

THE STATE OF SOUTH CAROLINA **RECEIVED**
In The Supreme Court

MAR 27 2017

APPEAL FROM SOUTH CAROLINA S.C. SUPREME COURT
Workers' Compensation Commission

Op. No. 2016-UP-529 (S.C. Ct. Appt. filed December 21, 2016)

Kimberly Walker, ... Petitioner,

v.

Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

APPENDIX

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CITED OR RELIED ON AS PRECEDENT IN ANY PROCEEDING
EXCEPT AS PROVIDED BY RULE 268(d)(2), SCACR.**

**THE STATE OF SOUTH CAROLINA
In The Court of Appeals**

Kimberly Walker, Claimant, Appellant,

v.

Sunbelt Human Advancement, Employer, and State
Accident Fund, Carrier, Respondents.

Appellate Case No. 2015-000692

Appeal From The Workers' Compensation Commission

Unpublished Opinion No. 2016-UP-529
Submitted November 1, 2016 – Filed December 21, 2016

AFFIRMED

Stephen Benjamin Samuels, of Samuels Law Firm, LLC,
of Columbia, and Alton Lamar Martin, Jr., of Martin &
Martin, P.A., of Greenville, for Appellant.

Lawson Brenn Watson, of Willson Jones Carter &
Baxley, P.A., of Greenville, for Respondents.

PER CURIAM: In this workers' compensation action against Sunbelt Human Advancement, Employer, and State Accident Fund, Carrier, Kimberly Walker appeals the Workers' Compensation Commission's order, arguing the commission

erred in (1) finding she was not permanently and totally disabled despite the lack of jobs available to someone with her permanent restrictions, and (2) limiting her future medical treatment to palliative care. We affirm pursuant to Rule 220(b), SCACR, and the following authorities:

1. As to Walker's argument the commission erred in finding she was not permanently and totally disabled: *Wigfall v. Tideland Utils., Inc.*, 354 S.C. 100, 108-09, 580 S.E.2d 100, 104 (2003) ("South Carolina recognizes that a claimant may be totally disabled even though he is not altogether incapacitated if such an injury prevents him from obtaining regular employment in the labor market."); *Coleman v. Quality Concrete Prods., Inc.*, 245 S.C. 625, 628-29, 142 S.E.2d 43, 44 (1965) (finding total disability does not require complete helplessness; rather, it is an inability to perform services other than those that are so limited in quality, dependability, or quantity that no reasonably stable market exists for them); *id.* at 630, 142 S.E.2d at 45 (explaining the burden is on the claimant to prove total disability); *id.* at 630-31, 142 S.E.2d at 45 ("[Such] [a]n award . . . may not rest on surmise, conjecture or speculation and must be founded on evidence of sufficient substance to afford a reasonable basis for it."); *Gattis v. Murrells Inlet VFW No. 10420*, 353 S.C. 100, 107, 576 S.E.2d 191, 195 (Ct. App. 2003) ("The Administrative Procedures Act establishes the substantial evidence standard of review for factual findings made by the commission."); *Laws v. Richland Cnty. Sch. Dist. No. 1*, 270 S.C. 492, 495-96, 243 S.E.2d 192, 193 (1978) ("'Substantial evidence' is not a mere scintilla of evidence nor the evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion that the administrative agency reached or must have reached in order to justify its action."); *Hargrove v. Titan Textile Co.*, 360 S.C. 276, 290, 599 S.E.2d 604, 611 (Ct. App. 2004) ("The possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's findings from being supported by substantial evidence."); *Corbin v. Kohler Co.*, 351 S.C. 613, 624, 571 S.E.2d 92, 98 (Ct. App. 2002) ("[T]he [c]ommission determines the weight and credit to be given to the expert testimony."); *Nettles v. Spartanburg Sch. Dist. #7*, 341 S.C. 580, 592, 535 S.E.2d 146, 152 (Ct. App. 2000) ("Where there is conflicting medical evidence, . . . the findings of fact of the commission are conclusive.").

2. As to Walker's argument the commission erred in limiting her future medical treatment to palliative care: *Gadson v. Mikasa Corp.*, 368 S.C. 214, 222, 628 S.E.2d 262, 267 (Ct. App. 2006) (concluding that although maximum medical improvement (MMI) is defined as a person that has reached a plateau such that no

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AFFIRMED.²

HUFF and SHORT, JJ., and MOORE, A.J., concur.

¹ Contrary to Walker's argument, we find the commission's order does not preclude her from ever filing a change of condition; however, she would be required to meet the burden of proving a change of condition. *See Krell v. S.C. State Highway Dep't*, 237 S.C. 584, 588, 118 S.E.2d 322, 323 (1961) (requiring a claimant to prove a change of condition and that the change was based upon a causal connection to the original compensable accident).

² We decide this case without oral argument pursuant to Rule 215, SCACR.

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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

WCC File No. 0901375

RECEIVED
JAN 05 2017
SC Court of Appeals

Kimberly Walker, Claimant, ... Appellant,

v.

Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

PETITION FOR REHEARING

The Appellant, by and through her undersigned attorney, hereby files this Petition for Rehearing. On December 21, 2016, this Court issued an opinion affirming the Decision and Order of the South Carolina Workers' Compensation Commission. Walker v. Sunbelt Human Advancement, Op. No. 2016-UP-529 (S.C.Ct.App. filed December 21, 2016).

As grounds for granting her Petition, Appellant would respectfully show the Court may have overlooked or misapprehended the issues of (1) the lack of substantial evidence to support the Commission's finding that Walker is not permanently and totally disabled when there were no conflicts in the medical and vocational evidence; (2) the Commission's arbitrary rejection of positive evidence and reliance on speculation and "sit and squirm" jurisprudence; (3) the arbitrary limitation of Walker's post-MMI medical care to palliative care; and (4) the Commission's preemptive holding that Walker's post-MMI knee surgery could not be a change of condition for the worse.

ARGUMENT

1. Kimberly Walker is permanently and totally disabled as there are no jobs available in the national or local economy to someone with the permanent restrictions provided to her by her treating doctors.

The Appellate Panel held:

Claimant is not permanently and totally disabled. (We base this finding on the vocational opinion of Jan Westmoreland, the medical record as a whole, Claimant's education, and the evidence in the record as a whole). [R. p. 77, lines 2-4].

Appellant appealed this particular finding. The Court addressed the issue by referencing a body of case law regarding the substantial evidence standard of review. Most particularly, the Court cited the Corbin and Nettles cases for the proposition that the Commission weighs and resolves conflicts in the evidence: Corbin v. Kohler Co., 351 S.C. 613, 624, 571 S.E.2d 92, 98 (Ct. App. 2002) ("[T]he [c]ommission determines the weight and credit to be given to the expert testimony."); Nettles v. Spartanburg Sch. Dist. #7, 341 S.C. 580, 592, 535 S.E.2d 146, 152 (Ct. App. 2000) ("Where there is conflicting medical evidence, . . . the findings of fact of the commission are conclusive.").

Appellant believes the Court misapprehended the speculative nature of the Commission's finding, for in this case, there is no conflict in the evidence. Respondents' vocational expert, Jan Westmoreland, testified there are *no jobs in existence within the national or local economy* for someone with Walker's permanent work restrictions. When specifically asked: "So if you followed the restrictions provided to you by the authorized treating doctors, it would be your opinion, to a reasonable degree of vocational certainty, that there are no jobs available for Ms. Walker," Westmoreland replied: "That is correct." [R. p. 752, line 24-p. 753, line 4]. The Commission

cannot state it relied on “the vocational opinion of Jan Westmoreland” to find Walker is not permanently and totally disabled – not when Westmoreland testified to exactly the opposite of the Commission’s finding. To disregard this expert’s opinion – when it matches the opinion of Appellant’s vocational expert (Rock Weldon) – is arbitrary and capricious. See Potter v. Spartanburg Sch. Dist. 7, 395 S.C. 17, 716 S.E.2d 123 (Ct. App. 2011)(Commission is permitted to disregard medical evidence only when there is other competent evidence in the record to support its conclusion). The testimony of both experts conclusively proves that Walker is permanently and totally disabled.

The citation to Corbin and Nettles implies that the Court held there was a conflict in the testimony. Respectfully, this was not the case. Westmoreland and Weldon both opined that Walker was permanently and totally disabled.

The key to this case is the foundation for Westmoreland’s opinion. In her report and parts of her deposition, Westmoreland engaged in “rank speculation” by giving her *personal opinion* that Walker was not disabled, rather than giving an *expert opinion*. The distinction is that a personal opinion has no probative value because it has no basis in the evidence. Conversely, an expert opinion is based on the foundation established by evidence. See Young v. Tide Craft, 270 S.C. 453, 468, 242 S.E.2d 671, 678 (1978)(“It is, of course, elementary that the factual or underlying basis for the expert’s opinion be set out, otherwise the opinion lacks probative value.”). For a vocational expert, that evidentiary foundation is largely found in the medical evidence. A vocational expert is not qualified to opine on a disabled worker’s medical restrictions. Medical restrictions are exclusively the province of the medical providers: doctors and physical therapists.

A vocational expert who disregards the medical evidence of the employee's residual capacity is speculating. See Hutson v. South Carolina State Ports Authority, 732 S.E.2d 500, 504, 399 S.C. 381, 694 (2012)(reversing appellate panel because finding by the commission "based on rank speculation . . . cannot now be used as the basis for denying [an injured worker's] claim for lost wages.") If the Commission's cannot base its decisions on "the medical opinion of the single commissioner, adopted by the Commission," rather than on the opinion of a medical provider, then the same must necessarily apply to the opinion of a vocational expert. Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417 (Ct. App. 2012). See, also Hutson, 732 S.E.2d 500, 399 S.C. 381 (2012)("To use such unsupported and wildly optimistic goals which are in direct conflict with the only concrete evidence in the record would turn the Act on its head and violate the stated policy behind it."); Michau v. Georgetown County, 396 S.C. 589, 723 S.E.2d 805 (2012)(reversing Commission's finding based on incompetent expert opinion and remanding for Commission to decide whether the remaining competent evidence supports employee's claim).

The fact that Westmoreland's *expert* opinion (based on the medical evidence) was that there are "none at this time" jobs available for someone with Walker's restrictions is conclusive proof of Walker's disability. [R. p. 752, line 14-p.753, line 4]. There is simply no way for the Commission to find otherwise based on the evidence in the record.

The Commission disregarded the overwhelming evidence of Walker's total disability by engaging in so-called "sit and squirm" jurisprudence. "In 'sit and squirm' jurisprudence, [a commissioner] who is not a medical expert will subjectively arrive at an index of traits which he expects the claimant to manifest at the hearing. If the claimant falls short of the index, the claim is denied." Wilson v. Heckler, 734 F.2d 513 (11th Cir. 1984). This approach "will not only result in

unreliable conclusions when observing claimants with honest intentions, but may encourage claimants to manufacture convincing observable manifestations of pain or, worse yet, discourage them from exercising their right to appear before [the commission] for fear that they may not appear to the unexpert eye to be as bad as they feel.” Tyler v. Weinberger, 409 F.Supp. 776 (E.D. Va. 1976)(finding claimant disabled as a matter of law where factual finding that claimant “over-exaggerated his complaint about sitting for extended periods” was “unreasonable under the law and this Court does not accept them.”). A hearing officer “may not arbitrarily substitute his own hunch or intuition for the diagnoses of a medical professional.” Marbury v. Sullivan, 957 F.2d 837, 840-41 (11th Cir. 1992) (Johnson, J., concurring). Cf., Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417 (Ct. App. 2012) (finding based on commissioner’s own medical opinion is not substantial evidence and must be reversed).

Appellant respectfully requests that the Court reconsider its decision, reverse the Commission, and rule that Walker proved she is permanently and totally disabled as a matter of law.

2. The Appellate Panel erred in limiting Walker’s medical treatment to “palliative care” and finding future surgery would not change her MMI status.

The Court affirmed the Appellate Panel’s finding that “The future medical, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning.” [R. p. 77, lines 12-20]. The future medical explicitly included the seventh knee surgery Walker needed in the immediate future. However, the Court also added in a footnote “Contrary to Walker’s argument, we find the commission’s order does not preclude her from ever filing a change of condition; however, she would be required to meet the burden of proving a change of condition.”

Appellant respectfully suggests that this ruling is inherently contradictory. Assuming, as the Commission found, that Walker is not permanently and totally disabled, then it must mean that she is (as of the hearing) capable of work. When she has the knee surgery, she will be written completely out of work by her doctor for some period of time – probably several weeks or months. While written out of work, she will be *temporarily totally disabled* until she reaches MMI from the surgery. As her disability will have become total due to her original injury, albeit temporary, she will have necessarily suffered a change of condition for the worse. See S.C. Code Ann. § 42–17–90(A) (2015). “A change in condition occurs when the claimant experiences a change in physical condition as a result of her original injury, occurring after the first award.” Gattis v. Murrells Inlet VFW No. 10420, 353 S.C. 100, 109, 576 S.E.2d 191, 196 (Ct.App.2003). “Generally, an appeal of a workers’ compensation order is concerned with the conditions prior to and at the time of the original award of the commission. Review for a change of condition is concerned with conditions that have arisen thereafter.” *Id.* at 109, 576 S.E.2d at 195 (citation omitted).

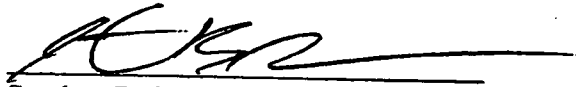
Furthermore, Walker is doubly prejudiced by the Commission’s preclusion of her future knee surgery to be addressed as a change of condition. The Commission is prohibited from basing a partial disability award on a potential need for surgery. See Sanders v. Meadwestvaco Corp., 371 S.C. 284, 638 S.E.2d 66 (Ct. App. 2006)(“Appellate Panel incorrectly premised its award of 40% loss of use of the back on a potential need for surgery.”). Even if the seventh surgery is unsuccessful and permanently changes her condition for the worse, she is precluded from litigating the issue because the Appellate Panel ruled – speculatively – that the future surgery would be palliative in nature. The Appellate Panel also erred in limiting her future treatment to this one operation.

The Appellate Panel's finding that the additional surgery will not change Walker's MMI status should be reversed, as should the finding that invasive treatment is limited to this one surgery. The findings are arbitrary, capricious and speculative, thus constituting an error of law.

CONCLUSION

For the foregoing reasons, the Decision and Order of the Appellate Panel should be reversed. The Court should reconsider its decision, reverse the Commission and hold Walker is entitled to compensation for permanent and total disability along with lifetime medical treatment. Even if the Court affirms the disability award, the Court should reverse the finding limiting medical treatment and potentially precluding a change of condition.

Respectfully Submitted



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Columbia, South Carolina
January 4, 2017

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AFFIRMED.²

HUFF and SHORT, JJ., and MOORE, A.J., concur.

¹ Contrary to Walker's argument, we find the commission's order does not preclude her from ever filing a change of condition; however, she would be required to meet the burden of proving a change of condition. See *Krell v. S.C. State Highway Dep't*, 237 S.C. 584, 588, 118 S.E.2d 322, 323 (1961) (requiring a claimant to prove a change of condition and that the change was based upon a causal connection to the original compensable accident).

² We decide this case without oral argument pursuant to Rule 215, SCACR.

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APPEAL FROM SOUTH CAROLINA
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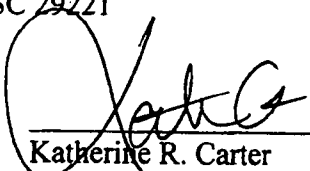
Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

PROOF OF SERVICE

I certify that I, Katherine Carter, am a paralegal to Stephen B. Samuels and
I have caused the **Petition for Rehearing** to be served upon counsel for the
Respondents by mailing a copy of the same in the United States mail, with sufficient
postage affixed thereto and return address clearly marked on January 5, 2017,
addressed as follows:

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January 5, 2017
Columbia, South Carolina

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

RECEIVED

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

JAN 19 2017

SC Court of Appeals

Appellate Case No.: 2015-000692

Kimberly Walker, Employee, ...Appellant,

v.

Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ...Respondents.

**RESPONDENTS' RETURN TO
PETITION FOR REHEARING**

On December 21, 2016, this Court issued an Opinion, affirming the March 4, 2015, Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission. Op. No. 2016-UP-529 (S.C.Ct.App. filed December 21, 2016). Appellant filed a Petition for Rehearing with this Court on January 5, 2017, asserting that this Court overlooked or misapprehended issues in affirming (1) the Commission's finding that Appellant is not permanently and totally disabled, and (2) the Commission's limiting Appellant's future treatment and finding that a future surgery would

not change Appellant's MMI status. Respondents respectfully submit this Return to Appellant's Petition for Rehearing.

ARGUMENTS

I.

**SUBSTANTIAL EVIDENCE SUPPORTS THE
APPELLATE PANEL'S FINDING THAT
APPELLANT IS NOT PERMANENTLY AND
TOTALLY DISABLED.**

Appellant incorrectly asserts that there is no conflict in the evidence pertaining to Appellant's employability, arguing that both vocational experts in the claim opined that Appellant is permanently and totally disabled. The key issue surrounding Appellant's Petition for Rehearing is the assertion that Jan Westmoreland's vocational opinions represent "personal opinions," rather than "expert opinions," because Ms. Westmoreland did not rely solely on the work restrictions assigned by Appellant's doctors in arriving at her final vocational opinion. Appellant cites no authority or evidence to prove the argument that an expert vocational opinion must be limited to the specific work restrictions assigned by a medical provider. Without any such authority, Jan Westmoreland's expert vocational opinion cannot be called a "personal opinion," and it must be taken for exactly what it is; an "expert opinion" stated to a reasonable degree of vocational certainty.

Ms. Westmoreland performed a vocational evaluation of Appellant on February 4, 2014, and she was deposed by Counsel for the respective parties on February 10, 2014. (R. pp. 732-743, 744-786) Ms. Westmoreland's testimony makes clear that her professional vocational opinion is based on a multitude of factors; only one of which is a patient's assigned work restrictions.

Upon initial questioning by Appellant's Counsel during her deposition, Ms. Westmoreland testified that if the restrictions placed by the physicians were the only factor considered in developing her vocational opinion, her opinion would be that there are no jobs available for Appellant. *However*, Ms. Westmoreland testified that, in evaluating an individual and forming a vocational opinion, she does not simply look at the restrictions from doctors; she also bases her opinion on her interaction with the individual. (R. p. 750, lines 11-20)

Ms. Westmoreland testified that she is familiar with FCEs and reviews them often in her role as a vocational evaluator. (R. p. 758, line 4 – p. 759, line 15) Ms. Westmoreland testified she would expect someone with sub-sedentary capability (the capability level found by Appellant's FCE) to basically sit in a recliner or lay down most of the day. (R. p. 760, line 4 – p. 761, line 12) She testified that, if a person can do more than sit in a recliner and lay down most of the day, her opinion as a vocational expert would be that the individual's functional abilities exceed sub-sedentary capability. (*Id.*) Ms. Westmoreland testified that she found that Appellant is capable of sedentary work based on her opinion as a vocational expert. (R. p. 749, lines 15-18)

Ms. Westmoreland testified that, when she completed her vocational report of Appellant, Ms. Westmoreland was operating under the assumption that the sub-sedentary classification assigned by the October 2012 FCE represented *a floor* for Appellant's capabilities, ~~not a ceiling~~. (R. p. 761, lines 13-17) In her role as a vocational expert, is evident that Ms. Westmoreland views an FCE as the minimum that a patient can perform, but she evaluates numerous other factors to determine whether each patient is capable of more *from a vocational standpoint*. Ms. Westmoreland testified that she also considers a

patient's age in evaluating vocational abilities, and Appellant was forty-five (45) years old at the time of her vocational evaluation; an age that is not an impediment to Appellant returning to work. (R. p. 762, lines 19-24) As another example of additional factors used in assessing Appellant's vocational abilities, Ms. Westmoreland testified that Appellant reported that she supervised eighteen (18) other employees in her job for the Respondent-Employer, which Ms. Westmoreland testified represents a reasonably high level of executive function, requires some degree of intelligence, and requires some degree of skill. (R. p. 768, line 25 – p. 769, line 20)

Perhaps most importantly, Ms. Westmoreland testified she has encountered other individuals with greater restrictions than those assigned by the October 2012 FCE who are able to work, and who *are* working, clearly evidencing that a vocational assessment *cannot* be based solely on work restrictions assigned by a patient's doctors. (R. p. 771, lines 7-18) After all, if a vocational opinion was based solely on restrictions assigned by a doctor, there would be no need for the vocational opinion.

After questioning by the parties, Ms. Westmoreland testified that it is her professional opinion *stated to a reasonable degree of vocational certainty* that Appellant can perform the jobs listed in her vocational report, as Appellant has the education, the work experience, the intellect, the functioning, and the physical ability to perform those jobs. (R. p. 773, line 18 – p. 774, line 11) Ms. Westmoreland further testified that she stands by her expert opinion that Appellant remains employable *to a reasonable degree of vocational certainty*. (R. p. 774, line 12 – p. 775, line 2)

Appellant argues that the underlying basis for an expert's opinion must be set out or it will otherwise lack probative value, but Appellant concedes that a vocational expert's

opinion is not based solely on restrictions assigned by a patient's doctors.¹ In this case, Jan Westmoreland provided her expert vocational opinion *stated to a reasonable degree of vocational certainty*. She provided testimony outlining numerous factors and forms of information that she considered in arriving at her expert vocational opinion, including Appellant's age, work experience, intellect, functioning, and her interactions with Appellant. Appellant provides no authority for the assertion that Ms. Westmoreland's opinion is not an "expert opinion" merely because it is not restricted to the work restrictions assigned by the doctors, and the expert opinion of Jan Westmoreland finding that Appellant remains employable represents substantial evidence to support the Appellate Panel's finding that Appellant is not permanently and totally disabled.

Even without the opinion of Jan Westmoreland, the Appellate Panel is not bound by the opinion of medical experts. "No fact finding body is compelled to blindly accept an expert's opinion. While there may be circumstances where medical testimony is conclusive, ordinarily such opinions, although uncontradicted, are not conclusive in the sense that they must be accepted as true. They may be rejected if found inconsistent with the facts or otherwise unreasonable." Wyndham v. City of Florence, 221 S.C. 350, 359, 70 S.E.2d 553, 556 (1952); citing Anderson v. Campbell Tile Co., 202 S.C. 54, 24 S.E.2d 104; In re Crawford, 205 S.C. 72, 30 S.E.2d 841; Poston v. Southeastern Construction Co., 208 S.C. 35, 36 S.E.2d 858; Kilpatrick v. Brotherhood of Railroad Trainmen Insurance Department, 210 S.C. 379, 42 S.E.2d 891. Similarly, the Commission determines the weight and credit to be given to the expert testimony. Tiller v. Nat'l Health Care Ctr. of Sumter, 334 S.C. at 340, 513 S.E.2d at 846 (1999). Once admitted, expert testimony is to

¹ Appellant notes that the evidentiary foundation for a vocational expert's opinion "...is largely found in medical evidence," implicitly acknowledging that medical evidence is not the sole basis for a vocational expert's opinion. (Petition for Rehearing, p. 3)

be considered just like any other testimony. Tiller, 334 S.C. at 340, 513 S.E.2d at 846. Although medical testimony is entitled to great respect, the fact finder may disregard it if there is other competent evidence in the record. Hargrove v. Titan Textile Co., 360 S.C. at 294, 599 S.E.2d at 613; see Tiller, 334 S.C. at 340, 513 S.E.2d at 846 (confirming that medical testimony should not be held conclusive irrespective of other evidence).

The Appellate Panel "may find a degree of disability different from that suggested by expert testimony." Lyles v. Quantum Chem. Co., 315 at 445, 434 S.E.2d at 295. Expert medical testimony is merely intended to aid the Appellate Panel in coming to the correct conclusion. Corbin v. Kohler Co., 351 S.C. 613, 624, 571 S.E.2d 92, 98 (Ct.App.2002) (citing Tiller v. Nat'l Health Care Ctr., 334 S.C. 333, 513 S.E.2d 843 (1999)). As to the extent of disability, "it is not for this court to balance objective against subjective findings of medical witnesses, or to weigh the testimony of one witness against that of another. That is the function of the Commission alone." Long v. Atlantic Homes, 311 S.C. 237, 428 S.E.2d 711 (1993). The Court of Appeals may not substitute its judgment for that of the Appellate Panel as to the weight of the evidence on questions of fact. Shealy, 341 S.C. at 455, 535 S.E.2d at 442.

The FCE and restrictions assigned by the doctors were found to be questionable by the Appellate Panel in light of Appellant's obvious lack of credibility. Respondents asserted at the Commission level, and continue to assert today, that Appellant's lack of credibility is the most important aspect of this claim. When much of the medical and other evidence is viewed in light of Claimant's lack of credibility, it is clear that substantial evidence supports the Commission's Order, and the Appellate Panel was not required to blindly accept the medical opinions or reports.

Appellant has a high school diploma, a bachelor's degree, and a master's degree, and the Appellate Panel specifically noted that Appellant's education formed part of the basis for their finding. Further, the FCE which formed the basis for the work restrictions assigned by the doctors was performed *prior* to Appellant reaching MMI (i.e., before she had stopped improving), and Dr. Math noted in reference to the FCE that he "spoke with therapist performing test who felt as though the pt. ... would likely be able to do more if she went through a formal work hardening program." (R. p. 294) The FCE and the assigned restrictions are inherently unreliable, and the Appellate Panel was not required to blindly accept the medical opinions in the face of other evidence; evidence which included Appellant's own admission that she believed she was capable of working at the time she filed her EEOC claim in May of 2013.

The Appellate Panel properly found Appellant is not permanently and totally disabled, and this Court did not err in finding that substantial evidence supports the Appellate Panel's Decision and Order.

II.

THE APPELLATE PANEL PROPERLY LIMITED APPELLANT'S FUTURE MEDICAL TREATMENT AND FOUND THAT FUTURE SURGERY WOULD NOT AFFECT APPELLANT'S MMI STATUS.

At the hearing before the Single Commissioner, Appellant specifically argued that she was at MMI and that future surgery would not affect her MMI status. Leading up to the hearing, Appellant argued, either expressly or impliedly, that she had reached MMI:

1. Appellant's Form 50, Request for Hearing, specifically alleged she was permanently and totally disabled (which must follow a finding of MMI). (R. p. 107)

2. Appellant's Form 58, Pre-hearing Brief, specifically alleged she was permanently and totally disabled, "per 42-9-10." (Again, permanent disability follows MMI) (R. pp. 121-124)
3. Appellant's Pre-hearing Brief further stated: "She has been placed at MMI by the authorized treating knee surgeon, authorized treating pain management doctor treating her back, and authorized treating psychologist...[Appellant] seeks an award of Permanent and Total Disability." (R. p. 123)
4. Appellant's Pre-hearing brief further stated: "The authorized knee surgeon has recommended another arthroscopic procedure. *However, it is that same doctor's opinion that [Appellant] remains at MMI. [Appellant] will most likely need treatment and possible arthroscopic procedures to her left knee for the remainder of her life...Moreover, [Respondents'] authorized surgeon has stated to a reasonable degree of medical certainty that despite her need for the left knee procedure, she remains at MMI.*" (R. p. 123, emphasis added)

Similarly, in Appellant's attorney's opening statements at the Single Commissioner hearing, he stated: "It's our position that she is at maximum medical improvement, and that she is totally and permanently disabled, and we would like an award for that today." (R. p. 792, lines 19-22, emphasis added)

Just as she had argued in her Form 50, in her Pre-hearing Brief, and in her attorney's opening statement, Appellant testified during direct examination at the Single Commissioner hearing that she understood the additional surgery being recommended to be maintenance treatment:

Q: Is it your understanding that you've been placed at maximum medical improvement by Dr. Piasecki?

A: Yes. (R. p. 802, lines 6-8)

Q: Is it your understanding that another surgery will improve your knee and help you get better?

A: No.

Q: What's your understanding?

(Objection to question overruled)

A: It's not going to get better. But the surgeries that I need is going to help it – help me maintain the level of pain that I'm now so that it won't get any worse. It won't digress. But – but healing is not an option. Just to keep me functional, I guess is a good way to put it. I don't know.

Q: Is it your understanding or what do you know about whether or not you will need any more surgeries?

A: It's my understanding I will need surgery for the rest of my life.

Q: So this number seven that's being recommended won't be the last one?

A: No. (R. p. 809, line 18 – p. 810, line 18)

At the hearing before the Single Commissioner, Appellant's testimony was tailored to support her contention that any future surgeries she required, *specifically including the seventh surgery being recommended by Dr. Piasecki*, would merely be maintenance treatment and would not affect her MMI status. In fact, she even testified she would likely require additional surgeries for the rest of her life, and she submitted a questionnaire into evidence signed by Dr. Piasecki specifically opining that Appellant remained at MMI, despite the ongoing surgical recommendation.

After Appellant was not found permanently and totally disabled by the Single Commissioner, Appellant reversed course on her arguments. On appeal to the Appellate Panel, Appellant alleged "it is impossible to find [Appellant's] MMI status will not be affected by surgery before the surgery occurs...Until the [Appellant] has reached maximum healing following surgery, she will not be at MMI." (R. p. 706) This argument, and Appellant's current argument that the future surgery must affect her MMI status, are in direct contravention with her argument to the Single Commissioner, whereby Appellant insisted she was at MMI and the seventh surgery being recommended was merely future/maintenance treatment.

It was certainly not error for the Appellate Panel to find that Appellant had reached MMI, and that the surgery recommended by Dr. Piasecki was to be included in Appellant's future medical treatment, the very findings Appellant argued for to the Single Commissioner.

In support of her current argument, Appellant argues she cannot be at MMI *and* be entitled to the seventh surgery because she would be entitled to temporary disability benefits for times she is written out of work following future surgeries. However, it is elementary that Appellant is no longer entitled to *temporary* disability benefits after she has reached MMI. After MMI, Appellant is *permanently* disabled, and her entitlement to temporary disability benefits ceases. Smith v. S.C. Dept. of Mental Health, 335 S.C. 396, 517 S.E.2d 694, rehearing denied (1999). The Appellate Panel may order future treatment after the date of MMI to maintain a claimant's degree of physical impairment, and that is what the Appellate Panel has done in this case. Hall v. United Rentals, Inc., 371 S.C. 69, 636 S.E.2d 876 (Ct.App.2006). If Appellant's position was correct, the Commission could never award a surgery as future medical treatment unless a claimant was permanently and totally disabled; a clearly absurd result.

Appellant also argues it was error for the Appellate Panel to specifically detail the award of future medical treatment, and to preclude any additional invasive procedures from the future medical treatment. In cases of permanent partial disability (such as this case), the Commission is *required* to detail an award of future causally-related medical treatment with as much specificity as possible. The applicable statute is S.C. Code Ann. Section 42-15-60, which states the following:

(B)(2) Each award of permanency as ordered by the single commissioner or by the commission must contain a finding as to

whether or not further medical treatment or modalities must be provided to the employee. If the employee is entitled to receive such benefits, *the medical treatment or modalities to be provided must be set forth with as much specificity as possible in the single commissioner's order or the commission's order.* (emphasis added)

The Appellate Panel appropriately reviewed the evidence in the claim (including the opinion of Dr. Piasecki that Appellant would remain at MMI regardless of surgery) and set forth the causally-related future medical treatment with as much specificity as possible. The Appellate Panel found the following:

[Appellant] is entitled to future medicals for her left knee which would tend to lessen her period of disability, as ordered by the authorized treating physician, Dr. Piasecki. This would include the modalities described under PLAN in his medical note of October 2, 2013. The future medicals would also include oral medications, injections (even though [Appellant] testified they do not work for her), as well as braces or other orthopedic devices. The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013. (R. p. 77)

The future medicals, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning. (R. p. 77)

[Appellant] is also entitled to a work-hardening program of [Respondents'] choosing, should an authorized treating physician order it. (R. p. 77)

The Appellate Panel reviewed the medical evidence, including the recommendations of Dr. Piasecki, and appropriately delineated the future medical treatment. There being no opinion or recommendation for any additional or future invasive procedures beyond the seventh surgery being recommended by Dr. Piasecki, and in light of the fact that Dr. Piasecki and the other doctors had all indicated Appellant had reached MMI, the Appellate Panel appropriately found no basis for inclusion of any additional invasive procedures in Appellant's future medical treatment. In fact, to have ordered any additional invasive procedures would have been purely speculative. The

Appellate Panel's findings are "text book;" there is no error in the award of future medicals.

Appellant's final argument is that she is prejudiced because her future knee surgery cannot be addressed as a change of condition claim. Appellant cites no authority for this argument; likely because no such authority exists. If Appellant believes that "the seventh surgery is unsuccessful and permanently changes her condition for the worse," the Order of the Commission does not preclude her from filing a change of condition claim to make this argument. As was properly pointed out by this Court in the December 21, 2016, Opinion, "...the Commission's Order does not preclude [Appellant] from ever filing a change of condition; however, she would be required to meet the burden of proving a change of condition." Op. No. 2016-UP-529, FN No. 2.

If Appellant's position was adopted, it would mean that the Commission could *never* include a future surgery as part of a claimant's future medical care where permanent partial disability resulted from an accident. As an example of such an absurd result, imagine a claimant who injures a knee, undergoes a total knee replacement, is placed at MMI, and the surgeon opines that a replacement procedure for the total knee will most likely be required in the future. If the claimant was found to have suffered permanent partial disability by the Commission, the Commission could not award the future total knee replacement under Appellant's reading of the law. This would clearly lead to an absurd result, and this Court properly found that the award of the surgery as future medical care does not preclude Appellant from pursuing a change of condition claim.

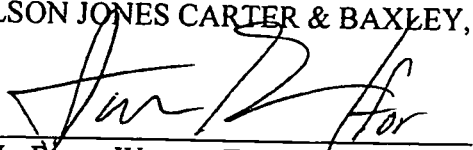
CONCLUSION

For the reasons stated above, Respondents respectfully request an Order denying Appellant's Petition for Rehearing.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.

BY:


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January 16, 2017

THE STATE OF SOUTH CAROLINA

In The Court Of Appeals

RECEIVED

JAN 19 2017

SC Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Appellate Case No.: 2015-000692

Kimberly Walker, Employee, ...Appellant,

v.

Sunbelt Human Advancement, Employer, and

State Accident Fund, Carrier, ...Respondents.

PROOF OF SERVICE

I, Cheri Evans Coon, certify that I have served the **Respondents' Petition for Rehearing** on January 16, 2017 by depositing a copy of it in the United States Mail, postage prepaid, on January 16, 2017, addressed to her attorney(s) of record, Alton L. Martin, Jr., Martin & Martin, P.O. Box 8220, Greenville, SC 29604 AND Samuels Law Firm, LLC, 1320 Richland Street, Columbia, SC 29201. I also served the **Respondents' Petition for Rehearing** by depositing a copy of it in the United States Mail, postage prepaid, on January 16, 2017, addressed to Jenny Abbott Kitchings, Clerk of Court, The South Carolina Court of Appeals, Post Office Box 11629, Columbia, South Carolina, 29211.

January 16, 2017



Cheri Evans Coon, Legal Assistant
Willson Jones Carter & Baxley, P.A.
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Greenville, SC 29607

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
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Appellate Case No.: 2015-000692

RECEIVED

JAN 24 2017

SC Court of Appeals

Kimberly Walker, Claimant, ... Appellant,

v.

Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

REPLY TO RESPONDENTS' RETURN TO PETITION FOR REHEARING

ARGUMENT

1. Kimberly Walker is permanently and totally disabled as there are no jobs available in the national or local economy to someone with the permanent restrictions provided to her by her treating doctors [In Reply to Respondents' Argument at pages

The crux of the error made by the Commission was in ignoring the testimony of Jan Westmoreland, Respondents' vocational expert, wherein she testified "... if [she] followed the restrictions provided to [her] by the authorized treating doctors" in her professional "opinion, to a reasonable degree of vocational certainty, ... there are no jobs available for Ms. Walker." [R. p. 752, line 24-p. 753, line 4]. In response, Respondents argue that Westmoreland testified elsewhere in her deposition "that it is her professional opinion *stated to a reasonable degree of vocational certainty* that Appellant can perform the jobs listed in her vocational report, as Appellant has the

education, the work experience, the intellect, the functioning, and the physical ability to perform those jobs. [Respondents' Return, page 4, paraphrasing Westmoreland's testimony at R. P. 773, line 18- p. 774, line 11]. From this stark contradiction in the Westmoreland's testimony, this Court cited to case law holding that conflicts in the testimony of a witness are to be resolved by the Commission, thus requiring the decision below to be summarily affirmed.

There are really only two conclusions that can be drawn from such diametrically opposite testimony from an expert – both of which are subject to review by this Court. Perhaps the expert will simply say anything so long as it is favorable to the party who retained her.¹ If so, the testimony is altogether incompetent and should be disregarded altogether. The second conclusion– which is the focus of this appeal – is that one of the opinions is based on an evidentiary foundation, while the other is speculation. See Hutson v. South Carolina State Ports Authority, 732 S.E.2d 500, 504, 399 S.C. 381, 694 (2012)(reversing appellate panel because finding by the commission “based on rank speculation . . . cannot now be used as the basis for denying [an injured worker’s] claim for lost wages.”).

Can the Commission simply act arbitrarily and pick the opinion it likes? Or must the Commission, as the trier of fact, delve deeper into the foundation for each opinion? The answer to

¹Westmoreland is an employee of The Directions Group – a company providing “Medical and Vocational Case Management” to the insurance industry. [R. Page 732]. See Yoho v. Thompson, 345 S.C. 361, 548 S.E.2d 584 (2001)(expert’s connection to insurer is admissible as evidence of bias). At times, Westmoreland’s testimony bordered on farce, as when she testified “I’ve known plenty of quadriplegics, paraplegics, the other disabilities that do go to a trainer and do work or have the desire to work.” [R. P. 778, lines 6-10]. She also testified it would not be a bit of a stretch to opine that Walker is capable of doing sedentary or greater work because she went to the gym with a trainer and went to physical therapy. [R.p. 779, line 8-page 789, line 9].

that query is well established black letter law: *every* expert opinion must be based on an evidentiary foundation. See Young v. Tide Craft, 270 S.C. 453, 468, 242 S.E.2d 671, 678 (1978) ("It is, of course, elementary that the factual or underlying basis for the expert's opinion be set out, otherwise the opinion lacks probative value.").

Respondents argue "Appellant cites no authority or evidence to prove the argument that an expert vocational opinion must be limited to the specific work restrictions assigned by a medical provider." [Respondents' Return, page 2]. Respondents are simply wrong in this allegation. Hutson and Young stand for the proposition that both the Commissions' findings and an expert's opinion must have a foundation based on evidence in the record. Without such a foundation, any conclusion or opinion is mere speculation. An expert witness "must show that in formulating his opinion, he has taken into consideration the material facts of the case being tried which was necessary to the formation of an intelligent opinion." Young v. Tide Craft, Inc., 270 S.C. 453, 242 S.E.2d 671 (1978)

For a vocational expert giving an opinion on whether there is work available to a person with physical impairments, the *sine qua non* of the analysis begins with the person's residual physical

capabilities.² Westmoreland testified unequivocally that there were no jobs in the local or national economy for someone with Walker's physical limitations. [R. p. 752, line 24-p. 753, line 4].

Respondents' argument posits that Westmoreland can simply disregard the medical restrictions and substitute her own opinion on the Walker's post-injury physical capabilities for those of the doctors. She cannot; it is beyond her area of expertise. Westmoreland conceded she is not qualified to test a person's lifting, pushing, pulling and walking abilities (all of which were tested in the FCE). [R. Pa. 776, lines 1-22]. As such, her testimony that Walker could perform a sedentary job is based on her own speculative personal opinion. Indeed, Westmoreland is engaging in a version of the same "sit and squirm" jurisprudence followed by the Commission in this case. Neither a vocational expert nor a commissioner may "arbitrarily substitute his own hunch or intuition for the diagnoses of a medical professional." Marbury v. Sullivan, 957 F.2d 837, 840-41 (11th Cir. 1992) (Johnson, J., concurring). Cf., Burnette v. City of Greenville, 737 S.E.2d 200, 401 S.C. 417

²In a footnote, Respondents argue Appellant's argument is "implicitly acknowledging that medical evidence is not the sole basis for a vocational expert's opinions." [Return, page 5n1]. Certainly a vocational expert considers other factors in the final analysis (age, education, transferable skills, etc.). However, the first step is always determining the physical demand level at which the injured worker is capable of performing. Indeed, if there were no physical restrictions resulting from the injury, there would be no need for vocational analysis, as the employee could *ipso facto* return to his previous employment. A vocational expert's expertise lies in determining whether a person with physical restrictions is unable to perform services other than those that are "so limited in quality, dependability, or quantity that a reasonable stable market for them does not exist." See, e.g. Wynn v. Peoples Natural Gas Co., 238 S.C. 1, 118 S.E.2d 812 (1961); Stephenson v. Rice Servs., Inc., 323 S.C. 113, 116, 473 S.E.2d 699, 700 (1996) (The ability to perform limited tasks for which no stable job market exists does not prevent an employee from proving total disability). A vocational expert *cannot* determine what the worker's physical restrictions are; that determination is exclusively the province of the medical professionals. In disregarding the medical evidence and making her own unqualified lay opinion of Walker's residual capacity, Westmoreland stepped outside her area of expertise and entered the realm of speculation.

(Ct. App. 2012) (finding based on commissioner's own medical opinion not founded in the medical evidence is not substantial evidence and must be reversed).

Walker's treating physicians (selected by Respondents) restricted her to subsedentary duty. Dr. Math assigned permanent restrictions to Walker of "sedentary work 2.5 hr/day with frequent breaks." [APA 179)]. Dr. Math also reviewed the FCE. [APA pages 216-227]. Dr. Math reviewed the FCE and "agree[d] with the permanent physical restrictions provided by the FCE. Ms. Walker most probably cannot perform the full range of sedentary work." [APA page 180]. This is the medical evidence that must necessarily form the foundation for the vocational expert's opinions.

Respondents argue that Westmoreland "testified that, if a person can do more than sit in a recliner and lay down most of the day, her opinion as a vocational expert would be that the individual's functional abilities exceed sub-sedentary capability." [Respondents' Return, page 3]. This is simply inaccurate, as *sedentary* is a term of art,³ defined by the Dictionary of Occupational Titles (DOT). Defined physical demand levels are essential for consistency and reliability in disability determination. Vocational experts base their opinions on the DOT classifications.

Westmoreland's report belies her testimony, as Walker's report of her "activities of daily living" confirm how little she is able to do for herself. Westmoreland documented "Ms. Walker will

³The full PDL definitions for sedentary and light duty state:

S-Sedentary Work - Exerting up to 10 pounds of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

use a wheel chair if she goes out and has to go for any distance.” [R.p. 736]. Walker can tend to her personal/sanitary needs using a shower chair and grip bars. She cannot clean her house, cut her grass, shop or play sports. She has difficulty with putting on her socks and shoes. She does laundry with assistance from her children. She can drive short distances and ride as a passenger for up to 20 minutes. During the day, she does little more than watch television. Consistent with Westmoreland’s opinion of the activities of a person with a subsedentary capacity, “She naps during the day and the length of time may vary on how she is feeling.” [R.pp. 736-737].

Furthermore, Walker was not able to sit through the entire vocational evaluation. Westmoreland testified that during the one hour and 25 minute evaluation, Walker “took several breaks and walked . . .” [R.p. 776, lines 5-19]. Westmoreland’s report documents that Walker “stood 8 times during the assessment with times standing ranging from 10 seconds to 1 minute.” [R.p. 733]. This is consistent with the hearing before Commissioner McCaskill, where he noted Walker stood “three times during the [two hour and 40 minute] hearing . . .” [R. P. 37, Finding of Fact 30]. And is consistent with the FCE, where the therapist documented “There were several occasions when the evaluatee had to either shift from sitting to standing during a task or shift from standing to sitting.” [R.p. 351]. These multiple occasions confirming her inability to sit only occasionally supports the accuracy of Dr. Math’s restriction of “sedentary work 2.5 hr/day with frequent breaks.” [R. p. 303].

Walker’s disability is more than just the inability to actually perform physical tasks required for sedentary work. Even if she could do the essential functions of a sedentary job, she can only work for 2.5 hours per day. Even attempting more would violate the restrictions from her doctors. Both vocational experts – Westmoreland and Weldon – agreed there are no jobs for someone with these restrictions. To find a job, Walker would have to lie to a prospective employer about her

restrictions. Lying to an employer about work restrictions to get a job is grounds for termination. Indeed, it is even grounds to bar a future workers' compensation claim should she be injured because she exceeded her restrictions. See, e.g., Cooper v. McDevitt & Street Co., 260 S.C. 463, 196 S.E.2d 833 (1973) (employer can void employment relationship when employee makes false statements about his physical condition to induce the employer to hire him).

Walker was employed with Sunbelt for almost 20 years, beginning on June 22, 1992. [R.p. 675]. She was terminated effective March 30, 2012 as "[w]e have no information as to when she will be able to perform the essential functions of her job." [R. p. 688]. Her condition never improved enough to perform the job at Sunbelt – which apparently was a sedentary job. This fact further confirms that there is no substantial evidence that Walker is capable of being hire to a sedentary job and performing in one.

Respondents also argue that "The FCE and assigned restrictions are inherently unreliable, and the Appellate Panel was not required to blindly accept the medical opinions in the face of other evidence; evidence which included the Appellant's own admission that she believed she was capable of working at the time she filed her EEOC claim in May of 2013." [Return, p. 7]. The argument that the restrictions are "inherently unreliable" is just that: argument. Shinn v. Kreul, 311 S.C. 94, 102, 427 S.E.2d 695, 700 (Ct. App. 1993) (noting the argument of counsel is not evidence and, standing alone, provides no support for a finding of fact).

The medical restrictions bear every indicia of reliability. The FCE report states "The results of this evaluation suggest that the evaluatee gave a reliable effort, with 15 of 20 consistency measures within expected limits." [R.p. 36, Finding of Fact 25; p. 351]. The treating physicians, Drs. Math and Piasecki reviewed and agreed with the FCE and the restrictions. [R. pp. 134, 304, 340-351].

Notably, on February 4, 2013, Dr. Math spoke with the physical therapist specifically about the FCE, confirming that the patient gave “good effort.” [R. p. 308]. There is no evidence to contradict the restrictions from the FCE, Dr. Piasecki and Dr. Math.

In arbitrarily rejecting the overwhelming evidence that Walker functioned at a subsedentary level, the Appellate Panel engaged in a combination of “sit and squirm” jurisprudence and outright speculation – as did Westmoreland when she ventured into making her own quasi-medical determination of Walker’s physical capacity. Rulings of this type have been roundly condemned by the Federal Courts as inherently unreliable. “In ‘sit and squirm’ jurisprudence, [a commissioner] who is not a medical expert will subjectively arrive at an index of traits which he expects the claimant to manifest at the hearing. If the claimant falls short of the index, the claim is denied.” Wilson v. Heckler, 734 F.2d 513 (11th Cir. 1984).

Walker’s own desire to work and to remain at work at Sunbelt is laudable. It is not evidence that she is able to work. In Hutson, the employee testified that he wanted to own and operate a restaurant, despite having no experience in the foodservice field. The Commission found his testimony was evidence that he was not disabled and denied his claim for lost earnings capacity. The Supreme Court reversed, holding such “rank speculation” was not substantial evidence to support the denial of his claim. The court stated: “To use such unsupported and wildly optimistic goals which are in direct conflict with the only concrete evidence in the record would turn the Act on its head and violate the stated policy behind it.” Hutson v. South Carolina State Ports Authority, 732 S.E.2d 500, 399 S.C. 381 (2012). Cf. McGuffin v. Schlumberger-Sangamo, 307 S.C. 184, 414 S.E.2d 162 (1992)(claimant’s own misdiagnosis of her injury as a kidney stone was not substantial evidence to support denial of her claim for work-related back injury).

In summary, a vocational expert must rely on medical evidence as a foundation for determining at what level an injured worker can perform – as must the Commission. A vocational expert who disregards medical evidence is speculating when she makes her own lay determination of the employee's medical condition. As the decision below was based on speculation by both Westmoreland and the Appellate Panel, this Court can and should reverse Walker's claim for permanent and total disability.

2. The Appellate Panel erred in limiting Walker's medical treatment to "palliative care" and finding future surgery would not change her MMI status [In Reply to Respondents' Argument at pages 7-12].

In their Return, Respondents state "this Court properly found that the award of the surgery as future medical care does not preclude Appellant from pursuing a change of condition claim." [Return, page 12]. This concession – assuming it applies to the seventh surgery awarded by the single commissioner and the Appellate Panel – effectively moots the issue. However, out of an abundance of caution, Appellant hereby replies to the rest of the argument made by Respondents in their Return.

Respondents make two arguments regarding a finding future surgery would not change Walker's MMI status.⁴

Respondents' first argument is over Appellant's attorney's opening statement: "It's our position that she is at maximum medical improvement, and that she is totally and permanently disabled, and we would like an award for that today." [R. P. 792, lines 19-22]. The obvious point

⁴It may very well be that this argument is mooted by the Court's holding in the footnote and Respondents' statement in their Return. However, as a change of condition proceeding on the seventh surgery is pending before the Commission, Appellant seeks both clarity and preservation of the issue so the proceeding below can go forward without risking a denial on *res judicata* grounds.

here is that had Walker prevailed on her claim for permanent and total disability, then there would be no issue over a change of condition based on future surgeries. She would be entitled to lifetime medical treatment. S.C. Code Ann. § 42-15-60 (2007). There is no inconsistency in Appellant's pleading before the Commission. She simply did not prevail on her claim for permanent and total disability.

The fact she was not found to be totally disabled means the Commission must address whether future medical treatment will tend to lessen her period of disability. The dilemma created by the Commission is that she is entitled to only one additional surgery – where there was evidence (cited by Respondents) that she would require multiple surgeries for the rest of her life. [Return, pages 8-9, citing R.p. 809, line 18-p. 810, line 18]. Unless Respondents concede Walker can seek to prove a change of condition when she undergoes the seventh surgery (as the Court appears to hold), then the issue must be clarified and the Commission's decision altered or reversed.

The second argument raised by Respondents is "If Appellant's position was adopted, it would mean that the commission could never include a future surgery as part of a claimant's future medical care where permanent partial disability resulted from an accident." [Return, page 12]. That is really not correct. Appellant's position is that an award of future surgery in a partial disability case cannot preclude that surgery being considered a change of condition – which is the outcome feared by Appellant.

Even with an optimal outcome, the future surgery will render Walker temporarily totally disabled for at least some period of time – which would entitle her to receive temporary total disability. She will no longer be at MMI because her condition has worsened, albeit temporarily. It is also conceivable that the surgery may not be successful, leaving her more impaired and more

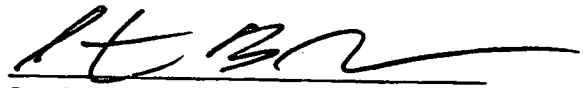
disabled. She should not be barred because of a technicality and/or sloppy drafting in the decision below. Nor should she be limited to only one more surgery, when the evidence shows she will likely need multiple surgeries throughout the rest of her life.

The Appellate Panel's finding that the additional surgery will not change Walker's MMI status should be reversed, as should the finding that invasive treatment is limited to this one surgery. The findings are arbitrary, capricious and speculative, thus constituting an error of law.

CONCLUSION

For the foregoing reasons, the Decision and Order of the Appellate Panel should be reversed. The Court should reconsider its decision, reverse the Commission and hold Walker is entitled to compensation for permanent and total disability along with lifetime medical treatment. Even if the Court affirms the disability award, the Court should reverse the finding limiting medical treatment and potentially precluding a change of condition.

Respectfully Submitted



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ATTORNEYS FOR APPELLANT

Columbia, South Carolina
January 22, 2017

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No.: 2015-000692

RECEIVED

JAN 24 2017

SC Court of Appeals

Kimberly Walker, Claimant, ... Appellant,

v.

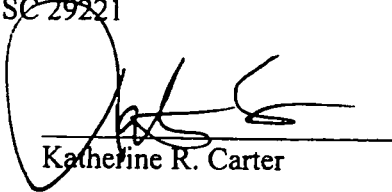
Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

PROOF OF SERVICE

I certify that I, Katherine Carter, am a paralegal to Stephen B. Samuels and
I have caused the **Reply to Respondents' Return to Petition for Rehearing** to be
served upon counsel for the Respondents by mailing a copy of the same in the United
States mail, with sufficient postage affixed thereto and return address clearly marked
on January 23, 2017, addressed as follows:

L. Brenn Watson, Esquire
Willson Jones Carter & Baxley
872 S. Pleasantburg Drive
Greenville, SC 29607

Page P. Snyder, Esquire
State Accident Fund
PO Box 102100
Columbia SC 29221


Katherine R. Carter

January 23, 2017
Columbia, South Carolina

The South Carolina Court of Appeals

Kimberly Walker, Claimant, Appellant,

v.

Sunbelt Human Advancement, Employer, and State
Accident Fund, Carrier, Respondents.

Appellate Case No. 2015-000692

ORDER

After careful consideration of the petition for rehearing, the Court is unable to discover that any material fact or principle of law has been either overlooked or disregarded, and hence, there is no basis for granting a rehearing. Accordingly, the petition for rehearing is denied.

Thomas C. Luff J.

Paul E. Short, Jr. J.

James E. Moore A.J.

Columbia, South Carolina

cc:

Stephen Benjamin Samuels, Esquire
Alton Lamar Martin, Jr., Esquire
Lawson Brenn Watson, Esquire

FILED

February 24, 2017

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No.: 2015-000692

Kimberly Walker, Claimant, ... Appellant,

v.

Sunbelt Human Advancement, Employer, and
State Accident Fund, Carrier, ... Respondents.

RECORD ON APPEAL

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ATTORNEY FOR RESPONDENTS

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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0901375

Kimberly Walker,	)	
	)	
Employee,	)	
Claimant,	)	
	)	
vs.	)	
	)	
Sunbelt Human Advancement,	)	
	)	
Employer,	)	
and	)	
	)	
State Accident Fund,	)	
	)	
	)	
Carrier,	)	
Defendants.	)	

CONSENT ORDER

This claim was scheduled for a hearing on December 16, 2010, at 11:30 A.M., in Greenville, South Carolina. Prior to the scheduled hearing, the parties to this claim reached an agreement to resolve the outstanding issues in controversy and have requested the Commission to issue this Order memorializing the agreement. The parties have agreed as follows:

1. Defendants admit the claimant sustained an injury to her left knee, right knee and back resulting from a work accident occurring on or about February 19, 2009.
2. Defendants agree to authorize an evaluation with Dr. Burnikel for her left knee;
3. Defendants agree to authorize an MRI of the claimant's right knee, and defendants agree to authorize causally related medical treatment for the right knee with Dr. Cordas;
4. Defendants agree to authorize causally related medical treatment with Dr. Math for the claimant's back;

5. Claimant agrees to dismiss the left and/or right hip claims with prejudice, and she further agrees to waive any future claims or benefits for any alleged left and/or right hip injuries related to the February 19, 2009 work accident;

6. The issue of whether the claimant sustained an injury to her psyche is held in abeyance until further agreement by the parties or until determination by the commission;

7. That the claimant's average weekly wage shall be \$849.65 with a corresponding compensation rate of \$566.46. Claimant agrees to waive any claim for an increased compensation rate based upon any alleged concurrent employment or any other theory;

8. Although defendants admit the claimant injured her right knee, left knee and back resulting from the February 19, 2009 work accident, defendants are not precluded from disputing, denying, or challenging the causal relationship of her current left knee, right knee and/or back conditions to the February 19, 2009 work accident;

9. All other issues are held in abeyance, and this file shall be returned to the General Files of the SC WCC until either party requests a hearing.

I find the agreement among the parties set forth above to be reasonable.

NOW, THEREFORE, IT IS HEREBY ORDERED that the above agreement among the parties be approved and adopted as an Order of the South Carolina Workers' Compensation Commission. This file shall be returned to General Files until a hearing request is made by either party. All other issues will be held in abeyance and are reserved for agreement by the parties or determination by the Commission at a later time.

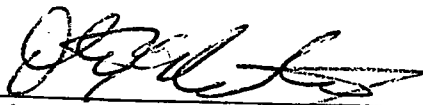
AND IT IS SO ORDERED.

South Carolina Workers'
Compensation Commission

Dated: 1/12/11
Columbia, South Carolina

By: 
Andrea C. Roche, Commissioner

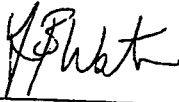
WE DO HEREBY CONSENT:


Alton L. Martin, Jr., Esquire
Attorney for Claimant

CERTIFICATE OF SERVICE
This is to certify that the undersigned has this date
served this order in the above entitled action upon all
parties to this cause by depositing a copy herof,
postage paid, in the United States mail addressed to
the attorney or attorneys for said parties.

This 13th day of January, 2011
By Barbara Chesbro
Administrative Assistant to the Commissioner

WILLSON JONES CARTER & BAXLEY, P.A.


L. Brenn Watson, Esquire
Attorneys for Defendants

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0901375

Kimberly Walker,	)	
Employee,	)	
Claimant,	)	
vs.	)	
Sunbelt Human Advancement,	)	
Employer,	)	ORDER
and	)	
State Accident Fund,	)	
Carrier,	)	
Defendants.	)	

This case came before the undersigned Commissioner pursuant to the claimant's Motion for Sanctions. The claimant argued that she was referred to OrthoCarolina for a medical evaluation to determine whether she was a candidate for a cartilage restoration procedure. The Defendants authorized the evaluation; however, when pre-payment was required by OrthoCarolina, the State Accident Fund would not issue the pre-payment. The claimant contended that the State Accident Fund's refusal to pre-pay for services was unreasonable, and as such, the Defendants should be fined, and the claimant's attorney should be awarded attorney's fees and costs associated with the Motion.

The Defendants, on the other hand, argued that it was illegal for the State Accident Fund to pre-pay for services pursuant to South Carolina Code §11-3-185. Because the State Accident Fund is a state agency, it argued that "money may be drawn only when actually owing and due." Any payment made in anticipation of service would be against statutory authority. Moreover,

the Defendants argued that the Workers' Compensation Act also is implicitly prohibits prepayment. South Carolina Code Ann. §42-15-90 states "...no physician or hospital shall be entitled to collect fees from an employer or insurance carrier until he has made the reports required by the Commission in connection with the case." The corresponding Regulation provides a similar restriction.

Moreover, the Defendants argued that they acted in good faith by initially authorizing the evaluation with OrthoCarolina. When Defendants learned that OrthoCarolina required prepayment, they then attempted to schedule the claimant for evaluation with two other potential providers. Both providers declined to evaluate the claimant's condition.

After reviewing each party's respective positions, I make the following Findings of Fact and issues the following Order:

1. That the Defendants have acted diligently and in good faith by initially authorizing the claimant's evaluation with OrthoCarolina. Once it was determined that OrthoCarolina required pre-payment, the defendants also began to diligently seek another provider to perform the recommended evaluation;
2. Therefore, Claimant's Motion for Sanctions, attorney's fees, costs, and fines is hereby denied;
3. However, the Claimant is in need of the evaluation recommended by Dr. Cordas. Without deciding the issue of whether the Defendants can justifiably and legally issue pre-payment for services that have not yet been rendered, I find that the claimant is entitled to an evaluation at OrthoCarolina pursuant to Dr. Cordas' recommendation;

4. In order to facilitate the evaluation from OrthoCarolina, I find that pre-payment shall be issued from the law firm of Willson, Jones, Carter & Baxley, P.A., except that Willson, Jones, Carter & Baxley, P.A. shall not be responsible for any pre-payment exceeding \$2,000.00;
5. The State Accident Fund shall then reimburse the law firm of Willson, Jones, Carter & Baxley, P.A. for the amount of the pre-payment to OrthoCarolina;
6. Prepayment to OrthoCarolina shall be made within seven (7) days from the date of the June 22, 2011 hearing.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Dated: _____

7/11/11

By: _____

G. Bryan Lyndon
G. Bryan Lyndon, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 13th day of July, 2011
by Tahara O. Morris

Administrative Assistant to the Commissioner

AM
EB
2011 BW

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Kimberly Walker,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0901375
	)	
Sunbelt Human Advancement,	)	
	)	
Employer,	)	HEARING ORDER
	)	
and	)	
	)	
State Accident Fund,	)	
	)	
Carrier.	)	

HEARING : The Hearing was held on November 20 2012, in Greenville, South Carolina.

APPEARANCES: The Claimant was represented by Alton L. Martin, Jr., of Martin & Martin, P.A. in Greenville, South Carolina.

The Defendants were represented by L. Brenn Watson of Willson, Jones, Carter & Baxley in Greenville, South Carolina.

PURPOSE OF HEARING: The Hearing was set to hear issues related to Claimant's Form 50 and Defendants' Form 51.

DECISION AND ORDER: Commissioner Andrea C. Roche

FILED: February 14, 2013

STIPULATIONS

Counsel for all parties stipulated at the hearing to the following issues:

1. The purpose of the hearing was to determine the issues set forth in the hearing notice and issues plead in the Form 50, and the Form 51, and any other issues which timely came before the Commissioner.
2. Notice of the hearing was timely and properly served upon all parties of interest.
3. The Claimant's average weekly wage is \$849.65 and compensation rate is \$566.46, by stipulation of the parties.
4. Venue set in Greenville County is proper as agreed to by all parties.
5. Claimant seeks benefits under the SC Workers' Compensation Act based upon an accidental injury occurring on February 19, 2009, in Greenville County while in the employ of Sunbelt Human Advancement, the Defendant/Employer, and therefore, the SC Workers' Compensation Commission has jurisdiction in this case.
6. The Commission's file and the Commissioner's notes are made a part of the record.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence:

On Behalf of Claimant:

	Medical Provider	Dates	Page
APA #1	Doctors Care	2/21/09	1 – 2
APA #2	Riverside Family Practice	2/24/09 – 6/8/12	3 – 17

APA #3	Diagnostic Health	3/5/09 – 9/15/09	18 – 21
APA #4	Piedmont Orthopaedics – Dr. John Vann	3/16/09 – 9/21/10	22 – 58
APA #5	St. Francis Hospital	4/20/09 – 8/9/10	59 – 69
APA #6	Sports Spine & Industrial	5/8/09 – 10/27/09	70 – 116
APA #7	Piedmont Orthopaedics – Dr. Christopher VanPelt	8/29/09 – 9/24/09	117 – 120
APA #8	Joyce Thompson, NP	9/4/09	121 – 123
APA #9	Carr Physical Therapy	11/17/09 -8/23/12	124 – 131
APA #10	Dr. Daniel Cordas	7/6/10 – 11/2/10	132 – 137
APA #11	Dr. Philip J. Hodge	10/14/10	138 – 140
APA #12	Upstate Medical Rehabilitation	10/28/10 – 8/18/11	141 – 154
APA #13	Greenville Hospital University Medical Center	1/19/11 - 3/24/11	155 – 157
APA #14	Dr. Brian Burnikel	1/20/11	158 – 160
APA #15	Carolinas Center for Advanced Management of Pain – Dr. C. David Tollison	6/21/11 – 10/18/12	161 – 184
APA #16	OrthoCarolina – Dr. Dan Piasecki	8/30/11 – 9/17/12	185 – 242
APA #17	Advanced Prosthetics	12/8/11	243 - 244
APA #18	Urology Center of Spartanburg	12/20/11	245 – 246
APA #19	Serenity Rehab & Wellness	10/25/12	247 – 258
APA #20	Weldon & Associates	10/29/12	259 – 265
APA #21	Dr. Robert A. Dameron, Jr.	10/31/12	266

Deposition of Claimant, November 5, 2012.

On Behalf of Defendants:

Name of Physician/Other	Date of Report	Page
22. OrthoCarolina	9/18/2012	273-274
23. Crescent Psychological Services	8/22/2006 – 10/17/2006	275-277
24. Orthopedic Center of the Carolinas	10/1/2010 – 2/22/2011	278-294
25. Greenville Hospital System	5/18/2004 – 2/24/2009	295-301
26. Doctors Care	7/30/2008	302
27. Riverside Family Practice – Dr. Faile	11/26/2002 – 10/06/2009	303-328
28. Physicians Imaging Center	12/21/2010	329
29. Greenville ENT	7/25/2006	330-332
30. Aesthetic Center	03/28/2007 – 06/27/2007	333-334
31. Carolina Continence Center	10/20/2008	335-337

CLAIMANT BIOGRAPHICAL

Sex: Female

Age: 44 years old

Family: / She is divorced and has two children, ages 18 and 14.

Education: She has a Master's Degree in Human Resources Management and Training.

Work History: She has worked for Sunbelt Human Advancement for 20 years. Prior to that, she was employed at various places such as IBM, Belks, and Wendy's.

STATEMENT OF THE CASE

This claim involves an admitted accident to the Claimant's left knee. Claimant has now undergone six surgical procedures to her left knee. She has also developed problems with her right knee as a result of over-compensation and gait changes, as well as problems with her lower back. Claimant seeks treatment for her pre-existing psychological problems aggravated by the accident.

Defendants deny that Claimant's pre-existing psychological problems have been aggravated by the accident. As such, Defendants argue she is not entitled to treatment for

her psychological issues.

STATEMENT OF FACTS

Claimant, Kimberly Walker, was the only witness at the hearing. She testified that she has had some problems with depression and difficulty sleeping in the past, however, these problems worsened following her work accident and subsequent surgeries. She testified that her anti-depressant medication had been modified and she was placed on medication to aid her with sleeping. She had taken a medication to assist her with sleeping in the past, but had stopped taking that medication years prior to this accident.

Ms. Walker described her psychological problems as worsening as a result of her pain from this accident and her surgeries and worry over whether she would get better. She did not know if she would be able to return to her job or if she was still considered an employee. She had received documents from her employer which led her to believe she was terminated, but despite repeated inquiries, she could not get an answer about her employment status from her employer. She believed that the period of time following her fourth surgery, while she was at home for several months unable to perform even minimal activities of daily living was a particular low point for her psychologically. A home health care aide had to be provided for several months and a ramp was placed on her mobile home in order for her to enter and exit. Her requests for psychological care were denied by the carrier. During this period, she began seeing a psychologist on a regular basis. It was the same psychologist that had provided a psychological evaluation earlier for this case. The psychologist, Dr. C. David Tollison, opined that her depression and anxiety had been aggravated by the work accident and that she was in need of

additional treatment.

Additionally, the authorized treating surgeon, Dr. Piasecki, completed a medical questionnaire opining to a reasonable degree of medical certainty that Claimant's psychological condition had been aggravated by her work accident.

Claimant testified that she has continued to treat with Dr. Tollison and he has recommended more medication and counseling, but she is having a difficult time paying for this because her health insurance was cancelled. She paid for it with health insurance because the workers' compensation carrier refused. She would like for her ongoing psychological treatment with Dr. Tollison to be paid for under workers' compensation.

On cross-examination, Defendant's attorney pointed out that Claimant had a previous psychiatric consult approximately six years ago when she swallowed a fly while eating a salad in a restaurant. She developed a fear over eating a fly in her food which she complained about to her family doctor, he referred her to a psychiatrist whom she saw for a total of two visits. At the second visit, the psychiatrist noted the issue seemed to have resolved and she was not having any further problems. Claimant acknowledged that she had forgotten about this incident and failed to mention it during her deposition. Defendants' attorney asked her several more questions regarding her use of prescription Wellbutrin and whether that medication was related to depression or issues involving hormones following her hysterectomy. Defendants' attorney also questioned the Claimant extensively about the independent medical evaluation performed by Dr. Tollison because he did not believe it accurately noted her pre-existing psychological problems. In particular, there was no reference to a sexual abuse incident that Claimant suffered as a child. However, Claimant was referred to Dr. Tollison by her family doctor,

Dr. Faile, who knew that history. Her family doctor was also the authorized primary care physician for this claim. Dr. Faile referred her to Dr. Tollison for psychological difficulties related to chronic pain.

Dr. Piasecki, the authorized treating surgeon, also opined to a reasonable degree of medical certainty that Claimant's pre-existing psychological problems had been aggravated by the work accident. He performed the 4th, 5th, and 6th surgeries. He also recommended she receive psychological treatment and counseling.

FINDINGS OF FACT

Based on the facts in evidence presented at the hearing, and a thorough and careful review of the medical records submitted with the Claimant's and Defendants' APA Submissions, I make the following Findings and Conclusion:

1. Jurisdiction and Venue are proper based upon the site of the accident and stipulation of the parties.
2. Notice of Hearing was timely and properly served upon all parties of interest, based upon stipulation of the parties.
3. Claimant's average weekly wage is \$849.65, with a compensation rate of \$566.46, based on the Form 20 and stipulation of the parties.
4. The Claimant suffered compensable injuries by accident while working at Sunbelt Human Advancement to her left leg on February 19, 2009, which later resulted in injuries to her right leg, and back based on the prior Order of January 13, 2011, stipulation of the parties, and Claimant's testimony.
5. Claimant had pre-existing psychological issues which have been

aggravated by her work injury, six left knee surgeries, right knee issues, and back problems requiring a rhizotomy, based on the opinion of the authorized treating surgeon, Dr. Piasecki, and the opinion of her psychologist, Dr. Tollison, as well as APA #2, pg. 9; APA #15, pgs. 175, 183 and 184; and APA#16, pg. 239; Claimant's deposition and hearing testimony.

6. Although the independent medical evaluation of Dr. Tollison does not contain a complete history of her pre-existing psychological issues, it does provide the primary basis for her current problems being chronic pain related to her work injury and multiple surgeries, based on APA #15, pgs. 161-166, 183-184.
7. The questionnaire completed by Dr. Piasecki is unequivocal in opining that Claimant's psychological problems have been aggravated by her work-related accident and multiple surgeries based on APA #16, pg. 239.
8. The initial authorized treating doctor, Dr. Eric Faile, has treated Claimant since 2002, knew her complete history, and previously provided her with treatment related to psychological issues. He referred Claimant to Dr. Tollison for psychological issues related to her chronic pain from her work accident, based on APA #15, pg. 175 and Claimant's testimony.
9. Claimant testified that her problems had worsened as a result of her multiple surgeries and medical procedures related to this accident,

based on Claimant's deposition and hearing testimony.

CONCLUSIONS OF LAW

Accordingly, pursuant to South Carolina Code, Ann., §42-17-40 and §1-23-320, it is the determination of this Commission:

1. Pursuant to *South Carolina Code Ann.*, §42-1-130, Claimant was a covered employee at the time in question and under §42-1-140, the Defendant was a covered employer under the Act.
2. Pursuant to *South Carolina Code Ann.*, §1-23-320, the parties received proper notice of the hearing.
3. Pursuant to *South Carolina Code Ann.* § 42-1-160, Claimant sustained a compensable injury by accident to her left leg, right leg, and back pursuant to the terms of the South Carolina Workers' Compensation Act. An "accident" is an "unlooked for and untoward event that the person who suffered the injury did not expect, design or intentionally cause." Yates v. Life Ins. Co., 291 S.C. 301, 304, 353 S.E.2d 297, 299 (Ct.App. 1987). . . .
4. Pursuant to *South Carolina Code Ann.* § 42-15-20, Claimant gave notice of an accident to the employer, its agent or representative within ninety (90) days after the accident.
5. Pursuant to *South Carolina Code Ann.* § 42-1-40, and by stipulation of the parties, Claimant has an average weekly wage of \$849.65, with a corresponding compensation rate of \$566.46.
6. Pursuant to 42-9-35, Claimant had pre-existing psychological problems

which were aggravated by the work accident resulting in her need for additional treatment.

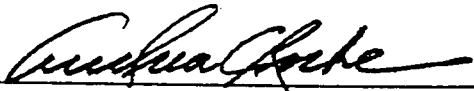
7. Pursuant to 42-15-60, Defendants shall provide psychological treatment for Claimant's causally-related depression and anxiety and may do so with a provider of their choice

ORDER

Based on the foregoing, the greater weight of the evidence established that Claimant's pre-existing psychological problems were aggravated by the work accident and its sequelae. As such, Defendants are ordered to provide psychological treatment for Claimant's depression and anxiety. Defendants may choose the provider.

IT IS SO ORDERED

South Carolina Workers' Compensation Commission



Commissioner Andrea C. Roche

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
February 14, 2013

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Roche

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0901375

Kimberly Walker,	)
Employee,	)
Claimant,	)
vs.	)
Sunbelt Human Advancement,	)
Employer,	)
and	)
State Accident Fund,	)
Carrier,	)
Defendants.	)

INTERIM ORDER

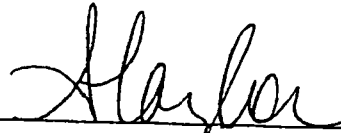
This claim was scheduled for a hearing on December 5, 2013, at 12:00 P.M., in Greenville, South Carolina. Following a pre-hearing conference, the undersigned made the following findings:

1. Claimant's Motion to Compel Mediation is denied.
2. Claimant's request for a hearing on the issues raised in her August 20, 2013, Form 50 is granted.
3. The claim shall be set for a hearing on the first available date after January 16, 2013, before the next jurisdictional Commissioner.

NOW, THEREFORE, IT IS HEREBY ORDERED that Claimant's Motion to Compel Mediation is denied. Claimant's request for a hearing is granted, and this claim shall be set for a hearing on the first available date after January 16, 2013, before the next jurisdictional Commissioner. All other issues will be held in abeyance.

AND IT IS SO ORDERED.

South Carolina Workers'
Compensation Commission



Commissioner Aisha Taylor

Dated: _____
Columbia, South Carolina

CERTIFICATE OF SERVICE

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

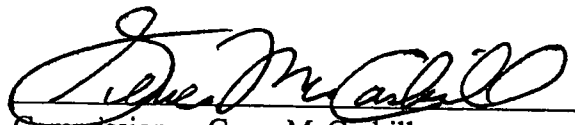
By Renee Smith on January 3, 2014

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 0901375

Kimberly Walker,	)	
	)	
Claimant,	)	
vs.	)	
	)	
Sunbelt Human Advancement,	)	Administrative Order
	)	
Employer,	)	
	)	
State Accident Fund,	)	
	)	
Carrier ,	)	
Defendants	)	

The Claimant's back, psyche and both knees are compensable by prior Orders of the Commission. As such, the Claimant is entitled to ongoing medical care and treatment as previously ordered by the Commission. Specifically, the Claimant is entitled to medication as prescribed by the authorized treating physicians. Additionally, she is entitled to appointments set by the authorized treating physicians. I have yet to issue my order pursuant to the hearing held on 03/12/14. As to that hearing, amended order instructions are forthcoming. This Administrative Order should not be interpreted to be the Order from that hearing. It is not. It is simply affirmation of determinations made prior to the hearing on 03/12/14.

Columbia, SC



Commissioner Gene McCaskill

CERTIFICATE OF SERVICE

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

May 1, 2014

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0901375

Kimberly Walker,	)	
	)	
Employee,	)	
Claimant,	)	
vs.	)	
	)	
Sunbelt Human Advancement,	)	DECISION AND ORDER
	)	
Employer,	)	
and	)	
	)	
State Accident Fund,	)	
	)	
	)	
Carrier,	)	
Defendants.	)	

HEARING:

Held in Greenville, South Carolina on March 12, 2014.

APPEARANCES:

Claimant represented by Alton L. Martin, Jr., Esquire of Greenville, South Carolina.

Defendants represented by L. Brenn Watson, Esquire of Willson Jones Carter & Baxley, P.A., Greenville, South Carolina.

PURPOSE OF HEARING:

To determine the issues as set forth on the Forms 50 and 51.

DECISION AND ORDER:

By **Gene McCaskill, Commissioner**

FILED:

July 23, 2014.

I. APA SUBMISSIONS

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

- APA #1: Records of Weldon & Associates, dated 10/29/2012 – 1/27/2014, consisting of pages 1-9.
- APA #2: Records of Ortho Carolina, dated 8/30/2011 – 1/13/2014, consisting of pages 10-85.
- APA #3: Records of Carolina Center for Advanced Management of Pain, dated 6/23/2011 – 12/16/2013, consisting of pages 86-128.
- APA #4: Records of South Carolina Research Group, dated 3/8/2013 – 11/18/2013, consisting of pages 129-149.
- APA #5: Records of Upstate Medical Rehab, dated 10/28/2010 – 11/7/2013, consisting of pages 150-207.
- APA #6: Records of North Hills Medical Center, dated 9/26/2013, consisting of page 208.
- APA #7: Records of Dr. Robert Dameron, dated 10/31/2012, consisting of pages 209-215.
- APA #8: Records of Serenity Rehab and Wellness Center, dated 10/25/2012, consisting of pages 216-227.
- APA #9: Records of Carr Physical Therapy, dated 11/17/2009 – 10/11/2012 consisting of pages 228-238.
- APA #10: Records of Riverside Family Practice, dated 2/24/2009 – 6/8/2012, consisting of pages 239-253.
- APA #11: Records of Urology Center of Spartanburg, dated 12/20/2011, consisting of pages 254-255.
- APA #12: Records of Advanced Prosthetics, dated 12/8/2011, consisting of pages 256-257.
- APA #13: Records of Greenville Hospital System, dated 1/19/2011 – 3/24/2011, consisting of pages 258-260.
- APA #14: Records of Oaktree Orthopaedics, dated 7/6/2010 – 2/22/2011, consisting of pages 261-280.
- APA #15: Records of Innervision, dated 2/28/2011, consisting of pages 281-282.

- APA #16: Records of Dr. Brian Burnikel, dated 1/20/2011, consisting of pages 283-285.
- APA #17: Records of Physicians Imaging Center, dated 12/21/2010, consisting of page 286.
- APA #18: Records of Dr. Philip Hodge, dated 10/14/2010, consisting of pages 287-289.
- APA #19: Records of Piedmont Orthopaedic Associates, dated 3/16/2009 – 9/21/2010, consisting of pages 290-326.
- APA #20: Records of St. Francis Hospital, dated 4/20/2009 – 10/30/2009, consisting of pages 327-337.
- APA #21: Records of Sports Spine & Industrial, dated 5/8/2009 – 10/22/2009, consisting of pages 338-392B.
- APA #22: Records of Dr. Christopher Van Pelt, dated 8/28/2009 – 9/24/2009, consisting of pages 393-396.
- APA #23: Records of Diagnostic Health, dated 3/5/2009 – 9/15/2009, consisting of pages 397-400.
- APA #24: Records of Joyce Thompson, NP, dated 9/4/2009, consisting of pages 401-403.
- APA #25: Records of Doctor's Care, dated 2/21/2009, consisting of pages 404-405.
- APA #26: Records of Dr. Eric James Faile, dated 12/5/2013, consisting of pages 406-407.
- APA #27: Records of Foothills Orthopaedics and Sports Medicine, dated 3/13/2013, consisting of pages 408-415.
- APA #28: Records of Carr Physical Therapy, dated 10/30/2012 – 11/30/2009, consisting of pages 416-445.
- APA #29: Records of Serenity Rehab, dated 9/27/2011, consisting of pages 446-448.
- APA #30: Records of Doctor's Care, dated 12/1/2010 – 12/31/2007, consisting of pages 449-453.
- APA #31: Records of Dr. John R. Vann, dated 7/22/2010 – 5/11/2009, consisting of pages 454-456.
- APA #32: Records of Riverside Family Practice Associates, dated 10/2/2009 – 11/26/2002, consisting of pages 457-473.
- APA #33: Records of Dr. Christopher Van Pelt, dated 8/28/2009, consisting of pages 474-475.
- APA #34: Records of Greenville Hospital System, dated 5/10/2009 – 5/18/2004, consisting of

pages 476-478.

- APA #35: Records of Aesthetic Center, dated 6/27/2007 – 3/28/2007, consisting of pages 479-480.
- APA #36: Records of Crescent Psychological Services, dated 10/17/2006 – 8/22/2006, consisting of pages 481-483.
- APA #37: Records of Greenville Ear, Nose and Throat Associates, dated 7/25/2006, consisting of pages 484-486.
- Exhibit A: Correspondence from Employer to Claimant, consisting of pages A1-A5.
- Exhibit B: Records pertaining to 8/15/13 motor vehicle accident, consisting of pages B1-B15.
- Exhibit C: Records pertaining to 3/18/11 motor vehicle accident, consisting of pages C1-C53.
- Exhibit D: Records pertaining to Claimant's EEOC claim, consisting of pages D1-D15.
- Exhibit E: Copper River Grill Incident Report, consisting of page E1.
- Exhibit F: Belk Employment Information, consisting of pages F1-F6.

Deposition transcript of Jan Westmoreland, dated February 10, 2014.

II. STIPULATIONS

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

1. The purpose of the hearing is to determine the issues as set forth in the Forms 50 and 51 and any other issues which may timely come before the Commission;
2. That Claimant's accident occurred on February 19, 2009;
3. Claimant's average weekly wage was \$849.65 with a corresponding compensation rate of \$566.46;
4. Notices were timely and properly served upon all parties of interest;
5. Venue, set in Greenville, is proper as agreed by all parties;
6. That the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues involved;
7. The issues for determination are whether Claimant has reached maximum medical improvement (MMI), and if so, the extent of permanent disability.

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

III. STATEMENT OF THE CASE

Claimant sustained a compensable injury to her left knee in a work-related accident on February 19, 2009 (hereinafter, "the 2009 accident"). Thereafter, she developed admitted overcompensation injuries to her right knee and low back. By previous Order of the Commission, dated February 14, 2013, Claimant was also found to have suffered an aggravation of her preexisting psychological condition on account of the 2009 accident and associated injuries. Claimant filed a Form 50, Request for Hearing, and a hearing was scheduled before the Undersigned Commissioner on March 12, 2014.

It is Claimant's position in this matter that she has reached MMI for the conditions related to the 2009 accident, and she contends she is permanently and totally disabled on account of the same, pursuant to S.C. Code Ann. Section 42-9-10. It is Defendants' position in this matter that Claimant has not yet reached MMI in relation to the 2009 accident. In the alternative, if Claimant is found to have reached MMI, Defendants maintain Claimant is not permanently and totally disabled on account of the 2009 accident.

IV. EVIDENCE OF THE CASE

Hearing Testimony

Claimant testified before the undersigned during the hearing, and her testimony allowed the undersigned to observe Claimant and to judge Claimant's credibility as a witness. On direct-examination by her attorney, Claimant testified she is 45 years old. She has a bachelor's degree and a master's degree in human resources. She worked for the Employer for 20 years, and her last position was as a supervisor in the children's and family department. Claimant testified she was

terminated because the Employer could not accommodate her physical restrictions. Claimant testified she has also worked at IBM, in retail stores, and she has coached high school softball.

Claimant testified she was originally injured on February 19, 2009. Since the accident, Claimant has undergone 6 surgeries on her left knee. Claimant testified she also injured her back and right knee, which she attributes to overcompensation as a result of her left knee injury and using crutches. Claimant's current medication regimen includes Tramadol, Flexeril, Prilosec, Zofran, Ibuprofen 800, Ambien, Zoloft and Wellbutrin. Claimant testified she has been placed at MMI by Dr. Piasecki, Dr. Math and Dr. Tollison.

Claimant testified she has presented for a functional capacity evaluation (FCE), where she performed tests for two or three hours. Claimant testified she tried hard during her FCE, and she was in pain after the FCE. Claimant also testified she underwent a vocational evaluation with Rock Weldon. Claimant was asked whether she was honest during her vocational evaluation with Rock Weldon, and she testified: "I'm honest, yes. I was and I am." (Hr'g Tr., p. 21)

Claimant testified her left knee pain has progressed since being released from Dr. Piasecki in 2012. Claimant testified she would like the surgery being recommended by Dr. Piasecki. She believes she "will need surgery for the rest of [her] life." (Hr'g Tr., p. 24)

Claimant testified she goes to the YMCA for water aerobics. She has also worked with a personal trainer and was given a workout plan on two occasions by the trainer. Claimant testified the trainer was aware of her restrictions. The second time she was working with the trainer, she injured her back lifting around 10 pounds. She testified she has lost inches as a result of her exercise. She testified she currently weighs 241 pounds.

On cross-examination by defense counsel, Claimant testified she graduated from Carolina High School where she played volleyball, basketball and softball. She also testified she played

volleyball, basketball and softball in college while on a partial athletics scholarship. Claimant again confirmed she coached softball after college. Claimant was asked whether she began to have joint problems arising from her time playing sports. She testified she broke her ankle, but had no ongoing issues with any joints. Claimant was then shown a medical record from her family physician dated January 14, 2004 (APA, p. 472), which shows she had undergone arthritic tests and she was to follow up with an orthopaedist. Claimant testified she did not remember a January 2004 visit to her family doctor where she was referred to an orthopedist due to arthritis. (Hr'g Tr., p. 33) She also testified she did not recall having issues in her left knee in May of 2004 and presenting to her family doctor for those issues. (Hr'g Tr., p. 33-34) She did not recall having bilateral leg and knee pain at a visit to her family doctor in January 2006. (Hr'g Tr., p. 34) She did not recall a visit to Doctors Care in December 2007 with complaints of left knee pain. (Hr'g Tr., p. 34-35)

Claimant then agreed that her February 19, 2009 left knee injury occurred when her knee bumped a desk. She had her first left knee surgery in April, 2009 by Dr. Vann. Claimant was then questioned about an incident that occurred at Copper River Grill following the April, 2009 surgery when she slipped on water while still using crutches. Claimant initially denied receiving money from Copper River as a result of that incident, but she later testified, "You know what, they might have sent \$1,000 check." (Hr'g Tr., p. 40)

Claimant admitted she was evaluated by Dr. Burnikel following her release from Dr. Vann. She was shown Dr. Burnikel's January 20, 2011 report, which indicates: "Gait: Normal." (APA, p. 284) Claimant responded, "It's not true." Claimant also disputed Dr. Burnikel's report showing she had full active range of motion. (Hr'g Tr., p. 43)

Claimant was also questioned regarding a March 19, 2011 motor vehicle accident. She

testified she presented to Exigent Wade Hampton following the MVA. Claimant was shown the March 19, 2011 record from Exigent, which indicates, "Full ROM lower extremities." She explained: "...any time that I've gone to a doctor for anything other than a doctor for workers' comp, they don't touch the knee because I tell them of the surgeries and the problems I have with my knee. I couldn't bend it all the way." (Hr'g Tr., p. 46) Claimant was also shown a letter she sent to State Farm Claims Adjuster seeking \$15,000 as a result of the March 19, 2011 MVA. In response, she testified that she just wanted medical treatment.

Claimant agreed her lawyer referred her for an FCE before being placed at maximum medical improvement (MMI) by Dr. Piasecki or Dr. Math. She also agreed she underwent the vocational evaluation with Rock Weldon prior to reaching MMI. Claimant testified she was still having back pain in November of 2012. However, she could not explain why Dr. Piasecki's November 21, 2012 medical record indicates, "No back pain." (APA, p. 18)

Claimant testified she was having pain at a level of 8 out of 10 during the hearing. (Hr'g Tr., p. 57) Claimant testified one reason she cannot work is the medications she takes on a daily basis, which make her groggy. She testified Dr. Math has never asked her whether her medications impair her judgment, coordination or ability to drive. (Hr'g Tr., pp. 57-58) She testified she tells the doctor her medications make her sleepy and drowsy at every visit. (Hr'g Tr., p. 58)

Claimant was shown the October 2012 record from Dr. Math, indicating her gait was normal, and Claimant testified:

I will say this, all these doctors that are saying my gait is normal, I limp wherever I go. There are some days I limp more than others. But she – when I see her, I'm in the room. She leaves. I leave. I don't know if they're watching me when I walk in or out, but my gait has not been normal for a long time.

(Hr'g Tr., p. 58)

Claimant testified her back injury lifting weights at the YMCA occurred when she was

trying to lift a kettle bell over her head

Claimant testified she has an inability to concentrate due to pain. Claimant was shown a July 1, 2013 record from Dr. Sanchez indicating a "0. No Impairment" for concentration, and she testified: "I see that, but he never talked to me about any of that." (Hr'g Tr., p. 61) Claimant was shown a September 24, 2013 record from Dr. Jacobs indicating a "0. No Impairment" for concentration, and she testified: "I didn't know that. I didn't know that. He didn't ask and I didn't know." (Hr'g Tr., p. 63) Claimant was also asked about the patient pain profile and validity test given by Dr. Tollison, and she testified: "I took the test. I answered the questions the way I felt at that moment." (Hr'g Tr., pp. 63-64)

Claimant testified she filed a claim with the Equal Employment Opportunity Commission (EEOC) in May of 2013, and at that time, she believed she could work within her restrictions. (Hr'g Tr., pp. 71-72) However, she believes her pain has now progressed to the point where she does not believe she could work at all. (Hr'g Tr., pp. 72-73)

Medical Evidence

Claimant first presented to Doctor's Care on February 21, 2009. The record from that date states: "Three episodes seemingly minor trauma, banged on desk, twisted and crouched for baseball practice. Now complains of left knee pain and swelling." Claimant then presented to her family physician, Dr. Faile, for evaluation on February 24, 2009. This narrative states "Left knee pain. No trauma or injury. Bumped it a couple of times but other than that no trauma or injury." Claimant did not mention the "baseball" twisting incident to Dr. Faile. Dr. Faile referred Claimant for an MRI of the left knee which was performed on March 5, 2009. The MRI showed a flap of articular cartilage with some degeneration.

