

RECEIVED 27 2018

SEP 17 2018

SC Court of Appeals

Dear Mrs. Jenny Abbott Kitchen

I am writing to you concerning
A hearing that is being held on
September 27, 2018 at 12:00 pm.

That Georg Gallagher is having to
to try and over ride the higher
courts after ~~the~~ Court of Appeals
has dismissed his claim to dismiss my
claim, and to stop my weekly checks
as well, he has been at this same
thing before I see my doctor Louder
Milk and he is my pain management
doctor and has been since 2016 and
still is in fact my next appointment
is on the 20th of this month.

Work's comp has not paid for any
of my doctor visit, meds and
still to this date have not paid for
my surgery as of last year in
November 2017 I am asking the
Courts of Appeals to help me in
this matter that he is trying to do
to me, he is trying to send me

to doctor Paylor who I'm no longer
with as of November of last year
I'm in pain management and my
doctor is helping me just fine and
all of his tricks has to stop we
are in litigation ~~de~~ waiting on the
courts final decision to the matter
that's at the courts of appeals
level he has done this before
and it is affecting my health and
mental estate I am asking the
court to please step in on this
matter to.

I have also put a money
order for \$25.00 to the
Courts of Appeals U.S.
Postal Services

8-27-2018

Yours Truly

Nathan Alston

ORIGIN ID:USCA (803) 739-8652
RETURNS
FEDEX EXPRESS
150 QUEEN PKWY
WEST COLUMBIA, SC 29169
UNITED STATES US

SHIP DATE: 29AUG18
ACTWGT: 3.00 LB
CAD: 7777244/INET4040

BILL RECIPIENT

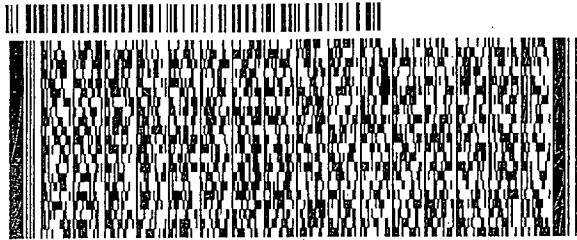
TO RETURN PCKG
NATHANIEL ALSTON
101 RIDGE ROAD
APT 21
GREENVILLE SC 29607

(864) 676-9860
INV:
PO:

REF: RTS 7823 2391 1765

DEPT:

552.11.6309JDC45

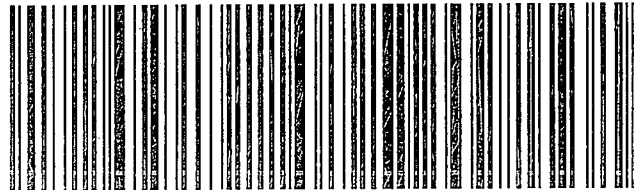


TUE - 04 SEP 4:30P
EXPRESS SAVER

TRK# 7730 9627 1444
0201

27 LQKA

29607
SC-US GSP



This is the Return mail or
the 1 out of the 15. Come back
I sent it out yesterday.
To George Gallaga.
Best Regards, Nathaniel Alston

Went to Workers Camp

and ~~George Calagea~~
Margaret Rogers 2

Mike Gray

Melody James

Picked up →

My Motion

And George Calagea

Office has it I

Called Yesterday

to have it MAile Back
To me. but got no

responed back
9-4-2018

Nathan Foster

PLEASANTBURG
1521 LAURENS RD
GREENVILLE
SC

29606-9998
4536250273
(800)275-8777

09/04/2018

4:29 PM

Product Description	Sale Qty	Final Price
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CshnMir10.5"x1 6"	1	\$1.89
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(Unit Price:\$1.89)

PM 2-Day (Domestic)	1	\$7.90
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(COLUMBIA, SC 29211)

(Weight:2 Lb 1.10 Oz)

(Expected Delivery Date)

(Thursday 09/06/2018)

(USPS Tracking #)

(9505 5103 7349 8247 2625 18)

Insurance (Up to \$50.00 included)	1	\$0.00
---------------------------------------	---	--------

Total		\$9.79
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Cash		\$10.00
Change		(\$0.21)

Includes up to \$50 insurance

Text your tracking number to 28777
(2USPS) to get the latest status.
Standard Message and Data rates may
apply. You may also visit www.usps.com
USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of
insurance. For information on filing
an insurance claim go to
<https://www.usps.com/help/claims.htm>

This is the receipt of
the 1 one book I sent
to George Galga but
I come back to me

9-4-2018

Nathaniel Hester

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



pledmont
orthopaedic
associates

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BON SECOURS MEDICAL GROUP
Bon Secours St. Francis Health System

Outgoing Referral

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

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

Patient Contacted

Patient unable to be contacted


Appointment Date: _____ Appointment Time: _____



IMPAIRMENT EVALUATION

Carol W. Burnette, MD

March 31, 2011

Patient: **ALSTON, NATHANIEL**
DOB: 11/24/1972
SSN: 

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

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

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

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

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

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

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP

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

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

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

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

Allergies: None known.

