

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

STATE OF SOUTH CAROLINA
In the Court of Appeals

**APPEAL FROM SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION
Richland County**

**WORKERS' COMPENSATION COMMISSION CASE NO.: 0724654
CASE NUMBER: 2012-212722**

State Accident Fund, Carrier Appellant.

vs.

South Carolina Second Injury Fund, Defendant.....Respondent,

In re:

Johnny M. Adger, ...Employee/Claimant,

vs.

City of Manning,..... Employer,

and

State Accident Fund,.....Carrier/Defendants.

RECORD ON APPEAL

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ATTORNEY FOR APPELLANTS

December 20, 2012

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ATTORNEY FOR RESPONDENTS

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DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
SCWCC NO. 0724654; SCSIF NO.141956
STATE ACCIDENT FUND
V.
SOUTH CAROLINA SECOND INJURY FUND

[In Re: Johnny Adger, Employee v. City of Manning, Employer]

HEARING: September 27, 2011, in Columbia, South Carolina.

APPEARANCES: City of Manning, Employer, and State Accident Fund, Carrier, represented by Mary Sowell League, Esquire, of Ellis, Lawhorne & Sims, P.A., Columbia, South Carolina.

The South Carolina Second Injury Fund represented Latonya Dilligard Edwards, Esquire, of Boykin & Davis, LLC, Columbia, South Carolina.

PURPOSE OF HEARING: To determine issues as set forth in the Forms 54 and 55.

OPINION AND AWARD: By T. Scott Beck, Commissioner

FILED: December 2, 2011

ADMINISTRATIVE PROCEDURE ACT (APA) SUBMISSIONS

<u>APA NO.</u>	<u>ITEM</u>	<u>DATE</u>	<u>PAGES</u>
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EXHIBITS

A	Employer Statement	09/15/10	67-68
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STIPULATIONS

The parties stipulated to the following:

1. The South Carolina Workers' Compensation Commission had jurisdiction to hear the case.
2. Venue was proper in Richland County.
3. Notice was timely and proper.
4. The Commission's file became a part of the record with the exception of self-serving declarations and unstipulated medical reports.

STATEMENT OF THE CASE

This is a claim for partial reimbursement from the South Carolina Second Injury Fund (the "Fund") by City of Manning, Employer, and State Accident Fund, Carrier (collectively "Carrier") pursuant to S.C. Code Ann. § 42-9-400. Carrier alleged that it incurred substantially greater liability for compensation and medical benefits when employee Johnny Adger's ("Claimant") preexisting diabetes was either aggravated by or combined with his August 17, 2007 work related injury. Carrier further alleged that Claimant's preexisting diabetes was a hindrance or obstacle to employment based on the statutory presumption. The Fund argued that the medical evidence in the record rebutted the presumption that Claimant's preexisting diabetes was a hindrance to employment and further asserted that the medical costs were not substantially increased due to Claimant's preexisting diabetes. The Fund denied that this claim met the requirements of reimbursement pursuant to S.C. Code Ann. § 42-9-400.

EVIDENCE OF THE CASE

On August 17, 2007, Claimant sustained an injury by accident to his left lower extremity during the course of his employment with the City of Manning Police Department. Carrier APA p.16. In 2005, Claimant presented for treatment for tingling in his right foot. Carrier APA p.9. Claimant's pre injury treatment indicated that he was taking medication for his diabetes, but his extremities were "warm and dry" and he was neurologically intact. Carrier APA p.3, 6-7, and 9-11. On August 21, 2007, Claimant presented to Palmetto Primary Care complaining of left knee pain. Carrier APA p.16. Claimant exhibited lateral left knee tenderness but his left knee x-ray was normal.

Carrier APA p.16. Claimant was instructed to follow up in three (3) weeks and was written out of work for two (2) to three (3) days. Carrier APA p.16. Claimant's September and October visits noted that his knee was doing well and he was not experiencing any swelling. Carrier APA pp.13 and 15.

When Claimant presented on November 13, 2007, he reported less pain but some instability in the knee. Carrier APA p.12. On November 27, 2007, Claimant presented for consultation of his left knee pain, where mild swelling was noted. Carrier APA p.58. The medical narrative indicates that his diabetes was medically controlled. Carrier APA p.58. Claimant was noted to be on "full duty since the incident and he can continue full duty at this time without restrictions." Carrier APA p.59.

On December 10, 2007, Claimant's left knee MRI noted a possible fragment in the joint line and mild degenerative changes. Carrier APA p.56. On January 23, 2008, Claimant's left knee had significantly improved and he desired no further treatment. Carrier APA pp.54-55. Claimant was still working full duty having reached maximum medical improvement with a zero (0%) percent impairment and without limitations. Carrier APA pp.54-55. On January 23, 2008, Claimant was released at maximum medical improvement with a thirty-two (32%) percent impairment to his left lower extremity and additional medical treatment was ordered. Carrier APA p.69.

On April 4, 2008, Claimant returned with complaints of left knee pain and surgery was recommended. Claimant subsequently underwent a left knee arthroscopy. Carrier APA p.50. Claimant's post surgery follow up revealed healed scars, his sutures were intact, the wounds were clean and dry and he had active range of motion. Carrier APA p.50. Claimant reported that he was walking without assistance. Carrier APA p.50.

Claimant followed up with Lakeside Orthopaedic Center for his left knee pain. Carrier APA pp.40-45. Claimant ultimately underwent additional surgery to his left knee in 2009 and continued to follow up with Lakeside Orthopaedic Center for several months. Carrier APA p.25-39.

On September 15, 2010, a representative of the City of Manning Police Department completed a statement indicating that he knew that Claimant had diabetes prior to his August 17, 2007 work injury. Carrier APA p.67 On June 6, 2011, Dr. William Aldrich completed a questionnaire indicating that diabetes preexisted but that it was not aggravated to create substantially greater lost time from work and permanent disability. Carrier APA p.1.

FINDINGS OF FACT

Based upon the foregoing, to include review of the Commission's file and all evidence submitted, I make the following findings of fact based upon the preponderance of the reliable, probative, and substantial evidence:

1. On August 17, 2007, Claimant sustained an injury by accident to his left lower extremity during the course of his employment with the City of Manning Police Department. This finding is based upon Carrier APA p.16.
2. Claimant had preexisting diabetes, of which Carrier was aware. This finding is based upon prior medical records which note Claimant was taking medication for his diabetes and the employer's knowledge statement. See, Carrier APA pp.6 and 67-68.
3. Though Carrier is entitled to a presumption that Claimant's preexisting diabetes was a hindrance to employment, the medical evidence in the record rebuts this

presumption. In 2005, the pre injury medical narratives indicate that Claimant experienced tingling in his foot, which stopped when he took his shoes off. However, the 2005 medical narratives are the only pre injury medical reports that note a problem arguably attributed to diabetes. The 2005 medical narratives also indicate that Claimant's diabetes was being medically managed and do not indicate that Claimant's diabetes was uncontrolled or problematic. In fact, his extremities were noted to be warm and dry and he was neurologically intact. This finding is based upon Carrier APA pp.3, 6-7, and 9-11.

4. The post injury medical reports also revealed that Claimant's diabetes was being successfully managed with medication and Claimant had been on full duty without restrictions since the work injury. This finding is based on Carrier APA pp.58-59.

5. The post injury medical records also reveal that on April 21, 2008, ten (10) days post left knee arthroscopy, Claimant had active range of motion, well healed wounds and was walking without assistance. At this April 21, 2008 medical visit, Claimant reported that his knee was painful because he had to walk from the hospital parking lot because there was no parking near the medical office. This finding is based upon Carrier APA p.50.

6. Six (6) weeks post surgery, Claimant reported significant improvement in his left knee, desired no further treatment, was deemed at maximum medical improvement and released to full duty with a zero (0%) percent impairment rating. This finding is based upon Carrier APA p.54-55.

7. The medical records in evidence rebut the presumption that Claimant's preexisting diabetes was a hindrance to his employment.

8. Claimant's preexisting diabetes did not create substantially greater liability for permanent disability nor did it result in substantially greater lost time from work. The evidence in the record does not indicate a fluctuation in blood sugars, a modification in diabetic medication or delayed post surgical healing. Furthermore, the medical records reveal that Claimant was written out of work for only three (3) days immediately after the work injury. This finding is based upon the totality of the medical evidence and Carrier APA pp.16 and 63.

9. The treating physician also indicated that Claimant's preexisting diabetes did not create substantially greater permanent disability or lost time from work and his statement is supported by the medical evidence, which revealed limited post injury lost time from work, no modification in diabetic medication, and no delay in healing or uncontrolled blood sugars. This finding is based upon Carrier APA pp.1, 16, 58-59, 63.

