

ST FRANCIS WOMENS & FAMILY
125 Commonwealth Drive
Greenville, S.C 29615
864-675-4000

RECEIVED

OCT 16 2017

PROGRESS NOTE - SFWFH

SG Court of Appeals

NAME: Alston, Nathaniel	MR: 000781017975
LOC:	ACCT: 000009999997
DOB: 11/24/1972	SEX: PT:
ADMIT:	AGE: 43 MSV:
	DSCH:

PHYSICAL MEDICINE NEURODIAGNOSTICS OFFICE/SPINE TRIAGE CENTER

He has been referred to the Spine Triage Center from the emergency room. He was seen in the emergency room on 03/09/2016 for low back pain.

HISTORY: Mr. Nathaniel Alston is a 43-year-old Iranian male. He has been referred to the Spine Triage Center of St. Francis from the emergency room. He is accompanied by his wife today. Mr. Alston has stated today that he has had low back pain, specifically in the lumbar region of his back, since 12/13/2014. He believes that it may be associated with a work-related injury that happened on that day on 12/13/2014. However, today he chose to use his private insurance and see us today with the understanding that this is not associated with a worker's compensation claim. Mr. Alston states that he went to the emergency room in March because he felt as though his low back pain was worse. He describes his pain as about a 10/10. He underwent x-rays of his lumbar spine while at the emergency room, and we do have those records available for review today. His x-rays were unremarkable in terms of sacrum and coccyx. His x-rays of his lumbar spine showed mild degenerative disk disease at L4-L5. There was no evidence of any facet or sacroiliac arthritis. No fracture, no bony destruction, no malalignment noted. While in the emergency room, he was instructed with some home exercise programs, massage or gentle range of motion. He was given medication for pain for home use. He states he did not get that filled. While in the emergency room, he received Decadron, Robaxin, Tramadol and Aleve. He states that none of those medications seem to make any difference in terms of his low back pain. He denies any bowel or bladder dysfunction. He denies any radiation or long tension signs or symptoms.

PROGRESS NOTE - ST. FRANCIS WOMEN'S AND FAMILY HOSPITAL

Page 1 of 4 Physician copy for (Melissa Richardson, MD)

Name: Alston, Nathaniel
MR: 000781017975

Acct: 000009999997

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PAST MEDICAL HISTORY: Noted for hypertension. He had chest pain in 2013. He has problems with depression and anxiety. He has had 2 work related injuries to shoulders. His right shoulder, he had a work-related injury in 2010, and he received a 41% impairment of the right upper extremity. He made the decision to return back to work around February 2014 driving a truck for a furniture company, moving company, and he would get perform lifting activities during his job. He worked there from February to December 2014, at which time he sustained an injury to his left shoulder. He has been followed by Dr. Paylor for his left shoulder injury. He was last seen, according to the patient, by Dr. Paylor in October 2015. He comes in today with a sling in place on his left upper extremity from his injury from December 2014. I did ask him today if he was allowed to take the sling off. He states that yes he is allowed and that it was encouraged by Dr. Paylor to perform range of motion exercises, but that he felt that it was particularly painful today.

MEDICATIONS

Mr. Alston's current medications include:

1. Lisinopril/hydrochlorothiazide 20-25.
2. He takes diclofenac twice a day from Dr. Paylor for his left shoulder.

ALLERGIES: NONE.

PAST SURGERIES: He had 2 right shoulder surgeries around 2010 with a resulting 41% impairment of the right arm with a 25% impairment whole body.

SOCIAL HISTORY: He is not working currently. He has a 12th grade education. He is married. He smokes half a pack of cigarettes a day, does not drink alcohol. He is able to drive. He is currently using a sling and a TENS unit for his left shoulder. He does not require assistance with his ADLs. He feels worse if he is trying to stand, walk, sit or lie down. He states that he really

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Name: Alston, Nathaniel
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hurts in all positions. He was seen in the past by Piedmont Pain Management back or around 2010. He was seen, I believe, by Dr. Carol Burnette. I think that they saw him up until around March of 2011, specifically for his right upper extremity pain and injury.

PHYSICAL EXAMINATION

VITAL SIGNS: His physical examination today, he is 70.5 inches tall. His weight is 309. His blood pressure is 118/90, pulse is 95.

GENERAL: He is an alert, oriented gentleman, in no acute distress.

EXTREMITIES: He ambulates without an assistive device. He has a TENS unit and a sling on his left upper extremity. The elbow is very flexed and into the chest. I did not remove his sling today.

NEUROLOGIC: He has 5/5 in his right upper extremity muscle groups. I did not test the left upper extremity. His lower extremity hip flexion, knee extension, dorsiflexion, EHL and plantar flexion are all 5/5, but all activities caused pain in his back. With walking, he ambulated again without an assistive device. He had a negative Romberg. Deep tendon reflexes are preserved in the lower extremities. No open wounds. Negative straight leg raise test bilaterally. No pain with Fabere's maneuvers bilaterally, but with soft touch to the lumbar spine region, he winced and complained of pain across the lumbar region and around the waistline bilaterally.

IMPRESSION: Physical exam findings are more consistent with musculoskeletal strain. There are no long tension signs today on exam. No evidence of hip pathology on examination today. I have recommended to the patient that he may try a course of physical therapy to see if this would calm down some of his back pain since he has not responded to any of the medication types that the ER used. He states that he would just like to go see Dr. Loudermilk and Dr. Burnette again to work on his back if at all possible. We will make this referral from the triage center to Dr. Loudermilk's group for consideration of acceptance of Mr. Alston. Mr. Alston states that he also has a worker's compensation hearing next week regarding his injuries from December 2014. I did not prescribe medication. He did not want a referral to physical therapy. He just asked for the referral to the pain management clinic, and we can assist him with making that referral. Mr. Alston is discharged from the spine triage clinic today.

PROGRESS NOTE

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Name: Alston, Nathaniel
MR: 000781017975

Acct: 000009999997

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MRich 4/11/16

Melissa Richardson, MD

This is an unverified document unless signed by physician.

TID: wmx
JOB: 484429

DIC ID: 020894
DOC#: 545766

DT: 04/10/2016 05:04 P
DD: 04/10/2016

cc: Melissa Richardson, MD



BON SECOURS HEALTH SYSTEM, INC.

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

ALSTON, NATHANIEL
MRN: 781017975
DOB: 11/24/1972, Sex: M
Acct #: 30170100426
Arrived 1/17/2017, D/C:

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Resulted: 01/18/17 0902, Result status: Final result

MRI LUMB SPINE WO CONT [356848614]

Resulted by: Krista D Timmerman, MD Performed: 01/17/17 1955 - 01/17/17 2036
Resulting lab: GRNVL SFD RADIANT
Narrative:
Examination: MRI lumbar spine without gadolinium

History: 44-year-old male with severe low back pain since 2014. Patient sustained a back injury while lifting in 2010. Also fell one week ago. No prior lumbar spine surgery.

Comparison: None.

Findings: Alignment is within normal limits. There is no vertebral body compression fracture. There is no marrow edema or focal osseous lesion. Intervertebral discs maintain normal signal intensity.

The conus terminates at T12-L1. The distal spinal cord and conus have normal signal intensity. Included retroperitoneal structures are unremarkable.

L1-L2: No central canal or foraminal stenosis.

L2-L3: No central canal or foraminal stenosis.

L3-L4: No central canal or foraminal stenosis.

L4-L5: Mild facet arthropathy with small facet joint effusions. No central canal or foraminal stenosis.

L5-S1: There is mild facet arthropathy. No central canal or foraminal stenosis.

Impression:

Impression: Mild facet arthropathy in the lower lumbar spine. No central canal or foraminal stenosis. No marrow signal abnormality.

Specimen Information

Type	Source	Collected On
		01/18/17 0851

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
10 - Unknown	GRNVL SFD RADIANT	SFD Lab Director	Unknown	01/15/13 1538 - Present

INNERVISION MRI & IMAGING

Grove

One Cannon Drive Greenville, SC 29605

Phone (864) 242-4011 Fax (864) 233-2677

PATIENT: Alston, Nathaniel
DOB: 11/24/1972
MRN: 691076
PATIENT PHONE: 864-382-8627
PHYSICIAN: Melvin Porter, MD
DATE: 1/21/2012



EXAM: MRI CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Neck pain and radiculopathy.

TECHNIQUE: Multisequential multiplanar MRI of the cervical spine without contrast. No previous.

FINDINGS: Loss of the physiologic lordosis with straightening in the supine position. Vertebral body heights and marrow signal intensities are normal. Craniocervical junction is normal and signal intensity within the imaged spinal cord is normal.

C1-2, C2-3 and C3-4: No significant posterior disc bulging or herniation. No central or foraminal stenosis.

C4-5: Mild posterior bulging. Borderline mild central stenosis. No foraminal stenosis.

C5-6: Minimal posterior bulging. Small central annular tear. No central or foraminal stenosis.

C6-7, C7-T1: No significant posterior disc bulging or herniation. No central or foraminal stenosis.

Normal vascular flow voids. No lymphadenopathy.

IMPRESSION: Mild degenerative changes. Borderline mild central stenosis at C4-5

Christopher Sidden, M.D.
CS / fl

DD: 1/23/2012
DT: 1/23/2012
Job: 14420328

This document has been electronically reviewed and signed by Christopher Sidden, M.D.



BON SECOURS HEALTH SYSTEM, INC.

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ST FRANCIS EASTSIDE
SFE EMERGENCY DEPT
125 Commonwealth Dr
Greenville SC 29615
Dept: 864-675-4800
Dept Fax: 864-675-4854
Loc: 864-675-4000

Patient: Nathaniel Alston
DOB: 11/24/1972
PCP: None

*Records
864 454-4626*

Medication Warning

Warning regarding certain medications

During this visit you have been given or prescribed medication that can make you drowsy. You should not drive a car, operate machinery, or do anything that needs you to be alert while taking this medication. Do not drink alcohol while taking this medication. It can increase your chances of feeling sleepy or falling asleep when you should be awake. Ask your doctor or nurse if you have any questions regarding these medications or this warning.

You are allergic to the following

No active allergies

Emergency Contacts

Contact Person (Rel.) Alston, Andrea (Spouse)	Home Phone 864-593-7137	Work Phone --	Mobile Phone 864-593-7137
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About Your ED Visit

You were discharged on: March 9, 2016	You last received care in the: SFE EMERGENCY DEPT Unit phone number: 864- 675-4800
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Diagnoses

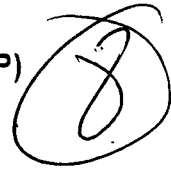
Diagnosis	Comment
Chronic low back pain [M54.5, G89.29]	Added By: Susan L Morehouse-Moore, PA Time Added: 3/9/2016 5:27 PM Team Role: Physician Assistant Provider Specialty: Emergency Medicine
Lumbar strain, initial encounter [S39.012A]	Added By: Susan L Morehouse-Moore, PA Time Added: 3/9/2016 6:08 PM Team Role: Physician Assistant Provider Specialty: Emergency Medicine

Providers Seen During Your Hospitalizations

Provider	Role
Bruce A Bourdon, MD	Attending Provider
Susan L Morehouse-Moore, PA	Physician Assistant

Your Primary Care Physician (PCP)

Primary Care Physician
 NONE
 Office Phone: ** None **
 Office Fax: ** None **



ED Medication Administration from 03/09/2016 1459 to 03/09/2016 1813

Date/Time	Order	Dose	Route	Action	Action by
03/09/2016 1754	oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet 1 Tab	1 Tab	Oral	Given	TC
03/09/2016 1754	diazepam (VALIUM) tablet 2 mg	2 mg	Oral	Given	TC
03/09/2016 1754	ketorolac (TORADOL) tablet 10 mg	10 mg	Oral	Given	TC
03/09/2016 1754	dexamethasone (DECADRON) injection 10 mg	10 mg	Oral	Given	TC

Follow-up Information

Follow up With	Details	Comments	Contact Info
Stephen H Keiser, MD	Schedule an appointment as soon as possible for a visit		2 Innovation Drive Suite 250 Spine Triage Center Greenville SC 29607 864-400-3640
Jackson B Bruce, MD		As needed	115 Beattie Park Rd Piedmont Family Practice LLC Piedmont SC 29673 864-845-3331
NEW HORIZON GREENVILLE		As needed	130 Mallard St Greenville South Carolina 29601 864-233-1534

Suicide Hotline

If you or someone you know is having thoughts of suicide please go to the nearest emergency room or call 1-800-273-TALK (1-800-273-8255) or 1-800-SUICIDE (1-800-784-2433) for help.

Current Discharge Medication List

START taking these medications

	Dose & Instructions	Dispensing Information	Comments
dexamethasone 2 mg tablet Commonly known as: DECADRON	Dose: 2 mg Take 1 Tab by mouth four (4) times daily for 5 days.	Quantity: 20 Tab Refills: 0	
methocarbamol 750 mg tablet Commonly known as: ROBAXIN	Dose: 750 mg Take 1 Tab by mouth three (3) times daily.	Quantity: 30 Tab Refills: 0	

traMADol 50 mg tablet
 Commonly known as: ULTRAM

Dose: 50 mg
 Take 1 Tab by
 mouth every six
 (6) hours as
 needed for Pain.
 Max Daily
 Amount: 200
 mg.

Quantity: 30
 Tab
 Refills: 0



ASK your doctor about these medications

	Dose & Instructions	Dispensing Information	Comments
ALEVE 220 mg tablet Generic drug: naproxen sodium	Dose: 220 mg Take 220 mg by mouth two (2) times daily (with meals). Stopped 9/27/10	Refills: 0	

Where to Get Your Medications

Information on where to get these meds will be given to you by the nurse or doctor.

- dexamethasone 2 mg tablet
- methocarbamol 750 mg tablet
- traMADol 50 mg tablet

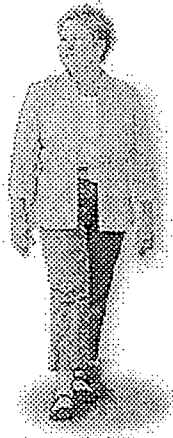
ED Disposition

Discharged

Discharge Instructions

Learning About Relief for Back Pain

What is back tension and strain?



© Healthwise, Incorporated

Back strain happens when you overstretch, or pull, a muscle in your back. You may hurt your back in an accident or when you exercise or lift something.

Most back pain will get better with rest and time. You can take care of yourself at home to help your back heal.

What can you do first to relieve back pain?

When you first feel back pain, try these steps:

1. **Walk.** Take a short walk (10 to 20 minutes) on a level surface (no slopes, hills, or stairs) every 2 to 3 hours. Walk only distances you can manage without pain, especially leg pain.
2. **Relax.** Find a comfortable position for rest. Some people are comfortable on the floor or a medium-firm bed with a small pillow under their head and another under their knees. Some people prefer to lie on their side with a pillow between their knees. Don't stay in one position for too long.
3. **Try heat or ice.** Try using a heating pad on a low or medium setting, or take a warm shower, for 15 to 20 minutes every 2 to 3 hours. Or you can buy single-use heat wraps that last up to 8 hours. You can also try an ice pack for 10 to 15 minutes every 2 to 3 hours. You can use an ice pack or a bag of frozen vegetables wrapped in a thin towel. There is not strong evidence that either heat or ice will help, but you can try them to see if they help. You may also want to try switching between heat and cold.
4. **Take pain medicine exactly as directed.**
 1. If the doctor gave you a prescription medicine for pain, take it as prescribed.
 2. If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.

What else can you do?

1. **Stretch and exercise.** Exercises that increase flexibility may relieve your pain and make it easier for your muscles to keep your spine in a good, neutral position. And don't forget to keep walking.
2. **Do self-massage.** You can use self-massage to unwind after work or school or to energize yourself in the morning. You can easily massage your feet, hands, or neck. Self-massage works best if you are in comfortable clothes and are sitting or lying in a comfortable position. Use oil or lotion to massage bare skin.
3. **Reduce stress.** Back pain can lead to a vicious circle: Distress about the pain tenses the muscles in your back, which in turn causes more pain. Learn how to relax your mind and your muscles to lower your stress.

Where can you learn more?

Go to <http://www.healthwise.net/BonSecours>

Enter **Q517** in the search box to learn more about "**Learning About Relief for Back Pain.**"

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Content Version: 10.7.482551; Current as of: May 22, 2015

Low Back Pain: Exercises

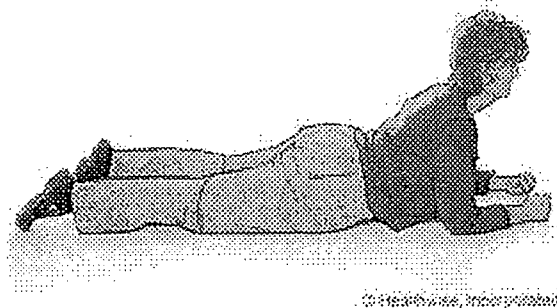
Your Care Instructions

Here are some examples of typical rehabilitation exercises for your condition. Start each exercise slowly. Ease off the exercise if you start to have pain.

Your doctor or physical therapist will tell you when you can start these exercises and which ones will work best for you.

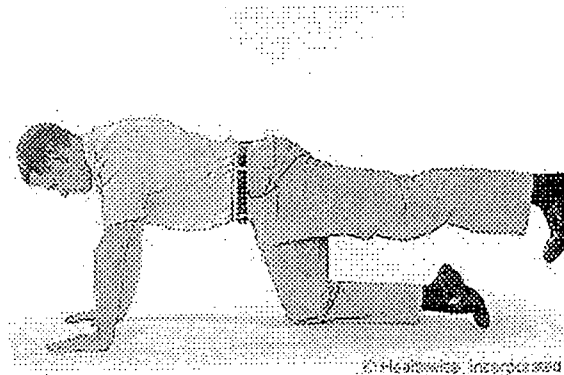
How to do the exercises

Press-up



5. Lie on your stomach, supporting your body with your forearms.
6. Press your elbows down into the floor to raise your upper back. As you do this, relax your stomach muscles and allow your back to arch without using your back muscles. As your press up, do not let your hips or pelvis come off the floor.
7. Hold for 15 to 30 seconds, then relax.
8. Repeat 2 to 4 times.

Alternate arm and leg (bird dog) exercise



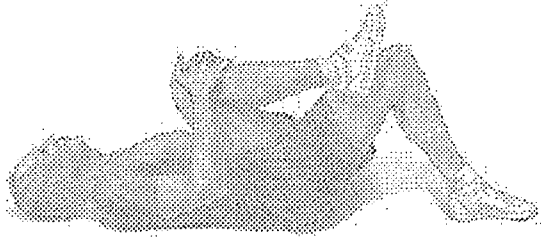
Note: Do this exercise slowly. Try to keep your body straight at all times, and do not let one hip drop lower than the other.

4. Start on the floor, on your hands and knees.
5. Tighten your belly muscles.
6. Raise one leg off the floor, and hold it straight out behind you. Be careful not to let your hip drop down, because that will twist your trunk.
7. Hold for about 6 seconds, then lower your leg and switch to the other leg.
8. Repeat 8 to 12 times on each leg.

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9. Over time, work up to holding for 10 to 30 seconds each time.
10. If you feel stable and secure with your leg raised, try raising the opposite arm straight out in front of you at the same time.

Knee-to-chest exercise



© iStockphoto.com/stevegraham

1. Lie on your back with your knees bent and your feet flat on the floor.
2. Bring one knee to your chest, keeping the other foot flat on the floor (or keeping the other leg straight, whichever feels better on your lower back).
3. Keep your lower back pressed to the floor. Hold for at least 15 to 30 seconds.
4. Relax, and lower the knee to the starting position.
5. Repeat with the other leg. Repeat 2 to 4 times with each leg.
6. To get more stretch, put your other leg flat on the floor while pulling your knee to your chest.

Curl-ups

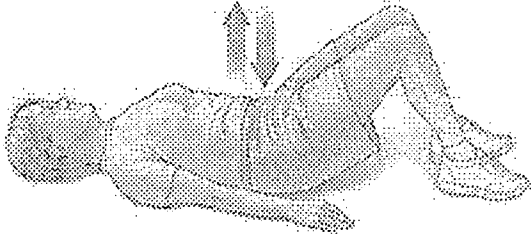


© iStockphoto.com/stevegraham

1. Lie on the floor on your back with your knees bent at a 90-degree angle. Your feet should be flat on the floor, about 12 inches from your buttocks.
2. Cross your arms over your chest. If this bothers your neck, try putting your hands behind your neck (not your head), with your elbows spread apart.
3. Slowly tighten your belly muscles and raise your shoulder blades off the floor.
4. Keep your head in line with your body, and do not press your chin to your chest.
5. Hold this position for 1 or 2 seconds, then slowly lower yourself back down to the floor.
6. Repeat 8 to 12 times.

Pelvic tilt exercise

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1. Lie on your back with your knees bent.
2. "Brace" your stomach. This means to tighten your muscles by pulling in and imagining your belly button moving toward your spine. You should feel like your back is pressing to the floor and your hips and pelvis are rocking back.
3. Hold for about 6 seconds while you breathe smoothly.
4. Repeat 8 to 12 times.

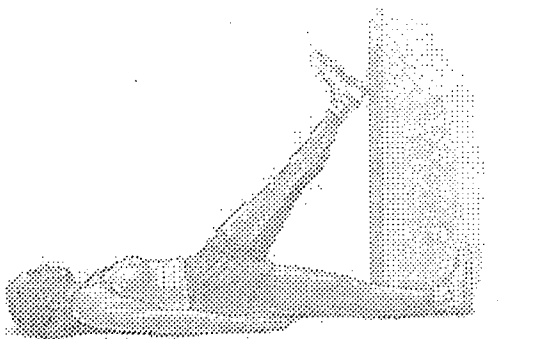
Heel dig bridging



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1. Lie on your back with both knees bent and your ankles bent so that only your heels are digging into the floor. Your knees should be bent about 90 degrees.
2. Then push your heels into the floor, squeeze your buttocks, and lift your hips off the floor until your shoulders, hips, and knees are all in a straight line.
3. Hold for about 6 seconds as you continue to breathe normally, and then slowly lower your hips back down to the floor and rest for up to 10 seconds.
4. Do 8 to 12 repetitions.

Hamstring stretch in doorway



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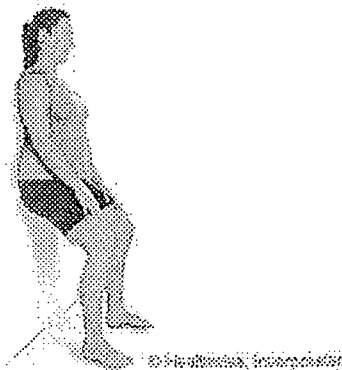
1. Lie on your back in a doorway, with one leg through the open door.
2. Slide your leg up the wall to straighten your knee. You should feel a gentle stretch down the back of your leg.
3. Hold the stretch for at least 15 to 30 seconds. Do not arch your back, point your toes, or bend either knee. Keep one heel touching the floor and the other heel touching the wall.
4. Repeat with your other leg.
5. Do 2 to 4 times for each leg.

Hip flexor stretch



1. Kneel on the floor with one knee bent and one leg behind you. Place your forward knee over your foot. Keep your other knee touching the floor.
2. Slowly push your hips forward until you feel a stretch in the upper thigh of your rear leg.
3. Hold the stretch for at least 15 to 30 seconds. Repeat with your other leg.
4. Do 2 to 4 times on each side.

Wall sit



1. Stand with your back 10 to 12 inches away from a wall.
2. Lean into the wall until your back is flat against it.
3. Slowly slide down until your knees are slightly bent, pressing your lower back into the wall.
4. Hold for about 6 seconds, then slide back up the wall.
5. Repeat 8 to 12 times.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.



Where can you learn more?

Go to <http://www.healthwise.net/BonSecours>

Enter **Z938** in the search box to learn more about "**Low Back Pain: Exercises**."

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Content Version: 10.7.482551; Current as of: May 22, 2015

Discharge Orders

None

Introducing MYCHART!

Bon Secours introduces MyChart patient portal. Now you can access parts of your medical record, email your doctor's office, and request medication refills online.

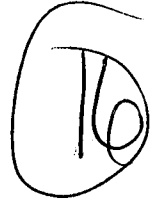
1. In your internet browser, go to <https://mychart.mybonsecours.com/mychart>
2. Click on the **First Time User? Click Here** link in the Sign In box. **You will see the New Member Sign Up page.**
3. Enter your MyChart Access Code exactly as it appears below. You will not need to use this code after you've completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.
 - MyChart Access Code: PF9PM-SPVPV-4P3FK
 - Expires: 6/7/2016 6:13 PM
4. Enter the last four digits of your Social Security Number (xxxx) and Date of Birth (mm/dd/yyyy) as indicated and click **Submit**. **You will be taken to the next sign-up page.**
5. Create a MyChart ID. This will be your MyChart login ID and cannot be changed, so think of one that is secure and easy to remember.
6. Create a MyChart password. You can change your password at any time.
7. Enter your Password Reset Question and Answer. This can be used at a later time if you forget your password.
8. Enter your e-mail address. You will receive e-mail notification when new information is available in MyChart.
9. Click **Sign Up**. **You can now view and download portions of your medical record.**
10. Click the **Download Summary** menu link to download a portable copy of your medical information.

If you have questions, please visit the [Frequently Asked Questions](#) section of the MyChart website. Remember, MyChart is **NOT** to be used for urgent needs. For medical emergencies, dial **911**.

Now available from your iPhone and Android!

General Information

Please provide this summary of care documentation to your next provider.

A handwritten number '16' is enclosed within a hand-drawn circle in the upper right corner of the page.

Patient Signature: _____
Date: _____

Provider Signature: _____
Date: _____

ST FRANCIS EASTSIDE
125 COMMONWEALTH DRIVE
GREENVILLE SC 29615-4812

ALSTON, NATHANIEL
MRN: 781017975
DOB: 11/24/1972, Sex: M
Arrival: 3/9/2016, D/C: 3/9/2016

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ABSTRACT OF HEALTH INFORMATION

Patient Demographics

Patient Name	HAR	Sex	DOB	Address	Phone
Alston, Nathaniel	311606 90313	Male	11/24/1972	327 Jacqueline Lane GREENVILLE SC 29607	864-593-3427 (Home) 864-593-3427 (Mobile)

Diagnoses

1. Chronic low back pain [244140] - Primary 2. Lumbar strain, initial encounter [1526502]

ED Provider Notes

ED Provider Notes by Susan L Morehouse-Moore, PA at 03/09/16 1805

Author: Susan L Morehouse-Moore, PA Service: (none) Author Type: Physician Assistant
Filed: 03/09/16 1807 Note Time: 03/09/16 1805 Status: Attested
Editor: Susan L Morehouse-Moore, PA (Physician Assistant) Cosigner: Elizabeth S Atkinson, MD at 03/09/16 1911

Attestation signed by Elizabeth S Atkinson, MD at 03/09/16 1911

I was personally available for consultation in the emergency department. I have reviewed the chart and agree with the documentation recorded by the MLP, including the assessment, treatment plan, and disposition.

Elizabeth S Atkinson, MD

HPI Comments: Patient is here with low back pain since 2014 after lifting furniture. He states the pain has been getting worse in the last couple of days. He is not having any urinary or bowel incontinence. There is no numbness or pain down his legs and he is ambulatory to the stretcher without distress. He is not having any chest pain, shortness of breath, abdominal pain or other symptoms. He has not seen a doctor for his pain.

Patient is a 43 y.o. male presenting with back pain. The history is provided by the patient.

Back Pain

Past Medical History:

Diagnosis: Date:
• Hypertension
 hx- off meds x4 yrs- wt lost

Past Surgical History:

Procedure: Laterality: Date:
• Hx orthopaedic
 right shoulder surg 5/10

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ED Provider Notes (continued)

ED Provider Notes by Susan L Morehouse-Moore, PA at 03/09/16 1805 (continued)

Family History:

Problem Relation Age of Onset
• Hypertension Maternal Grandmother
• Hypertension Maternal Grandfather

History

Social History

• Marital Status: SINGLE
 Spouse Name: N/A
• Number of Children: N/A
• Years of Education: N/A

Occupational History:

• Not on file.

Social History Main Topics

• Smoking status: Current Every Day Smoker -- 0.50 packs/day for 10 years
• Smokeless tobacco: Not on file
• Alcohol Use: No
• Drug Use: No
• Sexual Activity: Not on file

Other Topics

• Not on file

Social History Narrative

ALLERGIES: Review of patient's allergies indicates no known allergies.

Review of Systems

Constitutional: Negative.
HENT: Negative.
Eyes: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Musculoskeletal: Positive for back pain.
Skin: Negative.
Neurological: Negative.
Psychiatric/Behavioral: Negative.
All other systems reviewed and are negative.



ED Provider Notes (continued)

ED Provider Notes by Susan L Morehouse-Moore, PA at 03/09/16 1805 (continued)

Filed Vitals:

03/09/16 1523
BP: 136/94
Pulse: 104
Temp: 98.7 °F (37.1 °C)
Resp: 20
Height: 6' (1.829 m)
Weight: 136.079 kg (300 lb)
SpO2: 98%

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

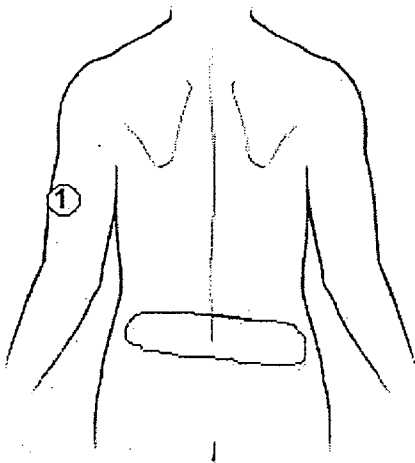
Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion.

Back:



1: Mild tenderness to palpation over the paralumbar muscles bilaterally and the lower lumbar spine, mild limited range of motion due to pain, distally neurovascularly intact.

Neurological: He is alert and oriented to person, place, and time. He has normal reflexes.

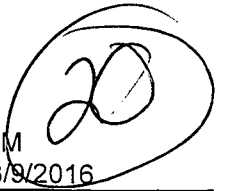
Skin: Skin is warm and dry.

Psychiatric: He has a normal mood and affect. His behavior is normal. Judgment and thought content normal.

Nursing note and vitals reviewed.

ST FRANCIS EASTSIDE
125 COMMONWEALTH DRIVE
GREENVILLE SC 29615-4812

ALSTON, NATHANIEL
MRN: 781017975
DOB: 11/24/1972, Sex: M
Arrival: 3/9/2016, D/C: 3/9/2016



ED Provider Notes (continued)

ED Provider Notes by Susan L Morehouse-Moore, PA at 03/09/16 1805 (continued)

MDM

Procedures

The patient was observed in the ED.

Results Reviewed:

XR SPINE LUMB 2 OR 3 V

Final Result

IMPRESSION: Mild degenerative disc disease at L4-5.

XR SACRUM AND COCCYX

Final Result

IMPRESSION: Unremarkable sacrococcygeal radiographs.

Warm, moist heat to area, massage, gentle range of motion and stretching to area. Patient will be referred to Dr. Keiser for further evaluation of his back. I will give him medication at home for his pain. He should return to the ED if worsening.

I discussed the results of all labs, procedures, radiographs, and treatments with the patient and available family. Treatment plan is agreed upon and the patient is ready for discharge. All voiced understanding of the discharge plan and medication instructions or changes as appropriate. Questions about treatment in the ED were answered. All were encouraged to return should symptoms worsen or new problems develop.

Electronically signed by Susan L Morehouse-Moore, PA at 03/09/16 1807
Electronically signed by Elizabeth S Atkinson, MD at 03/09/16 1911

ED Notes

ED Notes by Tony S Clark, RN at 03/09/16 1813

ST FRANCIS EASTSIDE
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Arrival: 3/9/2016, D/C: 3/9/2016

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ED Notes (continued)

ED Notes by Tony S Clark, RN at 03/09/16 1813 (continued)

Author: Tony S Clark, RN	Service: (none)	Author Type: Registered Nurse
Filed: 03/09/16 1813	Note Time: 03/09/16 1813	Status: Signed
Editor: Tony S Clark, RN (Registered Nurse)		

I have reviewed medications, follow up provider options, and discharge instructions with the patient. The patient verbalized understanding. Copy of discharge information given to patient upon discharge. Prescription(s) given to patient. Patient discharged in no distress.