Medications: Celebrex, Tramadol, Voltaren gel, Flexeril.

Family History: Non-contributory.

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

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Review of Systems: Otherwise non-contributory.

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

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

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

Height: 6'0" Weight: 215 lb

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

Right Upper Extremity:

Shoulder:

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

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

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

Distal pulses appear intact. Skin temperature appears normal.

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

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relaxation.

Assessment:

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

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

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

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

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

I appreciate the opportunity to examine this very nice gentleman.

Carol W. Burnette MD

Carol W. Burnette, MD
cwb



Physician's Statement

Claimant's Name: Nathaniel Alston
Physician's Name: Eric P. Loudermilk, M.D.
Practice/Clinic: Piedmont Comprehensive Pain Management Group, LLC
Preparer's Name: Carol W. Burnette, MD
Phone: () - -

Employer's Name: Greenco Beverage Co.
Insurance Carrier: Companion Property & Casualty Group
SCWCC File No: 1003153

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: March 22, 2010

Date of first office visit: 1/18/2011 Date of last visit: 3/31/2011

Diagnosis or nature of injury or illness: R Shoulder injury / impingement, rotator cuff tear, biceps tendonitis, scar tissue status post surgery
Body part(s) injured: Right shoulder Body part(s) affected: R shoulder

Date of Maximum Medical Improvement: 3/21/2011

Based on the AMA Guidelines, the claimant has sustained a 41 % medical impairment to R shoulder injured body part(s) and a 25 % medical impairment to whole person 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 use of the right arm or hand; no repetitive or sustained cervical spine flexion or extension. Pain may be too severe to be able to tolerate more than a very limited work schedule.

The claimant is unable to return to work at his or her current employment. (He is unable to do the previous job one-handed.)

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:

Ongoing pain medications; counseling;

possibly further evaluation to rule out an underlying

cervical radiculopathy, brachial plexopathy or compressive neuropathy affecting the right arm & hand

Carol W. Burnette MD
Treating Physician, Eric P. Loudermilk, M.D.

4/16/11
Date

9/07 Carol W. Burnette, MD

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1419738
Carrier File #: 830000140072
August 6, 2018

NOTICE OF HEARING

NATHANIEL ALSTON
101 Ridge Road
Apt. #21
Greenville, SC 29607

RECEIVED

SEP 17 2018

SC Court of Appeals

NATHANIEL ALSTON v. All My Son's Moving & Storage

Subject: To determine if employer/carrier may stop payment, and if so, to determine if claimant is entitled to any further benefits. Carrier also request credit for temporary total benefits paid in excess of award.

Date: September 27, 2018 at 12:00 PM

Location: County Square, 301 University Ridge, Conference Room E, East Wing
Greenville, SC 29601

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Melody L. James
803-737-5668, tmorris@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Tamara Morris, SC Workers' Compensation, August 6, 2018

Party

Employee: NATHANIEL ALSTON
101 Ridge Road
Apt. #21
Greenville, SC 29607

Attorney

Employer: All My Son's Moving & Storage
Carrier: Vanliner Insurance Company

George D. Gallagher
ggallagher@speed-seta.com
803-748-2919

PATIENT BILLING HISTORY

Piedmont Comprehensive Pain Mgt Gp, LLC 100 Healthy Way Suite 1260 Anderson, SC 29621-7918 Phone: 864-225-3551	Patient: Nathaniel Alston 101 RIDGE RD APT 21 Greenville, SC 29607	Account #: PP-STF-EPL DOB: 11/24/1972 Home Phone: (864) 593-3427 Work Phone:
Guarantor: Nathaniel Alston		

1/12/2018 Provider: +Grier MD, Michael T. 99.00
 Location: ,Piedmont Comprehensive Pain Mgmt Grp,PA
 Procedure: 99213 (Office/Outpatient Visit, Est)
 Diagnosis: M54.5