10. Carrier failed to meet its burden in establishing all necessary elements for partial reimbursement pursuant to S.C. Code Ann. § 42-9-400. Accordingly, Carrier is not entitled to reimbursement from the South Carolina Second Injury Fund.

CONCLUSIONS OF LAW

Based upon the foregoing and applicable statutory and case law, I conclude as a matter of law:

1. Reimbursement from the South Carolina Second Injury Fund is governed by S.C. Code Ann. § 42-9-400.
2. The right of Carrier to receive reimbursement from the South Carolina Second Injury Fund depends upon complete compliance with the requirements for

recovery. South Carolina Second Injury Fund v. American Yard Products, 496 S.E.2d 862 (S.C. 1998).

3. To qualify for reimbursement, Carrier had the burden to prove that Claimant's preexisting diabetes was permanent and serious enough to constitute a hindrance or obstacle to Claimant's employment. The evidence in the record rebuts the presumption that Claimant's preexisting diabetes was a hindrance to his employment; and, therefore, Carrier failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400.

4. To qualify for reimbursement, Carrier had the burden to prove that Claimant's preexisting diabetes created substantially greater lost time from work and permanent disability than would have resulted from the work injury alone. Here, the evidence in the record establishes the contrary; and, as such, Claimant is not entitled to reimbursement from the South Carolina Second Injury Fund.

5. Since Carrier did not meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400, it is not entitled to reimbursement from the South Carolina Second Injury Fund, and its claim is denied.

AWARD

Based upon the foregoing Findings of Fact and Conclusions of Law, IT IS SO ORDERED that Carrier's claim for reimbursement pursuant to S.C. Code Ann. § 42-9-400 is DENIED and DISMISSED with prejudice subject to its statutory right to appeal.


T. Scott Beck, Commissioner

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.

December 2, 2011

By: Amy Bracy, Administrative Assistant to Commissioner Beck

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 0724654**

STATE ACCIDENT FUND, ... CARRIER/APPELLANT,

- v -

SC SECOND INJURY FUND, ... DEFENDANT/RESPONDENT.

[IN RE: Johnny Adger v. City of Manning
and State Accident Fund]

Appellate Panel Review held in Columbia,
South Carolina on April 17, 2012 per notices
timely and properly served on all parties.

Appellate Panel Decision and Order filed
7/13, 2012.

APPEARANCES: Carrier/Appellant represented by Mary Sowell League, Esquire, of
Ellis Lawhorne & Sims, P.A., Columbia, South Carolina.

Defendant/Respondent represented by Latonya Dilligard Edwards,
Esquire, of Dilligard Edwards, LLC, Columbia, South Carolina.

STATEMENT OF CASE

On September 27, 2011, Commissioner T. Scott Beck held a hearing on this matter in Columbia, South Carolina and issued the following Order:

"Based upon the foregoing Findings of Fact and Conclusions of Law, IT IS SO ORDERED that Carrier's claim for reimbursement pursuant to S.C. Code Ann. § 42-9-400 is DENIED and DISMISSED with prejudice subject to Carrier's statutory right to appeal."

Within the statutory period, counsel for the Employer and Carrier filed a Request for Commission Review setting forth the grounds for appeal with copies furnished to all interested parties prior to being presented to the Appellate Panel on April 17, 2012. All proffered testimony has been taken and together with all documentary evidence has been delivered to the individual members of the Full Commission and has since been under advisement and consideration.

By appeal, Employer and Carrier respectfully submitted the following:

1. The Hearing Commissioner erred in finding that the presumption for diabetes was rebutted.
2. The Hearing Commissioner erred in finding that the preexisting diabetes did not create substantially greater liability for permanent disability and lost time from work.
3. The Hearing Commissioner erred in finding that the Carrier failed to meet its burden in establishing the elements of SIF reimbursement and was not entitled to reimbursement from the South Carolina Second Injury Fund.

4. The Hearing Commissioner erred in concluding that the presumption regarding diabetes was rebutted, which was against the totality of the evidence and an error of law.

5. The Hearing Commissioner erred in concluding that Carrier did not meet its burden of proving that the preexisting diabetes resulted in substantially greater lost time from work and permanent disability than would have resulted from the work injury alone.

6. The Hearing Commissioner erred in concluding that the Carrier did not meet the requirements for reimbursement and was not entitled to South Carolina Second Injury Fund reimbursement.

7. The Hearing Commissioner erred in concluding that Carrier failed to meet the requirements for SIF reimbursement.

8. The Hearing Commissioner erred in failing to award South Carolina Second Injury Fund reimbursement.

FINDINGS OF FACT

The Hearing Commissioner made the following findings of fact based upon the preponderance of the reliable, probative, and substantial evidence:

1. On August 17, 2007, Claimant sustained an injury by accident to his left lower extremity during the course of his employment with the City of Manning Police Department. This finding is based upon Carrier APA p.16.

2. Claimant had preexisting diabetes, of which Carrier was aware. This finding is based upon prior medical records which note Claimant was taking medication for his diabetes and the employer's knowledge statement. See, Carrier APA pp.6 and 67-68.

3. Though Carrier is entitled to a presumption that Claimant's preexisting diabetes was a hindrance to employment, the medical evidence in the record rebuts this presumption. In 2005, the pre injury medical narratives indicate that Claimant experienced tingling in his foot, which stopped when he took his shoes off. However, the 2005 medical narratives are the only pre injury medical reports that note a problem arguably attributed to diabetes. The 2005 medical narratives also indicate that Claimant's diabetes was being medically managed and they do not indicate that Claimant's diabetes was uncontrolled or problematic. In fact, his extremities were noted to be warm and dry and he was neurologically intact. This finding is based upon Carrier APA pp.3, 6-7, and 9-11.

4. The post injury medical reports also revealed that Claimant's diabetes was being successfully managed with medication and Claimant had been on full duty without restrictions since the work injury. This finding is based on Carrier APA pp.58-59.

5. The post injury medical records also reveal that on April 21, 2008, ten (10) days post left knee arthroscopy, Claimant had active range of motion, well healed wounds and was walking without assistance. At this April 21, 2008 medical visit, Claimant reported that his knee was painful because he had to walk from the hospital parking lot because there was no parking near the medical office. This finding is based upon Carrier APA p.50.

6. Six (6) weeks post surgery, Claimant reported significant improvement in his left knee, desired no further treatment, was deemed at maximum medical improvement and released to full duty with a zero (0%) percent impairment rating. This finding is based upon Carrier APA p.54-55.

7. The medical records in evidence rebut the presumption that Claimant's preexisting diabetes was a hindrance to his employment.

8. Claimant's preexisting diabetes did not create substantially greater liability for permanent disability nor did it result in substantially greater lost time from work. The evidence in the record does not indicate a fluctuation in blood sugars, a modification in diabetic medication or delayed post-surgical healing. Furthermore, the medical records reveal that Claimant was written out of work for only three (3) days immediately after the work injury. This finding is based upon the totality of the medical evidence and Carrier APA pp.16 and 63.

9. The treating physician also indicated that Claimant's preexisting diabetes did not create substantially greater permanent disability or lost time from work and his statement is supported by the medical evidence, which revealed limited post injury lost time from work, no modification in diabetic medication, and no delay in healing or uncontrolled blood sugars. This finding is based upon Carrier APA pp.1, 16, 58-59, 63.

10. Carrier failed to meet its burden in establishing all necessary elements for partial reimbursement pursuant to S.C. Code Ann. § 42-9-400. Accordingly, Carrier is not entitled to reimbursement from the South Carolina Second Injury Fund.

CONCLUSIONS OF LAW

The Single Commissioner concluded the following as a matter of law:

1. Reimbursement from the South Carolina Second Injury Fund is governed by S.C. Code Ann. § 42-9-400.

2. The right of Carrier to receive reimbursement from the South Carolina Second Injury Fund depends upon complete compliance with the requirements for recovery.

South Carolina Second Injury Fund v. American Yard Products, 496 S.E.2d 862 (S.C. 1998).

3. To qualify for reimbursement, Carrier had the burden to prove that Claimant's preexisting diabetes was permanent and serious enough to constitute a hindrance or obstacle to Claimant's employment. The evidence in the record rebuts the presumption that Claimant's preexisting diabetes was a hindrance to his employment; and, therefore, Carrier failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400.

4. To qualify for reimbursement, Carrier had the burden to prove that Claimant's preexisting diabetes created substantially greater lost time from work and permanent disability than would have resulted from the work injury alone. Here, the evidence in the record establishes the contrary; and, as such, Claimant is not entitled to reimbursement from the South Carolina Second Injury Fund.

5. Since Carrier did not meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400, it is not entitled to reimbursement from the South Carolina Second Injury Fund, and its claim is denied.