Electronically signed by Tony S Clark, RN at 03/09/16 1813

ED Notes by Tony S Clark, RN at 03/09/16 1646

Author: Tony S Clark, RN	Service: (none)	Author Type: Registered Nurse
Filed: 03/09/16 1646	Note Time: 03/09/16 1646	Status: Signed
Editor: Tony S Clark, RN (Registered Nurse)		

Patient presents with lower back pain and states this has been ongoing since he had an injury in 2014.

Electronically signed by Tony S Clark, RN at 03/09/16 1646

ED Notes by Brandi L Carman, RN at 03/09/16 1522

Author: Brandi L Carman, RN	Service: EMERGENCY	Author Type: Registered Nurse
Filed: 03/09/16 1523	Note Time: 03/09/16 1522	Status: Signed
Editor: Brandi L Carman, RN (Registered Nurse)		

B low back pain since original injury in 2014. Pain has been getting worse. Pt states has not had xrays or MRI done.

Electronically signed by Brandi L Carman, RN at 03/09/16 1523



LABORATORY RESULTS

Lab Results

None

PATHOLOGY RESULTS

RADIOLOGY RESULTS

Radiology Results (03/09/16 - 03/09/16)

Resulted: 03/09/16 1558, Result status: Final result

XR SACRUM AND COCCYX [295399231]

Ordering provider: Julian S Dial III, MD 03/09/16 1530 Resulted by: David Edward Pelino, DO
Performed: 03/09/16 1553 - 03/09/16 1554 Resulting lab: GRNVL SFE RADIANT
Narrative: Sacrococcygeal radiographs

HISTORY: Severe pain times several days. Remote injury in 2014. Limited range of motion.

AP and lateral views of the sacrum and coccyx were obtained. No prior studies are available for comparison.

FINDINGS: There is no evidence of acute sacrococcygeal fracture. The sacral arcuate lines are intact. The hip and sacroiliac joints appear symmetric. There is no bony destruction.

Impression: IMPRESSION: Unremarkable sacrococcygeal radiographs.

Specimen Information

Type: Source: Collected On: 03/09/16 1557

Resulted: 03/09/16 1801, Result status: Final result

XR SPINE LUMB 2 OR 3 V [295424874]

Ordering provider: Susan L Morehouse-Moore, PA 03/09/16 1733 Resulted by: Paul D Kountz, MD
Performed: 03/09/16 1735 - 03/09/16 1747 Resulting lab: GRNVL SFE RADIANT
Narrative: THREE-VIEW LUMBAR SPINE:

CLINICAL HISTORY: Intermittent severe low back pain for 2 years.

COMPARISON: None.

FINDINGS: AP, lateral, and LS spot views demonstrate no definite acute fracture, malalignment, or frank bony destruction. There is mild degenerative disc disease at L4-5. No significant facet or sacroiliac arthritis is seen.

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Arrival: 3/9/2016, D/C: 3/9/2016

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Radiology Results (03/09/16 - 03/09/16) (continued)

Resulted: 03/09/16 1801, Result status: Final
result

XR SPINE LUMB 2 OR 3 V [295424874] (continued)

Impression: IMPRESSION: Mild degenerative disc disease at L4-5.

Specimen Information

Type	Source	Collected On
		03/09/16 1800

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
15 - Unknown	GRNVL SFE RADIANT	Unknown	Unknown	01/15/13 1537 - Present

EKG Results

None

MEDICATIONS

ST FRANCIS EASTSIDE
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ALSTON, NATHANIEL
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Arrival: 3/9/2016, D/C: 3/9/2016



Current Discharge Medication List

Medication list as of: 3/9/2016 6:13 PM

START taking these medications

Medication	AM	Noon	PM	Bedtime
dexamethasone (DECADRON) 2 mg tablet Take 1 Tab by mouth four (4) times daily for 5 days., Print, Disp-20 Tab, R-0	[]	[]	[]	[]
methocarbamol (ROBAXIN) 750 mg tablet Take 1 Tab by mouth three (3) times daily., Print, Disp-30 Tab, R-0	[]	[]	[]	[]
traMADol (ULTRAM) 50 mg tablet Take 1 Tab by mouth every six (6) hours as needed for Pain. Max Daily Amount: 200 mg., Print, Disp-30 Tab, R-0	[]	[]	[]	[]

CONTINUE these medications which have NOT CHANGED

Medication	AM	Noon	PM	Bedtime
naproxen sodium (ALEVE) 220 mg tablet	[]	[]	[]	[]

AFTER VISIT SUMMARY

About your hospitalization

You were admitted on: N/A

You last received care in the: SFE EMERGENCY DEPT

You were discharged on: March 9, 2016

Why you were hospitalized

Your primary diagnosis was: Not on File

Providers Seen During Your Hospitalizations

Provider	Role	Primary office phone
Bruce A Bourdon, MD	Attending Provider	864-255-1985

Your Primary Care Physician (PCP)

Primary Care Physician	Office Phone	Office Fax
NONE	** None **	** None **

Follow-up Information

Follow up With	Details	Comments	Contact Info
Stephen H Keiser, MD	Schedule an appointment as soon as possible for a visit		2 Innovation Drive Suite 250 Spine Triage Center Greenville SC 29607 864-400-3640
Jackson B Bruce, MD		As needed	115 Beattie Park Rd Piedmont Family Practice LLC Piedmont SC 29673 864-845-3331

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AFTER VISIT SUMMARY (continued)

Follow-up Information (continued)

Follow up With	Details	Comments	Contact Info
NEW HORIZON GREENVILLE		As needed	130 Mallard St Greenville South Carolina 29601 864-233-1534

Discharge Instructions

Alston, Nathaniel (MR # 781017975)

Date	Status	User	User Type	Discharge Note
03/09/16 1728	Pended	Susan L Morehouse- Moore, PA	Physician Assistant	Original

Note:

Learning About Relief for Back Pain

What is back tension and strain?



© Healthwise, Incorporated

Back strain happens when you overstretch, or pull, a muscle in your back. You may hurt your back in an accident or when you exercise or lift something.

Most back pain will get better with rest and time. You can take care of yourself at home to help your back heal.

What can you do first to relieve back pain?

When you first feel back pain, try these steps:

1. **Walk.** Take a short walk (10 to 20 minutes) on a level surface (no slopes, hills, or stairs) every 2 to 3 hours. Walk only distances you can manage without pain, especially leg pain.
2. **Relax.** Find a comfortable position for rest. Some people are comfortable on the floor or a medium-firm bed with a small pillow under their head and another under their knees. Some people prefer to lie on their side with a pillow between their knees. Don't stay in one position for too long.

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AFTER VISIT SUMMARY (continued)

3. **Try heat or ice.** Try using a heating pad on a low or medium setting, or take a warm shower, for 15 to 20 minutes every 2 to 3 hours. Or you can buy single-use heat wraps that last up to 8 hours. You can also try an ice pack for 10 to 15 minutes every 2 to 3 hours. You can use an ice pack or a bag of frozen vegetables wrapped in a thin towel. There is not strong evidence that either heat or ice will help, but you can try them to see if they help. You may also want to try switching between heat and cold.
4. **Take pain medicine exactly as directed.**
 1. If the doctor gave you a prescription medicine for pain, take it as prescribed.
 2. If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.

What else can you do?

1. **Stretch and exercise.** Exercises that increase flexibility may relieve your pain and make it easier for your muscles to keep your spine in a good, neutral position. And don't forget to keep walking.
2. **Do self-massage.** You can use self-massage to unwind after work or school or to energize yourself in the morning. You can easily massage your feet, hands, or neck. Self-massage works best if you are in comfortable clothes and are sitting or lying in a comfortable position. Use oil or lotion to massage bare skin.
3. **Reduce stress.** Back pain can lead to a vicious circle: Distress about the pain tenses the muscles in your back, which in turn causes more pain. Learn how to relax your mind and your muscles to lower your stress.



Where can you learn more?

Go to <http://www.healthwise.net/BonSecours>

Enter **Q517** in the search box to learn more about "**Learning About Relief for Back Pain.**"

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Content Version: 10.7.482551; Current as of: May 22, 2015

Low Back Pain: Exercises

Your Care Instructions

ST FRANCIS EASTSIDE
125 COMMONWEALTH DRIVE
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ALSTON, NATHANIEL
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AFTER VISIT SUMMARY (continued)

Encounter-Level E-Signatures:

There are no encounter-level e-signatures.

Order-Level E-Signatures:

There are no order-level e-signatures.

Hospital Account-Level E-Signatures:

There are no hospital account-level e-signatures.

END OF REPORT

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

July 26, 2016

Page 1
Office Visit

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Nathaniel Alston

Male DOB: 11/24/1972

168198

Home: (864) 593-3427

Ins: Mail StopWCS Vanliner 135801

07/13/2016 - Office Visit: New Patient: It shoulder pain

Provider: James Paul Behr MD

Location of Care: Orthopaedic Associates PA

History of Present Illness

Mr. Nathaniel Alston is a 43 Years Old Black or African American male, who is here for a first time visit.

Chief Complaint: Pain.

History From: Patient

Race: Black or African American

Referral Source: WC

Family Physician: none

Mr. Alston is a 43-year-old gentleman here today for work comp evaluation. He reports that he had a history of right shoulder pain status post 2 surgeries in 2010 and 2011 and had been doing relatively well until a work injury on 12/13/2014 when he was lifting a heavy table while he was working for All My Sons Moving. He has been having left shoulder pain since that time. He has also been having low back pain. He saw Dr. Keith who did not recommend surgery for the left shoulder, eventually saw Dr. Van and is currently seeing Dr. Paylor who provided him injections and physical therapy and most recently recommended surgery per the notes that I have available to me. He is now seeing Dr. Loudermilk for the low back who requested MRI and placed him on Nucynta. He is here today specifically for evaluation of the left shoulder. He describes the left shoulder pain as constant and is currently in a sling with a constant 8 to a 10 of 10 primarily over the subacromial bursa. He describes the pain as sharp, burning, tingling, radiating, aching, numb, shooting, pins, and needles. He states the pain is made better with nothing, and he is very interested in the surgery that Dr. Paylor has offered him. Other treatments have included physical therapy, injections, TENS unit, with no help.

The patient denies loss of control of bowel or bladder, does report weakness, does report difficulty sleeping, as well as severely increased anxiety, depression, and irritability, and he does report a history of bipolar as well as schizophrenia on his OSP which is 7. He does also report difficulty with sitting, standing, and working.

OST: 7

Injury / Condition

Was this the result of an injury? yes

Injury Date: 12/14/2013

If yes, where did it happen?

work

Are you claiming as Workers Compensation? yes

Location of Your Injury / condition

collar bone left, shoulder left, arm left, back pain bilateral, neck pain bilateral

Previous Treatment

Have you been seen by any other doctor for this injury/condition? yes

If yes, what type? Orthopaedic Doctor

When did you see the other physician? within the last month

Have you had any of the following for this problem? MRI, X-Ray

Have you received any of the following treatments?

Injections: did not help

Orthopaedic Associates PA

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Office Visit

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Medications: did not help
Physical Therapy: did not help

History of OA Fractures or Procedures:

Past Medical History

Arthritis
Depression
Cardiovascular Disease
High Blood Pressure
Current Medications (reviewed today):
No known medications

Current Allergies (reviewed today):
No known allergies

Past Surgical History

Arthroscopic Shoulder (Right)

Review of Systems

General: Positive for sweats, fevers, fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Positive for weight gain, shortness of breath with exertion, difficulty breathing while lying down, swelling of hands/feet.
Respiratory: Positive for shortness of breath.
Gastrointestinal: Positive for nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Positive for joint swelling, back pain, joint pain, arthritis, muscle aches, stiffness, muscle cramps, loss of strength, muscle weakness.
Skin: Positive for dryness.
Neurologic: Positive for headaches, weakness, numbness, tingling, poor balance, falling down.
Psychiatric: Positive for anxiety, depression.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, current every day smoker, smokes 1 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has no children. does not drink alcohol. does not exercise. Occupation: disabled.

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

Orthopaedic Associates PA

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Office Visit



Nathaniel Alston
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VITAL SIGNS

Body Mass Index in-lb

Height (in): 72
Weight (lb): 310
BMI (in-lb) 42.04
P: 93 R: 15 BP: 162/113

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM:

HEENT: NCAT, MMM, EOMI
NECK: Supple with no lymphadenopathy or thyromegaly
CHEST/RESP: No respiratory distress
CV: PPP, Pulses are 2+ in bilateral radial and dorsalis pedis
ABDOMEN: NT, ND, BS, soft
EXTREMITIES: No CCE

NEURO/MSK:

The patient is sitting in a wheelchair. No acute distress. Has a sling on.

RANGE OF MOTION:

The shoulder range of motion is severely decreased at the glenohumeral joint. Most of the motion comes from the scapula. Testing is difficult due to pain.

Cervical range of motion is intact.

DEEP TENDON REFLEXES:

Equal and symmetric.

SPECIAL TESTS:

Lhermitte's and Spurling's are negative.

Hoffman's is negative.

MANUAL MUSCLE TESTING:

Again, limited by pain.

IMAGING:

MRI, left shoulder, 01/07/2015, demonstrates tiny partial articular surface tear involving the supraspinatus tendon at the insertion site and partial articular surface tearing involving the anterior fibers of the infraspinatus tendon at the insertion site, interstitial tearing at the distal infraspinatus myotendinous junction, mild intraarticular biceps tendinosis, moderate AC joint arthrosis, subacromial and subdeltoid bursitis.

ASSESSMENT

Mr. Alston is a 43-year-old gentleman with past medical history of right shoulder pain status post surgery in 2010 and 2011, now with left shoulder pain and low back pain that began after work-related injury on 12/13/2014 after he was lifting

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Office Visit

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a heavy table while working for All My Sons. He was initially seen by Dr. Keith and Dr. Van, and surgery was not recommended for the shoulder. He is currently being followed by Dr. Paylor who, initially did not recommend surgery but after failing with conservative treatment including injections and physical therapy, has recommended surgery. He is also now being seen by Dr. Loudermilk for the low back who placed him on Nucynta and recommended an MRI.

Pain in right shoulder (ICD-719.41) (ICD10-M25.511)
Back pain with radiculopathy (ICD-729.2) (ICD10-M54.16)

PLAN

1. The patient is here today specifically for evaluation of the shoulder, but as the patient was recommended to have surgery by Dr. Paylor, I really have little I can offer to him with those regards as he has failed more conservative treatments which I would be able to offer to him.
2. In terms of pain management, the patient is currently being seen by Dr. Loudermilk, so I will not address that issue either.
3. Unfortunately, in this situation, there is very little I can offer him, and I will see him back as needed only.

Dictated by: James P. Behr, MD

cc: Dr. Paylor, Piedmont Orthopedics
Dr. Loudermilk

tw

New Orders:

Est: Level 4 [CPT-99214]
Shoulder complete 2+ views [73030]
Lumbar Spine 2-3 views [72100]

Disposition: Return to office on a PRN basis

]

Electronically signed by James Paul Behr MD on 07/18/2016 at 10:41 AM

Residual Functional Capacity Form

Patient: Nathaniel Akbar SS#: 247-21-4044

Date of Birth: 11/24/1972

Dear Doctor: Loudermilk

Please respond to the following questions regarding your patient's disability. This will be used as medical evidence for a Social Security disability claim or a private long-term disability claim.

Please be specific with regards to your patient's medical ailments and how they affect his or her daily activities both at work and at home:

1. With regards to your contact with the patient, please describe the frequency and purpose:

Initial consultation was 1/18/2011 for right shoulder pain. He was seen every 1-2 months until 3/11/2013. He returned to me on 5/20/16 for a re-evaluation due to pain in left shoulder and low back following a work accident on 12/13/2014.

2. Please describe the patient's symptoms as completely as possible:

Severe pain in left shoulder on range-of-motion. He is planning to have surgery on the shoulder if approved by Workman's Compensation. Also complains of chronic low back pain which is aching, throbbing, sharp, and stabbing. Denies any sciatic pain.

3. Please state all clinical findings and any medical test results and/or laboratory results:

Pain on range of motion of left shoulder, left shoulder kept in a sling. Cannot lift left arm above shoulder-level. Tenderness to palpation over lumbar spinous processes + paraspinal muscles.

4. What is your diagnosis of the patients symptoms and test results?

- 1) Left shoulder pain due to a rotator cuff tear
- 2) Mild right shoulder pain SIP 2 shoulder surgeries
- 3) Low back pain due to lumbar disc disease

5. Please describe any treatment done so far and the results of treatment:

I have only seen him twice since his injury. I placed him on pain medications and am trying to get approval for a back support. I cannot do anything to resolve his left shoulder pain because he needs surgery.

6. What is your prognosis for this patient?

His left shoulder pain should improve with shoulder surgery.
His low back pain will likely be a chronic condition that may worsen with time.

7. Would you expect the patient's disability or impairment to last one year or more, or has it already lasted one year?

Yes No

8. Does the disability or impairment prevent the patient from standing for six to eight hours?

Yes No

Can the patient stand at all, and if so for how long?

< 1 hour

9. Does the disability or impairment prevent the patient from sitting upright for six to eight hours?

Yes No

(provided he can alternate between sitting/standing. He cannot sit for 6 hours continuously)

Can the patient sit at all, and if so for how long?

1-2 hours at one time

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10. If the patient cannot stand and/or sit upright for six to eight hours, what is the reason?

Low back pain would limit his ability to stand for any significant period of time. He cannot sit continuously due to chronic pain in lower back.

11. Does the disability or impairment require the patient to lie down during the day?

Yes No

If the answer is yes, please explain why:

Low back pain.

12. How far can the patient walk without stopping?

less than 1 block

13. Please check the frequency with which the patient can perform the following activities:

Percentage of Time	Rarely 0-30%	Frequently 30-70%	Consistently 70-100%
Reach Up Above Shoulders	<input checked="" type="checkbox"/>		
Reach Down to Waist Level		<input checked="" type="checkbox"/>	
Reach Down Towards Floor	<input checked="" type="checkbox"/>		
Carefully Handle Objects			<input checked="" type="checkbox"/>
Handle with Fingers			<input checked="" type="checkbox"/>

14. In pounds, how much weight can the patient lift and carry during an eight-hour period?

Less than 5 5-10 11-20 21-50 over 50

15. In pounds, how much weight can the patient lift and carry regularly/daily?

Less than 5 5-10 11-20 21-50 over 50

35

16. Does the patient's disability or impairment prevent the him or her from performing certain motions such as lifting, pulling, holding objects, etc.?

Yes.

17. Does the patient have any difficulty performing the motions below? (Please include any range of motion information.)

Bending yes

Squatting yes

Kneeling yes

Turning any parts of the body low back, shoulders,

18. Would the patient's disability or impairment prevent him or her from traveling alone?

Yes No ✓ Why?

Because left arm is in a sling.

19. Are there any other factors not addressed in the above questions that you believe may affect the patient's ability to work, or function normally in daily life?

No

20. If the patient has any complaints of pain, please address the following questions:

What is the nature of the pain?

- 1) left shoulder rotator cuff tear
- 2) 2 surgeries on right shoulder
- 3) low back pain due to lumbal disk disease

How frequent is the pain? Constant

How would you describe the level of pain? Patient rates pain as 1/10 at worst. He hurts in "all" positions. Pain is constant and consuming for this individual.

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How would you rate the patient's creditability with regards to claims of pain?

Very credible

Is there an objective medical reason for the pain?

Yes. Rotator cuff tears of left shoulder confirmed on MRI
Kienbock disease based on x-ray. (DDD)

21. Given your experience with the patient, your diagnosis, and the patient's disability or impairment, do you believe he or she could continue or resume work at current or previous employment?

Yes _____ No

If not, please explain why:

Needs to have left shoulder surgery for torn rotator cuff.
Chronic low back pain.

Is there other work the patient could do given his or her skills and disability or impairment?

No, currently in need of surgery for left shoulder. Keeps left arm in a sling. Currently, he is unemployable.

22. How would you expect the patient's diagnosis/disability to change over time?

Disability is Not Likely to Change (Unless he has surgery to repair torn rotator cuff)
 Disability is Temporary, From: _____ To: _____

23. When would you expect the patient to be able to return to work, with and/or without any restrictions?

Unknown. Needs to have surgery and we don't even know if surgery will be successful or not.

Please enclose all relevant medical, clinical, and laboratory records you have for this patient, and use the space below for any additional comment or information you feel is relevant.

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Date Report Completed:

6/18/2016

Signature of Physician:

Eric Loupermiere MD

Physician Name:

ERIC LOUPERMIERE MD
PCPMG

Address:

100 Healthy Way, Suite 1260
Anderson, SC 29621

Telephone:

(864) 225-3551

Specialty:

Pain Mgmt.

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
NEW PATIENT EVALUATION

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Raechele Simpson, APRN
SSN: 247-21-4044

DOS: 05/20/16
DOD: 05/20/16
DOT: 05/21/16

Referring Physician: Dr. Melissa Richardson.

History of Present Illness: Mr. Alston is a very pleasant 43-year-old male referred by Dr. Richardson for a consultation. The patient was previously a patient of our practice and was last evaluated over three years ago. He was previously being treated for chronic right shoulder pain, status post two right shoulder surgeries following a work accident in 2010. He is now having pain in the left shoulder as well as low back pain following a work accident on 12/13/2014. The patient states he was carrying a cast iron table while working on 12/13/2014, the weight of the table was shifted and he felt and heard a pop in his left shoulder and also began experiencing severe pain in the low back. He did not have any pain in the left shoulder or back prior to this date of the injury. He characterizes his pain in the back as an aching, burning, throbbing, sharp, and stabbing pain. He denies numbness and tingling in the bilateral lower extremities. He states his pain is present in the low back throughout the day. He has not had an MRI of the lumbar spine. He has had x-rays, which showed disc degenerative disease at L4-5. X-rays of the sacrum and coccyx were unremarkable. He has been evaluated by Dr. Paylor at Piedmont Orthopedic Associates regarding the left shoulder. He is in need of surgery for the left shoulder, however, he is currently awaiting worker's compensation to approve the surgery, he has a court hearing on 05/29/2016 regarding this issue. He has his left arm in a sling and his left shoulder is incredibly painful with range of motion. He states he has a stabbing pain in the left shoulder. He states he does occasionally have numbness and tingling in the bilateral upper extremities. On a pain scale from 0 to 10, he rates his pain as an 8 when it is at its best, a 10 when it is at its worst. He has participated in physical therapy, which was not helpful. He has also tried heat and ice therapy, a TENS unit, and injections in the past. He does take diclofenac twice a day as well as ibuprofen and he has tried muscle relaxers in the past, which were helpful. He has experienced significant weight gain since his injury, which is exacerbating his pain in the low back. He is not able to be as physically active as he has been in the past causing his weight gain. He denies bowel and bladder incontinence. MRI of the left shoulder shows tendonitis of the rotator cuff and moderate acromioclavicular arthrosis, he is in need of an arthroscopy with a subacromial decompression and a distal clavicle resection, which is pending approval by worker's compensation.

Past Medical History: Hypertension, arthritis, chronic right shoulder pain, bipolar, schizophrenia.

Past Surgical History: Two right shoulder surgeries in 2010.

Social History: The patient is married and is not able to work due to his pain in the shoulder and back. He smokes half-a-pack of cigarettes a day. Denies alcohol and marijuana use.

Family History: Noncontributory.

Allergies: No known allergies.

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Innervision
Innervision at Grove
Open MRI of Simpsonville

INNERVISION MRI & IMAGING

Grove

One Cannon Drive Greenville, SC 29605

Phone (864) 242-4011 Fax (864) 233-2677

PATIENT: Alston, Nathaniel
DOB: 11/24/1972
MRN: 691076
PATIENT PHONE: 864-382-8627
PHYSICIAN: Melvin Porter, MD
DATE: 1/21/2012

EXAM: MRI CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Neck pain and radiculopathy.

TECHNIQUE: Multisequential multiplanar MRI of the cervical spine without contrast. No previous.

FINDINGS: Loss of the physiologic lordosis with straightening in the supine position. Vertebral body heights and marrow signal intensities are normal. Craniocervical junction is normal and signal intensity within the imaged spinal cord is normal.

C1-2, C2-3 and C3-4: No significant posterior disc bulging or herniation. No central or foraminal stenosis.

C4-5: Mild posterior bulging. Borderline mild central stenosis. No foraminal stenosis.

C5-6: Minimal posterior bulging. Small central annular tear. No central or foraminal stenosis.

C6-7, C7-T1: No significant posterior disc bulging or herniation. No central or foraminal stenosis.

Normal vascular flow voids. No lymphadenopathy.

IMPRESSION: Mild degenerative changes. Borderline mild central stenosis at C4-5

Christopher Sidden, M.D.
CS / fl

DD: 1/23/2012
DT: 1/23/2012
Job: 14420328

This document has been electronically reviewed and signed by Christopher Sidden, M.D.



BON SECOURS HEALTH SYSTEM, INC.

ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

ALSTON, NATHANIEL
MRN: 781017975
DOB: 11/24/1972, Sex: M
Acct #: 30170100426
Arrived 1/17/2017, D/C:



Resulted: 01/18/17 0902, Result status: Final result

MRI LUMB SPINE WO CONT [356848614]

Resulted by: Krista D Timmerman, MD Performed: 01/17/17 1955 - 01/17/17 2036
Resulting lab: GRNVL SFD RADIANT

Narrative:
Examination: MRI lumbar spine without gadolinium

History: 44-year-old male with severe low back pain since 2014. Patient sustained a back injury while lifting in 2010. Also fell one week ago. No prior lumbar spine surgery.

Comparison: None.

Findings: Alignment is within normal limits. There is no vertebral body compression fracture. There is no marrow edema or focal osseous lesion. Intervertebral discs maintain normal signal intensity.

The conus terminates at T12-L1. The distal spinal cord and conus have normal signal intensity. Included retroperitoneal structures are unremarkable.

L1-L2: No central canal or foraminal stenosis.

L2-L3: No central canal or foraminal stenosis.

L3-L4: No central canal or foraminal stenosis.

L4-L5: Mild facet arthropathy with small facet joint effusions. No central canal or foraminal stenosis.

L5-S1: There is mild facet arthropathy. No central canal or foraminal stenosis.

Impression:

Impression: Mild facet arthropathy in the lower lumbar spine. No central canal or foraminal stenosis. No marrow signal abnormality.

Specimen Information

Type	Source	Collected On
		01/18/17 0851

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
10 - Unknown	GRNVL SFD RADIANT	SFD Lab Director	Unknown	01/15/13 1538 - Present



ST FRANCIS DOWNTOWN
ONE ST FRANCIS DRIVE
GREENVILLE SC 29601-3955

BON SECOURS HEALTH SYSTEM, INC.

ALSTON, NATHANIEL
MRN: 781017975
DOB: 11/24/1972, Sex: M
Acct #: 30170100426
Arrived 1/17/2017, D/C:

41

Resulted: 01/18/17 0902, Result status: Final result

MRI LUMB SPINE WO CONT [356848614]

Resulted by: Krista D Timmerman, MD
Resulting lab: GRNVL SFD RADIANT
Narrative:

Performed: 01/17/17 1955 - 01/17/17 2036

Examination: MRI lumbar spine without gadolinium

History: 44-year-old male with severe low back pain since 2014. Patient sustained a back injury while lifting in 2010. Also fell one week ago. No prior lumbar spine surgery.

Comparison: None.

Findings: Alignment is within normal limits. There is no vertebral body compression fracture. There is no marrow edema or focal osseous lesion. Intervertebral discs maintain normal signal intensity.

The conus terminates at T12-L1. The distal spinal cord and conus have normal signal intensity. Included retroperitoneal structures are unremarkable.

L1-L2: No central canal or foraminal stenosis.

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L3-L4: No central canal or foraminal stenosis.

L4-L5: Mild facet arthropathy with small facet joint effusions. No central canal or foraminal stenosis.

L5-S1: There is mild facet arthropathy. No central canal or foraminal stenosis.

Impression:

Mild facet arthropathy in the lower lumbar spine. No central canal or foraminal stenosis. No marrow signal abnormality.

Specimen Information

Type	Source	Collected On
		01/18/17 0851

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
10 - Unknown	GRNVL SFD RADIANT	SFD Lab Director	Unknown	01/15/13 1538 - Present

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Raechele Simpson, APRN
SSN: 247-21-4044

DOS: 05/20/16
DOD: 05/20/16
DOT: 05/21/16

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Current Medications: Diclofenac 75 mg b.i.d., lisinopril/hydrochlorothiazide 20/25 mg q.day.

Review of Systems: The patient admits fatigue, insomnia, numbness, nausea, vomiting, difficulty falling or staying asleep, sexual difficulty, thoughts of suicide, changes in appetite, weight gain, headaches, heartburn, discomfort in the pit of the stomach, frequent urination, bowel problems, stiff or painful muscles or joints, swollen joints, pain in back, pain in shoulders, pain when twisting the neck quickly, changes in level of concentration. The patient denies weight loss, swelling in armpits or groin, seizures, burning or painful urination, difficulty starting a urine flow.

Physical Exam: General Appearance: This patient is a very pleasant 43-year-old male, sitting in a chair, in no acute distress. Vital Signs: Blood pressure 146/90. Pulse 112. Respirations 16. Height 70 inches. Weight 309 pounds. Head and Neck: Pupils equal, round, and reactive to light. Extraocular movements intact. Chest: Clear to auscultation. No rales, rhonchi, wheezing, or intercostal retractions. Heart: Regular rate and rhythm without murmur. Normal S1, S2. No S3 or S4. No heaves, gallops, or thrills. No carotid bruits. Abdomen: Soft, obese. Positive bowel sounds, nontender, no masses. No guarding, distention, or rebound tenderness. Extremities: No clubbing, cyanosis, or edema. Musculoskeletal: Severe tenderness present to palpation of lumbar paraspinal muscles and paraspinal processes. Pain elicited with lumbar flexion, extension, and rotation. Bilateral straight leg raise negative for radiculopathy, low back pain produced. Inversion and eversion of bilateral hips normal. Bilateral Patrick's test negative. Neurologic: Alert and oriented x3. Cranial nerves II through XII are grossly intact. Psychiatric: Alert and oriented x3. Affect appropriate. 4/5 strength in bilateral lower extremities. Reflexes +2 and symmetric.

Summary: This is a pleasant 43-year-old male with low back pain and left shoulder pain following a work accident on 12/13/2014, referred by Dr. Richardson for consultation.

Assessment:

1. Chronic left shoulder pain secondary to interstitial tearing of the infraspinatus muscle, mild biceps tendonitis, moderate acromioclavicular joint arthrosis and bursitis, status post work injury, 12/13/2014.
2. Low back pain secondary to degenerative disc disease at L4-L5.

Plan:

1. Dr. Loudermilk joined us in the exam room and a treatment plan was formulated. The patient has not had an MRI of the lumbar spine, however, he is without insurance and is awaiting approval by worker's compensation. Once approved, an MRI of the lumbar spine will be ordered to further evaluate his symptoms.
2. The patient has used Ultram in the past to assist with pain, which was not beneficial to him. He has used Norco, which has helped with his pain. A narcotic agreement was reviewed and signed by the

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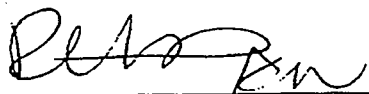
PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Raechele Simpson, APRN
SSN: 247-21-4044

DOS: 05/20/16
DOD: 05/20/16
DOT: 05/21/16

Page 3

- patient. Dr. Loudermilk prescribed Norco 10/325 mg one p.o. q.12h. p.r.n., #60 for four weeks. I prescribed Flexeril 10 mg one p.o. t.i.d. p.r.n. for muscle spasms, #90 with six refills and I refilled diclofenac sodium 75 mg one p.o. b.i.d. with food, #60 with six refills for inflammation.
3. The patient will continue to follow up with Dr. Paylor at Piedmont Orthopedic Associates. He is in need of surgery to the left shoulder, which is pending approval by worker's compensation, the patient has a court hearing 05/29/2016 regarding this issue.
 4. We will followup with the patient in four weeks for reassessment and refill of his medications.
 5. A urine drug screen was collected today since this is his initial visit, it was negative for opiates and illicit substances, this will be sent off for confirmation.