Dr. Faile referred Claimant to Dr. Vann at Piedmont Orthopaedic Associates, where she

was seen on March 16, 2009. Dr. Vann reviewed the MRI and opined that it showed a chondral lesion. He performed arthroscopic surgery on April 20, 2009. Claimant underwent two additional surgeries performed by Dr. Vann on October 30, 2009 and August 9, 2010. He released her at MMI on September 20, 2010 with 7% impairment to her left knee. He also opined that her degenerative changes are not enough to warrant a knee replacement unless there is a change in her condition.

Defendants initially denied that Claimant's left knee condition was causally-related to an alleged work injury. Claimant also complained of overcompensation pain in her right knee, and low back pain, which she attributed to overuse of crutches while recovering from her left knee surgeries. On January 12, 2011, the parties entered into a consent order, whereby Defendants agreed to accept liability for the left knee, right knee and back conditions.

Claimant later alleged an aggravation of her preexisting psychological condition, which she attributed to the 2009 accident, and Defendants denied the same. After a hearing before Commissioner Andrea C. Roche, Claimant's psychological condition was found compensable, and Defendants assumed treatment for the same.

Claimant was referred to Dr. Dana Piasecki for ongoing treatment of the left knee. Claimant first presented to Dr. Piasecki on August 30, 2011 for a second opinion and consideration for additional cartilage restoration options. Dr. Piasecki recommended a left knee arthroscopy with staging evaluation, debridement, plica resection, and ACI biopsy, and he performed the same on September 26, 2011.

At a follow-up appointment on November 1, 2011, Dr. Piasecki noted that Claimant "feels her knee is no better than it was prior to the surgery and, at this point, is interested in additional surgical options." At that time, he recommended a left knee open autologous chondrocyte

implantation medical femoral condyle, a high tibial osteotomy, and an iliac crest autograft, and he performed the same on December 12, 2011.

Claimant continued to follow-up with Dr. Piasecki postoperatively, and she had continued complaints with regard to weightbearing and stiffness. On April 26, 2012, the doctor noted that he would favor a second look arthroscopic procedure if Claimant's problems persisted, and at her next appointment on May 24, 2012, he recommended a second look arthroscopy, debridement, and removal of her HTO hardware, which was performed on June 15, 2012.

At a follow-up visit on August 14, 2012, Claimant noted that, overall, she felt she was progressing, and she was not eager to have any additional surgeries. On November 21, 2012, Dr. Piasecki indicated that Claimant had plateaued, and he placed her at MMI with a 25% permanent impairment rating. Dr. Piasecki placed sedentary restrictions and indicated Claimant would require no future medical care for the left knee related to the work injury.

Claimant treated with Dr. Jyoti Math at Upstate Medical Rehabilitation for her low back, after she was determined not to be a surgical candidate by Dr. Philip Hodge. On March 4, 2013, Dr. Math placed Claimant at MMI for the low back and assigned Claimant a 1% permanent impairment rating.

Defendants authorized an IME for Claimant's low back and right knee with Dr. John Evans of Foothills Orthopaedics and Sports Medicine, and the same was performed on March 13, 2013. Dr. Evans assigned Claimant 0% permanent impairment ratings for the back and right knee, and he opined that Claimant would require no additional medical treatment and no permanent work restrictions with regard to the low back and right knee.

Defendants authorized Claimant's psychological treatment with Dr. David Tollison, and Dr. Tollison ultimately placed Claimant at MMI with a 10% whole person impairment rating.

Claimant eventually requested an updated evaluation with Dr. Piasecki for her left knee, and Defendants provided the same on September 11, 2013. Dr. Piasecki ordered an updated MRI, and he noted the following with respect to the MRI: "Should things look reasonable...I would favor an injection. Should she have obvious fissuring or mechanical explanations for her symptoms and/or should she not respond to the injection and still be substantially limited, we could end up discussing a 2nd look arthroscopy and possible debridement."

On September 26, 2013, Claimant underwent an updated MRI of the left knee, which revealed "mild degenerative changes." Claimant returned to Dr. Piasecki on October 2, 2013. At that time, Claimant indicated she would prefer a seventh arthroscopic surgery over an injection, which Dr. Piasecki opined was "not unreasonable."

On January 13, 2014, Dr. Piasecki completed a questionnaire sent to him by Claimant's attorney, whereby the doctor opined the following: (1) Claimant remains at MMI for the left knee; (2) Claimant's 25% rating remains the same; (3) Claimant will require additional medical treatment for the left knee; and (4) the restrictions provided in Claimant's October 25, 2012, FCE remain an accurate description of her physical limitations.

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

V. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Kimberly Walker as Employee-Claimant and Sunbelt Human Advancement as Employer and State Accident Fund as Carrier, Defendants.

2. The average weekly wage of Employee at the time of the above-described accident was \$849.65, and her compensation rate was \$566.46.
3. Claimant suffered a compensable injury to her left knee within the course and scope of her employment on February 19, 2009, when she turned in her chair and bumped her knee on a desk.
4. Claimant first presented to Doctor's Care on February 21, 2009. The record from that date states: "Three episodes seemingly minor trauma, banged on desk, twisted and crouched for baseball practice. Now complains of left knee pain and swelling." (APA, p. 449)
5. Claimant presented to her family physician, Dr. Faile, for evaluation on February 24, 2009. This narrative states "Left knee pain. No trauma or injury. Bumped it a couple of times but other than that no trauma or injury." Claimant did not mention the "baseball" twisting incident to Dr. Faile. (APA, p. 460)
6. Dr. Faile referred Claimant for an MRI of the left knee which was performed on March 5, 2009. The MRI showed a flap of articular cartilage with some degeneration. Dr. Faile then referred Claimant to an orthopedist.
7. Defendants have provided medical care and treatment for Claimant's left knee, to include six surgeries.
8. Claimant has also developed admitted overcompensation injuries to her right knee and low back, which were accepted by Defendants as part of a January 12, 2011, Consent Order.
9. Additionally, Claimant's physical condition has aggravated her preexisting psychological condition, as determined by Commissioner Andrea C. Roche in a prior Order, dated February 14, 2013.
10. Claimant's position is that she has now reached MMI and is permanently and totally

disabled as a result of the combination of her left knee, right knee, low back and psychological conditions. She also contends she will need a seventh knee surgery as part of her causally-related future medical treatment, per the recommendation of Dr. Piasecki.

11. Defendants' position is that Claimant must either (1) be at MMI and entitled to a determination of permanency, or (2) not be MMI and entitled to the additional surgery she seeks. They argue she cannot be both at MMI and entitled to this additional surgery.

12. Given the age and history of this claim, the record is voluminous. A thorough review of that record leads me to certain determinations as to the questions at bar in this hearing.

13. Claimant is a well-educated and articulate individual. She is a high school graduate and holds both an undergraduate degree and a master's degree.

14. Claimant's master's degree is in the field of human resources.

15. Claimant is well versed in medical terminology and can address any question as to her medical care and treatment.

16. Throughout the hearing, Claimant told me on several occasions that she was honest and told the truth. I find those statements to be self-serving declarations and give them no weight.

17. Throughout her treatment, many of the conclusions drawn by the medical and vocational experts as to Claimant's complaints and abilities are based - at least in part - on the subjective statements of Claimant.

18. It is interesting to note that, in the Pain Patient Profile Report dated October 8, 2013, there is this statement: "The P-3 Validity Index is designed to assess the probability of random responding, poor reading skills, and the excessive use of magnification in describing psychological and physical symptoms. This patient's extreme score (12) on the Validity index is higher than the scores of 95% of the pain patients in the normative sample. Because of this

extreme score, the report is invalid." The report further notes: "The clinician should consider investigating the possibility of random responding or poor reading skills. The P-3 is written at approximately an 8th grade reading level. If the patient's response pattern and reading comprehension are acceptable, her Validity index score may suggest response magnification." (APA, pp. 99-102) It is important to remember, Claimant holds a master's degree.

19. Dr. C. David Tollison, who is a licensed clinical psychologist, performed an Independent Medical Evaluation on Claimant on June 23, 2011. Dr. Tollison opined, "Based upon my evaluation of the patient, review of medical records, and results of psychological testing, it is my opinion Ms. Walker currently suffers a Class 2 (mild) psychological impairment in activities of daily living, a Class 3 (moderate) psychological impairment in social functioning, a Class 2 impairment in concentration/persistence/pace, and a Class 3 psychological impairment in adaptation to stressful conditions (AMA Guides, 5th Edition)." (APA, pp. 114-118)

20. It is also interesting to note in the medical notes from Dr. David C. Jacobs of the South Carolina Research Group, on a scale of "0" for no impairment, "1" very mild impairment, "3" moderate impairment, "4" severe impairment, "5" very severe impairment, Dr. Jacobs rarely rates Claimant above a "3" in any category, and in his last note included in the APAs (dated November 18, 2013), in "Interval History Change," he rates Claimant a "2" in four categories, a "1" in only one category, and a "0" in five categories. She received no ratings higher than a "2." In his "Examination," he rates her a "2" in only two of the fifteen categories, a "1" in only one category, and a "0" - no impairment - in twelve of the fifteen categories. The examination section concludes with these words, "Mood down some. No eye contact. Somewhat manipulative." (APA, pp. 129-130)

21. There are two vocational evaluations in this case. One is from Rock Weldon, MA,

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23. During her deposition testimony, Ms. Westmoreland testified she stands by her vocational opinion that Claimant remains employable.

24. There is also a Functional Capacity Evaluation in the record performed by Serenity Rehab & Wellness Center, LLC. The evaluator was TrVera L. Williams, MSPT, CSFA, CEAS. This evaluation was conducted at the request of Claimant's counsel. This evaluation and the evaluator's conclusions are especially important in this case given that subsequent medical opinions offered by two of the authorized treating physicians in this case are based, at least in part, on this evaluation.

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the reliability of effort in the standard grip test. If [rapid exchange grip] strength exceeds standard grip strength it denotes probable unreliable or sub maximal effort in the standard test, which is indicated here..." (APA, p. 225)

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37. Claimant presented to her family physician on January 14, 2004, where the physician noted Claimant "has got some arthritic tests pending" and she was referred to an orthopedist for questionable arthritis. When asked about this visit at the hearing, Claimant testified she did not remember the visit. (APA, p. 472; Hr'g Tr., p. 33)

38. Claimant presented to her family physician on May 18, 2004, where she complained of swelling in her legs, left worse than right, and the doctor noted Claimant's "left leg measures 44cm 10cm below the inferior patella and the right measures 42.75cm." The note also indicates Claimant complained of discomfort in her left knee, calf and thigh. When asked about this visit at the hearing, Claimant testified she did not recall having issues in her left knee in May of 2004. (APA, p. 471; Hr'g Tr., p. 33-34)

39. Claimant presented to her family physician on January 25, 2006, with complaints of bilateral knee and leg pain. When asked about this visit at the hearing, Claimant testified she did not recall having bilateral knee and leg pain in January 2006. (APA, p. 466; Hr'g Tr., p. 34)

40. Claimant presented to Doctors Care on December 31, 2007, less than 14 months before he accident, and she complained of left knee pain. When asked about this visit at the

hearing, Claimant testified she did not recall the visit. (APA, p. 452; Hr'g Tr., p. 34-35)

41. Claimant presented to Dr. Brian Burnikel on January 20, 2011, in relation to her work-related left knee injury. Dr. Burnikel's note states: "Gait: Normal ... Range of Motion: full AROM." At the hearing, Claimant reviewed the report of Dr. Burnikel indicating Claimant's gait was normal, and she testified, "It's not true," and she testified Dr. Burnikel's report that she had full active range of motion was also not true. (APA, pp. 283-284; Hr'g Tr., p. 43)

42. Dr. Piasecki's November 21, 2012 report indicates Claimant was having "no back pain." When asked about this report during the hearing, Claimant testified Dr. Piasecki did not ask her whether she was having back pain at that time. (APA, p. 18; Hr'g Tr., p. 54)

43. At the hearing, Claimant testified she tells the doctor her medications make her sleepy and drowsy at every visit. (Hr'g Tr., p. 58)

44. However, Dr. Math's record from July 21, 2011 indicates Claimant responded, "No," to the following questions: (1) "Does your current medication impair your judgment, coordination or your ability to drive?" (2) "Are you experiencing any side effects from the medications prescribed by your physician at UMR?" When asked about Dr. Math's July 21, 2011, report during the hearing, Claimant testified Dr. Math has never asked her whether her medications impair her judgment, coordination or ability to drive. (APA, p. 197; Hr'g Tr., pp. 57-58)

45. Dr. Math's October 8, 2012, record again indicates Claimant answered, "No," to the two questions above regarding her medications. (APA, p. 187)

46. Dr. Math's October 8, 2012, record also indicates Claimant "is able to transfer independently. Her gait is normal." Claimant was shown the October 8, 2012 record from Dr. Math, indicating her gait was normal, and Claimant testified: "I will say this, all these doctors that are saying my gait is normal, I limp wherever I go. There are some days I limp more than others.

But she – when I see her, I'm in the room. She leaves. I leave. I don't know if they're watching me when I walk in or out, but my gait has not been normal for a long time.” (APA, p. 187; Hr’g Tr., p. 58)

47. Claimant was shown the record from Dr. Sanchez indicating a score of “0” for concentration, meaning there was no impairment, and she testified: “I see that, but he never talked to me about any of that.” (APA, p. 139; Hr’g Tr., p. 61)

48. Claimant was shown the record from Dr. Jacobs indicating a “0” for concentration, meaning there was no impairment, and she testified: “I didn’t know that. I didn’t know that. He didn’t ask and I didn’t know.” (APA, p. 133; Hr’g Tr., p. 63)

49. Claimant was asked about the patient pain profile and validity test referenced above, and she testified: “I took the test. I answered the questions the way I felt at that moment.” (APA, pp. 99-102; Hr’g Tr., pp. 63-64)

50. On May 10, 2009, Claimant was involved in an incident at Copper River Grill Restaurant when she apparently slipped on water on the floor and fell down. Claimant initially testified she received no money in settlement from that incident. However, she then testified, “they might have sent a check for \$1,000.00.” Claimant testified she may have received a small settlement from Copper River Grill, but she could not recall. (Defs’ Exh. E; Hr’g Tr., pp. 39-41)

51. Claimant was involved in a motor vehicle accident on March 18, 2011, when she was rear-ended and injured her neck. Claimant was diagnosed with cervicalgia, chest pain and pain in her right elbow and wrist, and she underwent physical therapy. Although Claimant testified she only wanted medical treatment, on September 13, 2011, Claimant sent a letter to State Farm Insurance demanding \$15,000 to settle her case because she had experienced “tremendous pain and suffering.” Claimant received a settlement from State Farm Insurance in the amount of \$7,791.

(Defs' Exh. C)

52. Claimant was involved in another motor vehicle accident on August 15, 2013, when she was rear-ended and injured her neck and experienced tingling down her right arm. Claimant received a settlement in the amount of \$7,200 from State Farm Insurance in relation to the accident. (Defs' Exh. B)

53. Claimant filed a claim with the Equal Employment Opportunity Commission (EEOC) in May of 2013, and at that time, she believed she could work within her restrictions. (Defs' Exh. D; Hr'g Tr., pp. 71-72)

54. Despite Claimant's filing a claim with the EEOC in May of 2013, and admitting at the hearing that she believed she could work as of May 2013, Claimant now asserts she is permanently and totally disabled from ever working again. Again, I find much of Claimant's testimony and actions to be self-serving and opportunity-based.

55. When we look at the opinions formed by the evaluators - vocational and functional - their conclusions, in part, rest on the effort and subjective complaints of Claimant. Likewise, the authorized treaters in this case base their opinions, at least in part, on the subjective complaints of Claimant.

56. Dr. Dana Piasecki of OrthoCarolina opines on a check-the-box form completed on January 13, 2014, that Claimant is at MMI from her work-related knee injuries, that she will require future medical care and treatment, and that she has suffered a 25% medical impairment to the left knee. He also opines that the FCE conducted on October 25, 2012, "most probably" remains an accurate description of Claimant's physical limitations.

57. Those opinions as to MMI and her impairment rating, which are offered to a reasonable degree of certainty, are consistent with his opinions recorded in the medical note of

November 21, 2012.

58. In a medical note from October 2, 2013, Dr. Piasecki opines under "PLAN," "I discussed with Kimberly that based on her overall presentation, I think at this point it would be reasonable to consider either an injection or a second-look arthroscopy given her degree of limitations. She is understanding of this and is not interested in an injection. She would favor a second-look scope, which I think is not unreasonable. We discussed an approach therefore that would involve a diagnostic arthroscopy with evaluation of her chondral surfaces with possible debridement versus chondroplasty depending on the status of the cartilage on arthroscopy. It is conceivable that should she has (sic) persistent symptoms after the scope we could potentially consider her for a revision chondral resurfacing procedure such as an osteochondral allograft. Though, if her cartilage were to appear healthy without substantial softening or ballotability, I would favor leaving things as is." (APA, pp. 11-12)

59. Dr. Jyoti Math, another authorized treating physician, cites the FCE performed on October 25, 2012, in her medical note of May 29, 2013. In reference to the FCE, Dr. Math notes: "spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program." (APA, p. 170, admitted in the record without objection)

60. Dr. Math opined on a Form 14B executed on March 4, 2013, that Claimant had sustained a 25% impairment to her left knee and 1% medical impairment to her lumbar spine. (APA, p. 179)

61. At the request of Defendants, Claimant underwent an IME with Dr. John P. Evans on March 13, 2013. Dr. Evans opined that Claimant has suffered a 0% medical impairment to her right knee and a 0% medical impairment to her back. Dr. Evans further opined that Claimant will

require no additional or future medical treatment for her right knee or low back, and she has no permanent work restrictions related to her right knee or low back. (APA, pp. 408-415)

62. Dr. Tollison opines that as a result of her psyche, Claimant has suffered a 10% impairment to the whole person. (APA, p. 86)

63. When I consider the record as whole, reviewing Claimant's responses and comments throughout the record and in her testimony at the hearing, I find her subjective complaints to be inconsistent with the medical evidence and her actions at the hearing. As such, I must find that Claimant is not credible.

64. With such a finding, given that many of the medical opinions are dependent on the subjective complaints of Claimant, those conclusions must be viewed in a questionable light as well. That being said, the empirical medical evidence stands on its own.

65. Claimant is at MMI for the left knee and back as of March 4, 2013. (APA, p. 179)

66. Claimant has reached MMI for the right knee and has sustained 0% disability to the right knee. (APA, pp. 408-415)

67. Claimant is not permanently and totally disabled. (I base this finding on the vocational opinion of Jan Westmoreland, the medical record as a whole, Claimant's education, my observations of Claimant during the hearing, and the evidence in the record as a whole)

68. Based on the evidence as a whole, Claimant has suffered permanent partial disability to the left knee of 40%.

69. Based on the evidence as a whole, Claimant has suffered permanent partial disability to her back of 2%.

70. Pursuant to the Order of Commissioner Roche date February 14, 2013, the aggravation of Claimant's psyche is compensable. Disability to her left knee and to the back

combined with the psyche does not render her permanently and totally disabled.

71. Claimant is entitled to future medicals for her left knee which would tend to lessen her period of disability, as ordered by the authorized treating physician, Dr. Piasecki. This would include the modalities described under PLAN in his medical note of October 2, 2013. The future medicals would also include oral medications, injections (even though Claimant testified they do not work for her), as well as braces or other orthopedic devices. The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013.

72. The future medicals, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning.

73. Claimant is also entitled to a work-hardening program of Defendants' choosing, should an authorized treating physician order it.

74. Defendants are entitled to a credit for overpayment to TTD from December 13, 2013.

75. The following was addressed in an Administrative Order dated May 1, 2014: Claimant's back, psyche and both knees are compensable by prior Orders of the Commission. As such, Claimant is entitled to ongoing medical care and treatment as previously ordered by the Commission. Specifically, Claimant is entitled to medication as prescribed by the authorized treating physicians.

VI. CONCLUSIONS OF LAW

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

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

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

2. Under § 42-1-160, and pursuant to the prior Orders in this claim, Claimant sustained compensable injuries/conditions to her left knee, right knee, low back and psyche, which are causally-related to the February 19, 2009, accident.

3. Under § 42-15-60, Claimant has reached maximum medical improvement in relation to the February 19, 2009, accident.

4. Under § 42-9-30, Claimant has sustained 40% permanent partial disability to her left knee in relation to the February 19, 2009, accident.

5. Under § 42-9-30, Claimant has sustained 2% permanent partial disability to her low back in relation to the February 19, 2009, accident.

6. Under § 42-9-30, Claimant has sustained 0% permanent partial disability to her right knee in relation to the February 19, 2009, accident.

7. Claimant's psychological condition is not disabling.

8. Under § 42-15-60, Claimant is entitled to causally-related future medical treatment for her left knee which would tend to lessen her period of disability, as ordered by the authorized treating physician, Dr. Piasecki. This would include the modalities described under PLAN in Dr. Piasecki's medical note of October 2, 2013. The future medicals would also include oral medications, injections (even though Claimant testified they do not work for her), as well as braces or other orthopedic devices. The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013.

9. Under § 42-15-60, Claimant is entitled to ongoing causally-related medical care and treatment related to her back, psyche and right knee, to include medications prescribed by the authorized treating physicians. (See, Finding of Fact No. 75)

10. Defendants are entitled to a credit for overpayment of TTD paid beyond December 13, 2013.

11. Claimant is not permanently and totally disabled as a result of the February 19, 2009, accident.

VII. ORDER/AWARD

IT IS HEREBY ORDERED that Claimant has reached maximum medical improvement in relation to the February 19, 2009, accident, and Claimant has sustained 40% permanent partial disability to her left knee, 2% permanent partial disability to her low back, and 0% permanent partial disability to her right knee. Claimant's psychological condition is not disabling.

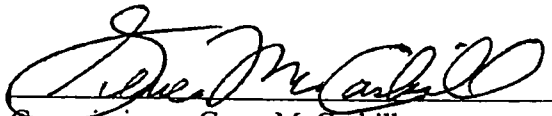
IT IS FURTHER ORDERED that Claimant is entitled to causally-related future medical treatment as indicated herein.

IT IS FURTHER ORDERED that Defendants are entitled to a credit for overpayment to TTD paid beyond December 13, 2013.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


Commissioner Gene McCaskill

CERTIFICATE OF SERVICE

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

unrepresented party(ies) and to the attorney(s) for the represented party(ies).

July 23, 2014

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 0901375**

Kimberly Walker,	CLAIMANT/APPELLANT,
vs.	
Sunbelt Human Advancement,	EMPLOYER,
AND	
State Accident Fund .	CARRIER, DEFENDANTS/RESPONDENTS

Appellate Panel Review held in Columbia, South Carolina,
on November 18, 2014 per notices timely and properly served
upon all parties of interest.

Appellate Panel Decision and Order filed

Filed:

March 4th, 2015

APPEARANCES:

Claimant/Appellant Kimberly Walker, of Greenville, South Carolina represented by Alton L. Martin, Jr., Esquire and Stephen B. Samuels, Esquire.

Defendants/Respondents represented by L. Brenn Watson, Esquire of Willson Jones Carter & Baxley, P.A. in Greenville, South Carolina.

STATEMENT OF THE CASE

Claimant sustained a compensable injury to her left knee in a work-related accident on February 19, 2009 (hereinafter, "the 2009 accident"). Thereafter, she developed admitted overcompensation injuries to her right knee and low back. By Order of the Commission, dated February 14, 2013, Claimant was also found to have suffered an aggravation of her preexisting psychological condition on account of the 2009 accident and associated injuries. Claimant filed a Form 50, Request for Hearing, and a hearing was scheduled before Commissioner Gene McCaskill (hereinafter, "the Single Commissioner") on March 12, 2014.

It was Claimant's position in this matter that she had reached MMI for the conditions related to the 2009 accident, and she contended she was permanently and totally disabled on account of the same, pursuant to S.C. Code Ann. Section 42-9-10. It was Defendants' position in this matter that Claimant had not yet reached MMI in relation to the 2009 accident. In the alternative, if Claimant was found to have reached MMI, Defendants maintained Claimant was not permanently and totally disabled on account of the 2009 accident.

By Decision and Order dated July 23, 2014, the Single Commissioner found Claimant had reached MMI. The Single Commissioner awarded 40% permanent partial disability to Claimant's left knee, 2% permanent partial disability to her low back, and 0% permanent partial disability to her right knee. The Single Commissioner found Claimant's psychological condition is not disabling. The Single Commissioner found Claimant is entitled to specified causally-related future medical treatment, and Defendants are entitled to a credit for overpayment of TTD paid beyond December 13, 2013. The Single Commissioner further found that Claimant is not credible. On July 28, 2014, Claimant filed a Form 30, Request for Commission Review, appealing the Order of the Single Commissioner. Briefs were timely submitted by the parties, and oral arguments were held before the undersigned Commissioners of the Appellate Panel on November 18, 2014.

SINGLE COMMISSIONER'S FINDINGS OF FACT

The Single Commissioner's July 23, 2014 Decision and Order set forth the following Findings of Fact:

1. Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Kimberly Walker as Employee-Claimant and Sunbelt Human Advancement as Employer and State Accident Fund as Carrier, Defendants.
2. The average weekly wage of Employee at the time of the above-described accident was \$849.65, and her compensation rate was \$566.46.
3. Claimant suffered a compensable injury to her left knee within the course and scope of her employment on February 19, 2009, when she turned in her chair and bumped her knee on a desk.
4. Claimant first presented to Doctor's Care on February 21, 2009. The record from that date states: "Three episodes seemingly minor trauma, banged on desk, twisted and crouched for baseball practice. Now complains of left knee pain and swelling." (APA, p. 449)
5. Claimant presented to her family physician, Dr. Faile, for evaluation on February 24, 2009. This narrative states "Left knee pain. No trauma or injury. Bumped it a couple of times but other than that no trauma or injury." Claimant did not mention the "baseball" twisting incident to Dr. Faile. (APA, p. 460)
6. Dr. Faile referred Claimant for an MRI of the left knee which was performed on March 5, 2009. The MRI showed a flap of articular cartilage with some degeneration. Dr. Faile then referred Claimant to an orthopedist.
7. Defendants have provided medical care and treatment for Claimant's left knee, to include six surgeries.

8. Claimant has also developed admitted overcompensation injuries to her right knee and low back, which were accepted by Defendants as part of a January 12, 2011, Consent Order.

9. Additionally, Claimant's physical condition has aggravated her preexisting psychological condition, as determined by Commissioner Andrea C. Roche in a prior Order, dated February 14, 2013.

10. Claimant's position is that she has now reached MMI and is permanently and totally disabled as a result of the combination of her left knee, right knee, low back and psychological conditions. She also contends she will need a seventh knee surgery as part of her causally-related future medical treatment, per the recommendation of Dr. Piasecki.

11. Defendants' position is that Claimant must either (1) be at MMI and entitled to a determination of permanency, or (2) not be MMI and entitled to the additional surgery she seeks. They argue she cannot be both at MMI and entitled to this additional surgery.

12. Given the age and history of this claim, the record is voluminous. A thorough review of that record leads me to certain determinations as to the questions at bar in this hearing.

13. Claimant is a well-educated and articulate individual. She is a high school graduate and holds both an undergraduate degree and a master's degree.

14. Claimant's master's degree is in the field of human resources.

15. Claimant is well versed in medical terminology and can address any question as to her medical care and treatment.

16. Throughout the hearing, Claimant told me on several occasions that she was honest and told the truth. I find those statements to be self-serving declarations and give them no weight.

17. Throughout her treatment, many of the conclusions drawn by the medical and vocational experts as to Claimant's complaints and abilities are based - at least in part - on the subjective statements of Claimant.

18. It is interesting to note that, in the Pain Patient Profile Report dated October 8, 2013, there is this statement: "The P-3 Validity Index is designed to assess the probability of random responding, poor reading skills, and the excessive use of magnification in describing psychological and physical symptoms. This patient's extreme score (12) on the Validity index is higher than the scores of 95% of the pain patients in the normative sample. Because of this extreme score, the report is invalid." The report further notes: "The clinician should consider investigating the possibility of random responding or poor reading skills. The P-3 is written at approximately an 8th grade reading level. If the patient's response pattern and reading comprehension are acceptable, her Validity index score may suggest response magnification." (APA, pp. 99-102) It is important to remember, Claimant holds a master's degree.

19. Dr. C. David Tollison, who is a licensed clinical psychologist, performed an Independent Medical Evaluation on Claimant on June 23, 2011. Dr. Tollison opined, "Based upon my evaluation of the patient, review of medical records, and results of psychological testing, it is my opinion Ms. Walker currently suffers a Class 2 (mild) psychological impairment in activities of daily living, a Class 3 (moderate) psychological impairment in social functioning, a Class 2 impairment in concentration/persistence/pace, and a Class 3 psychological impairment in adaptation to stressful conditions (AMA Guides, 5th Edition)." (APA, pp. 114-118)

20. It is also interesting to note in the medical notes from Dr. David C. Jacobs of the South Carolina Research Group, on a scale of "0" for no impairment, "1" very mild impairment, "3" moderate impairment, "4" severe impairment, "5" very severe impairment, Dr. Jacobs rarely rates Claimant above a "3" in any category, and in his last note included in the APAs (dated November 18, 2013), in "Interval History Change," he rates Claimant a "2" in four categories, a "1" in only one category, and a "0" in five categories. She received no ratings higher than a "2." In his "Examination," he rates her a "2" in only two of the fifteen categories, a "1" in only one

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38. Claimant presented to her family physician on May 18, 2004, where she complained of swelling in her legs, left worse than right, and the doctor noted Claimant's "left leg measures 44cm 10cm below the inferior patella and the right measures 42.75cm." The note also indicates Claimant complained of discomfort in her left knee, calf and thigh. When asked about this visit at the hearing, Claimant testified she did not recall having issues in her left knee in May of 2004. (APA, p. 471; Hr'g Tr., p. 33-34)

39. Claimant presented to her family physician on January 25, 2006, with complaints of bilateral knee and leg pain. When asked about this visit at the hearing, Claimant testified she did not recall having bilateral knee and leg pain in January 2006. (APA, p. 466; Hr'g Tr., p. 34)

40. Claimant presented to Doctors Care on December 31, 2007, less than 14 months before he accident, and she complained of left knee pain. When asked about this visit at the hearing, Claimant testified she did not recall the visit. (APA, p. 452; Hr'g Tr., p. 34-35)

41. Claimant presented to Dr. Brian Burnikel on January 20, 2011, in relation to her work-related left knee injury. Dr. Burnikel's note states: "Gait: Normal ... Range of Motion: full AROM." At the hearing, Claimant reviewed the report of Dr. Burnikel indicating Claimant's gait was normal, and she testified, "It's not true," and she testified Dr. Burnikel's report that she had full active range of motion was also not true. (APA, pp. 283-284; Hr'g Tr., p. 43)

42. Dr. Piasecki's November 21, 2012 report indicates Claimant was having "no back pain." When asked about this report during the hearing, Claimant testified Dr. Piasecki did not ask her whether she was having back pain at that time. (APA, p. 18; Hr'g Tr., p. 54)

43. At the hearing, Claimant testified she tells the doctor her medications make her sleepy and drowsy at every visit. (Hr'g Tr., p. 58)

44. However, Dr. Math's record from July 21, 2011 indicates Claimant responded, "No," to the following questions: (1) "Does your current medication impair your judgment, coordination or your ability to drive?" (2) "Are you experiencing any side effects from the medications prescribed by your physician at UMR?" When asked about Dr. Math's July 21, 2011, report during the hearing, Claimant testified Dr. Math has never asked her whether her medications impair her judgment, coordination or ability to drive. (APA, p. 197; Hr'g Tr., pp. 57-58)

45. Dr. Math's October 8, 2012, record again indicates Claimant answered, "No," to the two questions above regarding her medications. (APA, p. 187)

46. Dr. Math's October 8, 2012, record also indicates Claimant "is able to transfer independently. Her gait is normal." Claimant was shown the October 8, 2012 record from Dr. Math, indicating her gait was normal, and Claimant testified: "I will say this, all these doctors that

are saying my gait is normal, I limp wherever I go. There are some days I limp more than others. But she - when I see her, I'm in the room. She leaves. I leave. I don't know if they're watching me when I walk in or out, but my gait has not been normal for a long time." (APA, p. 187; Hr'g Tr., p. 58)

47. Claimant was shown the record from Dr. Sanchez indicating a score of "0" for concentration, meaning there was no impairment, and she testified: "I see that, but he never talked to me about any of that." (APA, p. 139; Hr'g Tr., p. 61)

48. Claimant was shown the record from Dr. Jacobs indicating a "0" for concentration, meaning there was no impairment, and she testified: "I didn't know that. I didn't know that. He didn't ask and I didn't know." (APA, p. 133; Hr'g Tr., p. 63)

49. Claimant was asked about the patient pain profile and validity test referenced above, and she testified: "I took the test. I answered the questions the way I felt at that moment." (APA, pp. 99-102; Hr'g Tr., pp. 63-64)

50. On May 10, 2009, Claimant was involved in an incident at Copper River Grill Restaurant when she apparently slipped on water on the floor and fell down. Claimant initially testified she received no money in settlement from that incident. However, she then testified, "they might have sent a check for \$1,000.00." Claimant testified she may have received a small settlement from Copper River Grill, but she could not recall. (Defs' Exh. E; Hr'g Tr., pp. 39-41)

51. Claimant was involved in a motor vehicle accident on March 18, 2011, when she was rear-ended and injured her neck. Claimant was diagnosed with cervicalgia, chest pain and pain in her right elbow and wrist, and she underwent physical therapy. Although Claimant testified she only wanted medical treatment, on September 13, 2011, Claimant sent a letter to State Farm Insurance demanding \$15,000 to settle her case because she had experienced "tremendous pain and suffering." Claimant received a settlement from State Farm Insurance in the amount of \$7,791.

(Defs' Exh. C)

52. Claimant was involved in another motor vehicle accident on August 15, 2013, when she was rear-ended and injured her neck and experienced tingling down her right arm. Claimant received a settlement in the amount of \$7,200 from State Farm Insurance in relation to the accident. (Defs' Exh. B)

53. Claimant filed a claim with the Equal Employment Opportunity Commission (EEOC) in May of 2013, and at that time, she believed she could work within her restrictions. (Defs' Exh. D; Hr'g Tr., pp. 71-72)

54. Despite Claimant's filing a claim with the EEOC in May of 2013, and admitting at the hearing that she believed she could work as of May 2013, Claimant now asserts she is permanently and totally disabled from ever working again. Again, I find much of Claimant's testimony and actions to be self-serving and opportunity-based.

55. When we look at the opinions formed by the evaluators - vocational and functional - their conclusions, in part, rest on the effort and subjective complaints of Claimant. Likewise, the authorized treaters in this case base their opinions, at least in part, on the subjective complaints of Claimant.

56. Dr. Dana Piasecki of OrthoCarolina opines on a check-the-box form completed on January 13, 2014, that Claimant is at MMI from her work-related knee injuries, that she will require future medical care and treatment, and that she has suffered a 25% medical impairment to the left knee. He also opines that the FCI: conducted on October 25, 2012, "most probably" remains an accurate description of Claimant's physical limitations.

57. Those opinions as to MMI and her impairment rating, which are offered to a reasonable degree of certainty, are consistent with his opinions recorded in the medical note of November 21, 2012.

58. In a medical note from October 2, 2013, Dr. Piasecki opines under "PLAN," "I discussed with Kimberly that based on her overall presentation, I think at this point it would be reasonable to consider either an injection or a second-look arthroscopy given her degree of limitations. She is understanding of this and is not interested in an injection. She would favor a second-look scope, which I think is not unreasonable. We discussed an approach therefore that would involve a diagnostic arthroscopy with evaluation of her chondral surfaces with possible debridement versus chondroplasty depending on the status of the cartilage on arthroscopy. It is conceivable that should she has (sic) persistent symptoms after the scope we could potentially consider her for a revision chondral resurfacing procedure such as an osteochondral allograft. Though, if her cartilage were to appear healthy without substantial softening or ballotability, I would favor leaving things as is." (APA, pp. 11-12)

59. Dr. Jyoti Math, another authorized treating physician, cites the FCE performed on October 25, 2012, in her medical note of May 29, 2013. In reference to the FCE, Dr. Math notes: "spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program." (APA, p. 170, admitted in the record without objection)

60. Dr. Math opined on a Form 14B executed on March 4, 2013, that Claimant had sustained a 25% impairment to her left knee and 1% medical impairment to her lumbar spine. (APA, p. 179)

61. At the request of Defendants, Claimant underwent an IME with Dr. John P. Evans on March 13, 2013. Dr. Evans opined that Claimant has suffered a 0% medical impairment to her right knee and a 0% medical impairment to her back. Dr. Evans further opined that Claimant will require no additional or future medical treatment for her right knee or low back, and she has no permanent work restrictions related to her right knee or low back. (APA, pp. 408-415)

62. Dr. Tollison opines that as a result of her psyche, Claimant has suffered a 10% impairment to the whole person. (APA, p. 86)

63. When I consider the record as whole, reviewing Claimant's responses and comments throughout the record and in her testimony at the hearing, I find her subjective complaints to be inconsistent with the medical evidence and her actions at the hearing. As such, I must find that Claimant is not credible.

64. With such a finding, given that many of the medical opinions are dependent on the subjective complaints of Claimant, those conclusions must be viewed in a questionable light as well. That being said, the empirical medical evidence stands on its own.

65. Claimant is at MMI for the left knee and back as of March 4, 2013. (APA, p. 179)

66. Claimant has reached MMI for the right knee and has sustained 0% disability to the right knee. (APA, pp. 408-415)

67. Claimant is not permanently and totally disabled. (I base this finding on the vocational opinion of Jan Westmoreland, the medical record as a whole, Claimant's education, my observations of Claimant during the hearing, and the evidence in the record as a whole)

68. Based on the evidence as a whole, Claimant has suffered permanent partial disability to the left knee of 40%.

69. Based on the evidence as a whole, Claimant has suffered permanent partial disability to her back of 2%.

70. Pursuant to the Order of Commissioner Roche date February 14, 2013, the aggravation of Claimant's psyche is compensable. Disability to her left knee and to the back combined with the psyche does not render her permanently and totally disabled.

71. Claimant is entitled to future medicals for her left knee which would tend to lessen her period of disability, as ordered by the authorized treating physician, Dr. Piasecki. This would

include the modalities described under PLAN in his medical note of October 2, 2013. The future medicals would also include oral medications, injections (even though Claimant testified they do not work for her), as well as braces or other orthopedic devices. The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013.

72. The future medicals, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning.

73. Claimant is also entitled to a work-hardening program of Defendants' choosing, should an authorized treating physician order it.

74. Defendants are entitled to a credit for overpayment to TTD from December 13, 2013.

75. The following was addressed in an Administrative Order dated May 1, 2014: Claimant's back, psyche and both knees are compensable by prior Orders of the Commission. As such, Claimant is entitled to ongoing medical care and treatment as previously ordered by the Commission. Specifically, Claimant is entitled to medication as prescribed by the authorized treating physicians.

SINGLE COMMISSIONER'S CONCLUSIONS OF LAW

The Single Commissioner's July 23, 2014 Decision and Order set forth the following Conclusions of Law:

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

2. Under § 42-1-160, and pursuant to the prior Orders in this claim, Claimant sustained compensable injuries/conditions to her left knee, right knee, low back and psyche, which are causally-related to the February 19, 2009, accident.

3. Under § 42-15-60, Claimant has reached maximum medical improvement in relation to the February 19, 2009, accident.
4. Under § 42-9-30, Claimant has sustained 40% permanent partial disability to her left knee in relation to the February 19, 2009, accident.
5. Under § 42-9-30, Claimant has sustained 2% permanent partial disability to her low back in relation to the February 19, 2009, accident.
6. Under § 42-9-30, Claimant has sustained 0% permanent partial disability to her right knee in relation to the February 19, 2009, accident.
7. Claimant's psychological condition is not disabling.
8. Under § 42-15-60, Claimant is entitled to causally-related future medical treatment for her left knee which would tend to lessen her period of disability, as ordered by the authorized treating physician, Dr. Piasecki. This would include the modalities described under PLAN in Dr. Piasecki's medical note of October 2, 2013. The future medicals would also include oral medications, injections (even though Claimant testified they do not work for her), as well as braces or other orthopedic devices. The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013.
9. Under § 42-15-60, Claimant is entitled to ongoing causally-related medical care and treatment related to her back, psyche and right knee, to include medications prescribed by the authorized treating physicians. (See, Finding of Fact No. 75)
10. Defendants are entitled to a credit for overpayment of TTD paid beyond December 13, 2013.
11. Claimant is not permanently and totally disabled as a result of the February 19, 2009, accident.

SINGLE COMMISSIONER'S ORDER/AWARD

The Single Commissioner's July 23, 2014 Decision and Order set forth the following Order/Award:

IT IS HEREBY ORDERED that Claimant has reached maximum medical improvement in relation to the February 19, 2009, accident, and Claimant has sustained 40% permanent partial disability to her left knee, 2% permanent partial disability to her low back, and 0% permanent partial disability to her right knee. Claimant's psychological condition is not disabling.

IT IS FURTHER ORDERED that Claimant is entitled to causally-related future medical treatment as indicated herein.

IT IS FURTHER ORDERED that Defendants are entitled to a credit for overpayment to TTD paid beyond December 13, 2013.

No hearing costs were assessed by the Single Commissioner.

APPEAL OF THE SINGLE COMMISSIONER'S ORDER

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

1. Did the Commissioner err in disregarding the opinions of the authorized treating surgeon, the authorized pain management physician, the authorized psychologist, the FCI showing "reliable effort," and the Claimant's IME doctor; instead relying solely on Defendants' IME? (Findings 25, 26, 27, 56, 57, 58, 59, 60, 61; Conclusions 4, 5, 6, 7, 11)
2. Did the Commissioner err in giving greater weight to the vocational evaluation of Jan Westmoreland in light of her deposition testimony? (Findings 21, 22, 23; Conclusion 11)
3. Did the Commissioner err by finding the Claimant's "incomplete" results on portions of the FCI indicated lack of effort, when Claimant underwent six (6) authorized surgeries to her knee, the physical therapist found Claimant gave a reliable effort, the incomplete

testing involved activities such as carrying, kneeling, squatting, and stair climbing, and she was restricted from these activities by the authorized surgeon? (Findings 27, 28, 32)

4. Did the commissioner err in finding Claimant's testimony inconsistent with her medical records? (Finding 63)

5. Did the Commissioner err in finding all of Claimant's authorized treating doctors' opinions were questionable because they relied in part on subjective complaints of Claimant? (Finding 64)

6. Did the Commissioner fail to consider all of the evidence, specifically Claimant's IME doctor's opinion, considering the Order contains no reference to the doctor's opinion? (APA 7, pp. 209-215)

7. Did the Commissioner err in failing to find the Claimant was permanently and totally disabled as a result of her admitted left leg, right leg, back, and psyche issues? (Findings 55, 62, 66, 67, 68, 69, 70; Conclusions 4, 5, 6, 7, 11)

8. Did the Commissioner err in finding Claimant reached MMI for her left knee and back on March 4, 2013, based on the Form 14B completed by Dr. Math (APA p. 179), when the same form provides "the claimant is able to return to work with the following restrictions: sedentary work 2.5 hr/day with frequent breaks?" (Findings 63, 64, 65; Conclusion 3)

9. Did the Commissioner err in finding Claimant reached MMI for the left knee on March 4, 2013, when the authorized treating surgeon was awaiting approval from the workers' compensation carrier for another surgery at the time of the hearing? (Finding 65; Conclusion 3)

10. Did the Commissioner err in ordering specific restrictions to Claimant's future medical care in contravention to the holding in *Carter v. Verizon Wireless*? (Finding 71; Conclusion 8)

11. Did the Commissioner err in ruling that future medical treatment, including the proposed surgery to her left knee recommended by the authorized treating surgeon in his note of October 2, 2013, would not affect her being at MMI? (Finding 72; Conclusion 8)
12. Did the Commissioner err in finding Defendants were entitled to a credit for overpayment of TTD from 12/13/13, the date of Claimant's Motion seeking the Commission order the Claimant's Form 50 to be set for a hearing because Defendants failed to comply with the mandatory mediation regulations? (Finding 74; Conclusion 10)
13. Did the Commissioner err in failing to address whether Claimant suffered a loss of earning capacity per 42-9-20? (Findings 21, 22, 23, 26, 55; Conclusions 4, 5, 6, 7)
14. Did the Commissioner err in failing to provide evidentiary support for his Findings of Fact and Conclusions of Law in violation of *Baldwin v. James River*? (Findings 15, 17, 21, 22, 23, 27, 30, 35, 36, 54, 55, 63, 64, 71, 72, 73, 74; Conclusions 7, 10, 11)
15. Did the Commissioner err in finding the Claimant stated she could work within her restrictions in May of 2013, without clarifying Claimant requested her employer provide her work "within her restrictions" and Defendant/Employer declined determining it could not accommodate her restrictions and terminating her from her sedentary job? (Findings 53, 54)

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

APPELLATE PANEL FINDINGS OF FACT

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

1. Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Kimberly Walker as Employee-Claimant and Sunbelt Human Advancement as Employer and State Accident Fund as Carrier, Defendants.
2. The average weekly wage of Employee at the time of the above-described accident was \$849.65, and her compensation rate was \$566.46.
3. Claimant suffered a compensable injury to her left knee within the course and scope of her employment on February 19, 2009, when she turned in her chair and bumped her knee on a desk.
4. Claimant first presented to Doctor's Care on February 21, 2009. The record from that date states: "Three episodes seemingly minor trauma, banged on desk, twisted and crouched for baseball practice. Now complains of left knee pain and swelling." (APA, p. 449)
5. Claimant presented to her family physician, Dr. Faile, for evaluation on February 24, 2009. This narrative states "Left knee pain. No trauma or injury. Bumped it a couple of times but other than that no trauma or injury." Claimant did not mention the "baseball" twisting incident to Dr. Faile. (APA, p. 460)
6. Dr. Faile referred Claimant for an MRI of the left knee which was performed on March 5, 2009. The MRI showed a flap of articular cartilage with some degeneration. Dr. Faile then referred Claimant to an orthopedist.
7. Defendants have provided medical care and treatment for Claimant's left knee, which at the time of the March 12, 2014 hearing, included six surgeries.
8. Claimant has also developed admitted overcompensation injuries to her right knee and low back, which were accepted by Defendants as part of a January 12, 2011, Consent Order.

9. Additionally, Claimant's physical condition has aggravated her preexisting psychological condition, as determined by Commissioner Andrea C. Roche in a prior Order, dated February 14, 2013.

10. Claimant's position at the March 12, 2014 hearing was that she had reached MMI. She further argued she is permanently and totally disabled as a result of the combination of her left knee, right knee, low back and psychological conditions. She also contended she would need a seventh knee surgery as part of her causally-related future medical treatment, per the recommendation of Dr. Piasecki.

11. Defendants' position at the March 12, 2014 hearing was that Claimant must either (1) be at MMI and entitled to a determination of permanency, or (2) not be at MMI and entitled to the additional surgery she seeks. They argued she cannot be both at MMI and entitled to this additional surgery.

12. Given the age and history of this claim, the record is voluminous. A thorough review of the record leads us to certain determinations as to the issues presented by the parties.

13. Claimant is well-educated. She is a high school graduate and holds both an undergraduate degree and a master's degree. Moreover, the Single Commissioner found her to be articulate. We find no reason to disturb that finding as the Single Commissioner was in the best position to judge her testimony.

14. Claimant's master's degree is in the field of human resources.

15. The Single Commissioner found Claimant to be well versed in medical terminology and that she could address any question as to her medical care and treatment. We find no reason to disturb these findings as the Single Commissioner was in the best position to judge her testimony.

16. Claimant testified on several occasions during the March 12, 2014 hearing that she was honest and told the truth. The Single Commissioner found those statements to be self-serving

declarations and gave them no weight. We find no reason to disturb this finding as the Single Commissioner was in the best position to judge her testimony.

17. Throughout her treatment, many of the conclusions drawn by the medical and vocational experts as to Claimant's complaints and abilities are based - at least in part - on the subjective statements of Claimant.

18. It is interesting to note that, in the Pain Patient Profile Report dated October 8, 2013, there is this statement: "The P-3 Validity Index is designed to assess the probability of random responding, poor reading skills, and the excessive use of magnification in describing psychological and physical symptoms. This patient's extreme score (12) on the Validity index is higher than the scores of 95% of the pain patients in the normative sample. Because of this extreme score, the report is invalid." The report further notes: "The clinician should consider investigating the possibility of random responding or poor reading skills. The P-3 is written at approximately an 8th grade reading level. If the patient's response pattern and reading comprehension are acceptable, her Validity index score may suggest response magnification." (APA, pp. 99-102) It is important to remember Claimant holds a master's degree.

19. Dr. C. David Tollison, who is a licensed clinical psychologist, performed an Independent Medical Evaluation on Claimant on June 23, 2011. Dr. Tollison opined, "Based upon my evaluation of the patient, review of medical records, and results of psychological testing, it is my opinion Ms. Walker currently suffers a Class 2 (mild) psychological impairment in activities of daily living, a Class 3 (moderate) psychological impairment in social functioning, a Class 2 impairment in concentration/persistence/pace, and a Class 3 psychological impairment in adaptation to stressful conditions (AMA Guides, 5th Edition)." (APA, pp. 114-118)

20. It is also interesting to note in the medical notes from Dr. David C. Jacobs of the South Carolina Research Group, on a scale of "0" for no impairment, "1" very mild impairment,

"3" moderate impairment, "4" severe impairment, "5" very severe impairment, Dr. Jacobs rarely rates Claimant above a "3" in any category, and in his last note included in the APAs (dated November 18, 2013), in "Interval History Change," he rates Claimant a "2" in four categories, a "1" in only one category, and a "0" in five categories. She received no ratings higher than a "2." In his "Examination," he rates her a "2" in only two of the fifteen categories, a "1" in only one category, and a "0" - no impairment - in twelve of the fifteen categories. The examination section concludes with these words, "Mood down some. No eye contact. Somewhat manipulative." (APA, pp. 129-130)

21. There are two vocational evaluations in this case. One is from Rock Weldon, MA, CVE, and the other is from Jan Westmoreland, M.Ed., CRC. While both are certified professional evaluations, I give much greater weight to Ms. Westmoreland's evaluation. Her evaluation is much more thorough and detailed. Additionally, Ms. Westmoreland was deposed and her deposition is part of the record. That deposition provides more insight into her evaluation and the methodology behind it.

22. While Mr. Weldon concludes that Claimant "should be considered permanently and totally vocationally disabled," Ms. Westmoreland opines that, "...it is my opinion that [Claimant] remains employable." We give much greater weight to the evaluation and opinion of Ms. Westmoreland due to the thoroughness of her evaluation.

23. During her deposition testimony, Ms. Westmoreland testified she stands by her vocational opinion that Claimant remains employable.

24. There is also a Functional Capacity Evaluation in the record performed by Serenity Rehab & Wellness Center, LLC. The evaluator was TrVera L. Williams, MSPT, CSFA, CEAS. This evaluation was conducted at the request of Claimant's counsel. This evaluation and the evaluator's conclusions are especially important in this case given that subsequent medical

opinions offered by two of the authorized treating physicians in this case are based, at least in part, on this evaluation.

25. The use of an FCE as a reliable measure of an individual's functional abilities is dependent on the effort put forth by the individual. In this case, the evaluator reports that she believes that Claimant gave a reliable effort.

26. It was the conclusion of Ms. Williams that Claimant does not even meet the criteria for sedentary work. She classified Claimant as below Sedentary.

27. In reviewing this report and the effort of Claimant, the Single Commissioner found inconsistencies with what the evaluator observed during the FCE and what he witnessed at the hearing. We find no reason to disturb this finding as the Single Commissioner was in the best position to witness Claimant's behavior at the March 12, 2014 hearing. There are also numerous notations in the FCE report which lead us to question the validity of Claimant's effort during the testing.

28. In Table I of Ms. Williams' report, outlining Claimant's testing on carrying, pushing and pulling, Claimant's scoring was "Incomplete" on all seven tests. (APA, p. 223)

29. Ms. Williams reports in Table II of her report, as to sitting, that Claimant's tested ability is "occasional." (APA, p. 223) In her summary, Ms. Williams notes, "Sitting was performed but the evaluatee had to perform intermittent weight shifting during seated tasks." (APA, p. 227)

30. During the two hour and forty-two minute hearing, the Single Commissioner observed that Claimant was engaged and participated in the entire hearing. He found she did not appear to be in a great deal of physical distress. According to the Single Commissioner, she only stood three times during the hearing and for less than one minute each time.

31. In Table III of Ms. Williams' report, testing rapid exchange, reach, overhead reach, and stair climbing, Claimant's testing was noted to be unreliable on all five tests. (APA, p. 224)
32. In Table IV of Ms. Williams' report, testing stooping, kneeling, squatting and climbing stairs, Claimant's scoring was "Incomplete" on all four tests. (APA, p. 224)
33. In Table VI of Ms. Williams' report, testing Claimant's hands on a pegboard, Claimant tested in the 1st percentile in four of five tests, and she tested in the 5th percentile in the other test. The pegboard test measures an individual's hand, finger and arm dexterity. (APA, p. 225) Notably, Claimant's hands were not affected by her work accident.
34. In Table VIII of Ms. Williams' report, comparing rapid exchange force with standard position force, Claimant's rapid exchange force was greater than her standard position force bilaterally. Ms. Williams' report notes: "This table contains information that demonstrates the reliability of effort in the standard grip test. If [rapid exchange grip] strength exceeds standard grip strength it denotes probable unreliable or sub maximal effort in the standard test, which is indicated here..." (APA, p. 225)
35. When questioned, Claimant provided detailed and complete answers to questions that could be perceived to be helpful to her case. However, when the question could have been perceived to not be helpful, her responses were labored and she often said she could not remember.
36. An example of Claimant's opportunistic answers to questions during the hearing pertains to her prior medical treatment.
37. Claimant presented to her family physician on January 14, 2004, where the physician noted Claimant "has got some arthritic tests pending" and she was referred to an orthopedist for questionable arthritis. When asked about this visit at the hearing, Claimant testified she did not remember the visit. (APA, p. 472; Hr'g Tr., p. 33)

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42. Dr. Piasecki's November 21, 2012 report indicates Claimant was having "no back pain." When asked about this report during the hearing, Claimant testified Dr. Piasecki did not ask her whether she was having back pain at that time. (APA, p. 18; Hr'g Tr., p. 54)

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45. Dr. Math's October 8, 2012, record again indicates Claimant answered, "No," to the two questions above regarding her medications. (APA, p. 187)

46. Dr. Math's October 8, 2012, record also indicates Claimant "is able to transfer independently. Her gait is normal." Claimant was shown the October 8, 2012 record from Dr. Math, indicating her gait was normal, and Claimant testified: "I will say this, all these doctors that are saying my gait is normal, I limp wherever I go. There are some days I limp more than others. But she - when I see her, I'm in the room. She leaves. I leave. I don't know if they're watching me when I walk in or out, but my gait has not been normal for a long time." (APA, p. 187; Hr'g Tr., p. 58)

47. Claimant was shown the record from Dr. Sanchez indicating a score of "0" for concentration, meaning there was no impairment, and she testified: "I see that, but he never talked to me about any of that." (APA, p. 139; Hr'g Tr., p. 61)

48. Claimant was shown the record from Dr. Jacobs indicating a "0" for concentration, meaning there was no impairment, and she testified: "I didn't know that. I didn't know that. He didn't ask and I didn't know." (APA, p. 133; Hr'g Tr., p. 63)

49. Claimant was asked about the patient pain profile and validity test referenced above, and she testified: "I took the test. I answered the questions the way I felt at that moment." (APA, pp. 99-102; Hr'g Tr., pp. 63-64)

50. On May 10, 2009, Claimant was involved in an incident at Copper River Grill Restaurant when she apparently slipped on water on the floor and fell down. Claimant initially testified she received no money in settlement from that incident. However, she then testified, "they might have sent a check for \$1,000.00." Claimant testified she may have received a small settlement from Copper River Grill, but she could not recall. (Defs' Exh. E; Hr'g Tr., pp. 39-41)

51. Claimant was involved in a motor vehicle accident on March 18, 2011, when she was rear-ended and injured her neck. Claimant was diagnosed with cervicalgia, chest pain and pain in her right elbow and wrist, and she underwent physical therapy. Although Claimant testified she only wanted medical treatment, on September 13, 2011, Claimant sent a letter to State Farm Insurance demanding \$15,000 to settle her case because she had experienced "tremendous pain and suffering." Claimant received a settlement from State Farm Insurance in the amount of \$7,791. (Defs' Exh. C)

52. Claimant was involved in another motor vehicle accident on August 15, 2013, when she was rear-ended and injured her neck and experienced tingling down her right arm. Claimant received a settlement in the amount of \$7,200 from State Farm Insurance in relation to the accident. (Defs' Exh. B)

53. Claimant filed a claim with the Equal Employment Opportunity Commission (EEOC) in May of 2013, and at that time, she believed she could work within her restrictions. (Defs' Exh. D; Hr'g Tr., pp. 71-72)

54. Despite Claimant's filing a claim with the EEOC in May of 2013, and admitting at the hearing that she believed she could work as of May 2013, Claimant now asserts she is permanently and totally disabled from ever working again. We find much of Claimant's testimony and actions to be self-serving and opportunity-based.

55. When we look at the opinions formed by the evaluators - vocational and functional - their conclusions, in part, rest on the effort and subjective complaints of Claimant. Likewise, the authorized treating physicians in this case base their opinions, at least in part, on the subjective complaints of Claimant.

56. Dr. Dana Piasecki of OrthoCarolina opines on a check-the-box form completed on January 13, 2014, that Claimant is at MMI from her work-related knee injuries, that she will require future medical care and treatment, and that she has suffered a 25% medical impairment to the left knee. He also opines that the FCE conducted on October 25, 2012, "most probably" remains an accurate description of Claimant's physical limitations.

57. Those opinions as to MMI and her impairment rating, which are offered to a reasonable degree of certainty, are consistent with his opinions recorded in the medical note of November 21, 2012.

58. In a medical note from October 2, 2013, Dr. Piasecki opines under "PLAN," "I discussed with Kimberly that based on her overall presentation, I think at this point it would be reasonable to consider either an injection or a second-look arthroscopy given her degree of limitations. She is understanding of this and is not interested in an injection. She would favor a second-look scope, which I think is not unreasonable. We discussed an approach therefore that would involve a diagnostic arthroscopy with evaluation of her chondral surfaces with possible debridement versus chondroplasty depending on the status of the cartilage on arthroscopy. It is conceivable that should she has (sic) persistent symptoms after the scope we could potentially consider her for a revision chondral resurfacing procedure such as an osteochondral allograft. Though, if her cartilage were to appear healthy without substantial softening or ballotability, I would favor leaving things as is." (APA, pp. 11-12)

59. Dr. Jyoti Math, another authorized treating physician, cites the FCE performed on October 25, 2012, in her medical note of May 29, 2013. In reference to the FCE, Dr. Math notes: "spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program." (APA, p. 170, admitted in the record without objection)

60. Dr. Math opined on a Form 14B executed on March 4, 2013, that Claimant had sustained a 25% impairment to her left knee and 1% medical impairment to her lumbar spine. (APA, p. 179)

61. At the request of Defendants, Claimant underwent an IME with Dr. John P. Evans on March 13, 2013. Dr. Evans opined that Claimant has suffered a 0% medical impairment to her right knee and a 0% medical impairment to her back. Dr. Evans further opined that Claimant will require no additional or future medical treatment for her right knee or low back, and she has no permanent work restrictions related to her right knee or low back. (APA, pp. 408-415)

62. Dr. Tollison opines that as a result of her psyche, Claimant has suffered a 10% impairment to the whole person. (APA, p. 86)

63. When we consider the record as whole, reviewing Claimant's responses and comments throughout the record and in her testimony at the hearing, we find her subjective complaints to be inconsistent with the medical evidence and her actions at the hearing as observed by the Single Commissioner. As such, we find that Claimant is not credible.

64. With such a finding, given that many of the medical opinions are dependent on the subjective complaints of Claimant, those conclusions must be viewed in a questionable light as well. That being said, the empirical medical evidence stands on its own.

65. Claimant is at MMI for the left knee and back as of March 4, 2013. (APA, p. 179)

66. Claimant has reached MMI for the right knee and has sustained 0% disability to the

right knee. (APA, pp. 408-415)

67. Claimant is not permanently and totally disabled. (We base this finding on the vocational opinion of Jan Westmoreland, the medical record as a whole, Claimant's education, and the evidence in the record as a whole).

68. Based on the evidence as a whole, Claimant has suffered 40% permanent partial disability to the left knee.

69. Based on the evidence as a whole, Claimant has suffered 2% permanent partial disability to her back.

70. Pursuant to the Order of Commissioner Roche date February 14, 2013, the aggravation of Claimant's psyche is compensable. Disability to her left knee and to the back combined with the psyche does not render her permanently and totally disabled.

71. Claimant is entitled to future medicals for her left knee which would tend to lessen her period of disability, as ordered by the authorized treating physician, Dr. Piasecki. This would include the modalities described under PLAN in his medical note of October 2, 2013. The future medicals would also include oral medications, injections (even though Claimant testified they do not work for her), as well as braces or other orthopedic devices. The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013.

72. The future medicals, outlined above, would not change her MMI status. They are palliative in nature and are designed to maintain her current level of functioning.

73. Claimant is also entitled to a work-hardening program of Defendants' choosing, should an authorized treating physician order it.

74. Defendants are entitled to a credit for overpayment to TTD from December 13, 2013.

75. The following was addressed in an Administrative Order dated May 1, 2014: Claimant's back, psyche and both knees are compensable by prior Orders of the Commission. As such, Claimant is entitled to ongoing medical care and treatment as previously ordered by the Commission. Specifically, Claimant is entitled to medication as prescribed by the authorized treating physicians.

APPELLATE PANEL CONCLUSIONS OF LAW

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

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. Under § 42-1-160, and pursuant to the prior Orders in this claim, Claimant sustained compensable injuries/conditions to her left knee, right knee, low back and psyche, which are causally-related to the February 19, 2009, accident.
3. Under § 42-15-60, Claimant has reached maximum medical improvement in relation to the February 19, 2009, accident.
4. Under § 42-9-30, Claimant has sustained 40% permanent partial disability to her left knee in relation to the February 19, 2009, accident.
5. Under § 42-9-30, Claimant has sustained 2% permanent partial disability to her low back in relation to the February 19, 2009, accident.
6. Under § 42-9-30, Claimant has sustained 0% permanent partial disability to her right knee in relation to the February 19, 2009, accident.
7. Claimant's psychological condition is not disabling.

8. Under § 42-15-60, Claimant is entitled to causally-related future medical treatment for her left knee which would tend to lessen her period of disability, as ordered by the authorized treating physician, Dr. Piasecki. This would include the modalities described under PLAN in Dr. Piasecki's medical note of October 2, 2013. The future medicals would also include oral medications, injections (even though Claimant testified they do not work for her), as well as braces or other orthopedic devices. The future medicals are not to be interpreted to include other invasive procedures beyond those specifically detailed in the medical note of October 2, 2013.

9. Under § 42-15-60, Claimant is entitled to ongoing causally-related medical care and treatment related to her back, psyche and right knee, to include medications prescribed by the authorized treating physicians. (See, Finding of Fact No. 75)

10. Defendants are entitled to a credit for overpayment of TTD paid beyond December 13, 2013.

11. Claimant is not permanently and totally disabled as a result of the February 19, 2009, accident.

APPELLATE PANEL ORDER

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

IT IS HEREBY ORDERED that the July 23, 2014, Decision and Order of the Single Commissioner from which this appeal has been taken is hereby **AFFIRMED IN FULL**.

IT IS HEREBY AFFIRMED that Claimant has reached maximum medical improvement in relation to the February 19, 2009, accident, and Claimant has sustained 40% permanent partial disability to her left knee, 2% permanent partial disability to her low back, and 0% permanent

partial disability to her right knee. Claimant's psychological condition is not disabling.

IT IS FURTHER AFFIRMED that Claimant is entitled to causally-related future medical treatment as indicated herein.

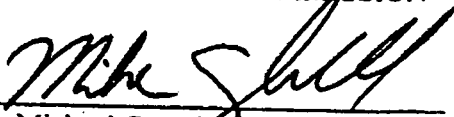
IT IS FURTHER AFFIRMED that Defendants are entitled to a credit for overpayment to TTD paid beyond December 13, 2013.

No hearing costs are assessed in this instance.

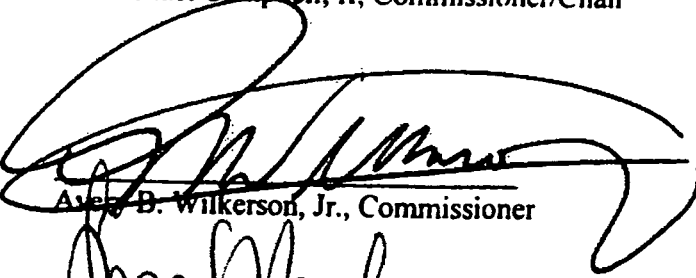
IT IS SO ORDERED/AFFIRMED.

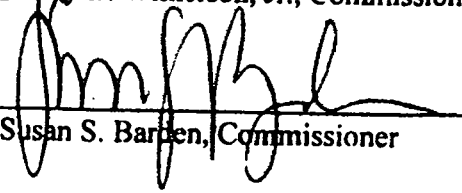
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

FULL AFFIRMATION:


R. Michael Campbell, II, Commissioner/Chair

CONCUR:


Avery B. Wilkerson, Jr., Commissioner


Susan S. Barben, Commissioner

CERTIFICATE OF SERVICE

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

By Kim Falls on March 4, 2015



Claimant's Name: Kimberly Walker SSN: _____ Employer's Name: Sunbelt Human Resources
Address: _____ Address: P.O. Box 10204
City: _____ State: _____ Zip: _____ City: Greenville State: SC Zip: 29603
Home Phone: _____ Work Phone: () _____ Insurance Carrier: State Accident Fund
Preparer's Name: Alton L. Martin, Jr. Law Firm: Martin & Brasington, PA Preparer's Phone #: (864) 271-1822

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

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

Date of Injury or Illness: 02/19/2009

- ☒ Injury ☐ Illness ☐ Repetitive Trauma
- 1a. The claimant sustained an injury to Left knee (Part(s) of Body Injured) on 02/19/2009 (Month/Day/Year) in Greenville county, state of SC.
1b. Body part(s) affected are: Left Knee, Right Knee and Back.
Briefly describe how the accident occurred. Hit knee on corner of desk.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 11/30/09 in the following manner: Advised supervisor.
- ☒ 6. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: Left knee, right knee and back.
☒ (b) additional medical examination and treatment for: Depression and anxiety
- ☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Continuing.
- ☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ (3) Wage Loss ☐ Partial ☐ Partial
- ☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: _____
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$849.65, and demands accounting of days worked and wages earned as provided by law.
10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
Defendant/Employer
- 11a. Further grounds or unusual aspects of claim: _____
- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Sport Spine & Industrial, 719 B SE Main St., Simpsonville, SC 29681; Piedmont Orthopaedics, 1050 Grove Rd, Greenville SC 29605; Dr. Eric Faile, 3909 S. Highway 14, Greenville SC; Dr. Cordas, 501B Memorial Drive Ext. Greer, SC 29651
- 11c. To the best of your knowledge, did you have any prior permanent disability?
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- 13a. I am filing a claim. I am not requesting a hearing at this time.
13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: 1 hour

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

Preparer's Signature

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

ICC Form # 50

Revised 9/07

Attorney for Claimant
Title

al@martinbrasington.com
Email

09/17/10
Date

50

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



WCC File #: **0901375**
Carrier File #: **2009-703**
Carrier Code #: **500 SF**
Employer FEIN #: **570000U12**

Claimant's Name: Kimberly Walker SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Date of Injury: 02/19/2009
Employer's Name: Sunbelt Human Advancement
Address: P.O. Box 10204
City: Greenville State: SC Zip: 29603
Insurance Carrier: State Accident Fund
Preparer's Name: Ellen Goodwin, Esquire Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5891

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Admitted injury to the low back and left knee only; however, extent of injury and body parts affected are denied. Injuries to the right knee, depression and anxiety are denied.
2. It is **Admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is **Admitted** the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is **Admitted** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is **Admitted** notice of injury was given the employer. The reasons for denial are:
6. It is **Denied** the employee **Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Claimant is receiving all appropriate and necessary medical treatment.
7. It is **Denied** the employee is entitled to temporary total disability for the period(s) of :
All periods of compensable lost time have been paid.
8. It is **Denied** the employee is permanently disabled. The reasons for denial are:
Disability, if any, to be determined by the SCWCC.
9. It is **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ 849.65 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
12. Estimated time needed for hearing: 30 minutes

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name & Address: Judicial Department, SCWCC, P.O. Box 1715, Columbia, SC 29202-1715 and
ton L. Martin, Jr., Esquire, P.O. Box 8220, Greenville, SC 29604

on the 30 day of September, 2010 by ☒ first class mail ☐ personal service ☐ certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: Ellen Goodwin

Assistant Chief Counsel
Title

egoodwin@saf.sc.gov
Email

9-30-2010
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

VCC Form # 51
Revised 9/07

51

Employer's Answer to Request for Hearing

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



WCC File #: 0901375
Carrier File #: 2009-703
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Kimberly Walker SSN: _____ Employer's Name: Sunbelt Human Advancement
Address: _____ Address: P.O. Box 10204
City: _____ State: _____ Zip: _____ City: Greenville State: SC Zip: 29603
Home Phone: () - Work Phone: () - Insurance Carrier: State Accident Fund
Preparer's Name: Ellen Goodwin, Esquire Law Firm: _____ Preparer's Phone #: (803) 896-5891

The date of injury reported on Form 12A is: 02/19/2009 (m/d/yyyy)

Check appropriate section(s). The employer's representative requests a hearing to:

- ☒ I. **Stop payment of compensation.** Compensation payments are current as of _____ (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant. A Form 17 was offered and refused on _____ (m/d/yyyy).

The basis of the stop payment hearing is (check one):

- ☐ (a) The authorized health care provider states the claimant has reached maximum medical improvement.
☐ (b) The authorized health care provider states the claimant is able to return to the same or other suitable job and has assigned an improvement rating, if any, and the same or suitable job has been offered to the claimant.
☐ (c) The authorized health care provider states the claimant is unable to return to the same or other suitable job and has assigned an impairment rating, if any.

- ☒ II. **Terminate temporary compensation suspended per R.67-505.** Date Suspended: 09/13/2010 (m/d/yyyy)

The basis for suspension of benefits is (check one):

- ☐ (a) The claimant refuses medical treatment.
☒ (b) The employer states the claimant is working, has worked for at least fifteen calendar days, and the claimant refuses to sign Form 17.
Requesting: ☐ Informal Conference ☒ Hearing

- ☐ III. **Pay compensation** in the amount of \$To be determined, based on the following grounds:

- ☒ IV. **Request Credit for overpayment of temporary compensation.**

- ☐ V. **Reduce Payment of compensation** from \$_____ to \$_____, based on the following grounds:

Compensation payments are current as of _____ (m/d/yyyy) and shall continue until otherwise ordered or until a Form 17 is signed by the claimant.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to S. C. Workers' Compensation Commission, Judicial Department, P.O. Box 1715, Columbia, SC 29202-1715 and Alton Martin, Esquire, P.O. Box 8220, Greenville, SC 29604 on the 23 day of November, 2010, by ☒ first class postage ☐ certified mail ☐ personal service.

Ellen Goodwin
Preparer's Signature

Assistant Chief Counsel

Title

Date

11-23-2010

State Accident Fund, P.O. Box 102100, Columbia, SC 29221-5000
Address

The claimant may respond by writing the preparer at the address above and filing a copy of the response with the Commission's Judicial Department at the address at the top of the form. Refer to R.67-208, R.67-211, R.67-505, R.67-506, and R.67-601 - R.67-616. Questions about the use of this form should be directed to the Judicial Department at 803-737-5675.

WCC Form # 21
Revised 03/97

21

Employer's Request for Hearing

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
Kimberly Walker,	)	COMMISSION
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0901375
	)	
Sunbelt Human Advancement,	)	
	)	
Employer,	)	
	)	
and	)	
	)	
State Accident Fund,	)	
	)	
Carrier,	)	MOTION FOR SANCTIONS
<u>Defendants.</u>	)	

PURSUANT TO §42-3-175, COMES NOW, Claimant, by and through her undersigned counsel, and moves for the imposition of sanctions against the Defendants in the above-referenced claim. The Claimant's Motion is based on the following:

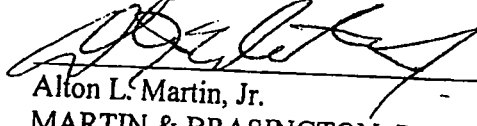
1. In accordance with S.C. Code Annotated §42-3-175.
 (A)(1) If Claimant brings an action before the Commission to enforce an order authorizing medical treatment or payment of benefits and the Commission determines that an insurer, a self-insured employer, a self-insured fund, or an adjuster, without good cause, failed to authorize medical treatment and/or pay benefits when ordered to do so by the Commission, the insurer, the self-insured employer, the self-insured fund, or the adjuster, must pay the Claimant's attorneys' fees and costs of enforcing the order. The Commission may impose sanctions for willful disobedience of an order, including, but not limited to, a fine up to \$500.00 for each day of the violation.
2. An Order was issued on January 13, 2011, providing in part that Defendants would authorize Claimant's causally-related medical treatment for her right knee with Dr. Cordas.
3. Dr. Cordas referred Claimant to OrthoCarolina in Charlotte, North Carolina for cartilage restoration related to her right knee. Defendants Nurse CaseManager scheduled an appointment for Claimant with Orthocarolina. However, when OrthoCarolina requested

prepayment the Defendants' adjuster refused to authorize the treatment and the appointment was cancelled.

4. Defendants' adjuster did not dispute the recommended treatment was causally-related to Claimant's work-related right knee problems, but denied authorization on the basis that Defendant-carrier has a policy against pre-payments.
5. Claimant's attorney has contacted Defendants several times about the adjuster's refusal to authorize the treatment being recommended by Dr. Cordas, the surgeon authorized in the Consent Order.
6. Despite Claimant's attorneys repeated inquiries, the medical treatment has not been authorized and Defendants do not appear to have contacted any alternative medical providers about providing Claimant with the recommended treatment.
7. "Good cause" does not exist for the Defendants' repeated and continued failure to authorize medical treatment ordered by the Commission.
8. The Defendants' actions represent "willful disobedience" to the Commission's Order as they have been given repeated opportunities to correct these failures and have chosen to continue refusing authorization of medical treatment.

Based on the foregoing, Claimant seeks his attorney's fees and costs related to enforcing the Order of January 13, 2011. Claimant also seeks the Commission to impose sanctions for "willful disobedience" of an Order, by imposition of a fine of up to \$500.00 for each day of the violation, as determined by the Commission. (S.C. Code Ann. § 42-3-175(A)(1). Claimant seeks issuance of notification by the Commission to the Department of Insurance of the insurer's failure to authorize and pay for medical treatment in accordance with §42-3-175(A)(2). Additionally, the Claimant seeks the Commission to notify the Department of Insurance that the insurer's behavior in this matter, represents "a pattern of failing to pay benefits pursuant to an award" in accordance with §42-3-175(B).

Respectfully submitted



Alton L. Martin, Jr.

MARTIN & BRASINGTON, P.A.

Post Office Box 8220

Greenville, SC 29604

(864) 271-1822 telephone

(864) 271-1814

Attorney for Claimant

June 7, 2011

Al Martin

From: Al Martin
Sent: Thursday, May 26, 2011 3:05 PM
To: 'Brenn Watson'
Subject: RE: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

Thanks Brenn

-----Original Message-----

From: Brenn Watson [mailto:lbwatson@wjlaw.net]
Sent: Thursday, May 26, 2011 12:08 PM
To: Al Martin
Subject: Re: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

Al, I'll check with adj. They previously told me to close my file but we'll let u know what they say.

Sent from my iPhone

On May 26, 2011, at 9:45 AM, "Al Martin" <al@martinbrasington.com> wrote:

Hi Brenn:
Were you able to find anything out from the adjuster about approving the referral to OrthoCarolina? Ms. Walker is becoming very upset. She is already seeking counselling for her depression brought on by pain, so any additional stressors really set her off. If the adjuster is not able to get the appointment scheduled by June 6th I will need to file a Motion. I appreciate your help.
Thanks,
Al Martin

MARTIN & BRASINGTON, PA
1415 Augusta Street (29605)
Post Office Box 8220
Greenville, South Carolina 29604
(864) 271-1822
Fax (864) 271-1814
al@martinbrasington.com

Visit our website at www.martinbrasington.com

<Firm Logo.jpg>

CONFIDENTIAL & PRIVILEGED:

Unless otherwise indicated or obvious from the nature of the above communication, the information contained herein may be an attorney-client privileged and confidential information/work product. The communication is intended for the use of the individual or entity named above. If the reader of this transmission is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

6/7/2011

Al Martin

From: Al Martin

Sent: Monday, May 16, 2011 10:17 AM

To: 'lbwatson@wjlaw.net'

Subject: FW: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

Hi Brenn:

I hope you are doing well. Ms. Walker has been referred by Dr. Cordas to OrthoCarolina for evaluation and possible surgery to her knee. Dr. Cordas is authorized per our Consent Order. The NCM was able to get the appointment scheduled, but apparently the SAF adjuster is refusing to authorize it because there is some type of pre-pay involved. (See email chain below). My understanding is that OrthoCarolina is the only practice around that has the type of specialist needed. They are a very large practice in Charlotte that does alot of authorized Workers Comp for carriers. Ms. Walker is calling my office literally crying about the problems she is having getting additional treatment approved. Please check with the adjuster and let me know if we can get this approved.

Thanks,
Al Martin

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MARTIN Attorneys - At - Law
& **BRASINGTON, PA**

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From: Sharon Blanding [mailto:Sharon.Blanding@orthocarolina.com]
Sent: Friday, May 13, 2011 9:12 AM

6/7/2011

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Al Martin

From: Brenna Jennings
Sent: Friday, May 13, 2011 9:27 AM
To: Al Martin
Subject: FW: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

Al,

Just FYI. Below are emails regarding Ms. Walker's appointment with OrthoCarolina (she was referred there by Dr. Cordas). Apparently, OrthoCarolina requires pre-pay and the State Accident Fund does not do pre-pays. It looks like they've requested the name of another Dr. from Dr. Cordas, but I believe they've already done this before and Dr. Cordas has indicated that OrthoCarolina is the only place with the type of specialist that Mrs. Walker needs. Ms. Walker is not going to be happy about this.

Sincerely,

Brenna Jennings
Legal Assistant
MARTIN & BRASINGTON, P.A.
1415 Augusta St.(29605)
P.O. Box 8220
Greenville, SC 29604
(864) 271-1822 - Telephone
(864) 271-1814- Facsimile

From: Sharon Blanding [mailto:Sharon.Blanding@orthocarolina.com]
Sent: Friday, May 13, 2011 9:12 AM
To: Averette, Kathrene; rpeppers@saf.sc.gov; challman@sharesc.org; jfletcher@sharesc.org; Brenna Jennings
Subject: RE: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

Hey Kathrene,

Thank you for your response. Should you have any questions, please feel free to contact me.

Thanks

Sharon Blanding
OrthoCarolina
4601 Park Rd. Ste 300
Charlotte, NC 28209
Workers Compensation
Special Exams Coordinator A-Z
704-323-2217
Fax 704-945-7684
sharon.blanding@orthocarolina.com

CONFIDENTIALITY NOTICE:

6/7/2011

Al Martin

From: Brenna Jennings
Sent: Thursday, May 12, 2011 8:37 AM
To: Al Martin
Subject: Kim Walker

Al,

Ms. Walker called and said that she is going to pursue getting a counselor for pain management through her own insurance. They are looking at two weeks on the for an appointment with OrthoCarolina. She doesn't know if her insurance will pick it up, but says she can no longer stand the pain.

Sincerely,

Brenna Jennings
Legal Assistant
MARTIN & BRASINGTON, P.A.
1415 Augusta St.(29605)
P.O. Box 8220
Greenville, SC 29604
(864) 271-1822 - Telephone
(864) 271-1814- Facsimile

6/7/2011

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P90

To: Averette, Kathrene; rpeppers@saf.sc.gov; challman@shareesc.org; jfletcher@shareesc.org; Brenna Jennings
Subject: RE: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

Hey Kathrene,

Thank you for your response. Should you have any questions, please feel free to contact me.

Thanks

Sharon Blanding

OrthoCarolina

4601 Park Rd. Ste 300

Charlotte, NC 28209

Workers Compensation

Special Exams Coordinator A-Z

704-323-2217

Fax 704-945-7684

sharon.blanding@orthocarolina.com

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From: Averette, Kathrene [mailto:kaverette@compendiumusa.net]

Sent: Thursday, May 12, 2011 4:08 PM

To: rpeppers@saf.sc.gov; challman@shareesc.org; jfletcher@shareesc.org; Sharon Blanding; brenna@martinbrasington.com

Subject: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

250578285

Sharon,

Per the adjuster the State Accident does not pre-pay. I apologize for any inconvenience and thank you for your time and effort in getting the IW scheduled.

Called Dr. Cordas #864-855-1633, transferred to the nurse vm - informed that OrthoCarolina requires pre-pay and the SAF will not prepay. Asked if there are any other recommendations.

Brenna Jennings - paralegal copied on the email

6/7/2011

Kathrene Averette RN
Nurse Case Manager
Compendium Services, Inc
Phone # 877-709-2667
Fax # 678-985-4874
kaverette@compendiumusa.net

From: Robert Peppers [<mailto:rpeppers@saf.sc.gov>]
Sent: Wednesday, May 11, 2011 10:48 AM
To: Averette, Kathrene
Subject: RE: RE: Kimberly Walker

Yeah I saw that, we can't do that.

From: Averette, Kathrene [<mailto:kaverette@compendiumusa.net>]
Sent: Wednesday, May 11, 2011 10:52 AM
To: Robert Peppers; brenna@martinbrasington.com
Subject: FW: RE: Kimberly Walker

OrthoCarolina requires pre-pay see attachments

Kathrene Averette RN
Nurse Case Manager
Compendium Services, Inc
Phone # 877-709-2667
Fax # 678-985-4874
kaverette@compendiumusa.net

From: Sharon Blanding [<mailto:Sharon.Blanding@orthocarolina.com>]
Sent: Wednesday, May 11, 2011 10:15 AM
To: Averette, Kathrene; rpeppers@saf.sc.gov
Subject: RE: RE: Kimberly Walker

Please see the attached prepay invoice.

Once Dr. Piasecki or Flesichli have considered the request and the prepayment has been received and posted to the chart, an appointment will be scheduled.
Should you have any questions, please feel free to contact me.

Thanks

Sharon Blanding
OrthoCarolina
4601 Park Rd. Ste 300
Charlotte, NC 28209
Workers Compensation
Special Exams Coordinator A-Z

6/7/2011

Al Martin

From: Brenna Jennings
Sent: Tuesday, May 10, 2011 10:35 AM
To: Al Martin
Subject: Kim Walker

Al,

Ms. Walker called this morning and she was very upset and tearful. She is in a lot of pain and is unable to put much, if any, pressure on her knee. She's had to call out of work and is worried about losing her job. The referral to OrthoCarolina has been approved and the issue seems to be getting Dr. Cordas to sign some additional paperwork sent to him by OrthoCarolina. OrthoCarolina needs to get this paperwork (not sure what exactly the paperwork is) before an appointment can be scheduled. I was going to call Dr. Cordas' office to check on status of the paperwork, but wanted to check with you first. Ms. Walker wanted to know if there was anything you could do about getting Dr. Cordas to send this paperwork off. Please advise. Thanks!

Sincerely,

Brenna Jennings
Legal Assistant
MARTIN & BRASINGTON, P.A.
1415 Augusta St.(29605)
P.O. Box 8220
Greenville, SC 29604
(864) 271-1822 - Telephone
(864) 271-1814- Facsimile

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704-323-2217

Fax 704-945-7684

sharon.blanding@orthocarolina.com

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From: Sharon Blanding
Sent: Wednesday, May 11, 2011 7:46 AM
To: 'kaverette@compendiumusa.net'; rpeppers@saf.sc.gov
Subject: FW: RE: Kimberly Walker
Importance: High

Hello Kathrene,

I had sent you this email below advising that medical records had been received, also asking if you would please complete the checklist attached so that medical records would be sent to Dr. Piasecki/ Fleischli.

Please complete the checklist and fax to the number below. Please do not have patient contact me, once the Physician has considered the request and the prepayment has been received and posted to the chart, I will contact you to schedule an appointment. Should you have any questions, please feel free to contact me.

Thanks

Sharon Blanding

OrthoCarolina

4601 Park Rd. Ste 300

Charlotte, NC 28209

Workers Compensation

Special Exams Coordinator A-Z

704-323-2217

Fax 704-945-7684

sharon.blanding@orthocarolina.com

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From: Sharon Blanding
Sent: Monday, May 02, 2011 11:15 AM
To: 'kaverette@compendiumusa.net'
Subject: RE: Kimberly Walker

Medical records have been received asking for this patient to be seen by either Dr. Piasecki or Fleischli.

Please complete the checklist and also please include a mandatory cover letter outlining the purpose for the exam and any specific questions for the Physician to address. Once the Physician has considered the request and the prepayment has been received and posted to the chart, an appointment will be scheduled. Please fax cover letter, checklist to the number below.

Should you have any questions, please feel free to contact me.

Thanks

Sharon Blanding
OrthoCarolina
4601 Park Rd. Ste 300
Charlotte, NC 28209
Workers Compensation
Special Exams Coordinator A-Z
704-323-2217
Fax 704-945-7684
sharon.blanding@orthocarolina.com

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Al Martin

From: Brenna Jennings
Sent: Monday, April 25, 2011 1:03 PM
To: Al Martin
Subject: Kim Walker

Al,

Just so you know, I spoke with Kathy Averette regarding Ms. Walker's referral. She indicated that while she was referred to two NC doctors, the adjuster asked Ms. Averette to locate a SC doctor. She said she's looking into a doctor and has left several messages with Dr. Cordas' office about getting a new referral.

Sincerely,

Brenna Jennings
Legal Assistant
MARTIN & BRASINGTON, P.A.
1415 Augusta St.(29605)
P.O. Box 8220
Greenville, SC 29604
(864) 271-1822 - Telephone
(864) 271-1814- Facsimile

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Al Martin

From: Brenna Jennings
Sent: Tuesday, April 19, 2011 9:37 AM
To: Al Martin
Cc: Kelly Watson
Subject: Kim Walker

Al,

Kim Walker called and wanted to know if we could call and talk to the NCM (Kathy Avrett- sp?) about what is going on with the referral to a specialist. She said the NCM told her that she should have an answer today about approval. Per Ms. Walker (I think she called the NCM), she indicated that she was referred to specialist in NC, but the claims adjuster, while not denying referral to NC, asked about a specialist in SC instead. Ms. Walker said her pain is getting worse and just wants to find out some information. Ms. Walker said if we could speak to or leave a message for Ms. Avrett later this afternoon, she would greatly appreciate it.

Sincerely,

Brenna Jennings
Legal Assistant
MARTIN & BRASINGTON, P.A.
1415 Augusta St.(29605)
P.O. Box 8220
Greenville, SC 29604
(864) 271-1822 - Telephone
(864) 271-1814- Facsimile

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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 0901375

Kimberly Walker,	)	
Employee,	)	
Claimant,	)	
	)	
vs.	)	
	)	
Sunbelt Human Advancement,	)	RESPONSE TO CLAIMANT'S MOTION
	)	FOR SANCTIONS
Employer,	)	
and	)	
	)	
State Accident Fund ,	)	
	)	
Carrier,	)	
Defendants.	)	

In response to the Claimant's Motion for Sanctions, the Defendants would argue as follows:

I. STATEMENT OF THE CASE

On January 12, 2011, the parties entered into a Consent Order signed by Commissioner Roche agreeing, in pertinent part, to "authorize causally related medical treatment for the right knee with Dr. Cordas." Thereafter, Dr. Cordas referred Claimant to OrthoCarolina for an evaluation of her right knee. Defendants authorized that evaluation and, based on information and belief, attempted to schedule the same. However, the clinician/s at OrthoCarolina required prepayment for the evaluation. Essentially, payment was required before services were rendered.