In accordance with S.C. Code Ann. § 42-17-50, the Appellate Panel shall review the award, and if good and proper grounds are shown, may reconsider evidence, receive further evidence, rehear the parties and amend the award. Furthermore, the Appellate Panel may make its own findings of fact and conclusions of law. Lowe v. Am-Can Transport Services, Inc., 283 S.C. 534, 324 S.E.2d 87 (S.C.App. 1984). After careful review in the instant case, a Majority of the Panel has determined that the Single Commissioner's Findings of Fact and

Conclusions of Law are correct as stated. Accordingly, they shall become the law of the case, and are sustained in their entirety.

FINDINGS OF FACT

After hearing oral arguments from the parties and reviewing the evidence, the Appellate Panel makes the following findings of fact:

1. On August 17, 2007, Claimant sustained an injury by accident to his left lower extremity during the course of his employment with the City of Manning Police Department.
2. Claimant had preexisting diabetes, of which Carrier was aware.
3. Though Carrier is entitled to a presumption that Claimant's preexisting diabetes was a hindrance to employment, the medical evidence in the record rebuts this presumption. In 2005, the pre injury medical narratives indicated that Claimant experienced tingling in his foot, which stopped when he took his shoes off. However, the 2005 medical narratives are the only pre injury medical reports that note a problem arguably attributed to diabetes. The 2005 medical narratives also indicate that Claimant's diabetes was being medically managed and did not indicate that Claimant's diabetes was uncontrolled or problematic. In fact, his extremities were noted to be warm and dry and he was neurologically intact.
4. The post injury medical reports revealed that Claimant's diabetes was being successfully managed with medication and Claimant had been on full duty without restrictions since the work injury.
5. The post injury medical records also revealed that on April 21, 2008, ten (10) days post left knee arthroscopy, Claimant had active range of motion, well healed

wounds and was walking without assistance. At this April 21, 2008 medical visit, Claimant reported that his knee was painful because he had to walk from the hospital parking lot because there was no parking near the medical office.

6. Six (6) weeks post surgery, Claimant reported significant improvement in his left knee, desired no further treatment, was deemed at maximum medical improvement, and released to full duty with a zero (0%) percent impairment rating.

7. The medical records in evidence rebutted the presumption that Claimant's preexisting diabetes was a hindrance to his employment.

8. Claimant's preexisting diabetes did not create substantially greater liability for permanent disability nor did it result in substantially greater lost time from work. The evidence in the record did not indicate a fluctuation in blood sugars, a modification in diabetic medication or delayed post surgical healing. Furthermore, the medical records revealed that Claimant was written out of work for only three (3) days immediately after the work injury.

9. The treating physician also indicated that Claimant's preexisting diabetes did not create substantially greater permanent disability or lost time from work and his statement was supported by the medical evidence, which revealed limited post injury lost time from work, no modification in diabetic medication, and no delay in healing or uncontrolled blood sugars.

10. Carrier failed to meet its burden in establishing all necessary elements for partial reimbursement pursuant to S.C. Code Ann. § 42-9-400. Accordingly, Carrier is not entitled to reimbursement from the South Carolina Second Injury Fund.

CONCLUSIONS OF LAW

Based upon the foregoing and applicable statutory and case law, we conclude as a matter of law:

1. Reimbursement from the South Carolina Second Injury Fund is governed by S.C. Code Ann. § 42-9-400.

2. The right of Carrier to receive reimbursement from the South Carolina Second Injury Fund depends upon complete compliance with the requirements for recovery. South Carolina Second Injury Fund v. American Yard Products, 496 S.E.2d 862 (S.C. 1998).

3. To qualify for reimbursement, Carrier had the burden to prove that Claimant's preexisting diabetes was permanent and serious enough to constitute a hindrance or obstacle to Claimant's employment. The evidence in the record rebutted the presumption that Claimant's preexisting diabetes was a hindrance to his employment; and, therefore, Carrier failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400.

4. To qualify for reimbursement, Carrier had the burden to prove that Claimant's preexisting diabetes created substantially greater lost time from work and permanent disability than would have resulted from the work injury alone. Here, the evidence in the record established the contrary; and, as such, Carrier is not entitled to reimbursement from the South Carolina Second Injury Fund.

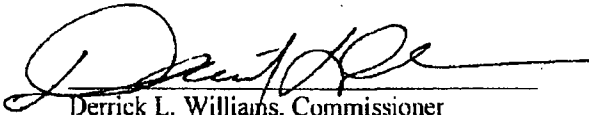
5. Since Carrier did not meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400, it is not entitled to reimbursement from the South Carolina Second Injury Fund, and its claim is denied.

ORDER

IT IS THEREFORE ORDERED that the Order of the Single Commissioner filed on December 2, 2011 is hereby affirmed by the Appellate Panel, and constitutes the Decision and Order of the Full Commission.

IT IS FURTHER ORDERED that Carrier's claim for reimbursement pursuant to S.C. Code Ann. § 42-9-400 is **DENIED** and **DISMISSED** with prejudice subject to Carrier's statutory right to appeal.

S.C. WORKERS' COMPENSATION COMMISSION


Derrick L. Williams, Commissioner

MAJORITY AFFIRMATION

CONCUR:


Susan S. Barden, Commissioner

DISSENT:


Andrea C. Roche, Commissioner

I respectfully dissent from the affirmation of the Single Commissioner's ruling herein. The Carrier asserted the presumption to hindrance to employment based upon the admitted pre-existing diabetes. A presumption must be rebutted by substantial, direct

evidence that it does not apply. Jennings v. Chambers Development Co., 335 S.C. 249, 516 S.E.2d 459 (Ct. App. 1999); Floyd v. WO Green Plumbing & Heating Co., 255 S.C. 352, 179 S.E.2d 28 (1971); Suburban Propane Gas Co. v. Deschamps, 298 S.C. 230, 379 S.E.2d 301 (Ct. App. 1989). It is my opinion that the South Carolina Second Injury Fund did not present the appropriate evidence necessary to rebut the presumption as prescribed by the above case law, and therefore, the ruling denying reimbursement should be reversed.

The Fund, and the Single Commissioner, concluded that the presumption was rebutted because the diabetic condition was medically controlled and there was no direct evidence that the condition was an actual hindrance or obstacle to employment. However, with this asserted presumption, it was not the Carrier's burden to prove the facts of the presumption, but rather it was the burden of the Second Injury Fund to present direct, substantial evidence that rebutted the presumption. In my opinion, the evidence herein does not meet that burden of proof. I therefore find that the presumption was not rebutted, that the pre-existing diabetes was a hindrance or obstacle to employment, and that the expert opinion of the treating doctor, that was not rebutted by any other expert opinion, overwhelmingly supports the conclusion that the diabetes was aggravated by the accident to result in increased medical costs to the Carrier. I would therefore reverse the denial of reimbursement to the Carrier, and award reimbursement from the South Carolina Second Injury Fund to the Carrier for medical costs paid in regards to the workers' compensation claim in this matter.

0724654
in RE: Johnny Adger

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 13 day of July, 2012
By Valerie D. Beller

Administrative Assistant to the Commissioner

Latonya Edwards
Mary Swell League
Matthew C. Roberts III
Nelson R. Parker

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION FULL COMMISSION
WCC No. 0724654

State Accident Fund,
Appellant,
v.
South Carolina Second Injury Fund,
Respondent,
In Re:
Johnny Adger,
Employee/Claimant,
v.
City of Manning,
Employer/Defendant.

(COPY)

FULL COMMISSION HEARING

Tuesday, April 17, 2012
9:00 a.m. - 9:21 a.m.

The Full Commission Hearing before Commissioner Susan S. Barden; Commissioner Derrick Williams; and Commissioner Andrea Pope Roche, Chair, was taken at 1333 Main Street, Suite 500, Columbia, South Carolina on the 17th day of April, 2012 before Cassandra E. Vance, Court Reporter and Notary Public in and for the State of South Carolina.

CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

APPEARANCES:

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CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201
 (803) 252-3445 / (800) 822-0896

1 **THE COURT REPORTER:** Today is Tuesday, April 17th,
2 2012. This is South Carolina Workers'
3 Compensation Case Number 0724654. This is the
4 case of State Accident Fund versus South
5 Carolina Second Injury Fund In Re: Johnny Adger
6 versus City of Manning.

7 The Appellant is the Defendant, State Accident
8 Fund, represented by Mary Sowell League. The
9 Respondent is represented by Latonya Edwards
10 for the South Carolina Second Injury Fund.

11 Each side is allowed ten minutes for oral
12 argument and the Appellant three minutes in
13 reply. You are requested to argue the grounds
14 of exception and stay within the record.

15 **COMMISSIONER ROCHE:** All right. Ms. League.