Thank you for this consultation.



Raechele Simpson, APRN
RS/DTI KPS B145608
Dictated - Not Read

cc: Melissa Richardson, M.D., St. Francis Women and Family, Fax #: 675-4825
John H. Paylor, M.D., Piedmont Orthopedic Associates

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

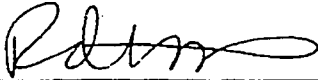
44

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Raechele Simpson, APRN
SSN: 247-21-4044

DOS: 05/20/16
DOD: 05/20/16
DOT: 05/20/16

Addendum:

Physical Exam: Musculoskeletal: Severe pain elicited with active range of motion of left shoulder. Pain present to palpation of left shoulder joint.



Raechele Simpson, APRN
RS/DTI KPS B145609
Dictated - Not Read

48

Group may slowly reduce and stop my medication, and will not give me any more medication prescriptions. If I am getting absolutely no help from this medication, or if there are problems, the medications may need to be reduced or stopped. It may be necessary for me to enter a chemical dependence (addiction) program in order to take me completely off the medication.

- 7. I understand the use of any illegal substances (i.e. marijuana, cocaine, heroin, etc.) will result in termination of this agreement. Unscheduled urine drug screens which show positive results for these illegal substances will result in termination of the agreement and discharge from the practice. Failure to comply with an unannounced request for a urine drug screen will be viewed as violation of this contract and termination of this agreement.
- 8. I understand that the main treatment goal is to improve my ability to function and/or work. In consideration of that goal and the fact that I am being given potent medication to help me reach that goal, I agree to help myself by the following better health habits: exercise, weight control, and the non-use of tobacco and alcohol. I understand that only through a healthier lifestyle can I hope to have the most successful outcome to my treatment.

I have been fully informed by Piedmont Comprehensive Pain Management Group and/or staff regarding psychological dependence (addiction) of a controlled substance, which I understand is rare. I know that some persons may develop a tolerance, which is the need to increase the dose of the medication to achieve the same effect of pain control, and I do know that I will become physically dependent on the medication. This will occur if I am on the medication for several weeks, and when I stop the medication, I MUST do so slowly and under medical supervision or I may have withdrawal symptoms.

Nothing in this agreement obligates my physician or Piedmont Comprehensive Pain Management Group in general to continue to provide controlled substances to me and I understand and agree that my treatment may be terminated at any time without cause.

I have read this agreement and it has been explained to me by Dr. EPL and/or staff. In addition, I fully understand the consequences of violating said agreement.

Patient: Nathaniel Abston

Date: 5/20/2010

Witness: Ricall Jay 107

Date: 5/20/10

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~~15~~

PATIENT BILLING HISTORY

Piedmont Comprehensive Pain Mgt Gp, LLC
100 Healthy Way
Suite 1260
Anderson, SC 29621-7918
Phone: 864-225-3551

Patient: Nathaniel Alston
105 Cavilier Dr Apt 11
Greenville, SC 29607

Guarantor: Nathaniel Alston

Account #: SP-STF-EPL
DOB: 11/24/1972
Home Phone: (864) 593-3427
Work Phone:

6/10/2013	Provider: Loudermilk MD, Eric P. (EIN: - , UPIN:) Procedure: 99990 (CANCELLATION)	Diagnosis: 000.00	0.00
			Balance: 0.00
5/20/2016	Provider: .Loudermilk M.D., Eric Procedure: 00000 (Prepayment)	Diagnosis: 000.00	0.00
	Payments: 05/20/2016 Alston, Nathaniel 05/23/2016 Alston, Nathaniel		-320.00 -5.00
			Balance: -325.00
5/20/2016	Provider: .Loudermilk M.D., Eric Procedure: 99203 (Office/Outpatient Visit, New)	Diagnosis: M54.5, M25.519	198.00
			Balance: 198.00
			Total Due: (\$127.00)

4/17

PATIENT BILLING HISTORY

Eric P. Loudermilk, MD
100 Healthy Way Suite 1260
Anderson, SC 29621-7918
Phone: (864) 225-3551

Patient: Nathaniel Alston
105 Cavilier Dr Apt 11
Greenville, SC 29607

Guarantor: Nathaniel Alston

Account #: SP-STF-EPL
DOB: 11/24/1972
Home Phone: (864) 593-3427
Work Phone:

Total Due: \$0.00

PATIENT BILLING HISTORY

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Michael T. Grier, MD
P.O. Box 1209
Anderson, SC 29622-1209
Phone: (864) 225-3551

Patient: Nathaniel Alston
105 Cavilier Dr Apt 11
Greenville, SC 29607

Account #: SP-STF-EPL
DOB: 11/24/1972
Home Phone: (864) 593-3427
Work Phone:

Guarantor: Nathaniel Alston

Total Due:

(40)

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Tracy C. Crawford, APRN
SSN: 247-21-4044

DOS: 12/02/16
DOD: 12/02/16
DOT: 12/02/16

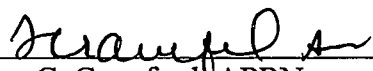
Mr. Alston is a pleasant 44-year-old gentleman with a history of chronic low back pain and severe left shoulder pain due to a rotator cuff tear. He has recently had a left shoulder x-ray through Doctors Care on Congaree Road and does have an MRI scheduled for his lower back on 12/12/2016. The insurance was denying the need for a lumbar MRI, but thankfully they have finally approved this. He has been managing his pain with a combination of Norco, citalopram, Neurontin, diclofenac, and Flexeril. He states that the medication regimen is working well for him, however, he is continuing to have some radiculopathy into his buttocks and down his legs bilaterally. He states this feels like pins and needles. He denies being diabetic. I do plan to increase his dose of Neurontin today to see if that will give him some relief. I started him on citalopram at the last visit due to the insurance not covering the Lexapro. The citalopram has been affordable for him and he also states that this has been helpful for him. He states that his wife is telling him that he seems calmer now than he did before and he thinks that the medication is working.

Assessment:

1. Chronic left shoulder pain secondary to a rotator cuff tear.
2. Chronic mechanical low back pain, most likely due to lumbar degenerative joint and disc disease.
3. Low back pain with bilateral lower extremity discomfort, possibly due to radiculopathy from a lumbar disc herniation or lumbar spinal stenosis.
4. Chronic depression and anxiety related to chronic pain and disability, stable at this time.

Plan:

1. Dr. Loudermilk refilled Norco 10/325 mg one p.o. q.6h. p.r.n., #120 for four weeks with no refills, and I refilled Neurontin 300 mg one to two p.o. t.i.d., #180 with six refills. He understands he should increase the dose of Neurontin with a slow titration starting with two of the 300 mg capsules at bedtime and going from there making sure he is not having any adverse effects. He will continue taking citalopram 20 mg one p.o. a.m. daily, diclofenac 75 mg b.i.d., and Flexeril 10 mg t.i.d. p.r.n. muscle spasms.
2. A urine drug screen was done at the last visit to ensure compliance with his treatment plan and this was sent for confirmation. This is consistent with his medication regimen and negative for any illicit substances. He has been compliant with his medications.
3. He will return in four weeks for reassessment and medication refills.



Tracy C. Crawford, APRN
TCC/DTI KPS B156701
Dictated - Not Read



PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Tracy C. Crawford, APRN
SSN: 247-21-4044

DOS: 11/04/16
DOD: 11/04/16
DOT: 11/05/16

Mr. Alston is a pleasant 43-year-old gentleman with a history of chronic low back pain and severe left shoulder pain due to a rotator cuff tear. He returns today for a four-week followup and refill of his medications. He now has Medicaid and he also has been under workmen's compensation. Unfortunately, he has not been able to get his Nucynta filled due to insurance denying this. Additionally, he is needing an MRI of his lumbar spine, which has also been denied. I do plan to send in a prior authorization today for the MRI and the Nucynta as well. He has also been managing his pain with Norco, Neurontin, and Flexeril along with diclofenac. The insurance unfortunately would not cover the Lexapro and this was going to cost him \$120 per month, which he could not afford. I do plan to prescribe him citalopram today for his anxiety and depression in the hopes that this will be a much cheaper alternative for him. I do believe that the generic at Walmart is \$4 on this medication. He is needing shoulder surgery by Dr. Paylor for his left rotator cuff tear, however, again the insurance is denying this and he is understandably frustrated.

Review of Systems: Constitutional: Denies fevers, chills, fatigue, and recent illness.

Physical Exam: Vital Signs: Blood pressure 156/96. Pulse 115. Respirations 18. General: Well developed, well nourished, in no acute distress. Skin: No rashes or lesions. Extremities: Warm and well perfused. No cyanosis or clubbing. Neurologic: Cranial nerves II through XII are grossly intact. Psychiatric: Alert and oriented x3. Affect is bright and appropriate.

Assessment:

1. Chronic severe left shoulder pain secondary to a rotator cuff tear.
2. Chronic mechanical low back pain, most likely due to lumbar degenerative joint and disc disease.
3. Low back pain with bilateral lower extremity discomfort, possibly due to radiculopathy from a lumbar disc herniation or lumbar spinal stenosis.
4. Chronic depression and anxiety related to chronic pain and disability (he denies suicidal and homicidal ideations).

Plan:

1. Dr. Loudermilk refilled Norco 10/325 mg one p.o. q.6h. p.r.n., #120 for four weeks with no refills, and I prescribed citalopram 20 mg one p.o. a.m. daily, #30 with six refills. He will continue taking diclofenac 75 mg b.i.d., Neurontin 300 mg t.i.d., and Flexeril 10 mg t.i.d. p.r.n. spasms.
2. A urine was collected today for a routine urine drug screen and this will be sent for confirmation. I checked the South Carolina prescription monitoring site today and this is consistent with his medication regimen and negative for any illicit substances.

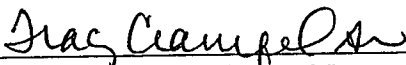
PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Tracy C. Crawford , APRN
SSN: 247-21-4044

DOS: 11/04/16
DOD: 11/04/16
DOT: 11/05/16

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Page 2

3. He will return in four weeks for reassessment and medication refills.



Tracy C. Crawford, APRN
TCC/DTI KPS B154997
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

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PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 10/07/16
DOD: 10/07/16
DOT: 10/07/16

Mr. Alston is a 43-year-old gentleman with chronic low back pain and severe left shoulder pain due to a rotator cuff tear who returns for followup and refill of his medications. He is taking Norco as needed for pain along with Neurontin, diclofenac, Lexapro, and Flexeril. We have tried to get authorization for an MRI of his lumbar spine, but this was denied by Workmen's Compensation. I have been trying to use Nucynta to help him with his pain, but this was not authorized through Workmen's Compensation; therefore we have been having to use Norco. He understands that Norco is more habit-forming and addictive than Nucynta; therefore I would recommend Nucynta over Norco if possible. His Workmen's Comp adjustor has not approved Nucynta; therefore we do not have much choice but to use different medication. He requests cane to assist with ambulation. His left shoulder continues to be held in a sling due to severe nature of his injury. He is expecting surgery on his left shoulder by Dr. Paylor, but apparently this has not been authorized. He now has Medicaid which will hopefully help cover his medications even though these should be under Workmen's Compensation according to him.

Assessment:

1. Chronic severe left shoulder pain secondary to a rotator cuff tear.
2. Chronic mechanical low back pain most likely due to lumbar degenerative joint and disk disease.
3. Low back pain with bilateral lower extremity discomfort possibly due to radiculopathy from a lumbar disk herniation or lumbar spinal stenosis.
4. Chronic depression and anxiety related to chronic pain and disability.

Plan:

1. I refilled Norco 10/325 mg q.6 h. as needed #120 for four weeks and he has a prescription for Nucynta ER 100 mg b.i.d. at his pharmacy. Perhaps this will be covered under his new Medicaid plan. I refilled diclofenac 75 mg b.i.d. and he will continue Lexapro 20 mg per day for depression, Neurontin 300 mg t.i.d., and Flexeril 10 mg t.i.d. for spasm.
2. I wrote a prescription for a cane to assist with ambulation.
3. We will reorder the MRI of his lumbar spine, perhaps this will be covered under his Medicaid.
4. I will see him back in four weeks for followup and refill of his pain medications.



Eric Loudermilk, M.D.
EL/DTI MA X288600
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

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PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 09/23/16
DOD: 09/23/16
DOT: 09/24/16

Mr. Alston is a 43-year-old gentleman with chronic low back pain and severe left shoulder pain due to a rotator cuff tear, who returns for followup and refill of his medications. He has taken Norco for the past two weeks and this has helped. He also takes Lexapro, Flexeril, Neurontin, and diclofenac. We are still trying to get authorization for an MRI of the lumbar spine. He is still not had surgery on his left shoulder but this has been recommended by Dr. Paylor. We have been trying to get authorization for Nucynta because I feel it is a safer pain medication than either hydrocodone or oxycodone. We cannot get approval for this medication. Therefore I plan to switch to Nucynta ER, which may be more affordable. I will refill another prescription for Norco to take as needed for breakthrough pain and we will add Nucynta ER 100 mg twice daily to have a more steady amount of pain refill throughout the day. I explained to Nathaniel that Nucynta does not contain codeine, Tylenol, or aspirin and there is no withdrawal from that medication. I feel it is less addictive and therefore preferred over hydrocodone or oxycodone. We will try to get this approved by his Workmen's Compensation adjustor. I did a DHEC inquiry today and it shows compliance with his treatment.

Physical Exam: Vital Signs: Blood pressure 136/94. Pulse 116. Respiratory rate 17. Head and neck: Unremarkable. The patient is wearing a sling for his left shoulder. Heart: Regular rate and rhythm without murmur. Abdomen: Obese. Positive bowel sounds. Nontender. No masses. Chest: Clear to auscultation. Extremities: No clubbing, cyanosis, or edema. Again, the left arm was in a sling.

Assessment:

1. Chronic mechanical low back pain secondary to lumbar degenerative joint and disk disease.
2. Chronic low back pain and bilateral lower extremity discomfort possibly due to a radiculopathy from a lumbar disc herniation or lumbar spinal stenosis.
3. Severe left shoulder pain secondary to a rotator cuff tear.
4. Chronic depression and anxiety related to chronic pain and disability.

Plan:

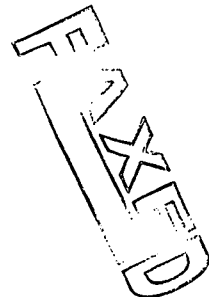
1. I refilled Norco 10/325 mg q.6 h. as needed #60 with no refills for a two week supply. I added Nucynta ER 100 mg b.i.d. #60 for four weeks. He will continue Lexapro 20 mg per day, Neurontin 300 mg t.i.d., diclofenac 75 mg b.i.d., and Flexeril 10 mg t.i.d. as needed for spasms.
2. We are continue to try to get authorization for an MRI of the lumbar spine.
3. At some point, he will likely undergo left shoulder rotator cuff repair by Dr. Paylor at Piedmont Orthopedics.
4. I will see him back in two weeks for followup and refill his pain medications.



Eric Loudermilk, M.D.
EL/DTI MA X287864
Dictated - Not Read

cc: John H. Paylor, M.D., Piedmont Orthopedics

679-1970



PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

54

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 09/09/16
DOD: 09/10/16
DOT: 09/11/16

Mr. Alston is a 43-year-old gentleman with chronic low back pain and severe left shoulder pain due to a rotator cuff tear, who returns for followup and refill of his pain medications. At his last visit four weeks ago, I wrote a prescription for Nucynta, but once again this has been denied by Workmen's Compensations and he cannot afford to buy it on his own. He takes Neurontin, diclofenac, and Flexeril. He is having a lot of problems with anxiety due to the fact that he cannot get his pain medication. He says that his adjustor told him that is too expensive. I have explained to Nathaniel that Nucynta is very safer narcotic pain medication than Norco or Percocet. There is much less risk of addiction and dependence with Nucynta, and also there is no Tylenol, aspirin, or codeine in Nucynta. I understand it is more expensive but treating addiction and narcotic dependence can be expensive as well. I agree to provide him with hydrocodone for two weeks until he can get his medication coverage rectified so that he can take the medications that I have prescribed. We have tried to get authorization for an MRI of his lower back to determine why he is having so much pain in his back and legs, but this has not been approved by his Workmen's Compensation adjustor. I also feel that he needs surgery on his left shoulder to repair the rotator cuff tear. I plan to refill his medications today and I plan to add Lexapro to help with depression and anxiety due to chronic pain and difficulty getting treatment.

Assessment:

1. Chronic mechanical low back pain secondary to lumbar degenerative joint and disk disease.
2. Chronic low back pain and bilateral leg pain possibly due to a lumbar disc herniation or spinal stenosis.
3. Severe left shoulder pain secondary to a rotator cuff tear.
4. Depression and anxiety due to chronic pain and disability.

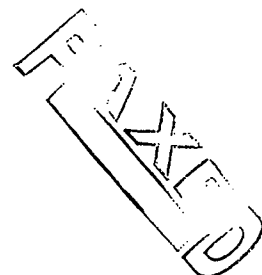
Plan:

1. I wrote a prescription for Norco 10/325 mg q.6 h. as needed #60 for two weeks. Hopefully, he will have approval for Nucynta when he returns in two weeks. I placed him on Lexapro 20 mg per day for depression and I refilled Flexeril 10 mg t.i.d. for spasms. I recommended continuing Neurontin 300 mg t.i.d. and diclofenac 75 mg b.i.d.
2. We are still trying to get authorization for the MRI of his lumbar spine.
3. He will likely undergo left shoulder surgery by Dr. Paylor, but this has not yet been scheduled.
4. I will see him back in two weeks to reassess his progress and refill his pain medications.



Eric Loudermilk, M.D.
EL/DTI MA X287069
Dictated - Not Read

cc: John Paylor, M.D., Piedmont Orthopedics, Fax #: (864) 699-1970



PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

55

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 08/08/16
DOD: 08/08/16
DOT: 08/08/16

Mr. Alston is a very pleasant 43-year-old gentleman with severe left shoulder pain and chronic low back pain, who returns today for followup and refill of his medications. He has been taking Nucynta as needed for pain along with diclofenac and Flexeril. The medications help and he tolerates them without any side effects. He still has a lot of pain in his left shoulder as well as his lower back. He has some tingling in his legs and feet. I plan to add Neurontin to his medication regimen today. We have tried to get authorization for an MRI of his lumbar spine to better determine why he is having so much pain in his back and legs, but this has not yet been improved through Workmen's Compensation. Apparently, he has been approved for shoulder surgery by Dr. Paylor. He has a rotator cuff tear of the left shoulder with impingement and will need surgery to correct this. He has been compliant with his prescriptions and appointments and I plan to refill his pain medications today. I plan to add Neurontin to his medication regimen. We are also trying to get authorization for decompression brace for his lower back.

Assessment:

1. Chronic mechanical low back pain most likely due to lumbar degenerative joint and disk disease.
2. Severe left shoulder pain secondary to a rotator cuff tear.
3. Chronic right shoulder pain.

Plan:

1. I refilled Nucynta 75 mg q.6 h. as needed, #120 for four weeks and I placed him on Neurontin 300 mg at bedtime advancing to t.i.d. He will continue diclofenac 75 mg b.i.d. and Flexeril 10 mg t.i.d. as needed.
2. We will try to get authorization for an MRI of his lumbar spine. In the meantime, decompression brace for his lower back would hopefully give him some relief.
3. He will undergo left shoulder surgery by Dr. Paylor, surgical date has not yet been determined.
4. I will see him back in four weeks to assess his progress and refill his pain medications.



Eric Loudermilk, M.D.
EL/DTI MA X284552

Dictated - Not Read

cc: John H. Paylor, M.D., Piedmont Orthopedics 679-1970

FAXED

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

56

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 07/11/16
DOD: 07/11/16
DOT: 07/11/16

Mr. Alston is a pleasant 43-year-old gentleman with chronic severe pain in the left shoulder as well as chronic low back pain who returns today for followup and refill of his medications. Since his last visit, he got approved for his disability, this will take a lot of financial pressure off of his shoulders. He is taking Flexeril and diclofenac and I had written a prescription for Nucynta, but apparently this is not authorized by his Workmen's Compensation career. I explained that the medications should be covered and I choose Nucynta because it is a safer narcotic medication with much less addictive potential than hydrocodone or oxycodone. I would prefer that he take this medication due to the safety risk and the lack of any withdrawal if he had been run out of the medication. I suggested he contact his adjustor or his attorney to make sure this medication will be authorized. He does not need refills of his other medications at this time.

Assessment:

1. Chronic mechanical low back pain secondary to lumbar disk bulging and degenerative disk disease.
2. Left shoulder rotator cuff tear with chronic severe left shoulder pain.
3. Chronic right shoulder pain.

Plan:

1. I recommended Nucynta 50 mg q.6 h. as needed and he still has his prescription from his last visit three weeks ago. I recommended continuing diclofenac 75 mg b.i.d. and Flexeril 10 mg t.i.d. as needed.
2. He will follow up with Dr. Paylor at Piedmont Orthopedics regarding his left shoulder surgery.



Eric Loudermilk, M.D.
EL/DTI MA X282467
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

57

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 06/17/16
DOD: 06/18/16
DOT: 06/19/16

Mr. Alston is a 43-year-old gentleman with chronic severe pain in the left shoulder as well as chronic low back pain who returns today for followup and refill of his medications. I saw him about four weeks ago for reevaluation. We placed him on Norco along with Flexeril and diclofenac. He says the Norco has not helped very much; therefore I plan to switch to Nucynta today. He is awaiting approval by Workmen's Compensation for surgery on his left shoulder. He is seeing Dr. Paylor at Piedmont Orthopedics who has recommended left shoulder surgery. He also complains of a lot of pain in his lower back. He had a urine drug screen at his last visit and this was unremarkable and showed compliance with his treatment. I plan to switch his pain medication to Nucynta today. Hopefully, Nucynta will work better than the hydrocodone. I have recommended that he continue with diclofenac and Flexeril as needed. We also discussed the decompression brace for his lower back since the back pain is a big component of his overall pain. I feel the decompression support will help. I do not feel we need to proceed with any injections.

Assessment:

1. Chronic mechanical low back pain secondary to lumbar disk bulging and degenerative disk disease.
2. Left shoulder rotator cuff tear with chronic severe pain.
3. Chronic right shoulder pain.

Plan:

1. I placed him on Nucynta 50 mg q.6 h. as needed #100 for four weeks and I recommended continuing Flexeril 10 mg t.i.d. as needed and diclofenac 75 mg b.i.d.
2. He was measured for a DDS decompression brace today in the office. I feel this will help with his chronic low back pain.
3. I will see him back in four weeks for followup and refill of his pain medications.



Eric Loudermilk, M.D.
EL/DTI MA X280971
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

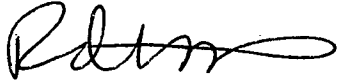
58

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Raechele Simpson, APRN
SSN: 247-21-4044

DOS: 05/20/16
DOD: 05/20/16
DOT: 05/20/16

Addendum:

Physical Exam: Musculoskeletal: Severe pain elicited with active range of motion of left shoulder. Pain present to palpation of left shoulder joint.



Raechele Simpson, APRN
RS/DTI KPS B145609
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
NEW PATIENT EVALUATION

59

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Raechele Simpson, APRN
SSN: 247-21-4044

DOS: 05/20/16
DOD: 05/20/16
DOT: 05/21/16

Referring Physician: Dr. Melissa Richardson.

History of Present Illness: Mr. Alston is a very pleasant 43-year-old male referred by Dr. Richardson for a consultation. The patient was previously a patient of our practice and was last evaluated over three years ago. He was previously being treated for chronic right shoulder pain, status post two right shoulder surgeries following a work accident in 2010. He is now having pain in the left shoulder as well as low back pain following a work accident on 12/13/2014. The patient states he was carrying a cast iron table while working on 12/13/2014, the weight of the table was shifted and he felt and heard a pop in his left shoulder and also began experiencing severe pain in the low back. He did not have any pain in the left shoulder or back prior to this date of the injury. He characterizes his pain in the back as an aching, burning, throbbing, sharp, and stabbing pain. He denies numbness and tingling in the bilateral lower extremities. He states his pain is present in the low back throughout the day. He has not had an MRI of the lumbar spine. He has had x-rays, which showed disc degenerative disease at L4-5. X-rays of the sacrum and coccyx were unremarkable. He has been evaluated by Dr. Paylor at Piedmont Orthopedic Associates regarding the left shoulder. He is in need of surgery for the left shoulder, however, he is currently awaiting worker's compensation to approve the surgery, he has a court hearing on 05/29/2016 regarding this issue. He has his left arm in a sling and his left shoulder is incredibly painful with range of motion. He states he has a stabbing pain in the left shoulder. He states he does occasionally have numbness and tingling in the bilateral upper extremities. On a pain scale from 0 to 10, he rates his pain as an 8 when it is at its best, a 10 when it is at its worst. He has participated in physical therapy, which was not helpful. He has also tried heat and ice therapy, a TENS unit, and injections in the past. He does take diclofenac twice a day as well as ibuprofen and he has tried muscle relaxers in the past, which were helpful. He has experienced significant weight gain since his injury, which is exacerbating his pain in the low back. He is not able to be as physically active as he has been in the past causing his weight gain. He denies bowel and bladder incontinence. MRI of the left shoulder shows tendonitis of the rotator cuff and moderate acromioclavicular arthrosis, he is in need of an arthroscopy with a subacromial decompression and a distal clavicle resection, which is pending approval by worker's compensation.

Past Medical History: Hypertension, arthritis, chronic right shoulder pain, bipolar, schizophrenia.

Past Surgical History: Two right shoulder surgeries in 2010.

Social History: The patient is married and is not able to work due to his pain in the shoulder and back. He smokes half-a-pack of cigarettes a day. Denies alcohol and marijuana use.

Family History: Noncontributory.

Allergies: No known allergies.

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Raechele Simpson, APRN
SSN: 247-21-4044

DOS: 05/20/16
DOD: 05/20/16
DOT: 05/21/16



Page 2

Current Medications: Diclofenac 75 mg b.i.d., lisinopril/hydrochlorothiazide 20/25 mg q.day.

Review of Systems: The patient admits fatigue, insomnia, numbness, nausea, vomiting, difficulty falling or staying asleep, sexual difficulty, thoughts of suicide, changes in appetite, weight gain, headaches, heartburn, discomfort in the pit of the stomach, frequent urination, bowel problems, stiff or painful muscles or joints, swollen joints, pain in back, pain in shoulders, pain when twisting the neck quickly, changes in level of concentration. The patient denies weight loss, swelling in armpits or groin, seizures, burning or painful urination, difficulty starting a urine flow.

Physical Exam: General Appearance: This patient is a very pleasant 43-year-old male, sitting in a chair, in no acute distress. Vital Signs: Blood pressure 146/90. Pulse 112. Respirations 16. Height 70 inches. Weight 309 pounds. Head and Neck: Pupils equal, round, and reactive to light. Extraocular movements intact. Chest: Clear to auscultation. No rales, rhonchi, wheezing, or intercostal retractions. Heart: Regular rate and rhythm without murmur. Normal S1, S2. No S3 or S4. No heaves, gallops, or thrills. No carotid bruits. Abdomen: Soft, obese. Positive bowel sounds, nontender, no masses. No guarding, distention, or rebound tenderness. Extremities: No clubbing, cyanosis, or edema. Musculoskeletal: Severe tenderness present to palpation of lumbar paraspinal muscles and paraspinal processes. Pain elicited with lumbar flexion, extension, and rotation. Bilateral straight leg raise negative for radiculopathy, low back pain produced. Inversion and eversion of bilateral hips normal. Bilateral Patrick's test negative. Neurologic: Alert and oriented x3. Cranial nerves II through XII are grossly intact. Psychiatric: Alert and oriented x3. Affect appropriate. 4/5 strength in bilateral lower extremities. Reflexes +2 and symmetric.

Summary: This is a pleasant 43-year-old male with low back pain and left shoulder pain following a work accident on 12/13/2014, referred by Dr. Richardson for consultation.

Assessment:

1. Chronic left shoulder pain secondary to interstitial tearing of the infraspinatus muscle, mild biceps tendonitis, moderate acromioclavicular joint arthrosis and bursitis, status post work injury, 12/13/2014.
2. Low back pain secondary to degenerative disc disease at L4-L5.

Plan:

1. Dr. Loudermilk joined us in the exam room and a treatment plan was formulated. The patient has not had an MRI of the lumbar spine, however, he is without insurance and is awaiting approval by worker's compensation. Once approved, an MRI of the lumbar spine will be ordered to further evaluate his symptoms.
2. The patient has used Ultram in the past to assist with pain, which was not beneficial to him. He has used Norco, which has helped with his pain. A narcotic agreement was reviewed and signed by the

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Raechele Simpson, APRN
SSN: 247-21-4044

DOS: 05/20/16
DOD: 05/20/16
DOT: 05/21/16

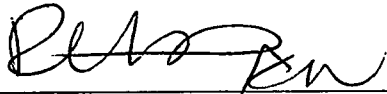


Page 3

patient. Dr. Loudermilk prescribed Norco 10/325 mg one p.o. q.12h. p.r.n., #60 for four weeks. I prescribed Flexeril 10 mg one p.o. t.i.d. p.r.n. for muscle spasms, #90 with six refills and I refilled diclofenac sodium 75 mg one p.o. b.i.d. with food, #60 with six refills for inflammation.

3. The patient will continue to follow up with Dr. Paylor at Piedmont Orthopedic Associates. He is in need of surgery to the left shoulder, which is pending approval by worker's compensation, the patient has a court hearing 05/29/2016 regarding this issue.
4. We will followup with the patient in four weeks for reassessment and refill of his medications.
5. A urine drug screen was collected today since this is his initial visit, it was negative for opiates and illicit substances, this will be sent off for confirmation.

Thank you for this consultation.



Raechele Simpson, APRN

RS/DTI KPS B145608

Dictated - Not Read

cc: Melissa Richardson, M.D., St. Francis Women and Family, Fax #: 675-4825
John H. Paylor, M.D., Piedmont Orthopedic Associates

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

62

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Tracy C. Crawford, APRN
SSN: 247-21-4044

DOS: 01/02/17
DOD: 01/02/17
DOT: 01/02/17

Mr. Alston is a pleasant 44-year-old gentleman with a history of chronic low back pain and severe left shoulder pain due to a rotator cuff tear. He is scheduled to have an MRI of his lumbar spine later this week, which his insurance has been denying, but thankfully has finally approved this. He started coming to our clinic in May and we have been attempting to get this so that we can see exactly what is going on with his back. He has been managing his pain with a combination of Norco, Neurontin, diclofenac, Flexeril, and has been taking citalopram for some mild depression as well. He states that the citalopram is helping him very well and he and his wife can both tell a difference in his mood. The Neurontin was increased to one to two capsules p.o. t.i.d. at the last visit, however, the patient forgot that he had enough to take the extra dose and has only been taking one t.i.d. He does plan to integrate the second capsule slowly into his regimen over the next couple of months. He is having an exacerbation with his back pain, however, he understands this may be due to the change in the weather. Today, I do plan to get him measured for a lumbar support brace, which I believe is justified due to his degenerative disc disease and disc herniation and spinal stenosis by history. We will refill his medications and I feel that since he has been compliant and coming to us now for approximately seven months, we can see him on a two-month basis.

Assessment:

1. Chronic left shoulder pain secondary to a rotator cuff tear.
2. Chronic mechanical low back pain, most likely due to lumbar degenerative joint and disc disease.
3. Low back pain with bilateral lower extremity discomfort, possibly due to radiculopathy from a lumbar disc herniation or lumbar spinal stenosis.
4. Chronic depression and anxiety related to chronic pain and disability, improved.