Defendants have been, and are continuing to, schedule Claimant with another physician capable of providing the evaluation and/or treatment Dr. Cordas recommends.

II. RESPONSE TO CLAIMANT'S ASSERTIONS

The carrier in this case, State Accident Fund, operates pursuant to South Carolina Code Ann. Section 42-7-10 as a "separate agency of state government." It is permitted, according to Section 42-5-

90(2) to expend money for "any other expenses authorized by law or approved by the Budget and Control Board."

South Carolina Code Section 11-3-185 states the following in pertinent part:

Upon approval and designation by the State Budget and Control Board, state institutions may requisition funds in favor of their own treasurer, itemized only to the extent of the purpose of the appropriation as expressed in the Act or joint resolution appropriating the funds, and may deposit these funds in the name of the institution in the bank or banking institutions designated by the State Treasurer, and disburse these funds by check in order to meet the purposes of the appropriation. Strict account must be kept of all these expenditures according to standard budget classifications. Money may be drawn only when actually owing and due. (emphasis added and quotation is in relevant part only)

The State Accident Fund was created by, and is bound to operate pursuant to, legislative authority. That legislative authority is comprised in the foregoing statute making it illegal to draw funds except when those funds are "owing and due." It is an elementary and common sense principal that money is not "owing" nor is it "due" until services have been rendered. Otherwise, payment would be premature and in anticipation of services. *NOT*

South Carolina Code Section 11-3-185 requires and demands strict accounting of expenditures. The reason for this requirement is simple but worth stating – the funds controlled by State government must be allocated, expended, *Not in statute* and accounted for by the strictest ethical and moral standards. The funds controlled by the State Accident Fund are no exception.

The State Accident Fund's requirement and practice of refusing to prepay for services is not new. The requirement and practice did not originate with this claim nor will it end with this claim. The State Accident Fund is bound by law to require service first; then and only then, will money "actually [be] owing and due." Any decision contrary to this requirement and practice will force the State Accident Fund to operate illegally.

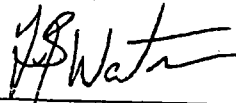
Finally, it should be noted that the State Accident Fund, through Compendium, has been attempting to schedule Claimant with an appropriate physician for evaluation. Those efforts remain ongoing.

III. CONCLUSION

Based on the foregoing, Claimant's Motion for Sanctions should be denied. Defendants request a hearing on Claimant's Motion.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.



L. Brenn Watson, Esquire
872 S. Pleasantburg Drive
Greenville, SC 29607
Attorneys for Defendants

Date: June 17, 2011

SECTION 11-3-185. Warrant requisitions for expenditure of money appropriated by General Assembly; requisition of funds in favor of state institution treasurer.

The expenditure of money appropriated by the General Assembly is by warrant requisitions directed to the Comptroller General. Upon receipt of the requisition, accompanied by invoices or other satisfactory evidence of the propriety of the payment, and itemized according to standard budget classifications, the Comptroller General shall issue a warrant on the State Treasurer to the payee designated in the requisition. Requisitions for warrants may not be processed for amounts less than one dollar. Upon approval and designation by the State Budget and Control Board, state institutions may requisition funds in favor of their own treasurer, itemized only to the extent of the purpose of the appropriation as expressed in the act or joint resolution appropriating the funds, and may deposit these funds in the name of the institution in the bank or banking institutions designated by the State Treasurer, and disburse these funds by check in order to meet the purposes of the appropriation. Strict account must be kept of all these expenditures according to standard budget classifications. Money may be drawn only when actually owing and due. The Comptroller General shall establish rules and regulations for the uniform reimbursement, remittance, and transfers of funds to the general fund of the State as required by law.

Brenn Watson

From: Brenn Watson
Sent: Friday, June 17, 2011 10:00 AM
To: Brenn Watson
Subject: FW: WCC0901375 Kimberly Walker vs. Sunbelt Human Advancement 2009-703: Disbursement Regulations for Kimberly Walker Case

From: Averette, Kathrene [mailto:kaverette@compendiumusa.net]
Sent: Wednesday, June 08, 2011 8:56 AM
To: Allen, Torrie; Robert Peppers
Subject: RE: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

Torrie,

I just emailed the most recent notes. The chart is too big to fax all. Thanks

Kathrene Averette RN

From: Allen, Torrie [mailto:tallen@upstateoa.com]
Sent: Tuesday, June 07, 2011 2:34 PM
To: Averette, Kathrene
Subject: RE: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

Can you send me records either fax or email which ever is most convenient for you?

From: Averette, Kathrene [mailto:kaverette@compendiumusa.net]
Sent: Tuesday, June 07, 2011 1:50 PM
To: tfowler@upstateoa.com.
Subject: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

Hi Torrie,

Ms. Walker is currently treating with Dr. Daniel Cordas @ Oak Tree Medical Center for a left knee injury. She's had extensive treatment to the knee including 3 surgeries. Need to know do you have a doctor that specialize in cartilage restoration.

From: Averette, Kathrene [mailto:kaverette@compendiumusa.net]
Sent: Tuesday, June 07, 2011 1:56 PM
To: Robert Peppers; challman@sharesc.org; jfletcher@sharesc.org; brenna@martinbrasington.com
Subject: RE: Kimberly Walker DOI 02/19/09 - Sunbelt Human Advancement Resources

Unable to find a doctor who specialize in cartilage restoration and accept wc in Greenville. Will try in another city. Called Ortho Assoc 1330 Boiling Springs Rd Spartanburg 864-582-6396 and left Torrie Fowler wc coordinator a vm asking if to see if they have a doctor on staff who spec in cartilage restoration. Also emailed her @ tfowler@upstateoa.com.

6/17/2011

From: Averette, Kathrene [mailto:kaverette@compendiumusa.net]
Sent: Friday, May 27, 2011 2:32 PM
To: Robert Peppers
Subject: RE: Kimberly Walker - DOI 2/19/09

No, back in March she was going to Carr Physical Therapy in Greenville #864 232 4908, I don't have her going any where now. We are at a stand still with her care.

Second call to Dr. Cordas office #864-855-1633 to, informed OrthoCarolina requires pre-payment & the SAF will not prepay. Need to know if Dr. Cordas has any other recommendations. Had to leave a vm.

From: Averette, Kathrene [mailto:kaverette@compendiumusa.net]
Sent: Tuesday, April 26, 2011 3:21 PM
To: Robert Peppers
Cc: challman@sharesc.org'; jfletcher@sharesc.org
Subject: RE: Fax Kimberly Walker Sunbelt Human Advancement Resources DOI 02/19/09

s/w Camilla @ Dr. Cordas's office informed the referral to Ortho Carolina in Charlotte auth. Found Ortho Carolina 1025 Morehead Medical Dr. , Suite 300 Charlotte , NC 28204 (P)704-323-2667 (F) 323 2007 on the provider's list.

Called and informed Dr. Cordas referred the IW to Dr. Fleischli or Dr. Piasecki for evaluation. Faxing notes.

From: Averette, Kathrene [mailto:kaverette@compendiumusa.net]
Sent: Monday, April 25, 2011 11:13 AM
To: Robert Peppers
Subject: Fax Kimberly Walker Sunbelt Human Advancement Resources DOI 02/19/09

Received call back from Sherry at Steadman Hawkins states Dr Cordas referred the IW to Dr Burnikel for a surgical eval of it knee, he saw her on 1/20/11. Recommendations were made will fax note. Called University Medical Group, Dept of Ortho #864-797-7060, they do not have a doctor who specialize in cartilage restoration, told to try Steadman Hawkins. Called Dr. Cordas #864-855-1633 office again, he's in surgery on Mondays and will be in tomorrow. Transferred to vm another message left.

4/20 Received vm from Brenda with the atty's office calling to find out status of referral ordered by Dr Cordas. CB # 864 271 1822. S/w Brenda and informed in the process of trying to find a doctor in state vs out of state.

From: Brenn Watson [mailto:lbwatson@wjlaw.net]
Sent: Thursday, June 16, 2011 4:29 PM
To: Robert Peppers
Subject:

6/17/2011



Claimant's Name: Kimberly Walker SSN: _____ Employer's Name: Sunbelt Human Resources
Address: _____ Address: P.O. Box 10204
City: _____ State: _____ Zip: _____ City: Greenville State: SC Zip: 29603
Home Phone: _____ Work Phone: () _____ Insurance Carrier: State Accident Fund
Preparer's Name: Alton L. Martin, Jr. Law Firm: Martin & Martin, PA Preparer's Phone #: (864) 271-1822

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

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

Date of Injury or Illness: 02/19/2009

☒ Injury ☐ Illness ☐ Repetitive Trauma

- 1a. The claimant sustained an injury to Left knee (Part(s) of Body Injured) on 02/19/2009 (Month/Day/Year) in Greenville county, state of SC.
- 1b. Body part(s) affected are: Left Knee, Right Knee, Back, Psyche
Briefly describe how the accident occurred. Hit knee on corner of desk.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 11/30/09 in the following manner: Advised supervisor.
- ☒ 6. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: Left knee, right knee and back.
☒ (b) additional medical examination and treatment for: Depression and anxiety
- ☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Continuing.
- ☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ (3) Wage Loss ☐ Partial ☐ Partial
- ☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: _____
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$849.65, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
Defendant/Employer
- 11a. Further grounds or unusual aspects of claim: _____
- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Sport Spine & Industrial, 719 B SE Main St., Simpsonville, SC 29681; Piedmont Orthopaedics, 1050 Grove Rd, Greenville SC 29605; : Dr. Eric Faile, 3909 S. Highway 14, Greenville SC; Dr. Cordas, 501B Memorial Drive Ext. Greer, SC 29651; Carolina Center for Advanced Management of Pain, 220 Roper Mountain Rd. Ext., Greenville, SC 29615; Upstate Medical Rehabilitation, 110 Doctors Dr., Greenville, SC 29605; OrthoCarolina, 1915 Randolph Rd., Charlotte, NC 28207
- 11c. To the best of your knowledge, did you have any prior permanent disability?
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: 1 hour

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

Preparer's Signature

Attorney for Claimant
Title

al@martinslawfirm.com
Email

8/9/12
Date

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

WCC Form # 50
Revised 9/07

50

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

South Carolina Workers' Compensation Commission

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

WCC File # 0901375

Carrier File # 2009-703

Carrier Code #

Employer FEIN

Kimberly Walker

Claimant's Name

SSN

Sunbelt Human Advancement

Employer's Name

PO Box 10204, Greenville, SC 29603

Address

City

State

Zip

Home Phone

City

State

Zip

Home Phone

Work Phone

L. Brenn Watson

Preparer's Name

(864) 527-3292

Phone #

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part.
The employer-insurance carrier in answer to the claim, respectfully shows:

1. It is (admitted) (denied) that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Defendants admit the claimant sustained injuries to her left knee, right knee, and back only on or about February 19, 2009.
2. It is (admitted) (denied) that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: But see No. 1.
3. It is (admitted) (denied) that the relationship of employer and employee existed at the time in question. The reasons for denial are: But see No. 1.
4. It is (admitted) (denied) that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: But see No. 1.
5. It is (admitted) (denied) that notice of injury was given the employer. The reasons for denial are: But see No. 1.
6. It is (admitted) (denied) that the employee needs or is entitled to additional medical care as a result of injury. The reasons for denial are: Pending investigation.
7. It is (admitted) (denied) that the employee is entitled to temporary total disability for the period(s) of: _____
8. It is (admitted) (denied) that the employee is permanently disabled. The reasons for denial are: Pending investigation.
9. It is (admitted) (denied) that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ 849.65 applies, according to attached accounting of employee's earnings as provided by law.
11. Further contentions or grounds of defense are: Defendants reserve the right to amend and to assert defenses as they become aware of them.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Alton L. Martin, Jr., Esquire,
Name

1415 Augusta St., P.O. Box 8220, Greenville, SC 29604 and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202
Address

on the 7th day of September, 2012, by ☒ first class mail ☐ personal service; ☐ certified mail.

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

Preparer's Signature, Attorney for Defendants

L. Brenn Watson

Willson Jones Carter & Baxley, P.A.

872 S. Pleasantburg Drive

Greenville, SC 29607

Cheri E. Coon, Certifier

September 7, 2012

Date

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



WCC File #: 0901375
Carrier File #: 2009-000703
Carrier Code #: 500-SF
Employer FEIN #: 576028253

Claimant's Name: Kimberly Walker SSN: _____ Employer's Name: Sunbelt Human Resources
Address: _____ Address: PO Box 10204
City: _____ State: _____ Zip: _____ City: Greenville State: SC Zip: 29603
Home Phone: _____ Work Phone: _____ Insurance Carrier: State Accident Fund
Preparer's Name: Alton L. Martin, Jr. Law Firm: Martin & Martin, PA Preparer's Phone #: (864) 271-1822

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

Date of Injury or Illness: 2/19/2009

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

1. The claimant sustained an injury to Left knee (Part(s) of Body Injured) on 2/19/2009 (Month/Day/Year) in Greenville county, state of SC. Body part(s) affected are: Left knee/leg, right knee/leg, back, psyche

2. Briefly describe how the accident occurred. Hit knee on corner of desk

3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

4. The relationship of employer and employee existed at the time of injury.

5. At the time of the injury the claimant was performing services arising out of and in the course of employment.

6. Notice of the accidental injury was given to the Employer on 2/19/2009 (Month/Day/Year) in the following manner:
Advised supervisor

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

☐ (a) medical examination and treatment for: _____

☒ (b) additional medical examination and treatment for: MRI and evaluation of left knee, psychological counseling

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Continuing

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

☒ (1) General Disability: ☒ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

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

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of \$ 849.65, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:

11. Further grounds or unusual aspects of claim:
The Carrier has repeatedly agreed to authorize treatment, but fails to do so.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
See Attached

11b. To the best of your knowledge, did you have any prior permanent disability?
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time. 14. Estimated time needed for hearing: 45 minutes

☒ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

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

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

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

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to L. Brenn Watson, Willson, Jones, Carter & Baxley
address 872 S Pleasantburg Dr Greenville, SC on the 20th day of August 20 13, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature: [Signature] Attorney for Claimant: al@martinslawfirm.com Date: 8/20/13
Title: _____ Email: _____

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

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

Attachment to Form 50

RE: Kimberly Walker
WCC File #: 0901375

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:

Sport Spine & Industrial, 719 B SE Main St., Simpsonville, SC 29681; Piedmont Orthopaedics , 1050 Grove Rd, Greenville SC 29605; : Dr. Eric Faile, 3909 S. Highway 14, Greenville SC; Dr. Cordas, 501B Memorial Drive Ext. Greer, SC 29651; Carolina Center for Advanced Management of Pain, 220 Roper Mountain Rd. Ext., Greenville, SC 29615; Upstate Medical Rehabilitation, 110 Doctors Dr., Greenville, SC 29605; OrthoCarolina, 1915 Randolph Rd., Charlotte, NC 28207; Dr. Sergio Sanchez, 68 Parkway Commons Way, Greer, SC 29650

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675 www.wcc.sc.gov



WCC File #: 0901375
Carrier File #: 2009-703
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Kimberly Walker SSN: _____ Employer's Name: Sunbelt Human Advancement
Address: _____ Address: PO Box 10204
City: _____ State: _____ Zip: _____ City: Greenville State: SC Zip: 29603
Home Phone: _____ Work Phone: _____ Insurance Carrier: State Accident Fund
Preparer's Name: L. Brenn Watson Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (864) 527-3292

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

Date of Injury or Illness: 2/19/2009

1. It is ☒ Admitted ☐ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants admit only injury to the right knee, left knee, psyche and back. All other alleged injuries are denied.
2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is ☒ Admitted ☐ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:

5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are:

6. It is ☐ Admitted ☒ Denied the employee ☐ Needs ☒ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
Defendants are currently providing or scheduling the requested treatment for Claimant's left knee and psyche, and Claimant has not yet reached MMI.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :

8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
Claimant has not reached MMI, and permanency is premature.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement

10. It is contended that an average weekly wage of \$ 849.65 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
Defendants reserve the right to amend and to assert defenses as they become aware of them.

☐ Mediation

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

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Alton L. Martin, Jr., 1415 Augusta St., P.O. Box 8220

Name & Address

Greenville, SC 29604 and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 19th day of September, 2013 by ☒ first class mail ☐ personal service ☐ certified mail.

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

Preparer's Signature

Attorney for the Employer/Insurer
Title

lbwatson@wilaw.net
Email

09/19/2013
Date

Certifier, Cheri Evans Coon

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

WCC Form # 51
Revised 07/13

51

P156
P109

Employer's Answer to Request for Hearing

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Kimberly Walker,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0901375
	)	
Sunbelt Human Advancement,	)	
	)	
Employer,	)	MOTION TO COMPEL
	)	DEFENDANTS TO
and	)	PARTICIPATE IN
	)	MEDIATION
State Accident Fund,	)	
	)	
Carrier,	)	
<u>Defendants.</u>	)	

COMES NOW, Claimant, by and through her undersigned attorney, and moves to compel the Defendants to participate in mediation, based on the following:

1. In accordance with 67-1802 A:

"It is ordered by the Commission that claims arising under Section 42-9-10, or claiming permanent and total disability pursuant to Section 42-9-30 (21), occupational disease cases, third-party lien reduction claims, contested death claims, mental/mental injury claims, and cases of concurrent jurisdiction under the South Carolina Workers' Compensation Act and the Federal Longshore and Harbor Workers' Compensation Act must be mediated prior to a hearing."

Additionally, in accordance with 67-1807:

"Any party who refuses or neglects to act in good faith during the mediation may be subject to a fine not to exceed the actual costs of the mediation."

2. On August 20, 2013, Claimant filed a Form 50, Request for Hearing, claiming

permanent and total disability, and requesting additional treatment for her knee and psyche. (Exhibit 1)

3. On September 20, 2013, the Commission sent an e-mail to the parties advising that this case is subject to mandatory mediation pursuant to Reg. 67-1802. (Exhibit 2)
4. This matter was scheduled for mediation on October 18, 2013, with Michael Farry as the mediator. (Exhibit 3)
5. Prior to the mediation being held, Claimant was advised by her authorized treating physician that she would need additional surgery to her knee.
6. Claimant advised Defendants of the recommended surgery and requested authorization.
7. Upon Defendants learning that the authorized treating physician recommended additional surgery for Claimant they cancelled the mediation scheduled for October 18, 2013, indicating that the issue of permanency appears to be premature. (Exhibit 4)
8. At the same time, Defendants declined to authorize the surgery being recommended by their authorized treating surgeon and indicated it may be necessary to take his deposition.
9. Defendants have not yet authorized the knee surgery recommended by the authorized treating physician. Defendants refuse to mediate claiming Permanent & Total is no longer in issue because surgery is recommended. As a result, no hearing has been set.
10. Claimant is left in limbo. Claimant cannot force Defendants to authorize surgery without a hearing. If Defendants refuse to authorize surgery then, presumably

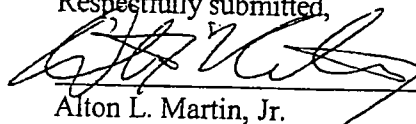
Claimant is at MMI and entitled to go forward on Permanent & Total Disability.

11. By refusing to cooperate with mediation, Defendants effectively prevent Claimant from proceeding on her From 50 Hearing request for Permanent & Total Disability or recommended medical treatment until Defendants want to proceed.
12. If Defendants can refuse to cooperate with mediation until they deem the issues are ripe, then they are being allowed to determine when the Claimant's hearing request will be set and which Commissioner will hear it.

The purpose of the Mediation Regulations was not to give Defendants the power to dictate when hearings will be set and shop which Commissioner will hear their claims. Such a result would violate Equal Protection and be unconstitutional.

Based on the foregoing, Claimant seeks the Commission to compel Defendants to participate in mediation and to require Defendants pay Claimant's attorney's fees and costs.

Respectfully submitted,



Alton L. Martin, Jr.
MARTIN & MARTIN, P.A.
Post Office Box 8220
Greenville, SC 29604
(864) 271-1822 telephone
(864) 271-1814
Attorney for Claimant

November 13, 2013

August 20, 2013

Ms. Virginia Crocker
Judicial Director
S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, S. C. 29202-1715

RE: Kimberly Walker v. Sunbelt Human Advancement and State Accident Fund
Date of Injury: 2/19/09
WCC No.: 0901375

Dear Ms. Crocker:

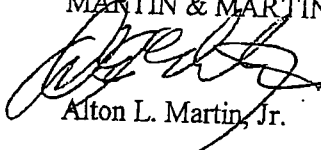
Please find enclosed our Form 50 that we are filing on behalf of the Claimant regarding the above-referenced matter, along with our Certificate of Service. By copy, I have served the attorney for Defendants. I have also enclosed our firm's check in the amount of \$25.00 for the filing fee.

Should you have questions or need any additional information, please do not hesitate to contact me. Thank you for your assistance in this matter.

With kind personal regards, I am

Sincerely,

MARTIN & MARTIN, P.A.



Alton L. Martin, Jr.

ALMjr/kew

Enclosures

cc: L. Brenn Watson, Esquire (w/enclosure)

1415 Augusta Street • Greenville, SC 29605
Post Office Box 8220 • Greenville, SC 29604



Carrier File #: 2009-000703
Carrier Code #: 500-SF
Employer FEIN #: 576028253

Claimant's Name: Kimberly Walker SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Employer's Name: Sunbelt Human Resources
Address: PO Box 10204
City: Greenville State: SC Zip: 29603
Insurance Carrier: State Accident Fund
Preparer's Name: Alton L. Martin, Jr. Law Firm: Martin & Martin, PA Preparer's Phone #: (864) 271-1822

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

Date of Injury or Illness: 2/19/2009

- ☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction
1. The claimant sustained an injury to Left knee (Part(s) of Body Injured) on 2/19/2009 (Month/Day/Year) in Greenville county, state of SC. Body part(s) affected are: Left knee/leg, right knee/leg, back, psyche
2. Briefly describe how the accident occurred. Hit knee on corner of desk
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 2/19/2009 (Month/Day/Year) in the following manner:
Advised supervisor
- ☒ 7. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: MRI and evaluation of left knee, psychological counseling
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Continuing
- ☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☒ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
- ☐ 9a. ☐ A determination of permanent disability is premature at this time.
- ☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: _____
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$ 849.65, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: _____
11. Further grounds or unusual aspects of claim:
The Carrier has repeatedly agreed to authorize treatment, but fails to do so.
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
See Attached
- 11b. To the best of your knowledge, did you have any prior permanent disability?
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: 45 minutes
- ☐ Mediation
☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☒ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
- Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to L. Brenn Watson, Willson, Jones, Carter & Baxley
address 872 S Pleasantburg Dr Greenville, SC on the 20th day of August 2013, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature: [Signature] Attorney for Claimant: al@martinslawfirm.com 8/20/13
Title: _____ Email: _____ Date: _____

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

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

Attachment to Form 50

RE: Kimberly Walker
WCC File #: 0901375

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:

Sport Spine & Industrial, 719 B SE Main St., Simpsonville, SC 29681; Piedmont Orthopaedics , 1050 Grove Rd, Greenville SC 29605; : Dr. Eric Faile, 3909 S. Highway 14, Greenville SC; Dr. Cordas, 501B Memorial Drive Ext. Greer, SC 29651; Carolina Center for Advanced Management of Pain, 220 Roper Mountain Rd. Ext., Greenville, SC 29615; Upstate Medical Rehabilitation, 110 Doctors Dr., Greenville, SC 29605; OrthoCarolina, 1915 Randolph Rd., Charlotte, NC 28207; Dr. Sergio Sanchez, 68 Parkway Commons Way, Greer, SC 29650

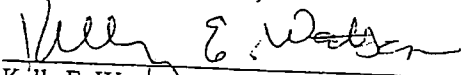
STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
Kimberly Walker,	)	COMMISSION
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0901375
	)	
Sunbelt Human Advancement,	)	
	)	
Employer,	)	
	)	
and	)	CERTIFICATE OF SERVICE BY MAIL
	)	
State Accident Fund,	)	
	)	
Carrier.	)	

This is to certify that the undersigned did cause the Form 50 to be served upon Virginia Crocker, Judicial Director of the South Carolina Workers' Compensation Commission and attorneys for Defendants, by mailing a copy of same in an envelope addressed as shown below and depositing same in the United States mail, proper postage affixed thereto on the 20th day of August, 2013.

Virginia C. Crocker
Judicial Director
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

L. Brenn Watson, Esquire
Willson, Jones, Carter & Baxley
872 S. Pleasantburg Drive
Greenville, SC 29607

MARTIN & MARTIN, P.A.


Kelly E. Watson
Legal Assistant

Greenville, South Carolina

Kelly Watson

From: Al Martin
Sent: Friday, September 20, 2013 5:45 PM
To: Kelly Watson
Subject: FW: Kimberly Walker v. Sunbelt Human Advancement, WCC: 0901375
Attachments: R08 ADVISORY NOTICE - 05_14_2013.pdf

-----Original Message-----

From: Mediation@wcc.sc.gov [<mailto:Mediation@wcc.sc.gov>]
Sent: Friday, September 20, 2013 3:55 PM
To: MEDIATION@WCC.SC.GOV; Al Martin; EGOODWIN@SAF.SC.GOV; JMURRAY@SAF.SC.GOV; KLHILL@WJLAW.NET; LBWATSON@WJLAW.NET; VJACKSON@SAF.SC.GOV
Subject: Kimberly Walker v. Sunbelt Human Advancement, WCC: 0901375

MEDIATION PROCEDURE

The review of the pleadings by the Judicial Department in this matter indicates this case is subject to mandatory mediation pursuant to Reg. 67-1802. You are also able to request the Commission order mediation pursuant to Reg. 67-1801 or request mediation by agreement of the Parties pursuant to Reg. 67-1803.

MEDIATION@WCC.SC.GOV

Please advise the Judicial Department at mediation@wcc.sc.gov of the name of the mediator and the date of mediation pursuant to Reg. 67-1804 within ten (10) days of receipt of this email.

For additional information please contact:

Virginia L. Crocker
Judicial Director
vcrocker@wcc.sc.gov
803.737.5739
803.239.7935



DAVID B. WARD
WALLACE A. MULLINAX, JR.
MICHAEL A. FARRY
THOMAS F. DUGAS
BRUCE B. CAMPBELL

OF COUNSEL

JOSEPH M. JENKINS, JR.
RICHARD N. TAPP, P.A.

VANCE B. DRAWDY
1928-1997

J. WRIGHT HORTON
1919-2011

October 2, 2013

Alton L. Martin, Jr.
Martin & Martin, P.A.
P.O. Box 8220
Greenville, SC 29604

L. Brenn Watson
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, SC 29607

Re: Kimberly Walker v. Sunbelt Human Advancement and State Accident Fund
WCC File No.: 0901375

Dear Al and Brenn:

Thank you for asking me to serve as mediator in the above-captioned claim. This will confirm that the mediation is scheduled for October 18, 2013 commencing at 10:00 a.m. at my office located at 307 Pettigru Street, Greenville, SC. I am enclosing Agreement to Mediate and Confidentiality Agreement which will need to be executed at commencement of the mediation by all attorneys, clients, and anyone else who attends the mediation session.

It would be most helpful to have a short memo from each of you setting forth a concise statement of the facts, issues, applicable law, and your positions. If you prefer to provide me with a Form 58 and APA Submissions, that would be sufficient. If you think it will be helpful to schedule a brief conference call prior to mediation, I will be happy to do so.

For mediation to be successful, it is critical to have all interested parties present and with sufficient authority to resolve this claim. If your client or insurance representative is not going to be present, please make sure they will be available by telephone throughout the mediation process.

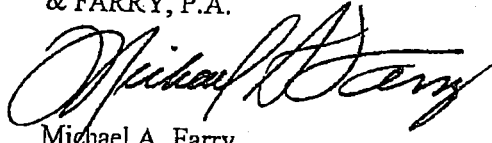
I look forward to assisting you in resolving this claim.

307 PETTIGRU STREET • GREENVILLE, SOUTH CAROLINA 29601
864.233.4351 • FAX 864.233.7142 • WWW.HORTONLAWFIRM.NET

With kind regards, I remain,

Yours very truly,

HORTON, DRAWDY, WARD, MULLINAX
& FARRY, P.A.



Michael A. Farry

MAF/lc
Enclosure

Kelly Watson

From: Brenn Watson <lbwatson@wjlaw.net>
Sent: Monday, October 07, 2013 3:52 PM
To: Al Martin; Meggan Cooper
Cc: Kelly Watson; Kira L. Hill
Subject: RE: WCC0901375 Kimberly Walker vs. Sunbelt Human Advancement 2009-703: Kim Walker

Hey Al,

Thanks for the update. We do not yet have the narrative from Dr. Piasecki. It is highly unlikely that surgery will be authorized by Friday. Once we receive the narrative, we will review the same and contact you regarding the recommendation.

We will go ahead and cancel mediation because the issue of permanency appears premature until we review Dr. Piasecki's narrative.

L. Brenn Watson
Willson, Jones, Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607

Phone: 864-527-3292
Fax: 864-235-6015

This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you received this message in error, please send a reply, delete the message immediately, and do not forward this message to any other person.

From: Al Martin [<mailto:al@MartinsLawFirm.com>]
Sent: Monday, October 07, 2013 3:36 PM
To: Brenn Watson; Meggan Cooper
Cc: Kelly Watson
Subject: WCC0901375 Kimberly Walker vs. Sunbelt Human Advancement 2009-703: Kim Walker

Hi Brenn:

According to Kim, Dr. Piasecki has a surgery date available this Friday. Her daughter will be on Fall Break and will be able to assist her. Please let me know if we can get the surgery authorized for this Friday. I appreciate your cooperation.

Thanks,

Al Martin
MARTIN & MARTIN, PA
1415 Augusta Street (29605)
Post Office Box 8220
Greenville, South Carolina 29604
(864) 271-1822
Fax (864) 271-1814

MARTIN Attorneys
& MARTIN, P.A.

Telephone (864) 271-1822

Facsimile (864) 271-1814

www.MartinsLawFirm.com

January 27, 2014

The Honorable Gene McCaskill
Commissioner
S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, S. C. 29202-1715

RE: Kimberly Walker v. Sunbelt Human Advancement and State Accident Fund
Date of Injury: 2/19/09
WCC No.: 0901375

Dear Commissioner McCaskill:

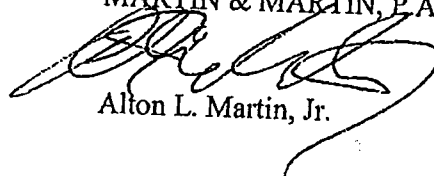
Please find enclosed our Form 58 and APA Submissions that we are filing on behalf of the Claimant regarding the above-referenced matter, along with our Certificate of Service. By copy, I have served the attorney for Defendants.

Should you have questions or need any additional information, please do not hesitate to contact me. Thank you for your assistance in this matter.

With kind personal, I am

Sincerely,

MARTIN & MARTIN, P.A.



Alton L. Martin, Jr.

ALMjr/kew

Enclosures

cc: L. Brenn Watson, Esquire (w/enclosure)

1415 Augusta Street Greenville, SC 29605
Post Office Box 8220 - Greenville, SC 29604



Claimant's Name: Kimberly Walker

Employer's Name: Sunbelt Human Resources

Address: _____

Address: PO Box 10204

City: _____ State: _____ Zip: _____

City: Greenville State: SC Zip: 29603

Home Phone: _____ Work Phone: () _____

Carrier: State Accident Fund

Preparer's Name: Alton L. Martin, Jr.

Preparer's Phone #: (864) 271-1822

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$566.46 2. AWW: \$849.65 Date of Injury: 02/19/2009

3. Type of injury and body part(s): Left knee, Right knee, Back, and Psyche

4. Facts in controversy: See Attached.

5. Legal issues involved: Permanent and Total Disability per 42-9-10.

6. Unusual aspects: Commissioner Taylor ruled Mediation was not required in this Permanent and Total case.

7. Witnesses (designate if expert):* Claimant and any identified by Defendants.

8. Exhibits: Claimant's deposition, personnel file, all prior Orders issued in this claim.

9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See Attached APA Submissions

10. Name, address, and specialty, if any, of the treating physician: Dr. John Vann and Dr. Christopher Van Pelt, Orthopaedists,

Piedmont Orthopaedics, 35 International Drive, Greenville, SC 29615; Dr. Daniel Cordas, Orthopaedic Center of the Carolinas, 100 Powers Blvd., Powdersville, SC 29673; Dr. Brian Burnikle, 200 Patewood Dr., Greenville, SC 29615; Dr. Phillip Hodge, Southeastern Neurosurgical & Spine, 111 Doctor's Drive, Greenville, SC 29605; Dr. Jyoti Math, Upstate Rehabilitation, 111 Doctor's Drive, Greenville SC 29605; Dr. Dana Piasecki, OrthoCarolina, 1915 Randolph Road, Charlotte, NC 28207; Dr. Sanchez and Dr. Jacobs, SC Research Group, 68 Parkway Commons Way, Greer, SC 29650; Dr. C. David Tollison, PHD, Carolinas Center for Advanced Management of Pain, 220 Roper Mountain Rd., Ext., Greenville, SC 29615

11. Impairment rating(s); body part(s); physician and date of opinion: See attached

12. I am amending my Form 50/51 in the following manner: _____

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

Signature: Alton L. Martin, Jr. by Laura E. Martin

Email: al@martinslawfirm.com

Date of hearing: February 11, 2014

Time needed for hearing: 30 minutes

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

Attachment to Form 58

RE: Kimberly Walker
WCC File #: 0901375

4. Facts in Controversy:

This is an admitted claim. Several hearings have previously been held and several Orders have been issued. Claimant's admitted body parts for which she has received authorized medical treatment include: left leg (6 authorized surgeries to the knee), right knee, back, and psyche. She has been placed at MMI by the authorized treating knee surgeon, authorized treating pain management doctor treating her back, and authorized treating psychologist. Her permanent physical restrictions limit her to sedentary duty for no more than 2.5 hours a day. Her psychological limitations note her inability to concentrate. A Vocational Evaluation opines her permanent restrictions from the authorized doctors render her disabled from any competitive employment. Claimant seeks an award of Permanent and Total Disability.

Defendants argue the procedure recommended by the authorized surgeon for Claimant's left knee is not causally-related, or alternatively she is not at MMI. The authorized knee surgeon has recommended another arthroscopic procedure. However, it is that same doctor's opinion that Claimant remains at MMI.

Claimant will likely need treatment and possible arthroscopic procedures to her left knee for the remainder of her life. Defendants position is untenable. If, as Defendants argue, the procedure recommended for Claimant's left knee is not causally-related, then she must be at MMI. If the procedure recommended for Claimant's left knee is causally-related, then why have Defendants refused to authorize the procedure. Moreover, Defendants authorized surgeon has stated to a reasonable degree of medical certainty that despite her need for the left knee procedure, she remains at MMI.

Finally, Commissioner Taylor has ruled that the parties may forego mediation based on a Motion by Claimant.

~~11. Impairment ratings: 25% to left leg, Dr. Piasecki, 11/1/12; 1% to the back, Dr. Math,~~
3/4/13; 10% whole person for psych, Dr. C. David Tollison, 12/16/13; She should be considered permanently and totally vocationally disabled, Rock Weldon, MA, CVE, 10/29/12 and 1/27/14.

Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina
Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of
the Claimant:

Claimant and any identified by Defendants

Claimant reserves the right to amend.



WELDON & ASSOCIATES, INC.

VOCATIONAL CONSULTATION ADDENDUM

Kimberly Walker

I last evaluated Ms. Kim Walker on October 29, 2012. At that time it was my vocational opinion that she was unable to return to any type of work at any exertion or skill level and should be considered permanently and totally vocationally disabled.

Since that time she has continued treatment with Dr. Sergio Sanchez, Dr. David Tollison, Dr. Math as well as Dr. Dana Piasecki. Dr. Tollison and Dr. Sanchez have provided psychological treatment and counseling for Major Depression and an Adjustment Disorder with Depressed Mood.

These records make it clear that Ms. Walker continues to experience difficulty in these areas. Dr. Sanchez has tried her on several different medications and Dr. Tollison has treated her with counseling. Dr. Tollison finds that she continues with anger, depression and problems sleeping as well as her continuing pain. He has opined that she is unable to maintain concentration for prolonged periods of time.

Dr. Match at Upstate medical Rehabilitation indicates that she continues with leg and back pain. He opines that she has suffered 25% to the left knee and 1% to the low back. He feels she will need ongoing medical treatment.

Dr. Piasecki performed Ms. Walker's last surgeries consisting of an arthroscopy, chondroplasty and hardware removal. His evaluation indicates that she notes some improvement but overall is not much better. He feels that the FCE from Serenity Rehab is an accurate description of Ms. Walker's limitations and that she remains at MMI. He assigns a 25% impairment to the left knee. Restrictions include no prolonged bending, stooping, squatting, stooping, kneeling or twisting.

Physical Address
100 Powers Blvd
Piedmont SC 29673

(864) 509-1872
Fax 864-509-1874
www.weldonandassociates.org

Mailing Address
3504-355 Highway 153
Greenville SC 29611

Vocational Consultation

Kimberly Walker

Page 2

After review of the additional documents as outlined above, I continue to believe that Ms. Walker is unable to perform work at any exertion or skill level and should be considered permanently and totally vocationally disabled.

A handwritten signature in cursive script, appearing to read "Rock Weldon", followed by a horizontal line.

Rock Weldon, MA, CVE
Certified Vocational Evaluator

Roxann Weldon, RN, CCM
Roxwelm@aol.com
864 430-3873

WELDON & ASSOCIATES

1225 S. Church St. Greenville, SC 29605
PO Box 98 Greenville, SC 29604
Fax 864 242-1846
1 800 242-6113
864 242-6113

Rock Weldon, MA, CVE
Rweldone@aol.com
864 430-3852

VOCATIONAL CONSULTATION

Kim Walker

REFERRAL

Kim Walker was referred for a vocational assessment by her attorney, Alton L. Martin, Jr. She was seen at the office of Weldon and Associates on October 29, 2012. The client was employed by SHARE (Sunbelt Human Advancement) on February 19, 2009 as a Supervisor of Casework and Parenting Programs. On this particular she was working at a coworker's desk when she turned to access the computer and struck her left knee on the corner of the desk. She experienced pain in her knee and was barely able to weight bare. She was seen at Doctor's Care where she was placed on crutches and prescribed pain medication.

She was referred to Dr. Van who got an MRI and diagnosed torn articular cartilage in her left knee. She has had a total of 6 surgeries on her knee to date. Unfortunately she continues to experience severe pain and limitation in this knee. She ambulated with crutches for approximately months and began to experience low back pain as well. An MRI of the lumbar spine demonstrated mild to moderate facet arthropathy at L5-S1 bilaterally and left greater trochanteric bursitis. She then underwent bilateral lumbar L3-5 medial branch block, right lumbar facet radiofrequency lesioning of L3 and L4 medial branch and L5 Dorsal Ramus.

Ms. Walker continues to experience daily chronic pain in her left knee, tendonitis in her right knee as well as low back pain. Due to her prolonged medical treatment daily pain and inability to work she is also experiencing depression. She is referred for an assessment of her residual employability.

3

BACKGROUND INFORMATION

Ms. Kim Walker is a 44 year old divorced female who presently resides with her two children in Greenville, South Carolina. She was born and raised in the Greenville, South Carolina area and has family nearby. She has one daughter presently in college. She earned a BA degree in Social Work from Mars hill College and a Masters in Human Services Management from Webster University.

She is 5' 4" tall and weighs approximately 230 pounds which is more than her usual weight. She was dressed casually for this evaluation and hygiene was good. She appeared on time and was oriented in all spheres. She has a valid driver's license and does drive for short distances. She does not use alcohol or tobacco. She is right hand dominant.

She participated fully in this evaluation. She was a good historian as to the facts of her medical treatment. She made appropriate eye contact and completed all tasks. She ambulates slowly with an antalgic gait. She was explained the scope and purpose of this evaluation and acknowledged understanding.

INFORMATION SOURCES

Serenity Rehab and Wellness Center
Independent Medical Exam
OrthoCarolina
Carolinas Center for Advanced Pain Management
Sports Spine and Industrial Physical Therapy
Orthopaedic Center of the Carolinas
St. Francis Downtown
Piedmont Orthopaedics Associates
Upstate Medical Rehabilitation
Carr Physical Therapy
University Medical Group
Exigent- Wade Hampton
Doctor's Care
Diagnostic Health

Trvera L. Williams
Dr. Robert Dameron
Dr. Dana Piasecki
Dr. C. David Tollison
Carla Fulton, DPT
Dr. Daniel Cordas
Dr. John R. Vann
Dr. John Vann
Dr. Jyoti Math
Sandy Brooks Carr, PT
Dr. Brian Burnikel
Dr. James Alexander
Dr. Kurt Gandenberger
Dr. Chris Vanpelt

Vocational Consultation

Kimberly Walker

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University Medical Group
Riverside Family Practice
Deposition of Kimberly Walker
Rehabilitation Interview
Vocational Testing

Wide Range Achievement Test
Arithmetic-9th grade level
Reading-12th grade level
Beck Depression Inventory
Severe level of depression

Dr. Phillip Hodge
Dr. Faile and Hamberis
Patricia Bacon, Reporter

ACTIVITIES OF DAILY LIVING

Ms. Walker returned to work following her injury and was able to continue working even after the surgeries by Dr. Vann. She returned to her old job working for 4 hours daily. She was limited to sedentary work and was able to do this until September 26, 2011. She indicates that Share would not allow her to come back after that.

At present, she describes spending most of her time at home. Both of her knees are painful, especially when walking. She still uses crutches for long distances. She estimates that she can walk 50 yards before having to stop and rest. She spends time reading and watching television when at home. She does try to cook and wash dishes. She does this in a seated position with short breaks. Vacuuming or sweeping are impossible for her.

She goes to the YMCA pool 3 times per week for pool exercise. On Tuesday and Thursday she attends physical therapy at Carr Physical Therapy. She does go out occasionally for short grocery shopping trips. She will usually use the electric buggies to get around. She does also try to support her girls in their activities. She doesn't always get to see them, but she tries to go for short trips.

MENTAL STATUS

Vocational Consultation

Kimberely Walker

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Ms. Walker indicates that at the time of her accident she was not suffering or being treated from any emotional problems. She had been treated for post-partum depression after her second child, but this had resolved.

The client appears oriented in all spheres. She does not endorse nor does she demonstrate hallucinations or delusional thought.

She does describe symptoms which are consistent with depression. She indicates that she lacks the energy and enthusiasm that she once had. She says that she is just "getting tired" of her daily pain and limitations. She feels like it is a constant battle which she is losing.

She describes being very active before her accident. She was very involved with her children and was a high school softball coach. The client attended church regularly, taught Sunday school and sang in the choir. She very much enjoyed her work and her friends. Now she likes to stay home and be by herself. She does not attend church as much now and is unable to stand to sing in the choir. She also complains of problems sleeping, for which she is being prescribed Ambien.

Her score on the Beck Depression Inventory reveals she may be suffering a severe depression. Additional evaluation or treatment is recommended. She does continue to see Dr. C. David Tollison for her emotional problems.

WORK HISTORY

Kim Walker was employed as a Supervisor of Case Workers and a Parenting Program at SHARE when she injured her knee. She had been employed by Share for approximately 19 years and was earning \$ 46,000 yearly. She began working there as a Summer Intern.

She has worked at other summer jobs as a clerical worker, at Wendy's in high school and has done some seasonal sales work at Belk.

Her work at SHARE was skilled work and was mostly supervisory. She was in charge of several different programs and traveled around the city of Greenville to provide training to staff members.

She relates that her work performance at SHARE was excellent. She had never had any write-ups or reprimands or any threats of demotion. She had no attendance problems.

MEDICAL TREATMENT

The medical treatment for Ms. Walker is voluminous and will not be reviewed in its entirety. The physician treatments records provide a very thorough review of treatment.

The medical records reveal she was initially treated for the injury to her left knee at Doctor's Care. She was seen on Saturday February 20, 2009. She was then treated by her family physician, Dr. Faile, her family physician.

She was then referred to Dr. Vann who performed three surgeries to her left knee. The first surgery was an arthroscopic surgery and was performed in April of 2009. The second surgery was an articular cartilage transplant in October of 2009 and the third was a left knee Chondroplasty procedure in August of 2010. She was on crutches for 11 months during and after these procedures and began to complain of right knee pain as well.

She was then seen by Dr. Cordas in July of 2010. She also began to experience low back pain. She was evaluated by Dr. Van Pelt as well as Dr. Hodge and Dr. Math. Dr. Math provided shots for her left hip. Dr. Math evaluated and treated her low back pain as well. She provided facet injections as well as medial branch block and rhizotomy.

On September 26, 2011 Ms. Walker was seen by Dr. Dana Piasecki at OrthoCarolina. She underwent a left knee arthroplasty, Chondroplasty medial femoral condyle, anterior fat pad medial plica resection and an autologous chondrocyte implantation biopsy.

Follow-up by Dr. Piasecki notes continuing problems with the left knee. The left femoral condyle is symptomatic. On 12-12-11, Dr. Piasecki performed a left knee autologous chondrocyte implantation medial femoral condyle as well as a high tibial osteotomy and iliac crest autograft.

She was followed by Dr. Piasecki on a monthly basis. The patient continued to experience pain and limitations in her left knee. Ms. Walker again completed extensive

Vocational Consultation

Kimberly Walker

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physical therapy. She was experiencing anxiety and depression and was prescribed Ambien for sleep. Dr. Piasecki also recommended psychological counseling.

On June 18, 2012, she again underwent surgery. Dr. Piasecki performed a left knee arthroscopy, Chondroplasty, ACL graft as well as removal of hardware and bone grafting.

As recommended by Dr. Piasecki, Ms. Walker began treatment with Dr. David Tollison. Notes from Dr. Tollison document treatment sessions until September 12, 2012. He notes she has been prescribed Percocet, Naproxen, Ambien and Cymbalta. On 10-18-12, he opines that her ability to maintain concentration over time will likely be reduced secondary to distraction from pain.

A Functional Capacity Evaluation was performed at Serenity Rehab and Wellness Center on October 25, 2012. Reliable effort was given by Ms. Walker. The results of the evaluation indicate that Ms. Walker is unable to perform even sedentary work. She is only able to sit, stand or walk on an occasional basis. Her low back pain as well as left knee pain increased throughout the evaluation. She was only able to carry 10 pounds for 2 steps before almost dropping the box. The therapist opined that she was unsafe carrying this weight which would also place her below sedentary work.

Dr. Robert Dameron saw Ms. Walker for an IME. He opines that she has suffered a 40% impairment to the left lower extremity, 7% to the right lower extremity and 8% to the spine.

SUMMARY AND RECOMMENDATIONS

Ms. Kim Walker is a 44 year old female who initially injured her left knee while employed by Sunbelt Human Advancement as a Supervisor at SHARE. She has completed six surgeries to her left knee as well as conservative treatment to her right knee and back. Additionally, she continues to suffer depression due to her chronic pain, physical limitations and lifestyle alteration. She describes moodiness, irritability and wanting to be by herself.

Vocational Consultation

Kimberly Walker

Page 7

She was able to return to work following her first three surgeries as directed by her physicians. She indicates that Sunbelt Human Advancement has not offered her a position to which to return.

She describes daily chronic knee and low back pain which Dr. Tollison opines will likely distract her ability to concentrate. She is unable to sit, stand or walk more than 1/3 of the day based on the evaluation by Serenity Rehab. She was unable to carry 10 pounds for more than 2 steps before being asked to stop. These limitations indicate she is functioning below the sedentary work classification.

The results of this evaluation indicate Ms. Walker is unable to return to the types of work she has performed in the past. Additionally, it is my vocational opinion that she is a poor candidate for vocational rehabilitation to other simpler, lighter work. She should be considered permanently and totally vocationally disabled.

She certainly would benefit from continuing treatment which would include pain management, psychological counseling and ongoing evaluation.



Rock Weldon, MA, CVE
Certified Vocational Evaluator

Medical Questionnaire**RE: Kimberly Walker****SSN:****DOB:**

1. ☒ Does Ms. Walker most probably remain at MMI from her work-related knee injuries?
☐ YES ☐ NO

2. If yes, will Ms. Walker most probably require any additional medical treatment now and/or in the future in order to maintain her current level of functioning?
☒ YES ☐ NO If yes, please describe: _____

11/21/2012 *hpr*
3. On ~~January 3, 2013~~, you provided her with permanent impairment of 25% related to her left knee injury. Is it still your opinion that she has that level of impairment or has her impairment changed?

☒ Still the same

☐ Changed, and now her impairment is _____% to the _____

4. Ms. Walker underwent a Functional Capacity Evaluations on October 25, 2012, a copy of same is attached. Do the restrictions provided in that FCE:

☒ Most probably remain an accurate description of Ms. Walker's physical limitations.

☐ Not remain an accurate description of Ms. Walker's physical limitations and should be altered as follows: _____

This represents my opinion to a reasonable degree of medical certainty.

Date: 1/13/14

Dr. Dana Piasecki

OrthoCarolina

Patient: KIMBERLY WALKER

Age/DOB: _____
MRN: 10218981
Home: _____
Work: _____

Provider: Dana Piasecki M.D.
Document Type: WC Follow Up Visit

Enc Date: 10/02/2013

Chief Complaint

• Ms. WALKER is a 45 year old female who presents for MRI follow up of her left knee

HISTORY OF PRESENT ILLNESS:

Kimberly presents for followup today of her left knee MRI. As noted, she is now 16 months status post her left knee arthroscopy, chondroplasty, hardware removal, and tibial bone grafting status post prior HTO and ACI of the medial femoral condyle. She had had persistent discomfort involving the medial aspect of her knee despite removal of the hardware over the preceding couple of months. At the last visit, we had recommended an MRI to evaluate the status of her cartilage. She presents for followup today noting no appreciable change in her symptoms and still describing diffuse discomfort medially with no new numbness, tingling, or mechanical symptoms.

PHYSICAL EXAMINATION:

On exam, Kimberly is pleasant, cooperative, and in no acute distress. She is alert, oriented, and healthy appearing.

Evaluation of her left lower extremity demonstrates no acute signs of trauma. She is grossly neurovascularly intact distally including L4 to S1 sensory and motor function with no lymphedema, skin lesions, or rashes. Motion here in the office is full and symmetric. She demonstrates no obvious meniscal provocative findings or ligamentous instability.

IMAGING:

Review of Kimberly's MRI available on OC Stentor demonstrates what appears to be an intact chondral graft without delamination or irregularity. There is some slight differential signal in the cartilage relative to the surrounding areas of normal cartilage, but this is quite mild in appearance. There is no obvious meniscal tear seen. Some very slight subchondral edema is noted within the medial femoral condyle beneath the graft.

IMPRESSION:

Sixteen months status post left knee arthroscopy, debridement, and hardware removal status post prior HTO and ACI of the medial femoral condyle.

PLAN:

I discussed with Kimberly that based on her overall presentation, I think at this point it would be reasonable to consider either an injection or a second-look arthroscopy given her degree of limitations. She is understanding of this and is not interested in an injection. She would favor a second-look scope, which I think is not unreasonable. We discussed an approach therefore that would involve a diagnostic arthroscopy with evaluation of her chondral surfaces with possible debridement versus chondroplasty depending on the status of the cartilage on arthroscopy. It is conceivable that should she has persistent symptoms after the scope we could potentially consider her for a revision chondral resurfacing procedure such as an osteochondral allograft. Though, if her cartilage were to appear healthy without substantial softening or ballotability, I would favor leaving things as is. She is agreeable with the above and we will plan to proceed with the second-look arthroscopy pending workers' comp approval. /kmm

cc: Megan Cooper, Adjuster

Printed By: Misha Miller

1 of 2

10/15/2013 2:11PM

Patient: KIMBERLY WALKER
MRN: 10218981

OrthoCarolina

Encounter: 10/02/2013

Kathy Averette, Case Manager.

Assessment

- Knee joint pain (719.46)
- Never a smoker

...

Vital Signs

Recorded by Proctor, Kenza on 02 Oct 2013 12:02 PM

BP: 122/78,

HR: 86 b/min,

Height: 64 in, Weight: 240 lb, BMI: 41.2 kg/m2,

BSA Calculated: 2.12,

BMI Calculated: 40.97.

Allergies

Rec: 02Oct2013. List Reconciled and Reviewed.

Morphine Derivatives.

Current Meds

Rec: 02Oct2013. List Reconciled and Reviewed.

Oxycodone-Acetaminophen 5-325 MG Oral Tablet;; RPT

Wellbutrin XL 300 MG Oral Tablet Extended Release 24 Hour;; RPT

Diclofenac Sodium TBEC;; RPT.

Active Problems

Joint Pain, Localized In The Knee (719.46).

PMH

Denial Of Any Significant Medical History.

PSH

Arthroscopy Knee Left 15Jun2012; Left

Grafts Bone Large 15Jun2012; Left

Denied History Of Prior Surgery

Removal Of Implant Deep 15Jun2012; Left.

Family Hx

Family history of No Significant Family History.

Personal Hx

Being A Social Drinker

Marital History - Currently Married

Never A Smoker.

ROS

Musculoskeletal: Pain localized to one or more joints and joint stiffness localized to one or more joints.

M/S: See HPI.

...

Signature

Electronically signed by : Dana Piasecki M.D.; 10/14/2013 7:21 AM EST.

Printed By: Misha Miller

2 of 2

10/15/2013 2:11PM

12

OrthoCarolina
Work Status

Date of exam 10/02/2013

Patient name KIMBERLY

WALKER

Is the injury work-related? Yes ☒ No ☐

Doctor DANA PIASECKI, MD

Chart Number 10218981

Diagnosis (L) knee chondral defect

Right ☐ Left ☒ Bilateral ☐

☐ Should not return to work until re-evaluated (see return appointment date below).

☐ Return to work **WITHOUT** restrictions on _____ (date).

☒ Return to work **WITH** the following restrictions* on 10/8/13 (date).

Return to work no greater than _____ hours per day beginning on _____

☒ No lifting greater than _____ pounds.

Right ☐

Left ☐

Both ☒

☒ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than _____ pounds.

Right ☐

Left ☐

Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over _____ pounds above shoulder level, _____ pounds waist to shoulder, _____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐

Repetitive ☐

Left ☐

Strong grip ☐

Both ☐

At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work only.

☐ No standing / walking over _____ minutes/hour.

☒ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: _____

☐ Patient to start / continue physical / occupational therapy.

☒ Patient released from physical / occupational therapy.

☒ Return appointment with doctor on 10/15/13 (appointment date).

Physician signature: [Signature]

Date _____

Physician Name: DANA PIASECKI, MD

Date _____

*Unless otherwise specified, restrictions are in effect until return appointment.
Estimated date of MMI _____

For Worker's Comp inquiries only, call (704) 323-2667 or fax (704) 323-2007.

SCANNED

OrthoCarolina

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 09/11/2013

Document Type: WC Follow Up Visit

Chief Complaint

• Ms. WALKER is a 45 year old female who presents for follow up of left knee

HISTORY OF PRESENT ILLNESS:

Kimberly presents for followup today 15 months out from her left knee arthroscopy, chondroplasty, hardware removal, and tibial bone grafting status post prior HTO and ACI of the medial femoral condyle, which we had performed in December of 2011. At the time of her surgery, her cartilage graft appeared quite healthy, and she had subsequently done well enough to be released. She presents today not having seen us since November of last year, noting on and off discomfort with weightbearing since, but symptoms that have been tolerable. She presents today noting that her symptoms have gotten worse over the past couple of months with respect to weightbearing, chiefly to the point that she is now limping. Given the subjective worsening of her symptoms, she wanted to be re-evaluated. She denies any new injury, substantial swelling, mechanical symptoms, or any obvious rotational complaints.

PHYSICAL EXAMINATION:

On exam, Kimberly is pleasant, cooperative, and in no acute distress. She is alert and oriented and healthy appearing. Evaluation of her left lower extremity demonstrates well-healed incisions with no signs of infection. She is grossly neurovascularly intact distally, including L4 to S1 sensory and motor function, with no lymphedema, skin lesions, or rashes. Motion, here, in the office, is full and symmetric. She has no effusion. She has diffused medial joint line discomfort with a negative meniscal provocative evaluation.

IMAGING:

AP and lateral views of the left knee obtained today in the office demonstrate maintenance of medial joint space with a completely healed osteotomy and no retained hardware.

IMPRESSION:

This is a 45-year-old female with left knee complaints 15 months status post prior arthroscopy, chondroplasty, hardware removal, and tibial bone grafting and almost 2 years status post HTO and medial femoral condyle ACI. I discussed with Kimberly, at this point, I would favor imaging her knee with an MRI to establish a baseline with respect to her cartilage. Should things look reasonable, on follow up, with respect to that study, I would favor an injection. Should she have obvious fissuring or mechanical explanations for her symptoms and/or should she not respond to the injection and still be substantially limited, we could end up discussing a 2nd look arthroscopy and possible debridement. She is agreeable with this and will see us back, as noted. /king

cc: Megan Cooper, Adjuster
Kathy Averette, Case Manager.

Assessment

- Knee joint pain (719.46)
- Never a smoker

Vital Signs

Printed By: Dana Piasecki, 1 of 2

09/17/2013 7:07PM

Patient: KIMBERLY WALKER
MRN: 10218981

OrthoCarolina

Encounter: 09/11/2013

Recorded by Proctor, Kenza on 11 Sep 2013 11:54 AM

BP: 140/95,

HR: 87 b/min,

Height: 64 in, Weight: 240 lb, BMI: 41.2 kg/m²,

BSA Calculated: 2.12,

BMI Calculated: 40.97.

KIMBERLY WALKER was advised to contact her Primary Care Providers office today with her blood pressure reading.

Allergies

Rec: 11Sep2013. List Reconciled and Reviewed.

Morphine Derivatives.

Current Meds

Rec: 11Sep2013. List Reconciled and Reviewed.

Oxycodone-Acetaminophen 5-325 MG Oral Tablet;; RPT

Wellbutrin XL 300 MG Oral Tablet Extended Release 24 Hour;; RPT

Diclofenac Sodium TBEC;; RPT.

Active Problems

Joint Pain, Localized In The Knee (719.46).

PMH

Denial Of Any Significant Medical History.

PSH

Arthroscopy Knee Left 15Jun2012; Left

Grafts Bone Large 15Jun2012; Left

Denied History Of Prior Surgery

Removal Of Implant Deep 15Jun2012; Left.

Family Hx

Family history of No Significant Family History.

Personal Hx

Being A Social Drinker

Marital History - Currently Married

Never A Smoker.

ROS

Musculoskeletal: No back pain. Pain localized to one or more joints. No localized joint swelling and no localized joint stiffness.

Neurological: No dizziness, no tingling, no burning sensation, and no numbness.

M/S: See HPI.

...

Signature

Electronically signed by : Dana Piasecki M.D.; 09/17/2013 3:07 PM EST.

Printed By: Dana Piasecki

2 of 2

09/17/2013 7:07PM

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



10218981
Physician's Statement

Claimant's Name: Kimberly Walker

Employer's Name: Sunbelt Human Advancement

Physician's Name: Dan Piasecki, MD

Insurance Carrier: State Accident Fund

Practice/Clinic: OrthoCarolina

SCWCC File No: 0901375

Preparer's Name: Dan Piasecki, MD

Phone: (704) 323-2217

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

Date of Injury or Illness: February 19, 2009

Date of first office visit: 8/30/11

Date of last visit: 11/21/12

Diagnosis or nature of injury or illness: chronic left knee pain

Body part(s) injured: L knee

Body part(s) affected: L knee

Date of Maximum Medical Improvement: 11/21/12

Based on the **AMA Guidelines**, the claimant has sustained a 25 % medical impairment to L knee injured body part(s) and a _____ % medical impairment to _____ other affected body part(s).

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

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

No prolonged bending, stooping, squatting, kneeling or twisting. No ladder/stair climbing. Sit down work only.

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

As of the date I last saw this patient, it is my professional medical opinion the claimant:

☒ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

____ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

[Signature]
Treating Physician,

1/3/13
Date

9/07

14B

Physician's Statement

OrthoCarolina

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 11/21/2012

Document Type: WC Follow Up Visit

Chief Complaint

• Ms. WALKER is a 44 year old female who presents for follow up of her left knee

HISTORY OF PRESENT ILLNESS:

Kimberly presents for followup now 5 months out from her arthroscopy, chondroplasty and hardware removal status post prior high tibial osteotomy and autologous chondrocyte implantation of the medial femoral condyle. She reports that over these past couple of months, she has really had persistent symptoms involving her knee both from a patellofemoral standpoint at the front of her knee as well as medially with weightbearing. She denies any new injuries, any numbness, tingling, mechanical symptoms or instability. She feels at this point, she has plateaued. She denies any additional complaints today. As noted, she works for Sunbelt Human Advantage.

PHYSICAL EXAMINATION:

On exam, Kimberly is pleasant, cooperative, and in no acute distress. She is presenting with her 2 daughters today. She is alert, oriented, and healthy appearing. Evaluation of her left lower extremity demonstrates well-healed incisions with no signs of infection. She is grossly neurovascularly intact distally including L4-S1 sensory and motor function with no lymphedema, skin lesions, or rashes. Motion today is to 130 degrees of flexion with full extension with no effusion or localizing joint line discomfort but does have mild diffuse medial joint line as well as anterolateral joint line discomfort. Her exam is slightly out of proportion today. Lachman, pivot shift, posterior drawer, varus and valgus stress at zero and 30 degrees are all symmetric.

IMAGING STUDIES:

Four views of the left knee obtained today in the office demonstrate stable position of her osteotomy. She has maintenance of joint space medially with perhaps a millimeter of narrowing relative to her x-rays over a year ago. Her joint space measures essentially 5 mm today versus 6 back in August 2011.

FCE: Review of Kimberly's recent FCE performed prior to her visit today with the results scanned into Touchworks demonstrates a fairly reliable test with Kimberly testing out at or even slightly below a sedentary level of activity.

IMPRESSION:

A 44-year-old female with left knee complaints now 5 months status post arthroscopy, chondroplasty, hardware removal, and status post prior HTO with autologous chondrocyte implantation in the medial femoral condyle with multifocal complaints and maximum medical improvement.

PLAN:

I have discussed with Kimberly at this point that I have little else to offer her from a treatment standpoint with the exception possibly of consideration for revision of her ACI and osteochondral allograft but we both agreed that this is too large of an operation to be warranted in this setting. I am skeptical that additional surgery here would make her substantially better given her multifocal complaints today and have simply suggested that we will rate and release her and give her some time away from surgery to reflect on things. Should she demonstrate persistent substantial discomfort, we could potentially discuss this at a later date and I would be more than happy to see her back at any point moving forward. She is agreeable with this. Based on her overall presentation, the pathology seen

Printed By: Yolanda Miller

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Patient: KIMBERLY WALKER
MRN: 10218981

OrthoCarolina

Encounter: 11/21/2012

at the time of surgery, joint space on x-ray today and surgeries that we performed, I would estimate her final impairment rating at 25% as per the AMA Guide. As noted, she is at maximum medical improvement and at this point need not see us back but on an as-needed basis. Final restrictions are provided based on an anticipated sedentary occupation of sit-down work only. I do not see any physical reason why she would not be able to maintain a job of normal hourly duration during the day provided she is not required to do heavy lifting, deep bending, squatting, stair climbing, or the like. Follow up as needed. /sgw

cc: Fay Jennings, Adjuster
Kathy Averette, Case Manager.

Assessment

- Knee joint pain (719.46)
- Never a smoker

...

Vital Signs

Recorded by Proctor, Kenza on 21 Nov 2012 09:08 AM

BP: 133/90,

Height: 64.000000 in, Weight: 230.000000 lb, BMI: 39.5 kg/m2,

BSA Calculated: 2.08,

BMI Calculated: 39.27.

KIMBERLY WALKER was advised to contact her Primary Care Providers office today with her blood pressure reading. She also received the blood pressure information sheet with the blood pressure reading written on the form.

Allergies

Rec: 21Nov2012. List Reconciled and Reviewed.

Morphine Derivatives.

Current Meds

Rec: 21Nov2012. List Reconciled and Reviewed.

Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA.; Rx

Diclofenac Sodium 75 MG Oral Tablet Delayed Release; TAKE 1 TABLET TWICE DAILY AFTER MEALS.; Rx.

Active Problems

Joint Pain, Localized In The Knee (719.46).

PMH

Denial Of Any Significant Medical History.

PSH

Arthroscopy Knee Left 15Jun2012; Left

Grafts Bone Large 15Jun2012; Left

Denied History Of Prior Surgery

Removal Of Implant Deep 15Jun2012; Left

Family Hx

Family history of No Significant Family History.

Personal Hx

Being A Social Drinker

Marital History - Currently Married

Never A Smoker.

ROS

Musculoskeletal: No back pain. Pain localized to one or more joints, joint swelling localized to one or more joints, and joint stiffness localized to one or more joints.

Neurological: No dizziness, no tingling, no burning sensation, and no numbness.

M/S: See HPI.

...

Printed By: Yolanda Miller

2 of 3

10/14/2013 9:37AM

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Patient:
MRN:

KIMBERLY WALKER
10218981

OrthoCarolina

Encounter: 11/21/2012

Signature

Electronically signed by: Dana Piasecki M.D.; 12/03/2012 11:03 AM EST.

Printed By: Yolanda Miller

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10/14/2013 9:37AM

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Physician's Statement

10218981

Claimant's Name: Kimberly Walber
Physician's Name: Dana Piasecki MD
Practice/Clinic: OrthoCare
Preparer's Name: _____
Phone: (____) _____

Employer's Name: Danbell
Insurance Carrier: SC State Accident Fund
SCWCC File No: _____

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

Date of Injury or Illness: 2/19/09

Date of first office visit: 8/30/11 Date of last visit: 11/21/12

Diagnosis or nature of injury or illness: left knee symptomatic medial femoral condyle Chondral defect

Body part(s) injured: left knee Body part(s) affected: _____

Date of Maximum Medical Improvement: 11/21/12

Based on the AMA Guidelines, the claimant has sustained a 25 % medical impairment to left leg injured body part(s) and a _____ % medical impairment to _____ other affected body part(s).

- ☐ The claimant is able to return to work without restriction.
☒ The claimant is able to return to work with the following restrictions:

no prolonged bending, stooping, squatting, kneeling or twisting

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

As of the date I last saw this patient, it is my professional medical opinion the claimant:

- ☒ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).
☐ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Dana Piasecki MD
reating Physician

11/21/12
Date

OrthoCarolina

Work Status

Date of exam 11/21/2012

Is the injury work-related? Yes ☒ No ☐

Patient name KIMBERLY WALKER

Chart Number 10218981

Doctor DANA PIASECKI, MD

Diagnosis SPRAIN / LWN

Right ☒ Left ☐ Bilateral ☐

☐ Should not return to work until re-evaluated (see return appointment date below).

☐ Return to work **WITHOUT** restrictions on _____ (date).

☒ Return to work **WITH** the following restrictions* on 11/21/12 (date).

Return to work no greater than _____ hours per day beginning on _____

☒ No lifting greater than _____ pounds. Right ☐ Left ☐ Both ☐

☒ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than _____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over _____ pounds above shoulder level, _____ pounds waist to shoulder, _____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐

Repetitive ☐

Left ☐

Strong grip ☐

Both ☐

At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work only.

☐ No standing / walking over _____ minutes/hour.

☒ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: _____

☒ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

☐ Return appointment with doctor on _____ (appointment date).

Physician signature: [Signature]

Date 11/21/12

Physician Name: DANA PIASECKI, MD

Date _____

*Unless otherwise specified, restrictions are in effect until return appointment.

Estimated date of MMI 01/01/13

For Worker's Comp inquiries only, call (704) 323-2667 or fax (704) 323-2007.

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lix 8642324728

Patient Information

Last Name Walker First Kimberly Middle _____ Chart Number 1021898Diagnosis: S/p (L) Knee scope, chondroplasty, ROM, ACL, HTD

Insurance _____

Birth date _____

Phone _____

FREQUENCY:

☐ Evaluate & Treat☐ Daily☐ 3x Week☐ 2x Week

Duration _____ weeks

☐ In Department Procedure (includes a home program)☐ Home Program only☐ 1x Week☐ Therapist Discretion☐ Continue Therapy☐ Discontinue Therapy

EVALUATION:

☐ PT Evaluation☐ Work Simulator☐ FCE (Functional Capacity Evaluation)☐ KT 1000☐ Biodex Evaluation

MODALITIES:

☐ Phonophoresis with 0.05% Fluocinonide☐ Iontophoresis with 4mg/ml Dexamethasone☐ Ultrasound☐ Electrical Stimulation☐ Mechanical TractionEXERCISES: ☐ PER PROTOCOL:☐ Manual Therapy / Manipulation☐ Back Stabilization Program☐ Cervical Stabilization Program☐ Aquatic Therapy☐ Work Conditioning☐ ACL exercise program☐ Shoulder Impingement Exercise☐ PatelloFemoral Exercise☐ Ankle Sprain Program☐ Hip Exercise Program☐ Total Knee Exercise Program☐ Shoulder Aggressive Hands on Passive ROM☐ Scapular Stabilization Program☐ Instability Strengthening Program☐ Plyometric and Proprioceptive Training☐ Closed Chain 0-60 Low Rep High Resistance Quad Strengthening Program☐ Knee Aggressive Stretching for Full ROM

GAIT TRAINING:

☐ Crutches☐ Walker☐ Cane

WEIGHT BEARING:

☐ Touchdown☐ Partial _____ lbs☐ To Tolerance☐ Full

SPORTS:

☐ Taping☐ Equipment Adjustment

TENS:

☐ In Dept Prescription☐ Rental for Home☒ Purchase

BACK STORE / SUPPLIES

☐ Lumbosacral Support with molded insert☐ Lumbosacral Support☐ Home Cervical Traction Units☐ Industrial Corset☐ Back Pillow☐ Cervical Pillow☐ Orthoses (custom molded)☐ Shoulder Pulley

Special Instructions / Precautions / Treatments / Additional Orders:

Home TENS Unit

Would this patient benefit from Social Services? Yes _____ No _____

By signing this referral, I certify that I have examined the patient and physical therapy is medically necessary.

Date: 9/20/12
PART 1-Chart
OC-344 (10/08)Physician signature: _____
PART 2-Patient

SCANNED

PART 3-PT or WC

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OrthoCarolina**Patient:** KIMBERLY WALKER**Age/DOB:****MRN:** 10218981**Home:****Work:****Provider:** Dana Piasecki M.D.**Enc Date:** 09/18/2012**Document Type:** WC Follow Up Visit**Chief Complaint**

• Ms. WALKER is a 44 year old female who presents for follow up of her left knee.

...

-HISTORY OF PRESENT ILLNESS:

Kimberly presents for followup now 4 months out from a left knee arthroscopy, chondroplasty, hardware removal and proximal tibial bone in a year and status post her medial femoral condyle ACI and HTO with iliac crest autograft. As noted in this postoperative phase of recovery. We struggled a bit with respect to pain though things have appeared to improve slightly. We performed a cortisone injection at her last visit and she notes that her symptoms did improve for a few days after that point but since have recurred and now have if anything even progressed on occasion. She feels on focused questioning however that on average her symptoms have improved since we saw her last and are present and overall improved from her original presurgery knee symptoms. She does note some pain medially with weightbearing as well as some very slight crepitus which is intermittently symptomatic. She is on occasion still using a crutch.

She denies numbness, regular tingling or other mechanical symptoms. As noted she works for SunBelt Human.

PHYSICAL EXAMINATION:

On exam, Kimberly is pleasant, cooperative, and in no acute distress. She is alert, oriented, and healthy appearing. Evaluation of her left lower extremity demonstrates well-healed incisions with no signs of infection. She is grossly neurovascularly intact distally including L4-S1 sensory and motor function with no lymphedema, skin lesions, or rashes. Motion today in the office is unchanged from the last evaluation with diffuse mild soreness about the medial joint line with palpation. She has no effusion. Ligaments are stable including Lachman, pivot shift, posterior drawer, varus and valgus stress at zero and thirty degrees.

IMAGING STUDIES:

Four months status post left knee arthroscopy, chondroplasty, hardware removal, and proximal tibial bone grafting status post ACI of the medial femoral condyle along with HTO with iliac crest autograft.

PLAN:

I discussed with Kimberly that I share her frustration that she is not much better at this stage though we have discussed clinically the options for moving forward here. I am encouraged at least that she is better than she was prior to the ACI and HTO and it sounds as if she is improving albeit slowly with at least a component of patellofemoral and quad weakness related symptoms that could well continue to improve with therapy. I would favor, as would she, of wanting any additional surgery here as I suspect the outcomes of revision cartilage restoration options here are likely less predictable given the relative quality of her graft seen at the time of her previous scope. I have nonetheless considered that for her should she be substantially limited with specific weightbearing complaints medially. My overall sense, however, that she would likely be reluctant to have additional surgery and I think it is more likely that she will end up having some mild complaints here that are hopefully not dramatically limiting for her but which we leave alone. Nonetheless, she is comfortable with proceeding with therapy and I have given her a prescription for this. I have asked her to see me back in another 3

Patient: KIMBERLY WALKER
MRN: 10218981

OrthoCarolina

Encounter: 09/18/2012

months for recheck essentially six months out from her chondroplasty, removal of hardware, and proximal tibial bone grafting in what I believe would be maximum medical improvement for her recent surgery. Should she be substantially limited at that point with, again, localizing mechanical complaints medially. We could potentially discuss revision of her ACL to an osteochondral allograft though if her symptoms are more diffuse and/or similarly or less limiting, I would favor a probable functional capacity evaluation. Follow up as noted. /sgw

cc: Fay Jennings, Adjuster.
Kathy Averette, Case Manager..

Assessment

- Knee joint pain (719.46)
- Never a smoker

...

Vital Signs

Recorded by Proctor,Kenza on 18 Sep 2012 11:39 AM

BP:117/73,

HR: 81 b/min,

Height: 64.000000 in, Weight: 228.000000 lb, BMI: 39.1 kg/m2,

BSA Calculated: 2.07 ,

BMI Calculated: 38.93.

Allergies

Rec: 18Sep2012. List Reconciled and Reviewed.

Morphine Derivatives.

Current Meds

Rec: 18Sep2012. List Reconciled and Reviewed.

Zolpidem Tartrate 10 MG Oral Tablet;TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA.; Rx.

Active Problems

Joint Pain, Localized In The Knee (719.46).

PMH

Denial Of Any Significant Medical History.

PSH

Arthroscopy Knee Left 15Jun2012; Left

Grafts Bone Large 15Jun2012; Left

Denied History Of Prior Surgery

Removal Of Implant Deep 15Jun2012; Left.

Family Hx

Family history of No Significant Family History.

Personal Hx

Being A Social Drinker

Marital History - Currently Married

Never A Smoker.

ROS

M/S: See HPI.

...

Signature

Electronically signed by : Dana Piasecki M.D.; 09/25/2012 11:37 AM EST.

Printed By: Yolanda Miller

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10/14/2013 9:37AM

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PATIENT INFORMATION

Last Name WALKER First KIMBERLY Middle _____ Chart Number 10218981

Medical Diagnosis _____ Surgical Procedure _____

Insurance WC-SC STATE ACCIDENT FUND Birth Date 08/11/68 Phone _____FREQUENCY: ☐ Evaluate & Treat
☐ Daily ☐ 3x Week ☐ 2x Week ☐ 1x Week Duration _____ weeks
☐ Therapist Discretion☐ In Department Procedure (includes a home program) ☐ Continue Therapy☐ Home Program Only ☐ Discontinue Therapy

EVALUATION:

- ☐
- PT Evaluation
-
- ☐
- Work Stimulator
-
- ☐
- FEC (Functional Capacity Evaluation)
-
- ☐
- KT 1000
-
- ☐
- Biodex Evaluation

MODALITIES:

- ☒
- Phonophoresis with 5% Fluocinonide
-
- ☐
- Iontophoresis with 4 mg/ml Dexamethasone
-
- ☐
- Ultrasound
-
- ☒
- Electrical Stimulation
-
- ☐
- Mechanical Traction

EXERCISES: PER PROTOCOL: _____

- ☐
- Manual Therapy / Manipulation
- ☐
- ACL exercise program
-
- ☐
- Back Stabilization Program
- ☐
- Shoulder Impingement Exercise
-
- ☐
- Cervical Stabilization Program
- ☐
- Patello Femoral Exercise
-
- ☐
- Aquatic Therapy
- ☐
- Ankle Sprain Program
-
- ☐
- Work Conditioning
- ☐
- Hip Exercise Program
-
- ☐
- Total Knee Exercise Program

- ☐
- Shoulder Aggressive Hands on Passive ROM
-
- ☐
- Scapular Stabilization Program
-
- ☐
- Instability Strengthening Program
-
- ☐
- Plyometric and Proprioceptive Training
-
- ☐
- Closed Chain 0-60 Low Rep High Resistance Quad
-
- ☐
- Strengthening Program
-
- ☐
- Knee Aggressive Stretching for Full ROM

GAIT TRAINING:

- ☐
- Crutches
- ☐
- Walker
- ☐
- Cane

WEIGHT BEARING:

- ☐
- Touchdown
- ☐
- To Tolerance
-
- ☐
- Partial _____ lbs
- ☐
- Full

SPORTS:

- ☐
- Taping
- ☐
- Equipment Adjustment

TENS:

- ☐
- In Dept Prescription
- ☐
- Rental for Home
- ☐
- Purchase

BACK STORE / SUPPLIES

- ☐
- Lumbosacral Support with molded insert
-
- ☐
- Lumbosacral Support
-
- ☐
- Home Cervical Traction Units
-
- ☐
- Industrial Corset
-
- ☐
- Back Pillow
-
- ☐
- Cervical Pillow
-
- ☐
- Orthoses (custom molded)
-
- ☐
- Shoulder Pulley

Special Instructions / Precautions / Treatments / Additional Orders:

Would this patient benefit from Social Services ☐ Yes ☐ No

By signing this referral, I certify that I have examined the patient and physical therapy is medically necessary.

Physician Signature: _____ Date: _____

Physician Name: DANA PIASECKI, MD

SCANNED

Updated 08/17/2011

OrthoCarolina

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 08/14/2012

Document Type: WC Follow Up Visit

Chief Complaint

- Ms. WALKER is a 44 year old female who presents for follow up of her left knee

...

HISTORY OF PRESENT ILLNESS:

Kimberly presents for followup today essentially 3 months out from a left knee arthroscopy, chondroplasty, removal of hardware, and proximal tibial bone grafting and more globally 11 months out from her ACI and HTO. She reports that she is still having some discomfort, anteriorly, along with some crepitus and some linear knee instability. She is having some very mild symptoms, medially, with weightbearing, though she does feel that things have improved quite a bit from prior to the surgery in the region of her plate. She has had no new numbness, tingling, or new mechanical symptoms. Overall, she feels things are progressing slightly, and she is not eager to have any additional surgery at this point.

She presents with her kids today.

PHYSICAL EXAMINATION:

On exam, Kimberly is pleasant, cooperative, and in no acute distress. She is alert and oriented and healthy appearing. Evaluation of her left lower extremity demonstrates well-healed surgical incisions with no signs of infection. She is grossly neurovascularly intact distally, including L4 to S1 sensory and motor function, with no lymphedema, skin lesions, or rashes. Motion is full and symmetric. She has a stable ligamentous exam. She does have mild diffused medial joint line discomfort, but no effusion, no lateral joint line discomfort, ligamentous instability, or meniscal provocative findings. The tenderness over the region of her plate is now gone.

IMPRESSION:

Three months status post left knee arthroscopy, chondroplasty, hardware removal, and bone grafting and nearly a year out from medial femoral condyle ACI and HTO with some persistent quad weakness related complaints and some mild likely scar related crepitus and possibly some slight medial compartment weightbearing symptoms. I have discussed with Kimberly that based on the appearance of her cartilage grafts at the time of surgery I am optimistic about her overall presentation currently and suspect she will likely continue to improve, as we move forward with some therapy. We have discussed trying an injection today given some of the persistent patellofemoral type complaints she has had. She is agreeable with this. After sterile prepping the left knee, a 9 cc 0.25% Marcaine and 1 cc Kenalog cocktail was injected without difficulty. She tolerated this well. I would like to see her back in another 6 weeks for a recheck. We discussed that should she be dramatically limited moving forward we could potentially discuss revision of her ACI to an osteochondral allograft, though I believe we are both on the same page here and wanting, as much as possible, to both avoid surgery altogether, and, even in the event that surgery is necessary, to wait until at least 6 months from her most recent surgery to maximize the rehab benefits she may achieve. She is agreeable with this and will see us back, as noted. /kmg

cc: Fay Jennings, Adjuster

Kathy Averette, Case Manager.

Assessment

- Knee joint pain (719.46)

Printed By: Yolanda Miller

1 of 2

09/14/2012 11:24AM

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Patient: KIMBERLY WALKER
MRN: 10218981

OrthoCarolina

Encounter: 08/14/2012

• Never a smoker

...

Vital Signs

Recorded by Stewart, Tatiana on 14 Aug 2012 11:48 AM

BP: 139/97,

HR: 83 b/min,

Height: 64.000000 in, Weight: 228.000000 lb, BMI: 39.1 kg/m2,

BSA Calculated: 2.07,

BMI Calculated: 38.93.

KIMBERLY WALKER was advised to contact her Primary Care Providers office today with her blood pressure reading. She also received the blood pressure information sheet with the blood pressure reading written on the form.

Allergies

Rec: 14Aug2012. List Reconciled and Reviewed.

Morphine Derivatives.

Current Meds

Rec: 14Aug2012. List Reconciled and Reviewed.

Aleve TABS;; RPT

Hydrocodone-Acetaminophen 7.5-325 MG Oral Tablet; Take 1-2 tablets every 4-6 hours as needed for pain; Rx
MethylPREDNISolone (Pak) 4 MG Oral Tablet; TAKE AS DIRECTED ON PATIENT INSTRUCTION CARD.; Rx
Zolpidem Tartrate 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA.; Rx.

Past Meds

MethylPREDNISolone (Pak) 4 MG Oral Tablet; TAKE AS DIRECTED ON PATIENT INSTRUCTION CARD;
Qty1; R0; Rx.

Aleve TABS;; Qty0; R0; RPT.

Hydrocodone-Acetaminophen 7.5-325 MG Oral Tablet; Take 1-2 tablets every 4-6 hours as needed for pain; Qty60;
R0; Rx.

Active Problems

Joint Pain, Localized In The Knee (719.46).

PMH

Denial Of Any Significant Medical History.

PSH

Arthroscopy Knee Left 15Jun2012; Left

Grafts Bone Large 15Jun2012; Left

Denied History Of Prior Surgery

Removal Of Implant Deep 15Jun2012; Left.

Family Hx

Family history of No Significant Family History.

Personal Hx

Alcohol: A social drinker.

Marital: Currently married.

Never A Smoker.

ROS

M/S: See HPI.

...

Signature

Electronically signed by : Dana Piasecki M.D.; 08/22/2012 9:10 AM EST.

Printed By: Yolanda Miller

2 of 2

09/14/2012 11:24AM

PATIENT INFORMATION

Last Name WALKER First KIMBERLY Middle _____ Chart Number 10218981Medical Diagnosis sp y / km Surgical Procedure _____Insurance WC-SC STATE ACCIDENT FUND Birth Date 08/11/68Phone 1

FREQUENCY:

☐ Daily ☐ 3x Week ☒ Evaluate & Treat ☐ 2x Week☐ 1x WeekDuration 6 weeks
☒ Therapist Discretion☐ In Department Procedure (includes a home program) ☐ Continue Therapy☒ Home Program Only☐ Discontinue Therapy

EVALUATION:

- ☐ PT Evaluation
- ☐ Work Stimulator
- ☐ FEC (Functional Capacity Evaluation)
- ☐ KT 1000
- ☐ Biodex Evaluation

MODALITIES:

- ☐ Phonophoresis with 5% Fluocinonide
- ☐ Iontophoresis with 4 mg/ml Dexamethasone
- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Mechanical Traction

EXERCISES:

PER PROTOCOL:

- ☐ Manual Therapy / Manipulation
- ☐ Back Stabilization Program
- ☐ Cervical Stabilization Program
- ☐ Aquatic Therapy
- ☐ Work Conditioning

- ☐ ACL exercise program
- ☐ Shoulder Impingement Exercise
- ☒ Patello Femoral Exercise
- ☐ Ankle Sprain Program
- ☒ Hip Exercise Program
- ☐ Total Knee Exercise Program

- ☐ Shoulder Aggressive Hands on Passive ROM
- ☐ Scapular Stabilization Program
- ☐ Instability Strengthening Program
- ☐ Plyometric and Proprioceptive Training
- ☐ Closed Chain 0-60 Low Rep High Resistance Quad
- ☐ Strengthening Program
- ☒ Knee Aggressive Stretching for Full ROM

GAIT TRAINING:

- ☐ Crutches
- ☐ Walker
- ☐ Cane

WEIGHT BEARING:

- ☐ Touchdown
- ☐ Partial _____ lbs
- ☐ To Tolerance
- ☐ Full

SPORTS:

- ☐ Taping
- ☐ Equipment Adjustment

TENS:

- ☐ In Dept Prescription
- ☐ Rental for Home
- ☐ Purchase

BACK STORE / SUPPLIES

- ☐ Lumbosacral Support with molded insert
- ☐ Lumbosacral Support
- ☐ Home Cervical Traction Units
- ☐ Industrial Corset
- ☐ Back Pillow
- ☐ Cervical Pillow
- ☐ Orthoses (custom molded)
- ☐ Shoulder Pulley

Special Instructions / Precautions / Treatments / Additional Orders:

Would this patient benefit from Social Services ☐ Yes ☒ No

By signing this referral, I certify that I have examined the patient and physical therapy is medically necessary.

Physician Signature: _____

Physician Name: DANA PIASECKI, MDDate: 8/14/11

Medical Questionnaire

RE: Kimberly Walker

SSN:

DOB:

Have the injuries from Ms. Walker's work related accident, including multiple surgeries, most probably aggravated or worsened her psychological condition?

Yes.

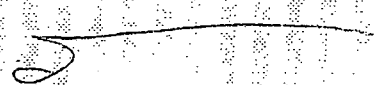
Would Ms. Walker most probably benefit from on-going psychological treatment and counseling for her aggravated psychological problems?

Yes.

These answers represent my opinion to a reasonable degree of medical certainty.

Date:

7/27/12



Dr. Dana Piasecki

PATIENT INFORMATION

Last Name WALKER First KIMBERLY Middle _____ Chart Number 10218981Medical Diagnosis WALKER Surgical Procedure _____Insurance WC-SC STATE ACCIDENT FUND Birth Date 08/11/68 Phone _____FREQUENCY: ☐ Evaluate & Treat
☐ Daily ☐ 3x Week ☐ 2x WeekDuration _____ weeks
☐ 1x Week ☐ Therapist Discretion☐ In Department Procedure (includes a home program) ☐ Continue Therapy☐ Home Program Only ☐ Discontinue Therapy

EVALUATION:

- ☐
- PT Evaluation
-
- ☐
- Work Stimulator
-
- ☐
- FEC (Functional Capacity Evaluation)
-
- ☐
- KT 1000
-
- ☐
- Biodex Evaluation

MODALITIES:

- ☒
- Phonophoresis with 5% Fluocinonide
-
- ☒
- Iontophoresis with 4 mg/ml Dexamethasone
-
- ☐
- Ultrasound
-
- ☒
- Electrical Stimulation
-
- ☐
- Mechanical Traction

EXERCISES: PER PROTOCOL: _____

- ☐
- Manual Therapy / Manipulation
- ☐
- ACL exercise program
-
- ☐
- Back Stabilization Program
- ☐
- Shoulder Impingement Exercise
-
- ☐
- Cervical Stabilization Program
- ☒
- Patello Femoral Exercise
-
- ☐
- Aquatic Therapy
- ☐
- Ankle Sprain Program
-
- ☐
- Work Conditioning
- ☐
- Hip Exercise Program
-
- ☐
- Total Knee Exercise Program

- ☐
- Shoulder Aggressive Hands on Passive ROM
-
- ☐
- Scapular Stabilization Program
-
- ☐
- Instability Strengthening Program
-
- ☐
- Plyometric and Proprioceptive Training
-
- ☐
- Closed Chain 0-60 Low Rep High Resistance Quad
-
- ☐
- Strengthening Program
-
- ☐
- Knee Aggressive Stretching for Full ROM

GAIT TRAINING:

- ☐
- Crutches
- ☐
- Walker
- ☐
- Cane

WEIGHT BEARING:

- ☐
- Touchdown
- ☐
- To Tolerance
-
- ☐
- Partial _____ lbs
- ☐
- Full

SPORTS:

- ☐
- Taping
- ☐
- Equipment Adjustment

TENS:

- ☐
- In Dept Prescription
- ☐
- Rental for Home
- ☐
- Purchase

BACK STORE / SUPPLIES

- ☐
- Lumbosacral Support with molded insert
-
- ☐
- Lumbosacral Support
-
- ☐
- Home Cervical Traction Units
-
- ☐
- Industrial Corset
-
- ☐
- Back Pillow
-
- ☐
- Cervical Pillow
-
- ☐
- Orthoses (custom molded)
-
- ☐
- Shoulder Pulley

Special Instructions / Precautions / Treatments / Additional Orders:

Would this patient benefit from Social Services ☐ Yes ☒ No

By signing this referral, I certify that I have examined the patient and physical therapy is medically necessary.