16 **ARGUMENT BY MS. LEAGUE:**

17 **MS. LEAGUE:** Thank you. May it please the
18 Commission. I'm Mary League and I represent
19 the Employer, City of Manning, and the State
20 Accident Fund, Carrier, in this request for
21 Second Injury Fund reimbursement.

22 Mr. Adger had a left knee and ankle injury at
23 work for the City in August of 2007. The
24 Carrier contended that his preexisting diabetes
25 that was known to the Employer was a

1 substantial factor in the costs associated with
2 his injury.

3 Now, the Hearing Commissioner did not
4 reimburse, but finding that there was no
5 increased costs because there was no
6 fluctuation in blood sugar or delayed
7 post-surgical healing. We contend that those
8 findings are not in line with the actual facts.
9 If you look at the records that were submitted,
10 APA page 35 -- 29 through 35, Mr. Adger, in
11 fact, developed post knee arthroplasty
12 adhesions. His diabetes was noted at that time
13 not to be controlled and the treating
14 orthopedist was trying to get him to his family
15 doctor in order to control the diabetes, noting
16 that they would have to do a second
17 manipulation of the adhesions if they can't get
18 this under control.

19 Now, the -- so we think that the records show
20 that he did have some issues with diabetes
21 subsequent to surgery that were affecting the
22 cost of the case.

23 In regards to hindrance to employment, the
24 Hearing Commissioner again found that the
25 presumption was not rebutted because the

1 diabetes was not uncontrolled or problematic.
2 First, as a matter of law, the presumption
3 doesn't require that the diabetes be
4 uncontrolled. The presumption only requires
5 that there be preexisting diabetes that was --

6 **COMMISSIONER ROCHE:** Actually, the burden falls on
7 the Second Injury Fund to prove by substantial
8 and direct evidence.

9 **MS. LEAGUE:** Right.

10 **COMMISSIONER ROCHE:** Where is the substantial and
11 direct evidence in here to rebut this
12 presumption?

13 **MS. LEAGUE:** Well, that -- that's our concern is
14 that we've got the presumption and then we have
15 the facts that show he was treating for
16 diabetes for years before this accident; that
17 not only was he treating, but he was
18 symptomatic. He had tinglings, neuropathies in
19 his extremities and he had to wear special
20 footwear because of the diabetic problem that
21 the Employer was aware of.
22 He was on medication at the time of the
23 accident, Glucophage. He had had blood sugar
24 levels in the 200's before the accident.
25 So we think, in fact, that the direct and

1 substantial evidence here shows that there was
2 a preexisting condition that was a hindrance to
3 employment because it was active and it was
4 affecting his ability to use his extremities,
5 the tingling and neurasthenias.

6 So we think that the Hearing Commissioner was
7 incorrect in denying reimbursement and the
8 evidence shows that the Claimant had
9 symptomatic diabetes requiring continuous
10 medical monitoring and medications, that the
11 costs were affected by the diabetes during the
12 workers' compensation claim treatment and that
13 reimbursement should have been awarded. Thank
14 you.

15 **COMMISSIONER ROCHE:** Thank you.

16 Ms. Edwards.

17 **ARGUMENT BY MS. EDWARDS:**

18 **MS. EDWARDS:** Good morning. Let me address the
19 direct evidence on the issue of rebutting the
20 presumption for diabetes.

21 Carrier APA page three. This is a pre-injury
22 medical narrative indicating that Claimant did
23 experience tingling in his foot but it
24 stopped --

25 **COMMISSIONER BARDEN:** When he took his shoes off?

1 MS. EDWARDS: Right, when he took his shoes off.

2 Also, Carrier APA pages six through seven, the
3 diabetes was being medically managed. Never an
4 indication that it was uncontrolled or
5 problematic. Never.

6 At Carrier APA pages 58 and 59, they also --
7 the post-injury medical reports also indicate
8 that Claimant was on full duty without
9 restrictions post injury.

10 At Carrier APA page 50, the Claimant didn't
11 experience any post-surgical complications or
12 delayed healing based on the diabetes.

13 At Carrier APA page 50, ten days post his left
14 knee arthroscopy, Claimant had active range of
15 motion, well-healed wounds, was walking without
16 assistance. In fact, even on that particular
17 visit in April of 2008, when he presented for
18 follow-up with his knee, never complained of
19 diabetes. In fact, what he complained of is
20 that he had to walk across the parking lot and
21 it caused his knee to the hurt.

22 So he was excellent. The diabetes didn't play
23 any factor. The medical evidence we believe
24 rebuts the presumption.

25 At six weeks post injury -- this is at Carrier

1 APA pages 54 and 55 -- six weeks post injury,
2 Claimant reported significant improvement,
3 desired no further treatment, was at MMI with
4 a zero percent impairment rating.

5 On the issue of substantial increase, the
6 treating physician said that the diabetes did
7 not create substantially greater permanent
8 disability or lost time from work. This is at
9 Carrier --

10 **COMMISSIONER ROCHE:** I think they were just seeking
11 medical, weren't they in this case? This was
12 a partial reimbursement, wasn't it?

13 **MS. EDWARDS:** Mary, was this a medicals only case?

14 **MS. LEAGUE:** We -- we -- I'm sorry. We contended
15 that the -- all the costs were affected but we
16 acknowledged that the treating physician only
17 indicated medical cost.

18 **MS. EDWARDS:** Okay. So I don't think it -- I don't
19 think it is a medicals only case. I think they
20 were requesting all of it.

21 **COMMISSIONER ROCHE:** That is to say in the case in
22 the (inaudible), this is a claim for partial
23 reimbursement.

24 **MS. EDWARDS:** Well, I always say that, Your Honor,
25 just because the reimbursement statute is a

1 part -- you don't get like a hundred percent
2 reimbursement. So that's just a term I use
3 that maybe I shouldn't. But, no, they are --
4 they were requesting all reimbursement, not
5 just medical.

6 And so we also indicated that because the
7 treating physician indicated that it wasn't a
8 hindrance to -- I mean, wasn't -- didn't cause
9 substantially greater liability, in addition to
10 the medical evidence I've cited, we believe
11 that the decision below should be affirmed.

12 And so, just to recap, the evidence that I've
13 cited, in addition to the fact never any
14 fluctuation in blood sugars, never any
15 modification in diabetic medication or delayed
16 post-surgical healing --

17 **COMMISSIONER ROCHE:** What about that record
18 Ms. League was telling us about where his
19 diabetes got out of control?

20 **MS. EDWARDS:** What record was that?

21 **MS. LEAGUE:** That was at APA page 29 through 35.

22 **MS. EDWARDS:** Twenty-nine through 35.

23 **MS. LEAGUE:** When he developed the post knee
24 arthroplasty adhesions.

25 **MS. EDWARDS:** Twenty-nine through 35 -- 29 through

1 what?

2 **MS. LEAGUE:** Thirty-five.

3 **MS. EDWARDS:** And it says diabetes was problematic
4 in here?

5 **MS. LEAGUE:** Yes. If you look at page 31, he's
6 still not gone back to his PMD, primary medical
7 doctor, to get his diabetes more controlled.
8 At page --

9 **MS. EDWARDS:** Page 31.

10 **MS. LEAGUE:** Yeah.

11 **MS. EDWARDS:** Where on the page? Just tell me
12 where.

13 **MS. LEAGUE:** Kind of in the middle. "Diabetes" --

14 **MS. EDWARDS:** Myelitis type two.

15 **MS. LEAGUE:** -- "with other manifestations." Kind
16 of in the middle -- right under "treatment."

17 **MS. EDWARDS:** Okay. This is 2009?

18 **MS. LEAGUE:** Yeah. When he was being treated --

19 **MS. EDWARDS:** This is post injury?

20 **MS. LEAGUE:** -- for the adhesions.

21 **MS. EDWARDS:** This is probably a year and a half
22 post injury. So --

23 **MS. LEAGUE:** And then page 33, as well.

24 **MS. EDWARDS:** Okay. Page 33.

25 **MS. LEAGUE:** If you look at page two, "I explained

1 to him at the surgery center pre-manipulation,
2 we needed this -- his diabetes more
3 well-controlled."

4 **MS. EDWARDS:** Thirty-three ...

5 **MS. LEAGUE:** Uh-huh (affirmatively responds).

6 **MS. EDWARDS:** (Reading.) Okay. This is -- again,
7 this is a year and a half post injury at least.
8 When is the date of injury? This is more than
9 two years post injury, so -- okay. He had two
10 instances where two years post injury they
11 noted that diabetes was causing him a problem.
12 I don't deny that that's in there. Certainly
13 we still believe that the preexisting diabetes
14 was not a hindrance or obstacle to employment
15 even when you factor in those two occasions,
16 one at page 31, which was more than two years
17 after injury, December 30th, 2009, and on page
18 33, once again in the same month, December --
19 so both are in December -- 2009, where they
20 noted issues regarding the diabetes. And at
21 page 33, "I explained to him at the surgery
22 center pre-manipulation that would be needed
23 (reading) that's more well-controlled. He did
24 not call (reading).
25 And maybe I'm misunderstanding page 33. I'm

1 not really understanding that portion at page
2 33. I'm not really understanding that to say
3 that diabetes was affecting his treatment at
4 all. Maybe I'm misreading and that very could
5 likely be the case.