Payments: 01/12/2018 Alston, Nathaniel	-50.00
01/23/2018 BCBS of SC PPC Network	-62.10
Adjustments: 01/23/2018 Insurance Adjustment	-30.00
01/23/2018 PAYMENT TRANSFER	43.10
Total Patient Pay:	-50.00
Total Insurance Pay:	-62.10
Balance:	0.00

Notes: 01/23/2018 (Applied to Deductible)
 Posted via ERN
 Patient Responsibility 6.9
 Reason : 2 - Coinsurance Amount
 Insurance: BCBS of SC PPC Network

2/9/2018 Provider: Loudermilk MD, Eric P. (EIN: - , UPIN:) 200.00
 Location: Piedmont Comp. Pain Mgt. Group
 Procedure: 80307 (Drug Test Presumptive, any number
 Diagnosis: Z79.891, F11.20

Payments: 02/27/2018 BCBS of SC PPC Network	-64.65
Adjustments: 02/27/2018 Insurance Adjustment	-128.17
04/19/2018 PAYMENT TRANSFER	-7.18
Total Patient Pay:	0.00
Total Insurance Pay:	-64.65
Balance:	0.00

Notes: 02/27/2018 (Applied to Deductible)
 Posted via ERN
 Patient Responsibility 7.18
 Reason : 2 - Coinsurance Amount
 Insurance: BCBS of SC PPC Network

2/9/2018 Provider: +Grier MD, Michael T. 99.00
 Location: ,Piedmont Comprehensive Pain Mgmt Grp,PA
 Procedure: 99213 (Office/Outpatient Visit, Est)
 Diagnosis: M54.5

Payments: 02/09/2018 Alston, Nathaniel	-20.00
02/21/2018 BCBS of SC PPC Network	-62.10
Adjustments: 02/21/2018 Insurance Adjustment	-30.00
04/19/2018 PAYMENT TRANSFER	7.18

PATIENT BILLING HISTORY

Patient: Nathaniel Alston
 101 RIDGE RD APT 21
 Greenville, SC 29607

Guarantor: Nathaniel Alston

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

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

04/19/2018 PAYMENT TRANSFER

	5.92
Total Patient Pay:	-20.00
Total Insurance Pay:	-62.10
Balance:	0.00

Notes: 02/21/2018 (Applied to Deductible)
 Posted via ERN
 Patient Responsibility 6.9
 Reason : 2 - Coinsurance Amount
 Insurance: BCBS of SC PPC Network

3/9/2018 Provider: Loudermilk MD, Eric P. (EIN: - , UPIN:)
 Location: ,Piedmont Comprehensive Pain Mgmt Grp,PA
 Procedure: 99213 (Office/Outpatient Visit, Est)
 Diagnosis: M54.5

99.00

Payments: 03/22/2018 BCBS of SC PPC Network
 04/06/2018 Alston, Nathaniel
 Adjustments: 03/22/2018 Insurance Adjustment
 04/19/2018 PAYMENT TRANSFER

	-62.10
	-0.98
	-30.00
	-5.92
Total Patient Pay:	-0.98
Total Insurance Pay:	-62.10
Balance:	0:00

Notes: 03/22/2018 (Applied to Deductible)
 Posted via ERN
 Patient Responsibility 6.9
 Reason : 2 - Coinsurance Amount
 Insurance: BCBS of SC PPC Network

4/6/2018 Provider: .Loudermilk M.D., Eric
 Location: ,Piedmont Comprehensive Pain Mgmt Grp,PA
 Procedure: 99213 (Office/Outpatient Visit, Est)
 Diagnosis: M54.5

99.00

Payments: 04/06/2018 Alston, Nathaniel
 04/18/2018 BCBS of SC PPC Network
 Adjustments: 04/18/2018 Insurance Adjustment
 06/23/2018 PAYMENT TRANSFER

	-50.00
	-62.82
	-29.20
	43.02
Total Patient Pay:	-50.00
Total Insurance Pay:	-62.82
Balance:	0:00

Notes: 04/18/2018 (Applied to Deductible)
 Posted via ERN
 Patient Responsibility 6.98
 Reason : 2 - Coinsurance Amount
 Insurance: BCBS of SC PPC Network

PATIENT BILLING HISTORY

Patient: Nathaniel Alston
 101 RIDGE RD APT 21
 Greenville, SC 29607

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

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

Guarantor: Nathaniel Alston

5/4/2018 Provider: .Loudermilk M.D., Eric 99.00
 Location: ,Piedmont Comprehensive Pain Mgmt Grp,PA
 Procedure: 99213 (Office/Outpatient Visit, Est)
 Diagnosis: M54.5