Plan:

1. Dr. Loudermilk refilled Norco 10/325 mg one p.o. q.6h. p.r.n., #120 for two months. He will continue taking Neurontin 300 mg one to two p.o. t.i.d., citalopram 20 mg one p.o. q.a.m. daily, diclofenac 75 mg one p.o. b.i.d. with food, and Flexeril 10 mg p.o. t.i.d. p.r.n.
2. He was measured for a lumbar support brace today and will have his insurance authorize for this and then will be called for a fitting for this device.
3. I checked the South Carolina prescription monitoring site today and this is consistent with him only filling the Norco through our office and he is not getting controlled substances from any other providers at this time.
4. He is scheduled for a lumbar MRI at St. Francis in the next few days and we will have this for review.
5. He will return in two months for reassessment and medication refills.

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Tracy C. Crawford, APRN
SSN: 247-21-4044

DOS: 01/02/17
DOD: 01/02/17
DOT: 01/02/17

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Page 2

6. His blood pressure is somewhat elevated today, however, he tells me that his primary care physician has started him on a blood pressure medicine yesterday and is monitoring this for him.

Tracy C. Crawford

Tracy C. Crawford, APRN

TCC/DTI KPS B158416

Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

64

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 03/11/13
DOD: 03/11/13
DOT: 03/12/13

Mr. Alston is a pleasant 40 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns today for follow-up and refill of his medications. He says that this is his last visit under Workmen's Compensation and he is trying to get approval for disability. He is on a combination of Ultram, Celebrex, Klonopin, and Voltaren gel. He uses a TENS unit and he is seeing Mental Health for bipolar disorder and schizophrenia. He is now taking Geodon and this has helped. He has been compliant with his prescriptions and appointments and he tolerates his medicine without any side effects. I plan a surprise urine drug screen today in the office to ensure that he has been compliant with his treatment. He has a previous history of substance abuse and I do not want him taking any narcotic medications. I plan to refill his prescriptions today.

Assessment: Chronic severe right shoulder pain status post two right shoulder surgeries due to rotator cuff injuries.

Plan:

1. I refilled Ultram 50 mg 1-2 q6h p.r.n. #180 for 3 months and Klonopin 1 mg t.i.d. #90 for 3 months. I refilled Celebrex 200 mg b.i.d. and Voltaren gel. I also added Mobic 15 mg per day in the event he cannot afford Celebrex.
2. I reminded him to use his TENS unit and wear the right arm sling.
3. He will continue Geodon for treatment of schizophrenia and bipolar disorder through Mental Health.
4. I will see him back in 3 months for follow-up and refill of his medications.



Eric Loudermilk, M.D.
EL/DTI operAB X200632
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

65

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 01/14/13
DOD: 01/14/13
DOT: 01/15/13

This is a very pleasant 40 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns today for follow-up and refill of his medications. It has been two months since his last visit. He is doing better than he was doing 2-3 months ago. He had his bank account broken into last year and his identification was stolen. This essentially "tipped him over the edge." He was admitted with severe bipolar disorder and schizophrenia. He is now on several medications including Zoloft and another antipsychotic medication and he is doing better. He was discontinued from Seroquel due to side effects. He is on a combination of Ultram, Klonopin, and Celebrex and he uses Voltaren gel and these are helping the shoulder pain. He also uses a TENS unit and he uses a right arm sling. He is pleased with his medications and his pain management and he tolerates the medicine without any side effects. He has a previous history of substance abuse and I feel that he is on an appropriate combination of medications at this time. I plan to refill his prescriptions today.

Assessment: Severe chronic right shoulder pain status post two right shoulder surgeries due to rotator cuff injuries.

Plan:

1. I refilled Ultram 50 mg 1-2 q6h p.r.n. #180 for 2 months and Klonopin 1 mg t.i.d. #90 for 2 months. He will continue Celebrex 200 mg b.i.d. and Voltaren gel p.r.n.
2. He will continue using the TENS unit and wearing the right arm sling.
3. He will follow-up with Mental Health for his treatment of schizophrenia and bipolar disorder.
4. I will see him back in 2 months for follow-up and refill of his pain medications.



Eric Loudermilk, M.D.
EL/DTI operAB X196562
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE



PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 11/19/12
DOD: 11/19/12
DOT: 11/20/12

This is a pleasant 39 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns for follow-up and refill of his medications. He has had a very difficult four weeks which apparently was triggered by the fact that his bank account was broken into and his identification was stolen and this seemed to "tip him over the edge." He was admitted with severe bipolar disorder and schizophrenia and is now taking Seroquel and Remeron. He seems to be doing much better on these medications. The hospital was focusing on helping him cope with his chronic pain and address any other problems such as his previous history of alcohol abuse. The patient is currently taking Ultram as needed along with Klonopin, Celebrex, and Voltaren gel. He has not gotten a prescription filled for his TENS unit or his right arm sling. The hospital physicians felt that he was on appropriate medications with respect to his mental illness and previous substance abuse and I also feel that he is on a good appropriate regimen of medications. The patient has been compliant with his prescriptions and appointments and I plan to refill some of his medications today. He will follow-up with Mental Health for refills of Seroquel and Remeron.

Assessment: Chronic severe right shoulder pain status post two right shoulder surgeries due to rotator cuff injuries.

Plan:

1. I refilled Ultram 50 mg 1-2 q6h p.r.n. #180 for 2 months and Klonopin 1 mg t.i.d. #90 for 2 months. He will continue Celebrex 200 mg b.i.d. and Voltaren gel p.r.n.
2. I encouraged him to fill the prescription for his TENS unit and the right arm sling.
3. He will follow-up with Mental Health for refills of Seroquel and Remeron.
4. I will see him back in 2 months for follow-up and refill of his medications.



Eric Loudermilk, M.D.
EL/DTI operAB X192698
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

67

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 10/26/12
DOD: 10/26/12
DOT: 10/28/12

This is a very pleasant 39 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns for follow-up and refill of his medications. He missed his last appointment. Apparently he became very depressed because he lost his home. He also said that his back account was broken into and his identification had been stolen and this apparently tipped him over the edge. He is currently living with a friend. He takes Ultram as needed for pain but he has been out of that medication. He has also taken Celebrex, Klonopin, and Voltaren gel. He says that he needs refills of all of his medications today. He has also lost his arm sling and his TENS unit is broken. I plan to rewrite prescriptions for these items today. He is at maximum medical improvement and has been given a 41% impairment to his right arm and a 25% whole person impairment by Dr. Carol Burnette. The patient has always been compliant with his prescriptions and his appointments. I plan to refill his medication today.

Assessment: Chronic severe right shoulder pain status post two right shoulder surgeries due to rotator cuff injuries.

Plan:

1. I refilled Ultram 50 mg 1-2 q6h p.r.n. #180 for 4 weeks and Klonopin 1 mg t.i.d. #90 for 4 weeks. I refilled Celebrex 200 mg b.i.d. and Voltaren gel.
2. I wrote a prescription for a right arm sling.
3. I wrote a prescription for a TENS unit since his other one has been broken.
4. I will see him back in 4 weeks to reassess his progress and refill his medications.



Eric Loudermilk, M.D.
EL/DTI operAB X191046
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE



PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 07/16/12
DOD: 07/16/12
DOT: 07/17/12

Mr. Alston is a pleasant 39-year-old gentleman with chronic right shoulder pain status post 2 right shoulder surgeries who returns today for follow up and refill of his medications. He is maintaining good pain control with a combination of Ultram, Klonopin, Celebrex and Voltaren gel. He wears a shoulder sling to help keep the arm stable. He recently had his social security hearing and apparently this was more tailored toward psychiatric illness than his shoulder problems. I do not have any of those reports at this time. He was given a 41% impairment to his right arm and a 25% whole person impairment by Dr. Carole Burnette. His pain is manageable with his current pain medications, and I plan to refill some of his prescriptions today, no adjustments are necessary at this time.

Assessment: Chronic severe right shoulder pain status post 2 right shoulder surgeries due to rotator cuff injuries.

Plan:

1. I refilled Ultram 50 mg 1 to 2 q. 6 hours as needed # 180 for 2 months and Klonopin 1 mg t.i.d # 90 for 2 months. He will continue Celebrex 200 mg b.i.d and Voltaren gel.
2. I will see him back in 2 months for follow up and refill of his pain medications.



Eric Loudermilk, M.D.
EL/DTI HMS X182366
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

69

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 05/21/12
DOD: 05/21/12
DOT: 05/21/12

This is a pleasant 39 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns today for follow-up and refill of his medications. He is doing well with a combination of Ultram, Klonopin, Celebrex, and Voltaren gel and he tolerates his medications without any side effects. He recently underwent a social security hearing last Friday and apparently was referred to a psychiatrist by the judge. I do not have any information on this at this time. He has been given an impairment rating of 41% to his right arm equivalent to a 25% whole person impairment by Dr. Carol Burnette. He has been compliant with his prescriptions and appointments and he tolerates his medicines without any side effects. I plan to refill his medications today.

Assessment: Chronic severe right shoulder pain status post two right shoulder surgeries due to rotator cuff injuries.

Plan:

1. I refilled Ultram 50 mg 1-2 q6h p.r.n. #180 for 2 months and Klonopin 1 mg t.i.d. #90 for 2 months. I also refilled a prescription for Voltaren gel and he will continue Celebrex 200 mg b.i.d.
2. I will see him back in 2 months for follow-up and refill of his medications.



Eric Loudermilk, M.D.
EL/DTI operAB X177737
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

70

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 03/26/12
DOD: 03/26/12
DOT: 03/27/12

This is a very pleasant 39 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns for follow-up and refill of his pain medications. He is on a regimen of medications which includes Ultram for pain, Klonopin, Celebrex, and Voltaren gel. He tolerates these medicines without any side effects. The medications continue to do a good job keeping his pain at a manageable level. He wears his splint and sling whenever he comes to the office and says that he has markedly decrease range of motion in the right shoulder. He was given an impairment rating of 41% to his right arm which was equivalent to a 25% whole person impairment rating. This was done by Dr. Carol Burnette. The patient has always been compliant with his prescriptions and appointments and I plan to refill his medications today.

Assessment: Chronic severe right shoulder pain status post two right shoulder surgeries due to rotator cuff injuries.

Plan:

1. I refilled Ultram 50 mg 1-2 q6h p.r.n. #180 for 2 months and Klonopin 1 mg t.i.d. #90 for 2 months. He will continue Celebrex 200 mg b.i.d. and Voltaren gel p.r.n.
2. I will see him back in 2 months for follow-up and refill of his pain medications.



Eric Loudermilk, M.D.
EL/DTI operAB X172884
Dictated - Not Read

PROGRESS NOTE

571

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 01/30/12
DOD: 01/30/12
DOT: 01/30/12

This is a pleasant 39 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns today for follow-up and refill of his medications. His pain has been stable with Ultram, Klonopin, Celebrex, and Voltaren gel. He tolerates these medications without any side effects. He is pleased that he is not requiring narcotic medications to control his pain. He has undergone an impairment rating by Dr. Carol Burnette who provided a 41% impairment to his right arm equivalent to a 25% whole person impairment. He remains with markedly decreased range of motion of his right shoulder and is always wearing a splint and sling whenever he comes into my office. The patient remains compliant with his prescriptions and his appointments and I plan to refill his medications today.

Assessment: Chronic severe right shoulder pain status post two right shoulder surgeries due to rotator cuff injuries.

Plan:

1. I refilled Ultram 50 mg 1-2 q 6h p.r.n. #180 for 2 months and Klonopin 1 mg t.i.d. #90 for 2 months. I also refilled Celebrex 200 mg b.i.d. and recommended continuing Voltaren gel.
2. I will see him back in 2 months for follow-up and refill of his pain medications.



Eric Loudermilk, M.D.
EL/DTI operAB X167307
Dictated - Not Read

PROGRESS NOTE

172

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 12/05/11
DOD: 12/05/11
DOT: 12/06/11

This is a wonderfully pleasant 39 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns for follow-up and refill of his medications. He is currently on a combination of Ultram, Klonopin, Celebrex, and Voltaren gel. The medications are working well and he tolerates them without any side effects. He took a bit too much Klonopin and ran out of the medication early and we had a long discussion today regarding the importance of taking his medications as prescribed. He is tolerating the medicine without any side effects and he is sleeping much better at night. He underwent an impairment rating by Dr. Burnette who placed him at a 41% impairment to his right arm equivalent to a 25% whole person impairment. He remains with markedly decreased range of motion of the right shoulder and he wears a splint each time he comes to my office. The patient has been compliant with his appointments and I plan to refill his prescriptions today.

Assessment: Chronic severe right shoulder pain status post two right surgeries from rotator cuff injuries.

Plan:

1. I refilled Ultram 50 mg 1-2 q 6h p.r.n. #180 for 2 months along with Klonopin 1 mg in the morning and 2 mg at bedtime #90 for 2 months. I also refilled Celebrex 200 mg b.i.d. and Voltaren gel.
2. I will see him back in 2 months for follow-up and refill of his pain medications.



Eric Loudermilk, M.D.
EL/DTI operAB X162934
Dictated - Not Read

cc: Sue Kaiser, Companion Workers' Compensation
Fax: (877) 379-7389

Sent 12/7/11 11:02 AM

PROGRESS NOTE

73

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 11/07/11
DOD: 11/07/11
DOT: 11/08/11

This is a 38 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns for follow-up and refill of his medications. He is on a combination of Ultram, Klonopin, Celebrex, and Voltaren gel. At his last visit, we had a long discussion regarding his depression and anxiety and his diagnosis of post-traumatic stress disorder. We switched Cymbalta to Klonopin and this has worked much better for him. He tolerates the medication without any side effects and has definitely helped his mood swings and he is sleeping much better at night. He has undergone an impairment rating by Dr. Carol Burnette who placed him at a 41% impairment to his right arm equivalent to a 25% whole person impairment. He remains with significantly decreased range of motion of the right shoulder and wears a splint each time he comes to the office. He has been compliant with his prescriptions and appointments and I plan to refill his pain medications today.

Assessment: Chronic severe right shoulder pain status post two right shoulder surgeries from rotator cuff injuries.

Plan:

1. I refilled Ultram 50 mg 1-2 q 6h p.r.n. #180 for 4 weeks and Klonopin 1 mg 1 Tab in the morning and 2 Tabs at bedtime. He will continue Celebrex 200 mg b.i.d. and Voltaren gel p.r.n.
2. I will see him back in 4 weeks for follow-up and refill of his medications.



Eric Loudermilk, M.D.
EL/DTI operAB X160186
Dictated - Not Read

cc: Sue Kaiser, Companion Workers' Compensation
Fax: (877) 379-7389

PROGRESS NOTE

74

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 10/10/11
DOD: 10/10/11
DOT: 10/11/11

This is a pleasant 38 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns for follow-up and refill of his medications. At his last visit, he discussed problems with depression and anxiety and apparently was diagnosed with post-traumatic stress disorder by Dr. John Burton. I placed him on Cymbalta but he has not tolerated Cymbalta well. He has noticed increased mood irritability and insomnia and I plan to discontinue Cymbalta today. I plan to add Klonopin in place of Cymbalta to his medication regimen. He is taking Ultram as needed for pain along with Celebrex and Voltaren gel. He has been compliant with his prescriptions and appointments. He has already undergone an impairment rating by my partner, Dr. Carol Burnette, and was given a 41% impairment to the right arm equivalent to 25% whole person impairment. He remains with significantly decreased range of motion of his right shoulder and he wears a shoulder splint every time he comes into my office. I plan to refill and adjust his prescriptions today.

Assessment: Chronic severe right shoulder pain status post two right shoulder surgeries for rotator cuff injury.

Plan:

1. I refilled Ultram 50 mg 1-2 q 6h p.r.n. #180 for 4 weeks. I stopped Cymbalta and placed him on Klonopin 1 mg 1 Tab in the morning and 1-2 Tabs at bedtime. He will continue Celebrex 200 mg b.i.d. and Voltaren gel.
2. I will see him back in 4 weeks to reassess his progress and refill his medications.



Eric Loudermilk, M.D.
EL/DTI operAB X157469
Dictated - Not Read

cc: Sue Kaiser, Companion Workers' Compensation
Fax: (877) 379-7389

Sent 10/14/11 By ae

PROGRESS NOTE

75

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 08/29/11
DOD: 08/29/11
DOT: 08/30/11

This is a pleasant 38 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns for follow-up and refill of his medications. He has undergone an impairment rating by my partner, Dr. Carol Burnette, who placed him at a 41% impairment to the right arm equivalent to a 25% whole person impairment. He has a significantly decreased range of motion of his right shoulder and he wears his shoulder splint. He takes Ultram as needed for pain along with Celebrex and Voltaren gel. He is having some problems with depression and anxiety and was diagnosed by Dr. John Burton with post-traumatic stress disorder. I feel that he would benefit from Cymbalta especially given the fact that Cymbalta is indicated for diffuse joint pain. I plan to add Cymbalta to his medication regimen today.

Assessment: Chronic severe right shoulder pain status post two right shoulder surgeries for rotator cuff injury.

Plan:

1. I refilled Ultram 50 mg to take p.r.n. for pain and I added Cymbalta 30 mg per day advancing to 60 mg per day. He will continue Celebrex 200 mg b.i.d. and Voltaren gel.
2. I will see him back in 6 weeks for follow-up in my office.



Eric Loudermilk, M.D.
EL/DTI operAB X153291
Dictated - Not Read

cc: Sue Kaiser, Companion Workers' Compensation
Fax: (877) 379-7389

Sent 9/2/11 ae

PROGRESS NOTE

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 07/18/11
DOD: 07/18/11
DOT: 07/19/11

76

This is a 38 year-old gentleman with chronic right shoulder pain status post two right shoulder surgeries who returns today for follow-up and refill of his pain medications. He underwent an impairment rating by my partner, Dr. Carol Burnette, who placed him at a 41% permanent impairment to his right arm equivalent to a 25% impairment to the whole person. He continues to have severely restricted range of motion of his right shoulder and wears a shoulder splint. He is on a combination of Ultram, Celebrex, and Voltaren gel and he does not need any stronger pain medications at this time. I am pleased that we have been able to manage his pain without the use of any addictive medications. He remains compliant with his prescriptions and appointments and I plan to refill his pain medication today.

Assessment: Chronic severe right shoulder pain status post two right shoulder surgeries for rotator cuff injury.

Plan:

1. He will continue Ultram 50 mg 1-2 q 6 hours p.r.n. I refilled Celebrex 200 mg b.i.d. and Voltaren gel.
2. I will see him back in 6 weeks for follow-up and refill of his medications.



Eric Loudermilk, M.D.

EL/DTI operAB X148552

Dictated - Not Read

cc: Sue Kaiser, Companion PNC, Workers' Compensation
Fax: (877) 379-7389

Progress Note

77

PATIENT: Nathaniel Alston **DOS:** 6-6-11
PHYSICIAN: Dr. Loudermilk **DOD:** 6-6-11
SSN: 247-21-4044 **DOT:** 6-17-11

Mr. Alston is a 38 year old gentleman with chronic right shoulder pain status post two prior shoulder surgeries. He returns for follow-up and refills of his medications. He underwent an impairment rating several months ago by my partner, Dr. Carol Burnette who placed him at a permanent 41% impairment to the right arm equivalent to a 25% impairment to the whole person. He has severely restricted range of motion of his right shoulder. He still has diminished range of motion and appears to have a "frozen shoulder". He takes Ultram as needed for pain and he also takes Celebrex and uses Voltaren Gel on a daily basis. He does not need any stronger pain medication at this time. We have been able to manage the pain with the medications and he has been pleased with his pain management. He is very comfortable with his current medication regimen and I plan to refill a prescription for Ultram today.

Assessment:

- 1) Chronic severe right shoulder pain status post two shoulder surgeries for rotator cuff injury.

Plan:

- 1) I refilled Ultram 50 mg every 6 hours as needed for pain. He will continue Celebrex 200 mg b.i.d. and Voltaren Gel.
- 2) I see him back in 6 weeks for follow-up and refill of this medications.



Eric P. Loudermilk, M.D.

EPL/dew

cc: Sue Kaiser, Companion PNC Workman's Compensation
Fax (877) 379-7389

John Paylor, M.D., Piedmont Orthopedics
(864) 675-1657

Sent 6/21 11 By ae

Progress Note

78

PATIENT: ALSTON, NATHANIEL **DOS:** 05-02-11
PHYSICIAN: DR. LOUDERMILK **DOD:** 05-02-11
SSN: 247-21-4044 **DOT:** 05-10-11

Mr. Alston is a very pleasant 38 year-old gentleman with chronic right shoulder pain status post two shoulder surgeries who returns today for follow-up. He has chronic pain in his right shoulder requiring a combination of medications which includes Ultracet, Celebrex, and Voltaren gel. He underwent an impairment rating by my partner, Dr. Carol Burnette, who assigned him a permanent 41% impairment to the right upper extremity equivalent to the 25% whole person impairment. The basis for this was his severely restricted range of motion of the right shoulder. On examination, he still has a significant decrease in his range of motion of the right shoulder and chronic pain in this area. He appears to have adhesive capsulitis/frozen shoulder syndrome. Unfortunately his pain and function have not improved with the surgeries. I am pleased that we are able to manage Mr. Alston's pain without the use of narcotics or other habit-forming medications. He is very comfortable with his current prescriptions and I do not plan to make any adjustments to his medications at this time.

Assessment: Chronic severe right shoulder pain status post two shoulder surgeries for rotator cuff injury.

Plan:

- 1) He will continue Ultram 50 mg q 6 hours p.r.n. for pain along with Celebrex 200 mg b.i.d. and Voltaren gel.
- 2) I will see him back in 6 weeks for follow-up and refill of his medications.



Eric P. Loudermilk, M.D.

EPL/adb

cc: Sue Kaiser, Companion PNC, Workers' Compensation, Fax: (877) 379-7389
John Paylor, M.D., Piedmont Orthopedics, Fax: (864) 675-1657

Sent 5 / 12 / 11 By ae



IMPAIRMENT EVALUATION

Carol W. Burnette, MD

March 31, 2011

Patient: **ALSTON, NATHANIEL**
DOB: 11/24/1972
SSN: 247-21-4044

Employer: Green Co Beverage
Date of Injury: 3/22/2010

Records reviewed include those of Eric P. Loudermilk, MD, John Paylor, MD, St. Francis Hospital and Innervision MRI & Imaging.

History of Present Illness: This unfortunate right hand dominant gentleman is referred by Eric Loudermilk, MD for an impairment evaluation, in relation to a work injury that occurred on 3/22/2010. At that time, while working as a beer vendor for Green Co Beverage, he developed severe pain in the right neck, shoulder and arm while lifting cases of beer. He had been working in that capacity for a couple of years, and had been having some mild pain in the shoulder intermittently with his usual work activities, but on the day of injury the pain was severe to the point of seeking medical attention.

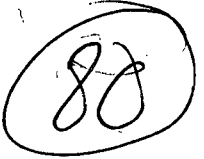
He was referred to John Paylor, MD after undergoing MRI of the right shoulder, which showed advanced acromioclavicular joint arthropathy, swelling in the soft tissues about the AC joint and distal clavicle, some signs of tendinitis in the supraspinatus, infraspinatus and long head of biceps tendons, and partial tear of the infraspinatus tendon. He went through several sessions of physical therapy with no improvement. He eventually underwent arthroscopic shoulder surgery by Dr. Paylor on 6/01/2010, consisting of subacromial decompression and distal clavicle excision. Unfortunately, despite the surgery, his pain and loss of range of motion continued to worsen. He eventually underwent repeat MRI of the shoulder in September 2010, which showed a small rotator cuff tear, continued tendinopathy of the rotator cuff tendons and long head of biceps tendon, and prominent acromioclavicular joint degenerative changes.

Because of the ongoing pain and continued abnormalities on MRI, he underwent a second shoulder surgery by Dr. Paylor on 10/01/2010, which consisted primarily of debridement of scar tissue. Unfortunately, his pain and loss of motion in the shoulder have continued to worsen over time.

He was referred to Eric Loudermilk, MD on 1/18/2011 for pain management. He had been through several sessions of physical therapy at that point and was using a TENS unit, which he has continued to use up to the present time. He was given a combination of pain medications, including Ultram, Celebrex and Voltaren gel. A shoulder MR-arthrogram was recommended, but apparently not approved by workers compensation. He was felt to have reached maximal medical improvement as of 1/31/2011, according to Dr. Loudermilk's notes. He was subsequently referred for an impairment rating.

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP

100 Healthy Way, Suite 1260, Anderson, SC, 29621 Phone 864-225-3551 Fax 864-328-0328
3 St. Francis Drive, Suite 480, Greenville, SC, 29601 Phone 864-269-4416 Fax 864-269-8989



Current Status: He states the right shoulder, neck and arm remain quite painful, with severe pain noted with any movements of the shoulder. He has only been able to move the shoulder a minimal amount due to pain, and he spends most of the time in a shoulder sling for support. He states the pain has become the dominant factor in his life, and he has had to withdraw from virtually all social activities due to pain. In the past he enjoyed bowling, shooting pool, playing horseshoes and "horsing around" with his eleven year old sister, but since the shoulder problem began, he has given up trying to do any recreational activities. He admits to depression and anxiety, but states he has a strong faith in God and has no intention of harming himself. He has been engaged, but states he expects that his fiancée may be planning to end the relationship soon. He has no real social support here in upstate SC, but does have some family in the lower part of the state. He may end up moving to be closer to family, since the shoulder problem has not improved at all. He currently requires assistance for buttoning shirts, pulling up pants, tying shoelaces, and performing personal hygiene. He has ongoing restricted range of motion at the shoulder, as well as some loss of elbow and wrist range of motion, possibly from disuse. He notices ongoing weakness in the arm and hand, with frequent numbness in the hand. He has some right-sided posterior neck pain since the injury, but there are no records available at this time to indicate he has undergone any imaging of the spine. He is not aware of having undergone any nerve conduction studies. He has some headaches associated with his shoulder and neck pain, with frequent elevation of blood pressure. He notices increased pain with changes in weather. He rates the pain as "8" currently on a scale of 0-10, with "10" being the worst pain. At times the pain may improve to "6" with medication and using a TENS unit. Sleep has been difficult due to pain, frequently unable to find a comfortable resting position.

Past Medical History: Otherwise unremarkable aside from current injury-related complaints.

Past Surgical History: None, other than the two injury-related right shoulder surgeries.

Allergies: None known.

Medications: Celebrex, Tramadol, Voltaren gel, Flexeril.

Family History: Non-contributory.

Social History: He is single, with no children. His relationship with his fiancée apparently has been strained. He has an 11th grade education and never obtained a GED. He smokes 1/2 pack a day of cigarettes for several years. He denies any alcohol or other substance abuse. He had been working for Green Co Beverage for about 2 years, but was terminated last month. Prior to that job, he had been doing mostly construction work and odd jobs.

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Review of Systems: Otherwise non-contributory.

Physical Exam: General: Alert, well oriented, cooperative and punctual for appointment. He was tearful during portions of the exam.

Gait and Station: Grossly normal, aside from decreased right arm swing.

Vitals: Temperature: Afebrile. Pulse: 80 Resp.rate: 18 BP: 142/108

Height: 6'0" Weight: 215 lb

Cervical Spine: Slightly forward posture noted. No heat, erythema, or swelling noted over the spinous processes. Increased muscle tension and mild tenderness noted in the cervicothoracic paraspinal muscles and upper trapezius and rhomboid muscles, left worse than right. Cervical spine range of motion is mildly restricted and painful in all directions, with contralateral pulling discomfort noted. No definite radicular symptoms elicited with any neck movements, but Spurling maneuver does increase axial neck pain on the right.

Right Upper Extremity:

Shoulder:

His shoulder sling was carefully removed for the exam. He appears to have increased discomfort when donning and doffing his shirt and the sling. He needed assistance for buttoning and unbuttoning the shirt. Well healed scars present from previous surgery, with no heat, erythema or signs of infection noted. The glenohumeral, acromioclavicular and sternoclavicular joints are tender to palpation, as is the posterior scapular region. Range of motion is severely restricted and painful, reaching only 10 degrees of flexion, 5 degrees of extension, 10 degrees of abduction, 5 degrees of cross adduction, 10 degrees of internal rotation, and 10 degree of external rotation. He appears tearful during the exam.

Elbow: He complains of pain with flexion and extension, reaching about 120 degrees of extension and 80 degrees of flexion. The elbow joint appears mildly tender to palpation. No heat or erythema apparent.

Wrist and hand: He complains of pain with attempts to grip or squeeze, with pain reported in the shoulder, arm and hand with attempted gripping. Wrist flexion and extension appear restricted and painful, reaching only about 30 degrees in either direction.

Distal pulses appear intact. Skin temperature appears normal.

Neurological: Alert, well oriented, with normal speech and comprehension. Depressed mood apparent. No cranial nerve deficits apparent. Light touch and pinprick sensation are slightly altered in the right hand, including all the digits. Motor exam of the right upper extremity is limited by severe pain with any attempts to move the arm. Muscle stretch reflexes appear decreased symmetrically in both upper extremities, possibly due to poor

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82

relaxation.

Assessment:

- 1) Severe chronic right shoulder, neck and arm pain related to lifting/ overuse work injury in 2010. He has ongoing weakness, severely restricted range of motion and pain which limits activities. He has associated insomnia and depression. His MRI has shown a rotator cuff tear, as well as tendinopathy of the rotator cuff tendons and long head of biceps tendon. Functionally, he appears to have severe adhesive capsulitis/ frozen shoulder syndrome. His pain and function have not improved in relation to surgery.


- 2) He appears to be at maximal medical improvement in relation to the right shoulder. Based on his exam, history and using the 6th edition AMA Guides to the Evaluation of Permanent Impairment, he is assigned a permanent 41% right upper extremity impairment rating, which is equal to 25% whole person impairment. The basis for this is his severely restricted shoulder range of motion. When adding the impairment ratings for lost range of motion for flexion (16%), abduction (10%), extension (2%), adduction (1%), internal rotation (4%), and external rotation (8%), the final total upper extremity impairment rating is 41%. Converting to whole person impairment as directed in the reference textbook yields a value of 25% whole person impairment.

- 3) He would possibly benefit from further evaluation of the cervical spine and right upper extremity to rule out a co-existing cervical radiculopathy, brachial plexopathy or compressive neuropathy possibly contributing to his pain and dysfunction.

- 4) He will need continued pain medications indefinitely and would probably benefit from counseling. He is scheduled to follow up with Dr. Loudermilk in the next month for continued renewal of his prescriptions.

- 5) Recommended work restrictions would include no use of the right upper extremity and no activities requiring sustained or repetitive cervical flexion or extension.

I appreciate the opportunity to examine this very nice gentleman.

 MD

Carol W. Burnette, MD

cwb

Progress Note

83

PATIENT: ALSTON, NATHANIEL DOS: 03-21-11
PHYSICIAN: DR. LOUDERMILK DOD: 03-21-11
SSN: 247-21-4044 DOT: 03-28-11

Mr. Alston is a 38 year-old gentleman with a history of chronic right shoulder pain status post two shoulder surgeries who returns today for follow-up and refill of his medications. He takes Ultracet for pain along with Celebrex and Voltaren gel. The medications are working well and he tolerates them without any side effects. He is at maximum medical improvement. His attorney has requested an impairment rating and I plan to have him reevaluated by Dr. Carol Burnette for an impairment rating and recommendations on work restrictions. I plan to refill his pain medication today.

Assessment: Chronic severe right shoulder pain status post two prior shoulder surgeries for rotator cuff injury.

Plan:

- 1) I refilled Ultram 50 mg to take as needed for pain. He will continue Celebrex 200 mg b.i.d. and Voltaren gel.
- 2) We will arrange for an impairment rating by Dr. Carol Burnette, our physiatrist. I will see him back again in several weeks to review the results of his impairment rating and his permanent restrictions.



Eric P. Loudermilk, M.D.