6 At Carrier APA page 31, "Diabetes Type II,
7 unspecified type with other manifestations
8 not" -- it says "not". "He still has not gone
9 back to him PMD to get his DM more controlled."

10 Okay. And so that one, again, two years
11 post -- more than two years post injury; almost
12 two and a half years. And so we don't dispute
13 that those things are there, but certainly we
14 believe that the APA's I cited, in addition to
15 the zero percent impairment rating and this,
16 again, the two instances in the same month in
17 2009, more than two and a half years post
18 injury, that note some minor issue with the
19 diabetes, we don't -- we don't believe that
20 that is sufficient to make the diabetes rise to
21 the level of being a hindrance or obstacle to
22 employment when you consider all of the other
23 medical narratives that indicate that the
24 preexisting diabetes was not a hindrance to the
25 employment.

1 In addition, the other issue that the case was
2 decided on was the Carrier's substantial
3 increase in liability and the Hearing
4 Commissioner also found based on the medical
5 evidence in the record and the treating
6 physician's statement that Carrier's (sic)
7 preexisting diabetes did not create
8 substantially greater liability for medical
9 costs per disability.

10 **COMMISSIONER WILLIAMS:** And he wasn't missing time
11 from work.

12 **MS. EDWARDS:** Not as far as we know. As far as we
13 know, he went back to work very quickly. He
14 was on full duty even after the work injury.

15 **COMMISSIONER WILLIAMS:** Yeah, he was on full duty.

16 **MS. EDWARDS:** And he got a zero percent impairment
17 rating and so when you look at those medical
18 records, I think the Hearing Commissioner
19 correctly found that the evidence rebutted the
20 presumption for diabetes and so, certainly, we
21 would request an affirmation of that.

22 **COMMISSIONER WILLIAMS:** Even on the diabetes
23 records -- and I'll ask Ms. League this, too --
24 but according to -- this is from Dr. Woodbury.
25 You don't have a checkoff questionnaire or the

1 deposition of him. That was never taken to
2 clarify whether or not it would have been
3 uncontrolled at this point, was it?

4 I mean, we can't just assume this, because I
5 don't think the medical records' really clear
6 on this issue. And it's not your burden to
7 prove that it --

8 **COMMISSIONER ROCHE:** It is her burden.

9 **MS. EDWARDS:** On a presumption, I guess the burden
10 does switch to me. But I'd certainly think
11 that the medical evidence that I've cited
12 rebuts that and so that's what I would say. I
13 don't know if that's what you were asking.

14 **COMMISSIONER WILLIAMS:** No, I guess what I'm asking
15 is --

16 **MS. EDWARDS:** I don't --

17 **COMMISSIONER WILLIAMS:** -- it's not your burden to
18 prove that the diabetes was uncontrolled.

19 **COMMISSIONER BARDEN:** Are there any documented
20 problems --

21 **COMMISSIONER WILLIAMS:** You don't have to prove that
22 it was --

23 **COMMISSIONER BARDEN:** -- that he had --

24 **MS. EDWARDS:** None, Your Honor. No documented
25 problems in the record, other than those two

1 records two and a half years where it indicated
2 at one point that the diabetes needs to be more
3 controlled.

4 And like I said, 33 -- I'm not really sure that
5 page 33 indicates that diabetes is
6 uncontrolled.

7 **COMMISSIONER BARDEN:** Well, I'm talking about three
8 because you have to be in all the prongs and --

9 **MS. EDWARDS:** Right.

10 **COMMISSIONER BARDEN:** -- doesn't that rebut --

11 **MS. EDWARDS:** I agree with that.

12 **COMMISSIONER BARDEN:** -- the presumption that there's
13 no obstacle or --

14 **COMMISSIONER WILLIAMS:** And I guess what I'm saying,
15 to be clear, is you don't have to prove that
16 the diabetes was uncontrolled, but if they're
17 relying on that, there needs to be some
18 evidence that it was uncontrolled therefore
19 increasing the --

20 **MS. EDWARDS:** Because there's a presumption, I think
21 they get the benefit of the burden shifting to
22 me just on that one. Just on that one.

23 **COMMISSIONER WILLIAMS:** Okay. Fair enough.

24 **MS. EDWARDS:** But because I think the medical
25 evidence rebuts the presumption, I think the

1 medical evidence in there has allowed me to
2 meet my burden on whether the presumption is
3 rebutted.

4 **COMMISSIONER ROCHE:** I don't know. You need direct
5 evidence to rebut that presumption.

6 **MS. EDWARDS:** And so let me add real quick --

7 **COMMISSIONER ROCHE:** I don't see any direct evidence
8 in this file rebutting that presumption --

9 **MS. EDWARDS:** Well, and --

10 **COMMISSIONER ROCHE:** -- that says, "You know what?
11 His diabetes was not a hindrance or obstacle to
12 his employment or reemployment."

13 **MS. EDWARDS:** And, certainly, I think medical
14 records -- the medical records is direct
15 evidence. I mean, I don't make a distinction
16 between --

17 **COMMISSIONER ROCHE:** All the medical evidence says
18 is that he had tingling in his foot, actually,
19 which is not good for you; that would be bad
20 for you.

21 **MS. EDWARDS:** Right.

22 **COMMISSIONER ROCHE:** And that it looks like he was
23 being medically managed.

24 **MS. EDWARDS:** Right.

25 **COMMISSIONER ROCHE:** But that doesn't speak to

1 whether or not it was a hindrance or obstacle
2 to employment or reemployment.

3 **MS. EDWARDS:** I think the statute doesn't say what
4 specifically the Commission can look at in
5 determining whether something is a hindrance to
6 employment. There's no list of factors that
7 limits the Commission on what it can consider
8 on that issue and so, certainly --

9 **COMMISSIONER BARDEN:** Wouldn't the prior records --

10 **MS. EDWARDS:** Huh?

11 **COMMISSIONER BARDEN:** -- be what we look at?

12 **MS. EDWARDS:** Right. And I think normally what the
13 Commission looks at is --

14 **COMMISSIONER BARDEN:** That's the evidence.

15 **MS. EDWARDS:** -- the totality of the medical records
16 and so, certainly, I would assert that anything
17 already submitted -- doesn't matter who it was
18 submitted by -- anything that's submitted by
19 any party is direct evidence on any issue.
20 That's just my own personal interpretation
21 because the statute doesn't say, "Commission,
22 you can only look at a deposition or you can
23 only look at something that the nonmoving party
24 submits as direct evidence." It doesn't say
25 that and so I think --

1 COMMISSIONER ROCHE: Well, I agree with you there,
2 Ms. Edwards, and I think that we can look at
3 any evidence.

4 MS. EDWARDS: Right.

5 COMMISSIONER ROCHE: And, obviously, the evidence
6 we're going to look toward --

7 MS. EDWARDS: Right.

8 COMMISSIONER ROCHE: -- is pre-injury.

9 MS. EDWARDS: Right.

10 COMMISSIONER ROCHE: Because a lot of times carriers
11 don't put enough pre-injury stuff.

12 MS. EDWARDS: Right.

13 COMMISSIONER ROCHE: But that's what -- when I'm
14 looking for hindrance and obstacle --

15 MS. EDWARDS: Right.

16 COMMISSIONER ROCHE: -- I got to look pre-injury. I
17 can't look post injury.

18 MS. EDWARDS: Right.

19 COMMISSIONER ROCHE: So if I'm looking pre-injury,
20 the problem is that there's a presumption --

21 MS. EDWARDS: Uh-huh (affirmatively responds).

22 COMMISSIONER ROCHE: -- here that has to be
23 rebutted.

24 MS. EDWARDS: Right.

25 COMMISSIONER ROCHE: -- and the case law tells us it

1 has to be rebutted by substantial, direct
2 evidence that it does not apply.

3 So I think your hurdle is a little greater than
4 just showing that it was medically managed,
5 which is basically all you've shown here.

6 **MS. EDWARDS:** Well, and I think the fact that -- and
7 I agree that just because -- well, I'll say it
8 this way. I agree that there's a medical
9 record indicating that he had some tingling in
10 his feet. I don't --

11 **COMMISSIONER ROCHE:** And they don't have to prove
12 that he had problems. You have to prove that
13 it --

14 **MS. EDWARDS:** Right.

15 **COMMISSIONER ROCHE:** -- wasn't an obstacle.