Payments: 05/16/2018 BCBS of SC PPC Network	-19.80
06/25/2018 Alston, Nathaniel	-6.98
Adjustments: 05/16/2018 Insurance Adjustment	-29.20
06/23/2018 PAYMENT TRANSFER	-43.02
Total Patient Pay:	-6.98
Total Insurance Pay:	-19.80
Balance:	0.00

Notes: 05/16/2018 (Applied to Deductible)
 Posted via ERN
 Patient Responsibility 50
 Reason : 3 - Co-Payment Amount
 Insurance: BCBS of SC PPC Network

6/25/2018 Provider: .Loudermilk M.D., Eric 99.00
 Location: ,Piedmont Comprehensive Pain Mgmt Grp,PA
 Procedure: 99213 (Office/Outpatient Visit, Est)
 Diagnosis: M54.5

Payments: 06/25/2018 Alston, Nathaniel	-53.02
07/03/2018 BCBS of SC PPC Network	-19.80
Adjustments: 07/03/2018 Insurance Adjustment	-29.20
Total Patient Pay:	-53.02
Total Insurance Pay:	-19.80
Balance:	-3.02

Notes: 07/03/2018 (Applied to Deductible)
 Posted via ERN
 Patient Responsibility 50
 Reason : 3 - Co-Payment Amount
 Insurance: BCBS of SC PPC Network

8/20/2018 Provider: .Loudermilk M.D., Eric 99.00
 Location: ,Piedmont Comprehensive Pain Mgmt Grp,PA
 Procedure: 99213 (Office/Outpatient Visit, Est)
 Diagnosis: M54.5

Payments: 08/20/2018 Alston, Nathaniel	-50.00
Total Patient Pay:	-50.00
Total Insurance Pay:	0.00
Balance:	49.00

PATIENT BILLING HISTORY

Patient: Nathaniel Alston
101 RIDGE RD APT 21
Greenville, SC 29607
Guarantor: Nathaniel Alston

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

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

Balance From 01/12/2018 To 08/20/2018: **45.98**

Totals for: Piedmont Comprehensive Pain Mgt Gp, LLC

Amount billed to insurance / Coverage Due: **\$49.00**

Patient Responsibility: **(\$3.02)**

Total Due: **\$45.98**

PROOF OF SERVICE OF MOTION TO DISMISS

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM WORKERS' COMPENSATION COMMISSION

SCWCC FILE NO. 1419738

Appellate Case No. 2017-002126

Nathaniel
Alston.....Appellant

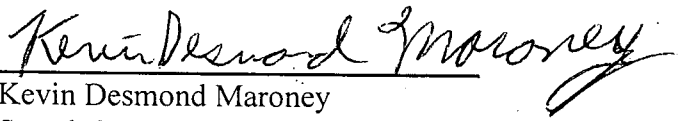
v.

All My Son's Moving & Storage,
Employer, and
Vanliner Insurance Company,
Carrier.....Respondents

PROOF OF SERVICE

I certify that I have served the motion to dismiss on Nathaniel Alston by depositing a copy of it in the United States Mail, postage prepaid, on **August 7, 2018** addressed to 101 Ridge Road, Apt. #21, Greenville, SC 29607.

August 10, 2018


Kevin Desmond Maroney
Speed, Seta, Martin, Trivett & Stublely
Bar No. 102545
Post Office Box 11669
Columbia, South Carolina 29211
Attorney for Respondent

87499

RECEIVED

AUG 07 2018

SC Court of Appeals

STATE OF SOUTH CAROLINA
In the Court of Appeal

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

SCWCC File No. 1419738

Appellate Case No. 2017-002126

Nathaniel Alston.....Appellant

v.

All My Son's Moving & Storage, Employer, and
Vanliner Insurance Company, Carrier.....Respondents

RESPONDENTS' MOTION TO DISMISS

The Respondents file this motion to dismiss under the authority of Rule 240(a). Rule 240(a), SCACR.

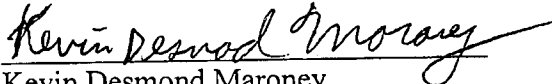
Mr. Alston sent the Respondents a copy of what he claims is the Record on Appeal. It appears he also sent these documents to the court. These documents do not comply with Rule 210(c). Mr. Alston did not paginate the Respondents' documents, though he did paginate (with a pen) his own documents. Rule 210(c), SCACR. He did not include an index. *Id.* And he failed to arrange the documents in the order that they should appear. *Id.* Mr. Alston's disregard for Rule 210(c) has a practical and prejudicial consequence for the Respondents: because they will be

unable to cite to the record on appeal in their Final Brief, they will be unable to comply with Rule 211(b)(1). Rule 211(b)(1), SCACR (“The references in the initial brief shall be revised to indicate where the material appears in the Record on Appeal.”).

