Therapy 2-3 x per week for 3 weeks with treatment including the following:

- ☑ Therapeutic exercise- UE and LE rehab- ROM/ strengthening, postural stabilization
- ☑ Functional activities- reach, lifting, push, pull as required for job
- ☑ Manual therapy- prn – myofascial release, dry needling
- ☑ Modalities as appropriate- MENS/IFC/TENS, moist heat, ice, ultrasound, laser therapy, iontophoresis
- ☑ Patient education- postural awareness/ body mechanics to promote healing and function and prevent reinjury

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

X_____ X_____
Physician / Nurse Practitioner / Physician's Asst. Date

Mike Miller DPT 3/8/13
Physical Therapist Date

321

Pee Dee Orthopaedic Associates, PA

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

901 E. CHEVES ST., SUITE 100 · FLORENCE, SC 29506-2769
(843) 662-5233 · FAX (843) 678-9003 · WWW.PDOA.COM

Initial Examination

PATIENT ID: 349929

PATIENT: Ann Stevenson
DOB: 5/19/1956
Employer: Walmart

Date of Service: 12/13/2013
Age: 57 year(s)
Occupation: Pharmacist

Referring Physician: .Self
Other Physicians:

INDEPENDENT MEDICAL EVALUATION

Date of Injury/onset:

Date	Type
02/16/2013	injury

Chief Complaint: Injury to the right knee, 12-16-13.

History of Present Illness: Ann Stevenson is a 57 year(s), right hand dominant white female with a history of a right knee injury on the above date. The injury occurred while on the job while working as a Pharmacist at Walmart when her foot was caught in a cord and she fell. She feels that she actually twisted her right knee. She complained of injury to multiple body parts at the time of her fall. She was initially seen and treated at Doctor's Care. She apparently did not complain of right knee pain until almost two weeks after her injury. Physical therapy was ordered but the patient reports that she could not participate in this initially because of her discomfort. She was subsequently seen by Dr. James Merritt on 03-27-13 who re-ordered her physical therapy and also ordered a MRI of her right knee. This study was performed on 05-07-13. Dr. Merritt requested a second opinion/independent medical evaluation because of the patient's continued complaint of pain and the patient was seen by Dr. Alan Tamadon who felt that the patient had reached maximum medical improvement. He did not feel there were any orthopaedic recommendations or needs indicated. She was also seen and treated at Winyah Chiropractic Clinic. A functional capacity evaluation was performed at WorkWell Systems, Inc. on 08-27-13. They felt that the patient "demonstrates ability to perform work as delineated in her job description." The patient was released by Dr. Merritt on 10-06-13 at which time he felt that she was at maximum medical improvement and had a 3% right lower extremity permanent physical impairment rating.

She complains today of continued right knee pain. She complains of pain over the medial aspect of the knee and anterior medial thigh pain. She complains of anterior knee swelling. She is ambulatory with a cane. She denies prior history of right knee difficulty.

Allergies: epinephrine: unspecified

Current Meds: Lortab (hydrocodone-acetaminophen) (Dosage: 5-500 mg tablet SIG: Take 1 tablet by mouth every four to six hours as needed for pain Dispense: 60 Note: Must follow directions on script), Percogesic (diphenhydramine-acetaminophen) (Dosage: 12.5-325 mg tablet), Skelaxin (metaxalone) (Dosage: 800 mg tablet SIG: Take 1 tablet by mouth three times a day Dispense: 60)

Past Med Hx: .None Reported

Surgical History:	Tonsillectomy
Family History:	Cancer; Diabetes; Heart Disease; Hypertension; Parents: Father-Deceased; Parents: Mother-Living
Social History:	Alcohol use: None; Drug Use: Never; Employment: Full Time; Marital Status: Married; Never Smoked

REVIEW OF SYSTEMS:

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

Musculoskeletal: Leg cramps; Musculoskeletal: Muscle weakness; Neurological: Chronic headaches

PHYSICAL EXAM:

Vitals:	**HEIGHT / LENGTH: 5' 4" WEIGHT: 190 lbs 0 oz BMI: 32.6 TEMPERATURE: 98.7**
Appearance:	No acute distress
Psychiatric:	Mood and affect were appropriate.
Head:	Normocephalic, atraumatic.
Skin:	Clean, dry, no lesions, no rashes.
Neuro:	Alert and oriented x 3.

FOCUSED EXAM: Symptom magnification was present on examination. Her pain appears to be out of proportion to her exam.

Knee Motion:	Right	Left
Extension:	05	0
Flexion:	105	130

Effusion:	Pre-patellar swelling as compared to opposite knee
Lachman:	Negative
Joint Line Tenderness:	Medial/anterior medial thigh tenderness
Collateral Exam	Stable
McMurray's	Negative

X-ray: AP, lateral, tunnel and sunrise x-rays of the right knee taken today are normal.

Right knee MRI was performed without contrast at Strand Orthopaedic Consultants on 06-07-13. This study was reviewed by me today and reveals a possible lateral meniscus tear and a popliteal cyst.

ASSESSMENT:

Diagnosis: Popliteal cyst/possible lateral meniscus tear, right knee.

PLAN:

In addition to the above, extensive previous medical records were reviewed from James Merritt, M.D. (03-27-13 to 10-10-13), Alan Tamadon, M.D. (08-01-13), Doctor's Care - Myrtle Beach (02-20-13 to 03-19-13), Winyah Chiropractic Clinic (08-23-13 to 10-04-13), WorkWell Systems, Inc. (08-27-13 & 08-28-13), MRI and x-rays from Strand Orthopaedic Consultants and Doctor's Care Carolina Forest and Progressive Physical Therapy notes (03-08-13 to 06-12-13). I also reviewed video footage and the patient's injury.

The patient's pain and her objective symptoms seem out of proportion to her examination and MRI findings. I would not recommend any surgical intervention. I do not feel that a repeat MRI is indicated. Her current knee symptoms do not appear to be related to her original injury which occurred on 02-16-13. Return prn.

PRESCRIPTION: No data for Prescription

Robert E. Elvington, Jr. MD

Robert E. Elvington, Jr., M.D. /dabs

This document was electronically signed on 12/13/2013

324

STATE OF SOUTH CAROLINA
BEFORE THE WORKERS' COMPENSATION COMMISSION
W.C.C. FILE No.: 1303465

ANN STEVENSON, Claimant, vs. WALMART STORES, Inc., Employer, And AMERICAN HOME ASSURANCE, Carriers/Defendants.	NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORT(S)/PHYSICIAN OR ON BEHALF OF THE CLAIMANT

TO: THE HONORABLE MIKE CAMPBELL, COMMISSIONER, SOUTH CAROLINA WORKERS' COMPENSATION AND JOHNNIE BAXLEY III, ESQUIRE, ATTORNEY FOR EMPLOYER:

YOU ARE HEREBY NOTIFIED THAT THE Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), hereby submits the following reports/physicians or other evidence on behalf of the Claimant, to wit:

APA#	MEDICAL PROVIDER	DATES	PAGES
7.	Strand Orthopaedic	12/27/13-11/12/14	88-126
8.	Coastal Orthopaedics	4/2/14-4/14/14	129-132

EXHIBITS

1.	Claimant Emails to Adjuster	1-5
2.	Walmart Store Surveillance Video and Photos	2/16/13

YOU ARE HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physician's or other person(s), whose reports are submitted, for the purpose of cross-examination.

YOU ARE FURTHER HEREBY NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: The Claimant, Claimant's Medical Providers, Claimant's friends and family members, co-workers, and any witnesses that the Employer/Carrier Defendant may call.

Carter Martling, Esquire
Post Office Box 3781
Irmo, SC 29063
(803) 661-7429

Irmo, South Carolina
December 29, 2014

[illegible] 1609 [illegible] [illegible] [illegible] 200 MYRTLE BEACH, SC 29579

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

Encounter Summary

Patient

Name	STEVENSON, ANN (58, F) ID# 231443	Appt. Date/Time	11/12/2014 10:30AM
DOB	05/19/1956	Service Dept.	SOC
Provider	JAMES O MERRITT, IV., MD		

Insurance

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

Patient's Care Team

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

Patient's Pharmacies

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

Chief Complaint

MRI F/U

Right Hip and Lumbar Spine

Problems

Reviewed Problems
- Tarsal tunnel syndrome
- Mononeuritis of lower limb
- Pain in elbow
- Hand joint pain
- Hip pain
- Knee pain
- Joint pain in ankle and foot
- Tenosynovitis of foot
- Plantar fascial fibromatosis
- Myositis
- Skin sensation disturbance
- Sprain of shoulder and upper arm
- Sprain of knee and leg
- Neck sprain
- Strain of neck muscle
- Lumbar sprain

Medications

Reviewed Medications

Name	Date
hydrocodone 7.5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) EVERY 4-6 HOURS by oral route.	11/12/14 prescribed
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed	08/30/13 prescribed

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

Norco 5 mg-325 mg tablet Take 1 tablet(s) every 6 hours by oral route **Note:** sent RX with pt	06/20/14 prescribed
Skelaxin 800 mg tablet Take 1 tablet(s) 3 times a day by oral route	11/03/14 prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Discussed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

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

Social History

Discussed Social History
Smoking Status: Never smoker.
Non-smoker.
Deaf or serious difficulty hearing: N.
Blind or serious difficulty seeing: N.
Difficulty concentrating, remembering or making decisions: N.
Difficulty walking or climbing stairs: Y.
Difficulty dressing or bathing: N.
Difficulty doing errands alone: Y.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

11/12/2014 10:43 am

Ht: 5 ft 4 in **Wt:** 190 lbs **BMI:** 32.6

BP: 125/73 sitting L wrist **Pulse:** 68 bpm

HPI

This is a pleasant lady who is in today for follow-up of her low back and right leg she is continuing to have significant complaints in the right leg. No new problems. She is here today to follow-up of her MRI.

ROS

None recorded.

Physical Exam

Patient is a 58-year-old female.

There are no deficits in her lower extremities. She walks in antalgic gait.

Assessment / Plan

Right leg pain. I reviewed her MRI. It is fairly unremarkable very slight disc bulge at L4-L5 no significant stenosis no pathologic lesions or other problems. I discussed with her that I'm not sure what is causing most of her pain I do think she is probably having some muscle ligamentous discomfort. She's been through appropriate treatment at all really have much else to offer from an orthopedic standpoint. I'll be happy to see her back on an as-needed basis .I did refill her pain medicine. She continues to need this she may need to be referred to pain management specialist.

[illegible] 2200 [illegible] Blvd., Ste 200, MYRTLE BEACH SC 29579-07

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

1. Lumbar sprain
847.2: Sprain of lumbar
- hydrocodone 7.5 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) EVERY 4-6 HOURS by oral route. Qty: 40 tablet(s)
Refills: 0 Pharmacy: WAL-MART PHARMACY 4664 Note to Pharmacy: script with patient

Discussion

Discussion Notes

Some parts of this dictation were generated by voice recognition software and may contain some typographical and/or grammatical inaccuracies.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 11/12/2014.

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 11/12/2014 at 3:08pm

Strand Orthopaedic Consultants
210 Village Center Boulevard
Myrtle Beach, South Carolina, 29579
(843) 236-3222 Office
(843) 903-7171 Fax

Professionally Interpreted by:
Carolina Radiology Associates, LLC

NAME: STEVENSON, ANN
DOB: 05/19/1956
PHYSICIAN: James Merritt IV MD

EXAM DATE: 11/10/2014
PATIENT ID: SOC231443

Exam: MRI of the lumbar spine.

Indication: Back pain, radiculopathy.

Technique: Coronal T1 scout, sagittal T1, fast spin echo T2, STIR, axial T1 and fast spin echo T2 sequences obtained through the lumbar spine.

Findings: Sagittal images show normal alignment. No compression or subluxation.

Conus and cauda equine are unremarkable

No signal abnormality in vertebral bodies.

Disc signal loss most prominently at L4-L5 from desiccation.

L1-L2 is without stenosis.

L2-L3 has mild facet arthropathy, no stenosis.

L3-L4 has mild facet arthropathy, no stenosis.

L4-L5 has broad-disc bulge contacting the theeal sac. Mild facet arthropathy. This is minimally encroaching the central canal and neural foramen without significant stenosis.

L5-S1 has mild broad disc bulge, no stenosis.

A perineural (Tarlov) cyst in the right S1 foramen.

Impression:

Mild degenerative disc disease and facet arthropathy most notably at L4-L5. No central or foraminal stenosis at any level.