16 **MS. EDWARDS:** I understand your point. But I'm just
17 saying that I think the medical evidence in the
18 record is direct evidence on every single
19 issue, including my ability to rebut our
20 presumption. I think I can rely on that.

21 **COMMISSIONER ROCHE:** And I guess I'm trying to take
22 the leap between evidence that he was medically
23 managed ...

24 **MS. EDWARDS:** Uh-huh (affirmatively responds).

25 **COMMISSIONER ROCHE:** I have nobody telling me that

1 just because it's medically managed -- I've got
2 no evidence here that tells me that means that
3 there was not a hindrance or obstacle to
4 employment.

5 **MS. EDWARDS:** Well, and it's not just evidence that
6 it was medically managed. It's evidence that
7 there's no indication of delay in healing. He
8 has a zero percent impairment rating.

9 **COMMISSIONER ROCHE:** Well, does any -- all of that
10 goes to the second prong. I'm talking about
11 hindrance or obstacle right now. That's the
12 one thing --

13 **COMMISSIONER WILLIAMS:** Clarify this for me now --

14 **MS. EDWARDS:** Uh-huh (affirmatively responds).

15 **COMMISSIONER WILLIAMS:** -- because maybe I've been
16 misunderstanding.

17 **MS. EDWARDS:** Uh-huh (affirmatively responds).

18 **COMMISSIONER WILLIAMS:** Even though they get the
19 presumption --

20 **MS. EDWARDS:** Uh-huh (affirmatively responds).

21 **COMMISSIONER WILLIAMS:** -- because he has
22 diabetes --

23 **MS. EDWARDS:** Right.

24 **COMMISSIONER WILLIAMS:** -- they still have to prove
25 hindrance and obstacle.

1 MS. EDWARDS: Hindrance or obstacle is what they
2 get --

3 COMMISSIONER WILLIAMS: They don't have to prove --

4 MS. EDWARDS: -- the presumption for.

5 COMMISSIONER ROCHE: Right.

6 COMMISSIONER WILLIAMS: Okay.

7 MS. EDWARDS: But they still have to prove all the
8 factors and so, like I said, while I agree that
9 I have a tougher burden on rebutting a
10 presumption for a listed condition, I certainly
11 think that I can point to anything in the
12 medical records, as I've always done and as the
13 Commission's always considered, on that issue.
14 And so, in addition to that, there -- and like
15 I said, this case wasn't denied solely on that.
16 There's two issues. And the substantial
17 increase was also another issue. And I -- they
18 don't have a presumption on that and I
19 certainly think the medical evidence supports
20 the denial based on substantial increase in
21 addition to --

22 COMMISSIONER WILLIAMS: (Inaudible.)

23 COMMISSIONER BARDEN: Is the treating physician who
24 checked off saying that there wasn't
25 substantial, greater lost time or

1 substantial --

2 COMMISSIONER WILLIAMS: That's from Aldrich.

3 MS. EDWARDS: I'm sorry, what's your question,
4 Commissioner?

5 COMMISSIONER BARDEN: On page one --

6 MS. EDWARDS: Yes. What's your question?

7 COMMISSIONER BARDEN: -- the Carrier's APA.

8 MS. EDWARDS: Yes.

9 COMMISSIONER BARDEN: The checklist that he --

10 COMMISSIONER WILLIAMS: He didn't check them all
11 "yes".

12 COMMISSIONER BARDEN: He didn't check them all
13 "yes" --

14 MS. EDWARDS: No.

15 COMMISSIONER BARDEN: -- and he checked some "no."

16 COMMISSIONER ROCHE: And I think probably Ms. League
17 when she stands up here, she'll agree that
18 she's got a big problem with the indemnity
19 portion of his claim. But medical problems --
20 I think I agree with you that they didn't prove
21 the indemnity side.

22 So, anyway, your time has run. Thank you.

23 MS. EDWARDS: Thank you.

24 COMMISSIONER ROCHE: Ms. League.

25 REPLY BY MS. LEAGUE:

1 COMMISSIONER WILLIAMS: Mary, where's Dr. Woodbury's
2 checkoff questionnaire? Maybe I'm missing it.

3 MS. LEAGUE: He wouldn't do one, so we had to go to
4 Dr. Aldrich. You know, some of these doctors
5 they just -- they refuse to do it, so --

6 Dr. Aldrich also treated him. And, really,
7 when it came to the preexisting nature of this
8 case, Dr. Aldrich, you know, he treated him.
9 He was his family doctor.

10 Now, as far as hindrance to employment, I think
11 y'all have hashed out the burden of proof on
12 that. But I would like to point out, Mr. Adger
13 was a law enforcement officer. The fact that
14 his feet bothered him and he wore shoes I think
15 would be a substantial hindrance to a law
16 enforcement officer.

17 COMMISSIONER BARDEN: But don't we look at the
18 medical records just immediately prior to this
19 accident, which occurred in August of 2007?
20 I'm looking at the April and March 2007 and his
21 diabetes isn't even mentioned.

22 MS. LEAGUE: Because it's being managed. But, no, I
23 don't -- no, I think you have to look at the
24 picture. It's an ongoing problem.

25 COMMISSIONER ROCHE: I mean, would you agree --

1 MS. LEAGUE: Yeah.

2 COMMISSIONER ROCHE: I mean, I think that the way
3 rebuttal works, y'all get the -- y'all get the
4 presumption. In order for them to rebut the
5 presumption, they've got to have some evidence
6 telling me that this is not a hindrance and
7 obstacle to employment. They just can't say it
8 was managed, because if that were the case,
9 many of these presumptions would not apply.

10 MS. LEAGUE: Correct.

11 COMMISSIONER ROCHE: So, I mean, when the case law
12 tells us we need substantial, direct evidence
13 that it does not apply, I think that means an
14 opinion or something saying, "This rebuttal
15 does not apply because....," not just something
16 where I have to take a leap. Just because it
17 was medically managed, I can't take that leap
18 without an expert telling me that because
19 somebody's diabetes is medically managed that
20 means it's not a hindrance or obstacle to
21 employment. Would you agree with that?

22 MS. LEAGUE: I agree. And I think --

23 COMMISSIONER WILLIAMS: Ms. League, let me ask you
24 this, then.

25 MS. LEAGUE: Yes.

1 COMMISSIONER WILLIAMS: Would part of the hindrance
2 and obstacle be he was missing time from work?
3 Could that be one of the factors in --

4 MS. LEAGUE: It could be one but I think the
5 presumption --

6 COMMISSIONER WILLIAMS: What other factors are there,
7 then --

8 MS. LEAGUE: Right.

9 COMMISSIONER WILLIAMS: -- besides --

10 COMMISSIONER BARDEN: (Inaudible.)

11 COMMISSIONER WILLIAMS: If you -- because obviously
12 (inaudible).

13 (Simultaneous speaking)

14 MS. LEAGUE: The factors are: Does it make it more
15 difficult for this individual to find a job or
16 to continue in his job because of this
17 condition?

18 COMMISSIONER WILLIAMS: Okay.

19 MS. LEAGUE: Would -- would --

20 COMMISSIONER WILLIAMS: Based on the medical --

21 MS. LEAGUE: Uh-huh (affirmatively responds).

22 COMMISSIONER WILLIAMS: -- evidence and his treatment
23 following this accident and his work following
24 this accident, how is this a hindrance or an
25 obstacle? He was working full duty.

1 COMMISSIONER BARDEN: And the medical records
2 (inaudible) don't show anything.

3 (Simultaneous speaking)

4 MS. LEAGUE: Well, Commissioner, if you say that
5 someone who is working full duty is never going
6 to qualify for Second Injury Fund, then Second
7 Injury Fund becomes null and void even without
8 the statute, because --

9 COMMISSIONER WILLIAMS: No, that's what I'm saying.

10 I'm just saying in --

11 MS. LEAGUE: Hindrance to employment, I don't think
12 it --

13 COMMISSIONER WILLIAMS: -- in this case, if he's
14 not missing any time from work, if he's still
15 able to do his full duty work --

16 COMMISSIONER BARDEN: And he's not complaining
17 about --

18 COMMISSIONER WILLIAMS: -- and he's not complaining
19 of any problems with it, how is that a
20 hindrance or an obstacle --

21 COMMISSIONER BARDEN: That's direct evidence.

22 MS. LEAGUE: First of all --

23 COMMISSIONER WILLIAMS: -- for employment or
24 reemployment? Because he's working.

25 MS. LEAGUE: First of all, I think you're

1 misdefinding (sic) "hindrance to employment."