Physician Signature: _____ Date: 7/11/11Physician Name: DANA PIASECKI, MD

SCANNED

Updated 08/17/2011

OrthoCarolina

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 07/26/2012

Document Type: WC Follow Up Visit

Chief Complaint

- Ms. WALKER is a 43 year old female who presents for follow up of left knee

HISTORY OF PRESENT ILLNESS:

Kimberly presents for followup 6 weeks out from her left knee arthroscopy, chondroplasty, and removal of hardware and proximal tibial bone grafting. She is more globally 10 months out from her HTO and medial femoral condyle ACI. As noted at the time of her surgery, she did have some very slight marginal hypertrophy of her graft on arthroscopy with respect to her ACI, though overall the graft appeared quite good with excellent fill and consistency of the cartilage. Clinically, she notes today that she is doing okay though she is still having predominantly patellofemoral-type complaints with pain with stairs and prolonged sitting as well as some quad weakness-related symptoms. She does have also some mild medial weightbearing-type complaints though this is less severe than the patellofemoral symptoms. The majority of her medial complaints she notes are improved since prior to the surgery. She also notes significantly being quite frustrated, anxious, and in many ways depressed given the longevity of her recovery and the persistence of symptoms at this point.

PHYSICAL EXAMINATION:

On exam, Kimberly is pleasant, cooperative, and in no acute distress. She is a bit tearful on discussion of her recovery process. She is grossly neurovascularly intact distally involving the left lower extremity including L4 to S1 sensory and motor function with no lymphedema, skin lesions, or rashes. Motion is essentially full and symmetric with well-healed incisions and no signs of infection. She demonstrates only mild soreness over the proximal medial tibia and over the medial joint line with no obvious effusion.

IMPRESSION:

Left knee complaints now 6 weeks status post chondroplasty, removal of hardware and bone grafting, and 10 months status post ACI of the medial femoral condyle combined with HTO.

PLAN:

I have discussed with Kimberly that it is entirely normal to be anxious and frustrated with the vast majority of patients having undergone as many surgeries as her also demonstrating some clinical signs of depression. I think it would be quite appropriate for her to be seen and evaluated by a psychologist or psychiatrist to help her through some of this. I have also suggested that the majority of her complaints today appear predominantly patellofemoral and should continue to improve with rehab. I have given her a prescription for a Medrol Dosepak and some Ambien to help her with some of the inflammation and sleep issues she has been having respectively. I would like to see her back in 4 weeks for a recheck. If still limited at that point, I would have a low threshold for performing an injection. Long-term, should she continue to be dramatically limited, we could potentially discuss revision of her chondral resurfacing with an osteochondral allograft, though based on the excellent appearance of her graft at the time of her scope, I would favor watching this as long as possible before intervening again. She is agreeable with the above and will see us back as noted./rmk

cc: Fay Jennings, Worker's Compensation - Adjuster
Kathy Averette, Worker's Compensation - Case Manager.

Printed By: Yolanda Miller

1 of 2

09/14/2012 11:25AM

Patient: KIMBERLY WALKER
MRN: 10218981

Encounter: 07/26/2012

Assessment

- Never a smoker

...

Vital Signs

Recorded by Loftin,Latoya on 26 Jul 2012 01:30 PM

BP:133/81,

HR: 87 b/min,

Height: 64.000000 in, Weight: 228.000000 lb, BMI: 39.1 kg/m2,

BSA Calculated: 2.07,

BMI Calculated: 38.93.

Allergies

Rec: 26Jul2012. List Reconciled and Reviewed.

Morphine Derivatives.

Current Meds

Rec: 26Jul2012. List Reconciled and Reviewed.

Aleve TABS;; RPT

Hydrocodone-Acetaminophen 7.5-325 MG Oral Tablet;Take 1-2 tablets every 4-6 hours as needed for pain; Rx

Citalopram Hydrobromide 20 MG Oral Tablet;take 1 tablet by mouth once daily; RPT

MethylPREDNISolone (Pak) 4 MG Oral Tablet;TAKE AS DIRECTED ON PATIENT INSTRUCTION CARD.; Rx

Zolpidem Tartrate 10 MG Oral Tablet;TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA.; Rx.

Active Problems

Joint Pain, Localized In The Knee (719.46).

PMH

Denial Of Any Significant Medical History.

PSH

Arthroscopy Knee Left 15Jun2012; Left

Grafts Bone Large 15Jun2012; Left

Denied History Of Prior Surgery

Removal Of Implant Deep 15Jun2012; Left.

Family Hx

Family history of No Significant Family History.

Personal Hx

Never A Smoker.

ROS

Musculoskeletal: Pain localized to one or more joints. No localized joint swelling and no localized joint stiffness.

Neurological: No dizziness, no tingling, no burning sensation, and no numbness.

M/S: See HPI.

...

Signature

Electronically signed by : Dana Piasecki M.D.; 08/02/2012 9:07 AM EST.

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✓ Phase II (Weeks 2-6)***: Advance ROM and strengthening.

♦ ROM: Continue with daily ROM exercises

- Goal: Increase ROM as tolerated; aggressive end-range stretching as tolerated

♦ Strengthening: Begin and advance closed chain strengthening to full motion arc.

- Add pulley weights, theraband, and other modalities as per PT discretion.
- Advance to wall sits, lunges, balance ball, leg curls, leg press, plyometrics as tolerated.
- Continue stationary bike and biking outdoors for ROM, strengthening, and cardio. Progress to sport-specific activities as tolerated.
- Monitor for anterior knee symptoms, modulating exercises as necessary.

***If a lysis of adhesions (LOA) and manipulation under anesthesia (MUA) was performed at the same time, patient needs to wear a knee immobilizer (or hinged knee brace, locked in extension) at all times except during PT and for hygiene. CPM is usually ordered for 2-4 hrs per day x 6wks.

✓ Other:

✓ Modalities

✓ Heat before/after

✓ May participate in aquatherapy after week three, begin aqua-running week 6

✓ Electrical Stimulation

✓ Ice before/after exercise

✓ Ultrasound

Frequency: 2/3 x/week x 6 weeks

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient would would not benefit from social services.

Dana P. Piasecki, MD

Dana P. Piasecki, MD

Date: 6/26/12

OrthoCarolina

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Andy Hylton P.A.

Enc Date: 06/26/2012

Document Type: Post Op

Chief Complaint

- Ms. WALKER is a 43 year old female who presents for follow up of left knee.
- Date of surgery is 6/18/12

...

HISTORY OF PRESENT ILLNESS:

Kimberly presents today for her first postop visit status post a left knee arthroscopy, chondroplasty of marginal area of ACI graft of the medial femoral condyle, removal of hardware deep implant, and bone grafting of medial proximal tibia. Kimberly mentions that overall she has done well postoperatively. She had an isolated incident yesterday whereby she was perhaps a bit too active and she is feeling a little bit more sore today. She presents today using 2 crutches. Her pain has been well managed but she has not tried physical therapy yet.

PHYSICAL EXAMINATION:

On examination today, Kimberly is pleasant, cooperative, and in no acute distress. She is alert and oriented. Evaluation of her left knee demonstrates well-healed surgical incisions with no signs of infection, erythema, or drainage. Examination is notable for full extension with a comfortable 100 degrees of flexion.

IMPRESSION:

Kimberly is a 43-year-old female who is doing well at her first postop visit status post left knee arthroscopy and marginal area of ACI graft chondroplasty, removal of hardware deep implant, and bone grafting of proximal medial tibia.

PLAN:

I discussed with Kimberly in the office today that I am happy with her current progress. I really think that she needs to be patient and I would like for her to get into physical therapy as soon as it is convenient for her. Moving forward, she does note that her right knee has started to be somewhat symptomatic to her. I advised her that we will hold off on doing anything aggressive regarding treatment of the right knee until we can get her moving in regard to the left. Moving forward, she will follow up with us in 4 weeks' time. /sgw

Patient seen and evaluated by: Andy Hylton, P.A.-C.

Supervising Physician: Dana Piasecki, M.D.

cc: Fay Jennings, Adjuster.

Kathy Averette, Case Manager..

Assessment

- Knee joint pain (719.46)

...

Vital Signs

Recorded by Easterling, Stephanie on 26 Jun 2012 01:47 PM

BP: 132/89,

Height: 64.000000 in, Weight: 228.000000 lb, BMI: 39.1 kg/m2,

Printed By: Yolanda Miller

1 of 2

09/14/2012 11:25AM

Patient: KIMBERLY WALKER
MRN: 10218981

Encounter: 06/26/2012

BSA Calculated: 2.07 ,
BMI Calculated: 38.93.

Allergies

Morphine Derivatives.

Current Meds

Aleve TABS;; RPT

Hydrocodone-Acetaminophen 7.5-325 MG Oral Tablet; Take 1-2 tablets every 4-6 hours as needed for pain; Rx.

PSH

Arthroscopy Knee Left 15Jun2012; Left

Grafts Bone Large 15Jun2012; Left

Denied History Of Prior Surgery

Removal Of Implant Deep 15Jun2012; Left.

ROS

M/S: See HPI.

...

Signature

Electronically signed by : Andy Hylton P.A.; 06/30/2012 12:46 PM EST.

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Operative/Procedure Reports

WALKER, KIMBERLY MCKINNEY - 0005710933

* Final Report *

10218981

Result Type: Operative/Procedure Reports
Result Date: 15 June 2012 0:00 EDT
Result Status: Auth (Verified)
Result Title: Operative Note
Performed By: PIASECKI, DANA PETER MD on 18 June 2012 7:09 EDT
Verified By: PIASECKI, DANA PETER MD on 19 June 2012 10:12 EDT
Encounter info: 1215800079, CMC-M, OPP - Outpatient Procedure Patient, 6/15/2012 - 6/15/2012

* Final Report *

Operative Note (Verified)

WALKER, KIMBERLY

5710933

FINAL COPY

DATE OF SERVICE: 06/15/2012

PREOPERATIVE DIAGNOSES:

1. Left knee medial compartment discomfort and symptomatic hardware, status post high tibial osteotomy and medial femoral condyle autologous chondrocyte implantation.

POSTOPERATIVE DIAGNOSES:

1. Left knee medial compartment discomfort and symptomatic hardware, status post high tibial osteotomy and medial femoral condyle autologous chondrocyte implantation with intact autologous chondrocyte implantation graft.

PROCEDURE:

1. Left knee arthroscopy, chondroplasty, marginal area of ACL graft medial femoral condyle.
2. Removal of hardware deep implant.
3. Bone grafting proximal medial tibia.

SURGEON: Piasecki.

ASSISTANT: Haser, PA-C.

ANESTHESIA: General endotracheal.

IV FLUIDS: 1.5 liters crystalloid.

ANESTHESIA: General endotracheal.

Printed by: PIASECKI, DANA PETER MD
Printed on: 6/19/2012 10:12 EDT

Page 1 of 4
(Continued)

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* Final Report *

INTRAVENOUS FLUIDS: 1.5 liters crystalloid.

IMPLANTS, CULTURES, DRAINS, COMPLICATIONS: None.

DISPOSITION: Stable to recovery room.

INDICATIONS: This is a 43-year-old female who presented to the office 6 months status post left knee arthroscopy, HTO with iliac crest autograft combined with the medial femoral condyle ACI who demonstrated persistent proximal medial tibial symptoms felt to be related to her plate as well as mild medial compartment symptoms. After failure of nonsurgical measures, a discussion was had with the patient regarding a second look arthroscopy to evaluate her medial femoral condyle combined with a planned removal of hardware and bone grafting of her proximal medial tibia. After discussing risks and benefits, the patient requested surgery and thus presents for operative management and perioperative care.

FINDINGS: At the time of surgery in the operating room, the patient demonstrated full range of motion with no evidence of ligamentous instability. Subsequent diagnostic arthroscopy demonstrated unchanged grade 3 chondral loss in multifocal regions involving the central trochlear groove with diffuse grade 2 chondral loss involving the patella with intact chondral surfaces involving the lateral femoral condyle, medial and lateral tibial plateaus. The medial and lateral menisci were without significant tear or instability, and the ACL and PCL appeared normal. Evaluation of the suprapatellar pouch, medial and lateral gutters demonstrated no substantial synovitis or any obvious loose body. Careful evaluation of the medial femoral condyle demonstrated a very healthy and normal-appearing ACI graft with complete fill and good integration. The graft demonstrated normal consistency from a tissue standpoint at 6 months post implantation with only some very marginal graft hypertrophy at the medial aspect of the defect, which was debrided back to a level surface with respect to the remainder of the graft. Subsequent open exposure of the proximal medial tibial plate was followed by uncomplicated hardware removal in its entirety and bone grafting of the proximal medial tibia.

DESCRIPTION OF PROCEDURE: Following signing of the correct surgical site and informed consent, the patient was taken to the operating room where an uncomplicated general anesthetic was administered in the supine position, an uncomplicated femoral nerve block having been performed in the holding area. After prepping and draping in the normal sterile fashion, a standard diagnostic arthroscopy was performed using a standard anterolateral and spinal needle localized anteromedial portal with the findings as noted in the operative findings section.

Chondroplasty medial femoral condyle: After completion of the above, a shaver was used to gently debride the hypertrophic region involving the medial aspect of the ACI graft without disturbing the remainder of the graft and creating ultimately a graft surface flush with the surrounding defect margins.

Removal of hardware, deep implant: After completion of the above, excess joint fluid was egressed, the arthroscopic instruments removed, and the distal aspect of the patient's prior incision taken with sharp dissection through the skin and underlying subcutaneous tissues facilitating longitudinal division of the pes tendons and

Printed by: PIASECKI, DANA PETER MD
Printed on: 6/19/2012 10:12 EDT

Page 2 of 4
(Continued)

• Final Report •

subperiosteal exposure of the proximal medial tibial HTO plate. The appropriate screwdriver was then used to remove each of the screws in their entirety with an elevator used to gently lever the plate out of its prior position. The osteotomy wedge region occupied by the plate was then debrided with a curet and bone grafting performed.

Bone grafting, proximal medial tibia: After completion of the above, a combination of autograft from curettage of the screw holes combined with allograft bone using cancellous allograft chips and demineralized bone matrix were implanted flush to the outer cortex involving the central wedge portion of the prior position, after which the wound was copiously irrigated, the tourniquet let down with hemostasis achieved with cautery. The pes tendons repaired with 0 Vicryl sutures with deep subcutaneous closure using 0 Vicryl sutures, buried 3-0 Monocryls in a running 3-0 Monocryl suture then used for the skin with interrupted 3-0 nylon suture closure of the arthroscopic portals and a sterile, lightly compressive dressing applied, the patient transferred to supine recumbency in a hospital bed and from there to the recovery room without difficulty or complication.

All sponge, needle and instrument counts were correct. I was present during all critical portions of the procedure. There were no complications. Postop rehab protocol will be as per the knee arthroscopy and debridement protocol. Moving forward, should the patient have persistent medial compartment symptoms, consideration will be had for an MRI to rule out substantial medial femoral condyle overload, though given the excellent appearance of the ACI graft, a low threshold would be had for delaying additional surgical intervention until full graft maturation at roughly 1 year postoperatively, in which case if symptoms persisted, consideration could be had for a revision to an osteochondral allograft.

D: 06/18/2012 07:09AM DANA PETER PIASECKI, MD

T: 06/18/2012 07:44AM NTS

Job # 7029842U/Conf # 5730589

cc:

Signature Line

Electronically Signed By: PIASECKI, DANA PETER MD

06/19/2012 10:12 AM

Completed Action List:

- * Perform by PIASECKI, DANA PETER MD on 18 June 2012 7:09 EDT
- * Transcribe by ESCRIPTION, TRANSCRIPTIONIST on 18 June 2012 7:44 EDT
- * Sign by PIASECKI, DANA PETER MD on 19 June 2012 10:12 EDT Requested on 18 June 2012 12:22 EDT
- * VERIFY by PIASECKI, DANA PETER MD on 19 June 2012 10:12 EDT

Printed by: PIASECKI, DANA PETER MD
Printed on: 6/19/2012 10:12 EDT

Page 3 of 4
(Continued)

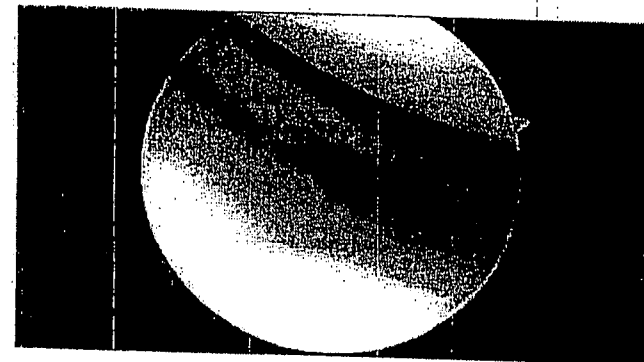
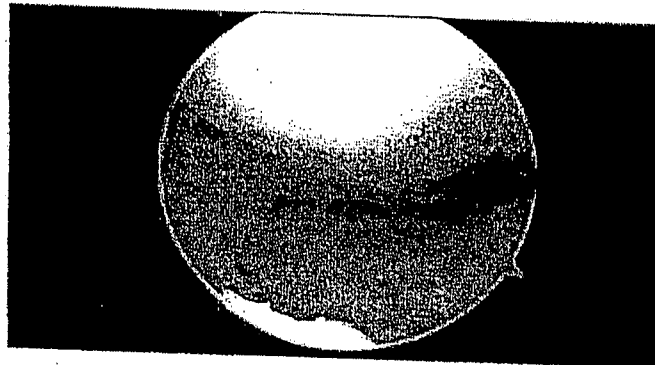
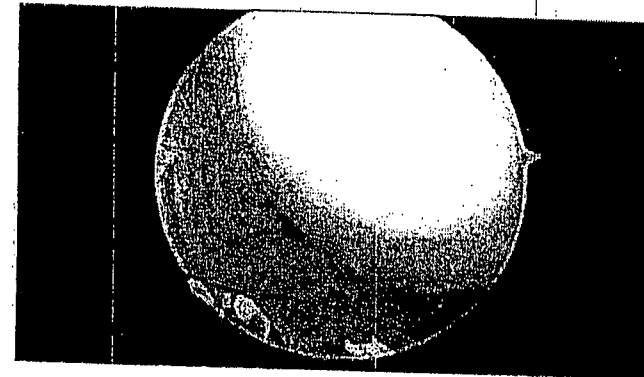
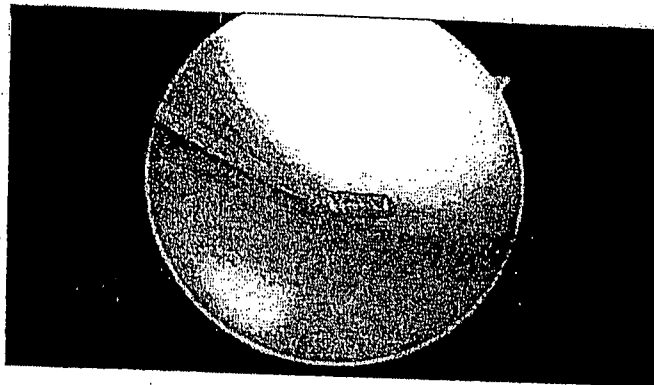
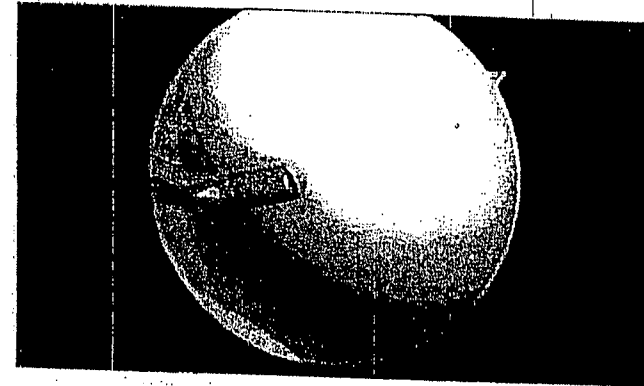
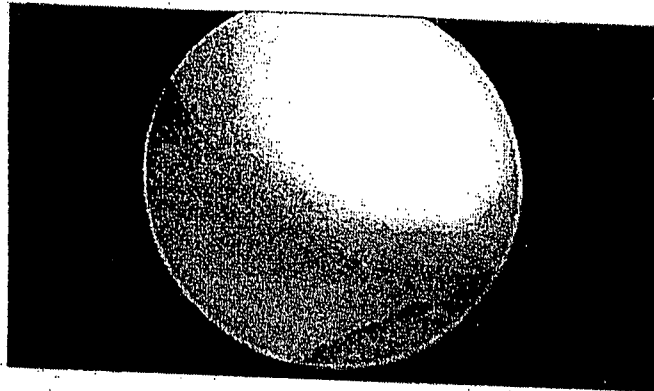
38

* Final Report *

Printed by: PIASECKI, DANA PETER MD
Printed on: 6/19/2012 10:12 EDT

Page 4 of 4
(End of Report)

39
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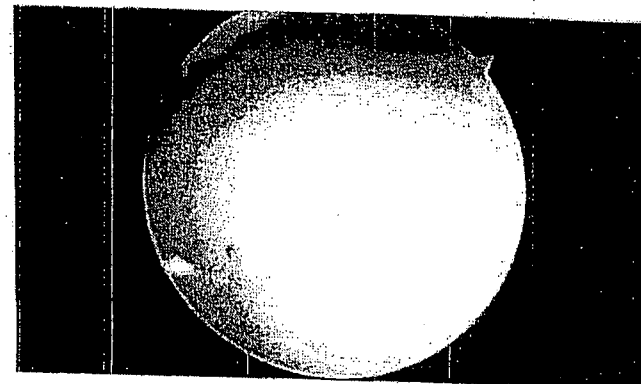
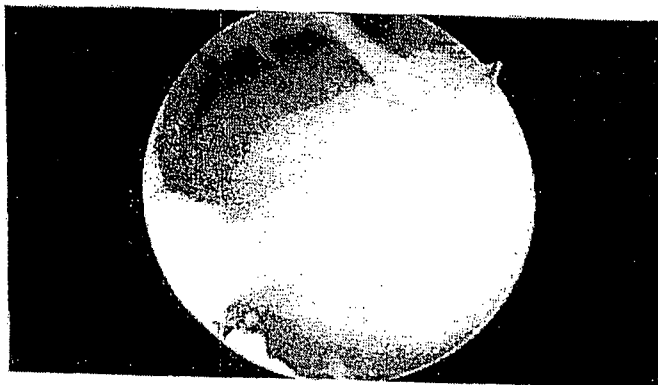
P211
P164

Patient ID:

Patient: WALKER KIMBERLY

Procedure Date: 06/15/2012

Procedure: LEFT KNEE ARTHROSCOPY



P212
P165

Patient ID:

Patient: WALKER KIMBERLY

Procedure Date: 06/15/2012

Procedure: LEFT KNEE ARTHROSCOPY

* Final Report *

102/898/

Result Type: Operative/Procedure Reports
Result Date: 18 June 2012 0:00 EDT
Result Status: Auth (Verified)
Result Title: Operative Note
Performed By: PIASECKI, DANA PETER MD on 18 June 2012 7:09 EDT
Verified By: PIASECKI, DANA PETER MD on 18 June 2012 9:16 EDT
Encounter info: 1215800079, CMC-M, OPP - Outpatient Procedure Patient, 6/15/2012 - 6/15/2012

* Final Report *

Operative Note (Verified)

WALKER, KIMBERLY

5710933

DATE OF SERVICE: 06/18/2012

PREOPERATIVE DIAGNOSES:

1. Left knee medial compartment discomfort and symptomatic hardware, status post high tibial osteotomy and medial femoral condyle autologous chondrocyte implantation.

POSTOPERATIVE DIAGNOSES:

1. Left knee medial compartment discomfort and symptomatic hardware, status post high tibial osteotomy and medial femoral condyle autologous chondrocyte implantation with intact autologous chondrocyte implantation graft.

PROCEDURE:

1. Left knee arthroscopy, chondroplasty, marginal area of ACL graft medial femoral condyle.
2. Removal of hardware deep implant.
3. Bone grafting proximal medial tibia.

SURGEON: Piasecki.

ASSISTANT: Haser, PA-C.

ANESTHESIA: General endotracheal.

IV FLUIDS: 1.5 liters crystalloid.

ANESTHESIA: General endotracheal.

INTRAVENOUS FLUIDS: 1.5 liters crystalloid.

Printed by: PIASECKI, DANA PETER MD
Printed on: 6/18/2012 9:16 EDT

Page 1 of 4
(Continued)

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* Final Report *

IMPLANTS, CULTURES, DRAINS, COMPLICATIONS: None.

DISPOSITION: Stable to recovery room.

INDICATIONS: This is a 43-year-old female who presented to the office 6 months status post left knee arthroscopy, HTO with iliac crest autograft combined with the medial femoral condyle ACI who demonstrated persistent proximal medial tibial symptoms felt to be related to her plate as well as mild medial compartment symptoms. After failure of nonsurgical measures, a discussion was had with the patient regarding a second look arthroscopy to evaluate her medial femoral condyle combined with a planned removal of hardware and bone grafting of her proximal medial tibia. After discussing risks and benefits, the patient requested surgery and thus presents for operative management and perioperative care.

FINDINGS: At the time of surgery in the operating room, the patient demonstrated full range of motion with no evidence of ligamentous instability. Subsequent diagnostic arthroscopy demonstrated unchanged grade 3 chondral loss in multifocal regions involving the central trochlear groove with diffuse grade 2 chondral loss involving the patella with intact chondral surfaces involving the lateral femoral condyle, medial and lateral tibial plateaus. The medial and lateral menisci were without significant tear or instability, and the ACL and PCL appeared normal. Evaluation of the suprapatellar pouch, medial and lateral gutters demonstrated no substantial synovitis or any obvious loose body. Careful evaluation of the medial femoral condyle demonstrated a very healthy and normal-appearing ACI graft with complete fill and good integration. The graft demonstrated normal consistency from a tissue standpoint at 6 months post implantation with only some very marginal graft hypertrophy at the medial aspect of the defect, which was debrided back to a level surface with respect to the remainder of the graft. Subsequent open exposure of the proximal medial tibial plate was followed by uncomplicated hardware removal in its entirety and bone grafting of the proximal medial tibia.

DESCRIPTION OF PROCEDURE: Following signing of the correct surgical site and informed consent, the patient was taken to the operating room where an uncomplicated general anesthetic was administered in the supine position, an uncomplicated femoral nerve block having been performed in the holding area. After prepping and draping in the normal sterile fashion, a standard diagnostic arthroscopy was performed using a standard anterolateral and spinal needle localized anteromedial portal with the findings as noted in the operative findings section.

Chondroplasty medial femoral condyle: After completion of the above, a shaver was used to gently debride the hypertrophic region involving the medial aspect of the ACI graft without disturbing the remainder of the graft and creating ultimately a graft surface flush with the surrounding defect margins.

Removal of hardware, deep implant: After completion of the above, excess joint fluid was egressed, the arthroscopic instruments removed, and the distal aspect of the patient's prior incision taken with sharp dissection through the skin and underlying subcutaneous tissues facilitating longitudinal division of the pes tendons and subperiosteal exposure of the proximal medial tibial HTO plate. The appropriate screwdriver was then used to remove each of the screws in their entirety with an elevator used to gently lever the plate out of its prior position.

Printed by: PIASECKI, DANA PETER MD
Printed on: 6/18/2012 9:16 EDT

Page 2 of 4
(Continued)

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* Final Report *

The osteotomy wedge region occupied by the plate was then debrided with a curet and bone grafting performed.

Bone grafting, proximal medial tibia: After completion of the above, a combination of autograft from curettage of the screw holes combined with allograft bone using cancellous allograft chips and demineralized bone matrix were implanted flush to the outer cortex involving the central wedge portion of the prior position, after which the wound was copiously irrigated, the tourniquet let down with hemostasis achieved with cautery. The pes tendons repaired with 0 Vicryl sutures with deep subcutaneous closure using 0 Vicryl sutures, buried 3-0 Monocryls in a running 3-0 Monocryl suture then used for the skin with interrupted 3-0 nylon suture closure of the arthroscopic portals and a sterile, lightly compressive dressing applied, the patient transferred to supine recumbency in a hospital bed and from there to the recovery room without difficulty or complication.

All sponge, needle and instrument counts were correct. I was present during all critical portions of the procedure. There were no complications. Postop rehab protocol will be as per the knee arthroscopy and debridement protocol. Moving forward, should the patient have persistent medial compartment symptoms, consideration will be had for an MRI to rule out substantial medial femoral condyle overload, though given the excellent appearance of the ACI graft, a low threshold would be had for delaying additional surgical intervention until full graft maturation at roughly 1 year postoperatively, in which case if symptoms persisted, consideration could be had for a revision to an osteochondral allograft.

D: 06/18/2012 07:09AM DANA PETER PIASECKI, MD

T: 06/18/2012 07:44AM NTS

Job # 7029842/Conf # 5730589

cc:

Signature Line

Electronically Signed By: PIASECKI, DANA PETER MD

06/18/2012 09:16 AM

Completed Action List:

- * Perform by PIASECKI, DANA PETER MD on 18 June 2012 7:09 EDT Requested by CHRISTY, ERICA R on 16 June 2012 12:02 EDT
- * Transcribe by ESCRIPTION, TRANSCRIPTIONIST on 18 June 2012 7:44 EDT
- * Sign by PIASECKI, DANA PETER MD on 18 June 2012 9:16 EDT Requested on 18 June 2012 7:45 EDT
- * VERIFY by PIASECKI, DANA PETER MD on 18 June 2012 9:16 EDT

Printed by: PIASECKI, DANA PETER MD
Printed on: 6/18/2012 9:16 EDT

Page 3 of 4
(Continued)

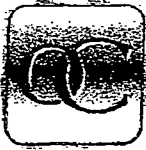
44

* Final Report *

Printed by: PIASECKI, DANA PETER MD
Printed on: 6/18/2012 9:16 EDT

Page 4 of 4
(End of Report)

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PHYSICAL THERAPY PROTOCOL
**Knee Arthroscopy, Partial Meniscectomy,
Fat Pad/Plica Debridement**

Dana P. Piasecki, MD
The Sports Medicine Center
OrthoCarolina

10218981

Patient Name: Kimberly Wicks Date of Surgery: 6/18/12

Procedure(s):

Right/Left Knee Arthroscopy
Partial Meniscectomy/Debridement
Fat Pad/Plica Debridement

+ Chondroplasty
+ hardware
removal

Accessory Procedure (circled if applicable):

Lysis of Adhesions (LOA) with Manipulation Under Anesthesia (MUA)

- ☒ Evaluate and Treat – no open chain or isokinetic exercises
- ☒ Provide patient with home exercise program

☒ Phase I (Weeks 1-2)***: Initial recovery.

- ♦ Weight bearing as tolerated without assist by 48 hours post-op.
- ♦ ROM: Progress through passive, active and active-assisted ROM as tolerated
 - Goal: Full extension by 2 weeks, 130 degrees of flexion by 6 weeks
- ♦ Patellar mobilization daily
- ♦ Strengthening: quad sets, SLRs, heel slides, etc.. No restrictions to ankle/hip strengthening.

***If a lysis of adhesions (LOA) and manipulation under anesthesia (MUA) was performed at the same time, patient needs to wear a knee immobilizer (or hinged knee brace, locked in extension) at all times except during PT and for hygiene. CPM is usually ordered for 2-4 hrs per day x 6wks.

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SCANNED

4/6

OrthoCarolina

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 05/24/2012

Document Type: WC Follow Up Visit

Chief Complaint

• Ms. WALKER is a 43 year old female who presents for follow up of her left knee

HISTORY OF PRESENT ILLNESS:

Kimberly presents for followup now just shy of the 6 month mark status post left knee HTO and medial femoral condyle ACI. She has been having some weightbearing complaints leading up to her last visit and we had resolved to try continued rest, limited weightbearing, and a progressive approach thereafter. She unfortunately has had persistent symptoms with weightbearing as well as directly over her plate, which have not alleviated. She is interested at this point in considering surgical options.

She denies numbness, tingling, or dramatic mechanical symptoms, though does note some painful crepitus as well. She presents with her daughter today.

PHYSICAL EXAMINATION:

On exam, Kimberly is pleasant, cooperative and in no acute distress. She is alert and oriented and healthy appearing. Evaluation of her left lower extremity demonstrates well healed surgical incision with no signs of infection. She is grossly neurovascularly intact distally including L4 to S1 sensory and motor function with no lymphedema, skin lesions, or rashes. Motion is full and symmetric with no effusion. She does have notable discomfort on palpation over the plate as well as diffusely over the medial joint line but with a negative meniscal provocative evaluation and no abnormalities laterally.

RADIOGRAPHS:

AP and lateral views of the left knee obtained today in the office demonstrate a healed osteotomy with stable position of her hardware.

IMPRESSION:

Nearly 6 months status post left knee HTO and medial femoral condyle ACI with persistent weightbearing complaints and symptomatic hardware.

PLAN:

I have discussed with Kimberly at this point I would favor progressing with a second look arthroscopy, debridement, and removal of her HTO hardware. We have discussed the potential issues at the time of surgery with respect to her chondral graft with a possible chondroplasty and any debridement of proliferative or prominent scar tissue in the anterior interval which could be causing her painful crepitus. At the time of arthroscopy, staging evaluation would also be performed in the event that she did not have significant improvement with the above with respect to a possible revision chondral procedure moving forward. She would likely require bone grafting of her HTO plate position as well over the proximal medial tibia. She is agreeable with this and we will plan to move forward as noted. Risks and benefits were discussed including bleeding, nerve damage, infection, loss of motion, and the potential need for additional surgery in the future. Follow up as noted./fmg

cc: Fay Jennings, Adjuster

Printed By: Yolanda Miller

1 of 2

09/14/2012 11:26AM

47

Patient: KIMBERLY WALKER
MRN: 10218981

Encounter: 05/24/2012

Kathy Averette, Case Manager.

Assessment

- Never a smoker

...

Vital Signs

Recorded by Proctor,Kenza on 24 May 2012 01:04 PM

BP:131/72,

HR: 80 b/min,

Height: 64.000000 in, Weight: 228.000000 lb, BMI: 39.1 kg/m2,

BSA Calculated: 2.07 ,

BMI Calculated: 38.93.

Allergies

Rec: 24May2012. List Reconciled and Reviewed.

Morphine Derivatives.

Current Meds

Rec: 24May2012. List Reconciled and Reviewed.

Aleve TABS;; RPT.

Active Problems

Joint Pain, Localized In The Knee (719.46).

PMH

Denial Of Any Significant Medical History.

PSH

Denied History Of Prior Surgery.

Family Hx

Family history of No Significant Family History.

Personal Hx

Never A Smoker.

ROS

Musculoskeletal: Pain localized to one or more joints, joint swelling localized to one or more joints, and joint stiffness localized to one or more joints.

Neurological: No dizziness, no tingling, no burning sensation, and no numbness.

M/S: See HPI.

...

Signature

Electronically signed by : Dana Piasecki M.D.; 05/30/2012 9:03 AM EST.

48

(864) 233-4019

OrthoCarolina
Work Status

Date of exam 05/24/2012

Is the injury work-related? Yes ☒ No ☐

Patient name KIMBERLY

WALKER

Chart Number 10218981

Doctor DANA PIASECKI, MD

Diagnosis Knee

Right ☐ Left ☒ Bilateral ☐

☒ Should not return to work until re-evaluated (see return appointment date below).

☐ Return to work **WITHOUT** restrictions on _____ (date).

☐ Return to work **WITH** the following restrictions* on _____ (date).

Return to work no greater than _____ hours per day beginning on _____.

☐ No lifting greater than _____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than _____ pounds. Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over _____ pounds above shoulder level, _____ pounds waist to shoulder,
_____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐
Repetitive ☐

Left ☐
Strong grip ☐

Both ☐
At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work only.

☐ No standing / walking over _____ minutes/hour.

☐ No ladder / stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

Is patient being prescribed medications that may be hazardous in a work environment? Yes ☐ No ☐

Additional modified duty restrictions / comments: Surgery pending

☐ Patient to start / continue physical / occupational therapy.

☐ Patient released from physical / occupational therapy.

☒ Return appointment with doctor on after Surg (appointment date).

Physician signature: _____

Date 5/24/12

Physician Name: DANA PIASECKI, MD

Date _____

*Unless otherwise specified, restrictions are in effect until return appointment.

Estimated date of MMI _____

For Worker's Comp inquiries only, call (704) 323-2667 or fax (704) 323-2007.

OrthoCarolina 52805

(704) 323-2000

Ballantyne
15825 John J. Delaney Drive • Charlotte, NC 28277

Bennettsville
209 Ballpark Street • Bennettsville, SC 29512

Gastonia
706 Summit Crossing Place • Gastonia, NC 28054

Huntersville
10030 Gilead Road • Suite 160 • Huntersville, NC 28078

Laurinburg
1604 Medical Drive • Laurinburg, NC 28352

Matthews
710 Park Center Drive • Suite 300 • Matthews, NC 28105

Mercy
2001 Vail Avenue • Suites 200A & 200B • Charlotte, NC 28207

Monroe
808 Circle Drive • Monroe, NC 28112

Mooresville
150 Fairview Road • Suite 230 • Mooresville, NC 28117

Pineville
10630 Park Road • Suite 120 • Charlotte, NC 28210

Randolph Rd.
1915 Randolph Road • Charlotte, NC 28207

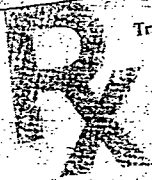
Shelby
101 Delta Park Drive • Shelby, NC 28150

Spine Center
2601 Randolph Road • Charlotte, NC 28207

University
9848 N. Tryon Street • Charlotte, NC 28262

Name	Kimberly Halka	Date Written	5/24/12
DOB			

This Document Contains
True watermark, visible and invisible fluorescent fibers, microprinting in the signature line,
void pantograph, and tamper-resistant ink. Veins will show up if chemically altered.



Electric Scooter

dx: S/p @ knee HTD surgery

☐ No Refill
☐ Label
☐ P.R.N. For _____ Months To Maintain Dosage Prescribed
☐ May Refill Only 1-2-3-4 Within _____ Months _____ Year
☐ Patient ID

Substitution Permitted	M.D. MP	Dispense As Written	M.D. MP
D.E.A. Number	MP	NPI Number	REV 09/10

OC-103

50

OrthoCarolina

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 04/26/2012

Document Type: WC Follow Up Visit

Chief Complaint

• Ms. WALKER is a 43 year old female who presents for follow up of her left knee

HISTORY OF PRESENT ILLNESS:

Kimberly presents for follow-up now 4 1/2 months out from her left knee HTO with iliac crest autograft and medial femoral condyle ACI. As noted at the last visit, she had been having some pain with weightbearing along with symptoms which appeared related to her HTO plate. We had resolved to progress her weightbearing gradually since that time and she presents for follow-up today noting if anything slightly worsened pain as she has increased her weightbearing. She does feel things are not dramatically limiting; however, and there have been days that things have felt better. She denies any new injuries, numbness, tingling, weakness, instability, mechanical symptoms, fevers, night sweats, chills or any drainage. As noted, she works for Sunbelt Human Advantage.

PHYSICAL EXAMINATION:

On exam Kimberly is pleasant, cooperative and in no acute distress. She is alert and oriented and healthy appearing. Evaluation of her left lower extremity demonstrates well-healed surgical incisions with no signs of infection. She is grossly neurovascularly intact distally including L4-S1 sensory and motor function with no lymphedema, skin lesions or rashes. Motion today in the office is full and symmetric. She has no effusion. She does have some diffuse medial joint line complaints as well as tenderness over her plate. Lachman, pivot shift, posterior drawer, varus and valgus stress at 0 and 30 degrees are all symmetric.

IMAGING STUDIES:

AP and lateral views of the left knee obtained today in the office demonstrate near complete if not complete healing of her osteotomy with stable position of her hardware and maintenance of medial joint space.

As noted at her last visit, long leg alignment films suggested a neutralized to slightly lateralized weightbearing line.

IMPRESSION:

Forty-three-year-old female now 4 1/2 months status post left knee HTO and femoral condyle ACI with weightbearing complaints and symptomatic hardware.

PLAN:

I have discussed with Kimberly I am not overly concerned about her symptoms, though I would like to follow them closely. It is conceivable that the majority of her complaints could be related to her plate though she may well also have issues related to either graft hypertrophy or even worse case scenario chondral loss progression or failure of her ACI. I have suggested that rather than get too excited about things currently; however, we give her another week where we rest her for at least 2 weeks moving forward with respect to weightbearing and then gradually increase her weightbearing thereafter to see if we cannot quite things down just a bit. On followup in a month, she will be 6 months out from our and if still limited as she is today, I would likely favor a second look scope with removal of hardware to see if cannot improve things with a less invasive approach. Should that not completely alleviate her symptoms, depending on the findings of the scope, we could potentially discuss further options at that point, though I think she stands a reasonable chance of improving simply with a bit more time. She is agreeable with this. We will

Patient: KIMBERLY WALKER
MRN: 10218981

Encounter: 04/26/2012

plan to see her back in another 4 weeks for a recheck and we will move forward from that point as noted. /rss

cc: Fay Jennings, Worker's Compensation - Adjuster
Kathy Averette, Worker's Compensation - Case Manager.

...

Vital Signs

Recorded by Proctor,Kenza on 26 Apr 2012 04:12 PM

BP:113/76,

HR: 80 b/min,

Height: 64.000000 in, Weight: 220.000000 lb, BMI: 37.8 kg/m2,

BSA Calculated: 2.04 ,

BMI Calculated: 37.56.

Allergies

Rec: 26Apr2012. List Reconciled and Reviewed.

Morphine Derivatives.

Current Meds

Rec: 26Apr2012. List Reconciled and Reviewed.

Wellbutrin XL 300 MG Oral Tablet Extended Release 24 Hour;; RPT

Aleve TABS;; RPT.

Active Problems

Joint Pain, Localized In The Knee (719.46).

PMH

Denial Of Any Significant Medical History.

PSH

Denied History Of Prior Surgery.

Family Hx

Family history of No Significant Family History.

Personal Hx

Never A Smoker.

ROS

Musculoskeletal: Pain localized to one or more joints and joint swelling localized to one or more joints. No localized joint stiffness.

Neurological: No dizziness, no tingling, no burning sensation, and no numbness.

M/S: See HPI.

...

Signature

Electronically signed by : Dana Piasecki M.D.; 05/03/2012 10:07 AM EST.

MEDICAL QUESTIONNAIRE

RE: Ms. Kimberly M. Walker

1. Does Ms. Walker have a disability?
She is temporarily limited from surgery
2. What is the nature, severity and duration of Ms. Walker's impairment?
s/p knee surgery with prolonged therapy to duration expected to be 9-12 months
3. What is the activity or activities that Ms. Walker's impairment will limit?
Currently all weight bearing activities are limited
4. What is the extent to which Ms. Walker's impairment limits her ability to perform the essential functions of the attached job description?
Anything requiring her to walk is a problem
5. What accommodations will Ms. Walker need to be able to perform the essential functions of the job?
Wheelchair assistance or sit down work only
6. Will these accommodations be required for Ms. Walker to perform the essential functions of the job?
YES
7. Please describe how long Ms. Walker may be absent from work because of her disability?
Gradual return over the next 3 months

[Signature]

3/26/12

www.MartinLawFirm.com

Facsimile (864) 271-1814

Telephone (864) 271-1822

OrthoCarolina

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 03/22/2012

Document Type: WC Follow Up Visit

Chief Complaint

- Ms. WALKER is a 43 year old female who presents for follow up of her left knee.

HISTORY OF PRESENT ILLNESS:

Kimberly presents for followup now 3-1/2 months out from her left knee femoral condyle ACI and high tibial osteotomy with iliac crest autograft. She reports no new injuries or problems with respect to incisions, though she is having some pain with weightbearing issues getting back into weightbearing activities. She notes some mild occasional swelling with weightbearing, though on occasion she also notes that weightbearing is not painful. She denies mechanical symptoms, numbness, tingling, or weakness. As noted, she works for Sunbelt Human Advantage.

PHYSICAL EXAMINATION:

On examination, Kimberly is pleasant, cooperative, and in no acute distress. She is alert and oriented and healthy appearing. Evaluation of her left lower extremity demonstrates well-healed surgical incisions with no signs of infection. She does demonstrate localized discomfort over the tibial plate as well as diffusely over the medial joint line with a mild effusion today. She has no substantial increase in warmth and demonstrates full motion with a stable ligamentous examination with a negative meniscal provocative evaluation.

IMAGING:

AP and lateral views of the left knee taken today in the office demonstrates stable position of her osteotomy and hardware with interval healing noted. The medial joint space is maintained.

IMPRESSION:

This is a 43-year-old female at 3-1/2 months' status post left knee HTO and femoral condyle ACI with some weightbearing complaints and symptomatic hardware.

PLAN:

I discussed with Kimberly at this point some of her symptoms may simply be weightbearing and may simply be hardware related and I favor simply watching her a bit longer as we progress her to full weightbearing over the next month or so. I would like to see her back at that point and if still limited I would likely favor a second-look arthroscopy with hardware removal. If doing well, I think we could simply continue to progress her. She is agreeable with this and will see us back as noted. /trs

cc: Fay Jennings, Adjuster

Kathy Averette, Case Manager.

Vital Signs

Recorded by Proctor, Kenza on 22 Mar 2012 03:06 PM

BP: 119/86,

Printed By: Yolanda Miller

1 of 2

05/08/2012 4:36PM

54

Patient: KIMBERLY WALKER
MRN: 10218981

Encounter: 03/22/2012

HR: 100 b/min,
Height: 64.000000 in, Weight: 220.000000 lb, BMI: 37.8 kg/m2,
BSA Calculated: 2.04 ,
BMI Calculated: 37.56.

Allergies

Rec: 22Mar2012. List Reconciled and Reviewed.
Morphine Derivatives.

Current Meds

Rec: 22Mar2012. List Reconciled and Reviewed.
Wellbutrin XL 300 MG Oral Tablet Extended Release 24 Hour;; RPT
Aleve TABS;; RPT
Cyclobenzaprine HCl 10 MG Oral Tablet;TAKE 1 TABLET 3 TIMES DAILY PRN muscle spasms; Rx.

Active Problems

Joint Pain, Localized In The Knee (719.46).

PMH

Denial Of Any Significant Medical History.

PSH

Denied History Of Prior Surgery.

Family Hx

Family history of No Significant Family History.

Personal Hx

Never A Smoker.

ROS

Musculoskeletal: No localized joint pain, no localized joint swelling, and no localized joint stiffness.

Neurological: No dizziness, no tingling, no burning sensation, and no numbness.

M/S: See HPI.

...

Signature

Electronically signed by : Dana Piasecki M.D.; 03/28/2012 5:09 PM EST.

OrthoCarolina

Patient: KIMBERLY WALKER

Age/DOB: 3
MRN: 10218981
Home:
Work: (

Provider: Dana Piasecki M.D.
Document Type: WC Follow Up Visit

Enc Date: 03/01/2012

Chief Complaint

• Ms. WALKER is a 43 year old female who presents for follow up of left knee

HISTORY OF PRESENT ILLNESS:

Kimberly presents for followup now 3 months out from her left knee HTO with iliac crest autograft and femoral condyle ACI. She reports some issues with respect to weightbearing as she has tried to progress her percentage weightbearing since we saw her last. As noted at the last visit, she also had some issues with respect to stiffness, and we had resolved to try a Medrol Dosepak and a static progressive brace. She reports progressive improvement since she has seen us last with respect to motion and is happy with her progress.

She denies numbness, tingling, or mechanical symptoms. As noted, she works for Sunbelt Human Advantage and does report that she would like to try to get back to work shortly, at least in a limited capacity. She also reports, of note, that she had such a difficult time getting into her house at the early postop phase that she required building of a ramp, which, based on her postoperative limitations, sounds medically necessary.

PHYSICAL EXAMINATION:

On exam, Kimberly is pleasant, cooperative, and in no acute distress. She is alert, oriented, and healthy appearing. Evaluation of her left lower extremity demonstrates a well-healed surgical incision with no signs of infection. She is grossly neurovascularly intact distally, including L4 to S1 sensory and motor functions with no lymphedema, skin lesions, or rashes. Motion is from full extension to 95 to 100 degrees of flexion. She has no effusion.

IMAGING:

AP and lateral views of the left knee, including an additional long leg alignment film, demonstrate stable position of her hardware and interval healing of the osteotomy with maintenance of the medial joint space. Her long leg alignment films demonstrate a weightbearing line passing through the lateral tibial spine.

IMPRESSION:

Three months status post left knee high tibial osteotomy with iliac crest autograft combined with a medial femoral condyle autologous chondrocyte implantation.

PLAN:

I have discussed with Kimberly at this point I would favor slowing down her weightbearing progression, keeping her nonweightbearing for the next week and then restarting a phase 2 ACI protocol. I have given her prescriptions for the above along with some Vicodin and Flexeril to try to help her sleep, and I have asked her to see me back in another 3 weeks for a recheck. I have given her a work note allowing her to return back to work with some restrictions. We will see how that works. Follow up as noted./jfm

cc: Fay Jennings, Adjuster
Kathy Averette, Case Manager.

Printed By: Yolanda Miller

1 of 2

05/08/2012 4:36PM

Patient: KIMBERLY WALKER
MRN: 10218981

OrthoCarolina

Encounter: 03/01/2012

Vital Signs

Recorded by Proctor, Kenza on 01 Mar 2012 03:21 PM

BP: 160/104,

HR: 98 b/min,

Height: 64.000000 in, Weight: 220.000000 lb, BMI: 37.8 kg/m2,

BSA Calculated: 2.04,

BMI Calculated: 37.56.

Allergies

Morphine Derivatives.

Current Meds

Wellbutrin XL 300 MG Oral Tablet Extended Release 24 Hour;; RPT

Aleve TABS;; RPT.

Active Problems

No information provided.

PMH

No information provided.

PSH

No information provided.

Family Hx

No information provided.

Personal Hx

Never A Smoker.

ROS

Musculoskeletal: Pain localized to one or more joints and joint swelling localized to one or more joints. No localized joint stiffness.

Neurological: No dizziness, no tingling, no burning sensation, and no numbness.

M/S: See HPI.

...

Signature

Electronically signed by : Dana Piasecki M.D.; 03/06/2012 10:03 AM EST.

57

Date of exam 3/1/12
 Patient name Ken Carter
 Doctor Plasch
 Diagnosis Right knee MCL/ACL

Work Status

Is the injury work-related? Yes ☒ No ☐

Chart number 10218981
 Right ☐ Left ☒ Bilateral ☐

☐ Should not return to work until re-evaluated (see return appointment date below).

☒ Return to work **WITHOUT** restrictions on 3/9/12 (date).

☒ Return to work **WITH** the following restrictions* on 3/9/12 (date).

Return to work no greater than 4 hours per day beginning on 3/9/12.

☒ No lifting greater than 5 pounds.

Right ☐ Left ☐ Both ☐

☒ No prolonged bending, stooping, squatting, kneeling, or twisting.

☒ No pushing or pulling greater than 5 pounds.

Right ☐ Left ☐ Both ☐

☒ No prolonged reaching overhead or extreme positions of the neck.

☒ No lifting over 1 pounds above shoulder level, 1 pounds waist to shoulder, 1 pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐

Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work only.

☒ No standing/walking over minutes/hour.

☒ No ladder/stair-climbing.

☐ Avoid significant exposure to extremes of temperature. Hot Cold Both

Is patient being prescribed medications that may be hazardous in a work environment?

☐ Yes ☐ No

Additional modified duty restrictions/comments:

☒ Patient to continue physical/occupational therapy.

☒ Patient released from physical/occupational therapy. 3/22

☒ Return appointment with doctor on 3/1/12 (appointment date).

Physician signature [Signature] Date 3/1/12

*Unless otherwise specified, restrictions are in effect until return appointment.

Estimated date of MMI 7/1

For Worker's Comp inquiries only, call (704)347-5490 or fax (704)347-5445

TOP COPY: Patient's Chart

MIDDLE COPY: Worker's Comp Copy

LAST COPY: Patient Copy

OC-171 Rev. 4/17/2006

58

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 01/19/2012

Document Type: Work Comp Note

Location: RAND1

Dictated Date: 01/22/2012

Accession #: arch220120124115119

HISTORY OF PRESENT ILLNESS:

Kimberly presents now 6 weeks out from a left knee medial femoral condyle ACI with HTO. She reports no new injuries or problems. She has been compliant with weightbearing restrictions and while she has progressed a bit with therapy, she is feeling a bit on the tighter side.

PHYSICAL EXAMINATION:

On exam, Kimberly is pleasant, cooperative, and in no acute distress. She is alert, oriented, and healthy appearing. Evaluation of her left lower extremity demonstrates well-healed surgical incision with no signs of infection. She is grossly neurovascularly distally including L4-S1 sensory and motor function with no lymphedema, skin lesions, or rashes. Motion today in the office is from full extension to 85 of flexion. She has no effusion and minimal tenderness over the osteotomy site.

IMAGING STUDIES:

AP and lateral views of the left knee obtained today in the office demonstrate stable position of her hardware with some interval healing of the osteotomy.

IMPRESSION:

Six weeks status post left knee medial femoral condyle ACI with HTO with some arthrofibrosis.

PLAN:

I have discussed with Kimberly issues surrounding her motion. I am pleased that she has progressed from a motion standpoint since we saw her last though I do want to be mindful of where she is in an absolute sense as well. We discussed gentle but aggressive progression of her motion at this point with the addition of a Medrol Dosepak which is prescribed today. I have given her prescription for therapy as well to progress her into phase 2 of a femoral ACI protocol. I would like to see her back in 4 weeks' time for recheck at which point if she demonstrates limited progression, I would likely favor static progressive brace. She is agreeable with the above and will see us back as noted.

Dana Piasecki, M.D.

cc: Fay Jennings, Adjuster.

Kathy Averette, Case Manager.

Electronically signed by: Dana Piasecki M.D. Jan 25 2012 8:06AM EST

Printed By: Yolanda Miller

1 of 1

05/08/2012 4:37PM

59

OrthoCarolina 51382

(704) 323-2800

Ballantyne
15825 John J. Delaney Drive • Charlotte, NC 28277
Beauregard
209 Ballpark Street • Beauregard, SC 29512
Gastonia
706 Summit Crossing Place • Gastonia, NC 28054
Huntersville
10030 Gilford Road • Suite 160 • Huntersville, NC 28078
Laurinburg
1604 Medical Drive • Laurinburg, NC 28352
Matthews
716 Park Center Drive • Suite 300 • Matthews, NC 28105
Mercy
2301 Vall Avenue • Suites 250A & 200B • Charlotte, NC 28207

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150 Fairview Road • Suite 250 • Mooresville, NC 28117
Pineville
10650 Park Road • Suite 120 • Charlotte, NC 28210
Randolph Rd.
1915 Randolph Road • Charlotte, NC 28207
Shelby
191 Delba Park Drive • Shelby, NC 28150
Spine Center
2001 Randolph Road • Charlotte, NC 28207
University
9348 M. Tryon Street • Charlotte, NC 28262

Name	Kimberly Walker	Date Written	1/5/12
DOB			

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True watermark, visible and invisible fluorescent fibers, microprinting in the signature line,
void pantograph, and tamper resistant ink. Veritas will show up if chemically altered.

Home Health to assist
with activities of daily
living dx: S/P @ Knee
HTO ACI

☐ No Refill
☐ Label
☐ P.R.N. For _____ Months To Maintain Dosage Prescribed
☐ May Refill Only 1-2-3-4 Within _____ Months _____ Year
Verify Patient ID

SUBSTITUTION PERMITTED M.D. MP DISPENSE AS WRITTEN M.D. MP

OC-103 D.E.A. NUMBER MP NPI NUMBER REV. 09/10

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 01/05/2012

Document Type: Work Comp Note

Location: RANDI

Dictated Date: 01/07/2012

Accession #: arch5220120110061608

HISTORY OF PRESENT ILLNESS:

Kimberly presents now 1 month status post her left knee autologous chondrocyte implantation of the medial femoral condyle combined with an HTO and iliac crest graft, doing well. She reports compliance with restrictions. She has been having some right knee complaints which she reports having been present over the prior year but exacerbated with use of her crutches and her nonweightbearing status on the left. Particularly since the surgery she has had a substantial increase in pain over the medial aspect of her right knee, though she denies mechanical complaints or substantive effusions. She notes no fevers, denies chills or new injuries with respect to the left knee.

PHYSICAL EXAMINATION:

On exam Kimberly is pleasant, cooperative and in no acute distress. She is alert and oriented and healthy appearing. Evaluation of her left lower extremity demonstrates well-healed surgical incisions with no signs of infection. She is grossly neurovascularly intact distally including L4-S1 sensory and motor function with no lymphedema, skin lesions or rashes. Motion today in the office is from full extension to 70 degrees of flexion. She has no substantive effusion. Evaluation of her right lower extremity demonstrates tenderness over the pes bursa region with also some complaints on palpation of the patellar tendon.

IMAGING STUDIES:

AP and lateral views of the left knee obtained today in the office demonstrate stable position of her HTO along with appropriate positioning of her hardware and with good maintenance of tibial slope on the lateral view.

IMPRESSION:

One month status post left knee ACI of the medial femoral condyle and HTO with iliac crest autograft, doing well.

PLAN:

I discussed with Kimberly at this point I would favor progressing her motion a bit more aggressively at home though we discussed a gentle but aggressive overall approach to motion in this setting. I have given her an additional prescription for pain medication as well as 1 for Ambien and have asked her to see me back in 2 weeks with some repeat x-rays. If she is still limited with respect to motion with minimal progression, I would favor at that point a Medrol Dosepak and a static progressive brace. She is agreeable with the above and will see us back as noted.

Dana Piasecki, M.D.

cc: Fay Jennings, Worker's Compensation - Adjuster
Kathy Averette, Worker's Compensation - Case Manager

Electronically signed by: Dana Piasecki M.D. Jan 10 2012 8:12AM EST

OrthoCarolina

Work Status

Date of exam 11/17/12 Is the injury work-related? Yes ☒ No ☐
Patient name Kimberly Baker Chart number 102021
Doctor H. B. C. V.
Diagnosis _____ Right ☐ Left ☐ Bilateral ☐

☒ Should not return to work until re-evaluated (see return appointment date below).

Return to work **WITHOUT** restrictions on _____ (date).

Return to work **WITH** the following restrictions* on _____ (date).

Return to work no greater than _____ hours per day beginning on _____.

☐ No lifting greater than _____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than _____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over _____ pounds above shoulder level, _____ pounds waist to shoulder,
_____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐

Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☐ Sit down work only.

☐ No standing/walking over _____ minutes/hour.

☐ No ladder/stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

Is patient being prescribed medications that may be hazardous in a work environment?

☐ Yes ☐ No

Additional modified duty restrictions/comments: _____

☒ Patient to continue physical/occupational therapy.

☐ Patient released from physical/occupational therapy.

☒ Return appointment with doctor on _____ (appointment date).

Physician signature [Signature]

Date 11/5/12

*Unless otherwise specified, restrictions are in effect until return appointment.

Estimated date of MMI _____

For Worker's Comp inquiries only, call (704)347-5490 or fax (704)347-5446

TOP COPY: Patient's Chart

MIDDLE COPY: Worker's Comp Copy

LAST COPY: Patient Copy

OC-171 Rev. 4/17/2006

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 12/21/2011

Document Type: Work Comp Note

Location: RAND1

Dictated Date: 12/21/2011

Accession #: arch4720111222092305

CHIEF COMPLAINT:

Status post left knee ACI, medial femoral condyle, and high tibial osteotomy with an iliac crest autograft.

HISTORY OF PRESENT ILLNESS:

The patient is a 43-year-old female who had a high tibial osteotomy and medial femoral condyle ACI procedure conducted 2 weeks ago. She is here for her first postoperative visit. She reports that she is doing well. She is in a knee immobilizer and nonweightbearing, strict. She has been compliant with her CPM at home, doing zero to 70 degrees without difficulty.

PHYSICAL EXAMINATION:

The patient is alert, oriented, and in no acute distress. She has a well-healing incision over her left knee. Her Steri-Strips are removed in clinic, and her sutures are clipped. New Steri-Strips are applied. The patient's wound is nonerythematous without drainage. There is a limited amount of knee effusion.

The patient has normal distal pulses and sensation.

IMAGING:

Radiographs are obtained of her left knee which demonstrate a normal appearance of hardware without significant displacement and a measured femorotibial angle of 172 degrees.

IMPRESSION:

Two weeks status post HTO and ACI for the medial femoral condyle.

PLAN:

At this point, we will continue a CPM for a total of 6 to 8 weeks postoperatively. She will continue in a hinged knee brace and be nonweightbearing for 8 weeks. We will increase her 5 degrees per day to 90 degrees of flexion. At this time, we have given her a restrictions note for 6 months of disability, and we will see her back in clinic in 2 weeks.

Patient: KIMBERLY WALKER
MRN: 10218981

OrthoCarolina

Encounter: 12/21/2011

Patient seen and evaluated by Dana P. Piasecki, M.D.
Dictated by Chad Ferguson, M.D., CMC Orthopaedic Resident, acting as a scribe for Dana P. Piasecki, M.D.

Dana P. Piasecki, M.D.

cc: Fay Jennings, Adjuster
Kathy Averette, Case Manager

Electronically signed by: Dana Piasecki M.D. Dec 23 2011 9:19AM EST

Printed By: Yolanda Miller

2 of 2

05/08/2012 4:37PM

P235
P188

Patient Information

Last Name Wallice First Kimberly Middle Chart Number 10218Diagnosis: S/P ① Knee open autologous chondrocyte implantation modic femoral condyle, high tibial osteotomy, iliac crest autograft

Insurance

Birth date

Phone

(12/12/11)

FREQUENCY:

- ☒ Evaluate & Treat
☐ Daily ☒ 3x Week ☒ 2x Week
☐ In Department Procedure (includes a home program)
☐ Home Program only

Duration 6 weeks

- ☐ 1x Week ☐ Therapist Discretion
☐ Continue Therapy
☐ Discontinue Therapy

EVALUATION:

- ☒ PT Evaluation
☐ Work Simulator
☐ FCE (Functional Capacity Evaluation)
☐ KT 1000
☐ Biodex Evaluation

MODALITIES:

- ☐ Phonophoresis with 0.05% Fluocinonide
☐ Iontophoresis with 4mg/ml Dexamethasone
☐ Ultrasound
☐ Electrical Stimulation
☐ Mechanical Traction

EXERCISES: ☐ PER PROTOCOL: Piasecki protocol

- ☐ Manual Therapy / Manipulation
☐ Back Stabilization Program
☐ Cervical Stabilization Program
☐ Aquatic Therapy
☐ Work Conditioning
☐ ACL exercise program
☐ Shoulder Impingement Exercise
☐ PatelloFemoral Exercise
☐ Ankle Sprain Program
☐ Hip Exercise Program
☐ Total Knee Exercise Program

- ☐ Shoulder Aggressive Hands on Passive ROM
☐ Scapular Stabilization Program
☐ Instability Strengthening Program
☐ Plyometric and Proprioceptive Training
☐ Closed Chain 0-60 Low Rep High Resistance Qu
Strengthening Program
☐ Knee Aggressive Stretching for Full ROM

GAIT TRAINING:

- ☐ Crutches ☐ Walker ☐ Cane

WEIGHT BEARING:

- ☐ Touchdown ☐ To Tolerance
☐ Partial lbs ☐ Full

SPORTS:

- ☐ Taping ☐ Equipment Adjustment

TENS:

- ☐ In Dept Prescription ☐ Rental for Home ☐ Purchase

BACK STORE / SUPPLIES

- ☐ Lumbosacral Support with molded insert
☐ Lumbosacral Support
☐ Home Cervical Traction Units
☐ Industrial Corset
☐ Back Pillow
☐ Cervical Pillow
☐ Orthoses (custom molded)
☐ Shoulder Pulley

Special Instructions / Precautions / Treatments / Additional Orders:

Patient will bring protocol
to PT apt. Will be given
the day of surgery.

Would this patient benefit from Social Services?

Yes No

By signing this referral, I certify that I have examined the patient and physical therapy is medically necessary.

Date:

PART 1-Chart
OC-344 (10/08)Physician signature:
PART 2-Patient

PART 3-PT or WC

SCANNED

10218981

Pt Name: WALKER, KIMBERLY M
MRN#: 0005710933
Acct#: 1133602127

Sex: Female
DOB:
Visit/Admit Date: 12/12/2011

Discharge Summary

WALKER, KIMBERLY 5710933

DATE OF ADMISSION: 12/12/2011

DATE OF DISCHARGE: 12/15/2011

DISCHARGE DIAGNOSIS:

1. Status post prior medial femoral condyle chondral defect.

HISTORY OF PRESENT ILLNESS: Kim is a 43-year-old female who presented to the office with persistent weightbearing complaints about the medial joint line with previous staging arthroscopy demonstrating a symptomatic full-thickness chondral defect.

HOSPITAL COURSE: The patient was admitted on 12/12/2011 and subsequently underwent a left knee open autologous chondrocyte implantation to the medial femoral condyle, a high tibial osteotomy with iliac crest autograft. The procedure was without complication and she was subsequently admitted to the hospital for pain control and mobilization. By 12/15/2011, she was noted to be afebrile with stable vitals, tolerating a diet with adequate oral analgesia with stable wound with no signs of infection. She was subsequently considered fit for discharge with outpatient therapy to follow up.

DISCHARGE INSTRUCTIONS:

1. Diet is regular.
2. Discharge medications: Please refer to medication reconciliation form.
3. Follow up with OrthoCarolina in the next 7-10 days.

DISCHARGE MEDICATIONS:

Location: ETC-11936-01 Acct#: 1133602127 MRN#: 0005710933
Name: WALKER, KIMBERLY M Sex: F DOB: 08/11/1968

*** Home Medications ***

- (1) acetaminophen-diphenhydramine (Tylenol PM) 2 tablets by mouth as needed
- (2) ciclesonide nasal (Omnaris 50 mcg/inh nasal spray) 2 spray each nostril every day
- (3) docusate (Colace 100 mg oral capsule) 1 capsule by mouth two times a day PRN for constipation with plenty of water
- (4) duloxetine (Cymbalta 30 mg oral delayed release capsule) 1 capsule by mouth each night at bedtime
- (5) enoxaparin (Lovenox 40 mg/0.4 mL subcutaneous solution) 0.4 mL subcutaneous every day
- (6) loratadine (Claritin 10 mg oral tablet) OTC
- (7) naproxen (Aleve) 220 mg by mouth as needed
- (8) ondansetron (Zofran 4 mg oral tablet) 1 tablet by mouth every 8 hours PRN as needed for nausea/vomiting
- (9) oxyCODONE-acetaminophen (Percocet 5/325 oral tablet) See Instructions 1 tablet ORAL q6h
- (10) oxyCODONE-acetaminophen (Percocet 5/325) 1-2 tablets by mouth every 4 to 6 hours PRN as needed for pain (not to exceed 4000 mg acetaminophen per day)

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Pt Name: WALKER, KIMBERLY M
MRN#: 0005710933

Acct#: 1133602127
Server#: 25990900

(11) promethazine (promethazine 25 mg oral tablet) 1 tablet by mouth every 6 hours

SPENCER, CORTNEY A RN - 12/15/2011 17:28 EST

D: 02/06/2012 03:27PM ANDREW KEITH HYLTON, PA

T: 02/06/2012 16:02PM NTS

Job # 6416693/Conf # 875912

cc:

HYLTON, ANDREW KEITH PA

Electronically Signed By: PIASECKI, DANA PETER MD
02/07/12 08:07 AM

Operative/Procedure Reports

WALKER, KIMBERLY M - 0005710933

* Final Report *

10218981

Result Type: Operative/Procedure Reports
Result Date: 12 December 2011 0:00 EST
Result Status: Auth (Verified)
Result Title: Operative Note
Performed By: PIASECKI, DANA PETER MD on 12 December 2011 17:34 EST
Verified By: PIASECKI, DANA PETER MD on 13 December 2011 8:23 EST
Encounter info: 1133602127, CMC, OBS - Observation, 12/12/2011 -

* Final Report *

Operative Note (Verified)

WALKER, KIMBERLY

5710933

DATE OF SURGERY: 12/12/2011

PREOPERATIVE DIAGNOSES:

1. Left knee symptomatic medial femoral condyle chondral defect status post prior micro fracture with associated varus malalignment.

POSTOPERATIVE DIAGNOSES:

1. Left knee symptomatic medial femoral condyle chondral defect status post prior micro fracture with associated varus malalignment.

PROCEDURE:

1. Left knee open autologous chondrocyte implantation medial femoral condyle.
2. High tibial osteotomy.
3. Iliac crest autograft.

SURGEON: Piasecki.

ASSISTANT: Hylton, PA-C.

SECOND ASSISTANT: Ferguson, MD.

ANESTHESIA: General endotracheal.

INTRAVENOUS FLUIDS: 1.5 liters crystalloid.

IMPLANTS: Arthrex 7.5 degree angled proximal tibial locking plate with associated screws, multiple 6-0 Vicryl sutures and bile guide bilayer collagen patch for autologous chondrocyte implantation.

CULTURES, DRAINS, COMPLICATIONS: None.

Printed by: PIASECKI, DANA PETER MD
Printed on: 12/13/2011 8:23 EST

Page 1 of 4
(Continued)

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* Final Report *

DISPOSITION: Stable to recovery room.

INDICATIONS: This is a 43-year-old female who presented to the office with persistent weightbearing complaints about the medial joint line with the previous staging arthroscopy demonstrating a symptomatic full-thickness chondral defect status post prior failed medial femoral condyle microfracture with an intact lateral compartment, stable knee and mild varus malalignment with an intact medial meniscus. After discussing the risks and benefits of surgical versus nonsurgical management, given the failure of arthroscopy, debridement and prior microfracture with the above comorbidities discussion was had with the patient regarding high tibial osteotomy and medial femoral condyle autologous chondrocyte implantation.

DESCRIPTION OF PROCEDURE: Following signing of the correct surgical site and informed consent, the patient was taken to the operating room where an uncomplicated general anesthetic was administered in the supine position, the left lower extremity subsequently prepped and draped in the normal sterile fashion after placement of a high thigh tourniquet with a total tourniquet time of 25 minutes. Following insufflation of the tourniquet and prepping and draping as previously noted and exam under anesthesia demonstrated a stable knee and with full range of motion including Lachman, pivot shift, but drawer, varus and valgus stress at 0 and 30 degrees.

Subsequent open exposure was performed using an anteromedial arthrotomy connecting the patient's prior medial arthrotomy from the mid portion of the patella proximally along the medial margin of the patellar tendon to the distal aspect of the tibial tubercle along the proximal tibia. Sharp dissection through the skin and underlying subcutaneous tissues facilitated subsequent medial parapatellar arthrotomy with care to avoid injury to the medial meniscus and subsequent exposure of the anterior interval of the knee with release of the fat pad posterior to the patellar tendon. This was followed by hyperflexion. This was followed by attention directed towards autologous chondrocyte implantation.

Autologous chondrocyte implantation medial femoral condyle: After completion of the above approach, the knee was placed in an Alvarado leg holder and hyperflexed with care to allow subsequent retraction with a Z-retractor laterally of the extensor mechanism and the patellar retinaculum medially with care to avoid any injury to the medial meniscus. This allowed exposure of the entire extension and posterior flexion weightbearing portion of the medial femoral condyle and a #15 blade was then used to remove all loose and degenerative portions of the fibrocartilage from the patient's prior site of microfracture creating vertical shoulders and with removal of the fibrocartilaginous layer and with the tourniquet let down, perfect hemostasis was achieved with neuro soaked epi paddies and a low voltage cautery. The final defect dimensions measured 10 mm from medial to lateral and 30 mm from anterior to posterior. This was followed by sewing in place of a watertight bio-guide type 1 collagen bilayer patch with the type 3 collagen layer facing downwards using multiple interrupted simple 6-0 Vicryl sutures, creating a watertight seal as confirmed by subsequent water testing with an 18 gauge Angiocath and tuberculin syringe. This was followed by application of fibrin glue around the periphery of the defect, and once completely cured after three minutes, two vials of the patient's autologous chondrocyte having been expanded in culture media at Genzyme laboratories was resuspended using sterile technique and then injected beneath the patch using appropriate Angiocath syringes after which a final 6-0 Vicryl suture was used to seal the remaining portion of the defect and fibrin glue applied over the last portion of the patch. After three minutes had passed, and the seal was

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Printed on: 12/13/2011 8:23 EST

Page 2 of 4
(Continued)

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* Final Report *

appropriate and it was felt to be appropriate attention was directed towards gentle atraumatic reduction of the knee and closure of the arthrotomy with proximal #2 Ethibond sutures and distal 0 Vicryl sutures following which the high tibial osteotomy was performed.

High tibial osteotomy with iliac crest autograft: After completion of the above, the proximal medial tibia was exposed with subsequent subperiosteal release of the distal MCL and sectioning and tagging of the pes tendons. A transverse guidewire was then placed roughly 1.5 cm below the medial tibial plateau edge to a point on the lateral proximal tibia roughly 2 cm distal to the plateau edge and medial to the lateral cortex. The oblique guidewires were then inserted using the Arthrex oblique cutting guide after which the planned osteotomy was confirmed on the lateral view to be parallel with the lateral tibial plateau slope. This was followed by removal of the transverse guidewire and use of the two oblique break away pins with a slotted cutting jig to cut the medial and posterior cortex with blunt retractors placed posteriorly using a wide blade oscillating saw. A flexible straight osteotome was then used to complete the osteotomy medially with very gentle taps applied to avoid undue axials stressed through the tibia. The osteotomy was completed to the end of the wires and then completed anteriorly above the extensor mechanism with a combination of a 1/2 inch narrow blade oscillating saw and 1/2 inch osteotome and mallet. The osteotomy was then dilated medially and along with alignment rod used to confirm that a 7.5 degree correction with neutralize the weightbearing axis. A 7.5 degree five slope proximal tibial Arthrex locking plate was then inserted into the osteotomy, centered over the osteotomy and with opening of the osteotomy confirmed to be 7.5-8 mm posteriorly and 4-5 mm anteriorly with the lateral view, confirming no change in the slope. Proximal 6.5 cancellous and distal 4-5 cortical screws were then inserted, locking the plate in position with spinal coronal plane alignment confirmed as neutralize within the notch and the lateral view demonstrating appropriate position of the hardware.

Iliac crest autograft: After completion of the above, a roughly 4 cm oblique longitudinal incision was taken over the ipsilateral iliac crest extending from a 0.2 cm posterior to the ASIS and extending along the course of the iliac wing. Sharp dissection of the skin and underlying subcutaneous tissues facilitated division of the overlying fascial layer and use of a narrow blade oscillating saw to harvest a cortical window over the top of the crest. After which roughly 10-15 mL of cortical autograft bone was harvested, following which hemostasis was achieved Gelfoam inserted into the bone void in a superior cortical window reopposed with a running 0 Vicryl suture closure of the overlying fascia and subsequent layered closure of the deep subcutaneous layers with buried 2-0 Monocryls and a running 3-0 Monocryl stitch then used for the skin. The autograft was then impacted with a tamp into the osteotomy in the proximal tibia with cortical wedges fashioned to fit the anterior, posterior recesses in front and behind the plate. After which demineralized bone matrix was placed over the remaining margins of the osteotomy and attention was then directed towards closure.

The superficial MCL was then repaired back to the distal tibial fascia using interrupted #2 Ethibond sutures with interrupted figure-of-eight 0 Vicryl suture closure of the pes tendons over top of the MCL or the plate. This was followed by closure of the deep subcutaneous plane with buried 0 Vicryl sutures, Sefrafilm inserted beneath the patellar tendon proximally at the anterior interval to decrease scarring postoperatively. Excellent hemostasis was noted prior to closure and it was felt necessary to use a drain. Buried 2-0 Monocryls were then used for the deep dermis and a running 3-0 Monocryl stitch then used for the skin with Steri-Strips applied. A sterile lightly compressive dressing opposed and the knee placed in a hinged knee brace locked in extension and with a similar Silverlon dressing and placed over the iliac crest site. After a hinged knee brace had been applied, the patient was

Printed by: PIASECKI, DANA PETER MD.
Printed on: 12/13/2011 8:23 EST

Page 3 of 4
(Continued)

* Final Report *

transferred in supine recumbency to a hospital bed and from there to the recovery room without difficulty or complication.

All sponge, needle and instrument counts were correct. I was present during all critical portions of the procedure. There were no complications.

Postop rehab protocol will be as per the femoral condyle. ACL protocol with a nonweightbearing status extended until eight weeks given the presence of the high tibial osteotomy. CPM at home 6-8 hours per day for the first six weeks.

D: 12/12/2011 05:34PM DANA PETER PIASECKI, MD

T: 12/13/2011 03:03AM NTS

Job # 6142501/Conf # 5092332

cc:

Signature Line

Electronically Signed By: PIASECKI, DANA PETER MD
12/13/2011 08:23 AM

Completed Action List:

- * Perform by PIASECKI, DANA PETER MD on 12 December 2011 17:34 EST
- * Transcribe by ESCRIPTION, TRANSCRIPTIONIST on 13 December 2011 3:03 EST
- * Sign by PIASECKI, DANA PETER MD on 13 December 2011 8:23 EST Requested on 13 December 2011 3:04 EST
- * VERIFY by PIASECKI, DANA PETER MD on 13 December 2011 8:23 EST

Printed by: PIASECKI, DANA PETER MD
Printed on: 12/13/2011 8:23 EST

Page 4 of 4
(End of Report)

10 218987

If received in error call: 704-446-6161/866-446-6161

Printed/Faxed: 12/12/2011 17:49

Page 1 of 1



Carolina's HealthCare System

CMC-MOREHEAD MEDICAL PLAZA IMAG

RADIOLOGICAL SERVICES

(704) 446-5200

Patient Name: WALKER, KIMBERLY

MRN: 0005710933

Accession #: 18457449

Patient Location: CDSR, ONE DAY SURGERY

Patient Type: PRO

Visit #: 1133602127

Exam: 75951, DX OR FLUORO GEN LOWER EXT L

Completed: 12/12/11 4:10 pm

Clinical Information: -JOINT PAIN-L/LEG

Requesting Provider: PIASECKI, DANA, MD

1915 RANDOLPH ROAD, ORTHOCAROLINA
CHARLOTTE, NC 28207

FINAL REPORT

DATE OF SERVICE: 12/12/2011 4:10:00 PM

EXAM: FLUOROSCOPY OF THE LEFT LOWER EXTREMITY IN THE OR

CLINICAL DATA: Joint pain.

COMPARISON: None.

FINDINGS: Fluoroscopic images of the left knee demonstrate placement of a plate and screw fixation device in the medial aspect of the proximal left tibial metaphysis. Alignment is normal.

Report ID: 3563262

D: 12/12/2011 5:44:50 PM SC: 161

Dictated by: Marc Mancuso, MD

Transcribed By: SpeechQ

Signed By: MARC MANCUSO M.D.

Monday, December 12, 2011 5:49:27 PM

Monday, December 12, 2011 5:49:28 PM

CMC-MOREHEAD MEDICAL PLAZA IMAGING 1025 MOREHEAD MEDICAL DRIVE, SUITE 100, CHARLOTTE, NC 28204 (704) 446-5200

Patient Name: WALKER, KIMBERLY

SCANNED

DOB: 08/11/1968

Age: 43 Y

Sex: F

Page 1 of 1

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URGENT - Requires Immediate MD Attention



CARTICEL CARE™

Carticel® Order Form

Fax Back to 877-872-4630

Thank you for your order of Carticel® (autologous cultured chondrocytes). Carticel® is customized product that requires specific cell culturing time. Therefore, you must confirm the information below.

Physician Name:	Dana Plasecki	Lot #:	CC36540
Physician Address:	1915 Randolph Rd. Charlotte, NC 28207	Patient Name:	Kimberly M. Walker
Surgical Facility:	Carolinas Medical Center	Patient Address:	
Address:	2001 Vail Avenue Charlotte, NC 28207	Surgery Date:	12/12/2011

Statement of Medical Necessity

Knee(s) to be treated: Left

Defect Site(s): Trochlea MFC

Number of lesions to be treated: 2

Prescription

Carticel® (autologous cultured chondrocytes) # Vials: 2

# of Vials	Defect Size
1	Equal to or less than 7 cm ²
2	Greater than 7cm ² and less than 14 cm ²
3	Greater than 14 cm ²

Multiple Defects

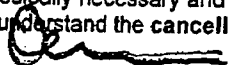
Patients with more than one defect will require one vial of cells for each defect. Individual defect size will be treated as stated above.

CANCELLATION POLICY

- The cell expansion begins on 11/25/2011 (Manufacturing Date).
- ANY changes to surgery date MUST occur before this Manufacturing Date to avoid being charged for the cells. We strongly recommend informing patients of this cancellation policy.
- Surgeries canceled for any reason on or after 11/25/2011 (Manufacturing date) will be invoiced to the responsible party for the entire amount.

I have read and understand this policy.  (physician please Initial here)

I certify the above therapy is medically necessary and the information is accurate to the best of my knowledge. I confirm the surgery date and understand the cancellation policy.

Physician's Signature: 

Date: 11/21/11

DEA#: _____ NPI #: 561093722

Please feel free to contact your Carticel CareSM Coordinator, Tannia Cardosi, at 877.872.4643 if you have any questions or need further information.

4089.A
05/2004

Requires Immediate MD Attention

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 11/01/2011

Document Type: Work Comp Note

Location: RAND1

Dictated Date: 11/01/2011

Accession #: arch3920111103085002

HISTORY OF PRESENT ILLNESS:

Kimberly presents for followup now 6 weeks out from her left knee arthroscopy, medial femoral condyle chondroplasty, fat pad medial plica resection and ACI biopsy. She reports continued and substantially limiting pain about the medial side of her knee with weightbearing activities involving activity-related effusions and substantial pain which has prevented her from doing activities of daily living and the like. She feels her knee is no better than it was prior to the surgery and, at this point, is interested in additional surgical options.

PHYSICAL EXAM:

On exam, Kimberly is pleasant, cooperative in no acute distress. She is alert, oriented and healthy appearing. Evaluation of her left lower extremity demonstrates well-healed surgical incisions with no signs of infection. She is grossly neurovascularly intact distally including L4-S1 sensory and motor function with no lymphedema, skin lesions or rashes. Motion is full and symmetric to the opposite side with a trace effusion today and diffuse discomfort about the medial side of her joint line. Meniscal provocative testing and ligamentous stability testing are unremarkable.

RADIOGRAPHS:

Re-review of Kimberly's long-leg alignment films from her visit back on 08/30/2011 demonstrates overall varus malalignment with the weightbearing line passing through the medial compartment and a requisite 6-degrees correction to neutralize the weightbearing axis.

ARTHROSCOPIC FINDINGS:

Re-review of her operative note and arthroscopic pictures from her most recent staging arthroscopy are notable for a roughly 1 x 1.5 cm region of distal medial trochlear groove chondral loss as well as a longitudinal and serpiginous 8 x 22 mm area over the medial femoral condyle in the zone of her prior microfracture of grade-4 chondral loss. She demonstrated mild grade-2 softening in the lateral compartment, but otherwise no substantial chondral issues were noted excepting some slight softening and fibulation of the patella. Her menisci appeared intact and her ligaments were stable.

IMPRESSION:

Forty-three-year-old female with persistent and limiting left knee complaints involving a symptomatic medial femoral condyle chondral and distal medial trochlear groove chondral defects with overall varus malalignment.

PLAN:74


Patient:
MRN:

KIMBERLY WALKER
10218981

OrthoCarolina

Encounter: 11/01/2011

I discuss with Kimberly that based on the persistence of her complaints and the failure of nonsurgical surgical as well as limited surgical intervention to date at this point, I believe it would not be unremarkable to consider operative intervention to address her chondral loss. Given the distribution of her multifocal chondral loss involving chiefly the medial side of her knee along with her varus malalignment I have suggested proceeding with autologous chondrocyte implantation in concert with a high tibial osteotomy with iliac crest autograft. Based on the mild grade-2 changes laterally I would favor neutralizing her axis, but over correcting into the lateral compartment. From a logistical standpoint I would anticipate performing the ACI first and then proceeding with the osteotomy. We discuss risks and benefits including bleeding, nerve damage, infection, loss of motion, the potential need for additional surgery in the future as well as incomplete relief of her symptoms and Kimberly is agreeable with the above and would like to move forward with things. I think this would be entirely reasonable and we will therefore proceed at her convenience and following appropriate Workers Comp approval of a left knee open ACI of the medial femoral condyle and distal medial trochlear groove in concert with a high tibial osteotomy with iliac crest autograft.

Dana Piasecki, M.D.

cc: Fay Jennings, Adjuster
Kathy Averette, Case Manager

Electronically signed by: Dana Piasecki M.D. Nov 8 2011 8:50AM EST

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Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Andy Hylton P.A.

Enc Date: 10/04/2011

Document Type: Work Comp Note

Location: RAND1

Dictated Date: 10/04/2011

Accession #: arch3920111005094714

CHIEF COMPLAINT:

Left knee scope postop visit.

HISTORY OF PRESENT ILLNESS:

Kimberly presents today for her first postop visit status post left knee arthroscopy, chondroplasty, medial femoral condyle, anterior fat pad medial plical resection with synovectomy as well as ACI biopsy. Kim mentions that she has been particularly sore postoperatively. She has not started physical therapy yet due to some holdup with the Workers Comp people. She continues to take the pain meds relatively frequently and she is fully weightbearing, but with the use of crutches.

PHYSICAL EXAM:

On examination today, Kim is pleasant, cooperative in no acute distress. She is alert and oriented. Evaluation of her left knee demonstrates well-healed surgical incisions with no signs of infection, erythema or drainage. Some mild postoperative effusion is appreciated. Range of motion in the office today is notable for full extension with 90 degrees of flexion.

IMPRESSION:

Kim is a 43-year-old female with some postoperative soreness at her first postop visit status post left knee arthroscopy, chondroplasty medial femoral condyle, plica resection as well as ACI biopsy.

PLAN:

I discuss with Kim in the office today that she may be a candidate for future cartilage restoration procedure but, at this point, we just want her to get through the early postoperative window. Her sutures were removed and replaced by Steri-Strips. She was given a prescription for some diclofenac. At this point, it is my recommendation that she start physical therapy with immediate effect and she was also provided with a handicap sticker. We would like her to follow up with us in 4 weeks' time to see to what degree she may be getting back to her baseline.

Patient seen and evaluated by: Andy Hylton, PA-C

Supervising Physician: Dana Piasecki, M.D.

Andy Hylton, P.A.

cc: Faye Jennings, Adjuster

Kathy Averette, Case Manager

Electronically signed by: Andy Hylton P.A. Oct 12 2011 3:50PM EST

Printed By: Yolanda Miller

1 of 1

05/08/2012 4:38PM

* Final Report *

Result Type: Operative/Procedure Reports
Result Date: 26 September 2011 0:00 EDT
Result Status: Auth (Verified)
Result Title: Operative Note
Performed By: PIASECKI, DANA PETER MD on 26 September 2011 9:27 EDT
Verified By: PIASECKI, DANA PETER MD on 27 September 2011 8:20 EDT
Encounter info: 1126202849, CIMA, OPP - Outpatient Procedure Patient, 9/26/2011 -

* Final Report *

Operative Note (Verified)

WALKER, KIMBERLY

5710933

DATE OF SURGERY: 09/26/2011.

PREOPERATIVE DIAGNOSES:

1. Left knee symptomatic medial femoral condyle chondral defect.
2. Symptomatic anterior fat pad medial plica.

POSTOPERATIVE DIAGNOSES:

1. Left knee symptomatic medial femoral condyle chondral defect.
2. Symptomatic anterior fat pad medial plica.

PROCEDURES:

1. Left knee arthroscopy, chondroplasty medial femoral condyle.
2. Anterior fat pad medial plica resection with synovectomy involving two or more compartments.
3. Autologous chondrocyte implantation biopsy.

SURGEON: Piasecki.

ASSISTANT: Hylton, PA-C

ANESTHESIA: General endotracheal.

INTRAVENOUS FLUIDS: 1.5 liters crystalloid.