EPL/adb

cc: Sue Kaiser, Companion PNC, Workers' Compensation, Fax: (877) 379-7389
John Paylor, M.D. Piedmont Orthopedics, Fax: (864) 675-1657

Sent 4/7 11 By ae

Progress Note

84

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: DR. LOUDERMILK
SSN: 247-21-4044

DOS: 01-31-11
DOD: 01-31-11
DOT: 02-07-11

This is a very pleasant 38 year-old gentleman with an eleven-month history of right shoulder pain despite two shoulder surgeries who returns today for follow-up. Apparently the MR arthrogram was not approved and his attorney stated that they are near closing his Workers' Compensation case. He is currently taking Ultram, Celebrex, and Voltaren gel and these are working well for him. I plan to place the patient at maximum medical improvement (MMI). I would recommend that he continue with his current pain medications since they are helping. If he needs to have an impairment rating or a functional capacity evaluation to determine his restrictions and limitations, we will make arrangements for this through our physiatrist. Otherwise, I will see him back in six weeks for follow-up and refill of his medications.

Assessment: Chronic severe right shoulder pain status post two prior shoulder surgeries for rotator cuff injury.

Plan:

- 1) He will continue Ultram 50 mg q 6 hours as needed for pain along with Celebrex 200 mg b.i.d., and Voltaren gel as needed.
- 2) I will see him back in 6 weeks for follow-up in my office.



Eric P. Loudermilk, M.D.

EPL/adb
cc: ~~Marcie Vestal~~ *Sue Kaiser*, Companion PNC
Workers' Compensation
PO Box 100165
Columbia, SC 29202-3165
877-379-7389

John Payler, M.D.
Piedmont Orthopaedics
Fax: (864) 675-1657

Sent 2 / 11 / 11 By ae

NEW PATIENT EVALUATION

JS

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

DOS: 01/18/11
DOD: 01/18/11
DOT: 01/19/11

Referring Physician: John Paylor, M.D.

Chief Complaint: Persistent right shoulder pain.

History of Present Illness: This is a very pleasant 38 year-old gentleman referred by Dr. Paylor for pain management for severe pain in his right shoulder. The patient developed severe shoulder pain at work on March 22, 2010. He drives a beer truck and he says the repetitive stress of loading and unloading and pushing and pulling cases of beer resulted in right shoulder injury. He underwent two surgeries on his right shoulder, the first in June 2010 and the second in October 2010. He says that he is worse now than before the operations. He complains of severe sharp stabbing pain in the right shoulder. The shoulder "locks." There are occasional pins and needle sensations in his right hand. He has very limited range of motion in the right shoulder and weakness in the shoulder and arm. He says the pain radiates up from the shoulder toward the neck. He currently rates the pain as 7/10, at worst 8/10, at best 6/10. Nothing reliably helps his pain. He wears a TENS unit on a daily basis. He said that he underwent physical therapy for about three months following his first operation and then two months following the second surgery. He is currently taking Ultram as needed for pain. He is not taking any anti-inflammatories. The last MRI of his right shoulder was done prior to his last surgery in September 2010. It showed a small full thickness rotator cuff tear of the right shoulder and some tendinopathy. We do not have any recent imaging studies for review.

Past Medical History: None.

Past Surgical History: Right shoulder surgery, June 2010 and October 2010.

Current Medications:

1. Ultram 50 mg q 6 hours as needed.
2. Flexeril 10 mg t.i.d.
3. Hydrocodone (currently not taking).

Allergies: No known drug allergies.

Social History: Denies alcohol abuse. He smokes about a half pack per day. He is single and has no children. He has been out of work since March 22, 2010. He currently does not have a job to go back to.

Family History: Noncontributory.

Review of Systems: Noncontributory.

Physical Exam: General appearance: This is a pleasant middle aged black male sitting in a chair with a brace over his right shoulder and arm and a TENS unit in place. BP: 180/104. Pulse: 90. RR: 18. Weight: 215 lbs. Height 6 ft. 0 in. Head and Neck: Unremarkable. Pupils equal, round and reactive to

PATIENT: ALSTON, NATHANIEL
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 247-21-4044

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Page 2

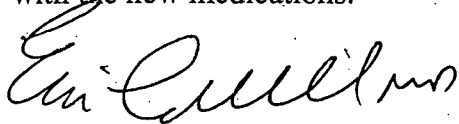
light. Extraocular movements intact. Nasal and oral mucosa: Moist. Neck: Supple. Without adenopathy or thyromegaly. Chest: Clear to auscultation. No rales, rhonchi, wheezing or intercostal retractions. Heart: Regular rate and rhythm without murmur. Normal S1 and S2. No S3 or S4. No heaves, gallops or thrills. No carotid bruits or jugular venous distention. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis or edema. Musculoskeletal: There is normal cervical flexion and extension. Some tightness over the right cervical paraspinous muscles on either maneuver but no evidence of radiculopathy or myelopathy. Minimal tenderness over the cervical spinous processes. There was tenderness over the right cervical paraspinous muscles. There was tenderness on range of motion of the right shoulder joint. Very limited range of motion was noted. Normal range of motion about the left shoulder. Neurologic: Alert and oriented x3. Cranial Nerves: II through XII grossly intact. Sensory: Normal light touch throughout both upper extremities. Motor: Markedly decreased strength with flexion and extension of the right arm mainly due to pain in the right shoulder. Reflexes: 2+ in both biceps. 1+ in both triceps.

Summary: This is a pleasant 38 year-old gentleman with a ten-month history of persistent right shoulder pain despite two shoulder operations who presents for consultation chronic pain management.

Assessment: Chronic severe right shoulder pain status post two prior shoulder surgeries for a rotator cuff injury.

Plan:

1. I refilled a prescription for Ultram 50 mg q 6 hours as needed for pain. I placed him on Celebrex 200 mg b.i.d. and Voltaren gel to apply to his shoulder 3-4x daily.
2. I arranged for an MR arthrogram of the right shoulder to make sure that there are no other complications or correctable surgical conditions of his right shoulder. If the MR arthrogram is unremarkable then I agree that he would be at maximum medical improvement.
3. I performed a urine drug screen today in the office. This was negative for any illicit substances and negative for any narcotic medications.
4. I will see him back in 2 weeks to review the results of his MR arthrogram and to see how he is doing with the new medications.



Eric Loudermilk, M.D.
EL/DTI operAB X127690
Dictated - Not Read

FAXED
1/24/11 JNJ

cc: John Paylor, M.D., Piedmont Orthopedics
Marcie Vestal, Companion PNC, Workers' Compensation, P.O. Box 100165, Columbia, SC
29202-3165 mailed 1/24/11 JNJ



USA MEDICAL TOXICOLOGY

Lab Specimen #: 1128645

7707 I...in St., Suite 290, Houston, TX 77054
Phone: 713-360-3050; Fax: 866-227-8144
CLIA ID#: 45D2038396

Raechele Simpson

Patient's Name: ALSTON, NATHANIEL
Date of Birth: 11/24/1972
Gender: Male
Patient ID:
Specimen Type: Urine

Ord. Provider: ERIC LOUDERMILK, MD
Report to: ACCOUNT#: CB20572
PIEDMONT COMPREHENSIVE PAIN MANAGEI
3 ST FRANCIS DRIVE 480
GREENVILLE, SC 29601

Date Col: 05/20/2016 09:20
Date Rcvd: 05/24/2016 11:29
Date Rpt: OUF05/26/2016 10:23

Medications: No Medications specified

SUMMARY OF FINDINGS: All results for this Patient Specimen are: CONSISTENT

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Analyte Name	Result	LCMS	Cut-off	Creat Adj.	Determination	Special Notes/Comments
ILICIT DRUGS						
MDMA/Ecstasy (MS)	Negative		100 ng/mL			
MDA (MS)	Negative		100 ng/mL			
THC/Marijuana (MS)	Negative		40 ng/mL			
Cocaine Metabolite (MS)	Negative		50 ng/mL			
PCP (MS)	Negative		10 ng/mL			
OPIATES						
Codeine (MS)	Negative		50 ng/mL			
Morphine (MS)	Negative		50 ng/mL			
Hydrocodone (MS)	Negative		50 ng/mL			
Norhydrocodone (MS)	Negative		50 ng/mL			
Hydromorphone (MS)	Negative		50 ng/mL			
Naloxone (MS)	Negative		10 ng/mL			
Oxycodone (MS)	Negative		50 ng/mL			
Oxymorphone (MS)	Negative		50 ng/mL			
Noroxymorphone (MS)	Negative		50 ng/mL			
SYNTHETIC OPIOIDS						
Fentanyl (MS)	Negative		10 ng/mL			
Norfentanyl (MS)	Negative		10 ng/mL			
Methadone (MS)	Negative		100 ng/mL			
EDDP (MS)	Negative		50 ng/mL			
Tramadol (MS)	Negative		50 ng/mL			
o-Desmethyltramadol (MS)	Negative		50 ng/mL			
Propoxyphene (MS)	Negative		100 ng/mL			
Norpropoxyphene (MS)	Negative		100 ng/mL			
Buprenorphine (MS)	Negative		25 ng/mL			
Norbuprenorphine (MS)	Negative		65 ng/mL			
Meperidine (MS)	Negative		50 ng/mL			
Normeperidine (MS)	Negative		50 ng/mL			
Tapentadol (MS)	Negative		50 ng/mL			
SEDATIVES/HYPNOTICS						

Raechele Simpson



Patient's Name: ALSTON, NATHANIEL **Ord. Provider:** ERIC LOUDERMILK, MD **Date Col:** 05/20/2016 09:20
Date of Birth: 11/24/1972 **Report to:** ACCOUNT#: CB20572 **Date Rcvd:** 05/24/2016 11:29
Gender: Male **Patient ID:** **Date Rpt:** 05/26/2016 10:23
Specimen Type: Urine **PIEDMONT COMPREHENSIVE PAIN MANAGEI**
3 ST FRANCIS DRIVE 480
GREENVILLE, SC 29601

Analyte Name	Result	LCMS	Cut-off	Creat Adj.	Determination	Special Notes/Comments
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SEDATIVES/HYPNOTICS (continued)

7-aminoclonazepam (MS)	Negative		65 ng/mL			
Alprazolam (MS)	Negative		50 ng/mL			
Alpha-hydroxyalprozolam	Negative		50 ng/mL			
Lorazepam (MS)	Negative		65 ng/mL			
Diazepam (MS)	Negative		50 ng/mL			
Nordiazepam (MS)	Negative		50 ng/mL			
Oxazepam (MS)	Negative		50 ng/mL			
Temazepam (MS)	Negative		50 ng/mL			
Flurazepam (MS)	Negative		50 ng/mL			
Chlordiazepoxide (MS)	Negative		50 ng/mL			
Zolpidem-Ph-4-COOH (MS)	Negative		25 ng/mL			
Butalbital (MS)	Negative		100 ng/mL			
Pentobarbital (MS)	Negative		100 ng/mL			
Phenobarbital (MS)	Negative		100 ng/mL			
Carisoprodol (MS)	Negative		100 ng/mL			
Meprobamate (MS)	Negative		200 ng/mL			

STIMULANTS

Amphetamine (MS)	Negative		100 ng/mL			
Methamphetamine (MS)	Negative		100 ng/mL			

NEUROPATHICS/PSYCHOTROPICS

Gabapentin (MS)	Negative		150 ng/mL			
Pregabalin (MS)	Negative		100 ng/mL			

SPECIMEN VALIDITY TESTING

Creatinine	72 mg/dL	Normal human urine creatinine concentrations are >20 mg/dL.
pH	5.2	The physiological pH range of human urine is approximately 4.5-9. Specimens not within this range may be considered invalid or possibly adulterated.
Specific Gravity	1.015 g/mL	Normal values of specific gravity for human urine range from ~1.002 to 1.020. Results outside this range may identify invalid, dilute or substituted specimens.

EIA = Enzyme Immunoassay (screening test), MS = Liquid Chromatography-Tandem Mass Spectrometry (confirmation test)

Piedmont Comprehensive Pain Mgt. Group
 Director - Ronald James Biscopink, MD.
 100 Healthy Way
 Suite 1260
 Anderson, SC 29621

Patient : Alston, Natl
 Patient ID : na112419/2
 DOB : 11/24/1972 Age : 43
 Sex : Male
 Location : Laboratory
 Provider : Simpson, Raechele APRN
 Phone :

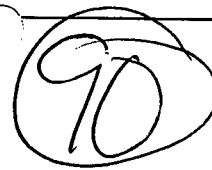


Sample #: 107398
 Collected By: MD
 Final Report Date: 05/20/2016 13:51

Report Printed: 05/20/2016 13:51
 Specimen Collected Date: 05/20/2016 09:20
 Specimen Received Date: 05/20/2016 13:09
 Sample Type: Urine Priority: Routine

Test	Result	Flags	Units	Normal
Profile = AU400				
Amphetamines	NEGATIVE		Cutoff 500 ng/mL	
Barbiturate	NEGATIVE		Cutoff 200 ng/ml	
Benzodiazepine	NEGATIVE		Cutoff 100 ng/mL	
Buprenorphine	NEGATIVE		Cutoff 5.0 ng/ml	
Carisoprodol	NEGATIVE		Cutoff 100 ng/ml	
Cocaine	NEGATIVE		Cutoff 100 ng/ml	
Ethanol	NEGATIVE		Cutoff 100mg/dl	
Fentanyl	NEGATIVE		Cutoff 2.0 ng/ml	
Gabapentin	NEGATIVE		Cutoff 2500 ng/ml	
Methamphetamine	NEGATIVE		Cutoff 1000 ng/mL	
Methadone	NEGATIVE		Cutoff 300 ng/ml	
Opiate	NEGATIVE		Cutoff 100 ng/ml	
Oxycodone	NEGATIVE		Cutoff 100 ng/ml	
Tapentadol	NEGATIVE		Cutoff 200 ng/ml	
THC	NEGATIVE		Cutoff 50 ng/ml	
Tramadol	NEGATIVE		Cutoff 200 ng/ml	
Zolpidem	NEGATIVE		Cutoff 20 ng/ml	
Urine Creatinine	75.9		mg/dL	20.0-299.9
	>20 mg/dL consistent with human urine sample 6-20 mg/dL possible diluted urine sample < 6 mg/dl possible substituted urine sample > 300 mg/dL consider clinical investigation			
pH	5.6			4.5-8.5
	pH values < 3.0 or > 11.0 are considered adulterated			

Sample Comments
 no narcs



9417 Brodie Lane, Austin, TX 78748
 Robert H. Williams, PhD Laboratory Director

CLIA #: 45D1099976

Client: P0976 / Texas Medical Toxicology (USA) **Patient Name:** ALSTON,NATHANIEL
Practitioner: ERIC LOUDERMILK **Date Of Birth:** 11/24/1972
Phone: 713-360-3050 **Patient ID:** xxx-xx-4044
Fax: 832-202-2790 **Specimen No:** I0600052
Requisition/Form #: TMT1128645
Collection Date: 05/20/2016
Date of Lab Receipt: 06/01/2016
Date of Final Report: 06/02/2016

Confirmed Analytes
Prescribed Medication(s)
 NO MED LIST PROVIDED

Summary Of All Laboratory Testing

Analyte(s)	Physician POCT	Lab EIA*	LC/MS/MS Result	Level (ng/mL)	Cutoff (ng/mL)	Remarks
Ethanol Metabolites		Neg				
Ethyl glucuronide						

Specimen Validity Results

	Ref Range	Result		Ref Range	Result		
Creatinine	5.0 - 300	73.6 mg/dL	Within Range	Oxidant	< 200	2.2 mcg/mL	Within Range
pH	4.5 - 9.0	6.80	Within Range	Specific Gravity	1.003 - 1.035	1.014	Within Range

Lab EIA = Enzyme Immunoassay (screening procedure)
 Physician POCT: Point-of-Care Test results reported on requisition form
 MS/MS = Liquid Chromatography/Tandem Mass Spectrometry (confirmation procedure)
MS/MS results override conflicting EIA results

***Lab EIA cutoffs (in ng/mL unless otherwise noted):**

6-MAM:	10	Acetaminophen:	10 µg/mL	Alcohol:	50 mg/dL	Amphetamines:	500
Barbiturates:	200	Benzodiazepines:	200	Buprenorphine:	5	Cocaine:	150
Ecstasy:	500	EtG:	500	Methadone:	300	Opiates:	150
Oxycodone:	100	PCP:	25	Propoxyphene:	300	TCAs:	300
THC:	50						

*** End of Report ***

Piedmont Comprehensive Pain Mgt. Group
 Director - Ronald James Biscopink, MD.
 100 Healthy Way
 Suite 1260
 Anderson, SC 29621

Patient : Alston, Nathaniel
 Patient ID : na11241972
 DOB : 11/24/1972 Age : 43
 Sex : Male
 Location : Laboratory
 Provider : Loudermilk, Eric MD
 Phone :

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Sample #: 109695
 Collected By: SL
 Final Report Date: 11/04/2016 14:53

Report Printed: 11/04/2016 14:53
 Specimen Collected Date: 11/04/2016 10:30
 Specimen Received Date: 11/04/2016 13:39
 Sample Type: Urine Priority: Routine

Test	Result	Flags	Units	Normal
Profile = AU400				
Amphetamines	NEGATIVE		Cutoff 500 ng/mL	
Barbiturate	NEGATIVE		Cutoff 200 ng/ml	
Benzodiazepine	NEGATIVE		Cutoff 100 ng/mL	
Buprenorphine	NEGATIVE		Cutoff 5.0 ng/ml	
Carisoprodol	NEGATIVE		Cutoff 100 ng/ml	
Cocaine	NEGATIVE		Cutoff 100 ng/ml	
Ethanol	NEGATIVE		Cutoff 100mg/dl	
Fentanyl	NEGATIVE		Cutoff 2.0 ng/ml	
Gabapentin	POSITIVE	****	Cutoff 2500 ng/ml	
Methamphetamine	NEGATIVE		Cutoff 1000 ng/mL	
Methadone	NEGATIVE		Cutoff 300 ng/ml	
Opiate	POSITIVE	****	Cutoff 100 ng/ml	
Oxycodone	NEGATIVE		Cutoff 100 ng/ml	
Tapentadol	NEGATIVE		Cutoff 200 ng/ml	
THC	NEGATIVE		Cutoff 50 ng/ml	
Tramadol	NEGATIVE		Cutoff 200 ng/ml	
Zolpidem	NEGATIVE		Cutoff 20 ng/ml	
Urine Creatinine	109.0		mg/dl.	20.0-299.9
	≥20 mg/dL consistent with human urine sample 6-20 mg/dL, possible diluted urine sample < 6 mg/dL possible substituted urine sample > 300 mg/dL, consider clinical investigation			
pH	6.1			4.5-8.5
	pH values < 3.0 or > 11.0 are considered adulterated			

Sample Comments

Patient Meds: Norco, Nucynta, Neurontin.

E. Loudermilk
 11/18/16

Timberlands Clinical Diagnostics

7920 Bellline Road, Suite 200
Dallas, TX 75254



CLIA ID:45D2009407

Lab Director: Catherine S. Brown, Ph.D.

PATIENT NAME Alston, Nathaniel	DOB 11/24/1972	PATIENT ID 16-312-030	CITY/STATE/ZIP Greenville, SC 29607	AGE 43y	SEX M	PROVIDER Loudermilk, Eric P., MD
SOCIAL SEC# #####4044	SAMPLE ID CLS11072016034	COLLECTION DATE 11/04/2016 10:30AM	RESULTS APPROVED 11/09/2016 2:12PM	RESULTS REPORTED 11/10/2016 1:27PM	PAGE 1	

PATIENTS LISTED MEDICATIONS

Cyclobenzaprine, Gabapentin, Hydrocodone, Tapentadol

SUMMARY OF CONFIRMED POSITIVE RESULTS

Gabapentin
Hydrocodone
Hydromorphone

ETG/ETS by LCMSMS

Ethyl Glucuronide	Negative	Cut off 500	ng/mL
Ethyl Sulfate	Negative	Cut off 100	ng/mL

Barbiturates by LCMSMS

Amobarbital	Negative	Cut off 100	ng/mL
Secobarbital	Negative	Cut off 100	ng/mL
Butalbital	Negative	Cut off 100	ng/mL
Phenobarbital	Negative	Cut off 100	ng/mL
Pentobarbital	Negative	Cut off 100	ng/mL

THC Metabolite by LCMSMS

Carboxy-THC	Negative	Cut off 15	ng/mL
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Opioids by LCMSMS

Codeine	Negative	Cut off 50	ng/mL
Morphine	Negative	Cut off 50	ng/mL
Hydrocodone	798	Cut off 50	ng/mL
Hydromorphone	292	Cut off 50	ng/mL
Oxycodone	Negative	Cut off 50	ng/mL
Oxymorphone	Negative	Cut off 50	ng/mL

Timberlands Clinical Diagnostics

7920 Beltline Road, Suite 200
Dallas, TX 75254

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CLIA ID:45D2009407

Lab Director: Catherine S. Brown, Ph.D.

PATIENT NAME: Alston, Nathaniel	DOB: 11/24/1972	PATIENT ID: 16-312-030	PHONE: 864-593-3427	AGE: 43y	SEX: M	PROVIDER: Loudermilk, Eric P., MD
SOCIAL SEC# #####4044	SAMPLE ID CLS11072016034	COLLECTION DATE 11/04/2016 10:30AM	RESULTS APPROVED 11/09/2016 2:12PM	RESULTS REPORTED 11/10/2016 1:27PM	PAGE 2	

Benzodiazepines by LCMSMS

7-aminoclonazepam	Negative	Cut off 50	ng/mL
Hydroxyalprazolam	Negative	Cut off 50	ng/mL
Lorazepam	Negative	Cut off 50	ng/mL
Temazepam	Negative	Cut off 50	ng/mL
Nordiazepam	Negative	Cut off 50	ng/mL
Oxazepam	Negative	Cut off 50	ng/mL

Suboxone by LCMSMS

Buprenorphine	Negative	Cut off 5	ng/mL
Norbuprenorphine	Negative	Cut off 5	ng/mL
Naloxone	Negative	Cut off 5	ng/mL

Fentanyl by LCMSMS

Fentanyl	Negative	Cut off 0.20	ng/mL
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Methadone by LCMSMS

Methadone	Negative	Cut off 50	ng/mL
EDDP	Negative	Cut off 50	ng/mL

Tramadol/Meperidine by LCMSMS

Tramadol	Negative	Cut off 150	ng/mL
Meperidine	Negative	Cut off 50	ng/mL
Normeperidine	Negative	Cut off 50	ng/mL

Carisoprodol by LCMSMS

Carisoprodol	Negative	Cut off 50	ng/mL
Meprobamate	Negative	Cut off 50	ng/mL

Tapentadol by LCMSMS

Tapentadol	Negative	Cut off 50	ng/mL
Desmethyltapentadol	Negative	Cut off 50	ng/mL

Timberlands Clinical Diagnostics

7920 Beltline Road, Suite 200
Dallas, TX 75254

94

CLIA ID:45D2009407

Lab Director: Catherine S. Brown, Ph.D.

PATIENT NAME: Alston, Nathaniel	DOB: 11/24/1972	PATIENT ID: 16-312-030	PHONE: 864-593-3427	AGE: 43y	SEX: M	PROVIDER: Loudermilk, Eric P., MD
SOCIAL SEC# #####4044	SAMPLE ID CLS11072016034	COLLECTION DATE 11/04/2016 10:30AM	RESULTS APPROVED 11/09/2016 2:12PM	RESULTS REPORTED 11/10/2016 1:27PM	PAGE 3	

Confirm Gabapentin and Pregabalin

Gabapentin	>50,000	Cut off 100	ng/mL
Pregabalin	Negative	Cut off 100	ng/mL

Amphetamines by LCMSMS

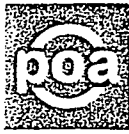
Methamphetamine	Negative	Cut off 100	ng/mL
Amphetamine	Negative	Cut off 100	ng/mL
MDA	Negative	Cut off 100	ng/mL
MDMA	Negative	Cut off 100	ng/mL
MDEA	Negative	Cut off 100	ng/mL

Cocaine Metabolite by LCMSMS

Benzoylcegonine	Negative	Cut off 50	ng/mL
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Results sent to: Loudermilk, Eric P., MD

Name: Alston, Nathaniel
 DOB: 1972-11-24
 Age: 42 years
 Gender: Male
 Chart#: 133484



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orthopaedic
associates

95



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Insurance: Mailstop WCS Vanliner 135801;

Office Visit: 99212 EST Level 2		Diagnosis: M19.012 Primary osteoarthritis, left shoulder M75.52 Bursitis of left shoulder '12/13/14'			
Proc 1:		Laterality:		Med 1:	
Proc 2:		Laterality:		Med 2:	
FX 1:		Laterality:	FX2:		Laterality:
Casting:		Cast Supply:			
DME:		Laterality:	DME:		Laterality:
XRAY	RIGHT:	LEFT:		BILAT:	

Follow up: Surgery

BMI:35.3

Date of Service: 2015-10-26

Work Status: Return to work with limitations including, No lifting, pushing, or pulling more than 5 lbs.

Allergies:

Medications: Diclofenac Sodium (75 MG, Take 1 tablet(s) by mouth 2 times a day as needed [PRN]); Ibuprofen (800 MG, Take 1 tablet(s) by mouth 3 times a day as needed [PRN]); Norco

CC: Left Shoulder

He was not able to go to pain management. He would rather be considered for arthroscopic surgery of his left shoulder. He states that his shoulder on the left feels just like his right shoulder did and the surgery was successful on the right shoulder he eventually. His MRI scan does not show rotator cuff tear but does show tendinitis of the rotator cuff as well as moderate acromioclavicular arthrosis. Arthroscopic surgery can be done for this and it also can be successful. This is all discussed with the patient. The surgery would be an arthroscopy with a subacromial decompression and a distal clavicle resection. The risk of the procedure is discussed. The complications are discussed. Expectations are discussed. The booklet is given. He understands that he could still have pain involving the left shoulder in spite of the surgery. He will be scheduled. His work status is as above. This surgery is pending approval by Worker's Compensation.

John H. Paylor

POA COPY

Electronically Signed By John H Paylor MD

RECEIVED

MAY 20 2016

Division of Claims
Claims Administrator
N.C. Workers' Comp. Comm.

Name: Alston, Nathaniel
 DOB: 1972-11-24
 Age: 42 years
 Gender: Male
 Chart#: 133484



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orthopaedic
associates



BON SECOURS MEDICAL GROUP
 Bon Secours St. Francis Health System

Insurance: Mailstop WCS Vanliner 135801;

Office Visit: 99214 EST Level 4		Diagnosis: 726.10 Bursitis of left shoulder (12/13/14)	
Proc 1: 20610 Lg Joint(Knee/Hip/Shld) X 1		Laterality: Left	Med 1: J1030 40mg Depo Medrol X 1
Proc 2:		Laterality:	Med 2:
FX 1:	Laterality:	FX2:	Laterality:
Casting:		Cast Supply:	
DME:		Laterality:	DME:
XRAY	RIGHT:	LEFT:	BILAT:

Follow up: 2 Weeks

BMI:35.3

Date of Service: 2015-08-17

Work Status: Out of Work pending next MD appt. for re-evaluation

Allergies:

Medications: ibuprofen (800 MG, Take 1 tablet(s) by mouth 2 times a day as needed [PRN]); Norco

CC: Injury of the left shoulder.

HPI:

The injury happened when the patient was at work on 12/13/14. He was lifting a heavy cast iron table and the weight shifted. The weight went on his left arm and shoulder and he felt something pop. Ever since then he has been having a lot of pain.

The pain has been present since the date of injury and is located over the lateral and the superior aspect of the left shoulder.

There is pain associated with movement and use of the left shoulder.

The pain is less with rest.

Treatment so far has been rest and PT. He has been out of work.

ROS AND PMFSH: This is located on the chart on the patient history form and has been signed and dated. Pertinent positives and negative are addressed with the patient. Non-orthopedic concerns are referred to the primary care provider.

PHYSICAL EXAMINATION:

General appearance of the patient is normal for age.

Sensation in UEs is intact and the patient denies numbness or tingling.

DTRs are normal and symmetrical.

Circulation is intact.

The skin is noted to be normal over bilateral extremities.

Gait is noted to be normal.

Palpation reveals tenderness over the superior and lateral aspect of the left shoulder.

Range of motion is normal but painful.

Shoulder stability is normal bilaterally.

Muscular function and strength appear to be intact in the left shoulder.

Right Shoulder: Has normal ROM and muscular strength.

MEDICAL DECISION MAKING:

He did have x-rays and an MRI scan of his shoulder. The x-rays did not show anything. The MRI scan showed some interstitial tearing of the infraspinatus muscle. There was mild biceps tendinitis. There was some moderate acromioclavicular joint arthrosis and he had bursitis. I reviewed the MRI scans myself. His options are discussed.

35 International Drive • 1050 Grove Road • Greenville | Phone: 864-234-7654 Fax: 864-675-1657
 www.getmovinwithpoa.com

Name: Alston, Nathaniel
DOB: 1972-11-24
Age: 42 years
Gender: Male
Chart#: 133484



pledmont
orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

He would like to try cortisone injection so this is done today. He will need to continue with his shoulder exercises. I did give him a prescription for ibuprofen 800 mg 3 times a day. He has been taking this. His work status has been out of work so I will continue that. I'll check his progress in 2 weeks. This shoulder seems very similar to the problem at is with his right shoulder and that necessitated pain management to get him over it. It could very likely happen with the left shoulder as well. I really do not see anything on the MRI scan that would indicate that he needs surgery on the shoulder today.

Procedure note: The left shoulder is injected under sterile technique with 40 mg of Depo-Medrol.

John H. Paylor

Electronically signed by John H Paylor MD

Name: Alston, Nathaniel
 DOB: 1972-11-24
 Age: 42 years
 Gender: Male
 Chart#: 133484



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 associates



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 Bon Secours St. Francis Health System

Insurance: Mailstop WCS Vanliner 135801;

Office Visit: 99212 EST Level 2		Diagnosis: 726.10 Bursitis of left shoulder (12/13/14)			
Proc 1:		Laterality:		Med 1:	
Proc 2:		Laterality:		Med 2:	
FX 1:		Laterality:	FX2:		Laterality:
Casting:		Cast Supply:			
DME:		Laterality:		DME:	
XRAY		RIGHT:		LEFT:	
				BILAT:	

Follow up: As Needed

BMI:35.3

Date of Service: 2015-08-31

Work Status: Out of Work pending next MD appt. for re-evaluation

Allergies:

Medications: Ibuprofen (800 MG, Take 1 tablet(s) by mouth 3 times a day as needed [PRN]); Norco

CC: Left Shoulder Pain

The cortisone injection did not help him at all. He is still wearing a sling. He states that any movement of his shoulder is painful. He is already had physical therapy. There is really nothing else to do for him from an orthopedic standpoint. I would recommend pain management. He did have pain management with his right shoulder and actually did very well and was able to get back to work.

POACOPY

John H. Paylor

Electronically Signed By John H Paylor MD

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BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Return to Work

Date: 8/31/2015

Patient Name: Nathaniel Alston

DOB: 11/24/1972

Unable to work until follow-up with pain management.

John H. Paylor

Electronically signed by John H Paylor MD on 8/31/2015 and 9:36 AM

Name: Alston, Nathaniel
 DOB: 1972-11-24
 Age: 42 years
 Gender: Male
 Chart#: 133484



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BON SECOURS MEDICAL GROUP
 Bon Secours St. Francis Health System

Insurance: Mailstop WCS Vanliner 135801;

Office Visit: 99214 EST Level 4		Diagnosis: 726.10 Bursitis of left shoulder (12/13/14)	
Proc 1: 20810 Lg Joint(Knee/Hip/Shld) X 1		Laterality: Left	Med 1: J1030 40mg Depo Medrol X 1
Proc 2:		Laterality:	Med 2:
FX 1:	Laterality:	FX2:	Laterality:
Casting:		Cast Supply:	
DME:	Laterality:	DME:	Laterality:
XRAY	RIGHT:	LEFT:	BILAT:

Follow up: 2 Weeks

BMI:35.3

Date of Service: 2015-08-17

Work Status: Out of Work pending next MD appt. for re-evaulation

Allergies:

Medications: Ibuprofen (800 MG, Take 1 tablet(s) by mouth 2 times a day as needed [PRN]); Norco

CC: Injury of the left shoulder.

HPI:

The injury happened when the patient was at work on 12/13/14. He was lifting a heavy cast iron table and the weight shifted. The weight went on his left arm and shoulder and he felt something pop. Ever since then he has been having a lot of pain.