2 "Hindrance to employment" does not mean they
3 were having difficulty in their job. It is a
4 perception. That is how -- it was the "hire
5 the handicap" doc, as you may recall. Hire
6 people who have preexisting conditions so that
7 they can get a job with an employer knowing
8 there's a greater risk for workers' comp
9 exposure if this individual gets hurt on the
10 job because they have this condition. It's
11 like arthritis --

12 **COMMISSIONER WILLIAMS:** I would agree with that, but
13 if he's not even missing work --

14 **COMMISSIONER ROCHE:** But you don't even look --

15 **COMMISSIONER WILLIAMS:** -- how is that a --

16 **MS. LEAGUE:** But --

17 (Simultaneous speaking)

18 **COMMISSIONER WILLIAMS:** -- a hindrance or obstacle -
19 - is a barrier to working if he's not even
20 missing time for his injury?

21 **MS. LEAGUE:** But the employer -- if the employer had
22 a choice between hiring someone who didn't have
23 the condition or did have the condition, would
24 they choose to hire someone without the
25 condition? Because it makes sense from a

1 workers' comp liability perspective. That, to
2 me, is where hindrance or obstacle to
3 employment comes in. It doesn't mean you
4 actually have a (inaudible) --

5 **COMMISSIONER WILLIAMS:** But do we have any testimony
6 on that point?

7 **MS. LEAGUE:** Well, we don't need it.

8 **COMMISSIONER WILLIAMS:** Did (inaudible) --

9 **MS. LEAGUE:** We don't need it. We don't need it.

10 **COMMISSIONER WILLIAMS:** You do not need it
11 because --

12 **MS. LEAGUE:** There's a presumption in this case
13 right now.

14 **COMMISSIONER ROCHE:** There's a presumption.

15 **COMMISSIONER WILLIAMS:** I get that.

16 **MS. LEAGUE:** That's correct.

17 **COMMISSIONER WILLIAMS:** But one of the issues is
18 still, have they rebutted that presumption?
19 And one of the issues with that is whether or
20 not it's a hindrance or obstacle or whether it
21 substantially increased any costs in this case
22 and I don't think it did because he's not
23 missed any time from work. He didn't miss any
24 days --

25 **MS. LEAGUE:** Well, medical costs were increased. He

1 had the adhesions that were caused by the
2 uncontrolled diabetes. So we know that there
3 was additional medical costs with that. I --

4 **COMMISSIONER ROCHE:** And the doctor checked off on
5 the medical costs.

6 **MS. LEAGUE:** Right. And I'll agree, as far as time
7 out of work and permanency, I think that's a
8 stretch.

9 **COMMISSIONER WILLIAMS:** One of the arguments often
10 made in these cases is that the doctors check
11 off all the --

12 **MS. LEAGUE:** Uh-huh (affirmatively responds).

13 **COMMISSIONER WILLIAMS:** -- all these boxes and, you
14 know, clearly your side wins. It's not checked
15 off on this one, is it? He didn't check "yes"
16 on all the questions, did he?

17 **MS. LEAGUE:** Not -- he did not check "yes" on time
18 out of work and permanent disability. He did
19 for the other conditions. He did for medical.
20 He did say it was preexisting and it was
21 aggravated by the accident.

22 **COMMISSIONER BARDEN:** He didn't check hindrance.
23 Did he check hindrance?

24 **MS. LEAGUE:** We didn't ask for hindrance. We didn't
25 have to. It was a presumption.

1 COMMISSIONER WILLIAMS: You have presumption.

2 MS. LEAGUE: Generally, when we have the
3 presumption, we don't bother to ask the doctors
4 because we don't need to.

5 COMMISSIONER BARDEN: I don't know that I agree with
6 that, but ...

7 COMMISSIONER WILLIAMS: Yeah.

8 COMMISSIONER ROCHE: All right. That concludes the
9 hearing.

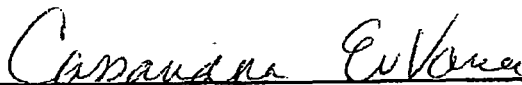
10 (The hearing concluded at 9:21 a.m.)
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CERTIFICATE

This is to certify that the within hearing consisting of Thirty (30) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on August 29, 2012.



Cassandra E. Vance
Court Reporter

Notary Public for South Carolina
My Commission Expires: February 26, 2018

BEFORE THE
SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

State Accident Fund,
Carrier,

vs.

SC Second Injury Fund,
Defendant.

In re:

Johnny M. Adger,
Claimant,

vs.

City of Manning,
Employer,

and

State Accident Fund,
Carrier,
Defendants.

WCC Number 0724654

**NOTICE OF WITNESSES,
WRITTEN REPORTS, OR OTHER
EVIDENCE TO BE INTRODUCED
ON BEHALF OF THE EMPLOYER/
CARRIER**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
AND LATONYA EDWARDS, ESQUIRE, ATTORNEY FOR SC SECOND INJURY FUND:

YOU ARE HEREBY NOTIFIED THAT THE Employer, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the Employer to wit:

	<u>NAMES OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE</u>	<u>DATE OF REPORT(S)</u>	<u>NUMBER OF PAGES</u>
1.	Cypress Family Care	5/5/05 – 6/6/11	1-11
2.	Palmetto Primary Care	8/21/07 – 11/13/07	12-16
3.	McLeod Occupational Health	9/12/07	17
4.	Dr. David Woodbury	11/27/07 - 12/15/10	18-60
5.	Toumey Medical Professionals	11/12/08	61-62
6.	Bay Orthopaedic Associates	3/15/10	63-66
A.	Statement from Employer	9/15/10	67-68
B.	16A	4/14/09	69

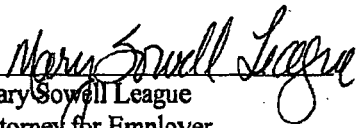
YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purpose of cross-examination.

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employer: None.

Respectfully submitted,

ELLIS, LAWHORNE & SIMS, P.A.
Post Office Box 2285
1501 Main Street, 5th Floor
Columbia, South Carolina 29202
(803) 254-4190

By: 
Mary Sowell League
Attorney for Employer

Columbia, South Carolina
September 1, 2011

**BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NUMBER 0724654**

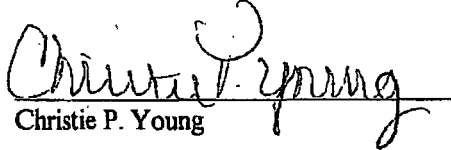
The undersigned hereby certifies that she is paralegal to Mary Sowell League, attorney for Defendants, and an employee of Ellis, Lawhorne & Sims, P.A., and that pursuant to R. 67-211 she has mailed, on the date set forth below, a copy of the document(s) described below in the above-entitled action to the following with proper postage affixed thereto:

**TO: Latonya Edwards, Esquire
c/o GAIL DEAL
SC Second Injury Fund
100 Executive Center Drive, Suite 101
Santee Building
Columbia, SC 29210**

DOCUMENT(S):

- 1. Form 58, Pre-Hearing Brief**
- 2. Notice of Witnesses and Written Reports/Physician or Other Evidence to be Introduced on Behalf of the Employer/Carrier**

DATE OF MAILING: September 1, 2011


Christie P. Young

William C. Aldrich, M.D.
RE: Johnny M. Adger
Date: May 26, 2011
RCI File #: 33974
Page Two

Did the diabetes most probably exist prior to the on the injury of August 17, 2007?

Yes ☒ No ☐

Did the injury of August 17, 2007 most probably aggravate the diabetes?

Yes ☒ No ☐

Did the aggravation of the diabetes most probably result in substantially greater time lost from work than would have occurred with the injury of August 17, 2007 alone?

Yes ☐ No ☒

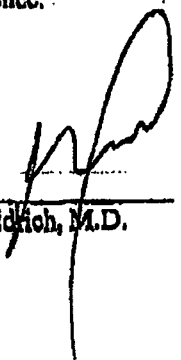
Did the aggravation of the diabetes most probably result in substantially greater permanent disability than would have occurred with the injury of August 17, 2007 alone?

Yes ☐ No ☒

Did the aggravation of the diabetes most probably result in substantially greater medical costs than would have occurred with the injury of August 17, 2007 alone?

Yes ☒ No ☐

I realize the degree of conjecture involved in these questions, but please be assured that your expert opinion is necessary to conclude the carrier's claim with the Fund. I have enclosed a self-addressed, stamped envelope for your convenience.


William C. Aldrich, M.D.