IMPLANTS, CULTURES: None.

SPECIMENS: One cartilage biopsy to Genzyme laboratories.

DISPOSITION: Stable to recovery room.

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Printed on: 9/27/2011 8:20 EDT

Page 1 of 4
(Continued)

* Final Report *

INDICATIONS: This is a 43-year-old, active female who presented with persistent left knee pain with weightbearing medially status post a prior medial femoral condyle microfracture with an overall presentation consistent with symptomatic chondral defect, plica symptoms, and possible additional intraarticular pathology including lateral tibial plateau chondral defect.

After discussing the risks and benefits of surgical versus nonsurgical management, the patient requested surgery and thus presents for operative management and perioperative care.

FINDINGS: At the time of surgery in the operating room, the patient demonstrated full range of motion with no evidence of ligamentous instability. Subsequent diagnostic arthroscopy demonstrated modest grade 2 partial-thickness fraying involving the distal medial patellar facet, but with the central and lateral trochlear grooves intact. The distal medial trochlea over the anterior non extension weightbearing portion of the medial femoral condyle demonstrated a roughly 1 x 1.5-cm region of grade 2 and focal grade 3 chondral loss. The mediolateral gutters and suprapatellar pouch were absent of any loose bodies or dramatic synovitis. The ACL and PCL were normal and intact, as was the medial and lateral menisci. Careful evaluation of the lateral compartment demonstrated an intact and normal-appearing lateral femoral condyle. There was partial-thickness, grade 2 chondral loss involving the lateral tibial plateau, but no obvious full-thickness chondral defect was noted. Subsequent evaluation of the medial compartment demonstrated an intact medial tibial plateau accepting some mild partial-thickness, grade 2 chondral loss involving the posteromedial tibial plateau, but no full-thickness tibial plateau defect was noted. The medial femoral condyle defect did demonstrate evidence of the prior microfracture in the central extension, weightbearing portion of the condyle with notable subsequent delamination posterior to this. The fibrocartilaginous fill was partial and notably frayed, which prompted a debridement and chondroplasty. Given the surrounding health of the knee with the relative isolation of chondral disease over the medial femoral condyle, as well as the marked bifocal defect and its serpiginous configuration, this was a potential indication for future autologous chondrocyte implantation, and thus an ACI biopsy was performed in addition to a synovectomy and plica resection with a large inflamed and proliferative plica noted over the same region.

DESCRIPTION OF PROCEDURE: Following signing of the correct surgical site and informed consent, the patient was taken to the operating room where an uncomplicated general anesthetic was administered in the supine position, the left lower extremity subsequently prepped and draped in the normal sterile fashion after placement of a high- thigh tourniquet with a total tourniquet time of 20 minutes. Following prepping and draping in the normal sterile fashion and an exam under anesthesia with the findings as noted in the operative findings section, a standard diagnostic arthroscopy was performed using a standard anterolateral and spinal needle localized anteromedial portal, with the findings as noted in the operative findings section.

Chondroplasty medial femoral condyle: After completion of the above, a shaver was introduced through the anteromedial portal, with the scope placed anterolaterally along with an upbiter and a curved curet used to create vertical shoulders around the posterior extension of the deep chondral delamination involving the medial femoral condyle chondral defect. Following debridement and chondroplasty as noted, the medial femoral condyle chondral defect measured 8 mm x 22 mm with exposed bone. An additional microfracture was not performed given the patient's age and her prior history.

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(Continued)

* Final Report *

Anterior fat pad medial plica resection: After completion of the above, the scope was placed alternately through the anteromedial and anterolateral portal and a shaver used through the opposite portal to excise the fat pad from the inferior pole of the patella to the anterior horns of both medial and lateral menisci, and to the margins of both medial and lateral femoral condyles along with subsequent resection of the plica through the medial gutter and into the suprapatellar pouch. Hemostasis was achieved with cautery after completion of the above.

Autologous chondrocyte implantation biopsy: After completion of the above, the knee was brought into 90 degrees of flexion with the scope placed anterolaterally and a curved and straight shovel utilized to remove a roughly 3-mm wide area of full-thickness articular cartilage from the roof of the intercondylar notch to the posterior extension weightbearing level of the lateral femoral condyle at its margin with the intercondylar notch. A grasper is used to atraumatically remove the biopsy without difficulty through the anteromedial portal, which was then passed off the backtable in appropriate culture media where it was sent to Genzyme laboratories for tissue expansion.

Following completion of the above, the tourniquet was let down with hemostasis achieved with cautery after egress of excess joint fluid and removal of each of the arthroscopic instruments. Each of the two portals was then closed with interrupted 3-0 nylon sutures and a sterile, lightly compressive dressing applied and the patient transferred to supine recumbency in a hospital bed and from there to the recovery room without difficulty or complication.

All sponge, needle and instrument counts were correct. I was present during all critical portions of the procedure. There were no complications.

Postop rehab protocol will be as per the knee arthroscopy and debridement protocol.

Moving forward, should the patient have persistent pain with weightbearing medially again, given the relative health of the surrounding nature of her knee, the preservation of her tibia, and the multifocal and serpiginous pattern of chondral loss, autologous chondrocyte implantation of the medial femoral condyle and distal medial trochlear defects in addition to a neutralizing high tibial osteotomy depending on her alignment films would be entertained.

D: 09/26/2011 09:27AM DANA PETER PIASECKI, MD
T: 09/26/2011 15:46PM fch
Job # 5731864/Conf # 4817132
cc:

Signature Line

Electronically Signed By: PIASECKI, DANA PETER MD
09/27/2011 08:20 AM

Printed by: PIASECKI, DANA PETER MD
Printed on: 9/27/2011 8:20 EDT

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(Continued)

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* Final Report *

Completed Action List:

- * Perform by PIASECKI, DANA PETER MD on 26 September 2011 9:27 EDT
- * Transcribe by ESCRIPTION, TRANSCRIPTIONIST on 26 September 2011 15:46 EDT
- * Sign by PIASECKI, DANA PETER MD on 27 September 2011 8:20 EDTRequested on 26 September 2011 15:47 EDT
- * VERIFY by PIASECKI, DANA PETER MD on 27 September 2011 8:20 EDT

Printed by: PIASECKI, DANA PETER MD
Printed on: 9/27/2011 8:20 EDT

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(End of Report)

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OrthoCarolina

Medical History Form

Date of Visit: 08/30/2011 OC#: 10218981
 Patient Full Name: WALKER, KIMBERLY Date of Birth: _____ Age: 43
 Who is your Primary Care Provider? Dr. Eric Faile Gender: F
 Pharmacy and Phone #: Rite Aide (864) 605-1849

Medical Conditions

- ☐ None OR Write "P" for Past and "C" for Current Problem (Use other* if problem not listed.)
- | | | | |
|---|--|--|--|
| ☐ Alcohol Abuse | ☐ Dementia | ☐ HIV/AIDS | ☐ Scoliosis |
| ☐ Anemia | ☒ Depression | ☐ Kidney Disease | ☐ Seizure Disorder |
| ☐ Asthma | ☐ Diabetes | ☐ Liver Disease | ☐ Sickle Cell Trait/Disease |
| ☐ Bleeding Disorder | ☐ Drug Abuse | ☐ MRSA | ☐ Stroke |
| ☐ Blood Clots/DVT | ☐ Fracture/Broken Bone | ☐ Neuropathy | ☒ Thyroid Disorder |
| ☐ Breastfeeding | ☐ Gout | ☒ Osteoarthritis | ☐ Other: _____ |
| ☐ Cancer: type _____ | ☐ Heart Disease | ☐ Osteoporosis | |
| ☐ Cerebral Palsy | ☐ Hepatitis | ☐ Pregnant | |
| ☐ Chronic Bronchitis | ☐ High Blood Pressure | ☐ Pulmonary Embolism | |
| ☐ COPD | ☐ High Cholesterol | ☐ Rheumatoid Arthritis | |

List Drug Allergies and Reaction: ☐ None Morphine

List Current Medications (including dosage and frequency): ☐ None ☐ See Attached List

Cymbalta 60mg Tylenol PM Aleve Ambien CR
Zyral 10mg

List Any Past Surgeries and Date: ☐ None ☐ See Attached List

Scope of (L) Knee - 4/20/09 Articular Cartilage Transplant - 10/30/09
Scope of (L) Knee - 2/2010

Family History

- ☐ None ☐ Unknown/Adopted OR Indicate if any of your blood relatives have had any of the following conditions
- | | | | |
|---|--|---|---|
| ☐ Bleeding Disorder | ☐ Diabetes | ☐ Muscle Disorders | ☐ Respiratory Disease |
| ☐ Blood Disease | ☐ Heart Disease | ☐ Nerve Disorders | ☐ Rheumatoid Arthritis |
| ☐ Cancer: type _____ | ☐ High Blood Pressure | ☐ Osteoarthritis | ☐ Other: _____ |
| ☐ Depression | ☐ Kidney Disease | ☐ Osteoporosis | |

Social History

Tobacco Use: ☒ Non Smoker ☐ Former Smoker _____ Year Quit ☐ Current Smoker _____ # Packs/Day _____ # Years
 Alcohol Use: ☒ Never ☐ Rarely ☐ Weekly ☐ Daily
 Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other
 Occupation: Social Services Manager

Review of Systems

Indicate if you have current problems with any of the following:

Abdominal Pain	Y (N)	Difficulty Swallowing	Y (N)	Nausea	Y (N)
Bleeds Easily	Y (N)	Dizziness	Y (N)	Painful Urination	Y (N)
Blood in Stool	Y (N)	Excessive Thirst	Y (N)	Psychological Disorder	Y (N)
Blood in Urine	Y (N)	Headaches	Y (N)	Recent Weight Change	Y (N)
Bruise Easily	Y (N)	Heart Palpitations	Y (N)	Recurring Fever	Y (N)
Chest Pain / Discomfort	Y (N)	Heartburn	Y (N)	Skin Problems	Y (N)
Convulsions	Y (N)	Hoarseness	Y (N)	Sleep Disturbances	Y (N)
Chronic Cough	Y (N)	Increased Need to Urinate	Y (N)	Temperature Intolerance	Y (N)
Decreased Appetite	Y (N)	Joint Problems	Y (N)	Vision Problems	Y (N)
Difficulty Breathing	Y (N)	Loss of Hearing	Y (N)	Vomiting	Y (N)

For Office Use Only: Date Reviewed Change? Y or N Clinical Staff Provider Date Reviewed Change? Y or N Clinical Staff Provider

OrthoCarolina

Sports Medicine and Shoulder & Elbow Center Patient Worksheet

Date of Visit: 08/30/2011

Patient Full Name: WALKER, KIMBERLY

OC # 10218981

Who referred you to our office? Dr. Daniel Cordas

Height: 230.54 Weight: 230
KW

Please describe the reason for today's visit: Second opinion (L) Knee Injury (2009)
When did your current symptoms begin? 2/19/2009

On which side of your body are you experiencing symptoms? ☐ Right ☐ Left ☒ Both

If visit is related to an injury, how did the injury occur? ☐ No injury

☐ Fall ☐ Sports / Recreation ☒ Performing job duties ☐ Motor vehicle accident ☐ Other:

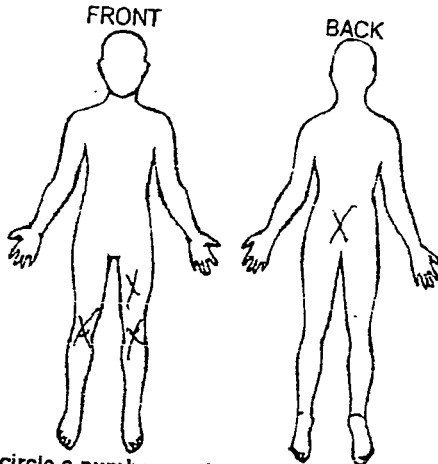
What is the quality of your pain?

☒ Sharp ☐ Dull
☐ Stabbing ☒ Throbbing
☒ Aching ☐ Burning
☐ Other:

How often do you have pain?

☒ Constantly ☐ Daily with activities ☐ Occasionally

Mark areas below where you are having pain with an X.



Please circle a number on the pain scale below to indicate your current pain level.

No Pain 1 2 3 4 5 6 8 9 10 Severe Pain

What makes your symptoms better?

☐ Rest ☐ Heat ☐ Ice
☐ Elevation ☒ Nothing ☐ Other:

What makes your symptoms worse?

☒ Standing ☒ Walking ☒ Lifting
☒ Exercise ☒ Twisting ☒ Lying in Bed
☒ Bending ☒ Squatting ☒ Kneeling
☐ Stairs ☒ Sitting ☐ Coughing
☐ Sneezing ☐ Other:

Does your pain keep you from falling asleep? ☐ No ☒ Yes

Does your pain wake you from sleep? ☐ No ☒ Yes

Review of Symptoms

Do you have:

☒ Swelling ☐ Bruising ☒ Weakness
☐ Tingling ☐ Numbness ☐ Other:

Since your symptoms started, are they getting:

☐ Better ☒ Worse ☐ Staying the same

Have you had any of the following related to this problem?
If yes, please indicate month/year:

☒ X-ray 1 ☐ Nerve Study 1
☐ Myelogram 1 ☒ PT or OT 2 years off
☒ MRI 2/11 ☐ Bone Scan 1
☐ Lab Work 1 ☒ Cortisone Injection 1
☐ CT Scan 1 ☐ Pain Management 1
☐ Other (please specify):

To be completed by Shoulder and Elbow Patients Only:

Do you have trouble doing the following: (circle the side)

Put on a coat	☐ No ☐ Yes	Right	Left	Both
Sleep on your painful side	☐ No ☐ Yes	Right	Left	Both
Wash back/hook bra in back	☐ No ☐ Yes	Right	Left	Both
Manage toileting	☐ No ☐ Yes	Right	Left	Both
Comb hair	☐ No ☐ Yes	Right	Left	Both
Reach a high shelf	☐ No ☐ Yes	Right	Left	Both
Lift 10 lbs. above shoulder	☐ No ☐ Yes	Right	Left	Both
Throw a ball overhand	☐ No ☐ Yes	Right	Left	Both
Do usual work or sport	☐ No ☐ Yes	Right	Left	Both

Does your shoulder feel unstable (try to dislocate)? ☐ No ☐ Yes

Please circle a number on the the scale below to indicate how unstable your shoulder is:

Very Stable 0 1 2 3 4 5 6 7 8 9 10 Very Unstable

If you are a high school, collegiate, or professional athlete, please complete the following:

Team: _____
Position: _____
Name of Trainer: _____
Name of Coach: _____

For Office Use Only: Blood Pressure _____ / _____ Pulse _____ Temperature _____

Form2/MEDHxSports060110

SCANNED

Patient: KIMBERLY WALKER

Age/DOB:

MRN: 10218981

Home:

Work:

Provider: Dana Piasecki M.D.

Enc Date: 08/30/2011

Document Type: Work Comp Note

Location: RANDI

Dictated Date: 09/01/2011

Accession #: arch220110902115459

CHIEF COMPLAINT:

Left knee pain.

HISTORY OF PRESENT ILLNESS:

This is an initial office visit note for this 43-year-old female who presents for evaluation of her left knee. Kimberly is an otherwise healthy and previously quite active 43-year-old presenting today for a comprehensive second opinion work-related evaluation following a work-related injury sustained back in 2009. She reports that she suffered an anterior blow to her knee while on the job back in 2009 and was subsequently evaluated by an orthopedic surgeon who felt she had a traumatic medial femoral condyle chondral defect. This was addressed with 2 arthroscopies, the first with a simple debridement and microfracture in April 2009 followed by a revision cartilage procedure with DeNovo in October of that year. She continued to have symptoms thereafter including crepitus and pain with weightbearing and underwent an arthroscopy with debridement in 2010 and since then has unfortunately had persistent pain anteromedially and medially with weightbearing. She has minimal if any discomfort laterally, any mechanical complaints, or substantial instability. She denies any numbness or other neurologic complaints. Given the persistence of her symptoms, she presents for consideration of additional cartilage restoration options noting that her symptoms are quite limiting to her both with respect to her job at Sunbelt Human Adv. and at home during regular activities of daily living.

Past medical and surgical history, medications, allergies, social and family history are as per the medical history form which is reviewed and signed today. Negative responses are confirmed as negative, the medical history form is signed after the interview.

PHYSICAL EXAMINATION:

Kimberly is pleasant, cooperative, and in no acute distress. She is alert, oriented, and healthy appearing. Evaluation of her left lower extremity demonstrates well-healed prior surgical incisions consistent with her surgical history including an anteromedial arthrotomy consistent with her prior DeNovo procedure. She has no signs of acute trauma. She is grossly neurovascularly intact distally including L4-S1 sensory and motor function with full motion, perhaps trace effusion, but no gross ligamentous instability findings including Lachman, pivot shift, posterior drawer, varus and valgus stress at zero and 30 degrees. She does have anteromedial discomfort along a plica distribution and to a lesser degree over the remainder of the medial joint line. Her lateral joint line is nontender.

IMAGING STUDIES:

Four views of the left knee obtained today in the office demonstrate no fracture, dislocation, or joint space narrowing. Her long-leg alignment films obtained today suggest varus malalignment with weightbearing line passing into the medial compartment. She does have preservation of joint space on her other x-rays with no substantial degenerative findings noted.

Printed By: Kisha Miller

1 of 2

09/20/2011 2:10PM

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MRI: Review of Kimberlys MRI available for review on a CD and subsequently returned back to the patient today demonstrates irregularity of the anterior aspect of the medial femoral condyle with underlying subchondral edema. There also appears to be a chondral defect involving the posterolateral aspect of the lateral tibial plateau with some underlying edema as well. There appears to be relative integrity of the menisci and no obvious ligamentous injury.

IMPRESSION:

A 43-year-old female with right knee complaints status post 3 prior surgeries with an overall presentation consistent with a symptomatic medial femoral condyle chondral defect and mild varus malalignment.

PLAN:

I have discussed these issues with Kimberly today. Despite the findings of some lateral tibial plateau chondral issues, I suspect that this pathology is likely less symptomatic than what she has going on medially. I have discussed with her that it is conceivable as well that given the original injury mechanism, she could well be exhibiting something much less complex such as a symptomatic plica. Nonetheless given the complexity of her presentation and her limitations, I have suggested that at this point, she is at maximum medical improvement from a nonsurgical treatment approach given the time which has elapsed since her prior surgery. Based on her age and activity level, I would favor an index staging arthroscopy with probable plica resection, debridement, and possible though unlikely ACI biopsy based on her age and probable chondral defect distribution. I suspect that she could well be a candidate for future neutralizing high tibial osteotomy with medial femoral condyle osteochondral allograft though I would like to see how she does with this index debridement and quite possibly a postoperative medial Unloader brace to see to what degree the lateral compartment symptoms could potentially be exacerbated by this approach. We discussed risks and benefits including bleeding, nerve damage, infection, loss of motion, and potential need for additional surgery in the future, and she would like to move forward with things which I think is quite reasonable. We will therefore proceed with scheduling at her convenience and following appropriate Workers Compensation approval of a left knee arthroscopy with staging evaluation, debridement, plica resection, and possible ACI biopsy.

ADDENDUM:

For the purpose of contact, the patients best contact number is 864-423-7738.

Dana Piasecki, M.D.

cc: Fay Jennings, Adjuster.

Kathy Averette, Case Manager.

Electronically signed by: Dana Piasecki M.D. Sep 5 2011 12:05PM EST

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OrthoCarolina

Date of exam 8/30/11 **Work Status**
Patient name Walker Kimberly **Is the injury work-related?** Yes ☒ No ☐
Doctor Piaget **Chart number** _____
Diagnosis Chondral LFT **Right** ☒ **Left** ☐ **Bilateral** ☐

____ Should not return to work until re-evaluated (see return appointment date below).

____ Return to work **WITHOUT** restrictions on _____ (date).

☒ Return to work **WITH** the following restrictions* on 8/31/11 (date).

Return to work no greater than _____ hours per day beginning on _____.

☐ No lifting greater than _____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged bending, stooping, squatting, kneeling, or twisting.

☐ No pushing or pulling greater than _____ pounds.

Right ☐ Left ☐ Both ☐

☐ No prolonged reaching overhead or extreme positions of the neck.

☐ No lifting over _____ pounds above shoulder level, _____ pounds waist to shoulder, _____ pounds floor to waist.

☐ No work involving use of hand / arm (circle one)

Right ☐ Left ☐ Both ☐

Repetitive ☐ Strong grip ☐ At all ☐

☐ No working on or driving power moving equipment.

☒ Sit down work only.

☒ No standing/walking over 10 minutes/hour.

☐ No ladder/stair-climbing.

☐ Avoid significant exposure to extremes of temperature. _____ Hot _____ Cold _____ Both

Is patient being prescribed medications that may be hazardous in a work environment?

☐ Yes ☒ No

Additional modified duty restrictions/comments: _____

____ Patient to continue physical/occupational therapy.

____ Patient released from physical/occupational therapy.

____ Return appointment with doctor on Aug 31 (appointment date).

Physician signature _____

Date 8/31/11

*Unless otherwise specified, restrictions are in effect until return appointment.

Estimated date of MMI Nov

For Worker's Comp inquiries only, call (704)347-5490 or fax (704)347-5446

TOP COPY: Patient's Chart

MIDDLE COPY: Worker's Comp Copy

LAST COPY: Patient Copy

OC-171 Rev. 4/17/2006

SCANNED

P256
P209

Medical Questionnaire

RE: Kimberlv Walker
SSN:
DOB:

1. Has Ms. Walker most probably reached Maximum Medical Improvement for any psychological problems aggravated by her work accident and injuries that occurred on 2/19/09? ☒ YES ☐ NO

2. Does Ms. Walker most probably require any ongoing or additional treatment and/or medication for any psychological problems aggravated by her work accident and injuries? ☒ YES ☐ NO

If yes, please describe: Psychological treatment 4-6 times per year (estimate) to avoid deterioration

3. Does she most probably have any permanent impairment related to any psychological problems aggravated by her work accident and injuries?

☒ YES ☐ NO If yes, please provide: 10 % impairment to the whole body

4. Does Ms. Walker most probably have permanent restrictions or limitations as a result of any psychological problems aggravated by her work accident and injuries?

☒ YES ☐ NO If yes, please describe: Unable to maintain concentration for prolonged periods of time

These responses represent my opinion to a reasonable degree of psychological certainty.

Date: 12/16/13

C David Tollison PhD
Dr. C. David Tollison, PhD.

Carolinas Center for Advanced Mgmt of Pain - Greenville Office

220 Roper Mountain Road Ext Greenville, SC 29615

(864) 295-6399 Fax: (864) 295-2337

December 3, 2013

Page 1

Chart Document

MS KIMBERLY D WALKER

Female

41367

11/21/2013 - Office Visit: Psych F/U

Provider: C David Tollison PhD

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Greenville Office

This document contains confidential information

Age: 45 Years Old

Gender: Female

Employment Status: Last worked September 24, 2011 for SHARE, social services manager

Prior Mental Health: Dr. Tollison 6/23/11 - 10/10/12. Dr. Sanchez. Return Dr. Tollison 10/8/13.

Education Level: Masters Degree in Human Resource Management (Webster University) and Bachelors from Mars Hill

History of Present Illness: Referred by Eric Faile, MD. and Dr. Jacobs (psychiatry). Chronic pain in the left knee due to striking knee on desk at work on 2-19-09 and since she has had 6 surgeries. LBP and right knee pain that she feels is resulting from altered gait. Sxs depression/anxiety related to pain intensity, duration, and lifestyle alteration, chronic sleep disturbance, gaining weight, uncontrolled crying, fatigue, loss of optimism, etc.

Psychological Testing P-3 on 6-23-11 with Somatization in top 5th percentile, Anxiety 18th, and Depression top 27th. P-3 on 10/8/13 invalid.

Progress Note

Clinical Status: She is seeing Dr. Jacobsof psychiatry who recently started her on low dose of Zoloft "to try and help some with my concentration" and she also talks of anger "and sometimes I just want to scream I get so frustrated and I work all day at trying to stay calm." She trying to avoid stressful situations and she admits that she doesn't deal well with stress. Marginal control over psychological symptoms that appear to influence her perception of pain intensity, suffering and functional limitation. She reports that her physician has told her she needs another knee surgery. Cognitively intact and compliant with treatment. Denies suicidal and homicidal ideation.

Treatment: Combination of education, support, and coping skills training with continuing clinical re-assessment.

Assessment

Status of Existing Problems:

Assessed DEPRESSION - MODERATE RECURRENT as unchanged - C David Tollison PhD

Assessed ADJUSTMENT DISORDER/MIXED as unchanged - C David Tollison PhD

Plan

Continue current treatment plan and notify me of any significant change in condition. Decrease psychological symptom severity through rehearsal of cognitive-behavioral techniques and distraction. Follow up with psychiatry and her other physicians as scheduled. We review our agreement that she will proceed to ER with need then contact us.

Current Medication List:

ZOLOFT per Dr. Jacobs

WELLBUTRIN XL 300 MG 1 qd per Dr. Faile (discontinued)

NAPROXEN per PCP

OTC ANALGESICS

FLEXARIL other MD

PERCOCET other MD

FAX NO. P. 019
Carolinas Center for Advanced Mgmt of Pain - Greenville Office
220 Roper Mountain Road Ext Greenville, SC 29615
(864) 295-6399 Fax: (864) 295-2337

December 3, 2013

Page 2

Chart Document

MS KIMBERLY D WALKER

Female

41367

NAPROXEN other MD

AMBIEN other MD

CYMBALTA 30 MG Dr. Faile (discontinued)

New Orders:

PYSCH f/u 60 min [90837]

Electronically signed by C David Tollison PhD on 11/21/2013 at 10:52 AM

Y. Eugene Mironer, MD
 John C. Haasis, MD
 Phillip C. LaTourette, MD
 John R. Satterthwaite, MD
 Renju T. Joseph, MD
 J. Kelby Hutcheson, MD
 Stephen G. Rees, MD
 C. David Tollison, PhD
 Donald W. Hinnant, PhD



CAROLINAS CENTER
 FOR ADVANCED MANAGEMENT OF PAIN
 www.carolinapain.com

Work Excuse

Date: 11/21/13

Kimberly Walker is under the care of:

Y. Eugene Mironer, MD/ Sirl Craft, FNP

John R. Satterthwaite, MD/ Monica Speak, FNP

Phillip C. LaTourette, MD/ Kacie Tartaro, FNPC

John C. Haasis, MD/ Mary Cohen, FNPC

J. Kelby Hutcheson, MD/ Mary Cohen, FNPC

Renju T. Joseph, MD

C. David Tollison, PhD

And the following applies:

_____ Patient was/is unable to work _____

_____ Patient is unable to work until seen on _____

_____ Patient is restricted to limited duty for/until _____

_____ Patient is able to return to work with the following restrictions:

X Other Pt had appt. today - 11/21/13

Signed He

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December 3, 2013

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Page 1

(864) 295-6399 - Fax: (864) 295-2337

Chart Document

MS KIMBERLY D WALKER

Female

41387

10/31/2013 - Office Visit: Psych F/U**Provider: C David Tollison PhD****Location of Care: Carolinas Center for Advanced Mgmt of Pain - Greenville Office****This document contains confidential information****Age:** 45 Years Old**Gender:** Female**Employment Status:** Last worked September 24, 2011 for SHARE, social services manager**Prior Mental Health:** Dr. Tollison 6/23/11 - 10/10/12. Dr. Sanchez. Return Dr. Tollison 10/8/13.**Education Level:** Masters Degree in Human Resource Management (Webster University) and Bachelors from Mars Hill**History of Present Illness:** Referred by Eric Faile, MD. and Sergio Sanchez, MD. Chronic pain in the left knee due to striking knee on desk at work on 2-19-09 and since she has had 6 surgeries. LBP and right knee pain that she feels is resulting from altered gait. Sxs depression/anxiety related to pain intensity, duration, and lifestyle alteration, chronic sleep disturbance, gaining weight, uncontrolled crying, fatigue, loss of optimism, etc.**Psychological Testing** P-3 on 6-23-11 with Somatization in top 5th percentile, Anxiety 18th, and Depression top 27th. P-3 on 10/8/13 invalid.**Progress Note**

Clinical Status: "I called your office yesterday and wanted to come in and see you yesterday but you were in your Spartanburg office.....I just felt overwhelmed and I wasn't going to kill myself but I just felt like I didn't want to live." She complains of being forgetful, driving one place when I meant to go somewhere else and sometimes I feel like my speech is affected, like my brain and mouth aren't connected." She appears more anxious and somewhat agitated today and admits to feeling frustrated "because of pain." We discuss at some length suicide and she repeatedly offers that she "would never" do anything like that "because I have children and I would never hurt them." She has strong religious faith.

Treatment: cognitive behavioral restructuring with both supportive and directive psychotherapy.

Assessment**Status of Existing Problems:**

Assessed DEPRESSION - MODERATE RECURRENT as unchanged - C David Tollison PhD

Assessed ADJUSTMENT DISORDER/MIXED as unchanged - C David Tollison PhD

Plan

She strongly urged to follow up with Dr. Sanchez as scheduled and she scheduled to return. Daily rehearsal of cognitive coping techniques instructed. She urged to telephone with need. She urged to continue journaling and expressing her thoughts, feelings and behavior.

Current Medication List:

WELLBUTRIN XL 300 MG 1 qd per Dr. Faile (discontinued)

NAPROXEN per PCP

OTC ANALGESICS

FLEXARIL other MD

PERCOCET other MD

NAPROXEN other MD

AMBIEN other MD

CYMBALTA 30 MG Dr. Faile (discontinued)

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December 3, 2013

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Chart Document

MS KIMBERLY D WALKER

Female

41367

New Orders:

PYSCH f/u 60 min [90837]

Electronically signed by C David Tollison PhD on 10/31/2013 at 12:11 PM

Eugene Mironer, MD
 John C. Haasis, MD
 Phillip C. LaTourette, MD
 John R. Satterthwaite, MD
 Renju T. Joseph, MD
 Kelby Hutcheson, MD
 Stephen G. Rees, MD
 David Tollison, PhD
 Donald W. Hinnant, PhD



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Work Excuse

Date: 10/31/13

Kimberly Walker is under the care of:

Y. Eugene Mironer, MD/ Siri Craft, FNP

John R. Satterthwaite, MD/ Monica Speak, FNP

Phillip C. LaTourette, MD/ Kacie Tartaro, FNPC

John C. Haasis, MD/ Mary Cohen, FNPC

J. Kelby Hutcheson, MD/ Mary Cohen, FNPC

Renju T. Joseph, MD

C. David Tollison, PhD

And the following applies:

_____ Patient was/is unable to work _____

_____ Patient is unable to work until seen on _____

_____ Patient is restricted to limited duty for/until _____

_____ Patient is able to return to work with the following restrictions: _____

☒ Other PT. had appt today - 10/31/13

Signed HE

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October 23, 2013
Page 1
Chart Document

MS KIMBERLY D WALKER

Female

41367

10/17/2013 - Office Visit: Psych F/U**Provider: C David Tollison PhD****Location of Care: Carolinas Center for Advanced Mgmt of Pain - Greenville Office**
This document contains confidential information**Age: 45 Years Old****Gender: Female****Employment Status:** Last worked September 24, 2011 for SHARE, social services manager**Prior Mental Health:** Dr. Tollison 6/23/11 - 10/10/12. Dr. Sanchez. Return Dr. Tollison 10/8/13.**Education Level:** Masters Degree in Human Resource Management (Webster University) and Bachelors from Mars Hill**History of Present Illness:** Referred by Eric Faile, MD. and Sergio Sanchez, MD. Chronic pain in the left knee due to striking knee on desk at work on 2-19-09 and since she has had 6 surgeries. LBP and right knee pain that she feels is resulting from altered gait. Sxs depression/anxiety related to pain intensity, duration, and lifestyle alteration, chronic sleep disturbance, gaining weight, uncontrolled crying, fatigue, loss of optimism, etc.**Psychological Testing** P-3 on 6-23-11 with Somatization in top 5th percentile, Anxiety 18th, and Depression top 27th. P-3 on 10/8/13 invalid.**Progress Note****Clinical Status:** She returns after evaluation on 10/8/13 and session today focuses on feelings of vicimization and avoiding the trap of being "the victim" and stepping forward and taking responsibility for herself and managing her pain. She continues going to Y and is praised. Strong religious faith. Difficulty relaxing and she highly reactive.**Treatment:** Combination of education, support, and coping skills training with continuing clinical re-assessment.**Assessment****Status of Existing Problems:**

Assessed ADJUSTMENT DISORDER/MIXED as unchanged - C David Tollison PhD

Assessed DEPRESSION - MODERATE RECURRENT as unchanged - C David Tollison PhD

Plan

Instruction in cognitive-behavioral restructuring techniques with office rehearsal. Increase physical activity. Return appointment.

Current Medication List:

WELLBUTRIN XL 300 MG 1 qd per Dr. Faile (discontinued)

NAPROXEN per PCP

OTC ANALGESICS

FLEXARIL other MD

PERCOCET other MD

NAPROXEN other MD

AMBIEN other MD

CYMBALTA 30 MG Dr. Faile (discontinued)

New Orders:

PYSCH f/u 60 min [90837]

93

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October 23, 2013

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Chart Document

MS KIMBERLY D WALKER

Female

41367

Electronically signed by C David Tollison PhD on 10/17/2013 at 12:57 PM



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Renju T. Joseph, MD
J. Kelby Hutcheson, MD
Stephen G. Rees, MD
David Tollison, PhD
Wald W. Hinnant, PhD

Work Excuse

Date: 10.17.13

Kimberly Weller is under the care of:

Y. Eugene Mironer, MD/Siri Craft, FNP

John R. Satterthwaite, MD/Monica Speak, FNP

Phillip C. LaTourette, MD/Kacie Tartaro, FNPC

John C. Haasis, MD/Mary Cohen, FNPC

J. Kelby Hutcheson, MD/Mary Cohen, FNPC

Renju T. Joseph, MD

C. David Tollison, PhD

And the following applies:

____ Patient was/is unable to work _____

____ Patient is unable to work until seen on _____

____ Patient is restricted to limited duty for/until _____

____ Patient is able to return to work with the following restrictions: _____

☒ Other: PT had appt today - 10/17/13 @ 11AM

Signed HE

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October 23, 2013
Page 1
Chart Document

MS KIMBERLY D WALKER

Female

41367

10/08/2013 - Office Visit: Psych Initial Evaluation
Provider: C David Tollison PhD
Location of Care: Carolinas Center for Advanced Mgmt of Pain - Greenville Office

Initial Evaluation

Personal\Social History

Age: 45 Years Old
Date of Birth: 08/11/1968
Years: married x1 and divorced 15 years
Children - # Living: 2 ages 21 and 17
County of Residence: Greenville
Resides with: 2 daughters ages 21 and 17
Substance Use/Abuse - Alcohol: None
Substance Use/Abuse - Tobacco: None
Substance Use/Abuse - Drugs: None

Education\Vocational History

Last Grade Completed: Masters in Human Resources and Bachelors from Mars Hill
Academic\Behavioral Problems: No
Military History: None
Work Status: Not Working
Disabled: last worked September 24, 2011 as social services manager for SHARE
Last Employer: SHARE
Position: social services manager
Estimated Intelligence: average

Appearance and Self care

Grooming: Neat/Clean
Gait: Normal
Motor Activity: Unremarkable

Sensorium

Level of Consciousness: Alert
Attention: Normal
Orientation: Person, Place, Time, Situation
Memory: Good

Interpersonal Behavior

Demeanor: Cooperative, Pleasant, Polite

Affect and Mood

Affect: Reactive

Language and Thought Process:

Speech: Fluent
Thought Content: Appropriate to mood/circumstance
Organization: Logical

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October 23, 2013

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Chart Document

MS KIMBERLY D WALKER

Female

41367

Preoccupations: Somatic**Hallucinations:** None**Medical History:**

Current Physical Complaints: Work-related injury to left knee on 2-19-19 and s/p surgery x6 to knee. Lower back and right knee pain she attributes to prolonged altered gait. She goes to Upstate Medical Rehabilitation for pain management. This is a workers' compensation case and this evaluation is authorized by Meggan Cooper of the State Accident Fund. Alton Martin is her attorney.

Past Medical History: she describes herself as healthy and denies problems of significance.

Current Medications:

WELLBUTRIN XL 300 MG 1 qd per Dr. Faile (discontinued)

NAPROXEN per PCP

OTC ANALGESICS

FLEXARIL other MD

PERCOCET other MD

NAPROXEN other MD

AMBIEN other MD

CYMBALTA 30 MG Dr. Faile (discontinued)

Psychological Assessment:

Patient is referred by Sergio Sanchez, MD. I initially treated this patient from June 23, 2011 through 10-10-12. Some post-partum depression some 20 years ago, and later treated with Wellbutrin for "hormone adjustment." Long-standing depression and psychological symptoms associated with chronic pain. She is asked if she is depressed and she responds "I think I'm beyond depressed....I'm angry and having trouble remembering things, and my focus is off and I'm worse now than I was back when you last saw me." She continues taking Wellbutrin XL that she has taken for years. She having trouble keeping her temper "and sometimes I just want to scream and shout." Sleep interrupted of late due to pain. Denies frequent episodes of uncontrolled crying. Denies suicidal thought. She lost about 10 pounds once she stopped taking amitriptyline. She goes to YMCA and has trainer x3 per week but reports injuring her back working out two weeks ago. She drives her car. She paces herself around the house and avoids exertional chores. She feeling overwhelmed and feels that the relationship with her daughters has changed "because I act the way I do and it makes me feel guilty and sad because they think I'm always angry and it breaks my heart."

Pain Patient Profile (P-3) psychological test is administered on 6-23-11 with Somatization in top 5th, Anxiety in 18th, and Depression top 27th. Today the P-3 test is administered again. Review of Validity Index suggests testing is statistically invalid due to extreme score (12) on the Validity Index that is higher than scores of 95% of patients in the normative sample.

Assessment

Chronic pain in the bilateral knees and back. Psychological symptoms associated with chronic pain. She does not feel that she is improving and, in fact, believes that both her physical and psychological functioning are deteriorating. Denies suicidal thought.

Axis I - ADJUSTMENT DISORDER/MIXED (ICD-309.28).

Axis I - DEPRESSION - MODERATE RECURRENT (ICD-296.32)

Axis II - deferred

Axis III - bilateral knee and back pain

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October 23, 2013
Page 3
Chart Document

MS KIMBERLY D WALKER

Female

41367

Axis IV - health, occupational, social, financial, legal
Axis V - GAF 60

Plan

She will return for follow up treatment. We will instruct in cognitive-behavioral restructuring techniques with cognitive coping skills training. She also will be instructed in progressive muscle relaxation exercises and diaphragm breathing. I am uncertain whether Dr. Sanchez will continue writing her psychotropics or if workers' comp is making other arrangements.

New Orders:

PSYCH Initial Eval [90791]
P3 [96103]

Updated Med List:

WELLBUTRIN XL 300 MG 1 qd per Dr. Faile (discontinued)
NAPROXEN per PCP
OTC ANALGESICS
FLEXARIL other MD
PERCOCET other MD
NAPROXEN other MD
AMBIEN other MD
CYMBALTA 30 MG Dr. Faile (discontinued)

Electronically signed by C David Tollison PhD on 10/10/2013 at 8:20 AM

Kimberly Walker

P-3®

Pain Patient Profile

Interpretive Report

by

C. David Tollison

and

Jerry C. Langley

ID Number 41367

Female

Age 45

10/8/2013 2:10:01 PM

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[1.0 / 5.07 / 1.0]

INTRODUCTION

Pain resulting from physical injury, illness, or disease is a multidimensional phenomenon composed of physiologic, psychological, and other influencing variables. Factors such as depression, anxiety, and excessive somatic thought are specifically identified in the medical literature as actively contributing to the etiology, maintenance, and intensity of pain. When these factors are appropriately identified and clinically addressed, treatment outcomes resulting from nonsurgical, surgical, and rehabilitative interventions are significantly improved.

The P-3 is designed to identify pain patients who are experiencing emotional distress that may be affecting their symptoms and their response to treatment. The P-3 report also offers recommendations regarding the need for mental health treatment based on the patient's item responses. Clinicians should monitor changes in pain and psychological symptoms and reassess as clinically appropriate. The P-3 may be readministered periodically to measure treatment progress.

The profile, interpretations, and recommendations in this report are all based on pain patients as the primary reference group. However, when reviewing an individual's results, it is important to keep in mind that the average pain patient is significantly more depressed, anxious, and preoccupied with somatic thoughts than the average community subject.

The information in the P-3 report must be used in conjunction with professional judgment, taking into account the total context of the instrument's administration and any other pertinent information concerning the individual. The main body of the report should be considered a professional-to-professional consultation and should be used solely by the clinician. These results should be considered confidential. The Patient Summary can be shared with the patient if the clinician decides it is appropriate.

VALIDITY

The P-3 Validity Index is designed to assess the probability of random responding, poor reading skills, and the excessive use of magnification in describing psychological and physical symptoms. This patient's extreme score (12) on the Validity Index is higher than the scores of 95% of the pain patients in the normative sample. Because of this extreme score, the report is invalid.

The clinician should consider investigating the possibility of random responding or poor reading skills. The P-3 is written at approximately an 8th-grade reading level. If the patient's response pattern and reading comprehension are acceptable, her Validity Index score may suggest response magnification.

P-3®

ID 41367

Interpretive Report

Page 3

INVALID REPORT

Either the Validity Index score is greater than 11 or the Validity Index score is 11 and one of the validity items was omitted.

P-3®

ID 41367

Interpretive Report
Page 4**ITEM RESPONSES**

1: 3	2: 3	3: 1	4: 3	5: 3	6: 3	7: 3	8: 2	9: 3	10: 3
11: 3	12: 3	13: 3	14: 3	15: 3	16: 3	17: 3	18: 3	19: 3	20: 3
21: 3	22: 3	23: 3	24: 3	25: 3	26: 3	27: 3	28: 3	29: 3	30: 3
31: 2	32: 2	33: 3	34: 3	35: 3	36: 3	37: 2	38: 3	39: 3	40: 2
41: 3	42: 2	43: 3	44: 3						

End of Clinical Report**End of Report**

Medical Questionnaire

RE: Kimberly Walker
SSN:
DOB:

1. Has Ms. Walker most probably suffered an aggravation or worsening of her depression or other psychological problems as a result of her work accident of 2/19/09 and the multiple surgeries she has undergone related to same?
☒ YES ☐ NO

2. Has she most probably reached Maximum Medical Improvement for any psychological problems aggravated by her work accident and injuries?
☒ YES ☐ NO

3. Does Ms. Walker most probably require any ongoing or additional treatment and/or medication for any psychological problems aggravated by her work accident and injuries?
☒ YES ☐ NO If yes, please describe: Continued psychological treatment of depression

4. Does she most probably have any permanent impairment related to any psychological problems aggravated by her work accident and injuries?
☒ YES ☐ NO If yes, please provide: 10 % impairment to the psyche

5. Does Ms. Walker most probably have permanent restrictions or limitations as a result of any psychological problems aggravated by her work accident and injuries?
☒ YES ☐ NO If yes, please describe: Ability to maintain concentration over time likely reduced secondary to distraction from pain and depression

These responses represent my opinion to a reasonable degree of psychological certainty.

Date: 10/18/12

C. David Tollison
Dr. C. David Tollison, PhD.

MS KIMBERLY D WALKER

Female

41367

10/10/2012 - Office Visit: Psych F/U

Provider: C David Tollison PhD

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Greenville Office

This document contains confidential information

Age: 44 Years Old

Gender: Female

Employment Status: Last worked September 24, 2011 for SHARE, social services manager

Prior Mental Health: No contact with mental health professionals. Some post-partum depression about 15 years ago that resolved. Past 5-6 years taking Wellbutrin for "hormone adjustment" subsequent to hysterectomy in 20s. Initial evaluation Dr. Tollison on June 23, 2011.

Education Level: Masters Degree in Human Resource Management (Webster University) and Bachelors from Mars Hill

History of Present Illness: Referred by Eric Faile, MD. Chronic pain in the left knee due to striking knee on desk at work on 2-19-09 and since she has had 6 surgeries. LBP and right knee pain that she feels is resulting from altered gait. Sxs depression/anxiety related to pain intensity, duration, and lifestyle alteration, chronic sleep disturbance, gaining weight, uncontrolled crying, fatigue, loss of optimism, etc.

Psychological Testing P-3 on 6-23-11 with Somatization in top 5th percentile, Anxiety 18th, and Depression top 27th.

Progress Note

Clinical Status: She last treated on 3-12-12 and reports taht she had surgery to leg in June and her insurance was cancelled so she unable to return due to finances....."but I needed you." She tells me that her surgeon in Charlotte has told her that she is unlikely to improve in future "and he told me I needed to see a psychologist." She feels she is alienating family and couple of friends "because nobody understands what I am going through.....I have nobody to talk to." Feeling guilty that she unable to be the mother and person she "used to be" and she looks at her mother's picture "and wish she was here so I would have somebody to talk to about how bad I feel." She looks daily at Greenville Online, the obituaries, "and I don't why" and she losing temper easily and often. She feels like she is constantly "waiting on the next bad thing to happen." She exhibiting continued symptoms of depression and anixety, weeping during session. Unable to financially afford the Wellbutrin and Cymbalta so Dr. Faile has her on Celexa. Feeling overwhelmed and struggling to cope.

Treatment: Combination of education, support, and coping skills training with continuing clinical re-assessment.

Plan

She is urged to respectfully request of Dr. Faile an increase in dosage of Celexa, fully realizing that this is his call. She requested to return to me for treatment targetng a reduction in agitated depression through cognitive restructuring techniques and PMR. Return appointment.

Current Medication List:

WELLBUTRIN XL 300 MG 1 qd per Dr. Faile (discontinued)

NAPROXEN per PCP

OTC ANALGESICS

FLEXARIL other MD

PERCOCET other MD

NAPROXEN other MD

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December 3, 2013

Page 2

Chart Document

MS KIMBERLY D WALKER

Female

41367

AMBIEN other MD

CYMBALTA 30 MG Dr. Faile (discontinued)

New Orders:

OP Psychotherapy 20 - 30 min. [90804]

Electronically signed by C David Tollison PhD on 10/10/2012 at 1:28 PM

Medical Questionnaire

RE: Kimberly Walker
SSN: _____
DOB: _____

1. Ms. Walker most probably have any restrictions or limitations as a result of her depression? _____ YES _____ NO If yes, please describe: _____

may have difficulty maintaining concentration and attention
over time due to distortion of both physical and psychological
symptoms.

2. Has Ms. Walker most probably suffered an aggravation or worsening of her depression as a result of her work accident of 2/19/09 and the multiple surgeries she has undergone related to same? ☒ YES _____ NO

3. Does Ms. Walker most probably require any ongoing or additional treatment?
☒ YES _____ NO

This represents my opinion to a reasonable degree of psychological certainty.

C. David Tollison
Dr. C. David Tollison

Date: 9-25-12

As of the last time I treated her, 3-12-12

MS KIMBERLY D WALKER

Female

41367

INS: PAI

04/16/2012 - Internal Other: Appointment No Show
Provider: C David Tollison PhD

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Greenville Office

Appointment status changed to No Show by
Patricia Webb on 4/16/2012 3:27 PM

No Show Comments

Appointment Information

Appt Type : Psych F/U 30
Date : 4/16/2012
Time : 9:30:00 AM
Made By : pvaughn
To Visit : Tollison, PhD C. David
Notes :

Electronically signed by C David Tollison PhD on 04/16/2012 at 3:40 PM

MS KIMBERLY D WALKER

Female

41367

Ins: PAI

03/12/2012 - Office Visit: Psych F/U

Provider: C David Tollison PhD

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Greenville Office

This document contains confidential information

Age: 43 Years Old

Gender: Female

Employment Status: Last worked September 24, 2011 for SHARE, social services manager

Prior Mental Health: No contact with mental health professionals. Some post-partum depression about 15 years ago that resolved. Past 5-6 years taking Wellbutrin for "hormone adjustment" subsequent to hysterectomy in 20s. Initial evaluation Dr. Tollison on June 23, 2011.

Education Level: Masters Degree in Human Resource Management (Webster University) and Bachelors from Mars Hill

History of Present Illness: Referred by Eric Faile, MD. Chronic pain in the left knee due to striking knee on desk at work on 2-19-09 and since she has had 5 surgeries. LBP and right knee pain that she feels is resulting from altered gait. Sxs depression/anxiety related to pain intensity, duration, and lifestyle alteration, chronic sleep disturbance, gaining weight, uncontrolled crying, fatigue, loss of optimism, etc.

Psychological Testing P-3 on 6-23-11 with Somatization in top 5th percentile, Anxiety 18th, and Depression top 27th.

Progress Note

Clinical Status: On September 26, 2011 she had scope of knee and on December 12 she follow with cartilage implantation with osteotomy and today she on bilateral crutches and her surgery was done in Charlotte and she reports "I'm no worse, it's just a different kind of pain, I don't feel that grinding pain like I did but it still hurts" and she has a home health assistant. She last treated on 11-23-11 and only now is able to ambulate enough (with crutches) to get back here. She reports that "everything" aggravates me and she is irritable and frustrated. She feels that her employer is looking to terminate her because she has been unable to return. She denies suicidal thoughts ("I would never do that") and also volunteers, "sometimes I think I would welcome the peace of death." She is hoping to get back to work under restriction starting 4 hours daily but was told by employer that they could not accomodate her restrictions. She has been employed at this place some 20 years and she is fearful. Considerable uncertainty regarding her future and this triggers reactive psychological reactions. She is physically and emotionally tired, going to physical therapy x3 per week adn going to Charlotte for her doctor. Strong religious faith helps support.

Treatment: Combination of education, support, and coping skills training with continuing clinical re-assessment.

Plan

Important that she continue on antidepressant and working with her primary care physician. She also strongly urged to rehearse daily the PMR and relaxation techniques instructed and to identify activities that occupy her time and her thinking. Telephone with need and return appointment.

Current Medication List:

WELLBUTRIN XL 300 MG 1 qd per Dr. Faile (PCP)
NAPROXEN per PCP
OTC ANALGESICS
FLEXARIL other MD

Carolinas Center for Advanced Mgmt of Pain - Greenville Office
220 Roper Mountain Road Ext Greenville, SC 29615
(864) 295-6399 Fax: (864) 295-2337

September 12, 2012

Page 2

Chart Document

MS KIMBERLY D WALKER

Female

41367

Ins: PAI

PERCOCET other MD
NAPROXEN other MD
AMBIEN other MD
CYMBALTA 30 MG Dr. Faile

New Orders:

OP Psychotherapy 20 - 30 min. [90804]

Electronically signed by C David Tollison PhD on 03/12/2012 at 3:03 PM

MS KIMBERLY D WALKER

Female

41367

ms. 1/21

11/23/2011 - Office Visit: Psych F/U

Provider: C David Tollison PhD

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Greenville Office

This document contains confidential information

Age: 43 Years Old

Gender: Female

Employment Status: Last worked September 24, 2011 for SHARE, social services manager

Prior Mental Health: No contact with mental health professionals. Some post-partum depression about 15 years ago that resolved. Past 5-6 years taking Wellbutrin for "hormone adjustment" subsequent to hysterectomy in 20s. Initial evaluation Dr. Tollison on June 23, 2011.

Education Level: Masters Degree in Human Resource Management (Webster University) and Bachelors from Mars Hill

History of Present Illness: Referred by Eric Faile, MD. Chronic pain in the left knee due to striking knee on desk at work on 2-19-09 and since she has had 4 surgeries to left knee with planned 5th. LBP and right knee pain that she feels is resulting from altered gait. Sxs depression/anxiety related to pain intensity, duration, and lifestyle alteration, chronic sleep disturbance, gaining weight, uncontrolled crying, fatigue, loss of optimism, etc.

Psychological Testing P-3 on 6-23-11 with Somatization in top 5th percentile, Anxiety 18th, and Depression top 27th.

Progress Note

Clinical Status: She was scheduled for fifth surgery on 12-5-11 "but my case manager forgot to get part of the surgery authorized so it got postponed to the 12th." She talks of pain and impact of pain on life. Yesterday was her child's and her mother's birthday (same date) "and I wish I had my mother here, things get bad enough and you want your mother (mother died when patient was 5 months old). She getting support from daughters. She has strong religious faith that supports her.

Treatment: Combination of education, support, and coping skills training with continuing clinical re-assessment.

Assessment

Status of Existing Problems:

Assessed ADJUSTMENT DISORDER/MIXED as unchanged - C David Tollison PhD

Plan

Continue current treatment plan and notify me of any significant change in condition. Urged to rehearse daily cognitive coping skills with restructuring of perceptions in combination with behavioral redirection and distraction techniques for therapeutic benefit. Follow up with Dr. Faile and her physicians as scheduled. Return appointment following her surgery.

Current Medication List:

WELLBUTRIN XL 300 MG 1 qd per Dr. Faile (PCP)

NAPROXEN per PCP

OTC ANALGESICS

FLEXARIL other MD

PERCOCET other MD

NAPROXEN other MD

AMBIEN other MD

MS KIMBERLY D WALKER

Female

41367

CYMBALTA 30 MG Dr. Faile

New Orders:

OP Psychotherapy 20 - 30 min. [90804]

Electronically Signed by C David Tollison PhD on 11/23/2011 at 10:01 AM

MS KIMBERLY D WALKER

Female

41367

ms, AI

11/04/2011 - Office Visit: Psych F/U

Provider: C David Tollison PhD

Location of Care: Carolinas Center for Advanced Mgmt of Pain - Greenville Office

This document contains confidential information

Age: 43 Years Old

Gender: Female

Employment Status: Last worked September 24, 2011 for SHARE, social services manager

Prior Mental Health: No contact with mental health professionals. Some post-partum depression about 15 years ago that resolved. Past 5-6 years taking Wellbutrin for "hormone adjustment" subsequent to hysterectomy in 20s. Initial evaluation Dr. Tollison on June 23, 2011.

Education Level: Masters Degree in Human Resource Management (Webster University) and Bachelors from Mars Hill

History of Present Illness: Chronic pain in the left knee due to striking knee on desk at work on 2-19-09 and since she has had 4 surgeries to left knee with planned 5th. LBP and right knee pain that she feels is resulting from altered gait. Sxs depression/anxiety related to pain intensity, duration, and lifestyle alteration, chronic sleep disturbance, gaining weight, uncontrolled crying, fatigue, loss of optimism, etc.

Psychological Testing P-3 on 6-23-11 with Somatization in top 5th percentile, Anxiety 18th, and Depression top 27th.

Progress Note

Clinical Status: Initially evaluated on 6-23-11 and she returns for treatment of psychological symptoms associated with chronic pain and she reports "I think I'm getting worse, I'm lashing out at my family, and it seems like all I can do is pray all day because I'm becoming obsessed with death and I pray to God to please protect my father, my daughter, and I have to look everyday on Greenville Online to see who has died and I feel like my heart is hurting and I cry and I'm so sad and upset!" Since I saw her in June she has had a fourth surgery to knee and her surgeon in Charlotte is apparently scheduling her for fifth surgery in next several months. She feels no improvement in pain and physical functioning, and some deterioration in psychological functioning. Cognitively intact and compliant with treatment. Denies suicidal and homicidal ideation.

Treatment: Combination of education, support, and coping skills training with continuing clinical re-assessment.

Assessment

Status of Existing Problems:

Assessed ADJUSTMENT DISORDER/MIXED as deteriorated - C David Tollison PhD

New Problems:

ADJUSTMENT DISORDER/MIXED (ICD-309.28)

Plan

She will return for treatment and will bring in all bottles of her current and previous medications so we can get a good record on what she has tried. Instruction in progressive muscle relaxation and deep breathing techniques for anxiety, in addition to cognitive-behavioral restructuring techniques for depression. Follow up with Dr. Faile (PCP) and her orthopedic surgeon as scheduled.

Current Medication List:

MS KIMBERLY D WALKER

Female

41367

Ins: PAI

WELLBUTRIN XL 300 MG 1 qd per Dr. Faile (PCP)
NAPROXEN per PCP
OTC ANALGESICS

New Orders:

OP Psychotherapy 20 - 30 min. [90804]
Return for follow-up 2 weeks [xxxxx]

Electronically Signed by C David Tollison PhD on 11/04/2011 at 9:33 AM

Y. Eugene Mironer, MD
John C. Haasis, MD
Philip C. LaTourette, MD
John R. Satterthwaite, MD
Renju T. Joseph, MD
J. Kelby Hutcheson, MD
Stephen G. Rees, MD
C. David Tollison, PhD
Donald W. Hinnant, PhD



CAROLINAS CENTER
FOR ADVANCED MANAGEMENT OF PAIN
www.carolinapain.com

INDEPENDENT MEDICAL EVALUATION

Kimberly Walker

June 23, 2011

220 Roper Mountain Road Ext
Greenville, SC 29615
Phone: 864-295-6399
Fax: 864-295-2337

1330 Boiling Springs Road
Suite 2700
Spartanburg, SC 29303
Phone: 864-583-0053
Fax: 864-583-0390

300 Plaza Circle
Suite F
Clinton, SC 29325
Phone: 888-401-6099, Ext. 19
Fax: 864-583-0147

141 Asheland Avenue
Asheville, NC 28801
Phone: 828-232-1955
Fax: 828-232-0329

1325 Spring Street
Greenwood, SC 29646
Phone: 864-725-4095
Fax: 864-725-5082

303 W Alexander Avenue
Suite G1
Greenwood, SC 29646
Phone: 888-401-6099, Ext. 24
Fax: 864-583-0147

109 Midlands Court
Suite B
West Columbia, SC 29169
Phone: 803-791-7175
Fax: 803-791-7176

50 Hospital Drive
Suite 2D
Hendersonville, NC 28739
Phone: 828-684-1030
Fax: 828-687-8229

Ms. Walker is a 42-year-old African-American female who is seen today for evaluation of complaints of chronic pain and associated psychological symptoms. She is 5'4" tall and weighs 236 pounds. She is neatly attired in slacks and blouse, and grooming and hygiene are appropriate. Eye contact is satisfactory. She is able to sit and rise from a chair without assistance. She ambulates independently but with a rather slow and guarded gait. She exhibits no unusual mannerisms, tics, or behaviors. She exhibits no visual or auditory impairments. Identity is confirmed through examination of driver's license. She is on time for the evaluation and polite and fully cooperative. She appears to expend good effort.

Ms. Walker was born on [redacted], in Greenville. As a child her mother died when she was 5 months of age and she was primarily reared by her father and grandmother. She has one brother and one sister. She earned a masters in human resource management and completed her undergraduate studies at Mars Hill College in North Carolina. She never repeated any grades. She is married on one occasion and divorced some eleven years. She has two children, ages 19 and 15 years. She resides in Greenville County in a mortgaged mobile home with her two children.

Vocationally, the patient has worked doing clerical duties and has worked as a social worker. She has coached high school softball. The longest job held for one employer was some nineteen years when employed by SHARE. She is currently employed at SHARE and she works as social services manager.

MEDICAL HISTORY

On or about February 19, 2009, Ms. Walker was at work and sitting in a chair when she twisted and struck her left knee against the corner of a desk. She denies problems with her left knee prior to her work injury. On April 20, 2009, she underwent arthroscopic surgery to the left knee. On October 30, 2009, she underwent articular cartilage transplant of the left knee. In March 2010 she

underwent a third surgical procedure with arthroscopic surgery to the knee. Throughout this course she was using crutches for about eleven months and has developed lower back pain that she attributes to the prolonged use of crutches. She also has developed pain in the right knee that she attributes to her altered gait resulting from her left knee problems. Medical records are reviewed from Dr. Vann, Dr. VanPelt, Joyce Thompson, NP, Dr. Cordas, and St. Francis Hospital. She is diagnosed with chondromalacia of the left knee and degenerative arthritis of the left knee. She remains under the orthopaedic care of Dr. Cordas at Oaktree Medical Clinic. Medications include Wellbutrin XL, Ambien, Ultram, and OTC analgesics. She denies the use of alcohol, tobacco, and illegal substances. She denies any prior history of problems with legal authorities.

PSYCHOLOGICAL ASSESSMENT

Ms. Walker describes symptoms of anxiety and depression. She explains "I just feel tired, my heart races and I have to go sit and try to calm down, my stomach stays upset and I have headaches that I think are stress related. I get aggravated over things I used to never pay attention to." She reports that she fights to keep her composure "and sometimes I feel angry and I don't even know why." She talks of feelings of loss related to her previous lifestyle and she is quite dissatisfied with the duration of pain and impact of pain on her life. She describes some internal turmoil and feelings of tension and stress. She admits that she has lost her normal optimism regarding the future "and now it's hard for me to imagine that I'm going to be well again and back to my normal self." She feels controlled and limited by pain and powerless to change her condition. She offers "if it weren't for my religious faith, I would be in a lot of trouble."

About fifteen years ago when she gave birth to her youngest child Ms. Walker had a bout of post-partum depression that resolved. Over the past five years or more she has been taking Wellbutrin due to a total hysterectomy when she was in her 20s and difficulty with hormone adjustment. Otherwise, she denies psychological symptoms of significance throughout her life. She describes her childhood in favorable terms. She denies significant stress factors. Both of her children are well and her daughter just finished her first year at Clemson and made the Dean's List. She has never been treated by a mental health professional. In reviewing medical records there is a note dated October 14, 2010, from Dr. Hodge who diagnoses "incapacitating nervousness and depression."

Ms. Grant has been taking Ambien now for the past five or six months or so and reports some benefit in regard to achieving but not maintaining sleep. On occasion she will also take Tylenol PM and Benadryl to help with sleep. She reports difficulty with sleep secondary to pain and "thinking about all that's going on, I just want to get better." She is having crying episodes on average of once or twice per week and her emotions are triggered by pain intensity. She describes reduced levels of energy and reports that she feels tired and without drive. She explains that she lacks stamina and must take rest periods. She has gained about twenty pounds since her injury and is quite dissatisfied with this. She denies suicidal and homicidal ideation.

The patient reports reduced interest and participation in social activities. She has a boyfriend who lives in Ohio but she has not seen him in the past two years. She explains "I just don't feel like being around people anymore." Prior to her injury she saw her boyfriend on average of once per month. She offers "I told him just to move on with his life." Her father lives next door and she will visit with him and him with her. Family members will occasionally stop by for a chat. She has a particularly strong religious faith and this helps to support her psychologically. She goes to church about twice per month. On occasion she will go watch her youngest child play basketball. She does not frequent entertainment venues anymore on a regular basis. She has some friends that she will see at church. Prior to pain onset she played softball and coached high-school softball. She enjoyed shopping and traveling. She is no longer able to travel like before and no longer able to play or coach softball. She now lives a sedentary life and passes time at home playing computer games. She has a license and will drive when necessary. Her children help out around the home. The patient reports that she is able to prepare light meals but not involved cooking. She can put clothes in the washing machine. She can do some light straightening up around the home but her children do the more exertional cleaning. She can go to the store when necessary and pick out items needed. Her father does the yard work. The patient cares for her personal hygiene as well as her finances. She explains "I do a little and then I have to sit down and rest."

PSYCHOLOGICAL TESTING

On mental status examination, Ms. Walker is able to provide information on herself. She is responsive to inquiry, polite, cooperative, and expends good effort. She is fully oriented to time, place, person, and situation. Associations are intact. Thought processes are logical and intact. Thought content is somatic. Memory for both recent and remote events is grossly intact. She is able to articulate her thoughts and feelings and verbalizations are fluid. Affect is blunted and mood is dysphoric. Facial expression lacks full range and spontaneity. Intelligence is estimated to fall within the average range. She is able to recite the days of the week and months of the year in reverse order. She is able to mentally calculate the equation $100 - 7$. She is able to spell the word "world" forward and backward. No hallucinations, delusions, or psychotic symptoms are described, admitted, or observed.

The Pain Patient Profile (P-3) psychological test was administered. Review of the Validity Index indicates that the patient approached the test in an open and honest manner. Test scores suggest that test results may be interpreted with confidence.

P-3 test scores confirm an intensity of somatization in the top 5th percentile nationally, anxiety in the top 18th percentile, and depression in the top 27th percentile. All P-3 scores are compared to a national sample of patients treated for chronic pain.

P-3 test interpretation suggests a patient who is constricted and immobilized by multiple pain complaints. Her physical problems likely occupy much of her attention and concentration. Consequently, she may have difficulty maintaining focus and attention over time due to distraction. She may exhibit some short-term memory difficulty. She feels that her life is spent

pain, complains of chronic fatigue, and appears quite dissatisfied with her current physical functioning. In addition, the patient likely feels stressed, agitated, nervous, with significant levels of anger and with some difficulty controlling her temper. Autonomic activity may be heightened and may contribute to pain intensity. She may struggle in attempts to relax. She likely avoids crowds, social contact, and stressful or demanding situations. Others may describe her as agitated, stressed, tense, impatient, and distracted. Finally, sleep and appetite disturbance are likely part of her overall depression and she may be described by others as sad, lethargic, apathetic, listless, and aloof. It is likely she feels emotionally burdened by the duration of her pain and the impact of her pain on her ability to function. She appears quite dissatisfied with generalized feelings of sadness and discouragement.

PSYCHOLOGICAL DIAGNOSES

Axis I: Adjustment Disorder with mixed anxiety and depression

Axis II: Deferred

Axis III: Left knee, right knee, and lower back pain

Axis IV: Health, social, legal

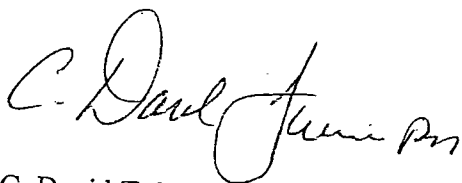
Axis V: GAF 65

SUMMARY AND TREATMENT RECOMMENDATIONS

Ms. Walker is a nineteen-year employee of SHARE who sustained a work-related injury in February 2009. She has undergone three surgical procedures to the left knee. She is left with chronic pain in the left knee that is increased with weight bearing. She also has developed some secondary lower back and right knee problems which she attributes to prolonged use of crutches and altered gait. She remains under orthopaedic care. Psychologically, she is exhibiting symptoms of adjustment disorder and is having a difficult time coping with pain intensity, duration, and lifestyle alteration. She had some post-partum depression about fifteen years ago that cleared. She has been taking Wellbutrin for the past five years or so following a hysterectomy in her 20s and hormonal fluctuation. However, she denies psychological symptoms of significance and denies prior treatment by mental health professionals. She attributes her current psychological symptoms to pain intensity, duration, and the multiple changes in her life that have transpired since her injury. She struggles accepting her physical limitations. To her credit she continues working in a highly responsible job. However, when she goes home she is no longer able to do things at home that she previously enjoyed such as playing softball and coaching softball as well as shopping and traveling. P-3 psychological testing is administered with test results that confirm her symptom intensity.

Treatment recommendations include continuing under the orthopaedic care of Dr. Cordas. Consideration should be given to the referral of the patient to a clinical pain psychologist for treatment of specific and reactive psychological issues associated with injury and pain.

Based upon my evaluation of the patient, review of medical records, and results of psychological testing, it is my opinion Ms. Walker currently suffers a Class 2 (mild) psychological impairment in activities of daily living, a Class 3 (moderate) psychological impairment in social functioning, a Class 2 impairment in concentration/persistence/pace, and a Class 3 psychological impairment in adaptation to stressful conditions (AMA Guides, 5th Edition). It is further my opinion that her current psychological impairments, diagnoses, and conditions, as outlined herein, are causally related to her work injury of February 2009. I will defer to Dr. Cordas or other appropriate physician in regard to any physical impairment the patient may suffer.



C. David Tollison, Ph.D.
Licensed Clinical Psychologist
Diplomate, American Academy of Pain Management

Kimberly Walker

P-3®

Pain Patient Profile

Interpretive Report

by

C. David Tollison

and

Jerry C. Langley

ID Number 41367

Female

6/23/2011 9:41:58 AM

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INTRODUCTION

Pain resulting from physical injury, illness, or disease is a multidimensional phenomenon composed of physiologic, psychological, and other influencing variables. Factors such as depression, anxiety, and excessive somatic thought are specifically identified in the medical literature as actively contributing to the etiology, maintenance, and intensity of pain. When these factors are appropriately identified and clinically addressed, treatment outcomes resulting from nonsurgical, surgical, and rehabilitative interventions are significantly improved.

The P-3 is designed to identify pain patients who are experiencing emotional distress that may be affecting their symptoms and their response to treatment. The P-3 report also offers recommendations regarding the need for mental health treatment based on the patient's item responses. Clinicians should monitor changes in pain and psychological symptoms and reassess as clinically appropriate. The P-3 may be readministered periodically to measure treatment progress.

The profile, interpretations, and recommendations in this report are all based on pain patients as the primary reference group. However, when reviewing an individual's results, it is important to keep in mind that the average pain patient is significantly more depressed, anxious, and preoccupied with somatic thoughts than the average community subject.

The information in the P-3 report must be used in conjunction with professional judgment, taking into account the total context of the instrument's administration and any other pertinent information concerning the individual. The main body of the report should be considered a professional-to-professional consultation and should be used solely by the clinician. These results should be considered confidential. The Patient Summary can be shared with the patient if the clinician decides it is appropriate.

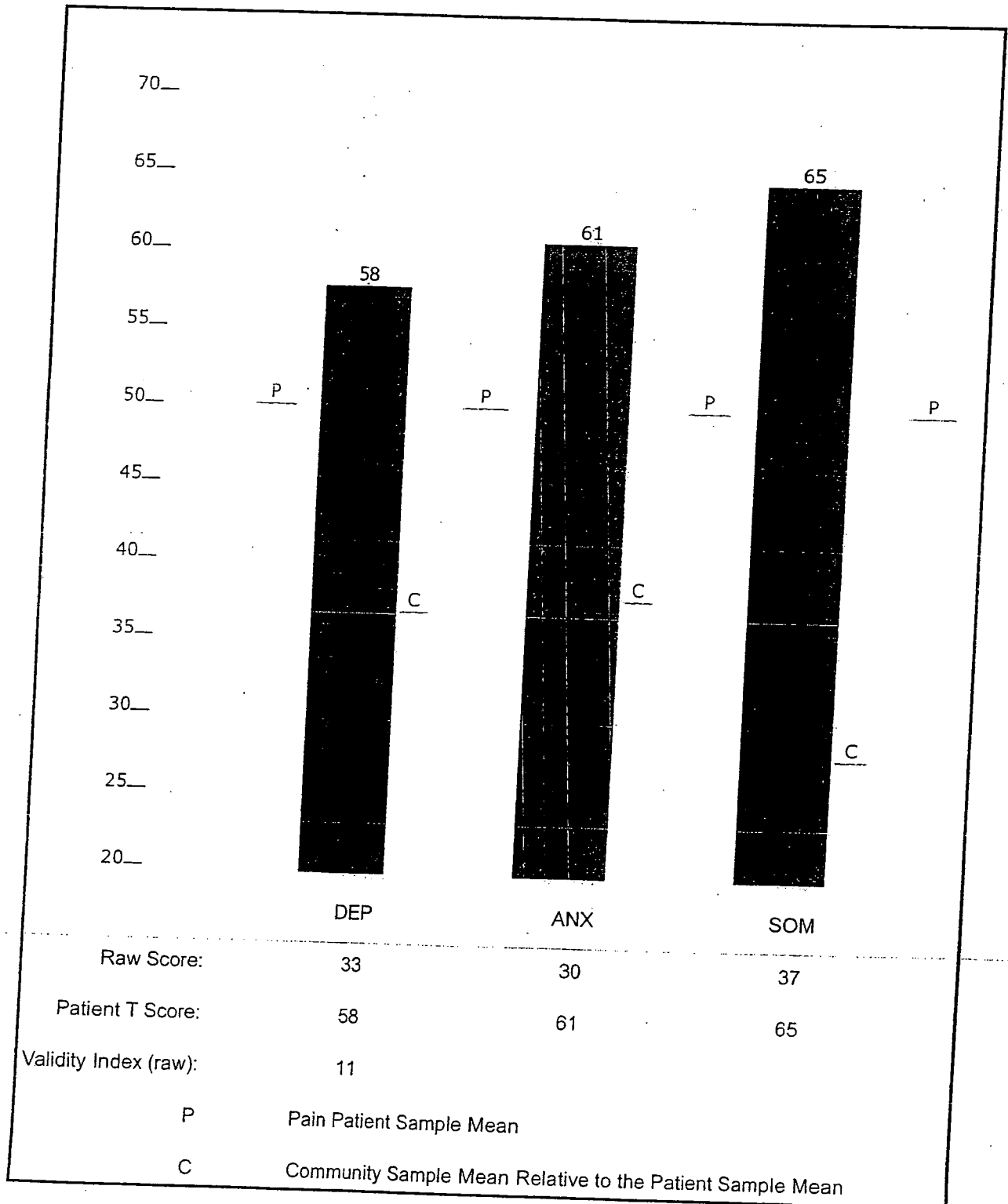
VALIDITY

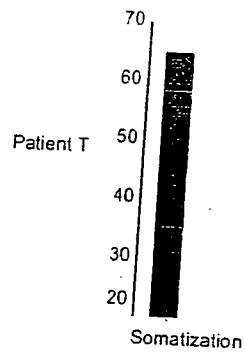
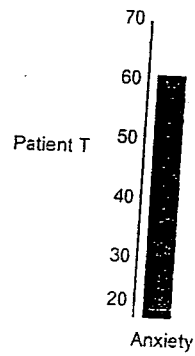
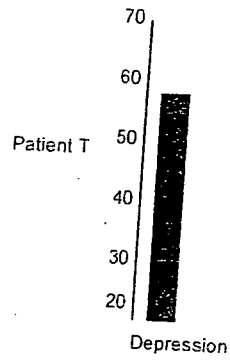
The patient's score on the Validity Index suggests that she was able to read the items and appropriately attended to item content. It appears that she approached the test in an open and honest manner. Her score suggests that her test results can be interpreted with confidence.

RESULTS SUMMARY

The patient's item responses suggest higher-than-average levels of depression, anxiety, and somatization. Her above-average scores reflect symptoms that are likely to interfere with her physical treatment program.

Pain Patient Profile
The Individual Compared to the Patient Sample





CLINICAL INTERPRETATION

Somatization

The patient's Somatization score (65) is above average for pain patients. Of the pain patients sampled, only 5% had a Somatization score of 65 or higher. The intensity of the patient's somatic distress is severe. She reports an unusual number of physical problems and preoccupation with pain, physical symptoms, and other health-related issues. The patient's somatization is reflected in her endorsement of the most severe responses for the following test items. Although these responses may help the clinician understand the patient's emotional state, caution should be used when interpreting an individual item response because the client may have inadvertently marked the wrong response.

- 5. My life is spent in pain.
- 13. I feel weak and tired much of the time.
- 17. I seem to have a headache much of the time.
- 21. I stay tired most of the time.
- 24. My neck and shoulders hurt.
- 27. My stomach causes me lots of problems.
- 29. The muscles in my body feel painfully tight.
- 30. My neck or back seems to hurt most of the time.
- 34. I believe that once you have a bad back you will probably always have trouble with it.
- 39. My heart often seems to beat too hard and fast.
- 41. Sometimes my entire arm or leg feels numb.

The patient may present as constricted and immobilized by multiple somatic symptoms, which may be migratory and poorly defined. Physical complaints probably occupy much of her attention. She may find it difficult to attend to tasks and to social and environmental cues, and she may have trouble adhering to a detailed or multifaceted treatment program. She may have short-term memory problems caused by the distraction of her obsessional concern with somatic functioning. Patients with this profile often go to extreme lengths to ensure that the clinician is presented with a complete list and explanation of their physical complaints. On occasion, these patients will present the clinician with diaries or detailed lists of their physical problems. These patients may be described by others as overly reactive, cynical, obsessed, and manipulative. Somatic obsession or delusion may significantly interfere with pain treatment.

Anxiety

The patient's Anxiety T score (61) suggests that she is more anxious than the average pain patient. Of the pain patients sampled, only 18% had an Anxiety T score of 61 or higher. The patient's anxiety is reflected in her endorsement of the most severe responses for the following test items. Although these responses may help the clinician understand the patient's emotional state, caution should be used when interpreting an individual item response because the client may have inadvertently marked the wrong response.

- 2. I often feel so nervous and on edge that I am miserable.
- 9. I have serious trouble remembering things.
- 16. I feel angry with somebody or something much of the time.
- 20. It seems like I stay upset much of the time.
- 26. I frequently say things in anger that I later wish I hadn't.
- 33. I feel nervous most of the time.
- 36. Sometimes I feel like I am about to lose my mind.

The patient's responses suggest that her anxiety symptoms include feelings of agitation, nervousness, generalized fear, and inner turmoil. She may also be feeling significant levels of anger, and she may find it difficult to control her temper. Autonomic activity may be heightened and may contribute to pain intensity. She may report feeling tense and unable to relax. She probably avoids crowds, social contact, and stressful or demanding situations. She may be described by others as agitated, tense, stressed, impatient, and distracted. Her concentration and attention are probably affected, and she may act impulsively without sufficient thought and deliberation. Efforts to involve her in long-term rehabilitation may be hampered by her emotional symptoms, which occupy much of her attention. The clinician should explore the possibility that sustained muscular contraction or other active autonomic response may be causing or prolonging her pain. The potential exists for her anxiety symptoms to interfere with physical treatment designed to reduce pain.

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Depression

The patient's T score on the Depression scale (58) suggests that she is more depressed than the average pain patient. Of the pain patients sampled, only 27% had a Depression T score of 58 or higher. The patient's depression is reflected in her endorsement of the most severe responses for the following items. Although these responses may help the clinician understand the patient's emotional state, caution should be used when interpreting an individual item response because the client may have inadvertently marked the wrong response.

1. I have a lot of trouble with sleep.
6. I wake with pain and feeling tired most mornings.
11. I am not happy.
12. I seem to have trouble completing tasks because I keep getting sidetracked.
15. I have no interest in outside activities and other people.
22. I now have more trouble making decisions than I used to.
40. I am almost always sad.
43. I am not satisfied with my life at present.

Sleep and appetite disturbances may be noted as part of the patient's depression symptoms. She may be described by others as sad, lethargic, apathetic, listless, and aloof. Efforts to involve her in a participatory physical rehabilitation program may be hampered by her emotional state. It is likely that she suffered highly significant symptoms and problems with depression prior to pain onset or that she is currently feeling particularly distressed, drained, and emotionally burdened by the duration of her discomfort and the impact of her problems on her ability to function. The clinician should investigate whether a history of depression preceded pain onset or whether depression symptoms are reactive to pain. If depression is acute, the patient should be carefully and regularly monitored to guard against further emotional deterioration. It is very likely that the patient's psychological symptoms will interfere with physical pain treatment.

Additional Considerations

This profile is most commonly, but not exclusively, encountered in patients who have chronic pain of prolonged duration. Excepting a history of serious psychological distress preceding the onset of pain, the profile reflects the cumulative emotional deterioration commonly identified in patients who are diagnosed with chronic pain syndrome.

TREATMENT RECOMMENDATION

Because of the magnitude of the patient's somatic preoccupation and associated emotional distress, mental health consultation/treatment is strongly recommended before or as an adjunct to physical treatment for pain reduction.

Treatment expectations and objective measures should be established with the patient. Levels of somatic concentration should be monitored, particularly if response to physical treatment is delayed. The clinician should consider involving the patient in therapeutic activities, such as recording daily walking and exercise regimens. Time, patience, and modest expectations may be appropriate when working with individuals who have this level of somatic complaints.

ITEM RESPONSES

1: 3	2: 3	3: 1	4: 2	5: 3	6: 3	7: 3	8: 1	9: 3	10: 2
11: 3	12: 3	13: 3	14: 2	15: 3	16: 3	17: 3	18: 3	19: 1	20: 3
21: 3	22: 3	23: 2	24: 3	25: 1	26: 3	27: 3	28: 2	29: 3	30: 3
31: 2	32: 1	33: 3	34: 3	35: 2	36: 3	37: 2	38: 2	39: 3	40: 3
41: 3	42: 2	43: 3	44: 2						

End of Clinical Report

fax to 467-0647

CAROLINAS CENTER FOR ADVANCED MANAGEMENT OF PAIN
NEW PATIENT REFERRAL FORM

Patient Name: Kimberly McKinn Walker
DOB: _____
Address: _____ SSN#: _____
City: _____
Home Phone: _____ State: SC Zip: _____
Alt Phone: _____

Reason for Referral:

☐ Consult Only☒ Consult & TX☐ Injection Only: _____ (Type)☐ Other: _____ (Type)Diagnosis: * Pt needs appt w Dr David Tallison for psychotherapy due to chronic painInsurance: PAI
We do not accept self-pay patients and certain types of Medicaid, please call to verify (please send copy of card)**WORKERS COMPENSATION (please fill out completely)**

Employer: _____

Carrier: _____ DOI: _____

Billing Address: _____

Adjuster/NCM Name: _____

Phone: _____

Claim #: _____

Fax: _____

Has this visit been authorized? ☐ Yes ☒ No**PLEASE FILL OUT COMPLETELY**Referring Physician: Carrie Schaller, PA / Eric Faile, MDNPI: 1548493307Address: 3909 S Hwy 14 Greenville SC 29615Phone: 627-8878Contact Person: Johnny Johnson Fax: 627-9114Physicians Specialty: Family Practice Ext. _____

**PLEASE FAX MEDICAL RECORDS, MRI, CT AND XRAY REPORTS
TO (864) 467-0647 WITH THIS REFERRAL FORM. NO APPOINT-
MENT WILL BE MADE UNTIL ALL ARE RECEIVED!!!**

Dr. J 11/4 am.



Walker, Kimberly

Insurance: Worker's Compensation Payer ID: print
Appointment Facility: South Carolina Research Group

11/18/2013

Progress Notes: David C Jacobs, MD

Current Medications

Percocet
Flexeril
Wellbutrin XL 300 MG Tablet Extended
Release 24 Hour 1 tablet in the morning Once
a day

Past Medical History

Anxiety
Depression

Allergies

Morphine Sulfate
Lortab
pollen

Reason for Appointment

1. *Med management. medication follow-up "I can't seem to remember things."

History of Present Illness

Interval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment;
3. Moderate impairment; 4. Severe impairment; 5. Very severe
impairment.

Mood 2.

Anxiety 2.

Hallucinations 0.

Sleep 2.

Suicidal 0.

Homicidal 0.

Hopelessness 1.

Helplessness 2.

Appetite 0.

Paranoia 0.

Patient complains of lack of concentration. Sleep varies. Feels
overwhelmed at times. Wants to try more medication.

Examination

Psychiatric Examination:

Affect 0.

Behavior 0.

Insight 1.

Judgement 0.

Isolation 2.

Speech 0.

Language 0.

Fund of Knowledge 0.

Reality Contact 0.

Thought Process 2.

Associations 0.

Orientation 0.

Memory Remote 0.

Memory Recent 0.

Concentration 0.

Mood down some. No eye contact. Somewhat manipulative.

Assessments

Patient: Walker, Kimberly

Progress Note: David C Jacobs, MD 11/18/2013

Note generated by eClinicalWorks EMR v11.0 Software (www.eClinicalWorks.com)

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1. Adjustment disorder with mixed anxiety and depressed mood - 309.28 (Primary)
2. Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior - 296.33

Treatment

1. Adjustment disorder with mixed anxiety and depressed mood

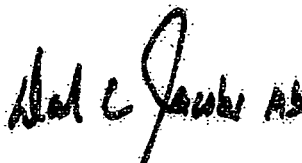
Start Sertraline HCl Tablet, 25 MG, 1 tablet, Orally, Once a day, 30 day (s), 30, Refills 1

2. Others

Refill Wellbutrin XL Tablet Extended Release 24 Hour, 300 MG, 1 tablet in the morning, Orally, Once a day, 30 days, 30, Refills 1
Consent/Medications were Discussed.

Follow Up

4 Weeks



Electronically signed by David Jacobs , MD on 11/18/2013 at 09:16 AM EST

Sign off status: Completed

South Carolina Research Group
68 Parkway Commons Way
Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Walker, Kimberly)

Progress Note: David C Jacobs, MD 11/18/2013

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



Walker, Kimberly

Insurance: Worker's Compensation Payer ID: print
Appointment Facility: South Carolina Research Group

10/21/2013

Progress Notes: David C Jacobs, MD

Current Medications

Percocet
Flexeril
Wellbutrin XL 300 MG Tablet Extended
Release 24 Hour 1 tablet in the morning Once
a day
Abilify 2 MG Tablet 1 tablet Once a day

Past Medical History

Anxiety
Depression

Allergies

Morphine Sulfate
Lortab
pollen

Reason for Appointment

1. *Med management. medication follow-up When I add medications to the Wellbutrin I feel bad."

History of Present Illness

Interval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment;
3. Moderate impairment' 4. Severe impairment; 5. Very severe
impairment.

Mood 2.

Anxiety 0.

Hallucinations 0.

Sleep 2.

Suicidal 0.

Homicidal 0.

Hopelessness 1.

Helplessness 1.

Appetite 0.

Paranoia 1.

Patient prefers to take the wellbutrin alone. Some sleep problems.
Having the seventh surgery on her knee.

Examination

Psychiatric Examination:

Affect 0.

Behavior 0.

Insight 2.

Judgement 0.

Isolation 2.

Speech 0.

Language 0.

Fund of Knowledge 0.

Reality Contact 0.

Thought Process 0.

Associations 0.

Orientation 0.

Memory Remote 0.

Memory Recent 0.

Concentration 1.

Mood down some. Conversive. No sign of psychosis.

Assessments

Patient: Walker, Kimberly

Progress Note: David C Jacobs, MD 10/21/2013

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

<https://scscrgapp.eclinicalweb.com/mobiledoc/jsp/catalog/xml/GetFaxHTMLDoc.jsp?log...> 12/10/2013

1. Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior - 296.33 (Primary)

Treatment

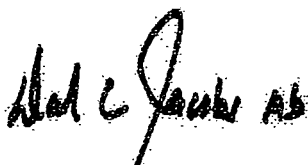
1. Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior
Stop Abilify Tablet, 2 MG, 1 tablet, Orally, Once a day

2. Others

Continue Percocet
Continue Flexeril
Refill Wellbutrin XL Tablet Extended Release 24 Hour, 300 MG, 1 tablet in the morning, Orally, Once a day, 30 days, 30, Refills 1
Consent/Medications were Discussed.

Follow Up

4 Weeks



Electronically signed by David Jacobs , MD on 10/21/2013 at 09:24 AM EDT

Sign off status: Completed

South Carolina Research Group
68 Parkway Commons Way
Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Walker, Kimberly

Progress Note: David C Jacobs, MD 10/21/2013

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



Walker, Kimberly

Insurance: Worker's Compensation Payer ID: print
Appointment Facility: South Carolina Research Group

09/24/2013

Progress Notes: David C Jacobs, MD

Current Medications

Abilify 2 MG Tablet 1 tablet Once a day
Percocet
Flexeril
Wellbutrin XL 300 MG Tablet Extended
Release 24 Hour 1 tablet in the morning Once
a day

Past Medical History

Anxiety
Depression

Allergies

Morphine Sulfate
Lortab
pollen

Reason for Appointment

1. *Med management. medication follow-up "I can't complain."

History of Present Illness

Interval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment;
3. Moderate impairment' 4. Severe impairment; 5. Very severe
impairment.

Mood 2.

Anxiety 2.

Hallucinations 0.

Sleep 1.

Suicidal 0.

Homicidal 0.

Hopelessness 0.

Helplessness 0.

Appetite 2.

Paranoia 0.

Patient feels tired. Unable to get abilify. Feels stressed.

Examination

Psychiatric Examination:

Affect 0.

Behavior 0.

Insight 2.

Judgement 0.

Isolation 2.

Speech 0.

Language 0.

Fund of Knowledge 0.

Reality Contact 0.

Thought Process 2.

Associations 0.

Orientation 0.

Memory Remote 0.

Memory Recent 0.

Concentration 0.

Mood down. Cooperative. No sign of psychosis.

Assessments

1. Major depressive disorder, recurrent episode, severe, without
mention of psychotic behavior - 296.33 (Primary)

Patient: Walker, Kimberly

Progress Note: David C Jacobs, MD 09/24/2013

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

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Treatment

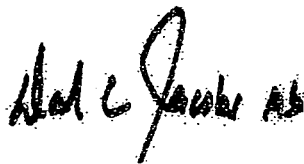
1. Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior
Continue Abilify Tablet, 2 MG, 1 tablet, Orally, Once a day, 28, 28
Samples of abilify given.

2. Others

Continue Percocet
Continue Flexeril
Refill Wellbutrin XL Tablet Extended Release 24 Hour, 300 MG, 1 tablet in the morning, Orally, Once a day, 30 days, 30, Refills 1
Consent/Medications were Discussed.