The Respondents respectfully ask the court to grant this motion.

Respectfully submitted,

George D. Gallagher
Bar No. 12149
Speed, Seta, Martin, Trivett & Stublely
Post Office Box 11669
Columbia, SC 29211
803.748.2259
ggallagher@speed-seta.com


Kevin Desmond Maroney
Bar No. 102545
Speed, Seta, Martin, Trivett & Stublely
Post Office Box 11669
Columbia, SC 29211
803.748.2309
kmaroney@speed-seta.com

July 7, 2018
Columbia, SC

RECEIVED

AUG 07 2018

SC Court of Appeals

STATE OF SOUTH CAROLINA
In the Court of Appeal

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

SCWCC File No. 1419738

Appellate Case No. 2017-002126

Nathaniel Alston.....Appellant

v.

All My Son's Moving & Storage, Employer, and
Vanliner Insurance Company, Carrier.....Respondents

PROOF OF SERVICE

I certify that I served the Appellant with a copy of the Respondent's motion to dismiss via U.S. mail. The copies were sent to the following addresses:

Nathaniel Alston
101 Ridge Road, Apt. #21
Greenville, SC 29607

Kevin Desmond Maroney

Kevin Desmond Maroney

Bar No. 102545

Speed, Seta, Martin, Trivett & Stublely

Post Office Box 11669

Columbia, SC 29211

803.748.2309

kmaroney@speed-seta.com

July 7, 2018
Columbia, SC

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Residual Functional Capacity Form

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

Date of Birth: 11/24/1972

Dear Doctor: Loudermilk

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SEP 17 2018

SC Court of Appeals

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

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

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

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

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

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

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

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

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

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

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

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

6. What is your prognosis for this patient?

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

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

Yes No

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

Yes No

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

< 1 hour

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

Yes No

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

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

1-2 hours at one time

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

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

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

Yes No

If the answer is yes, please explain why:

Low back pain.

12. How far can the patient walk without stopping?

less than 1 block

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

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

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

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

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

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

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

Yes.

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

Bending yes

Squatting yes

Kneeling yes

Turning any parts of the body low back, shoulders.

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

Yes No Why?

Because left arm is in a sling.

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

No

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

What is the nature of the pain? 1) left shoulder rotator cuff tear
2) 2 surgeries on right shoulder
3) low back pain due to lumbar disk disease

How frequent is the pain? Constant

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

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

Very credible

Is there an objective medical reason for the pain?

Yes. Rotator cuff tears of left shoulder confirmed on MRI
Kunster disk disease based on X-ray. (DDD)

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

Yes _____ No

If not, please explain why:

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

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

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

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

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

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

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

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

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Date Report Completed:

6/18/2016

Signature of Physician:

Eric Loupermiere MD

Physician Name:

ERIC LOUPERMIRE MD
PCPMG

Address:

100 Healthy Way, Suite 1260
Anderson, SC 29621

Telephone:

(864) 225-3551

Specialty:

Pain Mgmt.



SOCIAL SECURITY ADMINISTRATION

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Office of Disability Adjudication and Review
SSA Oho Hearing Ofc
Suite 200
300 University Ridge
Greenville, SC 29601-3645

Date: February 9, 2018

Nathaniel Alston
150 Howell Circle
Apt 253
Greenville, SC 29615

Notice of Decision – Fully Favorable

I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.

Another office will process my decision and decide if you meet the non-disability requirements for Supplemental Security Income payments. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (HA-520) or write a letter. The form is available at www.socialsecurity.gov. Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Please send your request to:

**Appeals Council
Office of Disability Adjudication and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255**

Form HA-L76 (03-2010)

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline
at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page



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Time Limit To File An Appeal

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

What Else You May Send Us

You may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence **with your appeal**. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J) and Part 416 (Subpart N).

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

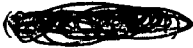
The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not appeal. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

When There Is No Appeals Council Review

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

Your Right To Representation In An Appeal



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If you appeal, you may choose to have an attorney or other person help you. Many representatives do not charge a fee unless you win your appeal. Groups are available to help you find a representative or, if you qualify, to give you free legal services. Your local Social Security office has a list of groups that can help you in this process.