SIGNED BY: Jeffrey Lackey MD
DD: 11/10/2014
DS: 11/12/2014
Transcribed by: KS

STRAND ORTHOPAEDIC CONSULTANTS, LLC • 210 Village Center Blvd., Ste 200 MYRTLE BEACH SC 29579-6706

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

STRAND ORTHOPAEDIC CONSULTANTS

Durable Medical Equipment Order

11/03/2014

Prescriber	Supplier
JAMES O. MERRITT, IV., MD SOC 210 Village Center Blvd., Ste 200 MYRTLE BEACH, SC 29579-6706 Phone: (843) 236-3222 Fax: (843) 236-3005	

Patient Information

Patient Name	STEVENSON, ANN W
Sex - DOB - Age	F 05/19/1956 58 YR
Address	2261 GREENLEAF DRIVE CONWAY, SC 29526-9303
Phone	H: (843) 347-5151 M: (843) 454-6186
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

DME Order Information

Applicable Diagnoses	Lumbar sprain ICD-9: 847.2: Sprain of lumbar
Supply	TENS UNIT ELECTRODES PADS
Quantity	1
Sig	
Notes	

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

Electronically ordered/documented by: JAMES O. MERRITT, IV., MD

Prescription is void if more than one (1) prescription is written per blank.

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

332

WORK STATUS REPORT

Patient: Stevenson, Ann W
DOB: 05/19/1956
Address: 2261 Greenleaf Drive
Conway, SC 29526-9303

Date: 11/03/2014
Patient ID: 231443

Note to Patient:

_X__ Was Seen in my office on: ____11/3/14_____

_X__ Return to my office: __S/P MRI_____

____ Release to work: WITHOUT RESTRICTIONS __ Medically Stationary

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

_X__ Released to work WITH THE FOLLOWING RESTICTIONS:

_X__ Limited work to 4 hours a day. 2 HOURS STANDING

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

___ No twisting, climbing, or stooping

_X__ No repetitive movements or gripping with the RIGHT ARM

___ No walking on rough or uneven ground

___ The patient needs walking aid(s)

___ Must wear a splint or brace when working

___ Sedentary work with ability to change positions

___ No kneeling, crawling, or squatting

___ Other

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

[illegible] ORTHOPAEDIC CLINIC [illegible] 3801 Oleander Blvd., Ste 303, MYRTLE BEACH SC 29577-6716

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

Encounter Summary

Patient

Name	STEVENSON, ANN (58, F) ID# 231443	Appt. Date/Time	11/03/2014 03:00PM
DOB	05/19/1956	Service Dept.	SOC
Provider	JAMES O. MERRITT, IV., MD		

Insurance

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

Patient's Care Team

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

Patient's Pharmacies

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

Chief Complaint

None recorded.

Problems

Reviewed Problems
- Tarsal tunnel syndrome
- Mononeuritis of lower limb
- Pain in elbow
- Hand joint pain
- Hip pain
- Knee pain
- Joint pain in ankle and foot
- Tenosynovitis of foot
- Plantar fascial fibromatosis
- Myositis
- Skin sensation disturbance
- Sprain of shoulder and upper arm
- Sprain of knee and leg
- Neck sprain
- ~~Strain of neck muscle~~
- Lumbar sprain

Medications

Reviewed Medications

Name	Date
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	08/30/13 prescribed
Norco 5 mg-325 mg tablet Take 1 tablet(s) every 6 hours by oral route **Note:** sent RX with pt	06/20/14 prescribed
Skelaxin 800 mg tablet	11/03/14 prescribed

[illegible] ORTHOPAEDIC CLINIC [illegible] Blvd., Ste 2NE, MYRTLE BEACH SC 29575-67[illegible]

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

Take 1 tablet(s) 3 times a day by oral route.

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Discussed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

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

Social History

Discussed Social History
Smoking Status: Never smoker.
Non-smoker.
Deaf or serious difficulty hearing: N.
Blind or serious difficulty seeing: N.
Difficulty concentrating, remembering or making decisions: N.
Difficulty walking or climbing stairs: Y.
Difficulty dressing or bathing: N.
Difficulty doing errands alone: Y.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

11/03/2014 03:01 pm

Ht: 5 ft 4 in **Wt:** 190 lbs **BMI:** 32.6

BP: 110/68

HPI

This is a pleasant lady who is in today for follow-up of her leg she's continued to have problems with the right leg. She reports she is trying to exercise but reports she continues to have pain and leg pain it is point seems to be in the ~~buttock radiating around into the groin at times~~ down the leg into the ankle area. She does not report any other problems at this point time.

ROS

None recorded.

Physical Exam

Patient is a 58-year-old female.

She does not have any significant hip pain with motion there are no obvious deficits her lower extremity. Nerve tension signs to seem to give her some gluteal muscle pain.

Assessment / Plan

Right leg pain. I discussed options with her given her continued discomfort I think is very reasonable to get an MRI of her lumbar spine to ensure she does not have a radicular problem. I'll see her back once this is done. I did write for a refill for her TENS unit supplies and for some muscle relaxants.

1. Lumbar sprain
847.2: Sprain of lumbar
- MRI, LUMBAR SPINE - Note to Imaging Facility: MRI LUMBAR
Contrast (MRI): Without Height (ft.): 5 ft 4 in
Weight (lbs): 190 Appointment Date: 11/10/2014
Appointment Time: 1:00

MYRTLE BEACH SC

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

- Skelaxin 800 mg tablet - Take 1 tablet(s) 3 times a day by oral route. Qty: 60 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 4664
- TENS UNIT ELECTRODES PADS - Qty: 1 Unit Refills: 0 Supplier: N/A

Discussion

Discussion Notes

Some parts of this dictation were generated by voice recognition software and may contain some typographical and/or grammatical inaccuracies.

Return to Office

- MRI for MRI at MRI on 11/10/2014 at 01:00 PM
- James O. Merritt IV., MD for JM- Established-New Problem at SOC on 11/12/2014 at 10:30 AM

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 11/04/2014.

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 11/04/2014 at 8:26am

TRAUMA ORTHOPAEDIC CONSULTANTS, LLC • 210 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579-5706

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

Encounter Summary

Patient

Name	STEVENSON, ANN (58, F) ID# 231443	Appt. Date/Time	06/24/2014 12:30PM
DOB	05/19/1956	Service Dept.	SOC
Provider	KIMBERLY A. CECCHINI-PURGAVIE		

Insurance

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

Patient's Care Team

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

Patient's Pharmacies

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

Chief Complaint

MUSCLE WEAKNESS, Arm pain, Numbness and Tingling, leg pain

The patient is a 58-year-old female who presents to my office today stating another physiatry physician informed her to seek treatment from another physiatrist. The patient has a multitude of complaints and has seen many physicians. She states all of her symptoms stem from a work-related incident over one year ago where she tripped and fell. She states she injured the entire right side of her body. She complains of tingling burning weakness and pain in the right upper extremity in the right hand in the right leg she complains of pain in the hands the arm the leg on the right side. She states she is having trouble with activities of daily living. She presents to me a scanned list of her problems. She states she is here for me to "coordinate her care". The patient states that she is currently doing some aquatic treatment for which she has started and hopes that this will help her pain. She states she is paying "out of pocket" for her medical treatment because all of her medical condition started as a Worker's Compensation injury but the claim is no longer open. She states she has an attorney working on this problem. She has had a multitude of MRIs and seen a multitude of doctors. She was at our office and was cleared to return to work by orthopedics. She has had EMGs of the right upper extremity and right lower extremity by Dr. Erin Watson. The studies were reviewed. All studies were normal. She had an MRI of her cervical spine and shoulder knee and hip ordered by Dr. Merritt. These results were also reviewed by Dr. Merritt and no surgical intervention is needed. Her cervical spine MRI did not show any compressive sequela.

Problems

Problems not reviewed (last reviewed 05/22/2014)
- Tarsal tunnel syndrome
- Mononeuritis of lower limb
- Pain in elbow
- Hand joint pain
- Hip pain
- Knee pain
- Joint pain in ankle and foot
- Tenosynovitis of foot
- Plantar fascial fibromatosis
- Myositis
- Skin sensation disturbance
- Sprain of shoulder and upper arm
- Sprain of knee and leg
- Neck sprain
- Strain of neck muscle
- Lumbar sprain

Medications

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

Reviewed Medications

Name	Date
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	08/30/13 prescribed
Norco 5 mg-325 mg tablet Take 1 tablet(s) every 6 hours by oral route. Note: sent RX with pt	06/20/14 prescribed
Skelaxin 800 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed.	03/27/14 prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

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

Social History

Reviewed Social History
Smoking Status: Never smoker.
Deaf or serious difficulty hearing: N.
Blind or serious difficulty seeing: N.
Difficulty concentrating, remembering or making decisions: N.
Difficulty walking or climbing stairs: Y.
Difficulty dressing or bathing: N.
Difficulty doing errands alone: Y.
Non-smoker.
Alcohol intake: None.
Exercise level: None.
Sporting activities: none since accident.
Hand Dominance: Right.
Live alone or with others?: alone.

Vitals

06/24/2014 12:41 pm

Ht: 5 ft 4 in	**Wt:** 192 lbs	**BMI:** 33
BP: 109/62	**Pulse:** 94 bpm	

ROS

None recorded.

Physical Exam

Patient is a 58-year-old female.

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

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

Gait and Station: Appearance: normal gait, no limp, and ambulating with no assistive devices.

Cardiovascular System: Arterial Pulses Right: dorsalis pedis normal and popliteal normal. Arterial Pulses Left: dorsalis pedis normal and popliteal normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

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

Lymph Nodes: Inspection/Palpation Right: no cervical LAD, supraclavicular LAD, or submandibular LAD. Inspection/Palpation Left: no cervical LAD, supraclavicular LAD, or submandibular LAD.

Skin: Head and Neck: normal. Right Upper Extremity: normal. Left Upper Extremity: normal.

Lumbar Spine: Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the paraspinal region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, or the piriformis. Active Range of Motion: flexion normal, extension normal, and no pain with motion. Passive Range of Motion: flexion normal, extension normal, and no pain with motion.

Motor Strength: L1 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Coordination: heel-to-shin normal. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: normal distal extremities, median nerve distribution, and ulnar nerve distribution and L3 normal, L4 normal, L5 normal, S1 normal, C5 normal, C6 normal, C7 normal, and C8 normal. Sensation on the Left: normal distal extremities, median nerve distribution, and ulnar nerve distribution and L3 normal, L4 normal, L5 normal, S1 normal, C5 normal, C6 normal, C7 normal, and C8 normal. Special Tests on the Right: Patrick-Fabere test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: Patrick-Fabere test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Biceps Reflex Right: normal (2). Biceps Reflex Left: normal on the left (2). Brachioradialis Reflex Right: normal (2). Brachioradialis Reflex Left: normal (2). Triceps Reflex Right: normal (2). Triceps Reflex Left: normal (2). Special Tests on the Right: Spurling's test negative, Phalen's test negative, and Tinel's sign negative. Special Tests on the Left: Spurling's test negative, Phalen's test negative, and Tinel's sign negative.

Cervical Spine: Inspection: alignment normal and no muscle atrophy. Soft Tissue Palpation on the Right: no tenderness of the scalene muscle, the sternocleidomastoid, the supraclavicular fossa, the levator scapulae, or the rhomboid; no trigger point pain; and **tenderness of the paracervicals** and **the trapezius**. Soft Tissue Palpation on the Left: no tenderness of the scalene muscle, the sternocleidomastoid, the supraclavicular fossa, the levator scapulae, or the rhomboid; no trigger point pain; and **tenderness of the paracervicals** and **the trapezius**. Bony Palpation: no tenderness of the occipital protuberance or the mastoid process. Active Range of Motion: flexion normal, extension normal, rotation normal, no crepitus, and **pain elicited by motion; right shoulder/anterior deltoid pain with forward flexion above shoulder height.** Passive Range of Motion: flexion normal, extension normal, and rotation normal.

Motor Strength: Neck Strength (Intrinsics): extension 5/5, flexion 5/5, and rotation 5/5. C5 on the Right: abduction deltoid 5/5; **pain with movement of the right shoulder**. C5 on the Left: abduction deltoid 5/5. C6 on the Right: flexion biceps 5/5. C6 on the Left: flexion biceps 5/5. C7 on the Right: extension triceps 5/5 and flexion wrist 5/5. C7 on the Left: extension triceps 5/5 and flexion wrist 5/5. C8 on the Right: flexion fingers 5/5. C8 on the Left: flexion fingers 5/5. T1 on the Right: abduction fingers 5/5. T1 on the Left: abduction fingers 5/5.

the patient appears to be neurovascularly intact in the upper and lower extremities bilaterally. I am not getting significant loss of strength in the right upper or lower extremity compared to the left upper or lower extremity. The patient complaints of migratory pains in the upper extremities and lower extremities more so on the right side than left side.