The pain has been present since the date of injury and is located over the lateral and the superior aspect of the left shoulder.

There is pain associated with movement and use of the left shoulder.

The pain is less with rest.

Treatment so far has been rest and PT. He has been out of work.

ROS AND PMFSH: This is located on the chart on the patient history form and has been signed and dated.

Pertinent positives and negative are addressed with the patient. Non-orthopedic concerns are referred to the primary care provider.

PHYSICAL EXAMINATION:

General appearance of the patient is normal for age.

Sensation in UEs is intact and the patient denies numbness or tingling.

DTRs are normal and symmetrical.

Circulation is intact.

The skin is noted to be normal over bilateral extremities.

Gait is noted to be normal.

Palpation reveals tenderness over the superior and lateral aspect of the left shoulder.

Range of motion is normal but painful.

Shoulder stability is normal bilaterally.

Muscular function and strength appear to be intact in the left shoulder.

Right Shoulder: Has normal ROM and muscular strength.

MEDICAL DECISION MAKING:

He did have x-rays and an MRI scan of his shoulder. The x-rays did not show anything. The MRI scan showed some interstitial tearing of the infraspinatus muscle. There was mild biceps tendinitis. There was some moderate acromioclavicular joint arthrosis and he had bursitis. I reviewed the MRI scans myself. His options are discussed.

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 www.getmovinwithpoa.com

Name: Alston, Nathaniel
DOB: 1972-11-24
Age: 42 years
Gender: Male
Chart#: 133484



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BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

He would like to try cortisone injection so this is done today. He will need to continue with his shoulder exercises. I did give him a prescription for ibuprofen 800 mg 3 times a day. He has been taking this. His work status has been out of work so I will continue that. I'll check his progress in 2 weeks. This shoulder seems very similar to the problem at is with his right shoulder and that necessitated pain management to get him over it. It could very likely happen with the left shoulder as well. I really do not see anything on the MRI scan that would indicate that he needs surgery on the shoulder today.

Procedure note: The left shoulder is injected under sterile technique with 40 mg of Depo-Medrol.

John H. Paylor

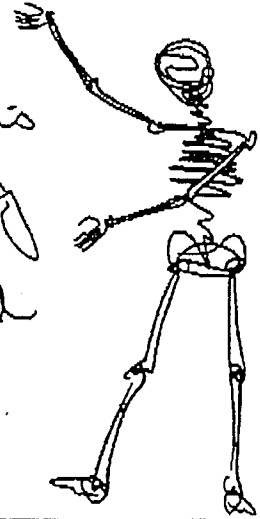
Electronically signed by John H Paylor MD



PIEDMONT ORTHOPAEDIC ASSOCIATES
35 International Drive
Greenville, SC 29615
<http://www.getmovinwithpoa.com>

20796-0003

TO: <i>Campania Kimberly</i>	FROM: <i>Dr. Taylor</i>
DATE: <i>9-18-15</i>	PAGES: <i>6</i>
FAX: <i>803-870-8946</i>	FAX: <i>864-679-1970</i>
PHONE: <i>803-264-5046</i>	PHONE: <i>864-234-7654</i>
RE: <i>Nathaniel Alston</i>	
COMMENTS: <i>Request Pain Management referral for Mr. Alston. He was treated by Dr. Laudermilk for his Right shoulder, we are requesting that he go back to him for his left shoulder. See attached notes. Thank you.</i>	



<input type="checkbox"/> Urgent
<input type="checkbox"/> Please review
<input type="checkbox"/> Please comment
<input type="checkbox"/> For your records

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE FOR FURTHER INSTRUCTION.

Name: Alston, Nathaniel
DOB: 1972-11-24
Age: 42 years
Gender: Male
Chart#: 133484



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BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Outgoing Referral

Date: 2015-09-17 10:18:01
Referral Contact: Debbie
Referring MD: John H Paylor
Patient Name: Nathaniel Alston
Address: 105 Cavalier Drive Greenville SC 29607
Home Phone: (864) 593-3427 Work Phone: (864) 242-1464
Primary: Mailstop WCS Vanliner 135801 Ins ID: 830000140072
Secondary: Ins ID:
Refer to: Piedmont Comprehensive Pain Management 3 St. Francis Drive, Suite 480 Greenville, SC 29601 (864)869-4416
First Available?
Specific Physician? Dr. Eric Loudermilk
Reason for Referral: Chronic left shoulder pain
Diagnosis: 726.10 Bursitis of left shoulder (12/13/14) 719.41 Pain in left shoulder (12/13/14)
Was this due to an on-the-job Injury? Yes Has patient had surgery for this before? No If yes by whom and when?
Have Radiology studies been performed? Yes If yes, please have patient bring film/disc to appointment.
Comments: Patient was treated by Dr. Loudermilk for right shoulder
Referring Physician: <i>John H. Paylor</i>

Please contact the patient to schedule the appointment and notify Piedmont Orthopaedics with the appointment information below:

Patient Contacted

Patient unable to be contacted

Appointment Date: _____ Appointment Time: _____

Name: Alston, Nathaniel
 DOB: 1972-11-24
 Age: 42 years
 Gender: Male
 Chart#: 133484



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BON SECOURS MEDICAL GROUP
 Bon Secours St. Francis Health System

Outgoing Referral

Date: 2015-09-17 10:18:01	
Referral Contact: Debbie	
Referring MD: John H Paylor	
Patient Name: Nathaniel Alston	
Address: 105 Cavalier Drive Greenville SC 29607	
Home Phone: (864) 593-3427	Work Phone: (864) 242-1464
Primary: Mailstop WCS Vanliner 135801	Ins ID: 830000140072
Secondary:	Ins ID:
Refer to: Piedmont Comprehensive Pain Management 3 St. Francis Drive, Suite 480 Greenville, SC 29601 (864)869-4416	
First Available?	
Specific Physician? Dr. Eric Loudermilk	
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Comments: Patient was treated by Dr. Loudermilk for right shoulder	
Referring Physician: <i>John H. Paylor</i>	

Please contact the patient to schedule the appointment and notify Piedmont Orthopaedics with the appointment information below:

Patient Contacted

Patient unable to be contacted

Appointment Date: _____ Appointment Time: _____

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 www.getmovinwithpoa.com

Name: Alston, Nathaniel
DOB: 1972-11-24
Age: 42 years
Gender: Male
Chart#: 133484



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BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Physician: _____
Location: _____

Orthopedic Specialties of Spartanburg

303 E. Wood Street, Spartanburg, S.C. 29303, Phone: 864-208-8800, Fax: 864-208-8857

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Mark D. Visk, M.D. LLC, John E. Keith Jr., M.D. LLC, Anthony A. Sanchez, M.D., LLC, Stephen M. Kana, M.D. LLC
Thomas A Leong, M.D. LLC, Matthew Terzella, M.D., Todd D. Cook, MD, Nicholas R. Jasper, M.D.
Karen L. Babish, PA-C, Casey S. Judy, PA-C, Elizabeth A. Spring, PA-C,
Matthew J. Naegel, PA-C, Alexandra L. Wallace PA-C, Jefferson T. Rabe, PA-C

NATHANIEL ALSTON
05/22/2015 01:33 PM

Patient #: WC111750
DOB: 11/24/1972
Gender: Male

History of Present Illness

The patient is a 42 year old male presenting for a follow up visit. He is having severe unremitting pain in the left shoulder. He is demanding pain medicine. He states that he is totally disabled from his right shoulder, yet he has been working with it. He states that he fired his attorney because his attorney did not do what he wants him to do. He is demanding that I proceed with surgery immediately on the left shoulder.

I have reviewed the following: Allergies, Problem List, Social History, Family History, Review of Systems and Medication list.

Review of Systems (JOHN E KEITH MD; 05/28/2015 09:58 AM)

General: Not Present- Weight Loss, Weight Gain and Fever.

Skin: Not Present- Rash, Ulcer and Psoriasis.

HEENT: Not Present- Blurred Vision, Double Vision, Impaired Vision, Hoarseness, Hearing Loss, Headache and Trouble Swallowing.

Respiratory: Not Present- Dyspnea and Chronic Cough. **Note:** shortness of breath

Breast: Not Present- Breast Lumps.

Cardiovascular: Present- Chest Pain. Not Present- Palpitations.

Gastrointestinal: Present- Nausea and Reflux. Not Present- Vomiting, Loss of Appetite, Stomach Pain with Anti-Inflammatories and Blood In Stool.

Male Genitourinary: Not Present- Painful Urination, Excessive Urination, Blood in Urine and Kidney Problems.

Musculoskeletal: Present- Muscle Weakness. Not Present- Fibromyalgia.

Neurological: Present- Headaches and Sleep Disorder. Not Present- Dizziness.

Psychiatric: Present- Anxiety. Not Present- Depression and Bipolar.

Endocrine: Not Present- Cold Intolerance, Heat Intolerance and Excessive Thirst.

Hematology: Not Present- Anemia, Easy Bleeding, Easy Bruising and Prior Blood Transfusion.

NATHANIEL ALSTON

Patient #: WC111750

DOB: 11/24/1972 (42 years)

Friday, May 29, 2015

Page 1 / 3

History

Allergy

No Known Drug Allergies (05/19/2015)

Problem List/Past Medical

Sleep Apnea

High blood pressure

ACUTE PAIN OF LEFT SHOULDER: Pain is out of proportion to his clinical findings.

Social

Marital status: Married;

Tobacco use: Current every day smoker;

Medications

TraMADol HCl (50MG Tablet, Oral two times daily) Active.

Ibuprofen (800MG Tablet, Oral two times daily) Active.

Norco (Oral two times daily) Specific dose unknown - Active.

Meloxicam (15MG Tablet, Oral two times daily) Active.

Vistaril (50MG Capsule, Oral two times daily) Active.

Hydrochlorothiazide (25MG Tablet, Oral two times daily) Active.

Physical Exam (JOHN E KEITH MD; 05/28/2015 10:00 AM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Not in acute distress (Pupils equal, round and reactive to light.).

Orientation - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no erythema, no induration and no ecchymosis. **Color** - normal coloration of skin. **Skin Moisture** - normal skin moisture. **Temperature** - normal warmth is noted.

ENMT

Global Assessment

Examination of related systems reveals - normocephalic, atraumatic.

Chest and Lung Exam

Chest and lung exam reveals - quiet, even and easy respiratory effort with no use of accessory muscles.

Cardiovascular

Cardiovascular examination reveals - normal pedal pulses bilaterally and no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic

Sensory: - Normal and - Intact.

Musculoskeletal

Upper Extremity Note: He is in a sling and really will not evaluate him because he states he has such severe pain. Neurovascular status is intact. Minimal swelling over the shoulder.

X-RAY/IMAGING: Note: MRI scan only showed tendinosis in the left shoulder.

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Clinical Summary for NATHANIEL ALSTON (Patient Copy)

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Demographic data on file: **DOB:** 11/24/1972; **Sex:** Male; **Race:** Black or African American; **Ethnicity:** Not Hispanic or Latino; **Preferred language:** English

Date of Encounter: 05/22/2015 01:33 PM

Care provided by: Tonya Stott

ORTHO SPECIALTIES OF SPBG LLC
303 E Wood Street
Spartanburg, SC 29303-3020
Phone: (864) 208-8800 Fax: (864) 208-8857

Reason for today's visit and reported symptoms

- Follow-Up

Active Medical Problems

- ACUTE PAIN OF LEFT SHOULDER

Active Medications

- Hydrochlorothiazide 25MG Tablet 1 Oral two times daily
- Vistaril 50MG Capsule 1 Oral two times daily
- Meloxicam 15MG Tablet 1 Oral two times daily
- Norco specific dose unknown Oral two times daily
- Ibuprofen 800MG Tablet 1 Oral two times daily
- TraMADol HCl 50MG Tablet 1 Oral two times daily

Current Allergies

- No Known Drug Allergies

Smoking Status

Vital Signs

Medications ordered/changed today

**No medications ordered or changed today.

Immunizations administered today

**No immunizations given during this visit

Procedures performed today

**No procedures were performed today.

Laboratory from today's visit

**No lab results are available from this visit.

Today's plan for your care

ACUTE PAIN OF LEFT SHOULDER (719.41)

Instructions and recommendations discussed today

- PRN

Your care plans and goals

(109)

PATIENT HISTORY

WC111750-3

Patient Name Nathaniel Alston Date of Birth 11-24-72 Age 42

Which hand do you write with: Left Right Both Which hand do you throw with: Left Right Both

Reason for Visit: M.R.I Left Shoulder and Arm Injury

ACCIDENT DETAILS On the Job Injury

Was this an accident: Yes No Date of Accident _____ No Skip to Non-Accident Details below.

Type of Accident: Work Employer All my Sons Home Auto

If Auto, were seat belts worn? Yes No Were you the driver? Passenger?

Sport - School Name _____ Which Sport _____ Other _____

How did accident happen: _____

Where did accident happen: _____

Do you have an attorney: Yes No If yes, Attorney Name Robert Ussey

NON ACCIDENT DETAILS

How/When/Why did problem start: _____

Was onset: Gradual Sudden Is Problem: Constant Intermittent

Have you been treated for the same / similar problem? Yes No By whom Doctor Poylar

Were you seen in the ER or Urgent Care? Yes No Where Doctor Care

Have you had X-rays for this problem? Yes No Where Doctor Care When 12-16-14

Have you had an MRI for this problem? Yes No Where North Hill Medical When 1-7-15

Are you out of work due to this problem: Yes No Last Date Worked 12/13/14

What medications have you taken or been prescribed specifically for this problem: Zoflaster / Pain / Night pain

What treatments have you received in the past 6 to 12 months and did they make you feel better / worse or no change:

History of Present Illness:

	1-6mth	7-12mth		1-6mth	7-12mth	Better	Worse	Same
X-Rays	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MRI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	Cane/Crutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Scan	<input type="checkbox"/>	<input type="checkbox"/>	TENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMG/NCV	<input type="checkbox"/>	<input type="checkbox"/>	Traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myelogram	<input type="checkbox"/>	<input type="checkbox"/>	Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discogram	<input type="checkbox"/>	<input type="checkbox"/>	Epidurals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Psychological Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did your pain/injury result from: Lifting Twisting Falling Bending Pulling Reaching

Do you have: Numbness Tingling Weakness Swelling Bruising Loss of Bladder Control

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How does the following affect your symptoms:

	Better	Worse	Same
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lying In Bed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sneezing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coughing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Better	Worse	Same
Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Twisting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rising from Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other <u>Dressing / Bathing</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Which makes your pain better: Rest Heat Ice Elevation Massage Other None

Is your pain worse at night: Yes No Does pain awaken you from sleep: Yes No

Do your legs tire / hurt if you walk too far: Yes No

If yes, how far can you walk: less than one block 1-3 blocks more than 3 blocks

Is the pain relieved by: resting your legs Yes No Bending forward: Yes No

How long can you Sit? 10 min Stand? 10 min

Since your problem started has it gotten: Better Worse Same

If your pain has changed, what percentage? (circle one) 10 20 30 40 50 60 70 80 90 100%

IF YOU ARE BEING SEEN FOR BACK OR NECK PAIN PLEASE FILL OUT THE FOLLOWING SECTION

How bad is your pain? Place an "X" (---X---) on each of the lines to indicate your pain.

How bad is your low back pain?	No Pain	_____	Worst Possible
How bad is your leg pain?	No Pain	_____	Worst Possible
How bad is your middle back pain?	No Pain	_____	Worst Possible
How bad is your neck pain?	No Pain	_____	Worst Possible
How bad is your arm pain?	No Pain	_____	Worst Possible

Mark on the areas on your body where you feel the described sensations. Use the symbols list below. Mark the areas of radiating pain or numbness as well. Include all affected areas.

Numbness Tingling Burning Stabbing/Sharp Aching Cramping
 ooo ;;;; XXX / / / / AAA ooo

The diagrams show human figures with various symbols indicating pain locations:

- Numbness (ooo):** Two hand diagrams with 'R' and 'L' labels, and two foot diagrams with 'R' and 'L' labels.
- Tingling (;;;):** Two hand diagrams with 'R' and 'L' labels, and two foot diagrams with 'L' and 'R' labels.
- Burning (XXX):** A front view of a human figure with a circle around the right shoulder.
- Stabbing/Sharp (/ / / /):** A side view of a human figure with a circle around the lower back, and a front view with a circle around the lower back.
- Aching (AAA):** Two foot diagrams with 'R' and 'L' labels.
- Cramping (ooo):** Two foot diagrams with 'L' and 'R' labels.

Do not write, stamp, punch holes
or affix a sticker in this area.
To reproduce, follow the printing instructions.
Do not fold this form.

Direction of Feed

Patient History

Please answer every question

STAFF: Handwritten items
must be entered **MANUALLY**.

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Aiston

Nathaniel

11 24 1972
Month Day Year

What is your height?

Feet	3	4	5	6	7	8	9	10	11
Inches	1	2	3	4	5	6	7	8	9

What is your weight?

Pounds	100	200	300	400	500	600	70	80	90
	1	2	3	4	5	6	7	8	9

EXAMPLE

If you weigh 200
222 pounds,
you would fill in the
in the oval like this:

Are you:

right handed left handed ambidextrous

Gender:

male female

If female, are you pregnant?

yes no unknown

Primary Care Physician: Doctor Case

Who referred you? Lawyer

PAST MEDICAL HISTORY

Please indicate if you have a history of the following. Mark all that apply.

Acid Reflux
Adverse Reaction to Anesthesia
(Type of Reaction):

Fibromyalgia
Gout
Hemophilia (Excessive Bleeding)
Hepatitis
High Blood Pressure (Hypertension)

Cervical Cancer
Colon Cancer
Liver Cancer
Melanoma Skin Cancer
Non-Melanoma Skin Cancer
Ovarian Cancer
Pancreatic Cancer
Prostate Cancer
Rectal Cancer
Stomach Cancer
Thyroid Cancer
Uterine Cancer
Other Type(s) of Cancer:

Alzheimer's (Significant Memory Loss)

High Cholesterol
HIV / AIDS
Kidney Disease
MRSA
Osteoarthritis
Osteoporosis
Pneumonia
Psychiatric Disorder
Rheumatoid Arthritis
Sickle Cell

Other Not Listed (explain):
Arthritis/Subconjunctival
Bursitis
**NO SIGNIFICANT
MEDICAL HISTORY**

Anemia
Angina or Chest Pain
Asthma
Atrial Fibrillation (Erratic Heartbeat)
Bladder Problems
Bleeding Ulcers
Blood Clot
Congestive Heart Failure
Coronary Artery Disease
Dental Disease
Depression
Diabetes
Emphysema
Epilepsy / Seizures

Sleep Apnea
CPAP Machine
Stroke (CVA)
Thyroid Disease
Breast Cancer

SURGICAL HISTORY

Please indicate if you have had any of the following surgeries. Mark all that apply.

I HAVE HAD NO SURGERIES

Artery Bypass of Arm or Leg
Carotid
Coronary Bypass (CABG)

Heart Valve Replacement
Pacemaker / Defibrillator
Prostate

ABDOMINAL SURGERIES

Appendectomy
Capsule Endoscopy
Gallbladder Removal
Colon
Colonoscopy
Colostomy
Gastrectomy
Gastric Bypass

Gastric
Hemorrhoidectomy
Hernia Repair (hiatal)
Hernia Repair (Inguinal)
Hernia Repair (umbilical)
Hysterectomy
Pancreatic
PEG Tube Placement

Removal of Intestinal Adhesions
Fallopian Tube Removal (Salpingectomy)
Small Bowel Resection
Large Bowel Resection
Stomach Resection
Liver Resection
Whipple
Splenectomy

Continued on next page...

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Direction of Feed Patient History Please answer every question

STAFF: Handwritten items must be entered MANUALLY.

SURGICAL HISTORY continued...

BONE / JOINT SURGERIES

Lumbar Spine Cervical Spine

Ankle Arm Foot Hand

Hip Leg Knee Shoulder Wrist

BREAST SURGERY Breast Biopsy

Breast Removal Breast Reduction

Breast Reconstruction Cosmetic Breast Surgery

OTHER SURGERY NOT LISTED ABOVE (please specify):

Clavical Surgery

FAMILY MEDICAL HISTORY

Please indicate which family member(s) have had these illnesses:

Family History UNKNOWN

ADOPTED

NO SIGNIFICANT FAMILY MEDICAL HISTORY

Adverse Reaction to Anesthesia Bleeding Disorders Blood Clots (Pulmonary Embolism) Cancer Depression Diabetes

Heart Disease Hypertension (High Blood Pressure) Osteoarthritis Osteoporosis Rheumatoid Arthritis Stroke

OTHER SIGNIFICANT FAMILY HISTORY (please specify condition and family member):

SOCIAL HISTORY

Marital status: single married partnered divorced widowed Smoking status: never in the past current (some days) current (every day) Do you clip or chew tobacco? Do you drink alcoholic beverages? Do you use recreational drugs?

Review of Systems

Please answer every question

113

Marking Instructions

Please use a # 2 pencil
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S LAST NAME

Aiston

PLEASE PRINT PATIENT'S FIRST NAME

Nathaniel

PATIENT'S DATE OF BIRTH

11 24 1972
Month Day Year

Mark only the symptoms that you are experiencing CURRENTLY.

Mark all that apply --- If no symptoms, please mark "NONE."

General

frequent fever

weight loss

weight gain

NONE

Eyes

blurred vision

double vision

Impaired vision

NONE

Ear, Nose, and Throat

hoarseness

hearing loss

trouble swallowing

NONE

Cardiovascular

chest pain

palpitations

NONE

Respiratory

shortness of breath

chronic cough

NONE

Gastrointestinal

vomiting

loss of appetite

stomach pain with anti-inflammatory

reflux

nausea

blood in stool

NONE

Genitourinary

painful urination

excessive urination

blood in urine

kidney problems

irregular periods

NONE

Breast

breast lumps

NONE

Skin

rash

skin ulcer

psoriasis

NONE

Neurological

headache

sleep disorder

dizziness

NONE

Musculoskeletal

muscle weakness

fibromyalgia

NONE

Psychiatric

anxiety

bipolar

depression

NONE

Endocrine

excessive thirst

cold intolerance

heat intolerance

NONE

Heme / Lymphatic

anemia
prior blood transfusion

easy bleeding

easy bruising

NONE

History

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Allergy

No Known Drug Allergies (05/19/2015)

Problem List/Past Medical

Sleep Apnea

High blood pressure

ACUTE PAIN OF LEFT SHOULDER: Pain is out of proportion to his clinical findings.

Social

Marital status: Married;

Tobacco use: Current every day smoker;

Medications

TraMADol HCl (50MG Tablet, Oral two times daily) Active.

Ibuprofen (800MG Tablet, Oral two times daily) Active.

Norco (Oral two times daily) Specific dose unknown - Active.

Meloxicam (15MG Tablet, Oral two times daily) Active.

Vistaril (50MG Capsule, Oral two times daily) Active.

Hydrochlorothiazide (25MG Tablet, Oral two times daily) Active.

Physical Exam (JOHN E KEITH MD; 05/19/2015 11:11 AM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Not in acute distress (Pupils equal, round and reactive to light.).

Orientation - Oriented X3. **Build & Nutrition** - Well nourished and Well developed.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no erythema, no induration and no ecchymosis. **Color** - normal coloration of skin. **Skin Moisture** - normal skin moisture. **Temperature** - normal warmth is noted.

ENMT

Global Assessment

Examination of related systems reveals - normocephalic, atraumatic.

Chest and Lung Exam

Chest and lung exam reveals - quiet, even and easy respiratory effort with no use of accessory muscles.

Cardiovascular

Cardiovascular examination reveals - normal pedal pulses bilaterally and no digital clubbing, cyanosis, edema, increased warmth or tenderness.

Neurologic

Sensory: - Normal and - Intact.

Musculoskeletal

Upper Extremity Note: Orthopedic exam today shows that he has mild swelling in the left shoulder with a TENS unit on. He really would not let me move his shoulder at all and has severe pain when I move it. Decreased sensation in his left hand.

ACUTE PAIN OF LEFT SHOULDER (719.41)

Today's Impression: 1. Severe left shoulder pain.
2. Possible cervical radiculopathy.

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Current Plans:

- Referral to Dr. Jasper.
- Referral to Dr. Matthew Terzella.
- Instructed to make follow-up appointment for office visit following completion of diagnostic tests
On my exam today, his pain seems to be out of proportion to his MRI findings. For this reason, I am reluctant at this point to proceed with surgery until we can find out why his pain seems to be so severe. Normally, a person with these MRI findings is in pain but not to this severe degree. Therefore, I would recommend sending him for a neurological workup to make sure he does not have a herniated disc. He also wanted pain medicine and seemed to be very upset that I would not give him pain medicine. I do not feel that narcotic pain medicines are appropriate for the MRI findings.

cc: Robert Usry, PA

Electronically signed by JOHN E KEITH MD,

Name: Alston, Nathaniel
 DOB: 1972-11-24
 Age: 42 years
 Gender: Male
 Chart#: 133484



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BON SECOURS MEDICAL GROUP
 Bon Secours St. Francis Health System

Palpation	Tenderness around shoulder	No tenderness
Bicep Tendon Rupture	Negative signs	Negative signs
Lift off test		Negative
Crossed Arm Adduction Test		
Instability/Ant. Apprehension Test	Negative	None noted
Impingement	Positive	Negative

X-RAYS: AP, and outlet views of the left shoulder obtained in the office today show a Type II acromion. The humeral head is not high riding. No evidence of fracture, arthritis, dislocation or loose body. Mild degenerative changes A-C joint.

X-RAY IMPRESSION: Normal left shoulder.

IMPRESSION: Left Shoulder Impingement partial cuff tear

PLAN: I had a long discussion with the patient and family regarding the natural history of the problem, as well as treatment options.

Treatment:

Recommend therapy to evaluate and treat current complaints and pathology.

Patient prescribed with Non-steroidal anti-inflammatories and discussed additional activity modification to help reduce pain for initial conservative treatment. Avoid overhead PT 10 lb surgery discussed

John R Vann

Electronically Signed By John R Vann MD

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piedmont
orthopaedic
associates



BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Return to Work

Date: 1/12/2015

Patient Name: Nathaniel Alston

DOB: 11/24/1972

may do light duty work no lifing more than 10lbs with left upper extremity.
can not drive truck.

JR Vann

Electronically signed by John R Vann MD on 1/12/2015 and 2:20 PM

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FEB 03 2015

QUESTIONNAIRE TO JOHN R. VANN, M.D.

Claimant: Nathaniel Alston
 Employer: All My Sons Moving & Storage
 Carrier: Vanliner Ins. Co.
 WCC File No.: 1419738
 D.O.L.: 12/13/14

1. I am the authorized treating physician for Mr. Nathaniel Alston for his workers' compensation injury to his left shoulder.

True False

2. Mr. Alston injured his shoulder on 12/13/14 when he was moving a long cast-iron table and felt a pop in his left shoulder.

True False

3. Mr. Alston has preexisting degenerative changes in his left shoulder.


True False

4. It is more probable than not (51% or greater) that at a minimum, his work related injury of 12/13/14 aggravated any underlying degenerative changes in Mr. Alston's left shoulder.

True False

mild aggravation

All opinions herein are given to a degree of medical certainty.


John R. Vann, M.D.

2/7/15
Date

Please return this questionnaire to Ryan Montgomery via facsimile 864/373-7334

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Piedmont Orthopaedic Associates

Patient Demographic Form

First: NATHANIEL Middle: _____ Last: ALSTON

Home Address: Line1: 105 CAULIER DR APT #11 Line2: _____
Billing Address (If Different): Line1: _____ Line2: _____

Zip: 29607 City: Greenville State: SC Zip: _____ City: _____ State: _____

Do you live in a Skilled Nursing Facility?: Y N Facility Name: _____

Home Phone Number: (864) 593-3427 Cell Phone Number: SAME

SSN: 247-21-4044 (Your SSN is Mandatory when scheduling anything with the hospital)

DOB: 11-24-72 Gender: Male Female Referred By: W/C

Marital Status: Single Married Divorced Separated Widowed

Primary Care Physician: N/A Responsible Party if Child: _____

Primary Insurance: _____ Subscriber: _____

Subscriber's DOB: _____ Policy #: _____ Group #: _____

Patient's Relationship to Subscriber: Self Spouse Child Other

Secondary Insurance: _____ Subscriber: _____

Subscriber's DOB: _____ Policy #: _____ Group #: _____

Patient's Relationship to Subscriber: Self Spouse Child Other

Employer: All my sons Street Address: 1102 Old Stage Rd

City: Simpsonville State: SC Zip: 29681 Phone #: (864) 962-9008

Was this an on the job injury?: Yes No Date of injury: 12/13/14 Body Part: Shoulder Left

Claim #: _____ Work Comp Insurance: _____

Emergency Contact: Andrea Alston Relationship: Wife Phone #: (864) 593-7137

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Meaningful Use & PQRS 2014: Government Mandated Questionnaire

Today's Date: 1/12/15

Name: First: Nathaniel Middle: _____ Last: Alston

Date of Birth: 11/24/72

BMI:
Height: 6 ft. _____ inches

Weight: 260 lbs. For Office Use Only (BMI: _____)

Tobacco Use: (Check One)

- Current Every Day 1/2 Packs per day
- Current Some Days _____ Packs per day
- Never
- Former

If Applicable: _____ Start Date _____ End Date

Alcohol Use:

Circle Each Appropriate Answer

1. How often do you have a drink containing alcohol?
 - a. Never
 - b. Monthly or Less
 - c. 2-4 times a month
 - d. 2-3 times a week
 - e. 4 or more times a week
2. On the days you drink alcohol, how many drinks do you have on average?
 - a. 0
 - b. 1 or 2
 - c. 3 to 6
 - d. 7 to 9
 - e. 10 or more
3. How often do you have six or more drinks on one occasion?
 - a. Never
 - b. Less than monthly
 - c. Monthly
 - d. Weekly
 - e. Daily or almost daily

Office Staff Only for PQRS:

Patient counseled on BMI
Patient counseled on Tobacco Use
This document has been reviewed by

_____	Clinical Staff init.	_____	Date
_____	Clinical Staff init.	_____	Date
_____	Clinical Staff init.	_____	Date

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ONE CALL CARE DIAGNOSTICS, INC. PROVIDER APPOINTMENT AUTHORIZATION FORM

20 Waterview Blvd. P.O. Box 614 - Parsippany, New Jersey 07054-0614
TEL (973) 257-1000 - FAX 1-877-922-3992

Fax Date: Wednesday December 31, 2014

Provider Information

Provider: NORTH HILLS MEDICAL CENTER
Attn: SHAFARALI

Main Fax #: (864)752-3362
Remit Fax #: (864)234-5881

Patient Information

OCCM Claim #: OCM247214044
Name: NATHANIEL ALSTON

Date of Birth: November 24, 1972
Date of Injury: December 13, 2014

Referring Physician

Name: FORREST POMMERENKE
Address: 701 CONGAREE ROAD GREENVILLE, SC 29607

Please send Films to the Referring Physician.
Fax #: (864)458-9462
Phone #: (864)458-7289

One Call Care Diagnostics is authorizing the exam(s) below.

Please fax the medical report within 48 hrs. of the procedure to One Call Care Diagnostics @ 1-877-922-3992.

Procedure

Scheduled Date and Time

MRI ANY JOINT UPPER EXTREMITY - LEFT SHOULDER

01/07/2015 11:30 AM

Chief Complaint:

SPRAINS & STRAINS OF SHOULDER & UPPER ARM; SPRAIN/STRAIN - UNSPECIFIED SITE

Notes: PATIENT TO HAND CARRY FILMS

- This is NOT A PRESCRIPTION, nor does this exempt the provider from obtaining necessary releases or consents from the patient.
- Codes listed are intended to communicate service(s) being requested. There may be other codes associated with certain procedures. If the associated codes are appropriate, they will be reimbursed in accordance with your OCCM agreement and payment policies.
- Send all HCFA/UB92 to OCCM. When isotopes, contrasts and/or pharmaceuticals are required, OCCM must receive a copy of the invoice along with the HCFA for processing.