Follow Up

4 Weeks



Electronically signed by David Jacobs , MD on 09/24/2013 at 09:09 AM EDT

Sign off status: Completed

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68 Parkway Commons Way
Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Walker, Kimberly

3 Progress Note: David C Jacobs, MD 09/24/2013

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



Walker, Kimberly

Insurance: Worker's Compensation Payer ID: print
Appointment Facility: South Carolina Research Group

08/27/2013

Progress Notes: David C Jacobs, MD

Current Medications

Percocet
Flexeril
Wellbutrin XL 300 MG Tablet Extended
Release 24 Hour 1 tablet in the morning Once
a day

Past Medical History

Anxiety
Depression

Allergies

Morphine Sulfate
Lortab
pollen

Reason for Appointment

1. *Med management. medication follow-up "I'm OK."

History of Present Illness

Interval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment;
3. Moderate impairment; 4. Severe impairment; 5. Very severe impairment.

Mood 2.

Anxiety 2.

Hallucinations 0.

Sleep 2.

Suicidal 0.

Homicidal 0.

Hopelessness 0.

Helplessness 0.

Appetite 2.

Paranoia 0.

Patient still a little depressed, but prefers no medication change.
Sleep and appetite down. Gets agitated at times.

Examination

Psychiatric Examination:

Affect 0.

Behavior 0.

Insight 2.

Judgement 1.

Isolation 0.

Speech 0.

Language 0.

Fund of Knowledge 0.

Reality Contact 0.

Thought Process 2.

Associations 0.

Orientation 0.

Memory Remote 0.

Memory Recent 0.

Concentration 2.

Mood down some. No sign of delusions.

Assessments

1. Major depressive disorder, recurrent episode, severe, without

Patient: Walker, Kimberly)

Progress Note: David C Jacobs, MD 08/27/2013

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

mention of psychotic behavior - 296.33 (Primary)
2. Anxiety state, unspecified - 300.00
3. Adjustment disorder with mixed anxiety and depressed mood -
309.28

Treatment

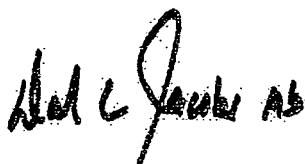
1. Major depressive disorder, recurrent episode, severe,
without mention of psychotic behavior
Start Abilify Tablet, 2 MG, 1 tablet, Orally, Once a day, 30 day(s), 30,
Refills 1

2. Others

Continue Percocet
Continue Flexeril
Refill Wellbutrin XL Tablet Extended Release 24 Hour, 300 MG, 1
tablet in the morning, Orally, Once a day, 30 days, 30, Refills 1
Consent/Medications were Discussed. Will try low dose abilify to help
with agitation.

Follow Up

4 Weeks



Electronically signed by David Jacobs, MD on 08/27/2013 at
10:54 AM EDT

Sign off status: Completed

South Carolina Research Group
68 Parkway Commons Way
Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Walker, Kimberly

Progress Note: David C Jacobs, MD 08/27/2013

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



Walker, Kimberly

Appointment Facility: South Carolina Research Group

07/29/2013

Progress Notes: Sergio Sanchez, MD

Current Medications

Percocet
 Flexeril
 Wellbutrin XL 300 MG Tablet Extended
 Release 24 Hour 1 tablet in the morning Once
 a day
 Amitriptyline HCl 25 MG Tablet 1 tablet at
 bedtime Once a day

Past Medical History

Anxiety
 Depression

Allergies

Morphine Sulfate
 Lortab
 pollen

Reason for Appointment

1. *Med management. medication follow-up

History of Present IllnessInterval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment;
 3. Moderate impairment; 4. Severe impairment; 5. Very severe
 impairment.

Mood 3.
 Anxiety 3.
 Hallucinations 0.
 Sleep 0.
 Suicidal 0.
 Homicidal 0.
 Hopelessness 0.
 Helplessness 0.
 Appetite 0.
 Paranoia 0.

She did not do well with the increase in Elavil. She had gained more weight and after stopping it has lost some of it. Her BP had also gone up but now it is back down. She has noticed a slight increase in irritability. She is still frustrated and unable to let go of the past to some degree but it is mostly due to her constant and intolerable pain that she has on a day to day basis.

ExaminationPsychiatric Examination:

Affect 3.
 Behavior 0.
 Insight 0.
 Judgement 0.
 Isolation 0.
 Speech 0.
 Language 0.
 Fund of Knowledge 0.
 Reality Contact 0.
 Thought Process 0.
 Associations 0.
 Orientation 0.
 Memory Remote 0.
 Memory Recent 0.

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 07/29/2013

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

<https://scscrgapp.eclinicalweb.com/mobiledoc/jsp/catalog/xml/GetFaxHTMLDoc.jsp?log...> 12/10/2013

Concentration 0.

She is pleasant, cooperative and easy to talk to. She appears more frustrated than in other visits.

Assessments

1. Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior - 296.33 (Primary)
2. Anxiety state, unspecified - 300.00
3. Adjustment disorder with mixed anxiety and depressed mood - 309.28

Treatment

1. Others

Stop Amitriptyline HCl Tablet, 25 MG, 1 tablet at bedtime, Orally, Once a day

Continue Wellbutrin XL Tablet Extended Release 24 Hour, 300 MG, 1 tablet in the morning, Orally, Once a day, 30 days, 30, Refills 1

Consent/Medications were Discussed.

Follow Up

4 Weeks

S. Sanchez MD

Electronically signed by Sergio Sanchez, MD on 08/26/2013 at 03:22 PM EDT

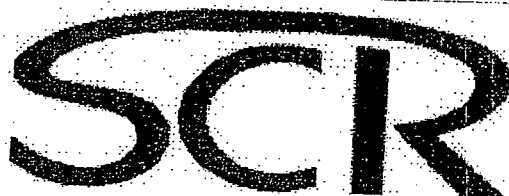
Sign off status: Completed

South Carolina Research Group
68 Parkway Commons Way
Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Walker, Kimberly I

Progress Note: Sergio Sanchez, MD 07/29/2013

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



Walker, Kimberly

Appointment Facility: South Carolina Research Group

07/01/2013

Progress Notes: Sergio Sanchez, MD

Current Medications

Percocet
Flexeril
Wellbutrin XL 300 MG Tablet Extended
Release 24 Hour 1 tablet in the morning Once
a day
Amitriptyline HCl 10 MG Tablet 1 tablet at
bedtime Once a day

Past Medical History

Anxiety
Depression

Allergies

Morphine Sulfate
Lortab
pollen

Reason for Appointment

1. *Med management. medication follow-up

History of Present IllnessInterval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment;
3. Moderate impairment' 4. Severe impairment; 5. Very severe impairment.

Mood 3.
Anxiety 0.
Hallucinations 0.
Sleep 0.
Suicidal 0.
Homicidal 0.
Hopelessness 0.
Helplessness 0.
Appetite 0.
Paranoia 0.

She continues to suffer from pain and maybe have a stress fracture. She is working hard on losing weight with a trainer and talking about nutrition. She has been more depressed, angry, frustrated at her situation. She admits that when she gets sad/mad she tends to eat.

ExaminationPsychiatric Examination:

Affect 3.
Behavior 0.
Insight 0.
Judgement 0.
Isolation 0.
Speech 0.
Language 0.
Fund of Knowledge 0.
Reality Contact 0.
Thought Process 0.
Associations 0.
Orientation 0.
Memory Remote 0.
Memory Recent 0.
Concentration 0.

She is quite irritable, frustrated, requires calming down. She

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 07/01/2013

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

accepts the fact that she has a hard time accepting the changes in her life and that she is mad because "things are not the way she wants them to me."

Assessments

1. Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior - 296.33 (Primary)
2. Anxiety state, unspecified - 300.00
3. Adjustment disorder with mixed anxiety and depressed mood - 309.28

Treatment**1. Others**

Continue Wellbutrin XL Tablet Extended Release 24 Hour, 300 MG, 1 tablet in the morning, Orally, Once a day, 30 days, 30, Refills 0
Increase Amitriptyline HCl Tablet, 25 MG, 1 tablet at bedtime, Orally, Once a day, 30 days, 30, Refills 0
Consent/Medications were Discussed. We talked about acceptance. She understands tha she has to "learn" this but "that it is not her."

Follow Up

4 Weeks

S. Sanchez MD

Electronically signed by Sergio Sanchez , MD on 07/01/2013 at 09:41 PM EDT

Sign off status: Completed

South Carolina Research Group
68 Parkway Commons Way
Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 07/01/2013

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



Walker, Kimberly

Appointment Facility: South Carolina Research Group

05/06/2013

Progress Notes: Sergio Sanchez, MD

Current Medications

Percocet
 Flexeril
 Amitriptyline HCl 10 MG Tablet 1 tablet at
 bedtime Once a day
 Wellbutrin XL 300 MG Tablet Extended
 Release 24 Hour 1 tablet in the morning Once
 a day

Past Medical History

Anxiety
 Depression

Allergies

Morphine Sulfate
 Lortab
 pollen

Reason for Appointment

1. *Med management. medication follow-up

History of Present IllnessInterval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment;
 3. Moderate impairment' 4. Severe impairment; 5. Very severe
 impairment.

Mood 3.

Anxiety 3.

Hallucinations 0.

Sleep 0.

Suicidal 0.

Homicidal 0.

Hopelessness 0.

Helplessness 0.

Appetite 0.

Paranoia 0.

She has been doing well overall. She has been feeling more tired
 than before. She is working on not isolating and being able to express
 herself.

ExaminationPsychiatric Examination:

Affect 2.

Behavior 0.

Insight 0.

Judgement 0.

Isolation 0.

Speech 0.

Language 0.

Fund of Knowledge 0.

Reality Contact 0.

Thought Process 0.

Associations 0.

Orientation 0.

Memory Remote 0.

Memory Recent 0.

Concentration 0.

Calmer, pleasant, appropriate. Able to accept input.

Assessments

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 05/06/2013
 Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<https://scscrgapp.eclinicalweb.com/mobiledoc/jsp/catalog/xml/GetFaxHTMLDoc.jsp?logi...> 5/21/2013

1. Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior - 296.33 (Primary)
2. Anxiety state, unspecified - 300.00
3. Adjustment disorder with mixed anxiety and depressed mood - 309.28

Treatment**1. Others**

Continue Wellbutrin XL Tablet Extended Release 24 Hour, 300 MG, 1 tablet in the morning, Orally, Once a day, 30 days, 30, Refills 0
Continue Amitriptyline HCl Tablet, 10 MG, 1 tablet at bedtime, Orally, Once a day, 30 days, 30, Refills 0
Consent/Medications were Discussed. We discussed how isolating is a form of rejecting others without us knowing this. We talked about how hard it is to see the right or wrong that we do unless someone calls our attention to this. She has seen Dr. Tollison in the past with good results. I believe that she would benefit greatly from returning to see him.

Follow Up

4 Weeks

S. Sanchez MD

Electronically signed by Sergio Sanchez, MD on 05/06/2013 at 01:52 PM EDT

Sign off status: Completed

South Carolina Research Group
68 Parkway Commons Way
Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 05/06/2013

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



Walker, Kimberly

Appointment Facility: South Carolina Research Group

04/08/2013

Progress Notes: Sergio Sanchez, MD

Current Medications

Percocet
Flexeril
Amitriptyline HCl 10 MG Tablet 1 tablet at
bedtime Once a day
Wellbutrin XL 300 MG Tablet Extended
Release 24 Hour 1 tablet in the morning Once
a day

Past Medical History

Anxiety
Depression

Allergies

Morphine Sulfate
Lortab
pollen

Reason for Appointment

1. *Med management. medication follow-up

History of Present Illness

Interval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment;
3. Moderate impairment' 4. Severe impairment; 5. Very severe
impairment.

Mood 3.

Anxiety 3.

Hallucinations 0.

Sleep 2.

Suicidal 0.

Homicidal 0.

Hopelessness 0.

Helplessness 0.

Appetite 0.

Paranoia 0.

She has felt quite uneasy while taking the Elavil at 10mg. She has
been worried constantly, having a hard time interacting with people,
having a hard time sleeping, having a hard time shutting down her
fears while at the same time taking steps to overcome all of this. She is
joining the YMCA in order to see what exercises she can do. She is
working with her children and trying no to be so overprotective.

Examination

Psychiatric Examination:

Affect 2.

Behavior 0.

Insight 0.

Judgement 0.

Isolation 0.

Speech 0.

Language 0.

Fund of Knowledge 0.

Reality Contact 0.

Thought Process 0.

Associations 0.

Orientation 0.

Memory Remote 0.

Memory Recent 0.

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 04/08/2013

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

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Concentration 0.

Pleasant, cooperative, linear thoughts, good I/J.

Assessments

1. Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior - 296.33 (Primary)
2. Anxiety state, unspecified - 300.00
3. Adjustment disorder with mixed anxiety and depressed mood - 309.28

Treatment

1. Others

Continue Wellbutrin XL Tablet Extended Release 24 Hour, 300 MG, 1 tablet in the morning, Orally, Once a day
Consent/Medications were Discussed. We talked at length about some coping skills, change of paradigms and other ways to react differently to the same situation. She agrees to consider therapy as a means to help her understanding and making some changes in her life that she sees are needed.

Follow Up

4 Weeks

S. Sanchez MD

Electronically signed by Sergio Sanchez, MD on 04/08/2013 at 09:58 PM EDT

Sign off status: Completed

South Carolina Research Group
68 Parkway Commons Way
Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 04/08/2013

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

144



Walker, Kimberly

Appointment Facility: South Carolina Research Group

03/22/2013

Progress Notes: Sergio Sanchez, MD

Current Medications

Celexa
Flexeril
Percocet
Ambien CR
Cymbalta 30 MG Capsule Delayed Release
Particles 1 capsule Once a day

Past Medical History

Anxiety
Depression

Allergies

Morphine Sulfate
Lortab
pollen

Reason for Appointment

1. *Med management. medication follow-up

History of Present Illness

Interval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment;
3. Moderate impairment' 4. Severe impairment; 5. Very severe
impairment.

Mood 2.

Anxiety 2.

Hallucinations 0.

Sleep 0.

Suicidal 0.

Homicidal 0.

Hopelessness 0.

Helplessness 0.

Appetite 0.

Paranoia 0.

She felt that Cymbalta is doing the opposite with regards to her sleep. She feels it is causing her to sleep when she takes it. She has also avoided taking the Ambien and has taken it twice since last visit. She has also been able to let go of the past and has felt better.

Examination

Psychiatric Examination:

Affect 2.

Behavior 0.

Insight 0.

Judgement 0.

Isolation 0.

Speech 0.

Language 0.

Fund of Knowledge 0.

Reality Contact 0.

Thought Process 0.

Associations 0.

Orientation 0.

Memory Remote 0.

Memory Recent 0.

Concentration 0.

She appears much brighter than last visit. Her energy is much

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 03/22/2013

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

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improved. I/J are appropriate.

Assessments

1. Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior - 296.33 (Primary)
2. Anxiety state, unspecified - 300.00

Treatment**1. Others**

Stop Celexa
Continue Flexeril
Stop Ambien CR
Stop Cymbalta Capsule Delayed Release Particles, 30 MG, 1 capsule,
Orally, Once a day
Start Amitriptyline HCl Tablet, 10 MG, 1 tablet at bedtime, Orally, Once
a day, 30 days, 30, Refills 0
Consent/Medications were Discussed. We talked about positive
reinforcements, new coping skills and how much she has progressed in
these two weeks.

Follow Up

2 Weeks

S. Sanchez MD

Electronically signed by Sergio Sanchez, MD on 03/22/2013
at 12:55 PM EDT

Sign off status: Completed

South Carolina Research Group
68 Parkway Commons Way
Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 03/22/2013

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



Walker, Kimberly

Appointment Facility: South Carolina Research Group

03/08/2013

Progress Notes: Sergio Sanchez, MD

Current Medications

Celexa
Flexeril
Percocet
Ambien CR

Past Medical History

Anxiety
Depression

Surgical History

hysterectomy
C Section -2
Hand reconstruction (Left Hand)
Knee Surgeries - left Knee, 6
Rhizotomy on lower back to "kill the pain."
Breast Reduction

Family History

Father: alive
Daughter(s): 21, 17 yrs
Mother: deceased
1 brother(s), 1 sister(s)

Social History

Miscellaneous:
Living with: Daughters.
Her other passed when she was 5 months old. She was raised by father and grandmother.

Allergies

Morphine Sulfate
Lortab
pollen

Hospitalization/Major

Diagnostic Procedure

No Hospitalization History.

Reason for Appointment

1. *Initial Eval
2. Worker's Comp referred

History of Present Illness

Interval History/Change:

0. No Impairment; 1. Very mild impairment; 2. Mild impairment;
3. Moderate impairment' 4. Severe impairment; 5. Very severe impairment.

Mood o.

Anxiety o.

Hallucinations o.

Sleep o.

Suicidal o.

Homicidal o.

Hopelessness o.

Helplessness o.

Appetite o.

Paranoia o.

She is a 44 year old AA female since she injured her knee in 2009 when she hit her knee and since then has been in severe pain. Before that she had a very active life and afterwards her life changed drastically from being a coach and "other things" to where now she can't "do anything." She has two growing daughters that live with her. She is still close with the father of the two daughters. Her father lives next door and other family members live close by. She believes she has a lot of support but does not feel "whole." She feels uncomfortable around people as if she was having an anxiety attack. She complains of constantly forgetting things. She separated in 6/98. She feels useless, hopeless and worthless because she can't be as physically active as before.

Examination

Psychiatric Examination:

Affect 3.

Behavior o.

Insight o.

Judgement o.

Isolation o.

Speech o.

Language o.

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 03/08/2013

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

<https://scscrgapp.eclinicalweb.com/mobiledoc/jsp/catalog/xml/GetFaxHTMLDoc.jsp?logi...> 5/21/2013

Fund of Knowledge o.
 Reality Contact o.
 Thought Process o.
 Associations o.
 Orientation o.
 Memory Remote o.
 Memory Recent o.
 Concentration o.
 Very pleassant, easy to talk to, easy to communicate with.

Assessments

1. Major depressive disorder, recurrent episode, severe, without mention of psychotic behavior - 296.33
2. Anxiety state, unspecified - 300.00
3. Adjustment disorder with mixed anxiety and depressed mood - 309.28 (Primary)

Axis II None Diagnosed

Axis III Chronic and debilitating pain, obesity.

Axis IV: Moderate to severe medica, social

Axis V: GAF 59

Treatment

1. Others

Start Cymbalta Capsule Delayed Release Particles, 30 MG, 1 capsule,
 Orally, Once a day, 30 days, 30, Refills o
 We discussed the pathophysiology and interactions of pain, depression,
 anxiety with the body as a whole.

Procedure Codes

90792 PSYCH DIAG EVAL W/MED SRVCS

Follow Up

2 Weeks

S. Sanchez MD

Electronically signed by Sergio Sanchez, MD on 03/27/2013
at 10:23 AM EDT

Sign off status: Completed

Patient: Walker, Kimberly

Progress Note: Sergio Sanchez, MD 03/08/2013
Note generated by eClinicalWorks EMR/ITM Software (www.eClinicalWorks.com)

<https://scsrgapp.eclinicalweb.com/mobiledoc/jsp/catalog/xml/GetFaxHTMLDoc.jsp?logi...> 5/21/2013

South Carolina Research Group
68 Parkway Commons Way
Greer, SC 296505213
Tel: 864-877-5688
Fax: 864-877-5684

Patient: Walker, Kimberly DOB: 08/11/1968 Progress Note: Sergio Sanchez, MD 03/08/2013

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



GREENVILLE HEALTH SYSTEM

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE
Insurance: HOSPITAL SPONSORSHIP Payer ID: 0
PCP: Eric James Faile, MD Referring: Philip J Hodge, MD
External Visit ID: 176538189
Appointment Facility: Upstate Medical Rehabilitation

11/07/2013

Progress Note: Christopher L. Kelly, PA

Current Medications

Voltaren Topical 1% gel 2.0 g 4 times a day
prn
Prilosec 10 MG delayed release capsule 1 cap
(s) once a day
Flexeril 10 mg tablet 1 tab(s) once at bedtime
Bactrim DS 800 mg-160 mg tablet 1 tab(s) 2
times a day
Hycodan 1.5 mg-5 mg/5 mL syrup 5 mL every
4 hours for cough
Wellbutrin XL 300 mg/24 hours tablet,
extended release 1 tab(s) every 24 hours
Ambien CR 6.25 mg tablet, extended release 1
tab(s) once a day (at bedtime)
vit D 50,000 int'l units capsule 1 cap(s) 2
times a week
Tessalon perles 200 mg 1 tab 2 times a day
Percocet 7.5/325 325 mg-7.5 mg tablet 1 tab
(s) once daily as needed for pain
Cymbalta unknown delayed release capsule 1
cap(s) as directed
Nasonex 50 mcg/inh spray 2 spray(s) once a
day
Dextilant 60 mg delayed release capsule 1 cap
(s) once a day
Avelox 400 mg tablet 1 tab(s) once a day
Levocetirizine Dihydrochloride 5 mg tablet
take 1 tablet by mouth once daily
xyzal 5 mg tablet 1 tab(s) once a day (in the
evening)
PT evaluation PT Eval and treatment as
necessary Dx:
Omnaris 50 mcg/inh spray 2 spray(s) once a
day
Medication List reviewed and reconciled with
the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis
Obesity
Left knee
Lower back pain

Reason for Appointment

1. WC 5 WEEK F/U
2. Burning/aching/throbbing in low back, legs and knees

History of Present Illness

General:

OLD HISTORY

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. She was placed at MMI in March 2013 with an impairment rating of 25%.
 2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
 3. New onset back pain goes down the leg 2 weeks ago.
 4. Chronic left knee pain with torn cartilage, multiple surgeries with tibial osteotomy on her left knee by Dr. Piasecki.
 5. WC return to work with modified work restrictions.
 6. Worker's Compensation case. Work injury was on 02/19/09. Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. MRI of lumbar spine was done at Innervision on 9/15/2010 and shows facet arthropathy.
 7. FCE performed on 10/25/12 : "the evaluatee would not be able to return to work even on light duty at this time. She is unable to perform squatting, kneeling, or stooping. She is only able to perform sitting, standing, and walking along with stair manipulation 0-2.6 hours/day at most with breaks. She was unable to complete carrying, pushing, pulling, lifting above head, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day) safe lift is 10 lbs from knuckle to shoulder and floor to shoulder." - spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program.
- Patient comes in today for followup appointment for low back pain and bilateral knee pain. It is burning, aching, and throbbing pain in nature. The pain is a 9/10 today. She is taking Percocet and not tolerating it well. It is causing too much nausea. She is taking Flexeril

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Christopher L. Kelly,

PA 11/07/2013

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

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Surgical History

Left Knee Arthroscopy, Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso
arthroscopic knee surgery LT 2013

Family History

Family: Hypertension, diabetes
Paternal Grandfather: deceased cancer prostate
Paternal Grandmother: Hypertension, diabetes
Maternal Grandfather: cancer prostate
Paternal uncle: deceased cancer throat prostate
Maternal uncle: deceased cancer throat
Maternal cousin: alive cancer late 20

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a: Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine: Allergy
Lorab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy
seasonal, multiple environmental

Hospitalization/Major Diagnostic Procedure

See surgical history

as well, but it is making her really sleepy. She denies any bowel or bladder changes or progressive weakness. She does say she is having some increased pain down her bilateral legs that is getting worse. It is the same pain, it is just getting worse, and she has had it before radiating from her foot to her buttocks. She would like to try something different medication wise. The Flexeril is making her too sleepy and too nauseous. She has had tramadol in the past and felt like it worked pretty well. She is trying to lose weight, watching her diet and everything, and trying to get better. She said she is miserable and in a lot of pain without taking the Percocet for the last couple of weeks. She gets nauseous every day.

Vital signs were reviewed and are stable.

Notes: UDS 6/27/13.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 245, Wt kg 111.13, BMI 42.05, BP 140/94, HR 88, Pain score 9, O2 Sat 96, Tech Initial bb
pt. last took percocet last week.

Examination

General Exam:

On examination vital signs are stable. She is well-built, well-nourished, awake, alert, and oriented. She communicates appropriately. She is able to transfer independently. She is obese. Gait is slightly antalgic. She is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of left knee there is no generalized swelling around the knee. Minimal swelling over the patellar tendons. Tenderness over patellar tendon. Anterior drawer sign is negative. Knee range of motion in extension is full, flexion is up to 90 degrees and causes significant discomfort. No mediolateral instability.

Assessments

1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Arthritis of knee - 716.96

Treatment

1. Lumber Facet Arthropathy

Stop Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once daily as needed for pain, 30 days Release Date: 11/7/13, 30
Start tramadol tablet, 50 mg, 1 tab(s), orally, every 6 hours; max 4 per day, 30 days, 120, Refills 0
Start omeprazole delayed release capsule, 10 MG, 1 cap(s), orally, once a day, 30 day(s), 30, Refills 0
Start Zofran tablet, 4 mg, 1 tab(s), orally, twice a day as needed for nausea, 30 days, 60, Refills 0
eprescribed tramadol, omeprazole and zofran today.
Referral To: Brittonni Perry Dietitian, adult
Reason: dietitian as per patient request

2. Others

Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a

Patient: WALKER, KIMBERLY MCKINNE

PA 11/07/2013

Progress Note: Christopher L. Kelly,

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

day

Continue PT evaluation, PT Eval and treatment as necessary, Dx:
 Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening)
 Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily
 Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day
 Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day
 Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day
 Continue Cymbalta delayed release capsule, unknown, 1 cap(s), orally, as directed
 Continue Tessalon perles, 200 mg, 1 tab, 2 times a day
 Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 times a week
 Continue Ambien CR tablet, extended release, 6.25 mg, 1 tab(s), orally, once a day (at bedtime)
 Continue Wellbutrin XL tablet, extended release, 300 mg/24 hours, 1 tab(s), orally, every 24 hours
 Continue Hycodan syrup, 1.5 mg-5 mg/5 mL, 5 mL, orally, every 4 hours for cough
 Continue Bactrim DS tablet, 800 mg-160 mg, 1 tab(s), orally, 2 times a day
 Continue Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime
 Continue Voltaren Topical gel, 1%, 2.0 g, applied topically, 4 times a day prn

At this time we are going to try starting her on some tramadol and giving her some Zofran and see if that does not help her. Also encouraged her to get in good exercise program and we will try medication changes at this time and we will have her follow up in a couple of weeks. As she is doing well on tramadol we will switch her to the extended release, which is once a day and she can have a couple of the other tramadol intermittently. Follow up in two weeks. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

CK/jp/110713.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

2 week f/u (Reason: Chris)

Patient: WALKER, KIMBERLY MCKINNE

PA 11/07/2013

Progress Note: Christopher L. Kelly,

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

<http://ecw.cbs.org:8080/mobile/doc/isp/catalog/vml/printMultipleChartOptions.isn?encount...> 12/4/2013

P323
P276

CL- PA-C

Electronically signed by Christopher Kelly PA, MSPAC on
11/19/2013 at 12:15 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

PA 11/07/2013

Progress Note: Christopher L. Kelly,

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



GREENVILLE HEALTH SYSTEM

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: SELF PAY Payer ID: 0

PCP: Eric James Faile, MD Referring: Philip J Hodge, MD

External Visit ID: 176419414

Appointment Facility: Upstate Medical Rehabilitation

10/03/2013

Progress Note: Christopher L. Kelly, PA

Current Medications

PT evaluation PT Eval and treatment as necessary Dx:

Nasonex 50 mcg/inh spray 2 spray(s) once a day

Wellbutrin XL 300 mg/24 hours tablet, extended release 1 tab(s) every 24 hours

Flexeril 10 mg tablet 1 tab(s) once at bedtime

Prilosec 10 MG delayed release capsule 1 cap(s) once a day

Voltaren Topical 1% gel 2.0 g 4 times a day pm

Percocet 7.5/325 325 mg-7.5 mg tablet 1 tab(s) once daily as needed for pain

Medication List reviewed and reconciled with the patient

Past Medical History

Hyperthyroidism

Depression

Endometriosis

Obesity

Left knee

Lower back pain

Surgical History

Left Knee Arthroscopy, Dr. Vann 04/20/09

Articular transplant 10/30/09

left knee chondroplasty-Dr Vann 8/2010

Cholecystectomy

Sinus Surgery

C-section

Breast reduction Surgery

Hysterectomy, abdominal w/ bso

arthroscopic knee surgery LT 2013

Family History

Family: Hypertension, diabetes

Paternal Grandfather: deceased cancer prostate

Paternal Grandmother: Hypertension, diabetes

Maternal Grandfather: cancer prostate

Paternal uncle: deceased cancer throat

Reason for Appointment

1. F/U ON MRI

2. Pain in the Lower Back.

History of Present Illness

General:

OLD HISTORY

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. She was placed at MMI in March 2013 with an impairment rating of 25%.

2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief

3. New onset back pain goes down the leg 2 weeks ago.

4. Chronic left knee pain with torn cartilage, multiple surgeries with tibial osteotomy on her left knee by Dr. Piasecki.

5. WC return to work with modified work restrictions.

6. Worker's Compensation case. Work injury was on 02/19/09. Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. MRI of lumbar spine was done at Innervision on 9/15/2010 and shows facet arthropathy.

7. FCE performed on 10/25/12 : "the evaluatee would not be able to return to work even on light duty at this time. She is unable to perform squatting, kneeling, or stooping. She is only able to perform sitting, standing, and walking along with stair manipulation 0-2.6 hours/day at most with breaks. She was unable to complete carrying, pushing, pulling, lifting above head, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day) safe lift is 10 lbs from knuckle to shoulder and floor to shoulder." - spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program.

The pain is 0/10 with medications and without would be a 9. Pain is located in the low back. It is a sharp pain in quality. She has been taking Percocet and tolerating Percocet very well without any side effects. It is making her a little bit sleepy. She also feels like she has re-

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Christopher L. Kelly,

PA 10/03/2013

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

prostate
Maternal uncle: deceased cancer throat
Maternal cousin: alive cancer late 20
Non-Contributory

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a: Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy
seasonal, multiple environmental

Hospitalization/Major

Diagnostic Procedure

See surgical history

injured her lower back a little bit. She was doing a work out with a trainer and re-aggravated her previous injury. She denies any bowel or bladder changes or progressive weakness or numbness or tingling. All other systems reviewed are negative. Vital signs reviewed are stable.
Notes: UDS 6/27/13.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 258, Wt kg 117.03, BMI 44.28, BP 116/81, HR 91, Pain score 9, O2 Sat 99, Tech Initial crp
Pt. took Percocet last week.

Examination

General Exam:

On examination vital signs are stable. She is well-built, well-nourished, awake, alert, and oriented. She communicates appropriately. She is able to transfer independently. She is obese. Gait is slightly antalgic. She is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of left knee there is no generalized swelling around the knee. Minimal swelling over the patellar tendons. Tenderness over patellar tendon. Anterior drawer sign is negative. Knee range of motion in extension is full, flexion is up to 90 degrees and causes significant discomfort. No mediolateral instability.

Assessments

1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Arthritis of knee - 716.96

Treatment

1. Lumber Facet Arthropathy

Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once daily as needed for pain, 30 days Release Date: 10/3/13, 30

2. Others

Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day
Continue PT evaluation, PT Eval and treatment as necessary, Dx;
Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening)
Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily
Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day
Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day
Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day
Continue Cymbalta delayed release capsule, unknown, 1 cap(s), orally, as directed
Continue Tessalon perles, 200 mg, 1 tab, 2 times a day
Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 times a week
Continue Ambien CR tablet, extended release, 6.25 mg, 1 tab(s), orally, once a day (at bedtime)
Continue Wellbutrin XL tablet, extended release, 300 mg/24 hours, 1

Patient: WALKER, KIMBERLY MCKINNE

PA 10/03/2013

Progress Note: Christopher L. Kelly,

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

155

tab(s), orally, every 24 hours

Continue Hycodan syrup, 1.5 mg-5 mg/5 mL, 5 mL, orally, every 4 hours for cough

Continue Bactrim DS tablet, 800 mg-160 mg, 1 tab(s), orally, 2 times a day

Continue Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime

Refill Prilosec delayed release capsule, 10 MG, 1 cap(s), orally, once a day, 30 days, 30

Continue Voltaren Topical gel, 1%, 2.0 g, applied topically, 4 times a day prn

We are going to continue on Prilosec for her acid reflux when she takes the medication. We will also continue Percocet for the back pain. The patient was advised to use a heating pad to help loosen up those muscles as well as continue her Flexeril. This all just started a few days ago so she really needs to just let it settle down for a while. She has already taken anti-inflammatory so we will let her continue on that program. It is getting a little bit better. We will see her back in five weeks. At that time we will consider physical therapy or injection if she is still having symptoms. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
CK/mat/100313.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks mrf

CL PA-C

Electronically signed by Christopher Kelly PA, MSPAC on 10/08/2013 at 08:37 AM EDT

Sign off status: Completed

Patient: WALKER, KIMBERLY MCKINNE

PA 10/03/2013

Progress Note: Christopher L. Kelly,

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

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE]

PA 10/03/2013

Progress Note: Christopher L. Kelly,

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



GREENVILLE HEALTH SYSTEM

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE
Insurance: SELF PAY Payer ID: 0
PCP: Eric James Falle, MD Referring: Phillip J Hodge, MD
External Visit ID: 170811715
Appointment Facility: Upstate Medical Rehabilitation

08/12/2013

Progress Note: Christopher L. Kelly, PA

Current Medications

Percocet 7.5/325 325 mg-7.5 mg tablet 1 tab (s) once daily as needed for pain
Prilosec 10 MG delayed release capsule 1 cap (s) once a day
Flexeril 10 mg tablet 1 tab(s) once at bedtime
Bactrim DS 800 mg-160 mg tablet 1 tab(s) 2 times a day
Hyocodan 1.5 mg-5 mg/5 mL syrup 5 mL every 4 hours for cough
Wellbutrin XL 300 mg/24 hours tablet, extended release 1 tab(s) every 24 hours
Ambien CR 6.25 mg tablet, extended release 1 tab(s) once a day (at bedtime)
vit D 50,000 int units capsule 1 cap(s) 2 times a week
Tessalon perles 200 mg 1 tab 2 times a day
Cymbalta unknown delayed release capsule 1 cap(s) as directed
Nasonex 50 mcg/inh spray 2 spray(s) once a day
Dexilant 60 mg delayed release capsule 1 cap (s) once a day
Avelox 400 mg tablet 1 tab(s) once a day
Voltaren Topical 1% gel 2.0 g 4 times a day prn
Levocetirizine Dihydrochloride 5 mg tablet take 1 tablet by mouth once daily
xyzal 5 mg tablet 1 tab(s) once a day (in the evening)
PT evaluation PT Eval and treatment as necessary Dx:
Omnaris 50 mcg/inh spray 2 spray(s) once a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis
Obesity

Surgical History

Left Knee Arthroscopy, Dr. Vann 04/20/09

Reason for Appointment

1. 2 Weeks (Reason: PA)

History of Present Illness

General:

OLD HISTORY

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. She was placed at MMI in March 2013 with an impairment rating of 25%.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
3. New onset back pain goes down the leg 2 weeks ago.
4. Chronic left knee pain with torn cartilage, multiple surgeries with tibial osteotomy on her left knee by Dr. Piasecki.
5. WC return to work with modified work restrictions.
6. Worker's Compensation case. Work injury was on 02/19/09. Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. MRI of lumbar spine was done at Innervision on 9/15/2010 and shows facet arthropathy.
7. FCE performed on 10/25/12 : "the evaluatee would not be able to return to work even on light duty at this time. She is unable to perform squatting, kneeling, or stooping. She is only able to perform sitting, standing, and walking along with stair manipulation 0-2.6 hours/day at most with breaks. She was unable to complete carrying, pushing, pulling, lifting above head, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day) safe lift is 10 lbs from knuckle to shoulder and floor to shoulder." - spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program.

The patient comes in today for a follow up appointment with knee and back pain. Her pain without the medications is a 9. She is not taking medication because she actually had a sinus infection and being on the medication makes her too sleepy. She cannot mix the Percocet with other medication. She has been taking Aleve. She denies any other

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Christopher L. Kelly,

PA 08/12/2013

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

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Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso
arthroscopic knee surgery LT 2013

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed; today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a: Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy
seasonal, multiple environmental

Hospitalization/Major

Diagnostic Procedure

See surgical history

new medications starting at this time other than the medications for her sinus infection. She denies any bowel or bladder changes, fevers or weight loss. She is concerned that she has not received any information about her MRI that Dr. Math had ordered over a month ago. Our office has been trying to call Megan, our contact person, for her to get that approved and we have never had any calls back. We have left multiple messages about this. I informed the patient of this today. The patient says she has enough medication right now and does not need any.

Notes: UDS 6/27/13.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 244, Wt kg 110.68, BMI 41.88, BP 116/87, HR 89, Pain score 9, O2 Sat 98, Tech Initial jdt.

Examination

General Exam:

On examination vital signs are stable. She is well-built, well-nourished, awake, alert, and oriented. She communicates appropriately. She is able to transfer independently. She is obese. Gait is slightly antalgic. She is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of left knee there is no generalized swelling around the knee. Minimal swelling over the patellar tendons. Tenderness over patellar tendon. Anterior drawer sign is negative. Knee range of motion in extension is full, flexion is up to 90 degrees and causes significant discomfort. No mediolateral instability.

Assessments

1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Arthritis of knee - 716.96

Treatment

1. Lumber Facet Arthropathy

Continue Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once daily as needed for pain, 30 days, 30

2. Others

Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Continue PT evaluation, PT Eval and treatment as necessary, Dx:

Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening)

Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily

Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day

Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day

Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Continue Cymbalta delayed release capsule, unknown, 1 cap(s), orally, as directed

Continue Tessalon perles, 200 mg, 1 tab, 2 times a day

Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 times a week

Patient: WALKER, KIMBERLY MCKINNE 1

PA 08/12/2013

Progress Note: Christopher L. Kelly,

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

Continue Ambien CR tablet, extended release, 6.25 mg, 1 tab(s), orally, once a day (at bedtime)
Continue Wellbutrin XL tablet, extended release, 300 mg/24 hours, 1 tab(s), orally, every 24 hours
Continue Hycodan syrup, 1.5 mg-5 mg/5 mL, 5 mL, orally, every 4 hours for cough
Continue Bactrim DS tablet, 800 mg-160 mg, 1 tab(s), orally, 2 times a day
Continue Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime
Continue Prilosec delayed release capsule, 10 MG, 1 cap(s), orally, once a day
Continue Voltaren Topical gel, 1%, 2.0 g, applied topically, 4 times a day prn
We will have her follow up. She is going to call and make an appointment whenever she gets the MRI situation all squared away and gets the MRI and come in for a review of the MRI. Otherwise, she has enough medication to last her. She says she is going to get her attorney to contact the appropriate people. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
CK/mat/081213.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

pt will call to schedule after mri

CK PA-C

Electronically signed by Christopher Kelly PA, MSPAC on 08/27/2013 at 09:20 AM EDT

Sign off status: Completed

Patient: WALKER, KIMBERLY MCKINNE

PA 08/12/2013

Progress Note: Christopher L. Kelly,

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

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

PA 08/12/2013

Progress Note: Christopher L. Kelly,

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



GREENVILLE HEALTH SYSTEM

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: SELF PAY Payer ID: 0

PCP: Eric James Faile, MD Referring: Philip J Hodge, MD

External Visit ID: 168787422

Appointment Facility: Upstate Medical Rehabilitation

07/25/2013

Progress Note: Jyoti Math, MD

Current Medications

Omnaris 50 mcg/inh spray 2 spray(s) once a day
PT evaluation PT Eval and treatment as necessary Dx:
xyzal 5 mg tablet 1 tab(s) once a day (in the evening)
Levocetirizine Dihydrochloride 5 mg tablet take 1 tablet by mouth once daily
Avelox 400 mg tablet 1 tab(s) once a day
Dexilant 60 mg delayed release capsule 1 cap(s) once a day
Nasonex 50 mcg/inh spray 2 spray(s) once a day
Cymbalta unknown delayed release capsule 1 cap(s) as directed
Tessalon perles 200 mg 1 tab 2 times a day
vit D 50,000 intl units capsule 1 cap(s) 2 times a week
Ambien CR 6.25 mg tablet, extended release 1 tab(s) once a day (at bedtime)
Wellbutrin XL 300 mg/24 hours tablet, extended release 1 tab(s) every 24 hours
Hycodan 1.5 mg-5 mg/5 mL syrup 5 mL every 4 hours for cough
Bactrim DS 800 mg-160 mg tablet 1 tab(s) 2 times a day
Flexeril 10 mg tablet 1 tab(s) once at bedtime
Prilosec 10 MG delayed release capsule 1 cap(s) once a day
Percocet 7.5/325 325 mg-7.5 mg tablet 1 tab(s) once daily as needed for pain
Voltaren Topical 1% gel 2.0 g 4 times a day prn
Medication List reviewed and reconciled with the patient

Past Medical History

Hypothyroidism
Depression
Endometriosis
Obesity

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09

Reason for Appointment

1. 4 Weeks math
2. Pain in the Lower Back and Both Knees.

History of Present Illness

General:

OLD HISTORY

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. She was placed at MMI in March 2013 with an impairment rating of 25%.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
3. New onset back pain goes down the leg 2 weeks ago.
4. Chronic left knee pain with torn cartilage, multiple surgeries with tibial osteotomy on her left knee by Dr. Piasecki.
5. WC return to work with modified work restrictions.
6. Worker's Compensation case. Work injury was on 02/19/09. Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. MRI of lumbar spine was done at Innervision on 9/15/2010 and shows facet arthropathy.
7. FCE performed on 10/25/12 : "the evaluatee would not be able to return to work even on light duty at this time. She is unable to perform squatting, kneeling, or stooping. She is only able to perform sitting, standing, and walking along with stair manipulation 0-2.6 hours/day at most with breaks. She was unable to complete carrying, pushing, pulling, lifting above head, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day) safe lift is 10 lbs from knuckle to shoulder and floor to shoulder." - spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program.

Patient reports that her left knee pain is getting worse for the last six months or so. She has been doing pool therapy. It gives out on her. She reports no fall, but her right knee is taking a toll and bothering her too. She also reports that intermittently her left knee swells and locks on her. She denies any fever. No clicking. She has been taking Percocet,

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 07/25/2013

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

left knee chondroplasty-Dr Vann 8/2010
 Cholecystectomy
 Sinus Surgery
 C-section
 Breast reduction Surgery
 Hysterectomy, abdominal w/ hso
 arthroscopic knee surgery LT 2013

Family History

Family: Hypertension, diabetes
 Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions.
 Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete.
 Smoking Status > 13 years old Are you a: Never smoker.
 Lives With: children.
 Occupation: Social Services Manager at SHARE, INC.
 no Alcohol.
 no Smoking.
 no Recreational drug use.

Allergies

morphine: Allergy
 Lortab 10: stomach upset: Allergy
 Augmentin: stomach upset: Allergy
 seasonal, multiple environmental

Hospitalization/Major

Diagnostic Procedure

See surgical history

which helps. Pain level without medication is 8; with medication it is zero. Her back, as well as knee, bother her. She describes this pain as a sharp, aching, and throbbing pain. She took Percocet, Flexeril, and Voltaren gel three days ago. No side effects from the medication. Her knee surgeon is Piasecki. Other review of systems is negative. Her last urine drug screen was on 6/27/2013.

Notes: UDS 6/27/13.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 244.2, Wt kg 110.77, BMI 41.91, BP 119/76, HR 80, Pain score 8, O2 Sat 96, Tech Initial crp
 Pt. took Flexeril, Percocet, and Voltaren Gel 3 days ago.

Examination

General Exam:

On examination vital signs are stable. She is well-built, well-nourished, awake, alert, and oriented. She communicates appropriately. She is able to transfer independently. She is obese. Gait is slightly antalgic. She is breathing comfortably. No peripheral edema or varicose veins. Skin is supple. On inspection of left knee there is no generalized swelling around the knee. Minimal swelling over the patellar tendons. Tenderness over patellar tendon. Anterior drawer sign is negative. Knee range of motion in extension is full, flexion is up to 90 degrees and causes significant discomfort. No mediolateral instability.

Assessments

1. Lumber Facet Arthropathy - 721.3 (Primary)
2. Arthritis of knee - 716.96

Treatment

1. Lumber Facet Arthropathy

Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once daily as needed for pain, 30 days, 30

2. Others

Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day
 Continue PT evaluation, PT Eval and treatment as necessary, Dx:
 Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening)
 Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily
 Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day
 Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day
 Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day
 Continue Cymbalta delayed release capsule, unknown, 1 cap(s), orally, as directed
 Continue Tessalon perles, 200 mg, 1 tab, 2 times a day
 Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 times a week
 Continue Ambien CR tablet, extended release, 6.25 mg, 1 tab(s), orally, once a day (at bedtime)

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 07/25/2013

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

http://ecw.sbc.org:8080/mobile/doc/isn/catalog/xml/printMultipleChartOptions.isn?encount... 12/4/2013

Continue Wellbutrin XL tablet, extended release, 300 mg/24 hours, 1 tab(s), orally, every 24 hours
Continue Hycodan syrup, 1.5 mg-5 mg/5 mL, 5 mL, orally, every 4 hours for cough
Continue Bactrim DS tablet, 800 mg-160 mg, 1 tab(s), orally, 2 times a day
Continue Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime
Continue Prilosec delayed release capsule, 10 MG, 1 cap(s), orally, once a day
Continue Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once daily as needed for pain
Continue Voltaren Topical gel, 1%, 2.0 g, applied topically, 4 times a day prn
Patient continues to have significant pain, which is worsening along with locking and instability while walking. We will obtain MRI of left knee. Depending on the MRI results we will consider whether she needs to be evaluated by surgeon or not. I have refilled Percocet and educated her about weight loss. She cannot take Celebrex, as she is on Wellbutrin. She will continue Voltaren gel. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

JM/jp/072513.

Referral To:

Reason: Lockinf and worsening pain Lt Knee: MRI Lt knee

Follow Up

2 Weeks (Reason: PA)

Jmath

Electronically signed by Jyoti Math on 08/01/2013 at 09:38 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

3 Progress Note: Jyoti Math, MD 07/25/2013

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

<http://ecw.cba.org:8080/mobile/doc/en/catalog/xml/printMultipleChartOptions.isn?encount...> 12/4/2013

P335

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GREENVILLE HEALTH SYSTEM

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: SELF PAY Payer ID: 0

PCP: Eric James Faile, MD Referring: Philip J Hodge, MD

External Visit ID: 167347335

Appointment Facility: Upstate Medical Rehabilitation

06/27/2013

Progress Note: Christopher L. Kelly, PA

Current Medications

Ambien CR 6.25 mg tablet, extended release 1 tab(s) once a day (at bedtime)
vit D 50,000 Intl units capsule 1 cap(s) 2 times a week
Tessalon perles 200 mg 1 tab 2 times a day
Cymbalta unknown delayed release capsule 1 cap(s) as directed
Nasonex 50 mcg/inh spray 2 spray(s) once a day
Dexilant 60 mg delayed release capsule 1 cap(s) once a day
Avelox 400 mg tablet 1 tab(s) once a day
Levocetirizine Dihydrochloride 5 mg tablet take 1 tablet by mouth once daily
xyzal 5 mg tablet 1 tab(s) once a day (in the evening)
PT evaluation PT Eval and treatment as necessary Dx:
Prilosec 10 MG delayed release capsule 1 cap(s) once a day
Flexeril 10 mg tablet 1 tab(s) once at bedtime
Omnaris 50 mcg/inh spray 2 spray(s) once a day
Bactrim DS 800 mg-160 mg tablet 1 tab(s) 2 times a day
Hycodan 1.5 mg-5 mg/5 mL syrup 5 mL every 4 hours for cough
Voltaren Topical 1% gel 2.0 g 4 times a day prn
Percocet 7.5/325 325 mg-7.5 mg tablet 1 tab(s) once daily as needed for pain
Wellbutrin XL 300 mg/24 hours tablet, extended release 1 tab(s) every 24 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
Depression
Endometriosis
Obesity

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09

Reason for Appointment

1. 4 Weeks -possible injection

History of Present Illness

General:

OLD HISTORY

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. She was placed at MMI in March 2013 with an impairment rating of 25%.

2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief

3. New onset back pain goes down the leg 2 weeks ago.

4. chronic Lt knee pain with torn cartilage

5. WC return to work with modified work restrictions.

6. Worker's Compensation case. Work injury was on 02/19/09.

Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. MRI of lumbar spine was done at Innervision on 9/15/2010 and shows facet arthropathy.

7. FCE performed on 10/25/12 : "the evaluatee would not be able to return to work even on light duty at this time. She is unable to perform squatting, kneeling, or stooping. She is only able to perform sitting, standing, and walking along with stair manipulation 0-2.6 hours/day at most with breaks. She was unable to complete carrying, pushing, pulling, lifting above head, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day) safe lift is 10 lbs from knuckle to shoulder and floor to shoulder." - spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program.

Ms. Walker comes in today for a followup appointment for her left leg and back pain. She states that her left leg is still giving her quite a bit of trouble. She says her pain, when she takes her medications, is down to 0/10 because she only takes her pain medication when she is asleep but, without it, it is an 8/10. She takes Percocet and Voltaren Gel. She says that it does not bother her. It does not give her any side

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Christopher L. Kelly,

PA 06/27/2013

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

Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso
arthroscopic knee surgery LT 2013

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a: Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy
seasonal, multiple environmental

Hospitalization/Major

Diagnostic Procedure

See surgical history

effects except making her sleepy. She denies starting any new medication. She denies any bowel or bladder changes except for being slightly constipated continuously. She denies taking any stool softeners at this time. She thinks she is having some difficulty with actually starting going to the bathroom as she is able to just get a trickle out. She is going to the urologist for that. She had x-rays done this past visit. She states her pain is sharp at times. It is a dull, achy pain that would keep her up at night if she did not take her medication. All other systems reviewed were negative.

Notes: UDS 6/27/13.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 242, Wt kg 109.77, BMI 41.53, BP 113/86, HR 86, Pain score 8, O2 Sat 99, Tech Initial jdt.

Examination

General Exam:

CONSTITUTIONAL:

Vital Signs: Stable.

General Appearance: Obese. Awake, alert, oriented. She communicates appropriately.

She is able to transfer independently.

Gait is antalgic.

She is breathing comfortably.

No peripheral edema or varicose veins.

MUSCULOSKELETAL:

On inspection of left knee there is minimal swelling. No signs of infection. On palpation she has diffuse tenderness. Patellar mobility is slightly reduced. Quadriceps strength is normal. No atrophy of quadriceps noted. Knee range of motion is full. Knee flexion causes pain. No mediolateral or anterior instability.

She is very tender over the medial and lateral aspect of the tibia. There is no tenderness extending downward distally. She is tender over the pes bursa as well. She has a very slight effusion. She has pretty good range of motion. She does walk with a slight antalgic gait. She is able to transfer independently and arise from the chair.

X-rays were reviewed from the previous visit. I also reviewed and read the report from the radiologist, Dr. Wienke, which notes that she has some lateral sclerosis over the left tibia possibly from the previous HTO as well as, on the proximal tibial, there is an area in question that notes a stress fracture could not be ruled out.

Assessments

1. Pain, Knee - 719.46 (Primary)
2. Pain, Back - 724.5
3. Arthritis of knee - 716.96
4. Encounter for long-term (current) use of high-risk medication - V58.69
5. ENCTR THERAP DRUG MONITORING - V58.83

Treatment

1. Pain, Knee

Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once

Patient: WALKER, KIMBERLY MCKINNE

PA 06/27/2013

Progress Note: Christopher L. Kelly,

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

daily as needed for pain, 30 days, 30

Continue Voltaren Topical gel, 1%, 2.0 g, applied topically, 4 times a day prn, 30 day(s), 2 tubes

2. Encounter for long-term (current) use of high-risk medication

LAB: Fentanyl w/confirmation, urine

LAB: Opiate Metabolites drug screen, urine

LAB: Pain Therapy Drug Screen (14), urine

LAB: Tramadol with confirmation, urine (Ultram)

3. ENCTR THERAPY DRUG MONITORING

LAB: Fentanyl w/confirmation, urine

LAB: Opiate Metabolites drug screen, urine

LAB: Pain Therapy Drug Screen (14), urine

LAB: Tramadol with confirmation, urine (Ultram)

4. Others

Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Continue PT evaluation, PT Eval and treatment as necessary, Dx:

Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening)

Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily

Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day

Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day

Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Continue Cymbalta delayed release capsule, unknown, 1 cap(s), orally, as directed

Continue Tessalon perles, 200 mg, 1 tab, 2 times a day

Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 times a week

Continue Ambien CR tablet, extended release, 6.25 mg, 1 tab(s), orally, once a day (at bedtime)

Continue Wellbutrin XL tablet, extended release, 300 mg/24 hours, 1 tab(s), orally, every 24 hours

Continue Hycodan syrup, 1.5 mg-5 mg/5 mL, 5 mL, orally, every 4 hours for cough

Continue Bactrim DS tablet, 800 mg-160 mg, 1 tab(s), orally, 2 times a day

Continue Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime

Continue Prilosec delayed release capsule, 10 MG, 1 cap(s), orally, once a day

We will continue giving her Percocet and we will refill that. We will also refer her to her previous physician group that did her surgery, Dr. Dana Piasecki at Orthopaedics of the Carolinas in Charlotte. We will then have her followup with us in four weeks. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. CK/cld/062713.

Patient: WALKER, KIMBERLY MCKINNE

PA 06/27/2013

Progress Note: Christopher L. Kelly,

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

Labs

Lab: Fentanyl Urine Confirm, Quest

Lab: Tricyclic Antidepressants, urine (Amitriptyline, Nortriptyline)

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks math

Ch PA-C

Electronically signed by Christopher Kelly PA, MSPAC on
07/08/2013 at 11:33 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

PA 06/27/2013

3 Progress Note: Christopher L. Kelly,

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

Upstate Medical Rehabilitation

111 Doctors Drive
Greenville, SC 29605
864-797-7100

PHYSICIAN INFORMATION

Requesting: Smith, April(UMR)

PATIENT INFORMATION

Name: WALKER, KIMBERLY MCKINNE
DOB:
Sex: female
Tel: 864-269-6036

REPORT DETAILS

Procedure Name: Knee, 3 views,
left
Session Id: 13195298

REPORT DATES

Order: 06/18/2013
Procedure: 06/18/2013 11:23:00

REPORT

Exam :LEFT KNEE 3VIEWS

See Below for Report

ORDERING MD: APRIL D. SMITH, PAOP LOCATION:

111 DOCTORS DRIVE

GREENVILLE, SC, 29605

UMG73562L - LEFT KNEE 3VIEWS 06/18/2013 11:23 EXAM#: 13195298

ORDERED BY: Dr. APRIL D. SMITH, PA

ADMISSION DATE/TIME: 05/29/2013 13:45

REASON FOR EXAM:

RESULT: KIMBERLY WALKER LEFT KNEE - TWO VIEWS

HISTORY: Left knee pain.

FINDINGS: Frontal and lateral views of the left knee demonstrate moderate osteopenia. Linear sclerosis noted on today's study in the metaphysis, particularly at the medial margin and was not present on study from 01/20/11. I suspect in the interval there has been instrumentation. However, if there is no history of instrumentation findings would be suspicious for a stress fracture. There is no joint effusion present. Subchondral edema and lucency is suspicious for disuse osteopenia.

IMPRESSION: SLIGHTLY OBLIQUE HORIZONTALLY ORIENTED SCLEROSIS OF THE METAPHYSIS PROXIMAL TIBIA, PARTICULARLY PROMINENT MEDIAL AND I BELIEVE RELATED TO PREVIOUS INSTRUMENTATION. HOWEVER, STRESS FRACTURE IS NOT EXCLUDED, PARTICULARLY GIVEN THE PATIENT'S OSTEOPENIA. CLINICAL CORRELATION IS RECOMMENDED IN THIS REGARD. ONE MAY CONSIDER EVALUATION WITH AN MRI EXAMINATION AS CLINICALLY INDICATED.

TRANSCRIPTIONIST: DENISE, BROWN

TRANSCRIBE TIME/DATE: 6/18/2013 2:27:00 PM

READ BY: JEFFREY R. WIENKE, MD,

SIGNED BY:

0 ELECTRONIC SIGNATURE / WIENKE, MD, JEFFREY R.

Patient: WALKER, KIMBERLY MCKINNE



GREENVILLE HEALTH SYSTEM

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: SELF PAY Payer ID: 0

PCP: Eric James Faile, MD Referring: Philip J Hodge, MD

External Visit ID: 164321143

Appointment Facility: Upstate Medical Rehabilitation

05/29/2013

Progress Note: Jyoti Math, MD

Current Medications

Omnaris 50 mcg/inh spray 2 spray(s) once a day
PT evaluation PT Eval and treatment as necessary Dx:
Aleve as needed
xyzal 5 mg tablet 1 tab(s) once a day (in the evening)
Levocetirizine Dihydrochloride 5 mg tablet take 1 tablet by mouth once daily
Avelox 400 mg tablet 1 tab(s) once a day
Dexlans 60 mg delayed release capsule 1 cap(s) once a day
Nasonex 50 mcg/inh spray 2 spray(s) once a day
Cymbalta unknown delayed release capsule 1 cap(s) as directed
Tessalon perles 200 mg 1 tab 2 times a day
vit D 50,000 intl units capsule 1 cap(s) 2 times a week
Ambien CR 6.25 mg tablet, extended release 1 tab(s) once a day (at bedtime)
Wellbutrin XL 300 mg/24 hours tablet, extended release 1 tab(s) every 24 hours
Hycodan 1.5 mg-5 mg/5 mL syrup 5 mL every 4 hours for cough
Bactrim DS 800 mg-160 mg tablet 1 tab(s) 2 times a day
Flexeril 10 mg tablet 1 tab(s) once at bedtime
Prilosec 10 MG delayed release capsule 1 cap(s) once a day
Percocet 7.5/325 325 mg-7.5 mg tablet 1 tab(s) once daily as needed for pain
Medication List reviewed and reconciled with the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis
Obesity

Surgical History

Left Knee Arthroscopy, Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010

Reason for Appointment

1. 4 Weeks - Dr. Math, possible injection
2. Lower back pain and pain in both knees.

History of Present Illness

General:

OLD HISTORY

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. She was placed at MMI in March 2013 with an impairment rating of 25%.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
3. New onset back pain goes down the leg 2 weeks ago.
4. chronic Lt knee pain with torn cartilage
5. WC return to work with modified work restrictions.
6. Worker's Compensation case. Work injury was on 02/19/09. Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. MRI of lumbar spine was done at Innervision on 9/15/2010 and shows facet arthropathy.
7. FCE performed on 10/25/12 : "the evaluatee would not be able to return to work even on light duty at this time. She is unable to perform squatting, kneeling, or stooping. She is only able to perform sitting, standing, and walking along with stair manipulation 0-2.6 hours/day at most with breaks. She was unable to complete carrying, pushing, pulling, lifting above head, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day) safe lift is 10 lbs from knuckle to shoulder and floor to shoulder." - spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 242.6, Wt kg 110.04, BMI 41.64, BP 120/81, HR 84, Temp (F) 98.8, Pain score 5, O2 Sat 98, Tech Initial crp
Pt. started taking Wellbutrin 300 mg. and another type of medication that works together with Wellbutrin.

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 05/29/2013

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

Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso
arthroscopic knee surgery LT 2013

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions.
Alcohol: women 18 yrs and older Assessment completed; today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a: Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy
seasonal, multiple environmental

Hospitalization/Major Diagnostic Procedure

See surgical history

Examination

General Exam:

CONSTITUTIONAL:

Vital Signs: Stable.

General Appearance: Obese. Awake, alert, oriented. She communicates appropriately.

She is able to transfer independently.

Gait is antalgic.

She is breathing comfortably.

No peripheral edema or varicose veins.

MUSCULOSKELETAL:

On inspection of left knee there is minimal swelling. No signs of infection. On palpation she has diffuse tenderness. Patellar mobility is slightly reduced. Quadriceps strength is normal. No atrophy of quadriceps noted. Knee range of motion is full. Knee flexion causes pain. No mediolateral or anterior instability.

Assessments

1. Pain, Knee - 719.46 (Primary)
2. Pain, Back - 724.5
3. Arthritis of knee - 716.96

Treatment

1. Pain, Knee

Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once daily as needed for pain, 30 days, 30

Stop Aleve, as needed, by mouth

Start Voltaren Topical gel, 1%, 2.0 g, applied topically, 4 times a day prn, 30 day(s), 2 tubes

2. Others

Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Continue PT evaluation, PT Eval and treatment as necessary, Dx:

Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening)

Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily

Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day

Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day

Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Continue Cymbalta delayed release capsule, unknown, 1 cap(s), orally, as directed

Continue Tessalon perles, 200 mg, 1 tab, 2 times a day

Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 times a week

Continue Ambien CR tablet, extended release, 6.25 mg, 1 tab(s), orally, once a day (at bedtime)

Continue Wellbutrin XL tablet, extended release, 300 mg/24 hours, 1 tab(s), orally, every 24 hours

Continue Hycodan syrup, 1.5 mg-5 mg/5 mL, 5 mL, orally, every 4 hours for cough

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 05/29/2013
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Continue Bactrim DS tablet, 800 mg-160 mg, 1 tab(s), orally, 2 times a day

Continue Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime

Continue Prilosec delayed release capsule, 10 MG, 1 cap(s), orally, once a day

The patient continues to have persistent knee pain which is getting worse. I reviewed Dr. Burnikel's notes from 2011 which showed mild arthritis. It is not clear to me whether she has worsening of her arthritis. We will reorder the x-rays again and she may benefit from a cortisone injection if the pain does not subside. I have refilled Percocet. I have started her on Voltaren gel. I advised her to stop Aleve. Followup in four weeks. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/mat/052913.

Referral To:

Reason: Lt knee x rays three views (standing) and possible knee inj

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks (Reason: possible Knee inj)

Jmath

Electronically signed by Jyoti Math on 06/03/2013 at 02:14 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 05/29/2013

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

<http://ecw.ehs.org:8080/mobiledoc/isp/catalog/xml/printMultipleChartOptions.jsp?encount...> 12/4/2013

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GREENVILLE HEALTH SYSTEM

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: SELF PAY Payer ID: 0

PCP: Eric James Falle, MD Referring: Philip J Hodge, MD

External Visit ID: 161879457

Appointment Facility: Upstate Medical Rehabilitation

05/01/2013

Progress Note: April Smith, PA-C

Current Medications

Ambien CR 6.25 mg tablet, extended release 1 tab(s) once a day (at bedtime)
Flexcil 10 mg tablet 1 tab(s) once at bedtime
Prilosec 10 MG delayed release capsule 1 cap(s) once a day
Percocet 7.5/325 325 mg-7.5 mg tablet 1 tab(s) once daily as needed for pain
Omnaris 50 mcg/inh spray 2 spray(s) once a day
PT evaluation PT Eval and treatment as necessary Dx:
Aleve as needed
Tessalon perles 200 mg 1 tab 2 times a day
vit D 50,000 intl units capsule 1 cap(s) 2 times a week
Wellbutrin XL 300 mg/24 hours tablet, extended release 1 tab(s) every 24 hours
Hycodan 1.5 mg-5 mg/5 mL syrup 5 mL every 4 hours for cough
Bactrim DS 800 mg-160 mg tablet 1 tab(s) 2 times a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis
Obesity

Surgical History

Left Knee Arthroscopy, Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso
arthroscopic knee surgery LT 2013

Family History

Family: Hypertension, diabetes

Reason for Appointment

1. 4 Weeks (Reason: PA) ENCTR THERAP

History of Present Illness

General:

OLD HISTORY

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. She was placed at MMI in March 2013 with an impairment rating of 25%.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief

3. New onset back pain goes down the leg 2 weeks ago.

4. chronic Lt knee pain with torn cartilage

5. WC return to work with modified work restrictions.

6. Worker's Compensation case. Work injury was on 02/19/09. Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. MRI of lumbar spine was done at Innervision on 9/15/2010 and shows facet arthropathy.

7. FCE performed on 10/25/12 : "the evaluatee would not be able to return to work even on light duty at this time. She is unable to perform squatting, kneeling, or stooping. She is only able to perform sitting, standing, and walking along with stair manipulation 0-2.6 hours/day at most with breaks. She was unable to complete carrying, pushing, pulling, lifting above head, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day) safe lift is 10 lbs from knuckle to shoulder and floor to shoulder." - spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Is the current treatment working? Yes, Current treatment includes: Medication(s), Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

Patient: WALKER, KIMBERLY MCKINNE

C 05/01/2013

Progress Note: April Smith, PA-

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

Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed; today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 19 years old Are you a:
Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy
seasonal, multiple environmental

Hospitalization/Major

Diagnostic Procedure

See surgical history

Pt. presents today having been started on prilosec at last visit with Dr. Math for stomach upset possibly related to taking otc NSAIDs for increased pain.

Today pt. reports that this seems to be helping with her gastritis. She is still using primarily aleve otc as the prescription pain medications make her so drowsy. She feels like ambien is no longer helping with her difficulty sleeping. She has tried tylenol PM or motrin PM. This is helpful.

She still complains of pain in the posterior BLE at night some nights.

Pt. reports that she has increased pain in the area below her L knee.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 245, Wt kg 111.13, BMI 42.05, BP 105/70, HR 82, Pain score 7, Tech Initial jdt.

Examination

General Exam:

General Appearance overweight, Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Eyes non-icteric. Musculoskeletal large fluid collection over tibial tuberosity on L, tender with palpation. Pysch appropriate mood and affect.

Assessments

1. Myofacial pain - 729.1 (Primary)
2. Pain, Back - 724.5
3. Lumbar Facet Arthropathy - 721.3
4. Pain, Knee - 719.46
5. Gastritis - 535.50

Treatment

1. Pain, Back

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime, 30 day(s), 30

Stop Ambien tablet, 10mg, 1 tab, orally, once a day (at bedtime), 30 day(s), 30

Refill Prilosec delayed release capsule, 10 MG, 1 cap(s), orally, once a day, 30 day(s), 30, Refills 0

Continue Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once daily as needed for pain, 30 days, 30

Pt. will continue otc NSAIDs prn pain. She will also start otc sleep aids as ambien is no longer working well for her.

2. Pain, Knee

Diagnostic Imaging: KNEE 3 VIEWS, LEFT

Pt. will be ordered to have xray of L knee d/t increased fluid collection. If no hardware is present, she may be a candidate for aspiration and steroid injection.

3. Others

Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: April Smith, PA-

C 05/01/2013

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

Continue PT evaluation, PT Eval and treatment as necessary, Dx:
Continue Aleve, as needed, by mouth
Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening)
Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily
Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day
Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day
Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day
Continue Cymbalta delayed release capsule, unknown, 1 cap(s), orally, as directed
Continue Tessalon perles, 200 mg, 1 tab, 2 times a day
Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 times a week

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks - Dr. MATH, possible injection

April M. Smith

Electronically signed by April(UMR) Smith, PA-C on
05/07/2013 at 01:32 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

C 05/01/2013

Progress Note: April Smith, PA-

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



GREENVILLE HEALTH SYSTEM

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: SELF PAY Payer ID: 0
PCP: Eric James Faile, MD Referring: Phillip J Hodge, MD

External Visit ID: 159705722

Appointment Facility: Upstate Medical Rehabilitation

04/01/2013

Progress Note: Jyoti Math, MD

Current Medications

Flexeril tablet 10 mg 1 tab(s) once at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab
(s) once daily as needed for pain
PT evaluation PT Eval and treatment as
necessary Dr:
Aleve as needed
Ambien tablet 10mg 1 tab once a day (at
bedtime)
Omnaris spray 50 mcg/inh 2 spray(s) once a
day
xyzal tablet 5 mg 1 tab(s) once a day (in the
evening)
Levocetirizine Dihydrochloride tablet 5 mg
take 1 tablet by mouth once daily
Avelox tablet 400 mg 1 tab(s) once a day
Dexlans delayed release capsule 60 mg 1 cap
(s) once a day
Nasonex spray 50 mcg/inh 2 spray(s) once a
day
Ambien CR tablet, extended release 6.25 mg 1
tab(s) once a day (at bedtime)
Cymbalta delayed release capsule unknown 1
cap(s) as directed
Tessalon perles 200 mg 1 tab 2 times a day
vit D capsule 50,000 intl units 1 cap(s) 2
times a week
Medication List reviewed and reconciled with
the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso
arthroscopic knee surgery LT 2013

Reason for Appointment

1. 4 WEEKS PER PT/TAMEKA & JULIE NOT AVAIL @ CHKOUT
2. Back pain

History of Present Illness

General:

OLD HISTORY

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. She was placed at MMI in March 2013 with an impairment rating of 25%.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
3. New onset back pain goes down the leg 2 weeks ago.
4. chronic Lt knee pain with torn cartilage
5. WC return to work with modified work restrictions.
6. Worker's Compensation case. Work injury was on 02/19/09. Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. MRI of lumbar spine was done at Innervision on 9/15/2010 and shows facet arthropathy.
7. FCE performed on 10/25/12 : "the evaluatee would not be able to return to work even on light duty at this time. She is unable to perform squatting, kneeling, or stooping. She is only able to perform sitting, standing, and walking along with stair manipulation 0-2.6 hours/day at most with breaks. She was unable to complete carrying, pushing, pulling, lifting above head, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day) safe lift is 10 lbs from knuckle to shoulder and floor to shoulder." - spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program.

Patient returns today for followup. She has a stable clinical history. She continues to have knee pain, especially worse with walking, which is an aching pain relieved with the medications. Her pain level today is 8/10 in severity. She has been taking Aleve off and on. She reports that she feels that her left lower extremity feels swollen off and on and Aleve usually helps, but with Aleve she is complaining of gastritis-like

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 04/01/2013

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

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a: Never smoker.

Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy

Hospitalization/Major

Diagnostic Procedure

See surgical history

symptoms. She also reports that this rainy weather is making her pain worse. She had only one episode of vomiting and that she attributes to a viral infection. She is complaining of dizziness, but no fever. No blood in the stool or in the vomit. Her appetite is good. She never had a urine drug screen. Other review of systems is negative.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 246, Wt kg 111.58, BMI 42.22, BP 125/87, HR 100, Pain score 8, Tech Initial jdt.

Examination

General Exam:

On examination she is awake and alert. She communicates appropriately. She is able to transfer independently. Her vital signs are stable. She is well-built, well-nourished.

RS: Breathing comfortably.

CVS: No peripheral edema or varicosity.

Left knee range of motion is painful. Her gait is normal.

Assessments

1. Myofascial pain - 729.1
2. Pain, Back - 724.5
3. Lumbar Facet Arthropathy - 721.3
4. Pain, Knee - 719.46
5. Gastritis - 535.50

Treatment

1. Pain, Back

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime, 30 day(s), 30

Refill Ambien tablet, 10mg, 1 tab, orally, once a day (at bedtime), 30 day(s), 30, Refills 0

Start Prilosec delayed release capsule, 10 MG, 1 cap(s), orally, once a day, 30 day(s), 30, Refills 0

Continue Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once daily as needed for pain

2. Others

Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Continue PT evaluation, PT Eval and treatment as necessary, Dx:

Continue Aleve, as needed, by mouth

Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening)

Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily

Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day

Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day

Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Continue Cymbalta delayed release capsule, unknown, 1 cap(s), orally, as directed

Continue Tessalon perles, 200 mg, 1 tab, 2 times a day

Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 times a

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 04/01/2013

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

week

1. Gastritis. I will start her on Prilosec, but I have advised her if her symptoms get worse she should see her primary care doctor.
 2. For chronic pain management she has Percocet at home. She does not have urine drug screen, but has not taken Percocet for the last two to three days, so we will consider taking urine drug screen during next visit.
 3. Insomnia. She feels the Ambien helps, so I have refilled the Ambien.
 4. Myofascial pain. I have refilled her Flexeril.
- The patient was advised to continue all other medications as prescribed by other treating physicians/providers.
JM/jp/040113.

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks (Reason: PA)

Jmath

Electronically signed by Jyoti Math on 04/04/2013 at 02:24 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 04/01/2013

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



Physician's Statement

Claimant's Name: Kimberly Walker
Physician's Name: Ujoti Math, MD
Practice/Clinic: WMC
Preparer's Name: _____
Phone: 204 797 7100

Employer's Name: _____
Insurance Carrier: _____
SCWCC File No: _____

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

Date of first office visit: _____ Date of last visit: 3/4/13
Date of Injury or Illness: _____
Diagnosis or nature of injury or illness: Lt. knee injury, Back pain
Body part(s) injured: Lt. knee lumbar spine Body part(s) affected: _____
Date of Maximum Medical Improvement: 4/3/13
Based on the AMA Guidelines, the claimant has sustained a 25 % medical impairment to Lt. knee injured body part(s) and a 1 % medical impairment to lumbar spine other affected body part(s).
The claimant is able to return to work without restriction. & 26% WP impairment
☒ The claimant is able to return to work with the following restrictions: sedentary work 2.5 hrs/day with frequent breaks (AMA guide 6th ed. page 571, 604)
The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:
_____ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not);
☒ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

- Chronic pain management with follow up q 4 wks
- Facet inj (Rhizotomy or Facet intra-Articular inj)
- currently on pencil - TENS unit

Treating Physician _____

Date 3/4/13

9/07

14B

P350

Physician's Statement

Mar. 7. 2013 9:07AM

Medical Questionnaire

RE: Kimberly Walker

SSN:

DOB:

1. Has Ms. Walker most probably reached MMI for her back problems related to her work injury? ☒ YES ☐ NO If "yes", when: 3/4/13 If "no", when do you project she will reach MMI for her back: _____

2. If she has reached MMI, does Ms. Walker most probably have any permanent impairment as a result of those injuries? ☒ YES ☐ NO
If yes, 1 % to to back (body part)
25 % to LT knee (body part)
261.00

3. Will Ms. Walker require any ongoing or future medical treatment and/or medications for these injuries you have treated? ☒ YES ☐ NO If yes, please describe: Follow up q 4 wks
periodic Facer in
tests under

4. Having reviewed her Functional Capacity Evaluation, please check the appropriate box:

☒ I agree with the permanent physical restrictions provided by the FCE. Ms. Walker most probably cannot perform the full range of sedentary work.

☐ I disagree with the permanent physical restrictions provided by the FCE. Ms. Walker's correct restrictions should most probably be: _____

This represents my opinion to a reasonable degree of psychological certainty.

Jyoti Math

Dr. Jyoti Math

Date: 3/4/13



GREENVILLE HEALTH SYSTEM

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: PLANNED ADMINISTRATORS

PCP: Eric James Faile, MD Referring: Philip J Hodge, MD

External Visit ID: 159691252

Appointment Facility: Upstate Medical Rehabilitation

03/04/2013

Progress Note: Jyoti Math, MD

Current Medications

Aleve as needed
Ambien tablet 10mg 1 tab once a day (at bedtime)
Omnaris spray 50 mcg/inh 2 spray(s) once a day
xyzal tablet 5 mg 1 tab(s) once a day (in the evening)
vit D capsule 50,000 intl units 1 cap(s) 2 a week x 3 weeks then 1 a week
Levocetirizine Dihydrochloride tablet 5 mg take 1 tablet by mouth once daily
Avelox tablet 400 mg 1 tab(s) once a day
Dexilant delayed release capsule 60 mg 1 cap(s) once a day
Nasonex spray 50 mcg/inh 2 spray(s) once a day
citalopram tablet 20 mg 1 tab(s) once a day
Flexeril tablet 10 mg 1 tab(s) once at bedtime
Percocet 7.5/325 tablet 325 mg-7.5 mg 1 tab(s) once daily as needed for pain
PT evaluation PT Eval and treatment as necessary Dx:
Medication List reviewed and reconciled with the patient

Past Medical History

Hypothyroidism
Depression
Endometriosis

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Reason for Appointment

1. 4 Weeks (Reason: FU PT)/ONLY DR MATH CAN DO PER JULIE

History of Present Illness

General:

Interim History:

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
3. New onset back pain goes down the leg 2 weeks ago.
4. chronic Lt knee pain with torn cartilage
5. WC return to work with modified work restrictions.
1. Worker's Compensation case. Work injury was on 02/19/09. Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. MRI of lumbar spine was done at Innervision on 9/15/2010 and shows facet arthropathy.

2. FCE performed on 10/25/12 : "the evaluatee would not be able to return to work even on light duty at this time. She is unable to perform squatting, kneeling, or stooping. She is only able to perform sitting, standing, and walking along with stair manipulation 0-2.6 hours/day at most with breaks. She was unable to complete carrying, pushing, pulling, lifting above head, lifting from floor to knuckle height or balance tasks at all. Maximum weight with lifting from knuckle to shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day) safe lift is 10 lbs from knuckle to shoulder and floor to shoulder." - spoke with therapist performing test who felt as though the pt. gave good effort, but would likely be able to do more if she went through a formal work hardening program.

Patient is here for impairment rating. She continues to have back pain that shoots down both the legs, back of the thigh up to the knee, but occasionally she has tingling in her left knee. She had multiple surgeries on her left knee. I reviewed Dr. Piasecki's note on November 21, 2012. She had arthroscopy chondroplasty hardware removal status post prior high tibial osteotomy and autologous chondrocyte implantation of the medial femoral condyle. She continues to have left knee pain, which is activity limiting. She had a functional capacity

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 03/04/2013

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

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a:
Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy

Hospitalization/Major

Diagnostic Procedure

See surgical history

evaluation done, which reports that she can hardly do 2.5 hours per day of sedentary work. Pain is worse with standing, as well as sitting. It interrupts her sleep as well and she has to take an Ambien. She still requires to take pain medication for better pain control. Dr. Piasecki has put her at MMI with impairment rating of 25% of the left knee. As per his note on the x-ray her joint space is 5 mm, but hardware is in stable position.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 8, Is the current treatment working? No, Current treatment includes: PT, Medication(s) pt takes percocet once a day, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? No.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 249, Wt kg 112.95, BMI 42.74, BP 127/90, HR 84, Pain score 8, O2 Sat 100, Tech Initial tah.

Examination

General Exam:

On examination, she has a slightly antalgic gait. She is overweight. On lumbar spine there is no swelling or erythema. On palpation she has diffuse tenderness in lumbar paraspinals. Lumbar extension as well as flexion causes pain. Strength in lower extremities is 5/5. No atrophy of the muscles noted. Straight leg test is negative. No sensory impairment. Regarding her left knee there is a well-healed scar. She has full extension of the left knee. Flexion is up to 100 degrees. No swelling. No signs of infection. Diffuse tenderness over the knee joint. Impaired sensation on lateral aspect of the tibia just below the knee. No instability noted.

Assessments

1. Pain, Knee - 719.46 (Primary)
2. Coccydynia - 724.79
3. Pain, Back - 724.5

Treatment

1. Pain, Knee

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime, 30 day(s), 30

Refill Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once daily as needed for pain, 30 days, 30, Refills 0

Continue PT evaluation, PT Eval and treatment as necessary, Dx: Start Ambien CR tablet, extended release, 6.25 mg, 1 tab(s), orally, once a day (at bedtime), 30 days, 30

2. Others

Patient sustained a work-related injury and injured her left knee requiring multiple surgeries. While undergoing rehab she aggravated her back pain mainly because of the facet arthritis, which was a pre-existing condition, but got aggravated with her rehab, so today I am going to place her at MMI with impairment rating of 1% to the back and

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 03/04/2013

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

she has impairment rating of 25% for the left leg, so combined impairment rating would be _____. Because of the persistent pain and patient also reports the side effects from the pain medication, including sedation, I think she will not be able to perform sedentary activity to the full extent. She will require periodic physical therapy, periodic facet injections, and followup every four weeks for medications. Currently, she is on Percocet, Ambien, and Flexeril. I will see her back at four weeks. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. JM/jp/030413.

Procedures

AMA 6 th ed: paage 511 tibial osteotomy. P 604).

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks w/ April (Reason: knee pain)

Jmath

Electronically signed by Jyoti Math on 03/07/2013 at 03:35 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 03/04/2013

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

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GREENVILLE HEALTH SYSTEM

WALKER, KIMBERLY
MCKINNE

Guarantor: WALKER, KIMBERLY MCKINNE
Insurance: PLANNED ADMINISTRATORS
PCP: Eric James Paile, MD Referring: Philip J Hodge, MD
External Visit ID: 157037607
Appointment Facility: Upstate Medical Rehabilitation

02/04/2013

Progress Note: April Smith, PA-C

Current Medications

Flexeril tablet 10 mg 1 tab(s) once at bedtime
Aleve as needed
Ambien tablet 10mg 1 tab once a day (at
bedtime)
Omnaris spray 50 mcg/inh 2 spray(s) once a
day
xyzal tablet 5 mg 1 tab(s) once a day (in the
evening)
vit D capsule 50,000 intl units 1 cap(s) 2 a
week x 3 weeks then 1 a week
Levocetirizine Dihydrochloride tablet 5 mg
take 1 tablet by mouth once daily
Avelox tablet 400 mg 1 tab(s) once a day
Dexilant delayed release capsule 60 mg 1 cap
(s) once a day
Nasonex spray 50 mcg/inh 2 spray(s) once a
day
citalopram tablet 20 mg 1 tab(s) once a day
Medication List reviewed and reconciled with
the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis

Surgical History

Left Knee Arthroscopy, Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension,
diabetes

Social History

Interpersonal/family relationships: Divorced.

Reason for Appointment

1. AFTER FCE

History of Present Illness

General:

Interim History:

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left
greater trochanteric bursitis which resolved and axial back pain.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on
3/24/11 had 85 % relief

3. New onset back pain goes down the leg 2 weeks ago.

4. chronic Lt knee pain with torn cartilage

5. WC return to work with modified work restrictions.

1. Worker's Compensation case. Work injury was on 02/19/09.
Back pain developed after rehabilitation on crutches after work-related
knee injury in 2009. Dr. Hodge does not think that she is a surgical
candidate.

2. FCE performed on 10/25/12 : "the evaluatee would not be able to
return to work even on light duty at this time. She is unable to perform
squatting, kneeling, or stooping. She is only able to perform sitting,
standing, and walking along with stair manipulation 0-2.6 hours/day
at most with breaks. She was unable to complete carrying, pushing,
pulling, lifting above head, lifting from floor to knuckle height or
balance tasks at all. Maximum weight with lifting from knuckle to
shoulder and floor to shoulder was 12 lbs. Occasional (0-2.6 hours/day)
safe lift is 10lbs from knuckle to shoulder and floor to shoulder." -
spoke with therapist performing test who felt as though the pt. gave
good effort, but would likely be able to do more if she went through a
formal work hardening program.

Today pt. reports that she has had a lot of trouble with swelling in
the LLE. She is complaining of limping on the LLE which is aggravating
her back. She states that her standing tolerance is decreasing. She is
trying to hold off on another surgery as this may increase her problem.

Pt. reports that she has been out of her pain medications for a
while. She states that recently, she has had to take some percocet. She
uses this primarily when pain is severe. She feels like she usually takes
this once daily.

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: April Smith, PA-C

C 02/04/2013

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

WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a: Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy

Hospitalization/Major Diagnostic Procedure

See surgical history

Pt. reports that she used to get percocet by her physician in Charlotte who is no longer managing her pain.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 8, Is the current treatment working? No, Current treatment includes: PT, Medication(s) pt takes flexeril prn, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? No.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 249, Wt kg 112.95, BMI 42.74, BP 125/83, HR 90, Pain score 8, Tech Initial jdt.

Examination

General Exam:

General Appearance obese, Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Eyes non-icteric. Musculoskeletal decreased flexion to less than 90 degrees L knee. Pysch appropriate mood and affect.

Gait:

antalgic, limps on LLE.

Assessments

1. Pain, Knee - 719.46 (Primary)
2. Coccydynia - 724.79
3. Pain, Back - 724.5

Treatment

1. Pain, Knee

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime, 30 day(s), 30

Start Percocet 7.5/325 tablet, 325 mg-7.5 mg, 1 tab(s), orally, once daily as needed for pain, 30 days, 30, Refills 0

Start PT evaluation, PT Eval and treatment as necessary, Dx: Per dis.

Referral To: Physical Therapist

Reason: Refer to work conditioning - progress to work hardening

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks (Reason: FU PT)

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: April Smith, PA-

C 02/04/2013

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

April M. Smith

Electronically signed by April(UMR) Smith , PA-C on
02/13/2013 at 12:42 PM EST

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
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Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

C 02/04/2013

Progress Note: April Smith, PA-

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



UNIVERSITY MEDICAL GROUP

WALKER, KIMBERLY MCKINNE

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: PLANNED ADMINISTRATORS

PCP: Eric James Faile, MD Referring: Philip J Hodge, MD

External Visit ID: 146163068

Appointment Facility: Upstate Medical Rehabilitation

10/08/2012

Progress Notes: Jyoti Math, MD

Current Medications

Flexeril tablet 10 mg 1 tab(s) once at bedtime
Aleve as needed
Ambien tablet 10mg 1 tab once a day (at bedtime)
Omparis spray 50 mcg/inh 2 spray(s) once a day
xyzal tablet 5 mg 1 tab(s) once a day (in the evening)
vit D capsule 50,000 intl units 1 cap(s) 2 a week x 3 weeks then 1 a week
Levocetirizine Dihydrochloride tablet 5 mg take 1 tablet by mouth once daily
Avelox tablet 400 mg 1 tab(s) once a day
Dexilant delayed release capsule 60 mg 1 cap(s) once a day
Nasonex spray 50 mcg/inh 2 spray(s) once a day
citalopram tablet 20 mg 1 tab(s) once a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.
WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a: Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Reason for Appointment

1. 4 Weeks (Reason: FU PT)/APRIL OUT OF OFC THIS WEEK

History of Present Illness

General:

Interim History:

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
3. New onset back pain goes down the leg 2 weeks ago.
4. chronic Lt knee pain with torn cartilage
5. WC return to work with modified work restrictions.

1. Worker's Compensation case. Work injury was on 02/19/09. Back pain developed after rehabilitation on crutches after work-related knee injury in 2009. Dr. Hodge does not think that she is a surgical candidate. The patient reports that she has been evaluated by a surgeon and he took her off of the pain medications. She has been out of work since her surgery in June. She reports that she had six knee surgeries. She is in physical therapy and she thinks it is helping. She continues to have back pain. Today, she reports that the radiofrequency did not help and does not want to pursue it anymore. She continues to have back pain. No progressive weakness. No change in bowel or bladder habit. No fever or weight loss. She also reports that her attorney has requested a functional capacity evaluation.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 8, Is the current treatment working? No, Current treatment includes: PT, Medication(s) pt takes flexeril prn, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? No.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 246.8, Wt kg 111.95, BMI 42.36, BP 131/92, HR 74, Temp (F) 98.1, Pain score 8, Tech Initial tah.

Examination

General Exam:

On examination, the patient is awake, alert and oriented. She is able to transfer independently. Her gait is normal. On palpation, she has diffuse tenderness in the lower lumbar paraspinal muscles, piriformis muscle, and bilateral greater trochanter. She also has severe pain in the coccyx. Knee

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 10/08/2012
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy

Hospitalization/Major**Diagnostic Procedure**

See surgical history

range of motion is full without much discomfort.

Assessments

1. Pain, Knee - 719.46 (Primary)
2. Coccydynia - 724.79
3. Pain, Back - 724.5

Treatment**1. Others**

The patient does not think that she needs pain medication today. She has some Percocet at home but, most of the time, she ends up taking Aleve. We will request a functional capacity evaluation. I advised her to continue physical therapy and a home exercise program. We will see her after the functional capacity evaluation. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

JM/cld/100812.

Referral To:

Reason: Request for FCE

Follow Up

after FCE

Jmath

Electronically signed by Jyoti Math on 10/11/2012 at 10:54 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
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Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 10/08/2012

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

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UNIVERSITY MEDICAL GROUP

WALKER, KIMBERLY MCKINNE

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: PLANNED ADMINISTRATORS

PCP: Eric James Faile, MD Referring: Philip J Hodge, MD

External Visit ID: 146016910

Appointment Facility: Upstate Medical Rehabilitation

09/10/2012

Progress Notes: April Smith, PA-C

Current Medications

Aleve as needed
Ambien tablet 10mg 1 tab once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) prn
Omnaris spray 50 mcg/inh 2 spray(s) once a day
xyzal tablet 5 mg 1 tab(s) once a day (in the evening)
vit D capsule 50,000 intl units 1 cap(s) 2 a week x 3 weeks then 1 a week
Levocetirizine Dihydrochloride tablet 5 mg take 1 tablet by mouth once daily
citalopram tablet 20 mg 1 tab(s) once a day
Avelox tablet 400 mg 1 tab(s) once a day
Dexilant delayed release capsule 60 mg 1 cap(s) once a day
Nasonex spray 50 mcg/inh 2 spray(s) once a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
Depression
Endometriosis

Surgical History

Left Knee Arthroscopy, Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.
WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a: Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Reason for Appointment

1. 4 Weeks (Reason: PA)

History of Present Illness

General:

Interim History:

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain.