Assessment / Plan

1. **Skin sensation disturbance**
   782.0: Disturbance of skin sensation

2. **Myositis**
   729.1: Myalgia and myositis, unspecified

Discussion

Patient Instructions

the patient will continue with aquatics for her migratory aches and pains.

Discussion Notes

I reviewed the patient's EMG nerve conduction study of the upper extremity and lower extremity on the right side which are normal. The MRI of the cervical spine did not show any evidence of compressive sequelae. The patient appears to have migratory pains in the upper extremities and lower extremities more so on the right side and left side. At this point in time I informed the patient that since she is not using any type of medical insurance and has had treatment for over one year that perhaps the best bet is the current aquatics that she is undertaking. If she continues to have symptoms she may wish to see a neurologist for complaints of migratory pains and intermittent headaches. From an orthopedic/rehabilitation standpoint I do

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

not see any problems with her range of motion of her joints except for pain in muscles. I do not know why she is having numbness and tingling in various aspects of the right upper extremity and right lower extremity based on her physical examination as well as review of her medical records. She does not have to follow up with this office. She is discharged from my care.

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Kimberly A. Cecchini-Purgavie, 06/24/2014.

Encounter performed and documented by Kimberly A. Cecchini-Purgavie
Encounter reviewed & signed by Kimberly A. Cecchini-Purgavie on 06/24/2014 at 3:41pm

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

Encounter Summary

Patient			
Name	STEVENSON, ANN (58, F) ID# 231443	Appt. Date/Time	06/20/2014 08:00AM
DOB	05/19/1956	Service Dept.	SOC
Provider	JAMES O. MERRITT IV, MD		
Insurance	Med Primary: *SELF PAY*		

Med Worker's Comp: ARKANSAS CLAIMS MANAGEMENT - CMI - WALMART
Policy/Group # : 251805185
Employer Name : WALMART
Case # : 6815476
Case Injury Date : 02/16/2013

Med Worker's Comp: ONE CALL CARE MANAGEMENT
Policy/Group # : OCM251805185
Referring Provider Name : MERRITT, JAMES O, MD
Employer Name : WALMART
Case # : OCM251805185
Case Injury Date : 02/16/2013

Prescription: ESI1 - Member is eligible. details

Patient's Care Team

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

Patient's Pharmacies

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

Chief Complaint

Right leg pain
Followup: Sprain of shoulder and upper arm

Problems

Problems not reviewed (last reviewed 05/22/2014)
- Tarsal tunnel syndrome
- Mononeuritis of lower limb
- Pain in elbow
- Hand joint pain
- Hip pain
- Knee pain
- Joint pain in ankle and foot
- Tenosynovitis of foot
- Plantar fascial fibromatosis
- Sprain of shoulder and upper arm
- Sprain of knee and leg
- Neck sprain
- ~~Strain of neck muscle~~
- Lumbar sprain

Medications

Reviewed Medications

Name	Date	
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	08/30/13	prescribed
Norco 5 mg-325 mg tablet Take 1 tablet(s) every 6 hours by oral route. Note: sent RX with pt	06/20/14	prescribed
Skelaxin 800 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed.	03/27/14	prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

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

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

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

Social History

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

Vitals

09/20/2014 08:13 am

Ht: 5 ft 4 in **Wt:** 192 lbs **BMI:** 33

BP: 114/63 sitting L wrist **Pulse:** 66 bpm

HPI

This is a pleasant lady is back in today. She continues to have a multitude of complaints of discomfort in her right arm and right leg as well as her neck and back. She has completed the nerve conduction study.

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

Right arm and right leg pain. I reviewed her nerve conduction studies. Lower extremity study is normal. The upper extremities today reveals mild to moderate carpal tunnel syndrome. I discussed with her that her symptoms really don't seem to be consistent with carpal tunnel syndrome. I told her that if she would like she can always get in to see a hand specialist to get their opinion on this. She asked requested to see if physiatry is. We will place his referral for. Total I don't think that she needs any surgical intervention at this point time for her right leg and right arm pain. I told her I think continued exercise and strengthening will help. I think that most of her discomfort is probably muscle ligamentous and will improve with time and the appropriate exercises I told her that I don't need to see her back unless there are any significant changes or problems or she has any concerns.

1. Hip pain
719.45: Pain in joint, pelvic region and thigh
719.46: Pain in joint, lower leg
719.47: Pain in joint, ankle and foot
- ORTHOPAEDIC REFERRAL - Schedule Within: provider's discretion

2. Knee pain
719.46: Pain in joint, lower leg
- Norco 5 mg-325 mg tablet - Take 1 tablet(s) every 6 hours by oral route. Qty: 30 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 4664

3. Joint pain in ankle and foot
719.47: Pain in joint, ankle and foot

4. Sprain of shoulder and upper arm
840.9: Sprains and strains of unspecified site of shoulder and upper arm

Return to Office

HAND OPTIMAL PAIN CONSULTANTS, LLC • 210 Village Center Blvd., Ste 200, MYRTLE BEACH SC 29579 (670)

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

None recorded.

Encounter Sign-Off
Encounter signed-off by James O. Merritt IV., MD, 06/20/2014

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 06/20/2014 at 8:54am

Ann Stevenson 343 #31443

Certification of Health Care Provider for Associate's Serious Health Condition (FMLA)

Associate's Name: Ann Stevenson

Work Location # 586 **Date** 6/4/14

You have requested a leave of absence due to your own serious health condition. In order to consider this request, you must return this form within 15 calendar days. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA Leave request.

FOR COMPLETION BY THE HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient/our associate has requested leave under FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience and examination of the associate. Be as specific as you can; terms such as "lifetime," "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the associate is seeking leave. Please be sure to sign the form on the last page.

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

Provider's name and business address: James O. Merritt IV

Type of practice/Medical specialty: orthopaedic surgeons

Telephone: (843) 236-3222 Fax: (843) 236-3005

PART A: MEDICAL FACTS

1. Approximate date condition commenced: N/a
2. Probable duration of condition: undetermined at this time - further test pending
3. Was the associate admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ☒No ☐Yes
4. Date(s) you treated the associate for this condition: 4/23/13 to present
5. Will the associate need to have treatment visits at least twice per year due to the condition? ☐No ☐Yes
6. Was medication, other than over-the counter medication, prescribed? ☐No ☐Yes
7. Was the associate referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)? ☐No ☒Yes
   If yes, state the nature of such treatments and expected duration of treatment: patient was referred to have an EMG/NCS performed.
8. Is the medical condition pregnancy? ☒No ☐Yes If yes, expected delivery date: _____
9. Use the information provided by Walmart to answer this question. If Walmart does not provide a list of the associate's essential functions or a job description, answer these questions based upon the associate's own description of his/her job functions.
   a. Walmart ___ provided ✓ did not provide a list of essential job functions or a job description.
   b. Is the associate unable to perform any of his/her job functions due to the condition? ☐No ☒Yes
      If yes, identify the job functions the associate is unable to perform:
      limited to work 4 hrs per day/ standing 2 hrs per day/ 10lbs lifting restrictions/ no repetitive movement or gripping with right arm.

10. Other relevant medical facts, if any, related to the condition for which the associate seeks leave. Such medical facts may include:

Diagnosis: (R) leg pain

Symptoms: pain & swelling in right hip, knee, and ankle.

Any regimen of continuing treatment such as the use of specialized equipment:

N/A

PART B: AMOUNT OF LEAVE NEEDED

11. Will the associate be incapacitated (unable to work) for a single continuous period of time due to his/her medical condition, including any time needed for treatment and recovery? ☑No ☐Yes

If yes, estimate the date the associate will first be unable to work (incapacitated begin date) and the date you expect the associate to be able to return to work: From: _____ To: _____

Note: The above dates should reflect the duration of the associate's inability to work, rather than the duration of the condition. Specific dates must be provided, but it is understood that they are estimates and may be subject to change. Words such as "lifetime," "unknown" or "indeterminate" are not sufficient.

12. Will the associate need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the associate's medical condition? ☐No ☑Yes

a. If yes, are the treatments or the reduced number of hours of work medically necessary? ☐ No ☑Yes

b. Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: _____

c. Estimate the part-time or reduced work schedule the associate needs, if any: 4 hour(s) per day; ~~_____ days per week from _____ through _____~~ 2hrs per day standing, 10lb lifting restrictions, no repetitive gripping or use of (R) arm.

13. Will the condition cause episodic flare-ups periodically preventing the associate from performing his/her job functions? ☐No ☐Yes undetermined at this time.

a. If yes, is it medically necessary for the associate to be absent from work during flare-ups? ☐ No ☐ Yes

If yes, please explain: _____

b. Based upon the associate's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the associate may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)
Duration: _____ hours or _____ day(s) per episode

PART C: ADDITIONAL INFORMATION

If there is any additional information to support the associate's need for leave, please indicate such information below and identify the question number with your additional answer.

PART D: SIGNATURES

Signature of Health Care Provider

5/29/14
Date

Ann Stevenson 345 #31443

Certification of Health Care Provider for Associate's Serious Health Condition (FMLA)

Associate's Name: Ann Stevenson

Work Location # 586 **Date** 6/4/14

You have requested a leave of absence due to your own serious health condition. In order to consider this request, you must return this form within 15 calendar days. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA Leave request.

FOR COMPLETION BY THE HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient/our associate has requested leave under FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience and examination of the associate. Be as specific as you can; terms such as "lifetime," "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the associate is seeking leave. Please be sure to sign the form on the last page.

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

Provider's name and business address: James O. Merritt IV

Type of practice/Medical specialty: orthopaedic surgeons

Telephone: (843) 236-3222 Fax: (843) 236-3005

PART A: MEDICAL FACTS

1. Approximate date condition commenced: N/a
2. Probable duration of condition: undetermined at this time - further test pending
3. Was the associate admitted for an overnight stay in a hospital, hospice, or residential medical care facility? ☒No ☐Yes
4. Date(s) you treated the associate for this condition: 4/23/13 to present
5. Will the associate need to have treatment visits at least twice per year due to the condition? ☐No ☐Yes
6. Was medication, other than over-the counter medication, prescribed? ☐No ☐Yes
7. Was the associate referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)? ☐No ☒Yes
   If yes, state the nature of such treatments and expected duration of treatment: patient was referred to have an EMG/NCS performed.
8. Is the medical condition pregnancy? ☒No ☐Yes If yes, expected delivery date: _____
9. Use the information provided by Walmart to answer this question. If Walmart does not provide a list of the associate's essential functions or a job description, answer these questions based upon the associate's own description of his/her job functions.
   a. Walmart ___ provided ✓ did not provide a list of essential job functions or a job description.
   b. Is the associate unable to perform any of his/her job functions due to the condition? ☐No ☒Yes
      If yes, identify the job functions the associate is unable to perform: ~~limited to work 4hrs per day/ standing 2hrs per day/~~ 10lbs lifting restrictions/ no repetitive movement or gripping with right arm.

9 1C

346

10. Other relevant medical facts, if any, related to the condition for which the associate seeks leave. Such medical facts may include:

Diagnosis: (R) leg pain

Symptoms: pain & swelling in right hip, knee, and ankle.

Any regimen of continuing treatment such as the use of specialized equipment:

N/A

PART B: AMOUNT OF LEAVE NEEDED

11. Will the associate be incapacitated (unable to work) for a single continuous period of time due to his/her medical condition, including any time needed for treatment and recovery? ☑No ☐Yes

If yes, estimate the date the associate will first be unable to work (incapacitated begin date) and the date you expect the associate to be able to return to work: From: _____ To: _____

Note: The above dates should reflect the duration of the associate's inability to work, rather than the duration of the condition. Specific dates must be provided, but it is understood that they are estimates and may be subject to change. Words such as "lifetime," "unknown" or "indeterminate" are not sufficient.

12. Will the associate need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the associate's medical condition? ☐No ☑Yes

a. If yes, are the treatments or the reduced number of hours of work medically necessary? ☐ No ☑Yes

b. Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period: _____

c. Estimate the part-time or reduced work schedule the associate needs, if any: 4 hour(s) per day; ~~_____ days per week from _____ through _____~~ 2hrs per day standing, 10lb lifting restrictions, no repetitive gripping or use of (R) arm.