Sincerely,
LETICIA
RODRIGUEZ
OCCM Service Consultant

For Network Providers, OCCM now has a secure 24hr Provider Portal where you can access your OCCM scheduling information, print patient authorizations, check billing status and re-credential your facility. Please sign up today via the OCCM website at www.OneCallCM.com

NOTICE OF PRIVILEGE AND CONFIDENTIALITY

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Return To Work Form

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CENTER LOCATION:

- Anderson - 2126 N Highway 81, Anderson, SC 29621 • (864) 226-2660
- Berea - 6704 White Horse Road, Greenville, SC 29611 • (864) 294-1392
- Congaree - 701 Congaree Road, Greenville, SC 29607 • (864) 458-7289
- Easley - 832 Powdersville Road, Easley, SC 29642 • (864) 859-3899
- East Blackstock - 218 East Blackstock Road, Spartanburg, SC 29301 • (864) 576-8646
- Greenville - 4200 E North Street, Suite 5, Greenville, SC 29615 • (864) 292-2266
- Greenwood - 516 Montague Avenue, Greenwood, SC 29649 • (864) 223-1468
- Greer - 230 W. Wade Hampton Boulevard, Greer, SC 29650 • (864) 968-9144
- Hillcrest - 1762 East Main Street, Spartanburg, SC 29307 • (864) 591-2261
- Simpsonville - 35 Ray E Tally Court, Simpsonville, SC 29680 • (864) 967-7028

PATIENT INFORMATION:

Name: Nathaniel Alston Arrival Time: 9:20 Discharge Time: 10:40
 Date: 12/21/14 Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

- 1. May perform full duty activities as of _____ without accommodations.
- 2. Off duty due to work-related condition:
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____
 Return for re-evaluation at this location on _____ Time: _____
- 3. May work with the following accommodations as of: _____
 - No lifting more than _____ lbs.
 - No operation of hazardous or fast-moving machinery, no driving.
 - Ground level work only, no ladders or heights.
 - No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
 - No continuous standing and/or sitting.
 - Minimal walking or climbing (including stairs)
 - Limited use of _____
 - No overhead lifting.
 - No high repetitive hand activities for extended periods of time.
 - No use of _____
- 4. Has reached Maximum Medical Improvement (MMI)
- 5. Return for re-evaluation at this office on one week - or after MRT Time: _____

Additional Comments:

Has not made any progress - nil ROM

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: (L) shoulder strain ACJ ACR 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: MRT (L) shoulder Date: _____ Time: _____
 For: Orthopedic referral
 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: Nathaniel Alston Date: 12/21/14 Provider Signature: [Signature] Date: 12/21/14

OFFICE VISITS

- N354 W112 Initial OV Brief
- W060 Initial Exam II
- W110 Initial Eval III
- W061 Follow Up Lev II
- W5 After Hours
- W063 OV NC
- W34 Psy In
- W972 NO SHOW
- W111 Follow Up Lev III
- W072 Burn 10 1st Degree
- W073 Burn 20 2nd Degree
- W691 Psy F/U

OCCUPATIONAL MEDICINE

PHYSICALS

- 99203 Refugee Physical
- N051 DOT Physical
- Regular Physical
- N053 Supplemental -1693
- 3084 IMM - Adult
- 3085 IMM - Child
- N054 Fit for Duty / Return to Work
- N284 Blood Pressure Check

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PROCEDURES

- W830 20550 Trigger Point Inj Aponeurotic
- W704 20551 Single Origin-Tendon
- W100 Digital Block

REPAIR

- W520 Lac Repair to 2.5cm
- W558 Lac Repair 2.5 - 7.5cm
- W559 Lac Repair 7.6 - 12.5cm

XRAY

- N288 W301 Chest PA
- N302 W302 Chest PA & LAT
- W305 Abdomen - KUB
- W307 Abdomen Upright
- W309 Spine - Cervical
- W311 Spine - Thoracic
- W313 LS Spine
- W315 LS Spine w/OBLS
- W317 AP Upright Spine - Scolio
- W325 Skull
- W337 Ribs
- W347 Shoulder - Comp
- W351 Elbow w/OBLS
- W353 Forearm
- W355 Wrist
- W357 Hand
- W359 Finger
- W361 Hip
- W367 Lower Leg
- W368 Knee w/OBLS
- W369 Knee AP & LAT
- W373 Ankle
- W377 Foot
- W379 Toe
- W343 A-C Joint
- W323 Sacrum Coccyx
- W333 Nasal Bones
- Other

- 7101 0
- 7102 0
- 7400 0
- 7402 0
- 7205 0
- 7207 0
- 7210 0
- 7211 0
- 7209 0
- 7026 0
- 7110 1
- 7303 0
- 7308 0
- 7309 0
- 7311 0
- 7313 0
- 7314 0
- 7351 0
- 7359 0
- 7356 0
- 7356 0
- 7361 0
- 7363 0
- 7366 0
- 7305 0
- 7222 0
- 7016 0

Handwritten notes:
 left show
 MR
 7/3

SUPPLY

- W600 2" Ace
- W601 3" Ace
- W602 4" Ace
- W603 6" Ace
- W619 Arm Sling
- W624 Ankle Deluxe Brace
- W98 Ankle Gel Stirrup
- W639 Ankle Stirrup
- W620 Baseball Splint
- W376 Back Book
- W44 Cock UP Wrist Splint
- W622 Scott Carpal Tunnel Splint
- W626 Tennis Elbow Splint
- W612 Four Prong Finger Splint
- W617 Rib Belt 6"
- W618 Rib Belt 8"
- W195 Suture Tray
- W95 Burn Supply Pack

INJECTIONS

- N765 Flu
- W811 Tetanus
- N811 Tetanus-2
- 90707 MMR
- 90716 Varicella
- N765 Hep B
- N148 Hep A
- N707 Pneumovax
- N386 PPD
- N758 Zoster Injection
- W766 Kenalog
- 90649 Gardasil
- 90732 Pneumococcal
- 90734 Meningococcal

SPECIAL PROCEDURES

- N527 Audiogram
- N178 Titmus
- N136 PFT (Pulmonary Function)
- N437 EKG
- N152 Ishihara Vision
- N696 Functional Agility
- 94010 PFT W/C
- N183 Stress Test

LAB

- Dip Urine
- Dip Urine Micro
- N204 CBC
- N216 PSA
- W990 HIV HTLV III
- N219 RPR/VDRL
- N228 BUN
- N232 Creatinine
- N211 Chem Profile
- W242 Hep Panel
- N253 Lead Level
- W265 Pregnancy Serum - HCG
- W266 Pregnancy Urine -UHCG
- 87177 Parasite Testing Ova Stool
- N65 Zinc Protoporphyn
- N289 Collect Blood & Urine
- N154 Reg Drug Screen
- N260 DOT Drug Screen
- N160 Collect Screen
- N119 Hair Screen
- N102 Collect Hair Screen
- N268 Breath Alcohol
- W708 Liver Profile
- N218 Sed Rate
- N207 Hemoglobin
- N223 Occult Blood

DATE		TIME	PATIENT	REASON	PRIOR BALANCE	DIAGNOSIS		DATE	SIZE	FREQUEN	COUNT
10/15		10:55	NATHANIEL ALSTON	ONE CALL MEDICAL N	0.00	1					
GET NO.	DR.#	DOCTOR	LOCATION	D.O.B.	TODAY'S PAYMENT	PROCEDURES NOT LISTED					
299135	1000	BESAI MD	NORTH HILLS MEDICAL	11/24/72		1					
ENT NO.	RESPONSIBLE PARTY	P.H.#	REFERRING DOCTOR		PAY CHOICE	TESTS ORDERED					
0301255	NATHANIEL ALSTON	000 0000				1					
M	F	ADDRESS	CITY/STATE	ZIP CODE	PAYMENT RECEIVED BY INITIALS	NEXT APPOINTMENT					
		105 CAVALIER DR	GREENVILLE	SC 29507		Days	Weeks	Months			
OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS				
0.00	0.00	0.00	0.00	0.00	236	1	0				
FINANCE COMPANY		BA	SCT	POLICY ID	RELATIONSHIP TO INSURED						
ONE CALL MEDICAL, IN					Self Spouse Child Other						
247 21 4044		800 Pelham Road Greenville, SC 29615 (864) 234-5800		NORTH HILLS MEDICAL CENTER		PATIENT COPY		Physician's Signature			

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NORTH HILLS MEDICAL CENTER
800 Pelham Road, Greenville, S.C. 29615
Phone No: 864-234-5800
Medical Report

Patient: Nathaniel Alston
Dob: 11/24/72
Date: 01/07/15
Dr: Forest Pommerenke, M.D.

MRI LEFT SHOULDER:

Technique: Multiplanar T1 and T2-weighted images were obtained the left shoulder without contrast.

Clinical: Left shoulder pain and injury.

Comparison: None

Findings:

There is a tiny, partial articular surface tear involving the anterior fibers of the supraspinatus tendon at the insertion site. There is an additional partial articular surface tear involving the anterior fibers of the infraspinatus tendon at the insertion site. There is interstitial tearing at the distal infraspinatus myotendinous junction. The subscapularis and teres minor tendons are intact. The rotator cuff musculature is unremarkable. There is a small amount of scarring within the rotator interval. There is mild intra-articular biceps tendinosis. There is no discrete labral tear. There is moderate a.c. joint arthrosis with adjacent capsular hypertrophy. No acute fracture or dislocation is identified. There are no focal chondral defects. There is no evidence of a significant joint effusion. There is a small mild fluid within the subacromial subdeltoid bursa.

Impression:

1. Tiny, partial articular surface tear involving the supraspinatus tendon at the insertion site.
2. Partial articular surface tear involving the anterior fibers of the infraspinatus tendon at the insertion site.
3. Interstitial tearing of the distal infraspinatus myotendinous junction
4. Mild intra-articular biceps tendinosis.
5. Moderate a.c. joint arthrosis.
6. Subacromial subdeltoid bursitis.

Kesha Desai Shah

Kesha Desai Shah, M.D.

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ER NURSE STATION - Study Notes/Preliminary Report

Patient:	Alston, Nathaniel	Ordering Physician:	Pommerenke, Forrest
ID:	OCM301266	Phone, Pager:	Phone: N/A Pager: N/A
DOB:	11/24/1972	Primary Location:	N/A
Age/Gender:	42Y, M	Study Date:	1/7/2015 12:53:00 PM
Procedure:	MRI LEFT SHOULDER	Order #:	N/A
Accession #:	20150107113206		
Reason:	N/A		

W2182DOM\kd001, Desai, Kesha - 1/7/2015 1:18:26 PM

MRI left shoulder

Technique: Multiplanar T1 and T2-weighted images were obtained the left shoulder without contrast.
 Clinical: Left shoulder pain and injury.

Comparison: None

Findings:

There is a tiny, partial articular surface tear involving the anterior fibers of the supraspinatus tendon at the insertion site. There is an additional partial articular surface tear involving the anterior fibers of the infraspinatus tendon at the insertion site. There is interstitial tearing at the distal infraspinatus myotendinous junction. The subscapularis and teres minor tendons are intact. The rotator cuff musculature is unremarkable. There is a small amount of scarring within the rotator interval. There is mild intra-articular biceps tendinosis. There is no discrete labral tear. There is moderate a.c. joint arthrosis with adjacent capsular hypertrophy. No acute fracture or dislocation is identified. There are no focal chondral defects. There is no evidence of a significant joint effusion. There is a small mild fluid within the subacromial subdeltoid bursa.

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3. Interstitial tearing of the distal infraspinatus myotendinous junction
4. Mild intra-articular biceps tendinosis.
5. Moderate a.c. joint arthrosis.
6. Subacromial subdeltoid bursitis.

W2182DOM\ra001, Abbas, Ruhi - 1/7/2015 12:55:19 PM
 LEFT SHOULDER PAIN AND INJURY

W2182DOM\ra001, Abbas, Ruhi - 1/7/2015 12:55:02 PM
 FOR DR KESHA SHAH TO READ

INNERVISION MRI & IMAGING

Innervation
Innervation at Grove
Open MRI of Simpsonville

Grove

One Cannon Drive Greenville, SC 29605

Phone (864) 242-4011 Fax (864) 233-2677

PATIENT: Alston, Nathaniel
DOB: 11/24/1972
MRN: 691076
PATIENT PHONE: 864-382-8627
PHYSICIAN: Melvin Porter, MD
DATE: 1/21/2012

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EXAM: MRI CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Neck pain and radiculopathy.

TECHNIQUE: Multisequential multiplanar MRI of the cervical spine without contrast. No previous.

FINDINGS: Loss of the physiologic lordosis with straightening in the supine position. Vertebral body heights and marrow signal intensities are normal. Craniocervical junction is normal and signal intensity within the imaged spinal cord is normal.

C1-2, C2-3 and C3-4: No significant posterior disc bulging or herniation. No central or foraminal stenosis.

C4-5: Mild posterior bulging. Borderline mild central stenosis. No foraminal stenosis.

C5-6: Minimal posterior bulging. Small central annular tear. No central or foraminal stenosis.

C6-7, C7-T1: No significant posterior disc bulging or herniation. No central or foraminal stenosis.

Normal vascular flow voids. No lymphadenopathy.

IMPRESSION: Mild degenerative changes. Borderline mild central stenosis at C4-5

Christopher Sidden, M.D.
CS / fl

DD: 1/23/2012
DT: 1/23/2012
Job: 14420328

This document has been electronically reviewed and signed by Christopher Sidden, M.D.

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ER NURSE STATION - Study Notes/Preliminary Report

Patient:	Alston, Nathaniel	Ordering Physician:	Pommerenke, Forrest
ID:	OCM301266	Phone, Pager:	Phone: N/A Pager: N/A
DOB:	11/24/1972	Primary Location:	N/A
Age/Gender:	42Y, M	Study Date:	1/7/2015 12:53:00 PM
Procedure:	MRI LEFT SHOULDER	Order #:	N/A
Accession #:	20150107113206		
Reason:	N/A		

W2182DOM\kd001, Desai, Keshha - 1/7/2015 1:18:26 PM

MRI left shoulder

Technique: Multiplanar T1 and T2-weighted images were obtained the left shoulder without contrast.

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Impression:

1. Tiny, partial articular surface tear involving the supraspinatus tendon at the insertion site.
2. Partial articular surface tear involving the anterior fibers of the infraspinatus tendon at the insertion site.
3. Interstitial tearing of the distal infraspinatus myotendinous junction
4. Mild intra-articular biceps tendinosis.
5. Moderate a.c. joint arthrosis.
6. Subacromial subdeltoid bursitis.

W2182DOM\ra001, Abbas, Ruhi - 1/7/2015 12:55:19 PM
LEFT SHOULDER PAIN AND INJURY

W2182DOM\ra001, Abbas, Ruhi - 1/7/2015 12:55:02 PM
FOR DR KESHA SHAH TO READ

128

NORTH HILLS MEDICAL CENTER
800 Pelham Road, Greenville, S.C. 29615
Phone No: 864-234-5800
Medical Report

Patient: Nathaniel Alston
Dob: 11/24/72
Date: 01/07/15
Dr: Forest Pommerenke, M.D.

MRI LEFT SHOULDER:

Technique: Multiplanar T1 and T2-weighted images were obtained the left shoulder without contrast.

Clinical: Left shoulder pain and injury.

Comparison: None

Findings:

There is a tiny, partial articular surface tear involving the anterior fibers of the supraspinatus tendon at the insertion site. There is an additional partial articular surface tear involving the anterior fibers of the infraspinatus tendon at the insertion site. There is interstitial tearing at the distal infraspinatus myotendinous junction. The subscapularis and teres minor tendons are intact. The rotator cuff musculature is unremarkable. There is a small amount of scarring within the rotator interval. There is mild intra-articular biceps tendinosis. There is no discrete labral tear. There is moderate a.c. joint arthrosis with adjacent capsular hypertrophy. No acute fracture or dislocation is identified. There are no focal chondral defects. There is no evidence of a significant joint effusion. There is a small mild fluid within the subacromial subdeltoid bursa.

Impression:

1. Tiny, partial articular surface tear involving the supraspinatus tendon at the insertion site.
2. Partial articular surface tear involving the anterior fibers of the infraspinatus tendon at the insertion site.
3. Interstitial tearing of the distal infraspinatus myotendinous junction
4. Mild intra-articular biceps tendinosis.
5. Moderate a.c. joint arthrosis.
6. Subacromial subdeltoid bursitis.

Kesha Desai Shah

Kesha Desai Shah, M.D.

Urgent Care Note ALSTON, NATHANIEL - G184385

129

L shoulder strain, WC visit 3

Patient: ALSTON, NATHANIEL MRN: G184385 FIN: 2482807
 Age: 42 years Sex: Male DOB: 11/24/1972
 Associated Diagnoses: Shoulder sprain; Benign hypertension; Chronic insomnia; Incomplete tear of left rotator cuff
 Author: Pommerenke MD, Forrest

Visit Information

Additional Information: 1/17/2015 9:44 AM EST re eval lt shoulder .

History of Present Illness

1/17/2015 9:56 AM

Says shoulder isn't a bit better. Still wearing sling. MRI showed multiple changes,

1. partial articular surface tears of supraspinatus tendon at insertion
2. Partial tear involving ant. fibers of infraspinatus at insertion
3. Tear of distal infraspinatus myotendinous junction
4. Sub acromial bursitis
5. Mild AC J arthrosis.

He says this is following the exact same pattern as his previous shoulder injury that required surgery on his R shoulder. Requesting something for pain and arthritis and sleep. Blood pressure quite elevated last three visits, given RX for lisinopril/hct and tole to FU at free clinic or New Horizen's.

Surgery on R shoulder 2-3 years ago by Dr. Paylor of Piedmont Orthopedics went well so I will refer him back there. He has a copy of his MRI on CD along with the report. He said the insurance company had him set up with another orthopedic surgeon. . . nothing official on that. I will still move towards his previous doctor so things will not be falling through the cracks at our end.

His ROS and PE have not appreciably changed since the last visit

12/21/2014 10:21 AM

CO severe pain at ACJ. Nil ROM. No change in sx or PE. Doesn't think he can do PT because of pain. . . but I encouraged him to try. Need to avoid frozen shoulder.

Will get MRI and refer to orthopedics as I think it will probably be a problem that will not resolve rapidly. He requested something stronger for pain. Symptoms are very subjective.

Note from 12/15/2014

Lifting heavy table at work, two days ago, heard and felt pop in L shoulder. Moderate to severe pain. Exactly like the pain he had in his R shoulder that ended up having surgery years ago. Arm now in sling. Says he needs an MRI. He had been working at his current job for about 1 year. He had previously been evaluated for permanent impairment of his L shoulder (about 41% shoulder) but I am not sure if he was actually given that final rating.

Has almost no ROM of L shoulder right now. Too painful. Pain is over the ACJ and Sub acromial area.

Review of Systems

Constitutional: Negative.

Respiratory: Negative.

Cardiovascular: No vascular compromise distal to injuries., No peripheral edema.

Hematology/Lymphatics: No bruises or ecchymoses involving injured areas..

Musculoskeletal: Decreased range of motion, Joint pain, L shoulder too painful to move. In sling..

Integumentary: Rash, No abrasions, lacerations, or visible signs of trauma..

Neurologic: Alert and oriented X4, No paresthesias or neurologic deficits distal to injury. . No numbness, No tingling.

Psychiatric: Negative.

Printed by: Ghouralal , Amanda
 Printed on: 8/31/2015 9:53 AM EDT

Page 1 of 4
 (Continued)

Urgent Care Note

ALSTON, NATHANIEL - G184385

130

Health Status**Allergies:**Allergic Reactions (Selected)

No known allergies

Medications: (Selected)PrescriptionsPrescribed

Norco 7.5 mg-325 mg oral tablet: 1 tab(s), PO, tid, PRN: for pain, # 30 tab(s), 0 Refill(s), Type: Maintenance
 ibuprofen 800 mg oral tablet: 1 tab(s) (800 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Maintenance
 tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q6-8 hrs, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance

Problem list:All Problems (Selected)

Tobacco user / SNOMED CT 175325014 / Probable
 Obesity / SNOMED CT 2535065012 / Probable
 Hypertension / SNOMED CT 1215744012 / Confirmed

Histories**Past Medical History**Active

Hypertension (1215744012)

Resolved

No previous illnesses: Resolved..

Past Surgical History

No previous procedures..

Family History

Hypertension

Mother

Grandmother (M)

Grandmother (P)

Grandfather (M)

Grandfather (P)

Diabetes mellitus

Grandmother (M)

Social History:

Alcohol Assessment

Never

Tobacco Assessment

Current

Comments:

12/15/2014 - Gregory, Sindi

Half a pack a day

Substance Abuse Assessment

Never

Physical Examination

Vital Signs

1/17/2015 9:44 AM EST

Temperature Oral	98.7 DegF
Peripheral Pulse Rate	80 bpm
Respiratory Rate	20 br/min
Systolic Blood Pressure	170 mmHg HI
Diastolic Blood Pressure	113 mmHg HI
Mean Arterial Pressure	132 mmHg

Printed by: Ghouralal, Amanda
 Printed on: 8/31/2015 9:53 AM EDT

Page 2 of 4
 (Continued)

Urgent Care Note ALSTON, NATHANIEL - G184385

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Measurements from flowsheet : Measurements
1/17/2015 9:44 AM EST

Height	72 in
Weight	258 lb
BSA	2.44 m ²
Body Mass Index	34.99 kg/m ²

General: Alert and oriented, No acute distress.**HENT:** Normocephalic.**Neck:** Supple.**Cardiovascular:** Normal rate, No vascular problems or compromise distal to injury..**Musculoskeletal:** Normal gait, PTP around most of shoulder but mostly over ACJ , Very minimal ROM. . just a few degrees. Doesn't even want to try to do ROM..**Integumentary:** Warm, Dry, No rash.**Neurologic:** Alert, Oriented, Normal sensory, Normal motor function, No focal deficits.**Psychiatric:** Cooperative, Appropriate mood & affect, Normal judgment.**Impression and Plan****Diagnosis**

Shoulder sprain (ICD9 840.9).

Benign hypertension (ICD9 401.1).

Chronic insomnia (ICD9 780.52).

Incomplete tear of left rotator cuff (ICD9 840.4).

Shoulder sprain (ICD9 840.9).

Course: Unchanged, Not worsening.**Patient Instructions:** SPRAIN SHOULDER.

Limitations: Activity as tolerated..

Summary: See orders..

Because his BP is so high, it really needs attention. I gave him RX for Lisinopril / HCT but informed him that it will have to be paid for separately from the WC Meds and he needs further eval with his PMD. .

Orders**Orders****Requests (Consults / Referrals):**

Referral (Request) (Order): Referred to: Orthopaedics, Referred to: Paylor, Piedmont Orthopedics is his preference. He has previously seen him. See if we can re-schedule to see Dr. Paylor. Apparently he has appt with other doctor on Feb 5., Reason for referral: Multiple tears and problems with L shoulder confirmed on MRI. which he will bring., Priority: Soon.

Orders**Pharmacy:**

Norco 7.5 mg-325 mg oral tablet (Prescribe): 1 tab(s), PO, tid, PRN: for pain, # 30 tab(s), 0 Refill(s), Type: Maintenance

meloxicam 15 mg oral tablet (Prescribe): 1 tab(s) (15 mg), PO, Daily, Instructions: take daily for arthritic pain. Do not take with ibuprofen or other anti-inflammatory meds., # 30 tab(s), 3 Refill(s), Type: Maintenance

Norco 7.5 mg-325 mg oral tablet (Modify): 1 tab(s), PO, tid, PRN: for pain, # 30 tab(s), 0 Refill(s), Type: Hard Stop.

Orders**Pharmacy:**

Vistaril 50 mg oral capsule (Prescribe): 1 cap(s) (50 mg), PO, hs, Instructions: take HS, prn, to help with pain and sleep., PRN: for anxiety, # 30 cap(s), 1 Refill(s), Type: Maintenance.

Orders**Pharmacy:**

hydrochlorothiazide-lisinopril 25 mg-20 mg oral tablet (Prescribe): 1 tab(s), PO, Daily, # 90 tab(s), 1 Refill(s), Type: Maintenance.

Signature Line

Signed and Authored by Forrest Pommerenke on 01/17/2015 10:13 AM EST

Printed by: Ghouralal , Amanda
Printed on: 8/31/2015 9:53 AM EDT

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(Continued)

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Urgent Care Note ALSTON, NATHANIEL - G184385

Charted Date: January 17, 2015 9:47 AM EST
Subject / Title: L shoulder strain, WC visit 3
Performed By: Pommerenke MD, Forrest on January 17, 2015 10:13 AM EST
Electronically Signed By: Pommerenke MD, Forrest on January 17, 2015 10:13 AM EST
Visit Information: 2482807, Doctors Care - Congaree, Outpatient, 1/17/2015 - 1/19/2015



Return To Work Form

133

CENTER LOCATION:

- Anderson - 2126 N Highway 81, Anderson, SC 29621 - (864) 226-2660
- Berea - 6704 White Horse Road, Greenville, SC 29611 - (864) 294-1392
- Congaree - 701 Congaree Road, Greenville, SC 29607 - (864) 438-7289
- Easley - 832 Powdersville Road, Easley, SC 29642 - (864) 859-3899
- East Blackstock - 218 East Blackstock Road, Spartanburg, SC 29301 - (864) 576-8646
- Greenville - 4200 E North Street, Suite 5, Greenville, SC 29615 - (864) 292-2266
- Greenwood - 516 Montague Avenue, Greenwood, SC 29649 - (864) 223-1468
- Greer - 230 W. Wade Hampton Boulevard, Greer, SC 29650 - (864) 968-9144
- Hillcrest - 1762 East Main Street, Spartanburg, SC 29307 - (864) 591-2261
- Simpsonville - 35 Ray C Tally Court, Simpsonville, SC 29680 - (864) 967-7028

PATIENT INFORMATION:

Name: Nathaniel Altier Arrival Time: 9:00am Discharge Time: 10:20am
 Date: 1/17/15 Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

- 1. May perform full duty activities as of _____ without accommodations.
- 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____
 Return for re-evaluation at this location on _____ Time: _____
- 3. May work with the following accommodations as of: _____
 - No lifting more than _____ 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 bounding.
 - No continuous standing and/or sitting.
 - Minimal walking or climbing (including stairs)
 - Limited use of _____
 - No overhead lifting.
 - No high repetitive hand activities for extended periods of time.
 - No use of _____
- 4. Has reached Maximum Medical Improvement (MMI)
- 5. Return for re-evaluation at this office on 2-3 weeks Time: _____

Additional Comments: _____

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Acute ankle tear 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: orthopedics 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: [Signature] Date: 1-17-15 Provider Signature: [Signature] Date: 1/17/15

Urgent Care Note ALSTON, NATHANIEL - G184385

134

Document Has Been Updated

L shoulder strain, WC initial visit

Patient: ALSTON, NATHANIEL MRN: G184385 FIN: 2414334
 Age: 42 years Sex: Male DOB: 11/24/1972
 Associated Diagnoses: Sprain; Shoulder sprain
 Author: Pommerenke MD, Forrest

Visit Information

Additional Information: 12/15/2014 12:00 PM EST doi 12/13/14 heard a pop and had pain while lifting a heavy table, now has swelling..

History of Present Illness

Lifting heavy table at work, two days ago, heard and felt pop in L shoulder. Moderate to severe pain. Exactly like the pain he had in his R shoulder that ended up having surgery years ago. Arm now in sling. Says he needs an MRI. He had been working at his current job for about 1 year. He had previously been evaluated for permanent impairment of his L shoulder (about 41% shoulder) but I am not sure if he was actually given that final rating.

Has almost not ROM of L shoulder right now. Too painful. Pain is over the ACJ and Sub acromial area.

Review of Systems

Constitutional: Negative.

Respiratory: Negative.

Cardiovascular: No vascular compromise distal to injuries., No peripheral edema.

Hematology/Lymphatics: No bruises or ecchymoses involving injured areas..

Musculoskeletal: Decreased range of motion, Joint pain, L shoulder too painful to move. In sling..

Integumentary: Rash, No abrasions, lacerations, or visible signs of trauma..

Neurologic: Alert and oriented X4, No paresthesias or neurologic deficits distal to injury. , No numbness. No tingling.

Psychiatric: Negative.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Problem list:

All Problems (Selected)

Tobacco user / SNOMED CT 175325014 / Probable

Obesity / SNOMED CT 2535065012 / Probable

Histories

Past Medical History

Resolved

No previous illnesses: Resolved..

Past Surgical History

No active procedure history items have been selected or recorded..

Family History

Hypertension

Mother

Grandmother (M)

Grandmother (P)

Printed by: Ghouralal , Amanda
 Printed on: 8/31/2015 9:55 AM EDT

Page 1 of 3
 (Continued)

Urgent Care Note ALSTON, NATHANIEL - G184385

135

Grandfather (M)
 Grandfather (P)
 Diabetes mellitus
 Grandmother (M)

Social History:**Alcohol Assessment**

Never

Tobacco Assessment

Current

Comments:

12/15/2014 - Gregory , Sindi

Half a pack a day

Substance Abuse Assessment

Never

Physical Examination**Vital Signs**

12/15/2014 12:00 PM EST

Temperature Oral	98.3 DegF
Peripheral Pulse Rate	71 bpm
Respiratory Rate	16 br/min
Systolic Blood Pressure	165 mmHg HI
Diastolic Blood Pressure	106 mmHg HI
Mean Arterial Pressure	126 mmHg

Measurements from flowsheet : Measurements

12/15/2014 12:00 PM EST

Height	72 in
Weight	258 lb
BSA	2.44 m2
Body Mass Index	34.99 kg/m2

General: Alert and oriented, No acute distress.**HENT:** Normocephalic.**Neck:** Supple.**Cardiovascular:** Normal rate, No vascular problems or compromise distal to injury..**Musculoskeletal:** Normal gait, PTP around most of shoulder but mostly over ACJ , ROM a bit painful, but essentially normal. .**Integumentary:** Warm, Dry, No rash.**Neurologic:** Alert, Oriented, Normal sensory, Normal motor function, No focal deficits.**Psychiatric:** Cooperative, Appropriate mood & affect, Normal judgment.**Review / Management****Radiology results**

L shoulder. No fx or dislocation seen.

Course: .**Impression and Plan****Diagnosis**

Shoulder sprain (ICD9 840.9).

Course: Unchanged.**Patient Instructions:** SPRAIN SHOULDER.

Limitations: Activity as tolerated..

Summary: Patient advised that 1: a radiologist will review the x-rays and if they find something that we missed we will notify them promptly. 2. some x-rays do not show fractures and other changes initially so if symptoms persist, then they are to return for a repeat x-ray in 7-10 days.

. He seems to be very experienced with shoulder injuries, . .having gone through a similar thing two - three years ago with his other shoulder. For that reason, I think getting an MRI sooner, rather than later, will clear the air and lead to a more efficient plan of treatment. .

Orders

Orders

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 Printed on: 8/31/2015 9:55 AM EDT

Page 2of 3
 (Continued)

Urgent Care Note ALSTON, NATHANIEL - G184385

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Charges:

73030 x-ray of shoulder, two views (Task/Charge) (Order): Quantity: 1.

Orders

Requests (Consults / Referrals):

Referral (Request) (Order): Referred to: Radiology, Reason for referral: MRI of L shoulder.

Orders

Pharmacy:

Itramadol 50 mg oral tablet (Prescribe): 1 tab(s) (50 mg), PO, q6-8 hrs, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance
 ibuprofen 800 mg oral tablet (Prescribe): 1 tab(s) (800 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Maintenance.

Orders

Requests (Consults / Referrals):

Referral (Request) (Order): Referred to: Physical Therapy, Reason for referral: L shoulder strain, and ACJ strain. Please evaluate and treat.