2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief

3. New onset back pain goes down the leg 2 weeks ago.

4. chronic Lt knee pain with torn cartilage

5. WC return to work with modified work restrictions.

Today pt. reports that she is just now starting PT d/t delay in approval with WC. She states that she is going to the pool at the YMCA to do water aerobics. She states that this does increase her pain.

She states that her pain is primarily in the lower back down the posterior BLE to the knee. She denies any new numbness or weakness. She is controlling bowel and bladder well.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 8, Is the current treatment working? No, Current treatment includes: PT, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? No.

Vital Signs

Ht 4, Ht Cm 10.16, Wt lbs 238, Wt kg 107.96, BP 122/85, HR 82, Pain score 8, Tech Initial jt.

Examination

General Exam:

General Appearance obese, Well developed, well nourished and groomed, No apparent acute or chronic distress, Communicates normally, alert and oriented. Back L spine: pain with extension, tender with palpation SI joints R>L, mild tenderness midline L5/S1. Pysch appropriate mood and affect.

Gait:

Gait: limps on LLE.

Assessments

1. Lumbar Facet Arthropathy - 721:3 (Primary)

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: April Smith, PA-C 09/10/2012

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

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Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy

Hospitalization/Major**Diagnostic Procedure**

See surgical history

Review of Systems

RQS:

Psychological: depression - denies
homicidal or suicidal ideation.

2. Pain, Back - 724.5

Pt. has not had enough time to see PT to eval progress. She is having back pain exacerbated by her knee pain and dysfunctional gait. Her primary pain generator today is SI joints. Hopefully PT can work on these as well.

Treatment**1. Lumber Facet Arthropathy**

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime, 30 day(s), 30

2. Others

Continue Aleve, as needed, by mouth

Continue Ambien tablet, 10mg, 1 tab, orally, once a day (at bedtime)

Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening)

Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 a week x 3 weeks then 1 a week

Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily

Continue citalopram tablet, 20 mg, 1 tab(s), orally, once a day

Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day

Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day

Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks (Reason: FU PT)

April P. Smith

Electronically signed by April(UMR) Smith, PA-C on 09/12/2012 at 09:36 AM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: April Smith, PA-C 09/10/2012
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Nov. 15. 2012 9:58AM

Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: April Smith, PA-C 09/10/2012

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



UNIVERSITY MEDICAL GROUP

WALKER, KIMBERLY MCKINNE

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: PLANNED ADMINISTRATORS

PCP: Eric James Faile, MD External Visit ID: 143102762

Appointment Facility: Upstate Medical Rehabilitation

08/13/2012

Progress Notes: Jyoti Math, MD

Current Medications

Aleve as needed
Ambien tablet 10mg 1 tab once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) prn
Omnaris spray 50 mcg/inh 2 spray(s) once a day
xyzal tablet 5 mg 1 tab(s) once a day (in the evening)
vit D capsule 50,000 intl units 1 cap(s) 2 a week x 3 weeks then 1 a week
Levocetirizine Dihydrochloride tablet 5 mg take 1 tablet by mouth once daily
citalopram tablet 20 mg 1 tab(s) once a day
Avelox tablet 400 mg 1 tab(s) once a day
Dexlans delayed release capsule 60 mg 1 cap(s) once a day
Nasonex spray 50 mcg/inh 2 spray(s) once a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis

Surgical History

Left Knee Arthroscopy, Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.
WORK STATUS: No restrictions.
Alcohol women 18 yrs and older Assessment completed: today, Alcohol intake: patient does not drink alcohol screening complete.
Smoking Status > 13 years old Are you a: Never smoker.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Reason for Appointment

1. WC/ FU FLARE UP

History of Present Illness

General:

Interim History:

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain.

2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief

3. New onset back pain goes down the leg 2 weeks ago.

4. chronic Lt knee pain with torn cartilage

5. WC return to work with modified work restrictions.

Patient continues to have back pain, which is activity limiting. She denies any progressive weakness. No change in bowel or bladder habits. No fever or weight loss.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 7, Is the current treatment working? No, Current treatment includes: PT, Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? No.

Examination

General Exam:

On examination, she is awake, alert, and oriented. She is able to transfer independently. Lumbar extension produces some pain in her lower back. She has some tenderness over paraspinal muscles.

Assessments

1. Lumbar Facet Arthropathy - 721.3 (Primary)
2. Pain, Back - 724.5

Treatment

1. Lumbar Facet Arthropathy

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, once at bedtime, 30 day(s), 30

2. Others

Continue Aleve, as needed, by mouth

Continue Ambien tablet, 10mg, 1 tab, orally, once a day (at bedtime)

Continue Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day

Continue xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening)

Continue vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 a week x 3 weeks

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 08/13/2012

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

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy

Hospitalization/Major**Diagnostic Procedure**

See surgical history

then 1 a week

Continue Levocetirizine Dihydrochloride tablet, 5 mg, take 1 tablet by mouth once daily

Continue citalopram tablet, 20 mg, 1 tab(s), orally, once a day

Continue Avelox tablet, 400 mg, 1 tab(s), orally, once a day

Continue Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day

Continue Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day
I have refilled her Flexeril. I am going to start her in physical therapy for lumbar spondylosis and back pain to strengthen her core muscles. She will come back to see our PA in four weeks to assess the progress in physical therapy. The patient was advised to continue all other medications as prescribed by other treating physicians/providers. JM/jp/082012.

Referral To:

Reason: PT Eval and Rx: Back pain, lumbar spondylosis

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks (Reason: PA)

Jmath

Electronically signed by Jyoti Math on 08/23/2012 at 04:37 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 08/13/2012

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No. 2344 P. 10/11/11

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Nov. 15. 2012 9:59AM

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UNIVERSITY MEDICAL GROUP

WALKER, KIMBERLY
MCKINNE

Guarantor: WALKER, KIMBERLY MCKINNE

Insurance: PLANNED ADMINISTRATORS

External Visit ID: 119473023

Appointment Facility: Upstate Medical Rehabilitation

08/18/2011

Progress Notes: Jyoti Math, MD

Current Medications

Voltaren Gel diclofenac sodium topical gel 1
% as directed apply to skin qid
Wellbutrin XL tablet, extended release 300
mg/24 hours 1 tab(s) every 24 hours
Cymbalta delayed release capsule 30 mg 1 cap
(s) 2 times a day
Ambien tablet 2 tab(s) once a day (at
bedtime)
Aleve as needed
Flexeril tablet 10 mg 1 tab(s) 3 times a day
Medication List reviewed and reconciled with
the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso

Family History

Family: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions.

Lives With: children.

Occupation: Social Services Manager at
SHARE, INC.

no Alcohol

no Smoking

no Recreational drug use.

Allergies

morphine

Lortab 10

Reason for Appointment

1. Followup

History of Present IllnessGeneral:Interim History:

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
3. New onset back pain goes down the leg 2 weeks ago.
4. chronic Lt knee pain with torn cartilage
5. WC return to work with modified work restrictions.

Patient returns today for followup. She continues to have bilateral knee pain, especially left more than right, and back pain, which shoots down the left leg. She thinks that her back pain is again coming back because of her abnormal gait. Pain shoots down the left leg. Prolonged standing and walking aggravates her pain. She also has tailbone pain and I have prescribed her physical therapy, but she has not heard anything from workers' comp.

Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 8, Rate your pain since you began treatment (on a scale of 0-10): 5, Is the current treatment working? Yes, Current treatment includes: Medication(s), Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

ExaminationGeneral Exam:

On examination, she is obese. She is able to transfer independently from chair to standing position. On palpation she has diffuse tenderness in the lumbar paraspinal muscles. Lumbar extension, side bending, and rotation reproduce her pain. She has tenderness over the coccyx. She has severe tenderness over the left greater trochanter. Strength in bilateral lower extremities is 5/5 without any sensory deficits.

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 08/18/2011

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Augmentin

Hospitalization/Major**Diagnostic Procedure**

See surgical history

Assessments

1. Trochanteric bursitis - 726.5 (Primary)
2. Pain, Back - 724.5
3. Myofascial pain - 729.1
4. Pain, Knee - 719.46
5. Lumbar Facet Arthropathy - 721.3
6. Coccydynia - 724.79

Treatment**1. Trochanteric bursitis**

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day, 30 day(s), 90

2. Others

We will go ahead and obtain x-ray of coccyx for her coccydynia. I have refilled her prescription for Flexeril. She would also benefit from left greater trochanter bursa injection. She has shown good results in the past, so we will go ahead and schedule her for injection. I discussed medication management with her. She does not want to try any other pain medications. She is taking naproxen as needed, along with the Flexeril, as she thinks the Flexeril helps her a lot, and has been taking Ambien for sleep problems. We have provided work restriction note. The patient was advised to continue all other medications as prescribed by other treating physicians/providers.

JM/jp/081811.

Referral To:

Reason: Lt GT inj: DX: Lt GT bursitis. | X ray Coccyx DX: Coccydynia

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks (Reason: Lt GT inj)



Electronically signed by Jyoti Math on 08/23/2011 at 09:40 AM EDT

Sign off status: Completed

Patient: WALKER, KIMBERLY MCKINNE I

Progress Note: Jyoti Math, MD 08/18/2011
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Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 08/18/2011

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UNIVERSITY MEDICAL GROUP

WALKER, KIMBERLY
MCKINNE

Guarantor: WALKER, KIMBERLY MCKINNE
Insurance: PLANNED ADMINISTRATORS
External Visit ID: 117738674
Appointment Facility: Upstate Medical Rehabilitation

07/21/2011

Progress Notes: Jyoti Math, MD

Current Medications

Aleve as needed
Flexeril tablet 10 mg 1 tab(s) 3 times a day
Ambien tablet 2 tab(s) once a day (at bedtime)
Wellbutrin XL tablet, extended release 300 mg/24 hours 1 tab(s) every 24 hours
Voltaren Gel diclofenac sodium topical gel 1 % as directed apply to skin qid
Medication List reviewed and reconciled with the patient

Past Medical History

Hyperthyroidism

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010

Family History

Family: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced.

WORK STATUS: No restrictions. .
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol .
no Smoking .
no Recreational drug use.

Allergies

morphine
Lortab 10

Hospitalization/Major**Diagnostic Procedure**

See surgical history

Review of Systems

Pt denies progressive weakness, no numbness,
no tingling, or change in B/B habits, fever or

Reason for Appointment

1. FU FROM RHIZ ON 3.24.11.

History of Present IllnessGeneral:Interim History:

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
3. New onset back pain goes down the leg 2 weeks ago.
4. chronic Lt knee pain with torn cartilage
5. WC return to work with modified work restrictions.
Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 5, Is the current treatment working? Yes, Current treatment includes: Medication(s), Are you experiencing any side effects from the medications prescribed by your Physician at UMR? No, Are you satisfied with the treatment? Yes.

ExaminationGeneral Exam:

General Appearance awake, alert and oriented, Communicates normally, able to transfer normally from sit to stand.
Musculoskeletal able stand on toes and heels, pelvis leveled.
tenderness in lumbar paraspinal muscles, . No tenderness on bilateral PSIS, greater trochanter or piriformis muscles tenderness over Coccyx.

Spine Range of Motion:

Lumbar ROM flexion is full and pain free, extension side bending and rotation full and pain free..

Strength:

hip flexion 5. hip abduction 5. hip adduction 5. hip extension 5.
knee flexion 5. knee extension 5. ankle dorsiflexion 5. ankle plantar flexion 5. ankle inversion 5. ankle eversion 5.

Reflexes:

Straight Leg Negative. Femoral Stretch Sign Negative. faber

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 07/21/2011

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weight loss.

test Left and Right Negative.

Range of Motion:

Left hip painfree. Right hip painfree.

Sensation:

light touch intact.

Neurological:

Neurological babinski- negative, no clonus, reflexes bilaterally is 2+ symmetrical.

Assessments

1. Coccydynia - 724.79 (Primary)
2. Pain, Back - 724.5
3. Lumber Facet Arthropathy - 721.3
4. Pain, Knee - 719.46
5. Myofacial pain - 729.1

Treatment**1. Coccydynia**

If no improvement with PT we will get X ray.

2. Pain, Knee

Continue tramadol.

3. Myofacial pain

Refill Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day, 30 day(s), 90

4. Others

Referral To:

Reason: PT for pelvic therapy- DX Coccydynia

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks



Electronically signed by Jyoti Math on 07/21/2011 at 03:28 PM EDT

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 07/21/2011

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Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 07/21/2011

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



UNIVERSITY MEDICAL GROUP

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE
Insurance: PLANNED ADMINISTRATORS
External Visit ID: 116888645
Appointment Facility: Upstate Medical Rehabilitation

06/20/2011

Progress Notes: Jyoti Math, MD

Current Medications

Ultram tablet 1 tab(s) every 4 hours
Voltaren Gel diclofenac sodium topical gel 1
% as directed apply to skin qid
Tylenol # 3 tablet 300 mg-30 mg 1 tab(s)
every 6 hours
Wellbutrin XL tablet, extended release 300
mg/24 hours 1 tab(s) every 24 hours
Ambien tablet 2 tab(s) once a day (at
bedtime)
Aleve as needed
Medication List reviewed and reconciled with
the patient

Past Medical History

Hyperthyroidism

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010

Family History

Family: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced

WORK STATUS: No restrictions.
Lives With: children.
Occupation: Social Services Manager at
SHARE, INC.
no Alcohol
no Smoking
no Recreational drug use.

Allergies

morphine
Lortab 10

Hospitalization/Major**Diagnostic Procedure**

See surgical history

Review of Systems**Reason for Appointment**

1. FU FROM RHIZ ON 3.24.11.

History of Present IllnessGeneral:Interim History:

1. Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain.
2. I had performed a bilateral MBB on 01/19/11. and Rt RFL on 3/24/11 had 85 % relief
3. New onset back pain goes down the leg 2 weeks ago.
4. chronic Lt knee pain with torn cartilage.
Pain Any pain at this time? Yes, chronic pain, Does your current medication impair your judgement, coordination or your ability to drive? No, Rate the pain you had before you began treatment (on a scale of 0-10): 9, Rate your pain since you began treatment (on a scale of 0-10): 7, Is the current treatment working? Yes, Current treatment includes: Medication(s), Are you experiencing any side effects from the medications prescribed by your Physician at UMR? Yes, Side effects include: Stomach upset ultram, Are you satisfied with the treatment? Yes.

ExaminationGeneral Exam:

General Appearance awake, alert and oriented, Communicates normally, able to transfer normally from sit to stand.
Musculoskeletal able stand on toes and heels, pelvis leveled.
tenderness in lumbar paraspinal muscles, facet joints. No tenderness on bilateral PSIS, greater trochanter or piriformis muscles.

Spine Range of Motion:

Lumbar ROM flexion is full and pain free, extension side bending and rotation full and pain free..

Strength:

hip flexion 5. hip abduction 5. hip adduction 5. hip extension 5.
knee flexion 5. knee extension 5. ankle dorsiflexion 5. ankle plantar flexion 5. ankle inversion 5. ankle eversion 5.

Reflexes:

Straight Leg Negative. Femoral Stretch Sign Negative. faber

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 06/20/2011

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Pt denies progressive weakness, no numbness, no tingling, or change in B/B habits, fever or weight loss.

test Left and Right Negative.

Range of Motion:

Left hip painfree. Right hip painfree.

Sensation:

light touch intact.

Neurological:

Neurological babinski- negative, no clonus, reflexes bilaterally is 2+ symmetrical.

Assessments

1. Pain, Back - 724.5 (Primary)
2. Myofascial pain - 729.1
3. Pain, Knee - 719.46
4. Lumbar Facet Arthropathy - 721.3

Treatment

1. Pain, Back

Refill Ultram tablet, 50, 1 tab(s), orally, every 4 hours, 30 day(s), 120

Continue Ambien tablet, 2 tab(s), orally, once a day (at bedtime), 30

day(s), 60

Start Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day, 30 day(s), 90

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up

4 Weeks

Jmath

Electronically signed by Jyoti Math on 06/23/2011 at 04:12 PM EDT

Sign off status: Completed

Upstate Medical Rehabilitation
111 Doctors Drive

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Jyoti Math, MD 06/20/2011
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<http://ecw.ghs.org:8080/mobile/doc/jsp/catalog/xml/printChartOptions.jsp?encounterID=55...> 6/27/2011

Greenville, SC 29605
Tel: 864-797-7100
Fax: 864-241-9229

Patient: WALKER, KIMBERLY MCKINNE)

Progress Note: Jyoti Math, MD 06/20/2011

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UPSTATE MEDICAL REHABILITATION

111 Doctors Drive
Greenville, SC 29605
(864) 232-8417

David L. Shallcross, M.D. L. Ashley Mullinax, M.D. Robert E. LeBlond, M.D. Jyoti Math, M.D.

WALKER, KIMBERLY

038482

OUTPATIENT FOLLOWUP

02/07/11

DOB:

INTERIM HISTORY: Initial referral by Dr. Hodge for lumbar facet arthropathy, left greater trochanteric bursitis which resolved and axial back pain. I had performed a bilateral MMB on 01/19/11.

HPI: The patient returns today for F/U. She tells me that her felt a lot better than usual after the procedure. She could do the household chores better than what she was doing before. She has more than 50% pain relief but it lasted only for three or four hours and then the pain started coming back again. She denies any tingling, numbness or weakness going down the legs. No change in bowel or bladder habit. No fever or weight loss. Her pain level today is 8/10 in severity. She takes naproxen as needed prescribed by her primary care physician.

DIAGNOSTIC IMAGING STUDIES: Diagnostic images done 09/15/10 at Inversion revealed mild to moderate facet arthropathy at L5/S1 bilaterally.

PMH: Reviewed.

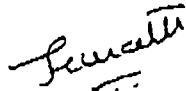
PSH: Reviewed.

MEDICATION ALLERGIES: Lortab and morphine.

PE: The patient is awake, alert and oriented. She is able to transfer independently. She is conversational and appropriate. Strength is 5/5. Her gait is normal. She has tenderness in the bilateral lumbar paraspinal muscles.

ASSESSMENT: 1. Lumbar facet arthropathy. 2. Axial back pain.

PLAN: 1. As she has responded very well to a medial branch block, we will schedule her for a lumbar rhizotomy. We will proceed with a right-sided injection first followed by an injection on the left. I have discussed the risks and benefits which include, but not limited to, infection, bleeding, allergy and a very rare chance of nerve damage. The patient verbalizes understanding it and wishes to proceed with the procedure. 2. For pain management, she will continue naproxen but she is aware that she needs to stop the naproxen five days prior to the procedure. F/U for the procedure.



Jyoti Math, MD

JM/cld

TR# 020711 UMR

UPSTATE MEDICAL REHABILITATION

111 Doctors Drive
Greenville, SC 29605
(864) 797-7100

David L. Shallcross, M.D. J. Reilly Keffer, DO Robert E. LeBlond, M.D. Jyoti Math, MD

WALKER, KIMBERLY

038482

OUTPATIENT FOLLOWUP 01/03/11

DOB:

INTERIM HISTORY: The patient is seen at the request of Philip Hodge, M.D. This is a Worker's Compensation case. She was injured at work and underwent two knee arthroscopies and cartilage transplant. During her extensive rehabilitation, she walked on crutches and developed back pain. My assessment was lumbar facet arthropathy and left greater trochanteric bursitis. She is S/P bursa injection. Today, she is here F/U. She continues to have low back pain and occasionally goes down both legs. Prolonged standing aggravates her back. Her pain level is 7/10 in severity. She has been taking Ultram 50 mg once a day which is not helping her much. MRI findings done on 09/15/10 at Inversion were reviewed and as per Dr. Hodge's notes, she has some mild to moderate facet arthropathy at L5/S1 bilaterally.

PMH: Reviewed.

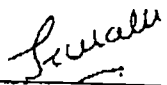
PSH: Reviewed.

MEDICATION ALLERGIES: Morphine and Lortab.

PE: She has diffuse tenderness in the lumbar paraspinal muscles. Strength in the bilateral lower extremities is 5/5. She is able to transfer independently from chair to bed. Sensation is intact to light touch. Lumbar ROM extension and side bending reproduces the pain and is limited. No tenderness over the greater trochanter.

ASSESSMENT: 1. Lumbar facet arthropathy. 2. Left greater trochanter bursitis which is resolved. 3. Axial back pain.

PLAN: 1. I think most of her pain is secondary to facet arthropathy. I discussed the option for intra-articular facet injection, medial branch block and rhizotomy. I have discussed the risks and benefits which include, but not limited to, infection, bleeding, allergy and a very rare chance of nerve damage. The patient verbalizes understanding it and wishes to proceed with the medial branch block. 2. I have prescribed her tramadol 50 mg q.6h. p.r.n. for pain. I have also refilled her Ambien CR 6.25 mg q.h.s. 3. F/U for medial branch block. 4. During my next visit, we will consider switching to Lortab because of her concomitant antidepressant use.



Jyoti Math, MD
JM/cld
TR# 010311 UMR

UPSTATE MEDICAL REHABILITATION

111 Doctors Drive
Greenville, SC 29605
(864) 797-7100

David L. Shallcross, M.D. J. Reilly Keffer, DO Robert E. LeBlond, M.D. Jyoti Math, MD

WALKER, KIMBERLY

038482

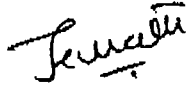
PROCEDURE NOTE

11/22/10

DOB:

PROCEDURE: Left greater trochanter bursa injection.

PROCEDURE NOTE: After discussing risks and benefits which includes but not limited to infection, bleeding, allergy, and very rare chance of nerve damage, the patient was placed in a right lateral position. The skin of the left greater trochanter is prepped with Betadine-Iodine three times. The injectate used is 6 cc of 1% lidocaine and 1 ml of 40 mg per ml Kenalog. A 22 gauge 3.5 inch spinal needle was used to inject the injectate into the left greater trochanter bursa. The patient tolerated the procedure well and there was no evidence of procedural complications. The patient was able to ambulate upon discharge to home.



Jyoti Math, MD

JM/trat

TR# 112210 UMR



UPSTATE MEDICAL REHABILITATION

111 Doctors Drive
Greenville, SC 29605
(864) 797-7100

David L. Shallcross, M.D. J. Reilly Keffer, DO Robert E. LeBlond, M.D. Jyoti Math, MD

WALKER, KIMBERLY

038482

OUTPATIENT FOLLOWUP 10/28/10

DOB:

CC: The patient is seen at the request of Dr. Hodge for evaluation of lower back pain and pain management.

HPI: The patient is a 42-year-old female who came in with chief complaint of low back pain. She sustained a knee injury while at work and she underwent two knee arthroscopies and cartilage transplant. The injury was in February of 2009. Following that, she had extensive rehab and she was walking on crutches for almost 11 weeks. During that period of time, she developed back pain. The pain is mainly in the lower back and radiates down to the left leg and around the posterior aspect of the left thigh, in the back of the thigh, back of the leg and her whole left foot goes numb. Standing and washing dishes makes her pain worse. She is also in pain while sitting but standing is worse than sitting. She also has tingling. Her left knee is unstable and that is why she feels weak but no change in bowel or bladder habit. No fever or weight loss. The pain is 7/10 in severity. With the medication, it goes down to 6/10. She is taking Ultram 50 mg. She takes this only in the evening because she gets drowsy in the daytime because of the side effect. In the morning, she takes Tylenol and Aleve.

DIAGNOSTIC IMAGING: An MRI of the lumbar spine was done on 09/15/10 at inversion. I do not have any films or report to review but, as per Dr. Hodge's note, this showed mild to moderate facet arthropathy at L5/S1 bilaterally.

ROS: Significant for weight gain, fatigue, sinus infection, thyroid disease, swelling of the leg, depression and anxiety.

PMH: Significant for hyperthyroidism. She is not pregnant at this point.

PSH: Significant for gallbladder surgery, left knee arthroscopy and cartilage transplant, hysterectomy, C-sections, left hand reconstruction and breast reduction.

ALLERGIES: Morphine and Lortab (makes her sick).

MEDICATIONS: Wellbutrin XL 300 mg, Ambien, Ultram 50 mg only one tablet, Aleve and Tylenol.

SH: She is divorced. She completed graduate school. She does not use drugs, alcohol or tobacco. She cannot walk long distance because of pain.

FH: Significant for high blood pressure and heart disease in her grandparents.

WORK STATUS: She is currently working.

PE: Vital signs: Blood pressure is 124/84. Pulse ox is 97. Pulse is 78. She is awake, alert, oriented and a very pleasant lady. **RS:** Breathing comfortably. **CVS:** Peripheral pulses are palpable and in regular rhythm. Abdomen is soft and nontender. **Extremities:** No cyanosis, clubbing or edema.

MUSCULOSKELETAL AND NEUROLOGIC: She walks with a slight antalgic gait. On examination, there is no swelling or edema. On palpation, she has tenderness in the lower lumbar paraspinal areas as well as the left posterior superior iliac spine and left greater trochanter. No tenderness over the bilateral piriformis muscle. Strength in the bilateral lower extremities is 5/5 in myotomal distribution in hip flexors, knee extensors, knee flexors, ankle dorsiflexion, ankle plantarflexion and extensor hallucis longus.

TR# 102810 UMR

206/12
[Signature]

Lumbar ROM: Lumbar extension is limited to 10-15 degrees and produces severe pain. Sensation is diminished on the lateral aspect of the foot and lateral aspect of the left thigh, otherwise, normal to light touch in a dermatomal distribution. Reflexes are absent at the left knee and 1+ otherwise at the right knee and bilateral ankle. Straight leg test is negative. FABER test is negative. Hip ROM is full and pain-free.

IMP: 1. Lumbar facet arthropathy. 2. Left greater trochanteric bursitis.

PLAN: 1. I spent time in discussing the possible etiology, diagnosis and treatment options. I think most of her pain is multifactorial in origin as above. I have scheduled her for physical therapy for flexion via lumbar stabilization and core strengthening for lumbar ROM, facet mobilization, ultrasound and a home exercise program. 2. I have also scheduled her for a left greater trochanter bursa steroid injection. 3. She is at risk for serotonin syndrome as well as convulsions with the combination of Wellbutrin and Ultram but she is taking Ultram hardly one tablet and she has been tolerating it very well. During my next visit, we will try to switch it to Lortab. 4. She is not sleeping well so I had changed the Ambien to Ambien CS 6.25 mg one tablet every night. 5. F/U for greater trochanter bursa injection. If she does not get better with this injection, we will discuss a facet injections or a medial branch block. 6. I have also given her a work restriction with modified work of no lifting or pulling or pushing more than 20 lbs.

Jyoti Math

Jyoti Math, MD

JM/cld

TR# 102810 UMR

207
[Redacted]

NORTH HILLS MEDICAL CENTER
800 Pelham Road, Greenville, S.C. 29615
Ph No: 864-234-5800
Medical Report

Name: Kimberly Walker
Dob:
Date: 09/26/13
Dr: Dana Plasecki

MRI left knee:

Indication: Work injury in 2009, with subsequent knee surgery, and continued pain.

Technique: Multiplanar multisequence images are obtained through the left knee without contrast.

Findings:

There is no medial or lateral meniscal tear. The anterior cruciate and posterior cruciate ligaments are intact. The medial collateral and fibular collateral ligaments are intact. Quadriceps and patellar tendons are intact.

There is susceptibility artifact related to screws in the proximal tibia. There is no evidence of an acute fracture. No dislocation is seen. There is mild chondral thinning, fraying, and intrasubstance signal involving the medial femoral condyle and the lateral tibial plateau. Mild subchondral edema is seen within the medial femoral condyle.

There is no significant knee joint effusion. There is no evidence of a Baker's cyst.

Impression:

Mild degenerative changes. Orthopedic hardware within the proximal tibia.

Bela Bhatia
Bela Bhatia, MD

DAMERON SERVICES, LLC
130 Longview Drive
Anderson, SC 29621

Robert A. Dameron, Jr., M.D.
864-225-4610

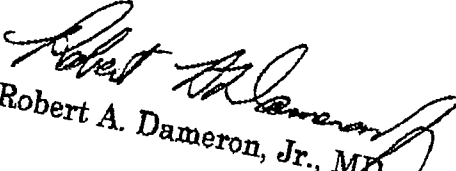
Martin and Martin, P.A.
Attorneys at Law
P.O. Box 8220
Greenville, SC 29604

Dear Mr. Martin:

Your client Kimberly Walker was examined by me for an Independent medical evaluation on 10/31/2012. It is my opinion within a reasonable degree of medical certainty that she has an 8% impairment to the spine, a 40% impairment to her left lower extremity and a 7% impairment to her right lower extremity as the result of her injury of 2/19/2009. Her psychological issues can be addressed by Dr. Tollison. A complete report of the IME will be forwarded when it has been transcribed.

Thank you for asking me to see Ms. Walker and I am sorry for the delay in sending her report.

Sincerely,


Robert A. Dameron, Jr., MD

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Robert A. Dameron, Jr. M.D.
Board Certified in Orthopedic Surgery

130 Longview Drive
Anderson, South Carolina 29621
Phone 864-225-4610

PATIENT'S NAME: Kimberly Walker

PATIENT'S ADDRESS:

DOB: -----

DOI: 02/19/2009

DOE: 10/31/2012

Purpose of Examination

Ms. Kimberly Walker is seen in the office on 10/31/12 for independent medical evaluation to evaluate her left lower extremity and back for an opinion as to the extent of permanent impairment she may have sustained as the result of her injury of 2/19/09 and for an opinion as to the need for further medical care.

Description of Injury

Ms. Walker hit her left knee against a desk and twisted her left knee on 2/19/09.

Past Medical History

1) no previous injury except for tendonitis in the left knee in 2007, 2) no serious medical problems.

Medical Records Reviewed

Ms. Walker's medical records from Doctor's Care, Diagnostic Health, Dr. John Vann, St. Francis Downtown, Dr. Christopher Van Pelt, Dr. Philip J. Hodge, Upstate Medical Rehabilitation, Dr. Brian Burnikel, Dr. David Tollison, Dr. Daniel Cordas, Exigent Wade Hampton, OrthoCarolina/Dr. Dana Piasecki, Riverside Family Practice, Sports Spine and Industrial Physical Therapy, Serenity Rehab and Wellness Center, and Joyce Thompson NP were reviewed in conjunction with this report.

Course of Medical Treatment

On 2/21/09 Ms. Walker was seen initially at Doctor's Care following her left knee injury. The records at that time state that she had two episodes of seemingly minor trauma including 1) banging the knee on a desk, 2) twisted the knee, and 3) (Continued)

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PATIENT'S NAME: Kimberly Walker
PATIENT'S ADDRESS:

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crouched for a baseball practice. According to Ms. Walker today her knee injury was hitting the knee against the desk and twisting the left knee on 2/21/09. She was then followed by her family physician Dr. Faile at Riverside Family Practice who ordered an MRI of the left knee which was done on 3/05/09. That study revealed a moderate joint effusion and an 9 x 7 mm articular cartilage flap on the medial femoral condyle. She was seen for evaluation by Dr. John Vann on 3/16/09. It was his impression that she had a chondral lesion of the left knee and he advised surgery. The first surgery was done on 4/20/09. Findings consisted of a grade 3 chondral lesion of the medial femoral condyle. The procedure included arthroscopy with microfracture of the medial femoral condyle and chondroplasty. There is a mistake in the operative note of that date stating that it was the right knee where as it was the left knee that underwent surgery.

On 5/11/09 Ms. Walker was using crutches and slipped in water at a restaurant and x-ray examination of the left knee by Dr. Vann was reported as normal.

After the follow-up visits and continuing symptoms of pain in the left knee Dr. Vann recommended administration of hyaluronic acid and Ms. Walker underwent three injection of Euflexxa between 7/28/09 and 8/11/09. Ms. Walker states that injections actually made the knee worse and a second surgical procedure was advised and on 10/30/09 she underwent a second operative procedure by Dr. Vann. The findings consisted of a full thickness chondral lesion of the left medial femoral condyle. The procedure included arthroscopy of the left knee with chondroplasty and an arthrotomy with placement of allograft juvenile cartilage cells into the defect of the left medial femoral condyle. She continued under the care of Dr. Vann and continued to have pain in the left knee and was scheduled for a third operative procedure which was done on 8/09/10. The findings at that time revealed a grade 2 chondromalacia of the femoral sulcus with healing of the grafting of the left medial femoral condyle. The procedure included arthroscopy with chondroplasty of the patellofemoral joint on the left side.

Prior to the third operative procedure Ms. Walker was having problems with pain in her low back radiating into her low extremities and she was seen by Dr. Christopher Van Pelt on 8/28/09. It was his impression that the pain was related to the use of crutches and he advised that she could possible benefit from L5-S1 facet injections. On 9/15/09 an MRI of the lumbar spine revealed bilateral L5-S1 facet

(Continued)

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PATIENT'S NAME: Kimberly Walker
PATIENT'S ADDRESS:

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arthropathy and no disc protrusion or spinal stenosis was demonstrated.

On 10/14/10 Ms. Walker was seen by Dr. Philip J. Hodge for evaluation of the low back pain radiating into the lower extremities and it was his impression that she had facet arthropathy and he referred her to pain management.

Ms. Walker was seen by Dr. Jyoti Math on 10/28/10. It was his impression that she had lumbar facet arthropathy and left greater trochanteric bursitis. On 11/22/10 an injection was administered to the left greater trochanter for trochanteric bursitis. Ms. Walker continued to be followed by Dr. Math and underwent bilateral medial branch block on 1/19/11 and then underwent right lumbar facet radiofrequency lesioning of L3 medial branch, L4 medial branch, and L5 dorsal ramus on 3/24/11. She continued under his care until 8/18/11 for back pain and coccyxdenia and trochanteric bursitis.

Ms. Walker was seen for a second opinion by Dr. Daniel Cordas on 7/06/10. His impressions were 1) left knee failed allograft cartilage transplant, 2) possible meniscus tear of the right knee secondary to overload. X-ray exam at his office revealed slight narrowing of the medial compartment of the left knee. Dr. Cordas requested consultation from Dr. Brian Burnikel regarding the feasibility of unicompartmental knee replacement. He also recommended bilateral MRI studies for the knee.

Ms. Walker was seen for evaluation by Dr. Burnikel on 1/20/11 for evaluation regarding possible hemiarthroplasty of the left knee but the notes that are available for review do not outline his recommendations at that time.

Ms. Walker was involved in a motor vehicle accident on 3/18/11 and was seen for evaluation at Exigent Wade Hampton on 3/19/11. The findings at that time were 1) cervical strain, 2) chest wall contusion, and 3) contusion right elbow and right wrist. Ms. Walker states that she did not have any aggravation of the problems with the knees or back at that time and that she recovered completely from the injuries sustained in that motor vehicle accident.

On 6/23/11 Ms. Walker was evaluated by Dr. David Tollison. She underwent an independent medical evaluation regarding her psychological status and it was his

(Continued)

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PATIENT'S NAME: Kimberly Walker
PATIENT'S ADDRESS:
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impression that she did have some psychological impairment related to her injury of 2/19/09.

On 8/30/11 Ms. Walker began under the care of Dr. Dana Piaseki at OrthoCarolina. On the initial visit he noted that she had had three previous surgeries to the left knee but was continuing to be symptomatic from the femoral condyle defect and that she had mild varus malalignment.

On 9/26/11 Ms. Walker underwent surgery by Dr. Piaseki which included 1) left knee arthroscopy and chondroplasty of the medial femoral condyle, 2) medial plica resection and synovectomy, and 3) autologous chondrocyte implantation biopsy. She continued under his care with follow-up visits and was continuing to have symptoms of pain in the left knee and underwent a second operative procedure by Dr. Piaseki on 12/12/11 which included 1) left knee open autologous chondrocyte implantation of the medial femoral condyle, 2) high tibial osteotomy, 3) iliac crest autograft. She was discharged from the hospital on 12/15/11 and continued follow-up visits and continued to have symptoms and on 6/15/12 she underwent an third operative procedure by Dr. Piaseki which included 1) left knee arthroscopy with chondroplasty, 2) removal of hardware and 3) bone grafting of the proximal medial tibia. On 8/14/12 on one of her follow-up visits she underwent an injection in the left knee. On 9/18/12 she was last seen for follow-up care by Dr. Piaseki and that note is not available for review and she has an appointment to see him for follow-up care again in November of 2012.

On 10/25/12 Ms. Walker underwent a functional capacity exam which placed her in the below sedentary class of functional capacity.

Current Condition

Ms. Walker continues to have pain in her low back and both knees. She uses one crutch for walking on uneven surfaces and for distances. She continues under the care of Dr. Piaseki for knee pain. The low back pain is aggravated by prolonged sitting, standing or walking.

Physical Examination

On examination today Ms. Walker is alert and cooperative. She is moderately obese. She is walking without the assistance of a cane or crutch in the office but

(Continued)

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PATIENT'S NAME: Kimberly Walker

PATIENT'S ADDRESS:

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states that she does use a crutch in the right hand from time to time and she keeps that in her automobile so that she is able to ambulate on uneven surfaces. On examination of the back she complains of some moderate tenderness of the lumbar sacral junction. She appears to have a normal range of motion in the lumbar spine in flexion, extension, and lateral bending to each side. There is some tenderness in the left sciatic notch and also there is rather exquisite tenderness over the left greater trochanteric bursa. On examination of the lower extremity. She has 20 degrees valgus alignment in the right knee and 15 degrees valgus in the left knee. The right calf measures 45.5 cm in circumference and the left calf measures 46.5 cm in circumference. The right thigh measures 59 cm compared to 63 in the left which in my opinion represents swelling of the left thigh and left calf.

Further examination of the right knee reveals moderate tenderness under the medial patellofacet and no evidence of instability in the right knee. On examination of the left knee in addition to the swelling she has a 12 cm long scar along the medial aspect of the left knee in addition to her arthroscopy wounds. All wounds appear well healed. There is no evidence of ligamentous instability in the left knee. She has moderate tenderness under the patella both medially and centrally. Straight leg raising on the left side causes moderate discomfort in the low back at 80 degrees and also she complains of some pain in the left greater trochanteric bursa on motions of the left lower extremity.

Determination of Permanent Impairment

Using the 5th Edition of the AMA Guides for the Determination of Permanent Impairment and using table 15-3 on page 284 Ms. Walker has an 8% impairment of the spine related to a DRE lumbar category II status.

Using table 17-31 on page 544 there is a 7% impairment to the right lower extremity related to the arthritis of the right knee.

Using table 17-31 there is a 25% impairment to the left lower extremity related to arthritis of the left knee and an additional 15% impairment related to the patellofemoral arthritis in the left knee for a total of 40% impairment to the left lower extremity.

Summary

It is my opinion within a reasonable degree of medical certainty that Ms. Kim Walker sustained a injury to her left knee on 2/19/09. As a result of that injury she
(Continued)

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PATIENT'S NAME: Kimberly Walker
PATIENT'S ADDRESS:)
Page 6

has undergone six operative procedures on the left knee. She continues to have inflammatory reaction in the left lower extremity with measureable swelling in the thigh and calf. She continues to have symptoms of low back pain and right knee pain from the overload to these areas to walking with crutches and favoring the left lower extremity. It is my opinion that she has an 8% impairment to the spine and a 40% impairment to the left lower extremity and a 7% impairment to the right lower extremity. Any impairment related to her psychological issues which have resulted from her injury should be determined by Dr. Tollison. It is also my opinion that Ms. Walker will require ongoing treatment by Dr. Piaseki and in the future her condition may require total knee replacement on the left side.

RAD:cc


Robert A. Dameron Jr., MD.

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Serenity Rehab &
Wellness Center, LLC

**SERENITY REHAB
AND
WELLNESS CENTER**

**Company: Martin & Martin Attorneys, P.A.
Patient: Kimberly M. Walker**

Evaluator: TrVera L Williams, MSPT, CSFA, CEAS

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Serenity Rehab &
Wellness Center, LLC

**Consent Form for FCE
(Functional Capacity Evaluation)**

Serenity Rehab and Wellness Center

I Kimberly M. Walker give Serenity Rehab and
Wellness Center permission to evaluate me based on recommendations given in order
using Functional Capacity evaluation protocol. I am aware that I am to give 100% effort
throughout testing procedure to the best of my ability.

Signature: Kimberly Walker Date: 10/25/12



Serenity Rehab &
Wellness Center, LLC

RISKS AND CONTRAINDICATIONS AWARENESS FOR FCE (FUNCTIONAL CAPACITY EVALUATION) TESTING

SERENITY REHAB AND WELLNESS CENTER
3795 East North Street, Suite 14
Greenville, SC 29615

If at any point and time, you do not understand my instructions, please let me know, so that I may clarify.

In order to give this test I must ensure that you are medically stable.

Has your doctor ever stated that you were medically unstable?

Yes ☐ No ☒

Have you had any recent surgeries where you have any area that is unhealed?

Yes ☐ No ☒

Has your doctor ever said that you have heart trouble?

Yes ☐ No ☒

Do you frequently have pains in your heart/chest? *heaviness*

☒ Yes ☐ No

Do you often feel faint or have spells of dizziness? *dizziness*

☒ Yes ☐ No

Has a doctor ever said your blood pressure was too high?

☒ Yes ☐ No

If yes, are you on blood pressure medication?

Yes ☐ No ☒

If your blood pressure is above 150/100, we will cease the test and monitor until it decreases. If there is no change, the test will be ceased and your doctor will be notified before completing the evaluation.

Is there a physical reason not mentioned why you should complete any physical task that is required?

Yes ☐ No ☒

If at any point you begin to feel light-headed or demonstrate exacerbation of pain or any unusual symptoms, please let me know.

Kimberly Walker
Name

10/25/12
Date

[Signature]
Therapist

10/25/12
Date

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Wellness Center, LLC

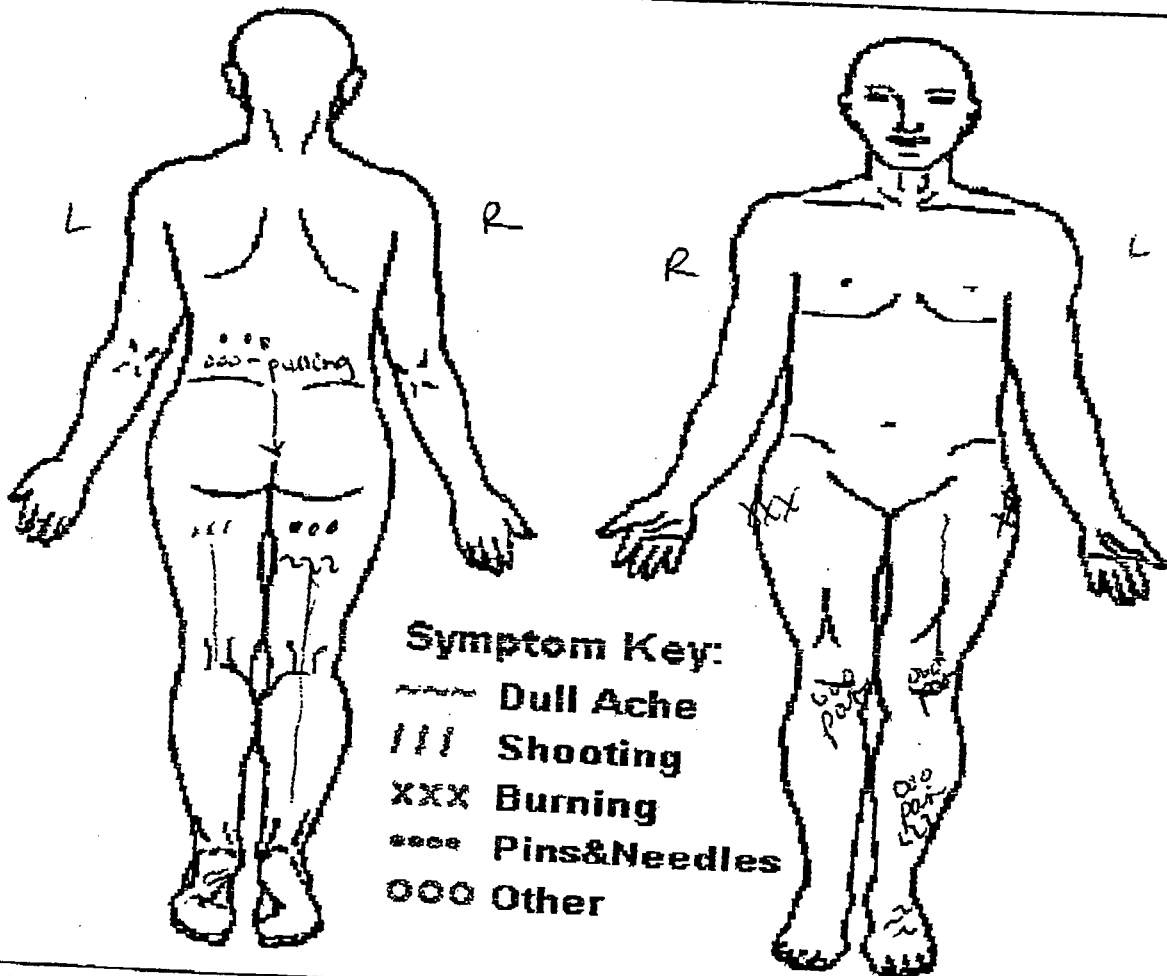
Pain Drawing

Clinic Name: Serenity Rehab and Wellness Center

Claimant Name: Kimberly Walker

ID#: _____

Please describe your current symptoms by marking on the drawing below, using symbols shown in the "Symptom Key", to indicate specific types of sensation.



The above chart, and the copy shown to me on the computer, are an accurate description of my current symptoms.

Kimberly Walker
Claimant Signature

10/25/12
Date

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Serenity Rehab &
Wellness Center, LLC

Patient:	Kimberly M. Walker	SS#	
Date of Birth:		Sex:	female
Employer:	Not working	Referral Source:	Martin & Martin Attorneys, P.A
Attending Physician:	Dr. Jyoti Math & Dr. Dana Piasecki	Date of Injury:	2/19/2009
Date of Report:	10/18/12	Insurer:	N/A
Diagnosis(es)	724.5, 729.1, 719.46, 721.3, 726.5, 722.52	Case#	0901375

PURPOSE OF EVALUATION

- ☐ Comprehensive Functional Evaluation ☒ Occupational/Work Capacity
☐ Address Specific Referral Questions ☐ Other _____

Vital Signs			
Height:	5'4	Weight:	230
H.R. (Rest)	81	B.P (Rest)	130/93

PAST MEDICAL HISTORY:

The evaluatee history includes hyperthyroidism, cervical strain due to MVA in March 2011, depression, C-section in '92 and '95. She has had a total hysterectomy, gallbladder surgery, left hand reconstruction, and breast reduction.

PREVIOUS WORK RELATED INJURIES

None noted

PRESENT CONDITION/PHYSICAL PROBLEMS

The evaluatee was sitting in a chair at work and when she twisted to get up, she struck her knee against the corner of the desk. She had surgery April 20th 2009 that involved a simple debridement and microfracture. In October 2009, she had a revision cartilage procedure. The evaluatee per medical records ambulated with crutches for approximately 11 months which triggered low back pain. She did have an MRI of the lumbar spine which revealed mild to moderate facet arthropathy at L5-S1 bilaterally and L greater trochanteric bursitis. Due to lumbar pain, she had bilateral lumbar L3-5 medial branch block, R lumbar facet radiofrequency lesioning of L3 branch-L4 medial branch, and L5 Dorsal Ramus.

MEDICAL/SURGICAL/THERAPEUTIC INTERVENTIONS

Surgery	Yes left knee
Chiropractic/Physical/Occupational Therapy Treatment	Physical therapy
Other	Hyaluronic injection left knee.

CURRENT FUNCTIONAL LIMITATIONS

Work	LDOW: September 23, 2011
Activities of Daily Living	Receives assistance from family
Leisure Interests	Unable to perform other than YMCA water class 2-3 times per week

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Wellness Center, LLC

Walker, Kimberly M.

MEDICATIONS

Aleve	Tylenol PM
Ambien	
Flexeril	
Celexa	
Zyzal	

SUBJECTIVE DATA

Pain level - Low back pain

(low) 0 1 2 3 4 5 6 7 8 9 10 (high)

Pain level - Left knee pain

(low) 0 1 2 3 4 5 6 7 8 9 10 (high)

NEUROMUSCULOSKELETAL TESTS

Right			Left		
AROM			AROM		
BODY PART					
Cervical		SPINE		Lumbar	
50		Flexion		80	
30		Extension		15	
80		Rotation L		35	
80		Rotation R		40	
40		Lateral flexion L		30	
40		Lateral flexion R		40	



Walker, Kimberly M.

NEUROMUSCULOSKELETAL TESTS

Right			Left		
AROM		MMT	AROM		MMT
BODY PART					
		ELBOW			
145	5/5	Flexion	150	5/5	
0	5/5	Extension	0	5/5	
		WRIST			
75	5/5	Flexion	75	5/5	
75	5/5	Extension	80	5/5	
85	5/5	Supination	90	5/5	
90	5/5	Pronation	90	5/5	
30	5/5	Ulnar Deviation	30	5/5	
20	5/5	Radial Deviation	20	5/5	
		SHOULDER			
170	5/5	Flexion	175	5/5	
55	5/5	Extension	50	5/5	
175	5/5	Abduction	175	5/5	
90	5/5	Int. Rotation	70	5/5	
70	5/5	Ext. Rotation	90	5/5	
		HIP			
100	4/5	Flexion	95	4/5	
30	5/5	Extension	25	4+/5	
35	4/5	Int. Rotation	18	3+/5	
25	4/5	Ext. Rotation	22	3+/5	
40	4+/5	Abduction	30	4+/5	
30	4/5	Adduction	30	4/5	
		KNEE			
115	4/5	Flexion	100	3+/5	
0	4/5	Extension	0	3+/5	
		ANKLE			
10	4+/5	Dorsiflexion	10	4+/5	
60	4+/5	Plantarflexion	50	4+/5	
25	4+/5	Inversion	25	4/5	
15	4+/5	Eversion	20	4/5	

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Serenity Rehab & Wellness Center, LLC

Walker, Kimberly M.

BASELINE FUNCTIONAL TESTS - Table I

IS = (Percent of Industrial Standard) – Evaluatee's demonstrated ability as a percent of the Industrial Standard, where 100% and up indicates performance at or above the Standard, while below 100% indicates performance below the standard.

	Trial 1	Trial 2	Trial 3	Distance	C.V.	%IS
Carry	10 lb	10 lb	10 lb	12 feet	Incomplete	N/A
Carry	20 lb	20 lb	20 lb	12 feet	Incomplete	N/A
Carry	50 lb	50 lb	50 lb	12 feet	Incomplete	N/A
Push Cart	40 lb	40 lb	40 lb	8 feet	Incomplete	N/A
Pull Cart	40 lb	40 lb	40 lb	8 feet	Incomplete	N/A
Push Cart	100 lb	100 lb	100 lb	8 feet	Incomplete	N/A
Pull Cart	100 lb	100 lb	100 lb	8 feet	Incomplete	N/A

- Table II

Functional Activity	Tested Ability Constant (67-100%)	Tested Ability Frequent (34-66%)	Tested Ability Occasional (1-33%)	Deficit
Standing			Occasional	
Walking			Occasional	
Sitting			Occasional	
Stooping				Never
Stairs			Occasional	
Kneeling				Never
Crouching				Never
Reaching Immediate	Constant B UEs			
Reaching Overhead	Constant B UEs			
Floor to Knuckle				Never
Knuckle to Shoulder	Negligible	Negligible	1-10 lbs	Sedentary
Shoulder to Above				Never
Floor to Shoulder	Negligible	Negligible	1-10 lbs	Sedentary
Balance				Never
Push/Pull	Negligible	Negligible	1-10 lbs	Sedentary

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Serenity Rehab & Wellness Center, LLC

Walker, Kimberly M.

Physical Demand Characteristics of Work (Dictionary of Occupational Titles- Volume II, Fourth Edition, Revised 1991)

Physical Demand Level	Occasional 0-33% of the workday	Frequent 34-66% of the workday	Constant 67-100% of the workday
Sedentary	1-10 lbs	Negligible	Negligible
Light	11-20 lbs	1-10 lbs	Negligible
Medium	21-50 lbs	11-25 lbs	1-10 lbs
Heavy	51-100 lbs	26-50 lbs	11-20 lbs
Very Heavy	Over 100 lbs	Over 50 lbs	Over 20 lbs

Reliability and Consistency of Effort

Evaluee demonstrated 15 of 20 consistency measures recorded as reliable except for the following in the table III below:

- Table III

Test	Result	Expected	Measure	Reliable
Rapid Exchange-Left	59.1	<51.6	REG	No
Rapid Exchange-Right	69.1	<61.7	REG	No
Reach Immediate R	12.9	<=10%	CV	No
Reach Overhead R	10.1	<=10%	CV	No
Climb stairs	21.8	<=10%	CV	No

- Table IV

Activity	Trial	Weight	Reps	% IS	CV %
Stoop	3	1 lb	6	Incomplete	N/A
Kneel	3	1 lb	6	Incomplete	N/A
Squat	3	1 lb	6	Incomplete	N/A
Climb Stairs	3	N/A	3	Incomplete	N/A

- Table V

Activity	Body Side	Trials	Reps	Position	% IS	CV %
Reach Immediate	Right	3	6	Seated	167.3	12.8
Reach Immediate	Left	3	6	Seated	153.4	N/A
Reach Overhead	Right	3	6	Seated	131.5	10.1
Reach Overhead	Left	3	6	Seated	153.4	N/A

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Serenity Rehab &
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Walker, Kimberly M.

- Table VI

Purdue Pegboard

Task Name	Total Parts	Percentile	50 th Percentile Score Comparison
Right Hand	13	1	17.6
Left Hand	12	1	16.3
Both Hands	11	5	13.9
Assembly	21	1	38
Right Plus Left Plus Both	36	1	48.8

This test is designed to measure an individual's dexterity including gross movement of hands, fingers, and arms.

- Table VII

Grip Strength Report

Task Name	Left	Right-Dominant	Weaker Hand
Position 1-MMVE	30	50	-40%
Standard	51.6	61.7	-16%
Position 3-MMVE	45	65.1	-31%
Position 4-MMVE	45	50	-10%
Position 5-MMVE	40	45	-11%
Rapid Exchange	59.1	69.1	-14%

This table compares grip strengths for R side V L side of body and reports the percent difference in strength for the weaker hand compared to the stronger hand.

-Table VIII

Rapid Exchange

Task Name	Standard Position (Avg Force)	Rapid Exchange (Avg. Force)	% Change	+ Reg (Rapid Exchange Test)
Rapid Exchange - Left	51.6 lb	59.1 lb	15%	Yes
Rapid Exchange - Right	61.7 lb	69.1 lb	12.4%	Yes

This table contains information that demonstrates the reliability of effort in the standard grip test. If REG strength exceeds standard grip strength it denotes probable unreliable or sub maximal effort in the standard test, which is indicated here when comparing columns 2 and 3.



Serenity Rehab &
Wellness Center, LLC

Walker, Kimberly M.

- Table IX

Pinch Strength

Task Name	Avg. Force	CV %	Population Norm	Standard Deviation	Comp. to Norm
Key- Left	13.7 lb	3.4	15.8 lb	+/-3.1	Normal
Key- Right	17 lb	8.3	16.7 lb	+/-3.1	Normal
Tip- Left	7.7 lb	12.3	11.1 lb	+/-3.0	Low
Tip- Right	9.3 lb	5.1	11.5 lb	+/-2.7	Normal
Palmar- Left	10.3 lb	4.6	16.6 lb	+/-3.5	Low
Palmar- Right	12 lb	0.0	17.0 lb	+/-3.1	Low

This table compares the pinch strength testing to the norm and whether it is low or high.

- Table X

Pinch Strength Left vs. Right Hand

Task Name	Left	Right (Dominant)	Weaker Hand
Key	13.7	17	-19%
Tip	7.7	9.3	-17%
Palmar	10.3	12	-14%

This table reports the percent difference in strength for the weaker hand compared to the stronger hand.

-Table XI

Safe Lift Calculation

Lift Sequence	Occasional Safe Lift (Measured)	Maximal Safe Lift	Frequent Safe Lift
Floor to Knuckle	0	N/A	N/A
Knuckle to Shoulder	10	12	7.2
Shoulder Overhead	0	N/A	N/A
Floor to Shoulder	10	12	7.2

- Table XII

Treadmill Test

The evaluatee was unable to complete test due to only able to ambulate at .5 mph.



Summary

The purpose of the functional capacity evaluation was to assess the evaluatee overall functional mobility. It was discussed with the evaluatee that her blood pressure would be taken and pulse would be continuously monitored. The results of this evaluation suggest that the evaluatee gave a reliable effort, with 15 of 20 consistency measures within expected limits.

Sitting, standing and walking are all noted as occasional (0-2.6 hours/day). She attempted the balance task, but was unable to complete due to left knee. Sitting was performed but the evaluatee had to perform intermittent weight shifting during seated tasks. Walking was performed with antalgic gait pattern with decreased weight bearing on left lower extremity. No assistive device was used during the test. There were several occasions when the evaluatee had to either shift from sitting to standing during a task or shift from standing to sitting.

Activities requiring the evaluatee to stoop, squat/crouch, and kneel were attempted, but she was unable to perform. With stooping there was difficulty with lumbar pain and limited mobility (range of motion). She was able to perform 4/6 reps for 1st trial with stooping, but unable to continue. Squatting/crouching along with kneeling was attempted, but she was unable to assume due to knee and low back.

The evaluatee attempted carrying of 10 lb box, but after taking 2 steps, the box had to be taken away because of the evaluatee almost dropping it. This task would be rated as below Sedentary. Pushing and pulling is noted as Sedentary also. She was only able to complete 1/3 reps for pushing and pulling of sled. During this task, the evaluatee paused 4 times within an 8 feet distance with pushing and 2 times within 8 feet distance with pulling.

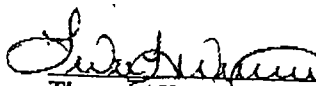
Activities requiring lifting at the lift station were performed overall on a sedentary strength level for lifting from knuckle to shoulder and floor to shoulder. Attempts were made, but she was unable to complete the task for lifting from shoulder to overhead and floor to knuckle.

With activities requiring reaching, she performed constantly for bilateral upper extremities both with reaching overhead and immediate. In reference to the evaluatee's grip strength, using Position 2 as the standard, she demonstrated normal strength. Her pinch grip strength was noted as normal for key position bilaterally and for tip position right hand. Tip position on left hand and palmar position bilaterally was rated as below normal. There was unreliable effort given on the rapid exchange testing for bilateral upper extremities based on the results of the rapid exchange values being higher than the standard testing position. The normative data for the Purdue pegboard test indicates that she ranked in the low 1% class for unilateral right and left hand and the assembly process. The bilateral fine motor task was ranked in 5% class.

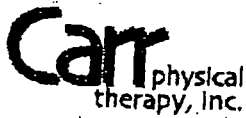
Stair manipulation of 3 steps was performed occasionally with step to gait pattern and use of bilateral handrails. The treadmill test requires that one ambulate x4 minutes on level surface, 4 minutes elevation, and 4 minutes level at 2.0-4.0 mph. The evaluatee could not complete the test due to only able to ambulate at .5 mph.

Initially her low back pain was 8/10 which increased to 9.5/10 by the conclusion of the test. Her left knee pain was initially, 7/10 and this increased to 9 3/4/10 per patient. Limitations in lumbar and left lower extremity ROM were noted. Strength was decreased in bilateral lower extremities, but with more limitations in strength noted on left.

According to the FCE results the evaluatee is only capable of performing tasks Occasionally. To be classified as Sedentary, an individual must be able to perform a minimum of 6 hours per 8 hour day in sitting with the remaining 2 hours in standing. For standing job, an individual must be able to perform a minimum of 6 hours per 8 hour day in standing with the other 2 hours in sitting for Sedentary classification. The evaluatee according to this definition does not even meet the criteria for even Sedentary work. This means that her overall classification at this time is below Sedentary.


Therapist Name MSPT, CSFA, CEAS
4253

10/25/17
Date



10/2/18

DISC ~~_____~~ LARGE REPORT

Name: Kim Walker SS# Date: 10.11.12
 Diagnosis: (L) knee Physician: D. Piasecki

Subjective: Pain persists, ~~_____~~ may be medial, lateral, inf,
 (R) knee hurts from over ~~_____~~ / dependence on it.

Objective:

(L) knee flex (R) 120 ext ~~_____~~ (R); gait: antalgic 5 assist
 Assessment: MMT: g2 / HS ~~_____~~ ssly 4/5
 Benefit of P.T. = ex & ~~_____~~ ultrasound / TENS has plateau
 Plan: Kim is (F) = ag. ex and is seeking Home TENS u
 DIC to (F) ex.

Initial Goals:

Goals Met:

Initial Visit: 7.9.12

(F) gait

(Y/N)

Visits: 20

↓ pain = ADL's

(Y/N)

Missed Appts. 0

full MMT; recp'l steps

(Y/N)

Final Visit: 10.9.12

Work Status at Discharge: (light duty/full ~~_____~~ out-of-work/not applicable)

Thank you for referring this patient to Carr ~~_____~~ Physical Therapy.

Sincerely,

Sandy

Sandy Brooks Carr, PT

SCANNED



10/02/8981

PROGRESS REPORTName: Kim Walker SS# _____ Date: 9.27.12/10.2.12Diagnosis: Chronic Physician: D. PiaseckiKim has completed a series of 16 treatment sessions.COMPLIANCE: ✓ GOOD _____ AVG _____ POOR
PROGRESS: _____ GOOD ✓ AVG _____ POORCOMMENTS: tenderness & swelling ~~medial~~ prox lower leg (L),
Antalgic gait continues along c/o @ knee peroneus.
Emotionally stressed.

TREATMENT:

Ultrasound, Therex, TENS, CP

PROGRESS:

no loss in ROM, ambulating I'dly 5 or 6 steps pretty good. Somewhat

PLAN:

Going to pool 3x/wk
Cont x 1 - authorization then D/C to Dex

Thank you for referring this patient to Carr Physical Therapy.

Sincerely,

Sandy

Sandy Brooks Carr, PT

10.2.12

Addendum:

6 additional visits
have been auth'd220
11



~~10218981~~
10218981

PROGRESS REPORTName: Kim Walker SS# --- Date: 9.27.12Diagnosis: ② knee pn Physician: D. PiaseckiKim has completed a series of 16 treatment sessions.COMPLIANCE: ✓ GOOD --- AVG --- POOR
PROGRESS: --- GOOD ✓ AVG --- POORCOMMENTS: tenderness & swelling medial prox lower leg ②;
Antalgic gait continues along & c/o ② knee peroneus.
Emotionally stressed.

TREATMENT:

ultrasound, therex, TENS, CP

PROGRESS:

no loss in ROM, ambulating I'dly w/ crutch gaitly ↑; somewhat

PLAN:

Going to pool 3x/wk
Cort x 1 & authorization then D/C to ② ex

Thank you for referring this patient to Carr Physical Therapy.

Sincerely,

Sandy

Sandy Brooks Carr, PT

1021898,

PROGRESS REPORTName: Kimberly Walker SS# _____ Date: 8.23.12Diagnosis: OKneepn Physician: D. PiaseckiKim has completed a series of 10 treatment sessions.COMPLIANCE: ✓ GOOD AVG POOR
PROGRESS: GOOD ✓ AVG POORCOMMENTS: Cont. c/o pn; limited relief c. cortisone
inj. & dose pk. Cont. BP also - awaiting order to treatTREATMENT: ROM & strength ex - have backed off per m
Pulsed Phonophoresis today c. dex. gel.PROGRESS: mild → mod. edema lat. knee
Act flex 110°; ambulates c/s 1 crutch.PLAN: Cont modalities / therapy
Advised use of crutch c. prolonged WB activities.

Thank you for referring this patient to Carr Physical Therapy.

Sincerely,

Sandy Brooks Carr, PT



10218981

PROGRESS REPORT

Name: Kim Walker SS# _____ Date: 7.23.12
Diagnosis: slp @ knee & Physician: Dr. Piasecki (appt. 7.26)

Kim has completed a series of 6 treatment sessions.

COMPLIANCE: ✓ GOOD _____ AVG _____ POOR _____
PROGRESS: _____ GOOD _____ AVG _____ POOR _____

COMMENTS: Kim has reported gradually ↑'ing BP & post @
leg on which limits stag/walking tolerance;
she also reports "a lot of stiffness" in @ knee; she notes some
TREATMENT: closed chain ex, SLR 3x/leg (unable to ext. @
BP; @ ex; ice pk. relief in shin &
PROGRESS: flex: 112° ext: full plate removal.

PLAN: - flex: 112° ext: full
- Reliant on crutches out of home.

Cont. therapy per eval
Pl. to S/u @ m. D. ne: BP.

Thank you for referring this patient to Carr Physical Therapy.

Sincerely,

Sandy

Sandy Brooks Carr, PT



102/8981

INITIAL EVALUATION

Name: Kim Walker SS#: _____ Date: 7-9-12
 Diagnosis: slp hardware removal; chron. Referring Physician: D. Prasad
 Date of Injury/Onset: _____ Date of Surgery: 6-15-12
 Past Medical History: see list
 Medications: _____
 Psychological Intervention: _____
 Occupation/Activities: _____ Diagnostic Tests and Results: _____
 Work Status: OOO

SUBJECTIVE lot of stiffness, soreness; limit activity;
sat in pool 50%
walk a little in house & crutch;

OBJECTIVE

Pain Scale (0-10) Best: _____ Worst: _____ Now: 5
 Posture: P genu curvature Gait: RWBAT Appearance: (+) edema
 ROM (+) knee 1 crutch - slight
MMT limp
 flex 110°
 ext full
 AS > 4+/5
 hip > 4+/5
 ankle > 4+/5
 PALPATION
tender inferolateral
superolateral fibula

SENSATION

intact L.T.

DTR

SPECIAL TESTS

Today's Treatment: Eval; Theraex, pat. mob HEP: instructed ☒ written _____
NuStep

ASSESSMENT gait dysf. = ↓ WB & pm

- Short Term Goals 6 wks
1. ambulate 3 crutch
 2. reciprocal steps
 3. _____

- Long Term Goals
1. Power
 2. pm
 3. _____

PLAN: Theraex gait; (I) Pool BW as per f.T. instructions
 Frequency: BW Duration: 4-6 wks Rehab Potential: excellent/good/fair/poor
 Therapist: S. Braut SC License #: 2264 Date: 7-9-12

SCANNED

233

05/02/2012 14:53

Received by CorVel Corporation 5/2/2012, 11:48:14 AM Pacific Time, 2069, Page 2 of 2
864-232-4728

CARR PT INC

PAGE 02

DISCHARGE REPORTName: Kim Walker SS# _____ Date: 5.2.12Diagnosis: sp @ Act Physician: D. PaszekSubjective: Awaiting sched. for surgery; some t.pn.
M.D. DIC'd PT.Objective:
@ knee flex $\geq 115^\circ$; Partial WB $\bar{o}$ pnAssessment:
unable to progress WB status $\bar{o}$ $\uparrow$ pnPlan: DIC for removal of plate.

Initial Goals: _____ Goals Met: _____

ROM WNL's

FWB

Y/N

Y/N

Y/N

Initial Visit: 12.19.11# Visits: 31

Missed Appts. _____

Final Visit: 4.23.12Work Status at Discharge: (light duty/full duty/out-of-work/not applicable)

Thank you for referring this patient to Carr Physical Therapy.

Sincerely,

Sandy

Sandy Brooks Carr, PT

SCANNED



POA - 235
JUN 08 1910
BY

Care^{IQ} Program Progress Note

You may use your own progress note as long as it contains the same information below.

Patient / Claimant Information

Name: Kimberly Walker Date of birth: _____
 Employer: Sumbelt Human Adv. Resource
 # of visits completed 12 # of cancellations 1 # of no-shows 0
sick

Subjective

Subjective: some stiffness, carry, catches esp c Not paniment as precautioning.
On occas c plant / twist motion; really fedful of knee buckling.

Work status: 8 HR / sedentary per M.D. Pain index 2 / 10

Objective

ROM: flex 113 (116 - soft 15 sub block 2° pize); ext 1 full

Strength: ankle 5/5, hip 5/5; knee gd 4+ / HS 5

Function: gait is steadily improving c 1 WA / roll over but pt still hat sm.
lunch times. unable to walk c carry awkward / heavy loads @ work,

Special tests: a climb series of stairs; pt. ERB (L) LE gait down steps

Other: _____

Progress Towards Goals

Assessment: Pt is on target 'until' gait is normal, it is not
recommended that pt carry heavy loads/files @ work.

Treatment tolerance: _____

Plan

☒ Continue treatment for 10-12 visits.

(out for wk of C/mas, resume p.)
 Anticipate D/C in 4 weeks.

☒ Modify treatment Balance / gait act along c endurance / strength (L) E

☐ Discharge Patient

☐ Refer to physician

Jay

Physician Signature

Date

S/Olaun PT

Therapist Signature

12.18.09

Date

Pr 238

5/14/2009 11:57 AM

Melodie Warren -> Renie

Page 9 of 11

Care^{IQ} Program Progress Note

Attachment B

You may use your own progress note as long as it contains the same information as below.

Patient / Claimant Information

Name: Kimberly Walker Date of birth: _____
 Employer: Sunbelt Human Resource Inc
 # of visits completed 6 # of cancellations 0 # of no-shows 0

Subjective

Subjective: ↑ gm especially today = rain/cold but has ↑ pain & ↑ WB.
Began 4 hr/

Work status: 4 hr light duty / sedentary Pain index 6 /10

Objective

ROM: Knee 0 - 112°; ankle: WNLs.

Strength: N.T. due to time & graft.

Function: unable to carry files, etc for work 2° cont. crutches

Special tests: NA

Other: WB: 50% for 1 more wk per M.D. order; Leg remains idiomator

Progress Towards Goals

Assessment: fairly good quad contraction & SLR

Treatment tolerance: very good; good motivation

Plan

- ☒ Continue treatment for 18-20 visits, depending on strength, WB tol. Anticipate D/C in 6-8 weeks.
☒ Modify treatment Progress ex as WB ↑'s. To become FWB in 1 more wk.
☐ Discharge Patient ☐ Refer to physician

Signed to MD

Physician Signature

Sb Carr, PT

Therapist Signature

12-2-09

Date

12.2.09

Date

237

Carrphysical
therapy, inc.

INITIAL EVALUATION

Name: Kimberly Walker SS#: _____ Date: 11-17-09
 Diagnosis: Arthroscopy & graft Referring Physician: J. Vann
 Date of Injury/Onset: _____ Date of Surgery: 10-30-09 11-23
 Past Medical History: _____
 Medications: Allevue, Tylenol Temp relief
 Psychological Intervention: _____
 Occupation/Activities: Supv. training: sit/walk Diagnostic Tests and Results: _____
 Work Status: OOV 8H

SUBJECTIVE arthroscopy 4/09 - failed → art. + plant. Injury: plant, twisted hit knee on desk. on quick movts; use CP 2x/day. Doing ROM 4x @ home, toe touch only for bal. in shower

OBJECTIVE

Pain Scale (0-10) Best: _____ Worst: _____ Now: 4
 Posture: Rests in LLE: ER Gait: NWB Appearance: Closed incisions
no crutches gastroc atrophy; edema to knee
 ROM MMT PALPATION ()
 Knee 0-95° ankle 5/5
 ankle: mild & dv incomplete
 gd. contraction

SENSATION

Intact L.T.

DTR

SPECIAL TESTS

Today's Treatment: Eval, therapy HEP: instructed ☒ written _____

ASSESSMENT ↓ ROM, NWB 5/p arthroplasty & graft

Short Term Goals 4 wks

1. flex to 110°
2. complete gd. contraction
3. Able to perf. 50-30 SLR 3 c/o

Long Term Goals 8-12 wks

1. FWB
2. full ROM / MMT 5/5 gd/tk
3. _____

PLAN: ROM, strengthening; modalities needed for pain/edema

Frequency: B/TIW Duration: 8-12 wks Rehab Potential: excellent/good/fair/poor

Therapist: SB Camp PT SC License #: 2264 Date: 11-17-09 23



UNIVERSITY MEDICAL GROUP

WALKER, KIMBERLY
MCKINNE

Guarantor: WALKER, KIMBERLY MCKINNE
Insurance: PLANNED ADMINISTRATORS

PCP: Eric James Faile (GHS-UMG), MD

Appointment Facility: Riverside Family Practice-Maxwl Pt

06/08/2012

Progress Notes: Eric J Faile, MD

Current Medications

Aleve as needed
Ambien tablet 10mg 1 tab once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) prn
Bactrim DS tablet 800 mg-160 mg 1 tab(s) 2 times a day, stop date 09/30/2011
Omnaris spray 50 mcg/inh 2 spray(s) once a day
xyzal tablet 5 mg 1 tab(s) once a day (in the evening)
vit D capsule 50,000 intl units 1 cap(s) 2 a week x 3 weeks then 1 a week
Levocetirizine Dihydrochloride tablet 5 mg take 1 tablet by mouth once daily
citalopram tablet 20 mg 1 tab(s) once a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced

WORK STATUS: No restrictions..

Alcohol women 18 yrs and older

Assessment completed: today

Alcohol intake: patient does not drink

Reason for Appointment

1. cough congestion having surgery next Friday

Assessments

1. Acute bacterial sinusitis - 461.9 (Primary)
2. Vitamin D deficiency - 268.9

Treatment

1. Acute bacterial sinusitis

Start Avelox tablet, 400 mg, 1 tab(s), orally, once a day, # 12 samples

2. Vitamin D deficiency

LAB: Vitamin D, 25-OH Total (25-OH-D, Cholecalciferol Metabolite)
(Ordered for 06/11/2012)

3. Others

Start Dexilant delayed release capsule, 60 mg, 1 cap(s), orally, once a day, 30 day(s), Refills #5 samples

Start Nasonex spray, 50 mcg/inh, 2 spray(s), intranasally, once a day, 30 day(s), Refills @2 samples

Preventive Medicine

MED RECONCILIATION:

Pt. Ed:

Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency

Follow Up

prn

History of Present Illness

General:

Patient has sinus congestion, pressure and drainage, mid-face pressure, really behind the nasal bridge. Bars are slightly stopped up. Throat is slightly sore, drainage. No significant cough. No shortness of breath, fever, chills, sweats or body aches.

Patient: WALKER, KIMBERLY MCKINNE

3 Progress Note: Eric J Faile, MD 06/08/2012

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

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alcohol screening complete
Smoking Status > 13 years old

Are you a ~~Never smoker~~
Lives With children.
Occupation: Social Services Manager at
SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy

Hospitalization/Major

Diagnostic Procedure

See surgical history

Review of Systems

Review of Systems

General: no complaints of: fever.
Gastrointestinal: no complaints of:
diarrhea. Respiratory: no complaints
of: difficulty breathing, unexplained
prolonged cough, wheezing or
asthma. Dermatological: no complaints
of: rashes. Cardiovascular: no
complaints of: chest pain,
unexplained tachypnea, dizziness or
lightheadedness. Musculoskeletal: no
complaints of: muscle weakness.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs 238, Wt kg 107.96, BMI 40.85, BP 138/84,
116/75, HR 80, Temp (F) 98.4, Tech Initial sda.

Examination

General Examination:

General: in no acute distress.

Eyes: normal conjunctiva bilaterally.

ENT: TMs and EACs normal bilaterally, nose clear, pharynx
normal.

Neck: supple, no lymphadenopathy.

Heart: regular rate and rhythm without murmur, normal S1, S2.

Lungs: clear to auscultation, good air movement.

Peripheral pulses: normal.

Skin: No rash..



Electronically signed by Eric Faile on 06/18/2012 at 10:50 PM
EDT

Sign off status: Completed

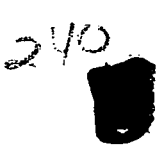
Riverside Family Practice-Maxwl Pt
3909 S Highway 14
Greenville, SC 29615
Tel: 864-627-8878
Fax: 864-241-9237

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Eric J Faile, MD 06/08/2012

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

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UNIVERSITY MEDICAL GROUP

WALKER, KIMBERLY
MCKINNE

3
1

Guarantor: WALKER, KIMBERLY MCKINNE
Insurance: PLANNED ADMINISTRATORS

Appointment Facility: Riverside Family Practice - Maxwell Pointe (RIVE)

01/16/2012

Progress Notes: Eric J Faile, MD

Current Medications

Aleve as needed
Ambien tablet 10mg 1 tab once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) prn
Cymbalta delayed release capsule 30 mg 1 cap (s) 1 time a day
Bactrim DS tablet 800 mg-160 mg 1 tab(s) 2 times a day
Omnaris spray 50 mcg/inh 2 spray(s) once a day
xyzal tablet 5 mg 1 tab(s) once a day (in the evening)
Wellbutrin XL tablet, extended release 300 mg/24 hours 1 tab(s) every 24 hours

Past Medical History

Hyperthyroidism
Depression
Endometriosis

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breast reduction Surgery
Hysterectomy, abdominal w/ bso

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced

WORK STATUS: No restrictions.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol
no Smoking
no Recreational drug use.

Reason for Appointment

1. MED CK

Assessments

1. Fatigue - 780.79 (Primary)

Treatment

1. Fatigue

Start vit D capsule, 50,000 intl units, 1 cap(s), orally, 2 a week x 3 weeks then 1 a week, 15, Refills 1

LAB: Comprehensive Metabolic Panel (CMP, CMET)

LAB: Vitamin B12

LAB: Vitamin D, 25-OH, total (25-OH-D, Cholecalciferol Metabolite)

LAB: TSH (Thyroid Stimulating Hormone)

LAB: CBC with Auto Diff (veni) (85025.36415) Normal

Pringle, Dana 01/16/2012 03:44:48 PM EST > collected by dlp

Vit D 75 !!.

Preventive Medicine

MED RECONCILIATION:

Pt. Ed:

Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency

Follow Up

prn

History of Present Illness

General:

5 weeks post op. Pt 3 x a week. Stopping lovenox helped Chest symptoms. Call 423-7738. Without lovenox pt is much improved.

Vital Signs

Ht 64, Ht Cm 162.56, Wt lbs unable, HR 76, BP 126/78, RR 16.

Procedure Codes

80053 COMPREHEN METABOLIC PANEL

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Eric J Faile, MD 01/16/2012

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

2/1/12

Allergies

morphine: Allergy

Lortab 10: stomach upset: Allergy

Augmentin: stomach upset: Allergy

Hospitalization/Major**Diagnostic Procedure**

See surgical history

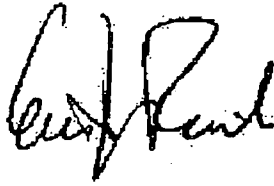
82607 VITAMIN B-12

82306 ASSAY OF VITAMIN D

84443 ASSAY THYROID STIM HORMONE

85025 COMPLETE CBC W/AUTO DIFF WBC

36415 VENIPUNCTURE



Electronically signed by Eric Faile on 01/25/2012 at 06:08 PM EST

Sign off status: Completed

Riverside Family Practice - Maxwell Pointe (RIVE)

3909 S Highway 14

Greenville, SC 29615

Tel: 864-627-8878

Fax: 864-241-9237

Patient: WALKER, KIMBERLY MCKINNE

Progress Note: Eric J Faile, MD 01/16/2012

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

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UNIVERSITY MEDICAL GROUP

WALKER, KIMBERLY
MCKINNE

11

Guarantor: WALKER, KIMBERLY MCKINNE
Insurance: PLANNED ADMINISTRATORS

Appointment Facility: Riverside Family Practice - Maxwell Pointe (RIVE)

01/09/2012

Progress Notes: Brenda Hamberis, PA

Current Medications

Aleve as needed
Ambien tablet 10mg 1 tab once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) pm
Cymbalta delayed release capsule 30 mg 1 cap (s) 1 time a day
Bactrim DS tablet 800 mg-160 mg 1 tab(s) 2 times a day
Omnaris spray 50 mcg/inh 2 spray(s) once a day
xyzal tablet 5 mg 1 tab(s) once a day (in the evening)
Wellbutrin XL tablet, extended release 300 mg/24 hours 1 tab(s) every 24 hours
Medication List reviewed and reconciled with the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty- Dr Vann 8/2010
Cholecystectomy
Sinus Surgery
C-section
Breastreduction Surgery
Hysterectomy, abdominal w/ bso

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced

WORK STATUS: No restrictions.
Lives With: children.
Occupation: Social Services Manager at SHARE, INC.
no Alcohol

Reason for Appointment

1. SOB-SURGERY ON 12/12/12. HAS SOME DIFFICULTIES SINCE SURGERY

Assessments

1. DYSPNEA - 786.09 (Primary), Pt had recent surgery.

Treatment

1. DYSPNEA

LAB: CBC with Auto Diff (veni) (85025.36415)

Pringle, Dana 01/09/2012 04:03:20 PM EST > collected by jj

Diagnostic Imaging: Chest X-ray, 2 views PA, lateral Overread Attached, Johnson, Tammy 01/09/2012 03:43:42 PM EST < tej Johnson, Tammy 01/09/2012 03:49:51 PM EST > sent for overread, CT ANGIO CHEST W/WO CONTRAST
Referral To: Central scheduling GHS Radiology
Reason: URGENT: ct angio thorax with PE protocol-workin at GHS-pt aware, call report to 627-8878 Dr. Faile on call dr. 71275: CT Chest - PE Protocol 1-9-12 5PM

Follow Up

prn

History of Present Illness

General:

Pt had Paisecki orthopedist (charlotte) Osteotomy and Articular Cartilage Implant Now that pt is up and getting P.T. she notes that she takes a few steps and has to stop. She feels like her heart is about to burst. She is exhausted. Pt had been on percocet. Now only if needed. Pt is taking lovenox injections. Last f/u at orthopedist last Thursday. Off balance. Pt unsure of the lovenol dose. She will check on that for me.

Respiratory:

No cough.

Cardiovascular:

chest pressure with exertion. Dyspnea talking on the phone.

Musculoskeletal:

Patient: WALKER, KIMBERLY MCKINNE

PA 01/09/2012

Progress Note: Brenda Hamberis,

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

2013

no Smoking
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy

Hospitalization/Major**Diagnostic Procedure**

See surgical history

This is the 5th surgery on the knee.

Vital Signs

Ht 64, Ht Cm 162.56, HR 89, BP 122/88, O2 Sat 97%.

Examination**General Examination:**

General: Pt obviously short of breath returning from Xray. O2 sat taken at that point was normal.

Eyes: PERRLA, extraocular movements intact.

ENT: TMs and EACs normal bilaterally. , nose clear, pharynx and tonsils normal.

Neck: supple, no lymphadenopathy, thyroid normal.

Heart: regular rate and rhythm without murmur.

Lungs: clear to auscultation, good air movement.

Abdomen: normal, soft, no hepatosplenomegaly, positive BS.

Musculoskeletal: left leg immobilizer. Crutches. .

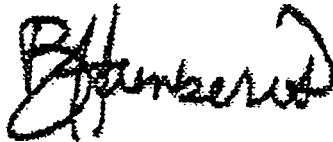
Skin: No rash, no rash, suspicious nevi, or icterus.

Procedure Codes

85025 COMPLETE CBC W/AUTO DIFF WBC

36415 VENIPUNCTURE

71020 CHEST (2 VIEW) X-RAY



Electronically signed by Brenda Hamberis on 01/23/2012 at
03:20 PM EST

Sign off status: Completed

Riverside Family Practice - Maxwell Pointe (RIVE)

3909 S Highway 14

Greenville, SC 29615

Tel: 864-627-8878

Fax: 864-241-9237

Patient: WALKER, KIMBERLY MCKINNE

PA 01/09/2012

Progress Note: Brenda Hamberis,

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



REFERRAL

Garrie Scheller, PA

Family Practice

Riverside Family Practice - Maxwell Pointe (RIVE)

3909 S Highway 14, Greenville, SC 29615

Tel: 864-627-8878 Fax: 864-241-9237

KIMBERLY MCKINNE
WALKER

Date: 10/28/2011

Patient Information:

Patient Name: KIMBERLY MCKINNE WALKER
Patient DOB:
Patient Insurance: PLANNED ADMINISTRATORS
Patient Subscriber No: 10096505
Patient Address:
Patient Phone:

Insurance Information

Subscriber Name: WALKER, KIMBERLY MCKINNE
Subscriber DOB:
Subscriber Group No:
Subscriber Address:
Subscriber Phone: 29611

Referral From Information:

Provider Name: Carrie Scheller, PA
Provider ID Number:
Provider UPIN:
Provider NPI: 1548493307
Provider Facility: Riverside Family Practice - Maxwell Pointe (RIVE)
Provider Specialty: Family Practice
Address1: 3909 S Highway 14
Address2:
City, State, Zip: Greenville, SC, 29615
Phone:
Fax:

Referral To Information:

Provider Name: carolina Carolina Pain Mtg.
Provider ID Number:
Provider UPIN:
Provider NPI:
Provider Facility:
Provider Specialty:
Address1:
Address2:
City, State, Zip:
Phone: 2956399
Appt. Date/Time: 01/01/1901 00:00:00 A
Fax: 295-2337

Facility Tax ID
Number:

REFERRAL

Carrie Schaller, PA

Family Practice

Riverside Family Practice - Maxwell Pointe (RIVE)

3909 S Highway 14, Greenville, SC-29615

Tel: 864-627-8878 Fax: 864-241-9237

KIMBERLY MCKINNE
WALKER**Reason For
Referral:**

Authorization No: no precert
Reason: evaluate and treat for chronic pain management
Diagnosis: 722.52 - Degen Disc Dz, Lumbar
716.98 - Facet Arthropathy
719.46 - Pain, Knee
724.5 - Pain, Back
729.1 - Myofascial pain
721.3 - Lumbar Facet Arthropathy

Authorization Type:

Procedures:
Visits Allowed: 0
Unit Type: V (VISIT)
Start Date: 10/21/2011
End Date: 10/21/2012

Notes:

Johnson, Jean 10/21/2011 01:00:34 PM EDT > please call pt to schedule appt. please fax appt confirmation to Jean at 627-9114. to stacey for prior auth then Jean will fax. Johnson, Jean 10/26/2011 05:11:15 PM EDT > referral faxed. Johnson, Jean 10/27/2011 03:22:02 PM EDT > sent to Tammy to call pt to verify information about appt. with pain management.

Clinical Notes:

Carrie Schaller PA



UNIVERSITY MEDICAL GROUP

**WALKER, KIMBERLY
MCKINNE**

Guarantor: WALKER, KIMBERLY MCKINNE
Insurance: PLANNED ADMINISTRATORS
External Visit ID: 122869308

Appointment Facility: Riverside Family Practice - Maxwell Pointe (RIVE)

09/20/2011

Progress Notes: Carrie Schaller, PA

Current Medications

Wellbutrin XL tablet, extended release 300 mg/24 hours 1 tab(s) every 24 hours, stop date 09/01/2011
Voltaren Gel diclofenac sodium topical gel 1 % as directed apply to skin qid, stop date 01/01/2011
Aleve as needed
Ambien tablet 10mg 1 tab once a day (at bedtime)
Flexeril tablet 10 mg 1 tab(s) prn
Cymbalta delayed release capsule 30 mg 1 cap (s) 1 time a day
Medication List reviewed and reconciled with the patient

Past Medical History

Hyperthyroidism
Depression
Endometriosis

Family History

Family: Hypertension, diabetes
Paternal Grandmother: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced

WORK STATUS: No restrictions.
Lives With: children
Occupation: Social Services Manager at SHARE, INC.
no Alcohol
no Smoking
no Recreational drug use.

Allergies

morphine: Allergy
Lortab 10: stomach upset: Allergy
Augmentin: stomach upset: Allergy

Review of Systems

Review of Systems:

General: immunizations up to

Reason for Appointment

1. Allergies

History of Present Illness

General:

sinus congestion, cough, productive past few days, and headache for the past few week. +Fatigue. Facial pressure. H/o seasonal allergies. She tried sudafed, which helped. She also tried omnaris, but doesn't use it on a daily basis. Denies fever chills. No sick contacts. She also complains of blurry vision, which she has noticed come on gradually over the years, but worse recently.

Vital Signs

Temp (F) 97.0, Ht 64, Ht Cm 162.56, Wt lbs 236.97, Wt kg 107.48, BMI 40.67, HR 81, BP 130/80, RR 20, O2 Sat 100%.

Examination

General Examination:

General: in no acute distress, pleasant and cooperative, well nourished and well developed.

Eyes: PERRLA, extraocular movements intact.

ENT: TMs and EACs normal bilaterally, frontal and maxillary sinuses tender to palpation. nasal mucousa erythematous. pharynx normal.

Neck: no lymphadenopathy, thyroid normal, no carotid bruit.

Heart: regular rate and rhythm without murmur.

Lungs: clear to auscultation.

Psychiatric: appropriate mood and affect, no thought disorder.