13. Will the condition cause episodic flare-ups periodically preventing the associate from performing his/her job functions? ☐No ☐Yes undetermined at this time.

a. If yes, is it medically necessary for the associate to be absent from work during flare-ups? ☐ No ☐ Yes

If yes, please explain: _____

b. Based upon the associate's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the associate may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)
Duration: _____ hours or _____ day(s) per episode

PART C: ADDITIONAL INFORMATION

If there is any additional information to support the associate's need for leave, please indicate such information below and identify the question number with your additional answer.

_____

_____

PART D: SIGNATURES

_____
Signature of Health Care Provider

5/29/14
Date

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

STRAND ORTHOPAEDIC CONSULTANTS

Durable Medical Equipment Order

05/23/2014

Prescriber	Supplier
JAMES O. MERRITT, IV., MD SOC 210 Village Center Blvd., Ste 200 MYRTLE BEACH, SC 29579-6706 Phone: (843) 236-3222 Fax: (843) 236-3005	

Patient Information

Patient Name	STEVENSON, ANN W
Sex - DOB - Age	F 05/19/1956 58 YR
Address	2261 GREENLEAF DRIVE CONWAY, SC 29526-9303
Phone	H: (843) 347-5151 M: (843) 454-6186
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

DME Order Information

Applicable Diagnoses	Hip pain ICD-9: 719.45: Pain in joint, pelvic region and thigh; 719.46: Pain in joint, lower leg; 719.47: Pain in joint, ankle and foot
Supply	TENS UNIT
Quantity	1
Sig	Patient would like the script for TENS UNITS SUPPLIES ONLY
Notes	Patient would like the script for TENS UNITS SUPPLIES ONLY

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

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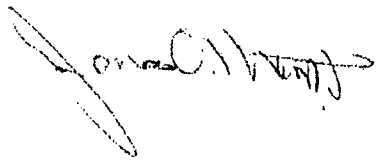
STEVENSON, ANN W (id #231443, dob: 05/19/1956)



Electronically ordered/documented by: JAMES O. MERRITT, IV., MD

Prescription is void if more than one (1) prescription is written per blank.

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

EPINEPHRINE

Past Medical History

Discussed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

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

Social History

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

Vitals

05/22/2014 4:23 pm

Ht: 5 ft 4 in **Wt:** 192 lbs **BMI:** 33

BP: 124/77 sitting L wrist **Pulse:** 76 bpm

HPI

This is a pleasant lady is in today for follow-up of her right leg. She continues to report pain in her right upper extremity. I think I believe she is seeing another physician for this. She is also contained have pain and swelling in the hip knee and ankle. She is now walking with no assistive device. She is very concerned regarding nerve damage in her leg giving her some of this pain.

ROS

None recorded.

Physical Exam

Patient is a 58-year-old female.

On exam she has a much improved gait from her last visit. There may be mild swelling in the leg. There is normal alignment of her knee and leg. She does not have any obvious deficits.

Assessment / Plan

Right leg pain. I have told her given her continued pain I don't have a problem checking a nerve conduction study. We'll see if and get this is done. If this is unremarkable again I think she would be at maximal medical improvement. We will keep her working injections as they were before.

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

- TENS UNIT - 1 TENS UNIT - Use as directed Qty: 1 Unit Refills: 0 Supplier: N/A
- ELECTROMYOGRAM (EMG) - Note to Imaging Facility: EMG for RIGHT LEG - Dr. Watson

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by James O. Merritt IV., MD, 05/22/2014.

Encounter performed and documented by James O. Merritt IV., MD
Encounter reviewed & signed by James O. Merritt IV., MD on 05/22/2014 at 4:39pm

//

350

STRAND ORTHOPAEDIC CONSULTANTS

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

WORK STATUS REPORT

Patient: Stevenson, Ann W
DOB: 05/19/1956
Address: 2261 Greenleaf Drive
Conway, SC 29526-9303

Date: 05/22/2014
Patient ID: 231443

Note to Patient:

_x__ Was Seen in my office on: ____5/22/14_____

___ Return to my office: _____

____ Release to work: WITHOUT RESTRICTIONS __ Medically Stationary

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

x_ Released to work WITH THE FOLLOWING RESTICTIONS:

_x_ Limited work to _4_ hours a day. Limit to 2 hours of standing.

_x_ No pushing, pulling, or excessive lifting in excess of 10 lbs

___ No twisting, climbing, or stooping

_x_ No repetitive movements or gripping with the right arm.

___ No walking on rough or uneven ground

___ The patient needs walking aid(s)

___ Must wear a splint or brace when working

___ Sedentary work with ability to change positions

___ No kneeling, crawling, or squatting

___ Other - Same Restrictions as before

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

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

112

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

Encounter Summary

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	Appt. Date/Time	03/27/2014 09:15AM
DOB	05/19/1956	Service Dept.	SOC
Provider	KIMBERLEY A. BOWER, PA-C		

Insurance

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

Patient's Care Team

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

Patient's Pharmacies

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

Chief Complaint

neck pain

Problems

Reviewed Problems
- Tarsal tunnel syndrome
- Mononeuritis of lower limb
- Pain in elbow
- Hand joint pain
- Hip pain
- Tenosynovitis of foot
- Plantar fascial fibromatosis
- Sprain of shoulder and upper arm
- Sprain of knee and leg
- Neck sprain
- ~~Strain of neck~~ muscle
- Lumbar sprain

Medications

Reviewed Medications

Name	Date
hydrocodone 5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route.	03/27/14 prescribed
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	08/30/13 prescribed
Skelaxin 800 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed.	03/27/14 prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

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

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

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

Social History

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

Vitals

09/27/2014 10:32 am

Ht: 5 ft 4 in **Wt:** 196 lbs **BMI:** 33.6

BP: 115/76 sitting L wrist **Pulse:** 72 bpm

HPI

Pleasant lady seen by our practice in the past for injuries related to WMC associated with employment at Walmart. Patient has been thru multiple tests and imaging studies. There is no orthopedic intervention needed at this time. However, she started having left sided neck pain unrelieved by Skelaxin. She comes in requesting pain medication. Her neck began hurting yesterday. She thinks it all stems from her previous injury on the right, but the "muscles have all been pulled to one side causing the left to now spasm." She denies numbness or tingling

ROS

Patient reports **muscle aches, muscle weakness, arthralgias/joint pain, and swelling in the extremities** but reports no back pain. She reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. She reports no dry eyes, no irritation, and no vision change. She reports no difficulty hearing and no ear pain. She reports no frequent nosebleeds and no nose/sinus problems. She reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. She reports no cough, no wheezing, no shortness of breath, and no coughing up blood. She reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no abnormal mole, no jaundice, and no rashes. She reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. She reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. She reports no fatigue. She reports no swollen glands and no bruising. She reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 57-year-old female.

Pleasant 57yF. Alert and oriented and in no acute distress.
Walks with a cane. Splint intact to R wrist. Left hand on the neck for pain relief.
Limited ROM secondary to pain in the neck. Painful flexion, extension, and rotation in both directions.
Tenderness over the left paraspinals in the cervical region and the trapezius on the right.
Moves BUE. Sensation intact.

Assessment / Plan

1. cervical strain

1. Strain of neck muscle
847.0: Sprain of neck
- Skelaxin 800 mg tablet - Take 1 tablet(s) 3 times a day by oral route as needed. Qty: 30 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 4664
- hydrocodone 5 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 6 hours by oral route. Qty: 40 tablet(s) Refills:

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

0 Pharmacy: WAL-MART PHARMACY 4664

Discussion

Discussion Notes

Plan:

1. discussed with Dr. Merritt
2. limited orthopedic needs at this time
3. provided prescriptions for hydrocodone 5/325 #40 and skelaxin 800mg #30
4. continue with scheduled appt next week for Independent Medical Evaluation with Dr. Haskins

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Kimberley A. Bower, PA-C, 03/27/2014.

Encounter performed and documented by Kimberley A. Bower, PA-C

Encounter reviewed & signed by Kimberley A. Bower, PA-C on 03/27/2014 at 3:21pm

354 231443 5.1956
2.15.14

Walmart
Save money. Live better

Medical Questionnaire

Patient Name: Ann Stevenson **Job Title:** _____
Facility #: _____ **City/State:** _____

Dear Medical Provider:

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

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

1. Diagnosis:

Shoulder, H.p, Ankle Pain

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

3. Describe how the condition specifically limits or impairs this patient (be as specific as possible):

patient has pain due to certain activities

4. Expected duration of any limitations or impairments:
☐ _____ Days ☐ _____ Weeks ☐ _____ Months ☐ _____ Years ☑ Chronic _____ ☐ Other _____

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

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

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

Limit work to 4hrs/day. No repetitive (R) arm activity. limit standing 2hrs/day. Do not lift 10lbs. Help with other activities that cause pain

Physician's Signature: _____ Date: 2-15-14

Physician's Name (Print): James Merritt
Address: 210 Lilly Ridge Blvd
City/State/Zip: Mc SC 29579 Telephone Number: 843-236-3222

116

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Center Road, Ste 200, MYRTLE BEACH SC 29579-6705

Search

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

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

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

Social History

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

Vitals

02/05/2014 04:25 pm

Ht: 5 ft 4 in **Wt:** 196 lbs **BMI:** 33.6

BP: 137/81 sitting L wrist **Pulse:** 69 bpm

HPI

Foot

Reported by patient.

Location: right
Quality: aching; burning
Severity: moderate
Duration: ___ months
Timing: chronic
Associated Symptoms: **numbness**
Previous Surgery: none
Prior Imaging: x ray

Numerous complaints regarding numbness and pain of the right foot. The patient's complaint seems similar to her previous complaints at previous visits. Patient also has complaints regarding her hands. She has obtained an ultrasound machine that she believes is improving her symproms. She has asked me to modify the work restrictions that Dr. Merritt has placed her on. She has also requested a renewal of her handicap placard.

ROS

None recorded.

Physical Exam

Patient is a 57-year-old female.

Constitutional: General Appearance: healthy-appearing, NAD, and **overweight**.

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

Cardiovascular System: Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Edema Right: **pedal 2+**. Varicosities Right: capillary refill test normal and **varicosities**.

Gait and Station: Appearance: **antalgic gait** and **ambulating with cane**.

Ankles and Feet: Inspection Right: no erythema, induration, warmth, or deformity and normal alignment and **swelling**. Inspection of the Toes Right: no callus, claw toes, or hammer toes.

Neurological System: Sensation on the Right: **Patient is hypersensitive throughout the right lower extremity with palpation. She reports some subjective decreased light touch sensation along the lateral border of the foot near the fifth toe. She also reports some subjective decreased light touch sensation underlying the hallux. She is hypersensitive with palpation along the sural nerve, saphenous nerve, superficial peroneal nerve, and tibial nerves.**

Assessment / Plan

Right foot peripheral neuritis

[illegible] ORTHOPEDIC CONSULTANTS, LLC - 210 VILLAGE
[illegible] 200, MYRTLE BEACH, SC 29579-9791

Search

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

Encounter Summary

Last amended by Alexander J. Pappas, MD on 02/05/2014 at 5:59pm

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	Appt. Date/Time	02/05/2014 04:00PM
DOB	05/19/1956	Service Dept.	SOC
Provider	ALEXANDER J. PAPPAS, MD		

Insurance

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

Patient's Care Team

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

Patient's Pharmacies

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

Chief Complaint

foot pain

Problems

Reviewed Problems
Pain in elbow
Hand joint pain
Hip pain
Plantar fascial fibromatosis
Sprain of shoulder and upper arm
Tenosynovitis of foot
Tarsal tunnel syndrome
Sprain of knee and leg
Lumbar sprain
~~Neck sprain~~
Mononeuritis of lower limb

Medications

Reviewed Medications

Name	Date
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	08/30/13 prescribed
Skelaxin 800 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed.	01/22/14 prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

[illegible] ORTHOPAEDIC CONSULTANTS, LLC • 210 Village
[illegible] Ste 200, MYRTLE BEACH SC 29579-6706

Search

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

1. Mononeuritis of lower limb
355.8: Mononeuritis of lower limb, unspecified

Discussion
Discussion Notes

After an extensive discussion of her numerous issues, I recommended a referral to a neurologist to evaluate the patient regarding the hypersensitivity and discomfort throughout the entire foot and ankle. I discussed with her that she is sensitive over multiple nerve branches. No ne of her findings are consistent with specific nerve compression.

I reiterated to her multiple times that I will not change her work restrictions.