If you get someone to help you with your appeal, you or that person must let the Appeals Council know. If you hire someone, we must approve the fee before he or she is allowed to collect it.

If You Have Any Questions

We invite you to visit our website located at www.socialsecurity.gov to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

If you have any other questions, please call, write, or visit any Social Security office. Please have this notice and decision with you. The telephone number of the local office that serves your area is (877)274-5423. Its address is:

Social Security
319 Pelham Rd
Greenville, SC 29615-9911

Alice Jordan
Administrative Law Judge

Enclosures:
Decision Rationale



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ISSUES

The issue is whether the claimant is disabled under sections 216(i), 223(d) and 1614(a)(3)(A) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

With respect to the claim for a period of disability and disability insurance benefits, there is an additional issue whether the insured status requirements of sections 216(i) and 223 of the Social Security Act are met. The claimant's earnings record shows that the claimant has acquired sufficient quarters of coverage to remain insured through June 30, 2015. Thus, the claimant must establish disability on or before that date in order to be entitled to a period of disability and disability insurance benefits.

After careful review of the entire record, I find that the claimant has been disabled from February 21, 2014, through the date of this decision. I also find that the insured status requirements of the Social Security Act were met as of the date disability is established.

APPLICABLE LAW

Under the authority of the Social Security Act, the Social Security Administration has established a five-step sequential evaluation process for determining whether an individual is disabled (20 CFR 404.1520(a) and 416.920(a)). The steps are followed in order. If it is determined that the claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, I must determine whether the claimant is engaging in substantial gainful activity (20 CFR 404.1520(b) and 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. If an individual engages in SGA, he is not disabled regardless of how severe his physical or mental impairments are and regardless of his age, education, or work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, I must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c) and 416.920(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work (20 CFR 404.1522 and 416.922; Social Security Rulings (SSRs) 85-28 and 16-3p). If the claimant does not have a severe medically determinable impairment or combination of impairments, he is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

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At step three, I must determine whether the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925, and 416.926). If the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 404.1509 and 416.909), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, I must first determine the claimant's residual functional capacity (20 CFR 404.1520(e) and 416.920(e)). An individual's residual functional capacity is his ability to do physical and mental work activities on a sustained basis despite limitations from his impairments. In making this finding, I must consider all of the claimant's impairments, including impairments that are not severe (20 CFR 404.1520(e), 404.1545, 416.920(e), and 416.945; SSR 96-8p).

Next, I must determine at step four whether the claimant has the residual functional capacity to perform the requirements of his past relevant work (20 CFR 404.1520(f) and 416.920(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA (20 CFR 404.1560(b), 404.1565, 416.960(b) and 416.965). If the claimant has the residual functional capacity to do his past relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g) and 416.920(g)), I must determine whether the claimant is able to do any other work considering his residual functional capacity, age, education, and work experience. If the claimant is able to do other work, he is not disabled. If the claimant is not able to do other work and meets the duration requirement, he is disabled. Although the claimant generally continues to have the burden of proving disability at this step, a limited burden of going forward with the evidence shifts to the Social Security Administration. In order to support a finding that an individual is not disabled at this step, the Social Security Administration is responsible for providing evidence that demonstrates that other work exists in significant numbers in the national economy that the claimant can do, given the residual functional capacity, age, education, and work experience (20 CFR 404.1512(f), 404.1560(c), 416.912(f) and 416.960(c)).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, I make the following findings:

1. **The claimant's date last insured is June 30, 2015.**
2. **The claimant has not engaged in substantial gainful activity since February 21, 2014, the effective alleged onset date (20 CFR 404.1520(b), 404.1571 *et seq.*, 416.920(b) and 416.971 *et seq.*).**



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The claimant worked after the established disability onset date, but this work activity is part of the claimant's trial work period. The record reflects that claimant worked from February 2014 until December 2014 and stopped because he sustained a work related injury.

3. The claimant has the following severe impairments: disorder of the muscles, ligaments and fascia involving the bilateral shoulders, lumbar degenerative disc disease, borderline intellectual functioning, obesity, depression, and anxiety (20 CFR 404.1520(c) and 416.920(c)).

The above medically determinable impairments significantly limit the ability to perform basic work activities as required by SSR 85-28.

4. The claimant does not have an impairment or combination of impairments that meets or medically equals the severity of one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925 and 416.926).