Assessments

1. Sinusitis - 461.9 (Primary)

Treatment

1. sinusitis

Start Bactrim DS tablet, 800 mg-160 mg, 1 tab(s), orally, 2 times a day, 10 day(s), 20, Refills 0

Start Omnaris spray, 50 mcg/inh, 2 spray(s), intranasally, once a day, 30 day(s), 1, Refills 11

Start xyzal tablet, 5 mg, 1 tab(s), orally, once a day (in the evening), 30

Patient: WALKER, KIMBERLY MCKINNE

PA 09/20/2011

Progress Note: Carrie Schaller,

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

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date. Gastrointestinal: no complaints.
HEENT: See HPI. Respiratory: no
complaints. Dermatological: no
complaints. Sleep: no complaints.
GU: no complaints. Cardiovascular: no
complaints. Neurological: no
complaints. Musculoskeletal: no
complaints. Immunological: no
complaints. Hematologic: no
complaints. Psychiatric: no
complaints.

day(s), 30, Refills 11

2: Others

Referral To: carolina Carolina Pain Mgt.

Reason: Chronic pain management - would like to see Dr. David
Tollison referral faxed

Preventive Medicine

MED RECONCILIATION:

Pt. Ed:

Current Meds Verified: Current meds/immunizations reviewed,
including purpose with pt. Med Recon list given to pt/family. Pt
advised to discard old med lists and provide all providers with
current list at each visit and carry list with them in case of emergency

Follow Up

prn, *sinus handout

Carrie Schaller PA

Electronically signed by Carrie Schaller on 09/27/2011 at
02:11 PM EDT

Sign off status: Completed

Riverside Family Practice - Maxwell Pointe (RIVE)

3909 S Highway 14
Greenville, SC 29615
Tel: 864-627-8878
Fax: 864-241-9237

Patient: WALKER, KIMBERLY MCKINNE

PA 09/20/2011

Progress Note: Carrie Schaller,

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

KIMBERLY WALKER

SSN:

06/29/2010

HPI: Weight 236 pounds. Temperature is 98.6. Patient is not feeling well. She states that she has had congestion, drainage, postnasal drip, and it is now hard to breathe through her nose. She denies any URI, GI, or GU symptomatology otherwise. She states she has had an okay appetite. She has been coughing some.

O: She is afebrile. Vital signs are stable. Upper airway congestion and PND noted. TMs are normal. No adenopathy. Lots of boggiess in the nares and lots of postnasal drip. Lungs are clear. Heart has a regular rate and rhythm, no murmurs, gallops or rubs.

A/P: 1. Sinus infection. Suggest we proceed with Bactrim DS one p.o. b.i.d. for the next two weeks.
2. Allergy, history of. I put her on prednisone 20 mg, three today, two tomorrow, and one on Thursday. She does have a prescription of prednisone at home that she will take this way. I asked that she use a saline sprayer and recheck with me if any problems in the interim. (SJH/swa/bts) SH

KIMBERLY WALKER

SSN:

09/02/2010

HPI: The patient has some right knee pain, inside, outside, front and back. Her left knee has had multiple surgeries. She just had one on 08/09/2010 with Dr. Vann. She has been taking Cataflam 50 mg on a p.r.n. basis, not more than once a day.

O: Weight 243 pounds. She is tender over the LCL, MCL, patellar tendon, right lateral hamstring. The patelloquadriceps and quad tendons are nontender. She has no major instability when walking. She has no erythema, warmth, or swelling.

A/P: Right patellar tendonitis, lateral collateral ligament, medial collateral ligament sprain, mild, and right hamstring tightness. Ice, rest, Prilosec 20 mg a day, Cataflam 50 mg q.8h with food. Call me with progress note in 2 weeks. (EJF/lt/bts) CF

KIMBERLY WALKER

SSN:

12/03/2010

HPI: The patient is still having pain in her knees. She is trying some tramadol and pool exercises from Dr. Cortis, who she is seeing now. She has allergies, congestion.

O: Blood pressure is 114/76. HEENT is benign except for rhinorrhea. Neck is supple. The lungs are clear. Heart has a regular rate and rhythm.

A/P: Allergic rhinitis. Continue Xyzal. We are going to add Omnaris. (EJF/lt/bts) CF

KIMBERLY WALKER

DOB:

08/03/2011

HPI: Patient has sinus pressure, congestion and drainage. Mild urinary frequency every 30 to 40 minutes and some irritation. No hematuria or malodor. No fever, chills, sweats or back pain. Somewhat depressed. She was supposed to go to the Carolina Center in Charlotte about her left knee pain. She has seen Dr. Vance for a couple of years and is not getting any better.

O: Weight 238. Eyes, ears, nose and throat are benign. Neck is supple. Lungs are clear. Heart has a regular rate and rhythm. Thoughts are clear. Speech is fluent and goal directed. Judgment and insight are good. Mild depressed affect. No anxiety. UA negative.

A/P: 1. Sinusitis. I believe I gave her doxycycline 100 mg, one b.i.d. x10 days.
2. Urinalysis negative. Observe. I gave her Diflucan 150 mg, two doses three days apart.
3. Depression and with chronic left knee pain. Cymbalta 30 mg a day x7 days, then 60 mg a day. I will see her in three weeks. (EJF/nkd/bts) CF

8-18-11 Faxed referral to CCAMP for App 3

KIMBERLY WALKER

SSN

03/09/2009

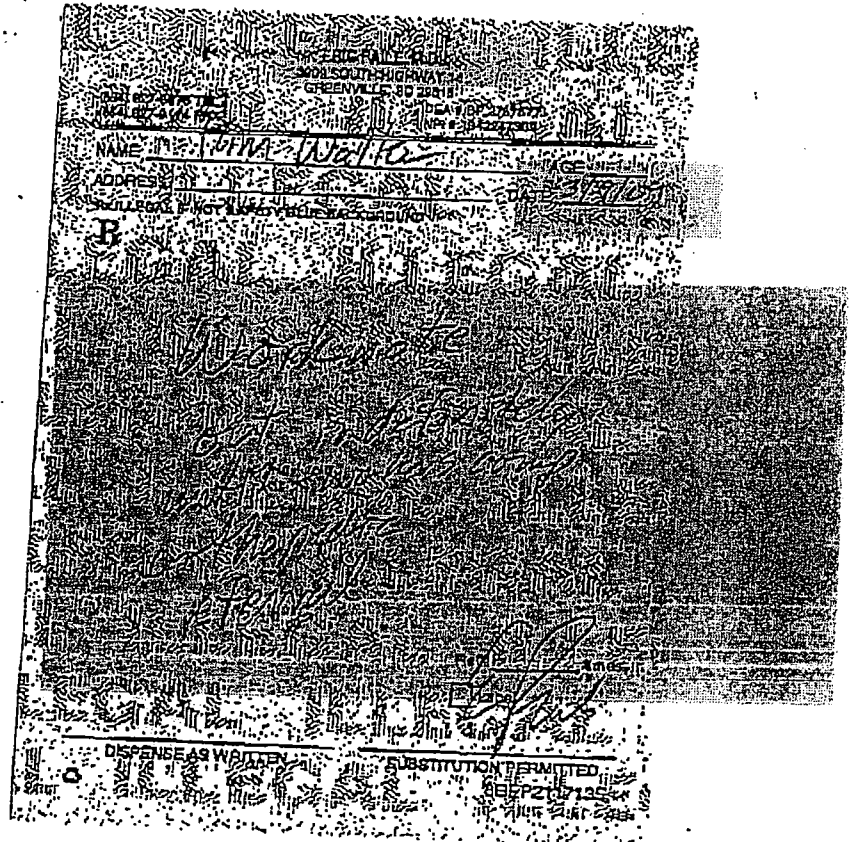
HPI: Recheck left knee pain. Pain with walking, ambulation. Using crutches. A 7 mm x 9 mm flap is noted with some edema. Small to moderate joint effusion. Knee shows tenderness to range of motion flexion, extension and walking with crutches.

A&P: Left knee injury. We will refer to orthopedics via workman's comp.
(EJE/jlj) *CF*

03-09-09; 03:29PM;

864 527 9114

2/ 2



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KIMBERLY WALKER

SSN

02/24/2009

HPI: Left knee pain. No trauma or injury. Hunched in a couple of times but other than that no trauma or injury.

03: Exam shows some swelling/tenderness over the left quad and hamstring. lateral knee otherwise normal. No erythema or warmth. At the time of dictation venous duplex scan is negative.

A/P: Left quad/hamstring strain. Possible internal knee injury. Crutches. Ice 20 minutes on 20 minutes off several times a day. Celebrex 50mg every 6 hours. If not improving, please show call 423-7738 (ext 215) or (C)

212701 mcl @ base of 8th GmH March 3 at
 5:00 PM to Registar B. notified of report.
 - J. J. Hunter

2009-0703

10218981

Patient Name: Walker, Kimberly
Date of Service: 12/20/2011

MR#: 91429
DOB:

CONSULTATION

PRIMARY CARE PHYSICIAN: Eric Falle, MD

REFERRING PHYSICIAN: Dr Dana Peter-Piasecki

REASON FOR CONSULTATION: Urinary retention.

HISTORY OF PRESENT ILLNESS: The patient is a 43-year-old African-American female who had left knee surgery on 12/12/2011. She states her surgery lasted several hours. She was very groggy in the postoperative period. Apparently after that, had much difficulty in voiding, and eventually had a Foley catheter placed on 12/15/2011.

Prior to her procedure, she states she voided with normal posture, good force of stream, no hesitancy, no straining, and she felt like she emptied her bladder to completion. She denies any preexisting stress or urge incontinence. She denies any problem with frequency, urgency, or urinary tract infections. She denies any flank pain or costovertebral angle (CVA) tenderness at any time.

PAST MEDICAL HISTORY: Updated by medication sheet today.

MEDICATIONS: Updated by medication sheet today.

ALLERGIES: Updated by medication sheet today.

PAST SURGICAL HISTORY: Updated by medication sheet today.

REVIEW OF SYSTEMS: Documented by history and physical worksheet and reviewed with the patient on 12/20/2011.

SOCIAL HISTORY: Documented by history and physical worksheet and reviewed with the patient on 12/20/2011.

FAMILY HISTORY: Documented by history and physical worksheet and reviewed with the patient on 12/20/2011.

PHYSICAL EXAMINATION: Documented by physical examination worksheet today. She had a completely benign abdomen and flank exam. I did not do a GYN exam. Her knee is in an immobilizer with postoperative pain.

Her catheter was removed without any difficulty or problem.

IMPRESSION: Acute postoperative urinary retention without preexisting symptomatology.

PLAN:

1. Remove Foley catheter.
2. Rapaflo 8 mg 2 pills a day, then 1 p.o. daily, with food, for the next 2 weeks.
3. Empiric Cipro 500 mg p.o. twice daily for 3 days to cover catheter removal.
4. Return to the office in 4 to 6 weeks with a bladder scan to check residual urine volume and assess voiding at that time.

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[Redacted]

Patient Name: Walker, Kimberly

MR# 91429

Date of Service: 12/20/2011

Page 2 of 2

5. Reassurance that her symptoms should return to her baseline.

Gary D. Bozeman, M.D. F.A.C.S.

/arch/10054/5525/1071747/DD: 12/20/2011 19:54/DT: 12/21/2011 14:44

cc: Eric Faile, MD, FAX: 864-241-9210
Dr Dana Peter-Piasecki

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10218981

Patient Notes

Patient Information		
Patient Name (Last, First, MI) Walker, Kimberly, M	Patient ID 12954	Patient DOB
Device Type Right Knee Orthosis	Visit Type Initial Evaluation	Visit Date 12/8/2011

Notes

December 08, 2011

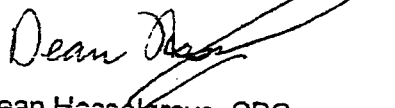
RE: Kimberly Walker
ID#:12954

Dear Dana Piasecki, MD:

Thank you for referring Kimberly Walker to Advanced Prosthetics and the opportunity to serve her orthotic needs.

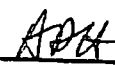
Kimberly Walker was seen in our office 12-08-2011. Please find enclosed a progress note pertaining to that visit. If you have any questions or concerns, please feel free to contact me at 864-552-9772.

Sincerely,



Dean Hesselgrave, CPO

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Dean Hesselgrave, CPO

SCANNED

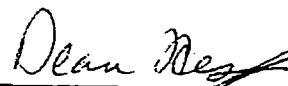
254

Patient Notes

Patient Information		
Patient Name (Last, First, MI) Walker, Kimberly, M	Patient ID 12954	Date of Birth
Device Type Right Knee Orthosis	Visit Type Initial Evaluation	Visit Date 12/8/2011

Notes
DX: 732.8 Date: 12-08-2011 Kimberly Walker was seen in the office today. Ms. Walker is a 43-yr old female who presents with osteochondropathy. She was evaluated, measured and fit with a left Ossur, range of motion, knee brace. Kimberly is having knee surgery next week. The knee brace will allow her doctor to gradually allow knee flexion postoperatively as she heals and goes through therapy. The brace will also protect her knee while it heals so she can regain her lifestyle prior to her accident. Patient was given donning, doffing and care instructions. No excessive redness or pressure areas were noted at this time. Will follow PRN. Dean Hesselgrave, CPO c Dana Piasecki, MD

NOTICE OF CONFIDENTIALITY: This document contains unconditionally private medical records. Any improper use of the information contained herein constitutes a breach of patient medical confidentiality.



Dean Hesselgrave, CPO

SCANNED

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GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER
MEDICAL RECORD

NAME: WALKER, KIMBERLY MCKINNEY
PATIENT MR#: 000-970-08-4640
PATIENT SS#:

Billing NO: 180005898333

CROSS CREEK OPERATIVE REPORT:

DATE OF SURGERY: 03/24/2011

PREOPERATIVE DIAGNOSIS: Lumbar facet arthropathy.

PROCEDURE PERFORMED: Right lumbar facet radiofrequency lesioning of L3 medial branch, L4 medial branch, and L5 dorsal ramus.

SURGEON: Jyoti Kiran Math, MD.

DESCRIPTION OF PROCEDURE: After fully informed written consent was obtained, the patient was placed in prone position. Monitoring of pulse oximetry, heart rate, and blood pressure was done preprocedure, during the procedure, and postprocedure. The skin was prepped with povidone iodine 3 times and draped in a sterile fashion. With a 25-gauge, 1-1/2-inch needle, 1% lidocaine was injected subcutaneously over the entry site. Under fluoroscopic guidance, a 22-gauge, 150 mm SMK needle was advanced percutaneously to the superior margin of the right L4 transverse process and lateral to the right L4 superior articular process. It was directed inferiorly and medially so that the tip stuck the junction of the base of the transverse process and advanced 2 mm along the course of the right L3 medial branch node. AP and lateral radiographs were taken to document proper needle positioning. No paresthesias were noted. The stylet was removed and the radiofrequency probe was inserted through the cannula. The impedance was between 300-800 ohms. Sensory stimulation at 50 Hz and motor stimulation at 2 Hz were carried out which elicited deep back discomfort, but no evidence of motor stimulation in the gluteal muscles or extremities. We obtained a sensory stimulus at 0.3, 0.4, and 0.5 at L5, L4, and L3, respectively. Motor stimulation was carried out up to 3 V without any evidence of stimulation in gluteal muscle or extremities. At this time, 0.5 mL of 1% lidocaine was injected after negative aspiration, through the SMK needle. Subsequently, the denervation was performed for 90 seconds at 80 degrees Celsius without complication. During the procedure, the patient denied any radiation of the pain to the extremities. The injectant, containing 2.5 mL of 0.25% Marcaine and 0.5 mL of Kenalog 40 mg/mL, was prepared. Each level received 1 mL of this injectant. The needle was removed. A similar procedure was performed to denervate the right L4 medial branch node and a _____ 226. The patient tolerated the procedure well and there was no evidence of procedural complication. The patient was stable postprocedure and was

OPERATIVE REPORT
Page 1 of 2

COPY TO: Jyoti Kiran Math, MD

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To: Jyoti Kiran Math, From: Medical Records

03/24/2011 02:09:38 PM Page 2 of 2

GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER
MEDICAL RECORD

NAME: WALKER, KIMBERLY MCKINNEY
PATIENT MR#: 000-970-08-4640
PATIENT SS#:

Billing NO: 180005898333

given a postprocedure information sheet at discharge. The patient was able to ambulate upon discharge to home.

On Hold

Jyoti Math
Jyoti Kiran Math, MD

cc: Jyoti Kiran Math, MD

D: 03/24/2011 10:34 A T: 03/24/2011 01:58 P zds DVI: 293481 C/S#: 3317145

OPERATIVE REPORT
Page 2 of 2

COPY TO: Jyoti Kiran Math, MD

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To: Jyoti Kiran Math, From: Medical Records

01/20/2011 12:29:34 AM Page 1 of 4

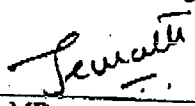
GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER
MEDICAL RECORDNAME: WALKER, KIMBERLY MCKINNEY
PATIENT MR#: 000-970-08-4640
PATIENT SS#:

Billing NO: 180005897356

CROSS CREEK OPERATIVE REPORTDATE OF BIRTH: 08/11/1968
DATE OF SURGERY: 01/19/2011

PROCEDURE PERFORMED: Bilateral lumbar L3, L4, and L5 medial branch block.

DESCRIPTION OF PROCEDURE: After fully informed written consent was obtained, the patient was placed in prone position. Monitoring of pulse oximetry, heart rate, and blood pressure was done pre-procedure, during the procedure, and post-procedure. The skin was prepped with povidone iodine 3 times and draped in sterile fashion. A 22-gauge 5-inch spinal needle was advanced along the superior margin of the right L4 transverse process and lateral to the right L4 superior articular process. It was directed inferiorly and medially so that the tip struck the junction of the base of the transverse process and advanced 2 mm along the course of the right L3 medial branch nerve. At this location, 0.5 mL of 0.25% Marcaine was injected after negative aspiration. The needle was removed. A similar procedure was performed to block left L3 and bilateral L4 medial branch nerve and bilateral L5 dorsal rami. The patient tolerated the procedure well, and there was no evidence of procedural complication. The patient was stable post-procedure and was given a post-procedure information sheet at the discharge. The patient was able to ambulate upon discharge to home.



Jyoti Kiran Math, MD

cc: Jyoti Kiran Math, MD

D: 01/19/2011 11:55 A T: 01/19/2011 04:16 P zlg DVI: 843868 C/S#: 3263182

OPERATIVE REPORT
Page 1 of 1

COPY FOR: Jyoti Kiran Math, MD

P430

P383

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OAKTREE ORTHOPAEDICS

115 Brushy Creek Road
Easley, SC 29642

Phone: 864-855-1633

Fax: 864-855-1323

PATIENT'S NAME: Kimberly Walker
MRN: 61112
DATE OF SERVICE: 02/22/2011

HISTORY OF PRESENT ILLNESS:

Ms. Walker comes in today for recheck after her MRI of her left knee. She reports continued pain medially and laterally in the left knee. She has had 3 surgeries on the left knee, 1 microfracture, 1 DeNovo procedure with immature chondrocyte implantation, and a 3rd diagnostic arthroscopy on the left knee. She has continued to have pain. It has been almost exactly 2 years since her original injury.

EXAMINATION:

On exam today, the patient an obese female. She is 5 feet 4 inches tall and 232 pounds. In the left knee, there is no deformity visible. She has range of motion from 0-120 degrees of flexion, but she does have significant crepitus with range of motion. She is tender in both the medial and lateral joint lines today. She has negative Lachman's and negative varus and valgus stress tests.

MRI:

MRI of the left knee performed February 8, 2011, shows a small effusion. There is combined increased and decreased signal intensity in the weightbearing area of the medial femoral condyle, which represents the area of her previous surgeries. There is mild to moderate chondromalacia in the trochlear notch of the patellofemoral compartment. There is advanced chondromalacia in the posterolateral aspect of the lateral tibial plateau with associated subchondral cyst formation.

DISCUSSION:

AT THIS POINT, I FEEL THE PATIENT HAS HAD UNSUCCESSFUL ARTICULAR CARTILAGE RESTORATION PROCEDURE ON HER MEDIAL FEMORAL CONDYLE. SHE HAS NOW DEVELOPED DEGENERATIVE CHANGES IN THE LATERAL TIBIAL PLATEAU, AS WELL. THIS WOULD MAKE AN UNLOADING PROCEDURE, SUCH AS A PROXIMAL TIBIAL OSTEOTOMY LESS LIKELY TO BE SUCCESSFUL, ESPECIALLY IN LIGHT OF HER LATERAL-SIDE JOINT LINE TENDERNESS. HER PLAIN FILMS ON THE LEFT KNEE FROM JANUARY 26, 2011, WERE BASICALLY NORMAL, WHICH MAKES ME RESISTANT TO RECOMMEND A TOTAL KNEE ARTHROPLASTY.

PLAN:

At this point, I am really not sure how to proceed with Ms. Walker. I am not sure that there is any surgical procedure that could be reasonably expected to relieve her pain.

Continued...

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OAKTREE ORTHOPAEDICS

115 Brushy Creek Road
Sasley, SC 29642

Phone: 864-855-1633

Fax: 864-855-1323

PATIENT'S NAME:

MRN:

DATE OF SERVICE:

KIMBERLY WALKER

21114

01/25/2011

HISTORY OF PRESENT ILLNESS:

Ms. Walker comes in today for followup on her right knee MRI as well as her chronic left knee pain. She has had multiple surgeries on the left knee for an osteochondral defect. Her last surgery was with Dr. Vann for a diagnosed arthroscopy, at which time Dr. Vann's surgical report states the defect appeared to be well healed with cartilage; however, the patient reports continued severe pain in the left knee just as bad as she had when she first hurt it back in February 2009. She reports that the injection in the right knee helped her for a few days but then wore off. She has seen Dr. Burnikel for a second opinion regarding the left knee and possible replacement options. She reports that Dr. Burnikel felt that she was not a good candidate for joint replacement.

EXAMINATION:

In the left knee today, the patient has severe tenderness over the medial joint line and medial femoral condyle. She has healed incisions with no erythema and no warmth. Range of motion in the left knee is from 0 to 100 degrees of flexion. I do not palpate any crepitus with range of motion. She has negative varus and valgus stress tests. There is no clinical deformity.

In the right knee, the patient is tender in the medial and the lateral joint lines. She has slight crepitus with range of motion. This feels as if it is coming from the patellofemoral joint to me. She has negative varus and valgus stress tests.

MRI:

MRI of the right knee from Greenville Physician's Imaging Center performed 12/21/2010, report only is available, no images. The report states that there is no internal derangement with normal cruciate ligaments and menisci. There was some degenerative-type subchondral cyst formation along the lateral tibial plateau.

X-RAY:

Plain x-rays were obtained on the left knee to check for any malalignment today. The patient mentioned that Dr. Burnikel had discussed realignment-type procedures with her. X-ray of the left knee today is normal with no narrowing of the joint space on the medial or the lateral side.

IMPRESSION:

CHRONIC KNEE PAIN, LEFT GREATER THAN RIGHT.

Continued ...

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KIMBERLY WALKER

01/25/2011

PAGE 2

PLAN:

Despite multiple surgeries and report of a good fill on the cartilage defect in the left knee, the patient continues to have pain without relief on the left side. She states this pain is interfering with her sleep. She has not had an MRI of the left knee recently. Given her symptoms, I am concerned that there may be an underlying problem in the left knee such as an osteonecrosis, which has gone unrecognized so far. I would like to obtain a new MRI of the left knee to check for this. In the right knee, given her negative MRI and her temporary response to injection, I think she may have a synovitis due to an increased amount on the right knee secondary to chronic left knee pain symptoms. She is prescribed Naproxen 500 mg p.o. b.i.d. with pain and Ambien CR 6.25 mg p.o. at bedtime p.r.n. insomnia. If the MRI on the left knee does not show any osteonecrosis or similar painful condition, the only option that I think would be reasonable for her would be an allograft OATS procedure to address the area of her osteochondral injury in her left knee. I believe this would be preferable to an ACI procedure, and that would be one surgery rather than two and also less expensive. In addition, the OATS procedure gives immediate structural support with underlying bone being against the cartilage and therefore has a decreased rehabilitation time and earlier weightbearing. I will see the patient back after the MRI of the left knee is completed.

Daniel Cordas, MD

DC:ats46

Voice File: 0128.003

cc: Worker's Compensation

263

OAKTREE ORTHOPAEDICS

115 Brushy Creek Road
Easley, SC 29642

Phone: 864-855-1633

Fax: 864-855-1323

PATIENT'S NAME	Kimberly Walker
MRN	81114
DATE OF SERVICE	11/11/11

HISTORY OF PRESENT ILLNESS:

Ms. Walker comes in today for followup on her right knee MRI. She reports continued pain in the right knee. Of course, she has had the chronic pain in the left knee, where she has had a failed microfracture and an implantation with immature chondrocytes. She reports continued severe pain in that knee.

EXAMINATION:

In the right knee, the patient has full range of motion. She is nontender in the lateral joint line. She has mild tenderness in the medial joint line. She has exquisite tenderness to palpation over the pes anserine insertion. She has no crepitus in the right knee.

In the left knee, the patient has moderate crepitus. She is very tender in the medial joint line. She is nontender in the lateral joint line. She has negative valgus and varus stress tests in the left knee.

RADIOGRAPHS:

MRI of the right knee from December 21, 2010, was normal.

IMPRESSION:

PES ANSERINE TENDINITIS OF THE RIGHT KNEE AND PERSISTENT LEFT KNEE PAIN AFTER MULTIPLE SURGERIES FOR AN OSTEOCHONDRAL DEFECT OF THE LEFT MEDIAL FEMORAL CONDYLE.

PLAN:

I think it is more likely than not that the patient's pes anserine tendinitis in the right leg was either caused or exacerbated by increased weightbearing demand from her pain and disability in the left knee.

I recommended an injection with corticosteroid for the right pes anserine area, which the patient agreed to. After prep with alcohol and spray with ethyl chloride, 3 mL of 0.5% plain Marcaine, mixed with 2 mL Celestone were injected at the pes anserine insertion in the right leg. The patient reported improvement within a few minutes after the injection. She is referred for physical therapy for right knee pes anserine bursitis. She is

Continued...

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CONFIDENTIAL

also prescribed Motilac 7.5 mg p.o. b.i.d. p.r.n. pain with food, #60 with no refills. I would like to see her back in 3 weeks for a repeat check.

Daniel Cordas, MD

DC:ata46

Voice File: 0210-008

re: Worker's Compensation

2165

Oaktree Medical Centre, P.C.
115 Brushy Creek Road
Easley, SC 29642
Tel: (864) 855-1633 - Fax: (864) 855-1323

PatientID: 81114KW
Patient Name: KIMBERLY M WALKER
Date of Birth:
Date of Service: 01/25/2011
DANIEL I CORDAS, MD

Document ID: 01174792 - I:\02\09\01174792.TIF
Image Desc: CORDAS OFFICE NOTES
Scanned Date: 02/07/2011 3:11:17 PM by amberm
Last Updated: 02/10/2011 9:19:16 AM by betseyb

Category: OFFICENOTE
Cabinet: MED REC
Drawer: MED REC

DANIEL I CORDAS, MD

OAKTREE ORTHOPAEDICS

115 Brushy Creek Road
Easley, SC 29642

Phone: 864-855-1633

Fax: 864-855-1323

PATIENT'S NAME: Kimberly Walker
MRN: 81114
DATE OF SERVICE: —

HISTORY OF PRESENT ILLNESS:

Ms. Walker comes in today for followup on her right knee MRI. She reports continued pain in the right knee. Of course, she has had the chronic pain in the left knee, where she has had a failed microfracture and an implantation with immature chondrocytes. She reports continued severe pain in that knee.

EXAMINATION:

In the right knee, the patient has full range of motion. She is nontender in the lateral joint line. She has mild tenderness in the medial joint line. She has exquisite tenderness to palpation over the pes anserine insertion. She has no crepitus in the right knee.

In the left knee, the patient has moderate crepitus. She is very tender in the medial joint line. She is nontender in the lateral joint line. She has negative valgus and varus stress tests in the left knee.

RADIOGRAPHS:

MRI of the right knee from December 21, 2010, was normal.

IMPRESSION:

PES ANSERINE TENDINITIS OF THE RIGHT KNEE AND PERSISTENT LEFT KNEE PAIN AFTER MULTIPLE SURGERIES FOR AN OSTEOCHONDRAL DEFECT OF THE LEFT MEDIAL FEMORAL CONDYLE.

PLAN:

I think it is more likely than not that the patient's pes anserine tendinitis in the right leg was either caused or exacerbated by increased weightbearing demand from her pain and disability in the left knee.

I recommended an incision with corticosteroid for the right pes anserine area, which the patient agreed to. After prep with alcohol and spray with ethyl chloride, 3 mL of 0.5% plain Marcaine, mixed with 2 mL Celestone were injected at the pes anserine insertion in the right leg. The patient reported improvement within a few minutes after the injection. She is referred for physical therapy for right knee pes anserine bursitis. She is

Continued ...
Kimberly Walker

PAGE 2

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also prescribed Mobic 7.5 mg p.o. b.i.d. p.r.n. pain with food; #60 with no refills. I would like to see her back in 3 weeks for a repeat check.

Daniel Cordas, MD

DC:ats46

Voice File: 0210-008

xc: Worker's Compensation

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Oaktree Medical Centre, P.C.

115 Brushy Creek Road

Easley, SC 29642

Tel: (864) 855-1633 - Fax: (864) 855-1323

4 pages

678-985-5678

877-710-2667

KRA
SHARE
2/19/09

2009-0203

Patient ID: 81114KW
Patient Name: KIMBERLY M WALKER
Date of Birth: 1
Date of Service: 12/16/2010
DANIEL I CORDAS, MD

***** DEMOGRAPHICS *****

NAME: Kimberly M Walker
DOB: 1
SSN:
HOME PHONE: ..
WORK PHONE: (
REFERRING PHYSICIAN:
ORDERING PHYSICIAN: Daniel Cordas, Md

Kathy Averette
Worker's Comp

RE: Kimberly Walker

Request for MRI Right Knee without contrast
DX: MMT vs OCD MPC

Please advise STAT as I will be off until after New Years.
Phone 864-573-2146
Fax 864-573-2644

Office note and x-ray interpretation included.

Also, have you set an appointment with Dr. Bumkal as asked 11/11/07

Thank you,

Carelia for Dr. Daniel Cordas

DANIEL I CORDAS, MD

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MAY/25/2011/WED 04:05 PM Oaktree Medical

FAX No. 8643430208

P. 008

ORTHOPEDIC ORTHOPAEDICS

115 Bushy Creek Road

Easley, SC 29642

Phone: 864-855-1638

Fax: 864-855-1323

PATIENT'S NAME:**KIMBERLY WALKER****DOB:****81114****DATE OF SERVICE:****12/07/2010****HISTORY OF PRESENT ILLNESS:**

Ms. Walker comes in today with a new problem of right knee pain. She has had the chronic left knee pain, despite three surgeries with Dr. Vann for an osteochondral defect on her medial femoral condyle. She was on crutches for eleven months, non-weight bearing on the left leg which put more stress on her right leg. She states that led to some persistent discomfort in the right knee, which has been there for quite a long time, certainly more than a year. However, in the last few months, she reports that the right knee is getting progressively worse and giving her more and more pain. She feels that this is definitely related to the increased strain on her right knee due to all the problems that she has had with her left knee. We also called her in some Tramadol since her last visit. She states the Tramadol helps a little bit with her pain, but it does make her sleepy during the day.

EXAMINATION:

On today exam in the right knee, the patient has range of motion from 0-120 of flexion. She has no palpable crepitus. She has negative Lachman's and negative varus and valgus stress tests. She is extremely tender in the medial joint line. She is non-tender in the lateral joint line. She has some tenderness along the iliotibial band at the level of the lateral femoral condyle. She is also tender distal to the medial joint line at the pes anserine insertion, but her maximum tenderness is at the medial joint line.

X-ray:

The x-ray of the right knee today is normal. There are no signs of arthritis. No fractures and no destructive boney lesions.

IMPRESSION:**I. RIGHT MEDIAL MENISCUS TEAR VERSUS OSTEOCHONDRAL INJURY****PLAN:**

I would like to obtain an MRI of the right knee to assess for intraarticular pathology. I can then see the patient back after the MRI is completed. We did discuss various pain medications that we could try that might not make her so sedated. An extended release medication is an option. I did prescribe her OxyContin 10mg p.o. b.i.d. p.r.n. pain. We will see her back after her MRI of the right knee pending Worker's Compensation approval. If this has not been completed within one month, I will see her back for repeat assessment. We also are awaiting a records review from Dr. Burnikel's office regarding a second opinion on her left knee.

Continued...

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MAY/25/2011/WED 04:06 PM Oaktree Medical

FAX No. 8643430208

P. 009

KIMBERLY WALKER

May 2010

PAGE 2

Daniel Cordas, M.D.

DC:ats57

Voice FNs: 1207-038

Xc: Worker's Compensation case manager
Patient's attorney

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ORTHOPEDIC ORTHOPAEDICS

115 Bushy Creek Road
Easley, SC 29642

Phone: 864-855-1633

Fax: 864-855-1329

PATIENT'S NAME: KIMBERLY WALKER
MRN: 81114
DATE OF SERVICE: 12/20/2010

X-RAY INTERPRETATION:

The x-ray of the right knee today is normal. There are no signs of arthritis. No fractures and no destructive bony lesions.

DAJ:ats57

Voice file: 1207-038

272

OAKTREE ORTHOPAEDICS

113 Brushy Creek Road

Easley, SC 29642

Phone: 864-855-19633

Fax: 864-855-1323

PATIENT'S NAME: Kimberly Walker
MRN: 81114
DATE OF SERVICE: 11/02/2010

HISTORY OF PRESENT ILLNESS:

Ms. Walker comes in today for a recheck on her left knee. She had a cartilage restoration procedure with Dr. Vann using immature chondrocytes on her medial femoral condyle. She had a second-look arthroscopy with Dr. Vann on 08/09/2010 at which point he felt that there was good fill of her cartilage lesion. Unfortunately, the patient reports that she is getting worsening pain in the left knee, which is severely limiting her ability to walk or stand. She states that she used to coach her daughter's basketball team, but now she cannot do it anymore because her knee hurts too much.

EXAMINATION:

On exam today, the patient has healed incisions to the left knee. There are two arthroscopic portals and a medial mini-arthrotomy incision. She has no hypersensitivity and no allodynia about the left knee. She has range of motion from 0 to 100 degrees of flexion. She has negative varus and valgus stress test. She is tender in the medial joint line and over the medial femoral condyle. She has mild crepitus with range of motion. She is an obese lady.

IMPRESSION:

1. LEFT KNEE OSTEOCHONDRAL DEFECT WITH POOR RESPONSE TO SURGICAL TREATMENT SO FAR.

PLAN:

We had an extensive discussion today about different treatment options. The patient is not interested in chronic pain management. I would like to send her for a consultation with Dr. Brian Burnikel regarding the feasibility of unicompartmental knee replacement. The other surgical option, in my opinion, would be an allograft OATS procedure. I am really not sure which would be the best option for this patient. If Dr. Burnikel feels that OATS would be a better option than unicompartmental knee replacement, I would be happy to schedule the patient for that procedure and perform the surgery. In the meantime, the patient is continuing on modified duty. She can stand for no more than 15 minutes. She is not to do any stair climbing.

Daniel Cordas, M.D.

DC:ate60

Voice File: 1105-006

cc: Worker's Compensation

ORTHOPEDIC CENTER OF THE CAROLINAS IN POWERSVILLE

100 Powers Boulevard

P.O. Box 51158

Powersville, SC 29673

Phone: 864-850-1958

Fax: 864-850-1707

PATIENT'S NAME:

KIMBERLY WALKER

MRN:

81144

DATE OF SERVICE:

10/01/10

HISTORY OF PRESENT ILLNESS:

Ms. Walker comes in today for follow-up on her left knee. I performed a second opinion for her about the left knee on 07/06/10. Please refer to that note for full details, but essentially she had an articular cartilage grafting procedure with Dr. Vann on her medial femoral condyle of her left knee, which did not give her good pain relief. She reports that she had another knee arthroscopy on 08/09/10 with Dr. Vann, where he basically looked in her knee. That surgery report is available for review today. The report states that there was some roughness of the grafting cartilage and a chondroplasty was performed, but overall there was good integrity of the grafted area. The patient herself reports that she is having debilitating left knee pain, which has gotten worse since her last surgery on 08/09/10.

The patient is also complaining of low back pain today.

EXAMINATION:

On exam today, the patient has healed incisions and no deformity about the left knee. She has a medial mini-arthrotomy incision in addition to arthroscopic portals. She is an obese lady. She was extremely tender in the medial joint line and over the medial femoral condyle. She has lateral joint line tenderness. She has negative varus and valgus stress tests. She has negative anterior Drawer's and negative posterior Drawer's.

In the lumbar spine, the patient is non-tender in the midline. She has right greater than left paraspinal tenderness. She has intact light touch sensation and intact motor function in both lower extremities. She has a positive straight leg raise on the right.

X-ray:

The patient brings with her arthroscopic images from her surgery on 08/09/10. The images show fibrillation of the area of the medial femoral condyle that I assume is her graft. There is then a picture, which shows that fibrillated cartilage having been removed and a smooth area of medial femoral condyle being probed afterwards.

IMPRESSION:

1. SEVERE LEFT KNEE PAIN AFTER OSTEOCHONDRAL GRAFTING OF THE MEDIAL FEMORAL CONDYLE; LOW BACK PAIN WITH RIGHT LOWER EXTREMITY SCIATICA

Continued ...

KIMBERLY WALKER

October 1, 2010

PAGE 2

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PLAN:

The patient was prescribed Naproxen, 500 mg PO b.i.d. p.r.n. pain with food. She is instructed to take Tylenol to supplement this p.r.n. She was referred for physical therapy for her back and her knee. I am going to place her on light duty restrictions. No standing more than thirty minutes and no stair climbing at work. I would like to see her back in one month for a repeat check.

Daniel Cordas, M.D.

DC:ats57

Voice File: 1116-047

xc: Workers' Compensation Adjuster

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ORTHOPEDIC CENTER OF THE CAROLINAS IN POWDERSVILLE

100 Powers Boulevard

P.O. Box 51158

Powdersville, SC 29679

Phone: 864-850-1968

Fax: 864-850-1707

PATIENT'S NAME:

KIMBERLY WALKER

MRN:

81114

DATE OF SERVICE:

Various

X-RAY INTERPRETATION:

LEFT KNEE

The x-rays of the left knee from May 11, 2009, July 20, 2009, and August 24, 2009 show slight narrowing of the medial compartment with no fractures and no osteophytes.

An x-ray was repeated today which showed no progression of narrowing and basically no change since August 24, 2009.

DC:ats12

Voice File: 0907-006

276

ORTHOPEDIC CENTER OF THE CAROLINAS IN POWDERSVILLE

100 Powers Boulevard

P.O. Box 51158

Powdersville, SC 29673

Phone: 864-850-1968

Fax: 864-850-1707

PATIENT'S NAME: KIMBERLY WALKER
MRN: 81114
DATE OF SERVICE: 07/06/2010

HISTORY OF PRESENT ILLNESS:

Ms. Walker comes in today for a second opinion on her left knee. She injured the left knee on February 19, 2009. She was initially seen by primary care and then referred to orthopedics. On March 16, 2009, she saw Dr. Vann from orthopedics. There was an articular cartilage flap tear on the medial femoral condyle according to the MRI. On April 20, 2009, Dr. Vann took the patient for arthroscopy and microfracture. On July 20, 2009, the patient was complaining of medial-sided pain. Hyaluronic injections were recommended. The patient began the injections on July 28, 2009. On September 1, 2009, she was still having pain in the knee. Dr. Vann discussed with her doing a procedure where the defect was filled with allograft. On October 30, 2009, the patient had a repeat arthroscopy of the left knee with Dr. Vann. He débrided the defect and placed allograft juvenile cartilage cells. Next note available is from April 7, 2010. Dr. Vann reported that the patient was feeling better. After that procedure, the patient was having a little bit of medial-sided knee pain. On May 13, 2010, she was still having medial-sided knee pain.

The patient reports that she initially improved after the surgery in October. Since about January, her knee has started feeling worse over the past month or two, but it has gotten rapidly worse. She also complains that her right knee is hurting as well. She reports that she has been non-weight bearing on the left for approximately nine months out of the past 18 months and putting all her weight on her right knee, she is concerned, as damaged that knee.

PAST MEDICAL HISTORY:

None

CURRENT MEDICATIONS:

Aleve
Tylenol
Advil

PAST SURGICAL HISTORY:

Right knee arthroscopy in April of 2009
Microfracture in April of 2009
Articular cartilage cell transplant in October 2009

Continued ...

[Signature]
Left Knee 9/13/10

ALLERGIES:

MORPHINE

FAMILY HISTORY:

Negative for bone or joint condition.

SOCIAL HISTORY:

The patient denies any excessive alcohol or tobacco use.

PHYSICAL EXAMINATION:

On examination today in the left knee, the patient has range of motion from 0 to 110-degrees of flexion. There is moderate crepitus. She is very tender in the medial joint line. She is non-tender in the lateral joint line. She has negative varus and valgus stress tests. She has a negative anterior Drawer's test. She is 5' 4" tall and 230 pounds, so Lachman's test is difficult to perform due to the size of her leg. Leg size also limits her flexion somewhat.

In the right knee, the patient has range of motion from 0 to 110-degrees of flexion. She again has negative varus and valgus stress and a negative anterior Drawer's test. She is very tender in the medial joint line of the right knee. She is non-tender in the lateral joint line of the right knee.

X-rays: The x-rays of the left knee from May 11, 2009, July 20, 2009, and August 24, 2009 show slight narrowing of the medial compartment with no fractures and no osteophytes.

An x-ray was repeated today which showed no progression of narrowing and basically no change since August 24, 2009.

IMPRESSION:

1. LEFT KNEE FAILED ALLOGRAFT CARTILAGE TRANSPLANT.
2. POSSIBLE MENISCAL TEAR OF THE RIGHT KNEE SECONDARY TO OVERLOAD FROM PROLONGED NON-WEIGHT BEARING PRECAUTIONS ON THE LEFT KNEE AS WELL AS OBESITY.

PLAN:

I recommend that this patient proceed with an MRI examination for bilateral knees. On the right, if she has a medial meniscus tear that should be addressed before contemplating any large surgeries on the left which would require further prolonged non-weight bearing. On the left, if she has good feel of her chondral injury, I would recommend chronic pain management and possible repeat Hyaluronic acid injections. If the chondral injury is not doing well, she might be a candidate for an OATS procedure using autograft if the defect is less than 2 cm. in diameter or allograft if it is greater than 2 cm.

Continued...

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KIMBERLY WALKER

July 6, 2010

PAGE 3

PLAN (Continued):

This concludes the second opinion on Kimberly Walker. If I can be of any further assistance, please do not hesitate to contact me.

Daniel Cordas, M.D.

DC:ats12

Voice File: 0907-006

xc: Workmen's Compensation Case Manager

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Oaktree Medical Centre, P.C.
3505 Pelham Road, Suite A
Greenville, SC 29615
Phone: (864) 288-8878 Fax: (864) 288-8103

PatientID: 81114KW

Patient Name: KIMBERLY M WALKER

Date of Birth:

Date of Service: 07/06/2010

HISTORY OF PRESENT ILLNESS: Patient presents for second opinion on her left knee.

CURRENT ALLERGY LIST:
MORPHINE

CURRENT MEDICATION LIST:
ALEVE - UNKNOWN DOSAGE, AS NEEDED
TYLENOL - UNKNOWN DOSAGE, AS NEEDED
ADVIL, UNCERTAIN DOSAGE, AS NEEDED

PAST MEDICAL HISTORY:

MEDICAL: No history of significant medical diseases.

SURGICAL: KNEE SCOPE, ARTICULAR CARTL TRANSPLANT.

SOCIAL HISTORY:

TOBACCO USE: Has no smoking history.

ALCOHOL: Does not give any significant history of alcohol usage.

VITAL SIGNS:

VS-TEMPERATURE: 98.1°F Tympanic

VS-PULSE: 72 Right Radial, Regular

VS-WEIGHT: 230lbs

DANIEL CORDAS, MD,

INNervISION

One Marcus Drive Greenville, SC 29615
Phone (864) 289-9977 Fax (864) 751-2050
www.innervisionmedical.com

PATIENT: Walker, Kimberly
DOB: 751639
MRN: 751639
PATIENT PHONE: 751639
PHYSICIAN: Daniel Cordas, MD
DATE: 2/8/2011

MRI LEFT KNEE WITHOUT CONTRAST

HISTORY: 42-year-old female with left knee pain since 02/19/2009. Previous arthroscopic surgery with "articular cartilage transplant on 08/09/2010."

TECHNIQUE: The following sequences were obtained on a GE Signa 1.5 Tesla MRI unit: Multiple coronal T1-weighted, sagittal proton density, axial, coronal, sagittal fat saturation dual echo images.

COMPARISON: None available.

FINDINGS: A small joint effusion is present. There is diffuse increased signal intensity within the articular surface cartilage of the apex of the trochlear notch. There is combined increased and decreased signal intensity within the articular surface cartilage of the posterior aspect of the weightbearing portion of the medial femoral condyle, just above the body of the medial meniscus. There is subtle increased signal intensity and thinning of the articular surface cartilage of the posterolateral aspect of the lateral tibial plateau with associated subchondral cyst formation, just deep to the posterior aspect of the posterior horn of the lateral meniscus. No osteochondral cyst formation, just deep to the subluxation or dislocation seen. The medial and lateral menisci are normal in signal intensity and morphology without evidence of degeneration, contusion or tear. The anterior and posterior cruciate ligaments are normal in signal intensity and morphology without evidence of degeneration or tear. The quadriceps and patellar tendons are normal. The medial and lateral collateral ligaments are normal in signal intensity and morphology without evidence of sprain or tear. The iliotibial band and popliteus tendon are normal. Aside from the above-mentioned subchondral cystic changes in the lateral tibial plateau, the remaining bone marrow signal intensity is unremarkable. No muscle strain, contusion or atrophy apparent. No soft tissue masses seen. There is mild diffuse postop scar tissue in the medial aspect of Hoffa's fat.

IMPRESSION:

1. Small joint effusion.
2. Combined increased and decreased signal intensity within the articular surface cartilage of the posterior aspect of the weightbearing portion of the medial femoral condyle in keeping with the given history of articular cartilage transplant.
3. Mild to moderate chondromalacia of the trochlear notch of the distal femur.
4. Advanced chondromalacia in the posterolateral aspect of the lateral tibial plateau.
5. No other abnormalities recognized.
6. See comments above for details.

Raul Ceballos Jr., M.D.
RC/m

DD: 2/9/2011

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Patient: Walker, Kimberly
MRN: 751639
Exam: MRI LEFT KNEE WITHOUT CONTRAST

DT: 2/9/2011
Job: 12238720

This report has been electronically reviewed and signed.

A handwritten signature in black ink, appearing to read "Renee C. [unclear]".

282
[unclear]



UNIVERSITY MEDICAL GROUP

WALKER, KIMBERLY

Guarantor: WALKER, KIMBERLY Insurance: PLANNED ADMINISTRATORS

01/20/2011

Progress Notes: Brian Burnikel

Current Medications

Wellbutrin XL 300 mg/24 hours 1 tab(s)
every 24 hours
Tylenol 2 tab(s) every 4 hours
Ambien 2 tab(s) once a day (at bedtime)
Aleve as needed
Ultram 1 tab(s) every 4 hours

Past Medical History

Hyperthyroidism

Surgical History

Left Knee Arthroscopy. Dr. Vann 04/20/09
Articular transplant 10/30/09
left knee chondroplasty-Dr Vann 8/2010

Family History

Family: Hypertension, diabetes

Social History

Interpersonal/family relationships: Divorced
WORK STATUS: No restrictions.
Lives With: children.
Occupation: Social Services Manager at
SHARE, INC.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

morphine

Hospitalization/Major

Diagnostic Procedure

See surgical history

Review of Systems

CONSTITUTIONAL:

Fever no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no.
Leg/feet swelling no. Vascular Disease No.

GENITOURINARY:

Pain in urinating no. Bladder

Infection no. Difficulty with urination no.

NEUROLOGICAL:

CVA/ITA no. Anxiety/Depression no.

Reason for Appointment

1. WCN LT KNEE
2. referred by Dr Cordas

Assessments

1. Knee Pain - 729.5 (Primary)

Three radiographic views of the knee reveal mild tricompartmental arthritis of the knee with no osteophyte formation, subchondral sclerosis and mild joint space narrowing.

Treatment

1. Knee Pain

The patient was fit for a double chopat strap to use during exercise and physical activities that stress the patellofemoral joint. , Osteobiflex Chondroitin Sulfate and Glucosamine usage was recommended. The dosage, benefits and possible risks were reviewed. A prescription for lateral heel wedges was given to unload the medial compartment of the involved knee. Patient was given a demonstration as well as a detailed instruction sheet outlining a home exercise program for quadriceps strengthening. If further assistance is needed they will notify my office and a formal therapy referral will be made.

2. Others

Start Voltaren Gel diclofenac sodium topical gel, 1 %, topical, 20 gm tube or 100 gram tube, as directed, apply to skin qid, Refills 3
An aggressive weight loss program was recommended for decreasing joint stress and improving general health.

Diagnostic Imaging

Knee, 4 views, left

Follow Up

prn

History of Present Illness

Pain Assessment:

This patient has been treated by Dr Vann and Dr Cordas. Her work comp injury occurred on 2/19/2009. Dr Cordas stated in his last note that he would like for me to evaluate this patient for a unicompartmental knee procedure or an OATS procedure.

Left Knee/Leg:

Injury Work Related 2/19/2009. Effusion constant.

Patient: WALKER, KIMBERLY

Progress Note: Brian Burnikel 01/20/2011

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

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Sleep disturbance no.

RESPIRATORY:

Persistent Cough no. Shortness of

Breath no. Wheezing no.

ENT:

Recent loss of hearing no. Sinusitis no.

GASTROINTESTINAL:

PUD/Gastritis no. Stomach Pain no.

Black tar-like or bloody stool no.

SKIN:

Ulcer no. Poor wound healing no. Skin Infection no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

ENDOCRINE:

Diabetes no. Thyroid disease no.

HEME/LYMP:

Anemia no. Bleeding Problems no.

Blood Transfusion no.

ALLERGIC/IMMUNOLOGIC:

Seasonal no. Iodine no.

MUSCULOSKELETAL:

Joint Swelling or Stiffness yes. Muscle aches yes. Joint Pain yes. Pain in multiple joints yes.

Mechanical Sx Catching. Prior non-op trt Activity modification, Aleve, Tramadol. Prior operative trt arthroscopy, chondroplasty of patellofemoral joint by Dr Vann 8/2010 and a arthrotomy with placement of allograft juvenile cartilage cells on left medial femoral condyle on 10/30/2009. She also had an arthroscopy 4/20/2009. All of the surgeries were done by Dr Vann..

Vital Signs

Ht 64, Wt lbs 241, BMI 41.36.

Examination

General:

General Appearance: ... Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lymphatic No lymphadenopathy present in the neck, supraclavicular fossa, axillae, or groin. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect. Skin No rashes, lesions, or ulcers.

Left Hip/Thigh/Pelvis:

Inspection: No ecchymosis, scars, masses, or deformities. ROM: full, symmetric A/P ROM in all planes. Tenderness: No areas of tenderness. Strength Testing: normal hip strength in all planes. Limb Alignment: Normal. Provocative Testing: Stinchfield negative, Straight leg raise negative. Neurovascular: Normal pulses, sensation, color, temperature, and reflexes.

Left Knee/Leg:

Gait: Normal. Inspection: no effusion. Alignment: Normal. Range of Motion: full AROM. Tenderness: Lateral patellar facet. Quad Muscle Mass: normal, good activation. Extensor Mechanism: intact, can perform straight leg raise. Patella: positive grind. McMurrays: negative. Ligament Testing: normal anterior posterior translation, normal varus/valgus stability.

Procedure Codes

73564 KNEE (4 OR MORE VIEW) X-RAY



Electronically signed by Brian Burnikel on 01/28/2011 at 01:41 PM EST

Sign off status: Completed

Patient: WALKER, KIMBERLY

Progress Note: Brian Burnikel 01/20/2011

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

284

Steadman Hawkins-Greenville (SHCP)

**200 Patewood Dr
Greenville, SC 29615
Tel: 864-454-7422
Fax: 864-454-6605**

Patient: WALKER, KIMBERLY I

Progress Note: Brian Burnikel 01/20/2011

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

285




Greenville Physicians Imaging Center
103 South Venture Drive
Greenville, SC 29615
864 ▲ 627 ▲ 0500
864 ▲ 627 ▲ 8655 (fax)

Final ReportName: **KIMBERLY WALKER**Referred by: **Daniel I. Cordas MD.**ID: **250578285**

DoB: .

Sex: **F**Completed: **Dec 21, 2010 15:46****OBSERVATION****MRI OF THE RIGHT KNEE: 12/21/10**Clinical Indication: **Right knee pain since an injury on 02/19/09.**

TECHNIQUE: The right knee was imaged in the axial, sagittal and coronal planes utilizing various standard pulse sequences.

FINDINGS: There is no fracture or dislocation. There is no suspicious osseous lesion. There is no marrow edema to suggest contusion. Degenerative-type subchondral cyst formation is seen along the articulating margin of the lateral tibial plateau. Cartilage at the patellofemoral joint is intact. Only physiologic joint fluid is present. There is no Baker's cyst.

There is no meniscal tear. The cruciate ligaments are intact as are the collateral ligaments, quadriceps and patellar tendons.

IMPRESSION: No evidence of internal derangement at the right knee.

Thank you very much for the opportunity to examine your patient.

Irene Darocha, M.D.
Irene Darocha, M.D.

Joel D. Swartz, M.D.
Joel D. Swartz, M.D.

Progress Notes

Patient: WALKER, KIMBERLY

DOB:

Age: 5

Sex: Female

Provider: Philip J. Hodge

Phone:

Date: 10/14/2010

Address:

Subjective:

CC:

1. WC INJURY 2/19/2009. Patient complains of low back and bilateral thigh, lower leg, feet and toe pain with tingling and numbness. Patient states pain score today is a 6..

HPI:

Lumbar Spine/Lower Back:

Location: Lumbar region. Quality: burning, stabbing. Severity: Pain Score (scale of 1 to 10) 6, severe, interferes with sleep. Timing: Patient is experiencing problem at this time for longer than 1 year. Referred or radiating symptoms Bilateral thigh, lower leg, feet and toe. Setting in which it first occurred: Injury on the job " Banged knee on corner of desk". Aggravating factors: standing, sitting, walking, standing from a sitting position. Relieving factors: none.

Previous Treatments / Therapies:

Medications Medrol dos pak, aleve, Darvocet.

Previous Test / Evaluations / Procedures:

MRI (magnetic resonance imaging) scans of the lumbar spine 9/15/2010 Innervation.

ROS:

Musculoskeletal:

Loss of muscle strength yes. Painful joints yes. Swelling of joints yes.

Psychological:

Incapacitating nervousness yes. Depression yes.

Hematologic/Lymphatic:

Bruises easily yes.

Cardiovascular:

Chest pain yes. Shortness of breath yes.

Constitutional Symptoms:

Fatigue yes. Unintentional weight change weight gain, yes.

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.

GENTOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

-EYES:

Decreased Vision no. Cataracts no.

RESPIRATORY:

COPD no. Asthma no. Persistent Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:

Recent loss of hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:

GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

SKIN:

no Rash or itching, no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no.

Poor wound healing no. Skin Infection no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

ENDOCRINE:

Diabetes no. Thyroid disease no. Heat intolerance no. Cold intolerance no.

HEME/LYMP:

Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ALLERGIC/IMMUNOLOGIC:

Seasonal no. Iodine no. Food Allergies no.

MUSCULOSKELETAL:

Joint Swelling or Stiffness **yes**. Muscle aches **yes**. Joint Pain **yes**. Pain in multiple joints **yes**.
Weakness **yes**.

Medical History: Hyperthyroidism.

Surgical History: Left Knee Arthroscopy. Dr. Vann 04/20/09, Articular transplant 10/30/09.

Hospitalization/Major Diagnostic Procedure: See surgical history .

Family History: Family: Hypertension, diabetes

Social History: Interpersonal/family relationships: Divorced. WORK STATUS: No restrictions. . Lives With: children. Occupation: Social Services Manager at SHARE, INC. no Alcohol, no Smoking, no Recreational drug use.

Medications: Wellbutrin XL 300 mg/24 hours 1 tab(s) every 24 hours, Tylenol 2 tab(s) every 4 hours, Ambien 2 tab(s) once a day (at bedtime), Aleve as needed , Ultram 1 tab(s) every 4 hours

Allergies: Morphine.

Objective:

Vitals: Wt lbs 240.4, Wt kg 109.04, HR 74, BP 145/91.

Examination:

Imaging Studies:

MRI of the lumbar spine 9/15/2010 Innervision. Mild to moderate facet arthropathy at L5-S1 bilaterally. CD patient. .

General Exam:

General Appearance: Well developed , well nourished and groomed, No apparent acute or chronic distress . Communication: Normal. Cardiovascular: normal S1S2, no murmurs, . Respiratory: normal breath sounds.

Neurological:

Coordination: normal. Gait: normal. Level of consciousness: awake and alert. Mental Status: Orientation normal to time, place, person, and situation. Mood and Affect: normal, and appropriate to the situation. Motor: normal lower extremities. Pathological Reflexes: none. Reflexes: 2+ bilaterally and symmetric for, biceps (C5-C6), triceps (C7-C8), patellar (L3-L4), achilles (S1-S2). Speech: language intact for receptive and expressive functions. Station: Normal. Straight Leg Raising Positive on left. Tingling left lower extremity. .

Lumbar Spine / Lower back:

Palpation: midline tenderness sacral spine. .

Hip / Thigh:

Assessment:

Assessment:

1. Facet Arthropathy - 716.98 (Primary)
2. Degen Disc Dz, Lumbar - 722.52
3. Back pain - 724.5

Plan:**1. Facet Arthropathy**

Mrs. Walker has back pain that developed after rehabilitation on crutches after a work related knee injury in 2009. Her MRI shows facet arthropathy which is likely a preexisting condition which may have been exacerbated by her rehab. Since she does not have sciatic pain but numbness. I will refer her to a rehab physician for non surgical management.

Referral To: Medical Rehab Upstate

Reason: Rehab physician for evaluation and management

Immunizations:**Labs:****Preventive:**

Provider: Philip J. Hodge

Patient: WALKER, KIMBERLY **DOB:**

Date: 10/14/2010



Electronically signed by Philip Hodge on 10/27/2010 at 08:48 AM EDT
Sign off status: Pending

289 

Return to Work

Patient Name Kimberly Walker

Date 9/21/2010

WORK STATUS

- ☐ Return to regular work with no work limitations
- ☐ Date:
- ☐
- ☐ Unable to return to work for:
Dates: From days To: weeks
- ☐ Return to limited duty on
Through
- ☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

WAS SEEN IN THE OFFICE 9/20/2010

Diagnosis: 715.36 OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR
SECONDARY INVOLVING LOWER LEG 719.46 PAIN IN JOINT INVOLVING LOWER LEG
Follow-up Appointment as needed

ELECTRONICALLY SIGNED BY *John R Vann MD* on 9/21/2010 at 9:43 AM.

PIEDMONT ORTHOPAEDICS
COPY

290

Chief Complaint: Knee pain
Onset Date: 02/19/2009

CC: Left knee pain.

She still has pain in the knee with more activities.

She has great ROM of the hips and knees.

Her calf is soft and nontender. There is no effusion or atrophy.

Her NV is intact. Nothing that looks like she has any referred pain.

I talked to her at length about her options.

X-RAYS: Standing AP and lateral today show some mild osteopenia.

X-RAY IMPRESSION:

MILD OSTEOPENIA OF THE LEFT KNEE.

She has no effusion and I'm going to arthroscope the knee. Her graft areas look fine and I told her I still think it is going to take some time. She has some degenerative changes but not enough problems to warrant replacements or Unicompartmental unless there is change down the road and I told her I'd suggest follow-up x-rays in the next six months. It sounds as though workman's comp will arrange for another opinion. I think she's at MMI as far as I'm concerned but would recommend x-rays down the road and a 7% impairment of her left knee. No other restrictions.

JRV/JFM

Assessment:

Diagnosis Type	Description
Definitive	715.36 - OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG
Definitive	719.46 - PAIN IN JOINT INVOLVING LOWER LEG

Procedures Performed:

Description	Related Diagnosis	Units
XY - 73560 Knee 1-2 views	715.36, 719.46	1

Followup:

Visit Code: *99455 M M I

Followup visit requested: as needed

[Reviewed and signed off electronically by John R Vann MD on Sep 26 2010, 9:20 am]

Chief Complaint: Knee pain
Onset Date: 02/19/2009

no excess pain denies fever, calf pain
good ROM, calves soft, portals look fine
activities discussed, call for increased pain swelling, fever
findings expectations discussed
less pain good motion no limits
xray few months

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA
Definitive	719.46 - PAIN IN JOINT INVOLVING LOWER LEG

Procedures Performed:

Description	Related Diagnosis	Units
*99024 POST OP VISIT	717.7, 719.46	1

Followup:

Followup visit requested: 4 mon

[Reviewed and signed off electronically by John R Vann MD on Sep 14 2010, 10:40 am]

PIEDMONT ORTHOPAEDICS
COPY

292

Return to Work

Patient Name Kimberly Walker

Date 9/13/2010

WORK STATUS

- ☒ Return to regular work with no work limitations
- ☒ Date: 9/13/2010
- ☐
- ☐ Unable to return to work for:
Dates: From days To: weeks
- ☐ Return to limited duty on
Through
- ☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

Diagnosis: 717.7 CHONDROMALACIA OF PATELLA 719.46 PAIN IN JOINT INVOLVING LOWER LEG
Follow-up Appointment 4 mon

ELECTRONICALLY SIGNED BY John R Vann MD on 9/13/2010 at 2:07 PM.

PIEDMONT ORTHOPAEDIC
COPY

293

Chief Complaint: Knee pain
Onset Date: 02/19/2009

no excess pain denies fever, calf pain
good ROM, calves soft, portals look fine
activities discussed, call for increased pain swelling, fever
findings expectations discussed
FWB walking ok avoid climb squatting 4 weeks

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA

Procedures Performed:

Description	Related Diagnosis	Units
*99024 POST OP VISIT	717.7	1

Followup:

Followup visit requested: 4 weeks

[Reviewed and signed off electronically by John R Vann MD on Aug 16 2010, 5:20 pm]

PIEDMONT ORTHOPAEDICS
COPY

294

Return to Work

Patient Name Kimberly Walker

Date 8/16/2010

WORK STATUS

- ☐ Return to regular work with no work limitations
☐ Date:
☐
☐ Unable to return to work for:
Dates: From days To: weeks
Return to limited duty on 8/23/2010
sedentary work, avoid climbing, squatting, heavy
lifting no more than 10lbs, working 4 hrs a day
☒ for the next 4 weeks

☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

Diagnosis: 717.7 CHONDROMALACIA OF PATELLA
Follow-up Appointment 4 weeks

ELECTRONICALLY SIGNED BY *John R Vann MD* on 8/16/2010 at 3:10 PM.

PIEDMONT ORTHOPAEDICS
COPY

295

Return to Work

Patient Name Kimberly Walker

Date 7/30/2010

WORK STATUS

☒ Return to regular work with no work limitations

☒ Date: POSSIBLY 8/17

☐

☒ Unable to return to work for:

Dates: From 8/9 To 8/16

☐ Return to limited duty on
Through

☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

Diagnosis: 717.7 CHONDROMALACIA OF PATELLA
Follow-up Appointment surgery required

ELECTRONICALLY SIGNED BY *John R Vann MD* on 7/30/2010 at 1:33 PM.

PIEDMONT ORTHOPAEDICS
COPY

296

Walker, Kimberly

Chief Complaint:

Onset Date:

Left knee pain
02/19/2009

CC: Left knee pain.

Overall, the patient is doing well. She still has some pain medially. Her motion is still good today.

I talked about the natural history as she will probably need x-rays in about six months. She does not need her knee replaced and no limits at this time but it is just going to bother her with a lot of repetitive climbing and squatting.

She's at MMI. 5% impairment of her knee but I would suggest x-rays in about six months. I told her that sometimes if there is some change in pain, it is necessary to arthroscope her knee again.

JRV/JFM

Assessment:

Diagnosis Type

Description

Definitive

715.36 - OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG

Followup:

Visit Code:

*99455 M M I

Followup visit requested: as needed

[Reviewed and signed off electronically by John R Vann MD on May 24 2010, 12:50 pm]

POA
JUN 02 2010

297

Walker, Kimberly

Cl. Complaint: Knee pain
Onset Date: 02/19/2009

The patient feels better following the graft and she has good motion today. She still has a little bit of medial pain. She still has very good motion and I'm pleased with her progress thus far. She has no hip spasm and I talked about the natural history. She may continue with her regular job and I may get some x-rays in about three or four months unless there is some change.

JRV/JFM

Assessment:

Diagnosis Type	Description
Definitive	715.36 - OSTEOARTHROSIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG

Followup:

Visit Code: *99213 EST Expanded Problem Focused

Followup visit requested: 3 months

[Reviewed and signed off electronically by John R Vann MD on Apr 12 2010, 12:55 pm]

Pr
298

Walker, Kimberly

Ch. Complaint: Knee pain
Onset Date: 02/19/2009

no excess pain denies fever, calf pain
good ROM, calves soft, portals look fine
activities discussed, call for increased pain swelling, fever
findings expectations discussed
much better good motion working

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA
Definitive	719.46 - PAIN IN JOINT INVOLVING LOWER LEG

Followup:

Visit Code: *99024 Post op

Followup visit requested: 3 months

[Reviewed and signed off electronically by John R Vann MD on Jan 26 2010, 4:46 pm]

POA
JUN 08 2010
29

Date 1/21/2010

PIEDMONT ORTHOPAEDIC
COPY

300

12/2/09 11:30 AM From: Linda Kitsos

Page 2 of 2

Piedmont Orthopaedic Associates
(864) 234-7654 Fax (864) 675-1657

Return to Work

Patient Name Kimberly Walker

Date 11/30/2009

WORK STATUS

- ☒ Return to regular work with no work limitations
Date: possibly 1/11/10
- ☐ Unable to return to work for:
Dates: From days To: weeks
- ☒ Return to limited duty on 12/1 sedentary work for 2 weeks working 1/2 days only thru 12/13/09.
return to limited duty 12/14 sedentary work only working 8 hrs a day for the next 4 weeks thru 1/10/10
- ☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

Diagnosis:
Follow-up Appointment

ELECTRONICALLY SIGNED BY John R Vann MD on 11/30/2009 at 1:13 PM.

This fax was received by GFI FAXmaker fax server. For more information, visit <http://www.gfi.com>

301

Walker, Kimberly

Chief Complaint: Knee pain
Onset Date: 02/19/2009

no excess pain denies fever, calf pain
good ROM, calves soft, portals look fine
activities discussed, call for increased pain swelling, fever
findings expectations discussed
PWB 2 weeks FWB 4 weeks sedentary now

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA
Definitive	715.36 - OSTEOARTHRITIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG

Followup:

Visit Code: *99024 Post op

Followup visit requested: 2 months

[Reviewed and signed off electronically by John R Vann MD on Nov 25 2009, 1:59 pm]

POA CC
JUN 08 2010

302

Return to Work

Patient Name Kimberly Walker

Date 11/25/2009

WORK STATUS

- ☐ Return to regular work with no work limitations
- ☐ Date:
- ☐
- ☐ Unable to return to work for:
Days: From days To: weeks
- ☐ Return to limited duty on
Through
- ☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

Patient may return to work 1/2 days beginning 12/01/09 for 2 weeks. May return to full duty 12/14/09.

Diagnosis: 717.7 CHONDROMALACIA OF PATELLA 715.36 OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG
Follow-up Appointment 2 months

ELECTRONICALLY SIGNED BY *John R Vann MD* on 11/25/2009 at 11:08 AM.

PIEDMONT ORTHOPAEDICS
COPY

303

Walker, Kimberly

Ch. Complaint: Knee pain
Onset Date: 02/19/2009

no excess pain denies fever, calf pain
good ROM, calves soft, portals look fine
activities discussed, call for increased pain swelling, fever
findings expectations discussed
PT ROM TDWB 4 weeks PWB then FWB 6 weeks

Assessment:

Diagnosis Type	Description
Definitive	719.46 - PAIN IN JOINT INVOLVING LOWER LEG

Followup:

Visit Code: *99024 Post op

Followup visit requested: 2 mon

[Reviewed and signed off electronically by John R Vann MD on Nov 10 2009, 5:06 pm]

P000000000
JUN 10 2010
304

Return to Work

Patient Name Kimberly Walker

Date 11/9/2009

WORK STATUS

☐ Return to regular work with no work limitations

☐ Date:

☐

☒ Unable to return to work for:

Dates: From 10/30 To: 11/23

☐ Return to limited duty on
Through

☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

has return appt with Dr Vann on 11/23

Diagnosis: 719.46 PAIN IN JOINT INVOLVING LOWER LEG
Follow-up Appointment

ELECTRONICALLY SIGNED BY *John R Vann MD* on 11/9/2009 at 4:14 PM.

PIEDMONT ORTHOPAEDICS
COPY

305
N

Return to Work

Patient Name Kimberly Walker

Date 10/12/2009

WORK STATUS

- ☐ Return to regular work with no work limitations
- ☐ Date:
- ☐
- ☐ Unable to return to work for:

Dates: From 10/30 To: 11/22

- ☐ Return to limited duty on
Through
- ☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

Diagnosis:
Follow-up Appointment

ELECTRONICALLY SIGNED BY *John R Vann MD* on 10/12/2009 at 2:04 PM.

PIEDMONT ORTHOPAEDICS
COPY

306 



**piedmont
orthopaedic
associates**

35 International Dr.
Greenville SC 29615
Phone (864) 234-7654 Fax (864) 675-1657

October 8, 2009

Kathy Averette
Nurse Case Manager
1000 Hurricane Shoals Road-Ste C-300
Lawrenceville, GA 30043

RE: Kimberly Walker -

Dear Ms. Averette:

In reference to your recent note, I don't think the patient's left knee problem is the cause of her back problems or pain involving her other knee. If she does have some degenerative arthritis she may get some mild increased pain but I don't think her problems in her left knee would cause arthritis in her right knee nor her back.

Sincerely,

John R. Vann, M.D.

JRV/JFM

307

Walker, Kimberly

Ch. Complaint: Knee pain
Onset Date: 02/19/2009

CC: Left knee pain.

The patient still has pain involving the knee, still worse with activities. The right knee is not as painful.

She has good ROM of the hips and knees. There is no hip spasm and she's tender medially. There is no increased warmth or erythema.

Again, I explained that she did have a large Grade III chondral lesion of the medial femoral condyle and I talked about treatment options and some of the controversies. She's too young for replacement and talked about grafting this area with allograft cartilage technique to see if this would help as the options are limited because of her age and activities. Risks and benefits discussed.

JRV/JFM

Assessment:

Diagnosis Type	Description
Definitive	715.36 - OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG

Followup:

Visit Code: *99213 EST Expanded Problem Focused

Followup visit requested: surgery required

[Reviewed and signed off electronically by John R Vann MD on Sep 23 2009, 8:12 am]

POA CC
JUN 08 2010

Return to Work

Patient Name Kimberly Walker

Date 9/21/2009

WORK STATUS

- ☐ Return to regular work with no work limitations
- ☐ Date:
- ☐
- ☐ Unable to return to work for:
Dates: From days To: weeks
- ☒ Return to limited duty: sedentary work, if no sedentary work excuse from work
- ☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

Diagnosis: 715.36 OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG
Follow-up Appointment surgery required

ELECTRONICALLY SIGNED BY *John R Vann MD* on 9/21/2009 at 3:05 PM.

PIEDMONT ORTHOPAEDICS
COPY

Return to Work

Patient Name Kimberly Walker

Date 9/11/2009

WORK STATUS

- ☐ Return to regular work with no work limitations
☐ Date: _____
☐ Unable to return to work for: _____ days _____ weeks
Dates: _____ From _____ To: _____

- ☒ Return to limited duty on CONTINUE LIMITED DUTY STATUS, SEDENTARY WORK, TO INCREASE WEIGHTBEARING, CONTINUE THERAPY. IF NO WORK AVAILABLE EXCUSE FROM WORK UNTIL F/U APPT ON 09/21/09.
Through _____

- ☐ Return to school:
Date: _____

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

Diagnosis: 715.36 OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG
Follow-up Appointment 4 weeks

ELECTRONICALLY SIGNED BY John R Vann MD on 9/11/2009 at 9:04 AM.

PIEDMONT ORTHOPAEDIC
COPY

3/0

Walker, Kimberly

Chief Complaint: Knee pain
Onset Date: 02/19/2009

CC: Left knee pain.

The patient still has some pain involving the knee, still worse with activity. Again, no fevers or chills. She still has to use a crutch. She's starting to get some pain involving the right knee but overall has good motion.

She has no effusion. She's tender medially. Her calf is soft and nontender and her NV is intact and again, the patient had a large osteochondral lesion.

I talked to her about her options and she did not get a lot of improvement with injections. I have also talked to her about grafting this area and some of the controversies. I still want to see if things settle down following the injection. Continue ROM exercises and I'll see her over the next few weeks.

JRV/JFM

Assessment:

Diagnosis Type	Description
Definitive	715.36 - OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG

Procedures Performed:

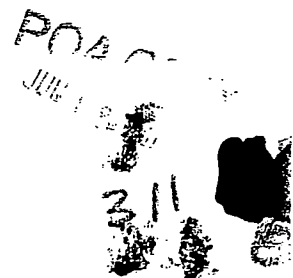
Description	Related Diagnosis	Units
XY - 73560 Knee 1-2 views	715.36	1

Followup:

Visit Code: *99213 EST Expanded Problem Focused

Followup visit requested: 4 weeks

[Reviewed and signed off electronically by John R Vann MD on Aug 28 2009, 3:27 pm]





**piedmont
orthopaedic
associates**

35 International Dr.
Greenville SC 29615
Phone (864) 234-7654 Fax (864) 675-1657

August 18, 2009

Katherine Averette, RN
Nurse Case Manager
Compensation Services, Inc.

RE: Kimberly Walker - DOB:

Dear Ms. Averette:

In reference to your letter regarding Kimberly Walker. I don't think she reported an injury to her right knee. Sometimes patients can start developing some degenerative change in the right knee but I don't think it is secondary to compensation from her left knee unless she had a reported injury. If you need any other assistance, please let me know.

Sincerely,

John R. Vann, M.D.

JRV/JFM

312

Walker, Kimberly

C. Complaint: Knee pain
Onset Date: 02/19/2009

Pt comes in for Euflexxa injection #3.

After sterily prepping the anterior aspect, the left knee is injected with Euflexxa.

Assessment:

Diagnosis Type	Description
Definitive	715.36 - OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG

Procedures Performed:

Description	Related Diagnosis	Units
INJ - 20610 Large Joint (shoulder,hip,knee)	715.36	1
Med - J7323 Euflexxa Inj	715.36	1

Followup:

Followup visit requested: 4-6 weeks me also appt for R knee private need app

[Reviewed and signed off electronically by John R Vann MD on Aug 19 2009, 8:55 am]

POA
JUN 08 2009

313

Walker, Kimberla

Ch. Complaint: Knee pain
Onset Date: 02/19/2009

Pt comes in for Euflexxa injection #2.

After sterilely prepping the anterior aspect, the left knee is injected with Euflexxa.

Assessment:

Diagnosis Type	Description
Definitive	715.36 - OSTEOARTHROSIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG

Procedures Performed:

Description	Related Diagnosis	Units
INJ - 20610 Large Joint (shoulder,hip,knee)	715.36	1
Med - J7323 Euflexxa Inj	715.36	1

Followup:

Followup visit requested: 1 wk 3rd inj

[Reviewed and signed off electronically by John R Vann MD on Aug 7 2009, 2:45 pm]

POA CC
JUN 08 2010

314

Walker, Kimberly

C .Complaint: Knee pain
Onset Date: 02/19/2009

Pt comes in for Euflexxa injection #1.

After sterilely prepping the anterior aspect, the left knee is injected with Euflexxa.

Assessment:

Diagnosis Type	Description
Definitive	715.36 - OSTEOARTHRISIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG

Procedures Performed:

Description	Related Diagnosis	Units
INJ - 20610 Large Joint (shoulder,hip,knee)	715.36	1
Med - J7323 Euflexxa Inj	715.36	1

Followup:

Followup visit requested: as sched

[Reviewed and signed off electronically by John R Vann MD on Jul 29 2009, 10:39 am]

POA
JUN 08 2009

315

Walker, Kimberly

CI. Complaint:

Onset Date: 02/19/2009

CC: Left knee pain.

HPI: Still has some pain involving the knee medially. She has a little bit of pain involving the right knee and I suspect she's getting some degenerative change there as well. She is just working a few hours a day which seems to be working out well.

PE: She has good ROM. She is tender medially on the left knee. Her calf is soft, nontender. There is no hip spasm. She has pain along the medial right knee as well.

RADIOGRAPHS: Two views standing of the left knee reveal narrowing of the medial compartment.

RADIOGRAPHIC IMPRESSION: Degenerative changes of left knee today.

IMPRESSION: DEGENERATIVE ARTHRITIS, LEFT KNEE.

PLAN: I talked to her about her options and problems at her age. I think she should try hyaluronic acid and see if this helps. I talked to her about surgical options.

JRV/cwr

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA
Definitive	715.36 - OSTEOARTHRITIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG

Procedures Performed:

Description	Related Diagnosis	Units
XY - 73560 Knee 1-2 views	715.36, 717.7	1

Followup:

Followup visit requested: HA shots

[Reviewed and signed off electronically by John R Vann MD on Jul 24 2009, 1:50 pm]

POA
JUN 08 2010

3/16

Return to Work

Patient Name Kimberly Walker

Date 7/20/2009

WORK STATUS

☐ Return to regular work with no work limitations

☐ Date:

☐

☐ Unable to return to work for:

Dates: From days To: weeks

Return to limited duty on 6/20/09 working 5 hrs a day
sedentary work, increase weightbearing status, cont
pt, if no work available excuse from work until return
appt

☒

☐ Return to school:

Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

Diagnosis: 717.7 CHONDROMALACIA OF PATELLA 715.36 OSTEOARTHROSIS LOCALIZED NOT
SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING LOWER LEG
Follow-up Appointment HA shots

ELECTRONICALLY SIGNED BY *John R Vann MD* on 7/20/2009 at 1:51 PM.

PIEDMONT ORTHOPAEDICS
COPY

Date 6/15/2009

PIEDMONT ORTHOPAEDICS
COPY

Walker, Kimberly

C. Complaint: Knee pain
Onset Date: 02/19/2009

CC: Left knee pain.

She still has some pain involving the knee, minimal effusion.

Her calf is soft and nontender. She is going to increase to full weight bearing.

I still want her to avoid climbing and squatting for the next few weeks. I may get some standing films upon return.
Still talked about grafting this area.

JRV/JFM

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA

Followup:

Visit Code: *99024 Post op

Followup visit requested: 1 MONTH

[Reviewed and signed off electronically by John R Vann MD on Jun 11 2009, 9:10 am]

POA
JUN 09 2009
319

Cl. Complaint: Knee pain
Onset Date: 02/19/2009

No excess pain denies fever, calf pain
Good ROM, calves soft, portals look fine
Activities discussed, call for increased pain swelling, fever
Findings expectations discussed
Less pain progress FWB 2 weeks
jrv

ADDENDUM:

CC: Left knee pain.

The patient was doing was using her crutches and slipped in some water at a restaurant this weekend and she has some pain along the medial aspect of the knee. She does not have a lot of calf complaints.

She has good motion of her hips and knees and just trace of an effusion of the left knee. Her calf is soft and nontender. She overall has good ankle and subtalar motion and mild antalgic gait. Her NV is intact. She, overall, has no gross instability and I talked to her about her options.

X-RAYS: Two views of the left knee show no fractures or lesions.

X-RAY IMPRESSION:

NORMAL X-RAYS OF THE LEFT KNEE TODAY.

I talked to her about her options and most likely she just had a mild flare. I told her she still could have some meniscal pathology and would not recommend an MRI at this time. She is going to continue with the therapy and call for any change in pain. I'll check her in a few weeks unless there's some change.

JRV/JFM

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA
Definitive	719.46 - PAIN IN JOINT INVOLVING LOWER LEG

Procedures Performed:

Description	Related Diagnosis	Units
XY - 73562 Knee 3views	719.46	1

Followup:

Visit Code: *99024 Post op, *99212 EST Problem Focused

Followup visit requested: 4 weeks

[Reviewed and signed off electronically by John R Vann MD on May 17 2009, 9:11 am]

POC
JUN 08 2009

Return to Work

Patient Name Kimberly Walker

Date 5/11/2009

WORK STATUS

- ☐ Return to regular work with no work limitations
☐ Date:
☐
☐ Unable to return to work for:
Dates: From days To: weeks
- Return to limited duty onTHRU 061309 SEDENTARY
WORK ONLY/ LIMIT WEIGHT BEARING DUE TO
GRADE 3 CHONDRAL LESION
ANDMICROFRACTURE. **IF THE EMPLOYER HAS
NO WORK AVAILABLE WE WILL SUPPORT HER
☒ TO CONTINUE OOW UNTIL 061309.
Through
- ☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

Diagnosis: 717.7& 719.46
Follow-up Appointment 052609

ELECTRONICALLY SIGNED BY John R Vann MD on 5/11/2009 at 4:04 PM.

PIEDMONT ORTHOPAEDICS
COPY

CI. Complaint: Knee pain
Onset Date: 02/19/2009

no excess pain denies fever, calf pain
good ROM, calves soft, portals look fine
activities discussed, call for increased pain swelling, fever
findings expectations discussed
Grade 3 chonral lesions microfracture limit wt bearing
she has joined Y swim
sedentary 6 weeks talked about graft

Assessment:

Diagnosis Type	Description
Definitive	717.7 - CHONDROMALACIA OF PATELLA
Definitive	719.46 - PAIN IN JOINT INVOLVING LOWER LEG

Followup:

Visit Code: *99024 Post op

Followup visit requested: 4 weeks

[Reviewed and signed off electronically by John R Vann MD on May 6 2009, 11:15 am]

POA
JUN 03 2009

322

Return to Work

Patient Name Kimberly Walker

Date 4/28/2009

WORK STATUS

- ☐ Return to regular work with no work limitations
- ☐ Date:
- ☐
- ☐ Unable to return to work for:
Dates: From days To: weeks
- ☐ Return to limited duty on
Through
- ☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

continue sedentary work until further notice

Diagnosis: 717.7 CHONDROMALACIA OF PATELLA 719.46 PAIN IN JOINT INVOLVING LOWER LEG
Follow-up Appointment

ELECTRONICALLY SIGNED BY *John R Vann MD* on 4/28/2009 at 5:07 PM.

PIEDMONT ORTHOPAEDICS
COPY

PIEDMONT ORTHOPAEDIC ASSOCIATES

PATIENT INFORMATION FORM

(Please Print)

DATE 3/14/09

TRV
WC

PATIENT

NAME: Kimberly Walker BIRTHDATE: _____ SEX: F SS#: _____
 ADDRESS: _____ CITY: _____ STATE: SC ZIP: 29611
 HOME PHONE: _____ CELL PHONE: _____ EMail: _____
 MARITAL STATUS: Divorced
 EMPLOYER NAME: SHARE
 ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ PO Box 10504 GVL SC 29603
 EMPLOYER PHONE: _____ OCCUPATION: 282-219 233-4128
 EMERGENCY CONTACT: NAME Alan McKenney PHONE: 360-1181 / 220-5212

IF PATIENT IS A MINOR:

Father's Name: _____ Address: _____ Phone: _____ DOB: _____
 Employer: _____ SS#: _____
 Mother's Name: _____ Address: _____ Phone: _____ DOB: _____
 Employer: _____ SS#: _____

REFERRING DOCTOR:

ADDRESS: WC

FAMILY DOCTOR:

DO YOU LIVE IN A SKILLED NURSING FACILITY? ☐ YES ☒ NO
 NAME OF FACILITY: _____

WAS THIS AN ON THE JOB INJURY? ☒ YES ☐ NO

DESCRIPTION OF PROBLEM: Lt KNEE pain Date of injury: 2/19/2009
 How did injury happen? Turned foot stuck knee twisted banged disk very hard
 Employer at time of Accident: SHARE Phone: 269-0700
 Claim #: _____ Worker's Compensation Insurance: _____

INSURANCE:

PRIMARY: State Accident Fund NAME OF INSURED: Kimberly Walker
 INSURED'S DOB: 8/11/1968 ID #: 250578285

SECONDARY: _____ NAME OF INSURED: _____
 INSURED'S DOB: _____ ID #: _____

PAYMENT IS REQUIRED AT TIME OF SERVICE

Payment for medical care is solely the responsibility of the patient or his/her legal guardian.

By signing below I give Piedmont Orthopaedic Associates, PA authorization to treat my medical condition. I also allow them to release my medical information as is necessary for treatment, payment and operation of Piedmont Orthopaedic Associates, PA.

Patients or Legal guardian Signature Kimberly Walker Date 3/16/09

ACKNOWLEDGEMENT OF RECEIPT OF PATIENT FINANCIAL POLICY.

I have read and understand Piedmont Orthopaedic Associates, PA Patient Financial Policy and I agree to all terms listed in the policy.

Patient or Legal guardian Signature Kimberly Walker Date 3/16/09

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE.

I understand that the purpose of this notice is to inform me of my rights in regards to my Protected Health Information and also the ways in which Piedmont Orthopaedics may use my Protected Health Information. I also understand that Piedmont Orthopaedic Associates has my permission to use my Protected Health Information as necessary for treatment, payment and/or operation.

Patient or Legal Guardian Signature Kimberly Walker Date 3/16/09

Return to Work

Patient Name Kimberly Walker

Date 3/16/2009

WORK STATUS

- ☐ Return to regular work with no work limitations
- ☐ Date:
- ☐ Unable to return to work for:
Dates: From days To: weeks
- ☐ Return to limited duty on
Through
- ☐ Return to school:
Date:

*If employer has no work available according to these restrictions, it is up to the employer to release them from work.

Doctor's Comments:

sedentary work until further notice

Diagnosis: 719.46 PAIN IN JOINT INVOLVING LOWER LEG
Follow-up Appointment surgery required

ELECTRONICALLY SIGNED BY *John R Vann MD* on 3/16/2009 at 2:21 PM .

PIEDMONT ORTHOPAEDIC
COPY

Complaint: Knee pain
Onset Date: 02/19/2009

CC: Left knee pain.

HPI: New complaint of pain involving the left knee. She had no prior history of any knee problems until she injured the knee on 2/19 and is referred by Dr. Faile. Records are reviewed. She has pain on the medial aspect of the knee and she had an MRI which showed a chondral lesion. She has no prior history of any trauma. She's been using crutches. She does not have a lot of night pain unless she has been real active but has still been reluctant to fully bear weight. She has no calf pain or pain involving the other leg. She does not have a lot of back complaints. No prolonged improvement with NSAIDS. She has more pain along the medial aspect of the knee, still worse with activities. She does not have a lot of patellofemoral complaints. No dislocation or subluxations.

PMH: Her POA Patient Health Form is discussed and signed.

PE: Alert, oriented, NAD.

Good ROM of the hips and knees. Calf is soft and nontender. Quad function is good. Back exam does not reproduce any pain. There is no hip spasm. Tender along the medial aspect of the right knee. She is reluctant to fully extend and flex her knee but she is stable with varus and valgus stress. She's tender on the medial aspect. Her NV is intact. She does have an antalgic gait. Good motion of the other knee. There are no skin lesions or masses and no gross motor or sensory loss or pathologic reflexes.

I MRI as above.

IMPRESSION: CHONDRAL LESION OF THE LEFT KNEE.

PLAN: She is just not getting any better. I talked to her about her options. She is going to continue ROM exercises, more sedentary activities, but I think she should consider having her knee arthroscoped. She understands with arthroscopy the success will depend on the degree of chondromalacia, sometimes a Microfracture is indicated if there is a full thickness lesion.

I'd like to thank Dr. Faile for this consultation.

JRV/JFM

CC: ERIC FAILE, MD

Assessment:	
Diagnosis Type	Description
Definitive	719.46 - PAIN IN JOINT INVOLVING LOWER LEG

Followup:
Visit Code: *99244 CONSULT Comprehensive
Followup visit requested: surgery required

[Reviewed and signed off electronically by John R Vann MD on Mar 23 2009, 8:48 am]