She has no other pathology that I can determine on exam. She has no deformity of her foot on exam. Discussed with her there is really nothing else I can offer from an orthopaedic standpoint. There is no need for her to follow with me in the future for problems related to her foot. She can seek further treatment of her foot by an alternative provider.

Return to Office
None recorded.

Amendment Sign-Off
Encounter signed-off by Alexander J. Pappas, MD, 02/05/2014

Encounter performed and documented by Alexander J. Pappas, MD
Encounter reviewed & signed by Alexander J. Pappas, MD on 02/05/2014 at 5:57pm
Amendment closed by Alexander J. Pappas, MD on 02/05/2014 at 5:59pm

[illegible] ORTHOPAEDIC CONSULTANTS, LLC • 210 Village
[illegible] 200, MYRTLE BEACH, SC 29579-9705

Search

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

Encounter Summary

Last amended by Alexander J. Pappas, MD on 02/05/2014 at 5:59pm

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	Appt. Date/Time	02/06/2014 04:00PM
DOB	05/19/1956	Service Dept.	SOC
Provider	ALEXANDER J. PAPPAS, MD		

Insurance

Med Primary: *SELF PAY*
Med Worker's Comp: ARKANSAS CLAIMS MANAGEMENT - CMI - WALMART
Policy/Group # : 251805185
Employer Name : WALMART
Case # : 6815476
Case Injury Date : 02/16/2013
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Employer Name : WALMART
Case # : OCM251805185
Case Injury Date : 02/16/2013
Prescription: ESI1 - Member is eligible.

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Insurance Adjuster (Worker's Comp): HANNA WILEY: Ph (800) 527-0566X20748, Fax (479) 273-8052
Referring Provider (Worker's Comp): MERRITT, JAMES O, MD: 210 VILLAGE CENTER BOULEVARD, MYRTLE BEACH, SC 29579, Ph (843) 236-3222, Fax (843) 236-3005

Patient's Pharmacies

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

Chief Complaint

foot pain

Problems

Reviewed Problems
Pain in elbow
Hand joint pain
Hip pain
Plantar fascial fibromatosis
Sprain of shoulder and upper arm
Tenosynovitis of foot
Tarsal tunnel syndrome
Sprain of knee and leg
Lumbar sprain
~~Neck sprain~~
Mononeuritis of lower limb

Medications

Reviewed Medications

Name	Date
Lortab 5 mg-500 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	08/30/13 prescribed
Skelaxin 800 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed.	01/22/14 prescribed

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

[illegible] ORTHOPAEDIC CONSULTANTS, LLC • [illegible]
[illegible] Ste 200, MYRTLE BEACH SC 29572 6726

Search

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

Reviewed Surgical History
Other - tonsilectomy as a child

Family History

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

Social History

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

Vitals

~~6/26/2014~~ 04:25 pm

Ht: 5 ft 4 in **Wt:** 196 lbs **BMI:** 33.6

BP: 137/81 sitting L wrist **Pulse:** 69 bpm

HPI

Foot

Reported by patient.

Location: right
Quality: aching; burning
Severity: moderate
Duration: ___ months
Timing: chronic
Associated Symptoms: **numbness**
Previous Surgery: none
Prior Imaging: x ray

Numerous complaints regarding numbness and pain of the right foot. The patient's complaint seems similar to her previous complaints at previous visits. Patient also has complaints regarding her hands. She has obtained an ultrasound machine that she believes is improving her symproms. She has asked me to modify the work restrictions that Dr. Merritt has placed her on. She has also requested a renewal of her handicap placard.

ROS

None recorded.

Physical Exam

Patient is a 57-year-old female.

Constitutional: General Appearance: healthy-appearing, NAD, and **overweight.**

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

Cardiovascular System: Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Edema Right: **pedal 2+.** Varicosities Right: capillary refill test normal and **varicosities.**

Gait and Station: Appearance: **antalgic gait** and **ambulating with cane**.

Ankles and Feet: Inspection Right: no erythema, induration, warmth, or deformity and normal alignment and **swelling.** Inspection of the Toes Right: no callus, claw toes, or hammer toes.

Neurological System: Sensation on the Right: **Patient is hypersensitive throughout the right lower extremity with palpation. She reports some subjective decreased light touch sensation along the lateral border of the foot near the fifth toe. She also reports some subjective decreased light touch sensation underlying the hallux. She is hypersensitive with palpation along the sural nerve, saphenous nerve, superficial peroneal nerve, and tibial nerves.**.

Assessment / Plan

Right foot peripheral neuritis

STRAND ORTHOPAEDIC CONSULTANTS, LLC • 210 Village
Rd., Ste 200, MYRTLE BEACH SC 29579-6708

Search

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

1. **Mononeuritis of lower limb**
   355.8: Mononeuritis of lower limb, unspecified

Discussion
Discussion Notes

After an extensive discussion of her numerous issues, I recommended a referral to a neurologist to evaluate the patient regarding the hypersensitivity and discomfort throughout the entire foot and ankle. I discussed with her that she is sensitive over multiple nerve branches. No ne of her findings are consistent with specific nerve compression.

I reiterated to her multiple times that I will not change her work restrictions.

She has no other pathology that I can determine on exam. She has no deformity of her foot on exam. Discussed with her there is really nothing else I can offer from an orthopaedic standpoint. There is no need for her to follow with me in the future for problems related to her foot. She can seek further treatment of her foot by an alternative provider.

Return to Office
None recorded.

Amendment Sign-Off
Encounter signed-off by Alexander J. Pappas, MD, 02/05/2014.

Encounter performed and documented by Alexander J. Pappas, MD
Encounter reviewed & signed by Alexander J. Pappas, MD on 02/05/2014 at 5:57pm
Amendment closed by Alexander J. Pappas, MD on 02/05/2014 at 5:59pm

Walmart
Save money. Live better.

361

Medical Questionnaire

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

Dear Medical Provider:

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

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

1. Diagnosis: ~~Cancer~~ Strained Hip, Pulled Strain

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

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

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

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

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

6. Please describe in specific detail how each major life activity checked above is affected. (Quantifiable measures such as *"can only stand for 10 minutes out of every hour"* or *"can lift up to 10 pounds frequently"* are helpful. Vague statements such as *"cannot stand/walk for long/prolonged periods of time"* or *"cannot lift heavy items"* are not helpful and will delay the process since we will need to request additional information before deciding your patient's request.)
Limit work to 4hrs/day, Repetitive R arm activity
Limit Standing 2hrs/day, Do not lift 10lbs
Help with other activities that cause pain

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

Physician's Name (Print): James D. Merritt
Address: 210 Village Center Blvd. Ste 200
City/State/Zip: Myrtle Beach SC 29579 Telephone Number: (843)236-3223

Revised June 10, 2011

12
72

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

Encounter Summary

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	Appt. Date/Time	01/09/2014 10:45AM
DOB	05/19/1956	Service Dept.	SOC
Provider	JAMES O. MERRITT, IV., MD		

Insurance

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

Patient's Care Team

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

Patient's Pharmacies

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

Chief Complaint

Right hip pain

Problems

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

Medications

Reviewed Medications

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

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History

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

Other - tonsilectomy as a child

Family History

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

Social History

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

Vitals

01/09/2014 11:00 am

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

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

HPI

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

ROS

None recorded.

Physical Exam

None recorded.

Assessment / Plan

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

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

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

Return to Office

None recorded.

Encounter Sign-Off

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

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

364

STRAND ORTHOPAEDIC CONSULTANTS

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

WORK STATUS REPORT

Patient: Stevenson, Ann W
DOB: 05/19/1956
Address: 2261 Greenleaf Drive
Conway, SC 29526

Date: 12/27/2013
Patient ID: 231443

Note to Patient:

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

___ Release to work: WITHOUT RESTRICTIONS __ Medically Stationary

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

_x__ Released to work WITH THE FOLLOWING RESTICTIONS:

- _x__ Limited work to _4_ hours a day. Limit to 2 hours standing.
- _x__ No pushing, pulling, or excessive lifting in excess of _10_ lbs
- ___ No twisting, climbing, or stooping
- _x__ No repetitive movements or gripping with the RIGHT ARM
- ___ No walking on rough or uneven ground
- ___ The patient needs walking aid(s)
- ___ Must wear a splint or brace when working
- ___ Sedentary work with ability to change positions
- ___ No kneeling, crawling, or squatting
- ___ Other

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

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

505

Search

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

Encounter Summary

Patient

Name	STEVENSON, ANN (57, F) ID# 231443	Appt. Date/Time	12/27/2013 11:30AM
DOB	05/19/1956	Service Dept.	SOC
Provider	JAMES O. MERRITT, IV., MD		

Insurance

Med Primary: *SELF PAY*
Med Worker's Comp: ARKANSAS CLAIMS MANAGEMENT - CMI - WALMART
Policy/Group # : 251805185
Employer Name : WALMART
Case # : 6815476
Case Injury Date : 02/16/2013
Med Worker's Comp: ONE CALL CARE MANAGEMENT
Policy/Group # : OCM251805185
Referring Provider Name : MERRITT, JAMES O, MD
Employer Name : WALMART
Case # : OCM251805185
Case Injury Date : 02/16/2013
Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Patient's Care Team

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

Patient's Pharmacies

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

Chief Complaint

F/U
Followup: Sprain of knee and leg

Problems

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

Medications

Reviewed Medications

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

Allergies

Reviewed Allergies
EPINEPHRINE

Past Medical History

Reviewed Past Medical History

Surgical History

366

Search

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

Encounter reviewed & signed by James O. Merritt IV., MD on 12/27/2013 at 12:03pm

367

COASTAL
ORTHOPEDICS
Specializing in You

Ann Stevenson
Date: **4/2/2014**
Case No. **210630**
DOB: **5-19-1956**

CHIEF COMPLAINT: Both hands hurt

PRESENT ILLNESS: 57-year-old white female is right-hand dominant is seen today for independent medical evaluation regarding the right hand and forearm, and the left thumb. The patient fell on February 16, 2013 onto her outstretched right hand. The injury occurred at her place of employment. The patient has brought with her a video, which we have not reviewed, and photographic reprints that show a person apparently falling forward and catching there right hand on a trash can looking object.

The patient has been seen and strand orthopedics with multiple body part complaints. She reports, and records confirm, that she was seen at doctor's care on February 22, 2013, regarding her right hand. X-rays were obtained that time.

Patient reports that since her injury she has complained of severe pain in the right forearm. She is also lately noted some swelling in her left palm. She points to the IP joint of her left palm is a site of her problem.

As regards the right hand. She complains of diffuse pain about the volar and dorsal aspects of the forearm, hand and wrist. She does not localize pain dating is certain area. She does not describe any nocturnal symptoms. She does not describe any paresthesias.

The patient had electrodiagnostic studies performed at rehabilitation medicine services, in Wilmington, North Carolina. The report is dated August 1, 2012. However, the patient reports, that the report was generated in 2013. It is much is the report refers to the injury of February 2013, I believe the date on the report itself is an error. We will work on the assumption that the diagnostic test was performed on August 1, 2013. That report shows bilateral carpal tunnel syndrome.

When asked about seeking treatment for her right hand, that the patient reports she's been unable to use without severe pain, she reports that she keeps waiting for "them", 2 arthritis treatment.

MEDICAL HISTORY: Not listed.

SURGICAL HISTORY: Tonsillectomy

368

MEDICATIONS: Lortab when necessary.

ALLERGIES: NKDA.

SOCIAL HISTORY: The patient is employed as a pharmacist.

REVIEW OF SYSTEMS: Documented in the chart, noted, and known by primary care practitioner.

PHYSICAL EXAMINATION:

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

HEENT: Normal for age. Sclerae Clear.

NECK: Supple. Trachea midline. No thyromegaly.

ORTHOPEDIC EXAM: Pleasant white female who is cooperative exam. She holds her right forearm and a position of "protection,". She has no swelling heat or erythema. Full range of motion of wrist and fingers. She has very weak, and exaggerated tenderness to palpation over much of her forearm, hand and fingers.

Examination left thumb reveals no swelling heat or erythema. Negative grind test of the basal joint. She has vague areas of tenderness to palpation about the thumb. No triggering. Neurocirculatory exam is normal.

Phalen's testing is negative bilaterally, although the patient grimaces her eyes and complains of severe pain when closing her hand into a composite fist and gently flexing her wrist bilaterally. She became tearful during a Phalen's test.

IMAGING/LABS: Electrodiagnostic studies as described above.

X-rays of both hands from January of 2014 are reviewed. There are mild degenerative changes in the left wrist with some cystic changes in the carpal navicular. X-rays of the right hand are normal. X-rays of the right hand from February of 2013 performed at doctor's care, are also normal..