Signature Line

Signed and Authored by Forrest Pommerenke on 12/15/2014 12:25 PM EST

Signed by Forrest Pommerenke MD on 12/15/2014 01:17 PM EST

Charted Date: December 15, 2014 12:18 PM EST
 Subject / Title: L shoulder strain, WC initial visit
 Performed By: Pommerenke MD, Forrest on December 15, 2014 12:25 PM EST
 Electronically Signed By: Pommerenke MD, Forrest on December 15, 2014 12:25 PM EST
 Visit Information: 2414334, Doctors Care - Congaree, Outpatient, 12/15/2014 - 12/17/2014

Printed by: Ghouralal, Amanda
 Printed on: 8/31/2015 9:55 AM EDT

Page 3 of 3
 (End of Report)



Return To Work Form

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CENTER LOCATION:

- Anderson - 2126 N Highway 81, Anderson, SC 29621 • (864) 226-2660
- Berea - 6704 White Horse Road, Greenville, SC 29611 • (864) 294-1392
- Congaree - 701 Congaree Road, Greenville, SC 29607 • (864) 458-7289
- Easley - 832 Powdersville Road, Easley, SC 29642 • (864) 859-3899
- East Blackstock - 218 East Blackstock Road, Spartanburg, SC 29301 • (864) 576-8646
- Greenville - 4700 E North Street, Suite 5, Greenville, SC 29615 • (864) 292-2266
- Greenwood - 516 Montague Avenue, Greenwood, SC 29649 • (864) 223-1468
- Greer - 230 W. Wade Hampton Boulevard, Greer, SC 29650 • (864) 968-9144
- Hillcrest - 1762 East Main Street, Spartanburg, SC 29307 • (864) 591-2261
- Simpsonville - 35 Ray E Tally Court, Simpsonville, SC 29680 • (864) 967-7028

PATIENT INFORMATION:

Name: Nathaniel Alster Arrival Time: 11:25 Discharge Time: 1:25
 Date: 12/15/14 Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

- 1. May perform full duty activities as of _____ without accommodations.
- 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: 2-3 wks - maybe
 Estimated return to work date for full duty: _____
 Return for re-evaluation at this location on _____ Time: _____
- 3. May work with the following accommodations as of: _____
 - No lifting more than _____ lbs.
 - No operation of hazardous or fast-moving machinery, no driving.
 - Ground level work only, no ladders or heights.
 - No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
 - No continuous standing and/or sitting.
 - Minimal walking or climbing (including stairs)
 - Limited use of _____
 - No overhead lifting.
 - No high repetitive hand activities for extended periods of time.
 - No use of _____
- 4. Has reached Maximum Medical Improvement (MMI)
- 5. Return for re-evaluation at this office on Dec 21, Sunday Time: _____
 Additional Comments: Will get MRI - hope to speed resolution.

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: ② 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: MRI - ② skull Date: _____ Time: _____
 For: _____
 Address: _____

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

X Nathaniel Alster 12/15/14 X AM 12/15/14
 Employee Signature Date Provider Signature Date



Doctors Care Radiology Form

X-Ray Interpretation and Review

138



X-Ray #: _____ Office: Cong Date: 12-15-14
 Patient Name: Alston Nathaniel Patient ID: G-184385 DOB: 1-24-72 Age: 42
 Requesting Provider: Pom m Pregnancy Status: _____ Sex: M
 Operator's Signature: LM History: _____

- Films Taken:
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Abdomen, 1V, 74000 | <input type="checkbox"/> Finger, 3V, 73140 | <input type="checkbox"/> LS-Spine, 3V, 72100 | <input type="checkbox"/> Sinuses, 2V, 70210 |
| <input type="checkbox"/> Abdomen, 3V, 74022 | <input type="checkbox"/> Foot, 2V, 73620 | <input type="checkbox"/> Mandible, 3V, 70100 | <input type="checkbox"/> Sinuses, 3V, 70220 |
| <input type="checkbox"/> Ankle, 3V, 73610 | <input type="checkbox"/> Foot, 3V, 73630 | <input type="checkbox"/> Nasal, 3V, 70160 | <input type="checkbox"/> Skull, 2V, 70250 |
| <input type="checkbox"/> C-Spine, 3V, 72040 | <input type="checkbox"/> Foot-FB, 2V, 73620 | <input type="checkbox"/> Neck-ST, 2V, 70360 | <input type="checkbox"/> Skull, 4V, 70260 |
| <input type="checkbox"/> C-Spine, 5V, 72050 | <input type="checkbox"/> Forearm, 2V, 73090 | <input type="checkbox"/> Oscalcis, 2V, 73650 | <input type="checkbox"/> T-Spine, 2V, 72070 |
| <input type="checkbox"/> Chest, 1V, 71010 | <input type="checkbox"/> Hand, 2V, 73120 | <input type="checkbox"/> Pelvis, 1V, 72170 | <input type="checkbox"/> Thumb, 3V, 73140 |
| <input type="checkbox"/> Chest, 2V, 71020 | <input type="checkbox"/> Hand, 3V, 73130 | <input type="checkbox"/> Ribs, 4V, 71101 | <input type="checkbox"/> Tib & Fib, 2V, 73590 |
| <input type="checkbox"/> Clav, 2V, 73000 | <input type="checkbox"/> Hip, 2V, 73510 | <input type="checkbox"/> Ribs-Bilat, 4-5V, 71111 | <input type="checkbox"/> Toes, 3V, 73660 |
| <input type="checkbox"/> Coccyx, 2V, 72220 | <input type="checkbox"/> Humerus, 2V, 73090 | <input type="checkbox"/> Sacrum, 2V, 72220 | <input type="checkbox"/> Wrist, 2V, 73100 |
| <input type="checkbox"/> Elbow, 2V, 73070 | <input type="checkbox"/> Knee, 2V, 73560 | <input type="checkbox"/> Scapula, 2V, 73010 | <input type="checkbox"/> Wrist w/ Nav, 3-5, 73110 |
| <input type="checkbox"/> Elbow, 4V, 73080 | <input type="checkbox"/> Knee & Sun, 3+1, 73564 | <input type="checkbox"/> Shoulder AC, 2V, 73050 | <input type="checkbox"/> Add View, 1V, 70001 |
| <input type="checkbox"/> Femur, 2V, 73550 | <input type="checkbox"/> Knee & Tun, 3+1, 73564 | <input checked="" type="checkbox"/> Shoulder, 2V, 73030 | |
- Unlisted X-Ray Description: _____ # of Views: _____ Code: 73030

Doctors Care Practitioner Interpretation: _____

 Practitioner Signature: FP

Right or Left Extremity R L
 Lead Shielding Used Y N
 Is Patient Pregnant Y N
 Circle # of Films Taken 1 2 3 4 5

Questions for Radiologist

Do you agree with practitioner's initial impression? Yes No
 Do you consider the x-ray(s) normal? Yes No
 Do you see significant findings not noted by practitioner? Yes No
 If high risk, please notify office immediately by phone and fax.

Additional Practitioner Questions

Radiologist Response

Radiologist Name: _____ Date of Review: _____
 Radiologist Signature: _____ Doctors Care Office Notified (Phone/Fax/Other): _____

Doctors Care Follow-Up

Report Reviewed By Doctors Care Practitioner: _____ Signature: _____ Date: _____
 Further action required? Yes No
 Patient notified? Yes No
 If yes to either question, follow up steps initiated (describe): _____

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ALSTON, NATHANIEL 1/1

Doctors Care Congaree
701 Congaree Road
Greenville, SC 29607
(864) 458-7289 Office
(864) 458-9462 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

NAME: ALSTON, NATHANIEL
DOB: 11/24/1972
PHYSICIAN: POMMERENKE

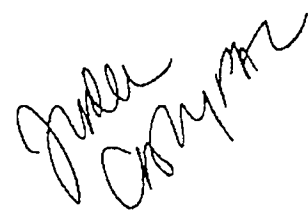
DATE OF EXAM: 12/15/2014
PATIENT ID: DCUPG184385

EXAM: L SHOULDER 2V

IMPRESSION: Minor left acromioclavicular joint arthritic changes are present.

Agree

John J. Daly Jr, M.D.
Electronic Signature
Dec 16 2014 3:27PM



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.

Urgent Care Note ALSTON, NATHANIEL - G184385

140

L shoulder strain, WC visit 2

Patient: ALSTON, NATHANIEL MRN: G184385 FIN: 2427761
 Age: 42 years Sex: Male DOB: 11/24/1972
 Associated Diagnoses: Shoulder sprain
 Author: Pommerenke MD, Forrest

Visit Information

Additional Information: 12/21/2014 9:38 AM EST Wkc f/u /L shoulder/arm .

History of Present Illness

12/21/2014 10:21 AM

CO severe pain at ACJ. Nil ROM. No change in sx or PE. Doesn't think he can do PT because of pain, ... but I encouraged him to try.
 Need to avoid frozen shoulder.

Will get MRI and refer to orthopedics as I think it will probably be a problem that will not resolve rapidly. He requested something stronger for pain. Symptoms are very subjective.

Note from 12/15/2014

Lifting heavy table at work, two days ago, heard and felt pop in L shoulder. Moderate to severe pain. Exactly like the pain he had in his R shoulder that ended up having surgery years ago. Arm now in sling. Says he needs an MRI. He had been working at his current job for about 1 year. He had previously been evaluated for permanent impairment of his L shoulder (about 41% shoulder) but I am not sure if he was actually given that final rating.

Has almost no ROM of L shoulder right now. Too painful. Pain is over the ACJ and Sub acromial area.

Review of Systems

Constitutional: Negative.

Respiratory: Negative.

Cardiovascular: No vascular compromise distal to injuries., No peripheral edema.

Hematology/Lymphatics: No bruises or ecchymoses involving injured areas..

Musculoskeletal: Decreased range of motion, Joint pain, L shoulder too painful to move. In sling..

Integumentary: Rash, No abrasions, lacerations, or visible signs of trauma..

Neurologic: Alert and oriented X4, No paresthesias or neurologic deficits distal to injury. , No numbness, No tingling.

Psychiatric: Negative.

Health Status**Allergies:**

Allergic Reactions (Selected)

No known allergies

Medications: (Selected)

Prescriptions

Prescribed

ibuprofen 800 mg oral tablet: 1 tab(s) (800 mg), PO, TID, # 90 tab(s), 0 Refill(s), Type: Maintenance

tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q6-8 hrs, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance

Problem list:

All Problems (Selected)

Tobacco user / SNOMED CT 175325014 / Probable

Obesity / SNOMED CT 2535065012 / Probable

Histories**Past Medical History**

Resolved

Printed by: Ghouralal , Amanda
 Printed on: 8/31/2015 9:54 AM EDT

Page 1 of 3
 (Continued)

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Urgent Care Note ALSTON, NATHANIEL - G184385

No previous illnesses: Resolved..

Past Surgical History

No active procedure history items have been selected or recorded..

Family History

Hypertension
 Mother
 Grandmother (M)
 Grandmother (P)
 Grandfather (M)
 Grandfather (P)
 Diabetes mellitus
 Grandmother (M)

Social History:

Alcohol Assessment
 Never

Tobacco Assessment
 Current

Comments:
 12/15/2014 - Gregory , Sindi
 Half a pack a day

Substance Abuse Assessment
 Never

Physical Examination**Vital Signs**

12/21/2014 9:38 AM EST

Temperature Oral	98.2 DegF
Peripheral Pulse Rate	84 bpm
Respiratory Rate	14 br/min
Systolic Blood Pressure	157 mmHg HI
Diastolic Blood Pressure	100 mmHg HI
Mean Arterial Pressure	119 mmHg
BP Site	Left arm

Measurements from flowsheet : Measurements

12/21/2014 9:38 AM EST

Height	72 in
Weight	258.0 lb
BSA	2.44 m2
Body Mass Index	34.99 kg/m2

General: Alert and oriented, No acute distress.

HENT: Normocephalic.

Neck: Supple.

Cardiovascular: Normal rate, No vascular problems or compromise distal to injury..

Musculoskeletal: Normal gait, PTP around most of shoulder but mostly over ACJ , Very minimal ROM, . . just a few degrees. Doesn't even want to try to do ROM..

Integumentary: Warm, Dry, No rash.

Neurologic: Alert, Oriented, Normal sensory, Normal motor function, No focal deficits.

Psychiatric: Cooperative, Appropriate mood & affect, Normal judgment.

Review / Management

Course: Worsening.

Impression and Plan**Diagnosis**

Shoulder sprain (ICD9 840.9)

Printed by: Ghouralal , Amanda
 Printed on: 8/31/2015 9:54 AM EDT

Page 2 of 3
 (Continued)

Urgent Care Note ALSTON, NATHANIEL - G184385

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Course: Unchanged, Not worsening.

Patient Instructions: SPRAIN SHOULDER.

Limitations: Activity as tolerated..

Summary: He seems to be very experienced with shoulder injuries, . .having gone through a similar thing two - three years ago with his other shoulder. For that reason, I think getting an MRI sooner, rather than later, will clear the air and lead to a more efficient plan of treatment .

Will get MRI and refer to orthopedics..

Orders

Orders

Pharmacy:

Norco 7.5 mg-325 mg oral tablet (Prescribe): 1 tab(s), PO, tid, PRN: for pain, # 30 tab(s), 0 Refill(s), Type: Maintenance.

Orders

Requests (Consults / Referrals):

Referral (Request) (Order): Referred to: Orthopaedics, Reason for referral: L shoulder pain. MRI pending. Had similar injury to R shoulder, now has identical problem with R shoulder. In some pain, with minimal ROM.. Priority: Soon.

Signature Line

Signed and Authored by Forrest Pommerenke on 12/21/2014 10:35 AM EST

Charted Date: December 21, 2014 10:20 AM EST
Subject / Title: L shoulder strain, WC visit 2
Performed By: Pommerenke MD, Forrest on December 21, 2014 10:35 AM EST
Electronically Signed By: Pommerenke MD, Forrest on December 21, 2014 10:35 AM EST
Visit Information: 2427761, Doctors Care - Congaree, Outpatient, 12/21/2014 - 12/23/2014



Return To Work Form

143

CENTER LOCATION:

- Anderson - 7126 N Highway 81, Anderson, SC 29621 • (864) 226-2660
- Berea - 6704 White Horse Road, Greenville, SC 29611 • (864) 294-1392
- Congaree - 701 Congaree Road, Greenville, SC 29607 • (864) 458-7789
- Enslley - 832 Powdersville Road, Enslley, SC 29642 • (864) 859-1899
- East Blackstock - 21A East Blackstock Road, Spartanburg, SC 29301 • (864) 576-8646
- Greenville - 4200 E North Street, Suite 3, Greenville, SC 29615 • (864) 292-2266
- Greenwood - 516 Montague Avenue, Greenwood, SC 29649 • (864) 223-1468
- Greer - 230 W. Wade Hampton Boulevard, Greer, SC 29650 • (864) 969-9144
- Hillcrest - 1762 East Main Street, Spartanburg, SC 29307 • (864) 591-2261
- Simpsonville - 15 Ray E Tally Court, Simpsonville, SC 29680 • (864) 967-7028

PATIENT INFORMATION:

Name: Nathaniel A. Johnston Arrival Time: 9:20 Discharge Time: 10:40
 Date: 12/21/14 Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

- 1. May perform full duty activities as of _____ without accommodations.
- 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____
 Return for re-evaluation at this location on _____ Time: _____
- 3. May work with the following accommodations as of: _____
 - No lifting more than _____ lbs.
 - No operation of hazardous or fast-moving machinery, no driving.
 - Ground level work only, no ladders or heights.
 - No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
 - No continuous standing and/or sitting.
 - Minimal walking or climbing (including stairs)
 - Limited use of _____
 - No overhead lifting.
 - No high repetitive hand activities for extended periods of time.
 - No use of _____

- 4. Has reached Maximum Medical Improvement (MMI)
 - 5. Return for re-evaluation at this office on one week - on after MRI Time: _____
- Additional Comments: Has not made any progress - nil Rom -

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: ACJ sublux -
C shoulder strain, ACJ 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: MRI @ shoulder - Date: _____ Time: _____
 For: Orthopedic referral
 Address: _____

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

x Nathaniel A. Johnston Date: 12/21/14 x [Signature] Date: 12/21/14
 Employee Signature Provider Signature

144

FAX / EMAIL Confidential - 12/20/2014 9:03:38 AM

Billing Address:

Align Networks
P.O. Box 14581
Lexington, KY 40509

Provider:

Progressive Physical Therapy (SC)
701 Congaree Rd
Greenville, SC 29607
(864) 329-0983

PATIENT REFERRAL FORM

Please Fax back progress summary every six visits or two weeks. (see attached)
**Guidelines represent maximum visits before clinical review required for authorization.

Referral Date: 12/18/2014

Claim Number: 140072

Patient Data

Name: Nathaniel Alston

Sex: Male

Phone: H:(864) 593-3427

Working: --

DOB: 11/24/1972

Address 1: 327 Jacquiline Ln

SSN: 247-21-4044

City/ST/Zip: GREENVILLE, SC 29607

Employer: All my Sons Moving

Employer Phone:

Injury Date: 12/13/2014

Injury State: SC

Injury: SHOULDER / UPPER ARM

Injury: Shoulder or Upper Arm Sprain / Strain / Contusion

Body Part Side: Left

Details:

Injury Is Surgical: N

Requested Freq/Duration: 2x5

RX Expiration Date:

Date of Surgery:

**INJURY VISIT GUIDELINE: 9

Procedure: Physical Therapy

Total Authorized: 10

Physician Info

Physician: Forrest Pommerenk

Phone Office: (864) 458-7289

Fax: (864) 458-9462

Next MD Appt:

DO NOT ISSUE DME / Home E-stim without prior authorization from Align
All DME requests must be pre-authorized. Please submit written MD orders to Align Networks.

Communications - fax: (904)309-8942, phone: (866)389-0211 ext. 5847, email: Requests@alignnetworks.com
Patient's Social Security Number will serve as the claim number for provider usage

**Important note: Payor has specific billing protocols, please review attached document

8.15 / 9.05

1C3258179

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	PT CONGAREE,	3257442
** NEW **		12/22/2014		

NAME & ADDRESS
ALSTON, NATHANIEL

DOB:
AGE:
SS#:
FCL: E

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GEND:

INSURANCE BALANCE			
ACCOUNT BALANCE			
CURRENT CHARGES			
AMOUNT PAID			
NEW BALANCE			
CASH	CHECK	M.O.	C.C.

WRK:

INSURED: ALSTON, NATHANIEL
INSURANCE:

RELATION:
GRP:

REASON: NEW PATIENT/EVAL

PROCEDURES	CPT	FEE	
<input checked="" type="checkbox"/> Evaluation (1)	97001	110	<p>S: DID severe @ shoulder PAIN = 10/10 SINCE WK INJURY ON 12-13-14 O: Rx: ENAC COMPLETED SEE FILE MANUAL Rx - PROM X5 RPS as planned; PT JUST IN HED + ISSUED WRITTEN MATH - ELBOW VOT, PENDING EXS ALL PLACES AT 6 TABLE UNDER IDEAL IN POSITIONING we get position @ PT using another A: FOC PT TO TRY ARM (PROM EX) @ 1 hr out of table 1 PT RESTING MATHS Q: PAINT PT 3X/1WK</p>
<input type="checkbox"/> Re-Evaluation	97002		
<input type="checkbox"/> OT Evaluation	97003		
<input type="checkbox"/> Functional Capacity Evaluation	97750		
<input type="checkbox"/> Work Hardening, 2 hours	97545		
<input type="checkbox"/> Work Hardening, add'l. 1 hour	97546		
<input type="checkbox"/> Therapeutic Exercise, 15 mins	97110		
<input type="checkbox"/> Functional Activities, 15 mins	97530		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins	97014		
<input type="checkbox"/> Electrical Stim., Unattended, 15 mins, Medicare	G0283		
<input type="checkbox"/> Electrical Stim., Manual, 15 mins	97032		
<input type="checkbox"/> Ultrasound, 15 mins	97035		
<input type="checkbox"/> Paraffin Bath	97018		
<input type="checkbox"/> Massage, 15 mins	97124		
<input checked="" type="checkbox"/> Manual Therapy (1)	97140	39	
<input type="checkbox"/> Mechanical Traction	97012		
<input type="checkbox"/> Neuromuscular Re-Educ., 15 mins	97112		
<input type="checkbox"/> Self Care Training, 15 mins	97535		
<input type="checkbox"/> ROM Measure and Report	95851		
<input type="checkbox"/> Other / Supplies	99070		
		149	

Visit Number: (1) of (10) REST FOR
PT 1WK
CASSIN

Staff:
Therapist's Signature: Wendy Pappas DPT

RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS

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

Patient or Authorized Person's Signature
Date: 149

Time In: / Time Out:

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TICKET NO.

ACCOUNT NUMBER	DATE	TIME		
58537		12/24/2014	PT CONGAREE,	1C3259168

NAME & ADDRESS
 ALSTON, NATHANIEL
 105 CAVALIER DRIVE
 GREENVILLE, SC 29607
 364-593-3427 WRK:
 ALL MY SONS MOVING

DOB: 11/24/1972
 AGE: 42 years
 SS#: ...
 FCL: .6

RELATION: OTHER
 GRP:

INSURANCE BALANCE	\$149.00		
ACCOUNT BALANCE	\$149.00		
CURRENT CHARGES			
AMOUNT PAID			
NEW BALANCE			
CASH	CHECK	M.O.	C.C.

REASON: FOLLOW UP SHOULDER.

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	97560	
Electrical Stim., Unattended, 15 mins	97014	
Electrical Stim., Unattended, 15 mins, Medicare	G0283	
Electrical Stim., Manual, 15 mins	97032	
Ultrasound, 15 mins	97035	
Paraffin Bath	97018	
Massage, 15 mins	97124	
Manual Therapy	97140	
Mechanical Traction	97012	
Neuromuscular Re-Educ., 15 mins	97112	
Self Care Training, 15 mins	97535	
ROM Measure and Report	95851	
Other / Supplies	99070	

CX1- Pt came in for scheduled appt but immediately told therapist that he was in severe pain, had not slept in days and only wanted to ice his shoulder. Therapist explained benefit of continuing with therapy as able, and encouraged pt to attempt some gentle exercises, pt became upset + said he wanted to get his referrals for the MRI to the ASAP, pt encouraged to see an MD for his ↑ pain + put on hold until further notice from pt.

Visit Number: _____ of _____

Staff: *[Signature]* PTA

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

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

Patient Name: NATHANIEL ANSTON Dx/ICD-9: D. Shoulder Pain Date: 3-4-15
DOB: 11-24-72 Date of Onset: 12-13-14 Physician: Dr. Amundson
Claim #: 140572 Date of Surgery: N/A Therapist: Wendy Ramsey DPT

Date of initial evaluation: 12-22-14 Date of last treatment: 12-22-15 Total visits attended? 1 Missed?: 1

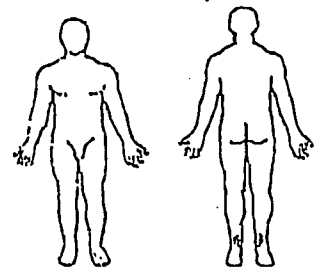
Benefit of treatment perceived by the patient? Good Fair Poor Undetermined
Compliance to PT HEP perceived by therapist? Good Fair Poor Undetermined
Current Work status: On regular duty On light duty Off duty N/A

SUMMARY OF TREATMENTS

ROM/ strengthening Manual Treatments Home Exercise Program ENT
 Postural Education Functional Training Physical Agents/ Modalities

SUBJECTIVE REPORT OF CURRENT STATUS:

Pain: 10/10 @ present, 10/10 @ best, 10/10 @ worst Location: (2) Shoulder
Quality: sharp dull aching throbbing shooting sore other:
Neuro/ Radicular Complaints: ONLY PAIN AT SHOULDER
Functional Limitations / Aggravating Factors: Medication in ENT
ON 12-22-14



No subjective data available at the time of D/C due to patient non-compliance or early D/C

SUMMARY OF OBJECTIVE FINDINGS:

ROM: PT HOLD R/L 20° PT unable to move with
to participate in PT @ 10
Strength: severe shoulder pain,
could not move - had med in
Functional Abilities Demonstrated: patient flexion - holding R/L to
ortho. PT was supposed to
Other Objective Findings: fix R/L to routine ortho
12-22

No objective data available at the time of D/C due to patient non-compliance or early D/C

REVIEW OF ESTABLISHED GOALS

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

PLAN OF CARE: Discharge Physical Therapy

REASON FOR DISCHARGE: goals have been met with the current treatment plan
 the patient has met a plateau with the current treatment plan
 the patient has been non-compliant with attendance to treatment
 the patient has requested discharge
 the physician has requested discharge

DO LARF-LR Rx p being on 1700, having
MAX of being R/L to ortho

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 [Signature] Date 3/4/15
Physician / Nurse Practitioner / Physician's Asst. Date Wendy Ramsey DPT Physical Therapist Date

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FAX / EMAIL Confidential - 1/30/2015 5:06:24 PM.

Billing Address:

Align Networks
P.O. Box 14581
Lexington, KY 40509

Provider:

Progressive Physical Therapy (SC)
701 Congaree Rd
Greenville, SC 29607
(864) 329-0983

PATIENT REFERRAL FORM

Please Fax back progress summary every six visits or two weeks. (see attached)
**Guidelines represent maximum visits before clinical review required for authorization.

Referral Date: 1/29/2015

Claim Number: 140072

Patient Data

Name: Nathaniel Alston

Sex: Male

Phone: H:(864) 593-3427

DOB: 11/24/1972

Working: --

SSN: 247-21-4044

Address 1: 327 Jacqueline Ln

City/ST/Zip: GREENVILLE, SC 29607

Employer: All my Sons Moving

Employer Phone:

Injury Date: 12/13/2014

Injury State: SC

Injury: SHOULDER / UPPER ARM

Injury: Shoulder or Upper Arm Sprain / Strain / Contusion

Body Part Side: Left

Details:

Injury Is Surgical: N

Requested Freq/Duration:

RX Expiration Date:

Date of Surgery:

**INJURY VISIT GUIDELINE: 9

Procedure: Physical Therapy

Total Authorized: 12

Physician Info

Physician: John Vann

Phone Office: (864) 234-7654

Fax: (864) 675-1657

Next MD Appt:

DO NOT ISSUE DME / Home E-stim without prior authorization from Align
All DME requests must be pre-authorized. Please submit written MD orders to Align Networks.

Communications - fax: (904)309-8942, phone: (866)389-0211 ext. 5847, email: Requests@alignnetworks.com
Patient's Social Security Number will serve as the claim number for provider usage

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Patient Name: NATHANIEL ALSTON
Patient #: OCM301266
DOB: 11/24/1972
Death Date: 00/00/0000
Age: 42 Sex: M
SSN: 247-21-4044

Resp Party: NATHANIEL ALSTON
Bill To #: OCM301266

Dr #: 1000 NAYAN R DESAI MD
RDr #:
Patient Type: 1234 PATIENT PAYS
Bill Cycle: 1 A-Z
Credit Status: 0

Date Registered: 01/07/2015

Patient E-mail:
Responsible Party E-mail:

Balances
0 - 30: .00
31 - 60: .00
61 - 90: .00
91 - 120: .00
121 - 150: .00
151+ : .00
Updated: .00
Not Updated: .00
Total Balance: .00
- Pending: .00
Patient Balance: .00

Responsible Party Address:
105 CAVALIER DR
#11
GREENVILLE, SC 29607
H/Ph #: 000-0000 M/Ph #: 000-0000
W/Ph #: 000-0000

Patient Address:
105 CAVALIER DR
#11
GREENVILLE, SC 29607
H/Ph #: 593-3427 M/Ph #: 000-0000
W/Ph #: 000-0000

Last Transactions:
Charge: 01/07/2015 750.00
Personal: 02/17/2015 15.65
Insurance: 03/03/2015 275.00
Aging: 00/00/0000 .00

Location: 1 NHMC-PELHAM
Diagnosis: 840.9 SPRAIN OF UNSPE

Billing History: 00/00/0000 00/00/0000
00/00/0000 00/00/0000

Current Coverages

Cov#	Insurance Company	Insurance Plan	Subscriber
1	10248 ONE CALL MEDICA		NATHANIEL ALSTON
	Subscriber ID: 247214044		
	Patient ID:		

Debit mode details

Patient#/Name: OCM301266 NATHANIEL ALSTON

Post Date	Debit#	Batch#/User	Dr# Name	Loc# Name	Orig	Pend	Total
01/07/2015	290135U	770/aem001	1000 N DESAI MD	1 NHMC-PELH	750.00		750.00
	Cov#	Claim#	Ins Co# Name	Filed	Refiled	BA PB Status	
	1	2901351	10248 ONE CALL MEDICAL, IN	01/14/2015		Y N Paid	
Dates of Service	Proc	Desc	Diag	PRT	Units	Unit Chg	Line Chg
01/07/2015-01/07/2015	73221	MRI-UPPER EX	840.9	YYY	1.00	750.00	750.00
	Modifier: LT LEFT						
Post Date	Receipt#	Cov#	Transaction Type	Amount	Applied		
03/03/2015	339104U	1	2010248 PMT ONE CALL MEDICAL, INC WC WC	275.00	275.00-		
03/03/2015	339105U	1	4010248 W/O ONE CALL MEDICAL, INC WC WC	475.00	475.00-		
	Paid Write-off						
Primary:	275.00	475.00	Personal Paid:	.00	Total Balance:	.00	
Secondary:	.00	.00	Other Paid:	.00	Pending:	.00	
Tertiary:	.00	.00	Pat Paid On Form:	.00	Patient Balance:	.00	
Ins Total:	275.00	475.00					

GREENVILLE, SC 29615-3300
864 234 5857

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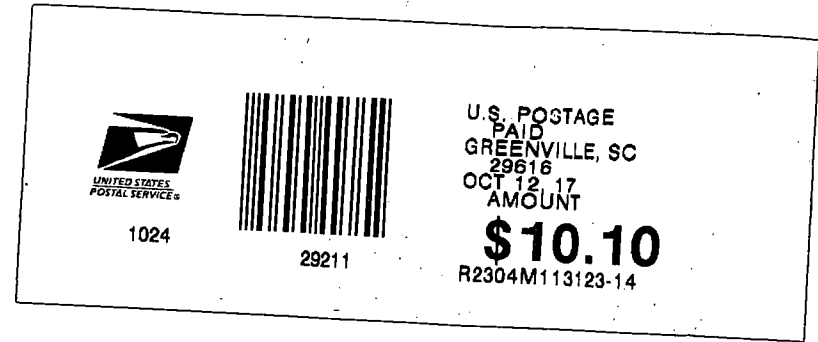
Date 08/14/2015
Time 9:30a
User sb001
Page 2

Post Date	Debit#	Batch#/User	Dr# Name	Total
02/04/2015	10000338443U	770/aem001	1000 N DESAI MD	15.65

Transaction Type: 7000001 CHARGE FOR MEDICAL RECORDS

Post Date	Receipt#	Transaction Type	Amount	Applied
02/17/2015	338743U	1000001 #PERSONAL CHECK PAYMENT-THANK	15.65	15.65-
Total Balance:				.00

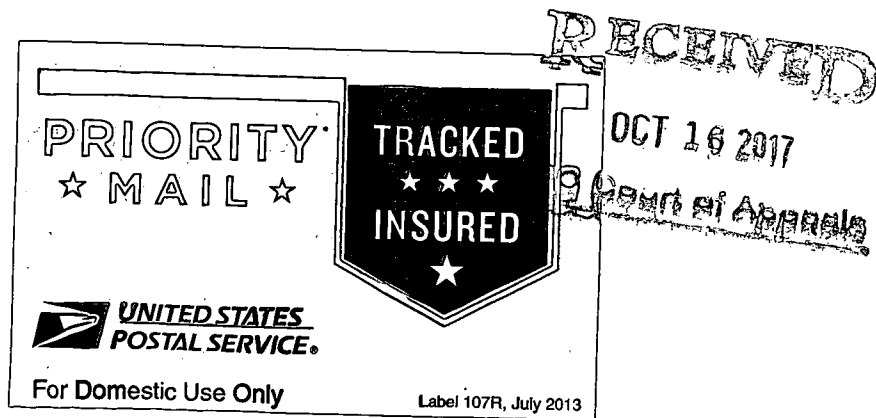
Mr. Nathaniel Alston
150 Howell Circle Apt 253
Greenville S.C. 29615



United States Postal Service®
SIGNATURE CONFIRMATION™



X
v



Suprem Court
TO: Mrs. Elizabeth
P.O. BOX 11629
Columbia S.C. 29211

Copies