The claimant has the following degree of limitation in the four broad areas of mental functioning set out in the disability regulations for evaluating mental disorders and in the mental disorders listings in 20 CFR, Part 404, Subpart P, Appendix 1: a moderate limitation in understanding, remembering, or applying information, a moderate limitation in interacting with others, a moderate limitation in concentrating, persisting, or maintaining pace, and a moderate limitation in adapting or managing oneself.

The record does not establish the medical signs, symptoms, laboratory findings or degree of functional limitation required to meet or equal the criteria of any listed impairment and no acceptable medical source designated to make equivalency findings has concluded that the claimant's impairment(s) medically equal a listed impairment.

5. The claimant has the residual functional capacity to perform sedentary work as defined in 20 CFR 404.1567(a) and 416.967(a) except he must be allowed to change position at the work station, one-time an hour, he can never climb ladders/ropes/scaffolds, occasionally climb steps, stoop, crouch, kneel and crawl and frequently balance. He can occasionally reach overhead with bilateral upper extremities, occasionally do fine and gross manipulation with left upper, frequently do fine and gross manipulation with right upper extremity. He must avoid concentrated exposure to hazards. He can perform simple, routine tasks. Due to chronic pain, he is expected to miss at least three-days or more of work a month.

In making this finding, I have considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 404.1529 and 416.929 and SSR 16-3p. I also considered opinion evidence in accordance with the requirements of 20 CFR 404.1527 and 416.927.

In considering the claimant's symptoms, I must follow a two-step process in which it must first be determined whether there is an underlying medically determinable physical or mental impairment(s)--i.e., an impairment(s) that can be shown by medically acceptable clinical or laboratory diagnostic techniques--that could reasonably be expected to produce the claimant's pain or other symptoms.

Second, once an underlying physical or mental impairment(s) that could reasonably be expected to produce the claimant's pain or other symptoms has been shown, I must evaluate the intensity, persistence, and effects of the claimant's symptoms to determine the extent to which they limit the claimant's work-related activities. For this purpose, whenever statements about the intensity, persistence, or functionally limiting effects of pain or other symptoms are not substantiated by objective medical evidence, I must consider other evidence in the record to determine if the claimant's symptoms limit the ability to do work-related activities.

The claimant alleges that he was unable to work because of a right shoulder injury sustained on the job in 2010, status-post two shoulder surgeries with residual pain and limitation of motion. He returned to work in February 2014, and injured his left shoulder in a work-related incident and is diagnosed with left rotator cuff tear and tendonitis. Although left shoulder surgery is recommended, he is waiting on Workers Compensation to approve the surgery. He also experiences chronic back pain, depression and anxiety related to poor adjustment to pain and inability to work.

The claimant's symptoms are reasonably consistent with the medical evidence and other evidence in the record. MRI imaging of the left shoulder dated January 12, 2015 showed partial type II AC tear (Ex 38F/2). Orthopedic records dated January 12, 2015 note that claimant is seen following left shoulder injury on December 13, 2014 with weakness in supraspinatus, deltoid and ER muscles. Claimant is referred for physical therapy with restrictions of no overhead use of arm and no lifting more than 10-pounds (Ex 46F/7). Follow-up records dated August 17, 2015 note that claimant has tenderness over the superior and lateral aspect of the left shoulder with pain on range of motion (Ex 46F/4). Claimant is advised that left shoulder arthroscopy with a subacromial decompression and a distal clavicle resection is an appropriate treatment course and he will be scheduled for surgery, pending workers' compensation approval (Ex 46F/2).

Orthopedic records of John Keith, M.D., dated May 22, 2015 note that claimant presents with severe unremitting pain in left shoulder, with arm in a sling and limited ability to evaluate shoulder because of severe pain. Claimant is assessed with left shoulder pain that is out of proportion to clinical findings (Ex 51F/2).

In terms of claimant's obesity, the record establishes that claimant is 6 tall and weighed about 300 pounds with a BMI of 34.7 during the period in question. Pursuant to Social Security Ruling 02-1p, I find obesity severe and I have considered it in combination with claimant musculoskeletal impairments and restricted him to a range of sedentary work. In terms of claimant's borderline intellectual functioning, academic records reflect that claimant repeated several grades and was in special education classes (Ex 36F). Educational testing administered in January 1978, at age 6 shows a Full Scale IQ of 69 (Ex 36F/2). On the WATS-IV administered

in June 2012, the claimant attained a Full Scale IQ of 73, consistent with borderline intellectual functioning (Ex 22F/4).