IMPRESSION: Bilateral hand pain of unknown etiology

PLAN: The patient has absolutely no symptoms compatible with the diagnosed carpal tunnel syndrome. I would recommended electrodiagnostic studies be repeated. If repeat electrodiagnostic studies are confirmatory for right carpal tunnel syndrome, and she had an injury to the right hand, then the carpal tunnel syndrome would be related to her fall. However, I do not see where she ever had any injury to the left hand, and carpal tunnel syndrome in the left hand but not be related. If her repeat

369

electrodiagnostic studies are normal, then I do not believe any treatment is necessary and she can be released without restriction.

However, given her exaggerated pain response and posturing, I am doubtful that any treatment is going to effect a good outcome for this patient.

J. Stewart Haskin Jr., M.D.

Fee: Carter Martling
CV: None.

390

COASTAL ELECTRODIAGNOSTICS

A division of Coastal Orthopedics

Name: ANN STEVENSON Date: 4/14/14 Chart: 210630

ELECTROMYOGRAPHIC REPORT

MUSCLE	INNERVATION	POSITIVE WAVES	FIBRIL-ATION	FASCIC-ULATION	MOTOR UNIT ACTION POTENTIALS
Left					
Deltoid	Axillary C56	0	0	0	Normal no., amp. & duration
Biceps	Musculocut. C56	0	0	0	
Triceps	Radial C78	0	0	0	
Pronator Teres	Median C67	0	0	0	
First Dorsal Interosseous	Ulnar C8T1	0	0	0	
Opponens Pollicis	Median C8T1	0	0	0	
Right					
Deltoid	Axillary C56	0	0	0	Normal no., amp. & duration
Biceps	Musculocut. C56	0	0	0	
Triceps	Radial C78	0	0	0	
Pronator Teres	Median C67	0	0	0	
First Dorsal Interosseous	Ulnar C8T1	0	0	0	
Opponens Pollicis	Median C8T1	0	0	0	

NERVE CONDUCTION VELOCITIES

NERVE	DISTAL LATENCY MILLISECONDS	NL	AMPLITUDE mV or mcv	NL	CONDUCTION VELOCITY METERS PER SECOND	NL
Left						
Median Motor	3.8	<4.3	9.4	3-6		>50
Median Sensory	3.9	<3.6	47.7	>25		
Ulnar Motor	3.5	<4.3	3.0	3-5		
Ulnar Sensory	3.4	<3.6	18.0	>15		
Right						
Median Motor	4.7	<4.3	5.9	3-6		>50
Median Sensory	4.2	<3.6	72.7	>25		
Ulnar Motor	3.3	<4.3	6.9	3-5		
Ulnar Sensory	3.2	<3.6	21.3	>15		

Temp 32°C bilateral upper extremities after warming

IMPRESSION:

1) **ABNORMAL STUDY.**
2) **ELECTRODIAGNOSTIC EVIDENCE OF MODERATE RIGHT AND MILD LEFT CARPAL TUNNEL SYNDROME.**
3) **NO ELECTRODIAGNOSTIC EVIDENCE OF CERVICAL RADICULOPATHY, ULNAR NEUROPATHY, PLEXOPATHY, MYOPATHY.**

ERIN WATSON, M.D.

EW/dsh

2378 Cypress Circle, Suite 300 • Conway, SC 29526
843-347-7222 • FAX 843-347-3305

Subject: Fw: different doctor for treatment followup
From: "ANN STEVENSON" <ASTEVEN@sccoast.net>
Date: 3/16/2013 3:45 PM
To: "Barbara Cowan" <Barbara.Cowan@cmiw.com>

Hi,
I forgot to ask you to send the new doctor copies of the 2 videos so he will be able to see what and how the injury is and why it is progressing in the way it is and so he will have the knowledge necessary to treat my injuries.
Thank you,
Ann
----- Original Message -----
From: ANN STEVENSON
To: Barbara Cowan
Sent: Saturday, March 16, 2013 1:54 PM
Subject: Re: different doctor for treatment followup

Hi,
I want to see a different doctor at the location where I have physical therapy which is still doctors care. I left a message for someone to let me know of one at doctors care that has more "interest" in smooth muscle damage treatment.
I have a PT pain appointment on Wed, March 20 and would like to see the regular doctor there after therapy but I need you to set it up.
Thank you,
Ann

----- Original Message -----
From: Barbara Cowan
To: ANN STEVENSON
Sent: Friday, March 15, 2013 12:56 PM
Subject: RE: different doctor for treatment followup

I understand. I spoke with Dr. Scott today. He will clarify your restrictions and fax me an addendum to yesterday's work status note. I will let you know what he sends as soon as I receive it.

Do you feel that you can work your full shifts?

Because the doctor listed a 7 hr shift, I also figured your TTD (temporary total disability) in case you are taken out of work either full time or partial hours. Your average weekly wage was $2,246.83 over the four quarters prior to your injury. Your weekly comp rate (figured at .6667 x $2,246.83) is $1,497.96. There is a state maximum of $743.72 TTD per week. If you are taken out of work you would received $743.72/weekly from workers' comp. If you work partial hours then I would figure that amount on a weekly basis depending on how many hours you were scheduled for, not to exceed the state maximum.

I am working on getting you into an orthopaedic and will let you know as soon as I can get that set up.

Thank you for keeping me updated,

Barbara Cowan
Case Manager, SC
Phone 479.621.2900 ext 20746
Fax 479.273.8058
barbara.cowan@cmiw.com
Claims Management, Inc.
PO Box 1288

Bentonville, AR 72712-1288
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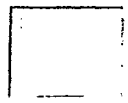

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Friday, March 15, 2013 11:38 AM
To: Barbara Cowan
Subject: Re: different doctor for treatment followup

Hi,
Yesterday's activities.. or I would not have gone back to the doctor were triggered because I was told I needed to get an accomodation by a supervisor..... so I went back to dr... saw the wrong one the only one who further restricted my schedule instead of giving me the accomodation I had asked for. Most of my scheduled days are 8 to 10 hours, he wanted to restrict me to 6 and settled for 7. That is my current problem..... my acting supervisor was going to try and schedule me every other day.. and has bounced this problem up the line.
Thank you,
Ann

----- Original Message -----
From: Barbara Cowan
To: ANN STEVENSON
Sent: Friday, March 15, 2013 10:05 AM
Subject: RE: different doctor for treatment followup

Ann.
I did say that you can only see the doctor at Doctors Care. This is your authorized treating physician unless you are referred to a different specialty.

I cannot release a copy of any video to you. In addition, your doctor has not expressed any concern with understanding your mode of injury.

Barbara Cowan
Case Manager, SC
Phone 479.621.2900 ext 20746
Fax 479.273.8058
barbara.cowan@cmiw.com
Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Friday, March 15, 2013 8:48 AM
To: Barbara Cowan
Subject: Re: different doctor for treatment followup

Hi,
You said I can see only doctors at Doctors Care.
Can I see doctors at the other locations of that chain?
I have explained the reasons why I do not want to see either one of the two (they do not have complete

visits, but stay in with me for about 3 to 7 minutes, so their paperwork takes many times longer than their actual visit with me) that I have seen already. Most of my visits entail me waiting for 2 to 3 hours at their office from entrance to exit which is not comfortable either. There is no comprehensive discussion about what is going on. These visits appear to be nuisances for them and they are unable to explain exactly what is going on. I would prefer to see a doctor that the physical therapist recommends out of that group that may be at the physical therapy location where the physical therapist could actually show the doctor what appears to be happening.

The acting DM is working with corporate on what type of accomodation they can give me or what they'll have to do to me since the doctor wouldn't. I also talked to Billy in security about the video of the injury and he said your group was the one to request it from. Please find out who has it and can you request at copy for me and/or the physical therapist and the new doctor. Evidentally, the two doctors I saw never got a copy of the injury video..... so their perception of what actually happened is clouded with what they think a fall entails. It is their perception that is one of the reasons I am not being treated appropriately. So by not making sure all people treating me are able to see the video, it is hampering my treatment and recovery..... as guesses are taking place.

Since my injury was so fast, I also want to see exactly how it happened. I know "I DID NOT JUST FALL OVER".

I did request they receive a copy so they would have the actual knowledge to understand how the injury occurred and why it is so spread out up and down the right side and onward. When I asked the nurse, she said they have nothing.

Thank you,
Ann

----- Original Message -----
From: Barbara Cowan
To: ANN STEVENSON
Sent: Friday, March 15, 2013 8:57 AM
Subject: RE: different doctor for treatment followup

Ann,

As discussed, the company has choice of physician. You need to continue treating with Doctors Care unless you are referred on to another specialty. If Doctors Care does refer you then that request for authorization will come to me and I will select the doctor within that specialty that you will be referred to.

Your doctor has referred you for a course of physical therapy. The doctor marks the Pt script for the treatment they feel you need. You are welcome and encouraged to discuss all concerns with your treatment with your doctor. This will help them make the best decisions on your care. It is important that you attend all PT appointments to maximize the benefits of the treatment.

The authorized treating doctor will make all decisions on your ability to work. The doctor has indicated that you can work light duty. That being said, it is up to your management on where they need you to work your light duty and what your schedule will be. If you continue to work as a pharmacist or if they have your working in a temporary alternate duty (TAD) is completely up to your management. As discuss, it is very important that you communicate your work restrictions, physical therapy schedule, etc to your manager.

Thank you,

Barbara Cowan
Case Manager, SC
Phone 479.621.2900 ext 20746
Fax 479.273.8058

barbara.cowan@cmiw.com
Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Thursday, March 14, 2013 11:18 AM
To: Barbara Cowan
Subject: Re: different doctor for treatment followup

Hi,

I tried to call you a couple of times. I went and waited, was told the only one to see today was Dr Scott. When I again reinterated that I could not take muscle relaxants at work ..... and needed a work schedule where I had one day off after working so I could take a muscle relaxant after work and be able to sleep without intermittent pain on movement and spasms or tightness after working, which woke me up so that sometimes I wake up 4 or more times in a 6 to 10 hour period of trying to sleep each day after working. Then if I work the next day it is much harder to concentrate and sometimes the pain gradually increases after much repetitive motion so that it is additive and I am sure that is a big reason why I may not be getting better that fast.

The doctor decided to change my muscle relaxant ..... still to take at work..... " to something less sedating".

This is something that is not possible for me to do. Pharmacists are not supposed to take any kind of debilitating drugs while working or before work for many reasons, especially that of patient endangerment (medicine mix-ups and drug interactions which are not caught).

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

I still would like to see a different doctor than those at this practice for my follow-up therapy. The second doctor was antagonized when I asked for prescriptions for what you said the doctor had to write and she was antagonized when she had told me I was to get pain management with ultrasound and did not get it..... you told me she had not prescribed so that was why PT did not do it. I talked to her about that and she had said all PT had to do was call, but it wasn't on the orders. So I had PT fax their records to her before that last appointment.

It would be nice if THE Doctors covered all the aspects of therapy so there was no confusion or mistakes made as to what was going on.

I have been having some difficulty sleeping most nights after working because of the additive repetitive movements and muscle spasms and as such it has affected my work at the pharmacy and pharmacy patients.

Today I will go in to work with about 3 to 4 hours sleep because I got up to go early to Dr since the last wait was about 3 hours(which the DR wait there is typically 2 to 3 hours). I was told to get an accomodation from the Dr if I needed it, but he refused to give it and just told me to continue taking muscle relaxants during working hours. (This even after the above conversation).

I should like to see a doctor who actually understands the injuries (which appear to be

soft tissue) and you had said that SC worker's comp does not allow me to see a chiropractor (which is their specialty). So how can I get a different general doctor for followup.

Not only do I feel that I am not heard, but that my appointments are not thorough with continuing information taken down. I am sure there is no information listed as to daily activities with increasing problems with such as getting in and out of cars, braking and some other things. I do need some time off to go to physical therapy. You already told me I wouldn't be paid for it , so I don't see why the doctor would not write for it.

Thank you,
Ann Stevenson

----- Original Message -----
From: Barbara Cowan
To: asteven@sccoast.net
Sent: Tuesday, March 05, 2013 11:48 AM

Barbara Cowan
Case Manager III, Workers' Compensation SC
Phone 479.621.2900 ext 20746 Fax 479.273.8058
barbara.cowan@cmiw.com

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PO Box 1288
Bentonville, AR 72712-1288
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376

Subject: Re: Hip
From: "ANN STEVENSON" <ASTEVEN@sccoast.net>
Date: [redacted] PM
To: "Hanna Wiley" <Hanna.Wiley@cmiw.com>

Copy

Hanna,
Thank you,
Ann

----- Original Message -----
From: Hanna Wiley
To: Asteven@sccoast.net
Sent: Tuesday, April 16, 2013 11:46 AM
Subject: Hip

Ms Stevenson

After I reviewed you claim, we decided to include the right hip to be a part of this claim.

Please let me know if you have any questions

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
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1

377

Subject: RE: referral

After review of your claim we can cover your right knee, neck, right shoulder, elbow, and hand. At this time no other parts of body will be covered.

From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Wednesday, April 03, 2013 2:40 PM
To: Krystal Rogers
Subject: Re: referral

Krystal,
The damage is the muscles and tendons connecting up and down the leg, knee and hip. Are you saying that after your review you will not cover these?
Thank you,
Ann Stevenson

----- Original Message -----
From: Krystal Rogers
To: ANN STEVENSON
Sent: Wednesday, April 03, 2013 3:29 PM
Subject: RE: referral

I have had a chance to completely review your file. I have spoken to Barbra and we will cover your right knee, neck, right shoulder, elbow, and hand. Those will be the parts of body that will be covered under your work comp claim. Barbra has been instructed to call your treating physician and inform him of this information.
Dr. Merritt should not be completing a medical LOA unless he believes you are physically capable of not working.
I hope I have addressed your concerns. Please let me know if you need anything else

Krystal Rogers Supervisor II, SC Worker's Comp
Phone 479.621.2900 x20740
Fax 479-273-8058
Krystal.Rogers@cmiw.com
Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288
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From: ANN STEVENSON [mailto:asteven@sccoast.net]
Sent: Monday, April 01, 2013 10:26 AM
To: Krystal Rogers
Cc: Cheryl Bosse
Subject: Fw: referral
Importance: High

Hi Krystal,
I would like you to review my entire case along with the doctor's notes on treatment and what areas for x-rays, etc. I have emailed Barbara several times about fixing the referral so I can have the orthopedic treat all of my injuries and not just part of them.
As you can see, this is her last reply. As far as I can tell, she has not looked at doctor encounter notes or

2

378

Subject: Fw: referral
From: "ANN STEVENSON" <ASTEVEN@sccoast.net>
Date: 4/1/2013 11:06 AM
To: "Cheryl Bosse" <cheryl.bosse@wal-mart.com>

Cheryl,
How does this hierchy of workers comp work? Who is the next person up the line and who after that?
If you will read what she sent me this morning you will understand. If you did not get to see the two videos of the injury, you could ask Billy(4664) in security what happened. He saw them both and will know where the start and end of injury due to video.
I do not know what Barbara is doing. Since she supposedly has the videos and would not release them to me, she knows exactly how I was hurt.
I really thought all the problems I had been having with worker's comp and injuries were going to be fixed, once I got to see the specialist.
But restricting me from access to medical treatment for part of the injuries is not going to help me get better.
Can you tell me who I will need to contact at Walmart at each step, until this is resolved? The way I am being treated by this adjuster, when she has the doctor notes from each visit is unbelievable. Maybe she hasn't looked at all the facts, What does she mean by light duty?
Thank you,
Ann
----- Original Message -----
From: Barbara Cowan
To: ANN STEVENSON
Sent: Monday, April 01, 2013 8:50 AM
Subject: RE: referral

Ann,
Compensable body parts:
At your initial office visit you indicated injury to your right upper arm, right elbow and right hand/fingers. When I interviewed you on 2-28-13, 12 days after your injury and plenty of time for any other injures to surface, you indicated that your injuries were to the right hand (especially the right little finger), right arm, neck and right knee. These are the only body parts that are covered in this workers' comp claim.

Work status:
At your initial orthopedic visit on 3-27-13, Dr. Merritt continued your light duty work restrictions of no pushing/pulling/lifting over 10 pounds, no repetitive movements or gripping with the right hand/wrist, limit standing to less than four hours and no overhead activity. You have no other restrictions including no driving restriction. Your employer has offered you full hours light duty giving you the opportunity to work. You have not been authorized out of work by the authorized treating physician. It is my understanding that you have requested a personal medical loa from your employer. This would be something that you would arrange between you and your management. You do not qualify for indemnity benefits from workers' comp because you have not been taken out of work by the authorized treating physician.

Please contact me with any questions or concerns,
Thank you,

Barbara Cowan
Case Manager, SC
Phone 479.621.2900 ext 20746
Fax 479.273.8058
barbara.cowan@cmiw.com
Claims Management, Inc.
PO Box 1288
Bentonville, AR 72712-1288

7

379

Subject: Re: Hip
From: "ANN STEVENSON" <ASTEVEN@sccoast.net>
Date: 4/16/2013 4:19 PM
To: "Hanna Wiley" <Hanna.Wiley@cmiw.com>

Hanna,
Thank you,
Ann

----- Original Message -----
From: Hanna Wiley
To: Asteven@sccoast.net
Sent: Tuesday, April 16, 2013 11:46 AM
Subject: Hip

Ms Stevenson

After I reviewed you claim, we decided to include the right hip to be a part of this claim.

Please let me know if you have any questions

Thank you

Hanna Wiley Case Manager IV
Phone 800.527.0566 ext 20748 Fax 479.273.8058
hanna.wiley@cmiw.com

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Subject: Re: Hip
From: "ANN STEVENSON" <ASTEVEN@sccoast.net>
Date: 4/16/2013 4:19 PM
To: "Hanna Wiley" <Hanna.Wiley@cmiw.com>

Copy

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5

CERTIFICATE OF APPELLANT IN RECORD ON APPEAL

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM APPELLATE PANEL OF THE S.C. WORKER'S COMPENSATION COMMISSION

T. Scott Beck, Commissioner

Melody L. James, Commissioner

Gene McCaskill, Commissioner

WCC File No. 1303465

Appellate Case No. 2016-000790

Ann Stevenson — Claimant/Appellant

vs.

Wal-Mart Stores,Inc., Employer
AND
New Hampshire Insurance Co. — Carrier,
Defendants. Respondents

CERTIFICATE OF APPELLANT

I certify that this Record on Appeal contains only those items from the Respondents' (represented by Mr Baxley, Attorney for the Defendants) and Ann Stevenson's (Appellant)Designated Matter that the Court of Appeals has approved and did not strike that were presented to the Court accordingly. The Record on Appeal does not contain any other material that was not approved by the Court.

August 3, 2017

Ann Stevenson

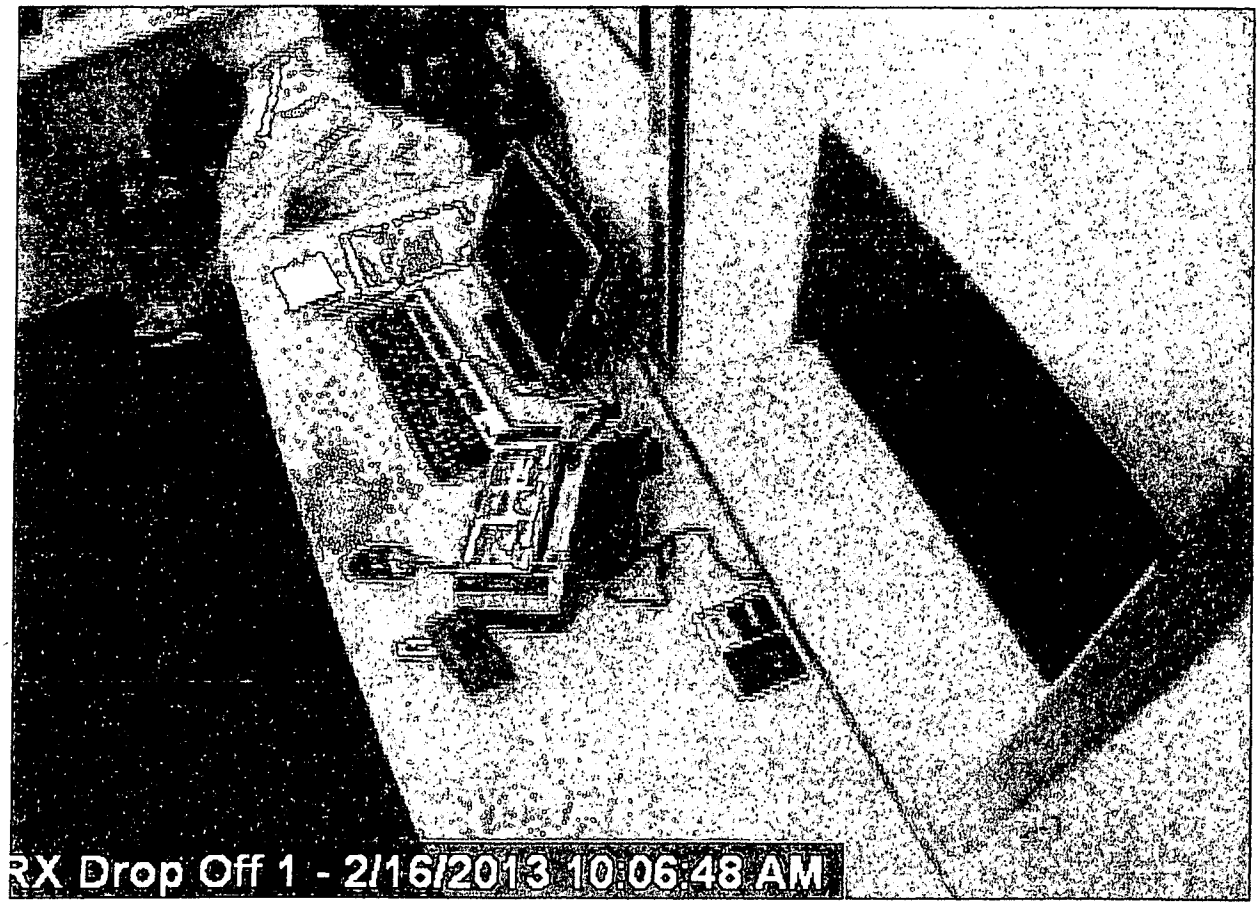
Ann Stevenson, Pro Se
2261 Greenleaf Drive
Conway,S. C. 29526
843-347-5151
Appellant