In terms of claimant's depression and anxiety, psychological records note that claimant reports a significant decline in his emotional health since his shoulder injury. Hospital records dated October 12, 2012 note that claimant presented with severe symptoms of depression including auditory hallucinations and suicidal ideation, reporting recent relapse to cocaine, homelessness, treated for post traumatic stress disorder and chronic pain, and "I have no place to go" (Ex 23F/5). Mental health records reflect admission into treatment in October 8, 2012 following hospital treatment for suicidal ideation. Claimant is assessed with post-traumatic stress disorder, mood disorder, and personality disorder.

Follow-up records dated December 20, 2012, note improvement in irritability and auditory hallucinations with Seroquel, but claimant continues to report chronic right arm pain (Ex 29F/14). When seen in follow-up on April 19, 2013, claimant reported continuing sobriety from illicit substances, but continues to struggle with poor adjustment to chronic pain and mood instability (Ex 37F/4). Claimant describes his mood as either sad or angry most of the time. He says he is having a very difficult time just trying to live. He feels detached from the world and reports that he is not the same person he used to be. The claimant says that he has lost all focus, motivation and determination. He has gained 25 pounds over the past few years because of inactivity and poor food choices. The claimant admits to thoughts of hurting himself because he feels robbed of his past accomplishments. He has thoughts of hurting others, thinking that they are making fun of him, but denies any present intention of hurting himself or others. He complains of symptoms of anxiety, such as shortness of breath and feeling as though the walls are closing in on him. On mental status exam, claimant presents with depressed mood and anxious affect. He could perform serial 3's but did so slowly and with the use of his fingers and could recall zero of 3 objects after 10-minutes (Ex 22F).

In terms of claimant's chronic shoulder pain and back pain, treatment records from claimant's treating pain management provider, Dr. Loudermilk, reflect that claimant has been treated for chronic left shoulder pain since May 2015 and he continues to be followed for chronic pain. Treatment records dated June 30, 2017 note that claimant is followed for chronic low back pain and severe left shoulder pain due to rotator cuff tear and continues to await scheduling of left shoulder surgery (Ex 56F/2). Despite treatment with narcotic pain medications, antidepressant and anti-anxiety medications, claimant continues to experience chronic pain, depression and anxiety. Claimant is assessed with chronic left shoulder pain secondary to rotator cuff tear, mild lumbar facet arthropathy with chronic mechanical low back pain, and chronic depression, anxiety and mood irritability secondary to chronic pain (Ex 56F/2).

After careful consideration of the evidence, I find that the claimant's medically determinable impairments could reasonably be expected to cause the alleged symptoms. The claimant's statements concerning the intensity, persistence and limiting effects of these symptoms are reasonably consistent with the medical evidence and other evidence in the record for the reasons explained in this decision.

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pursuant to Social Security Ruling 96-8p and the functional limitations described by Dr. Loudermilk, that claimant is expected to miss at least three-days of work a month due to chronic pain, that there are no jobs existing in significant numbers that the claimant is capable of performing.

Accordingly, a finding of "disabled" is appropriate under the framework of the above-cited rule.

11. The claimant has been under a disability as defined in the Social Security Act since February 21, 2014, the effective alleged onset date of disability (20 CFR 404.1520(g) and 416.920(g)).

DECISION

Based on the application for a period of disability and disability insurance benefits protectively filed on October 12, 2010, the claimant has been disabled under sections 216(i) and 223(d) of the Social Security Act since February 21, 2014.

Based on the application for supplemental security income filed on February 19, 2013, the claimant has been disabled under section 1614(a)(3)(A) of the Social Security Act since February 21, 2014.

The component of the Social Security Administration responsible for authorizing supplemental security income will advise the claimant regarding the nondisability requirements for these payments and, if the claimant is eligible, the amount and the months for which payment will be made.

Notably, claimant earned wages that exceeded substantial gainful activity in the months of March 2014 (1st Quarter \$1,352), 2nd quarter of 2014 - \$6,297, 3rd quarter - \$7,060 and 4th quarter - \$5,011 (Exs 12D and 21D). As claimant's work activity was longer than 6-months, this work activity is not an unsuccessful work attempt and is considered SGA (Ex 18A) and will be evaluated under the guidelines of the trial work period and extended period of eligibility as provided in SSA - POMS: DI 13010.035.

As medical improvement is expected with recommended rotator cuff surgery, a continuing disability review is recommended in 12 months.

The workers' compensation offset provisions at 20 CFR 404.408 may be applicable.

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/s/ Alice Jordan

Alice Jordan
Administrative Law Judge

February 9, 2018

Date