1A

RX Drop Off 1 - 2/16/2013 10:06:48 AM

A

1B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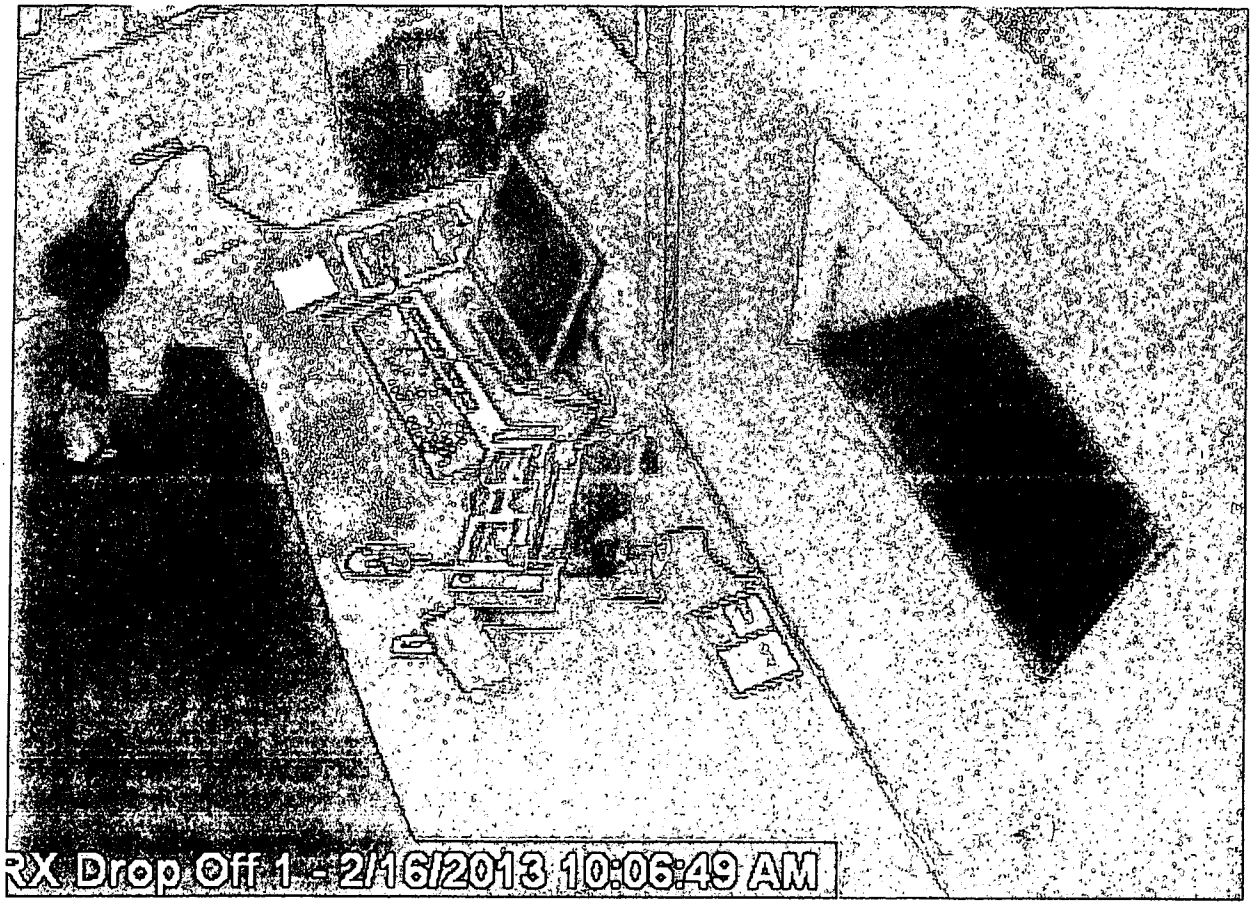
2A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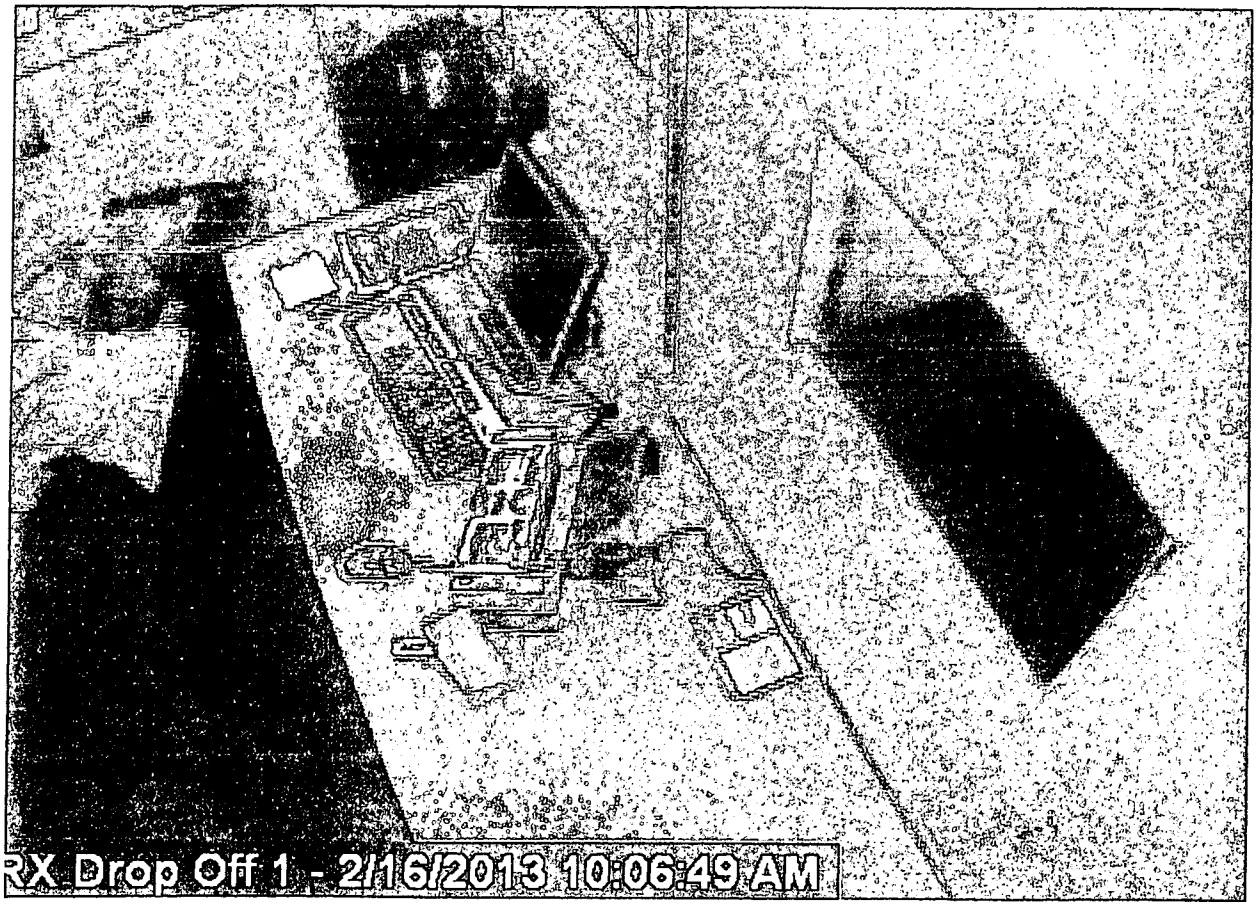
2B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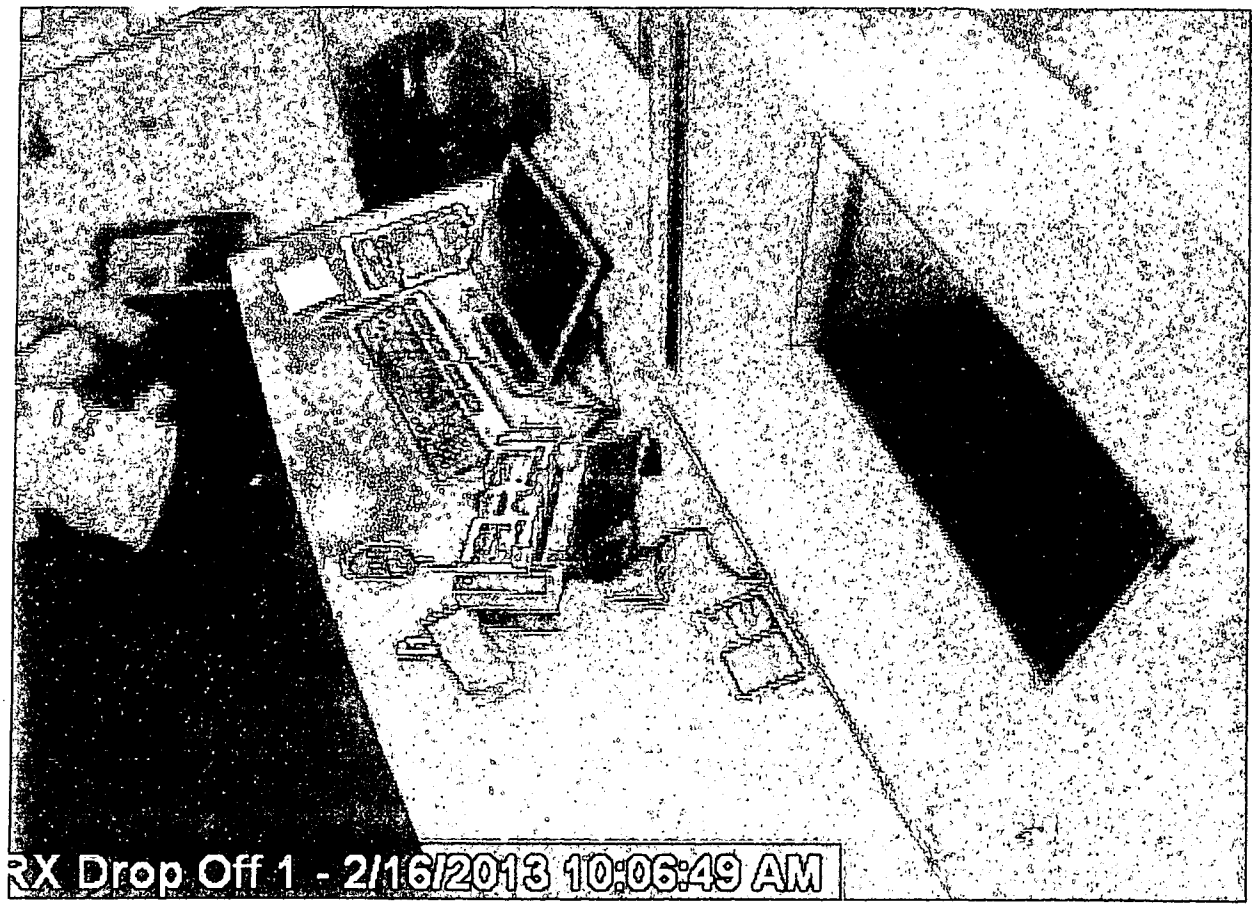
B

3A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A

3B

RX Drop Off 1 - 2/16/2013 10:06:50 AM

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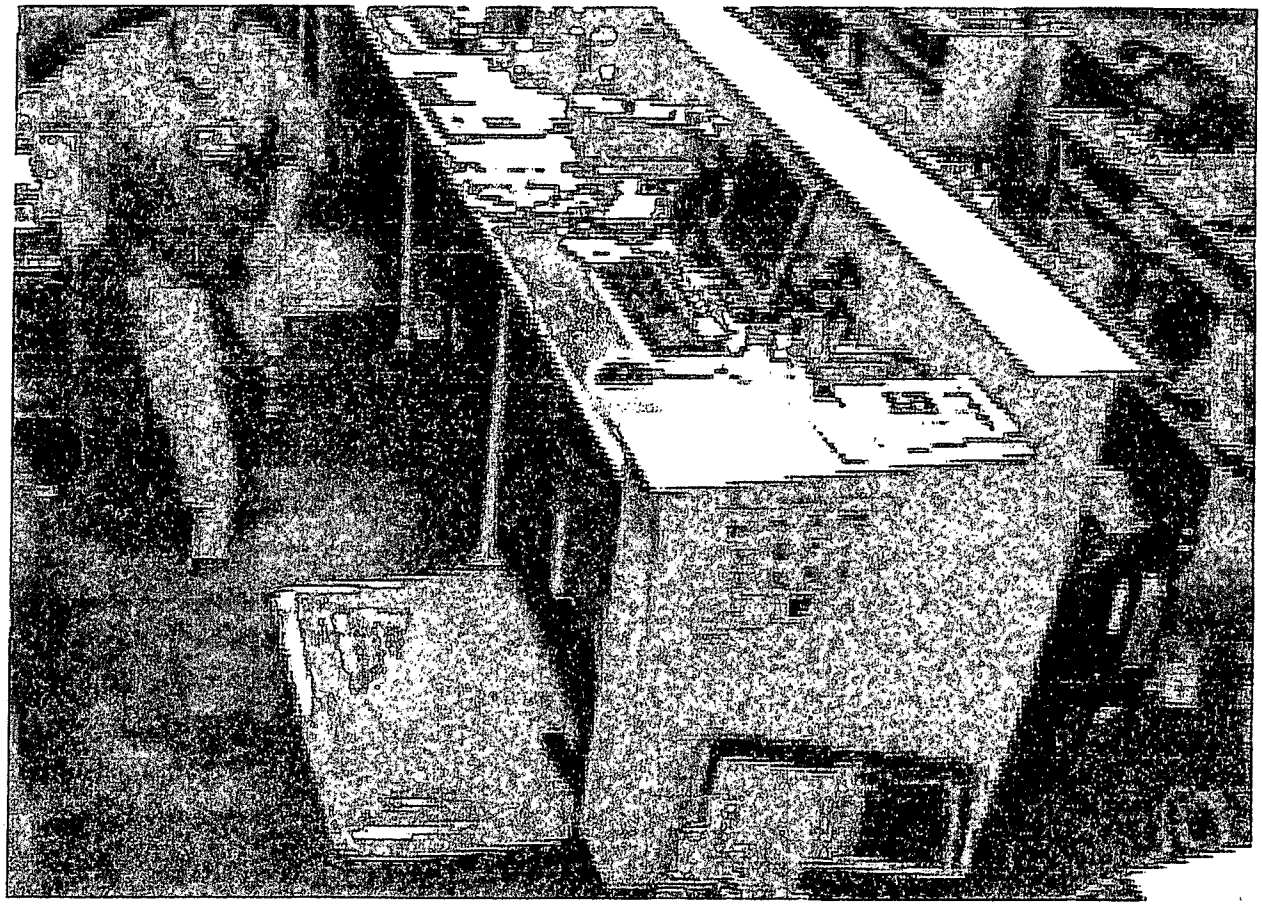
A



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