Date

4/3/07 CHART # _____ NAME Johnny Adger AGE 55 SEX _____

ERGIES NLOA

EMP 97⁸ B/P 158/68 PULSE _____ RESP. _____ WT 209 BS 92 (fasting/non fasting)

CHIEF COMPLAINT Follow-up on sinus test

"patient treated with Flage"

GENERAL: () WELL GROOMED () UNKEPT () TALKATIVE () QUIET

HEENT: () NC () AT () PERRL () ACCOMODATES () EOMI () Conjunctivae Clear () Sinuses Non-tender
() Rhinorrhea () Teeth good () Dentures () Gums pink () Membranes moist () Pharynx pink () Tonsils normal
() No exuates () right TM normal () left TM normal

NECK: () Lymph nodes normal () Lymph nodes enlarged () Thyroid normal () No JVD () No carotid bruits

HEART: () RRR w/o murmur () Irregular () Murmur

LUNGS: CTA bilaterally () Wheezes () Crackles () Coarse airway noise () Labored () Shallow

ABDOMEN: () Pos BS () Soft () Flat () Protuberant () No masses () No organomegaly () No bruits () No scars
() Scars () No rebound () No guarding () Suprapubic tenderness

EXTREMITIES: () Warm and dry () Brisk CRT () No rashes () No edema () No unusual skin lesions () Nail fungus
() Healthy nails () Scars () Neck spasm () Flank pain

NEURO: () Alert () Oriented () Pleasant () Tearful () Flat affect () Good strength () DTRs intact () Normal gait
() Tremor () Good memory recall () Math skills intact () CNs-IX-XII intact () Follows basic commands

ABNORMALITIES OR OTHER FINDINGS: _____

INJECTIONS: _____

Shunt

STUDIES: _____

REFERRAL: _____

ASSESSMENT: 401.1

1. _____
2. _____
3. _____
4. _____

PLAN:

1. Continue meds
2. _____
3. See Greenberg
4. _____

OUT OF WORK/SCHOOL

FROM: _____
RETURN: _____

RETURN VISIT: Cont

Physician's Signature/FNP

DATE 3/21/07 CHART # 7567 NAME Johnny Adger AGE 55 SEX M

ALLERGIES NKDA

TEMP 97.2 BP 170/92 PULSE _____ RESP. _____ WT 210 BS _____ (fasting/non fasting)

CHIEF COMPLAINT 90% @ arm numbness, tingling in chest
Back

GENERAL: Needs reeval
() WELL GROOMED () UNKEPT () TALKATIVE () QUIET

HEENT: () NC () AT () PERRL () ACCOMODATES () EOMI () Conjunctivae Clear () Sinuses Non-tender
() Rhinorrhea () Teeth good () Dentures () Gums pink () Membranes moist () Pharynx pink () Tonsils normal
() No exuates () Right TM normal () Left TM normal

NECK: () Lymph nodes normal () Lymph nodes enlarged () Thyroid normal () No JVD () No carotid bruits

HEART: ✓ RRR w/o murmur () Irregular () Murmur

LUNGS: ✓ CTA bilater () Wheezes () Crackles () Coarse airway noise () Labored () Shallow

ABDOMEN: () Post () Soft () Flat () Protuberant () No masses () No organomegaly () No bruits () No scars
() Scars () No rebound () No guarding () Suprapubic tenderness

EXTREMITIES: () Warm and dry () Brisk CRT () No rashes () No edema () No unusual skin lesions () Nail fungus
() Healthy nails () Scars () Neck spasm () Flank pain

NEURO: ✓ Alert () Oriented () Pleasant () Tearful () Flat affect () Good strength () DTRs intact () Normal gait
() Tremor () Good memory recall () Math skills intact () CNs-IX-XI intact () Follows basic commands

ABNORMALITIES OR OTHER FINDINGS: BP pretty good

INJECTIONS: _____

STUDIES: Needs colo 2017 Odysman

REFERRAL: Needs shen ket

ASSESSMENT:

1. TC lipid
2. 250.1
3. Cholesterol
4. 401.1?

PLAN:

1. ✓ LDL
2. continue
3. ✓ shen ket
4. new, needs meds ✓ shen ket

OUT OF WORK/SCHOOL

FROM:

RETURN: NA

RETURN VISIT: fr

Physician's Signature/FNP

DATE 11/21/06 CHART # 7567 NAME Johnny Adger AGE 55 SEX MALLERGIES NKATEMP 97.7 B/P 135/73 PULSE RESP. WT BS 142 (fasting/non fasting)CHIEF COMPLAINT checkup - followup - ECP, B. Sten

GENERAL: () WELL GROOMED () UNKEPT () TALKATIVE () QUIET

HEENT: () NC () AT () PERRL () ACCOMODATES () EOMI () Conjunctivae Clear () Sinuses Non-tender
() Rhinorrhea () Teeth good () Dentures () Gums pink () Membranes moist () Pharynx pink () Tonsils normal
() No exuates () right TM normal () left TM normal

NECK: () Lymph nodes normal () Lymph nodes enlarged () Thyroid normal () No JVD () No carotid bruits

HEART: () RRR w/o murmur () Irregular () Murmur

LUNGS: CTA bilaterally () Wheezes () Crackles () Coarse airway noise () Laboréd () Shallow

ABDOMEN: () Pos BS () Soft () Flat () Protuberant () No masses () No organomegaly () No bruits () No scars
() Scars () No rebound () No guarding () Suprapubic tendernessEXTERMITIES: () Warm and dry () Brisk CRT () No rashes () No edema () No unusual skin lesions () Nail fungus
() Healthy nails () Scars () Neck spasm () Flank painNEURO: () Alert () Oriented () Pleasant () Tearful () Flat affect () Good strength () DTRs intact () Normal gait
() Tremor () Good memory recall () Math skills intact () CNS-IXII intact () Follows basic commandsABNORMALITIES OR OTHER FINDINGS: Cgl x 7 mdtINJECTIONS: Revised streptococcalSTUDIES: see GienelleREFERRAL: ASSESSMENT: Cgl1.
2.
3. LDLT
4. 250-1

PLAN:

1. prokin PD, subcut
2.
3. Crackles 25
4. Controlled cough

OUT OF WORK/SCHOOL

FROM: RETURN: RETURN VISIT: 3 mdt for doc

Physician's Signature/FNP

4

DATE 10-23-06 CHART # 7567 NAME Johnny Adger AGE 55 SEX MALLERGIES NKATEMP 99.2 B/P 140/80 PULSE _____ RESP. _____ WT 223 GS 157 (fasting/non fasting)CHIEF COMPLAINT C/O bite on (R) leg - cough cold symptoms5 of age chronic it see, it all
? fever

GENERAL: () WELL GROOMED () UNKEPT () TALKATIVE () QUIET

HEENT: () NC () AT () PERRL () ACCOMODATES () EOMI () Conjunctivae Clear () Sinuses Non-tender
() Rhinorrhea () Teeth good () Dentures () Gums pink () Membranes moist () Pharynx pink () Tonsils normal
() No exuates () right TM normal () left TM normal

NECK: () Lymph nodes nonnal () Lymph nodes enlarged () Thyroid normal () No JVD () No carotid bruits

HEART: () RRR w/o murmur () Irregular () Murmur

LUNGS: acc CTA bilaterally () Wheezes () Crackles () Coarse airway noise () Labored () ShallowABDOMEN: () Pos TS () Soft () Flat () Protuberant () No masses () No organomegaly () No bruits () No scars
() Scars () No rebound () No guarding () Suprapubic tendernessEXTREMITIES: () Warm and dry () Brisk CRT () No rashes () No edema () No unusual skin lesions () Nail fungus
() Healthy nails () Scars () Neck spasms () Flank painNEURO: () Alert () Oriented () Pleasant () Tearful () Flat affect () Good strength () DTRs intact () Normal gait
() Tremor () Good memory recall () Math skills intact () CNs-IXII intact () Follows basic commandsABNORMALITIES OR OTHER FINDINGS: 6 x 5 cm my signature (R) LEINJECTIONS: upSTUDIES: upREFERRAL: RefASSESSMENT: Branchitis

PLAN:

1. Reflex 500mg TID x 10g
2. Dip 500mg BID x 5g
3. #10
4. Bite (R) leg - Branchitis

OUT OF WORK/SCHOOL

FROM:

RETURN:

RETURN VISIT: 11/21/06

Physician's Signature/FNP

DATE 2/21/06 CHART # _____ NAME Johnny Adger AGE 55 SEX MALLERGIES NoneTEMP 97.8 B/P 138/72 PULSE _____ RESP. _____ WT 216 BS 172 (fasting/non fasting: lbs)CHIEF COMPLAINT ConstipationNeck
GENERAL: () WELL GROOMED () UNKEPT () TALKATIVE () QUIETHEENT: () NC () AT () PERRL () ACCOMODATES () EOMI () Conjunctivae Clear () Sinuses Non-tender
() Rhinorrhea () Teeth good () Dentures () Gums pink () Membranes moist () Pharynx pink () Tonsils normal
() No exuates () right TM normal () left TM normal

NECK: () Lymph nodes nonnal () Lymph nodes enlarged () Thyroid normal () No JVD () No carotid bruits

HEART: () RRR w/o murmur () Irregular () Murmur

LUNGS: () CTA bilaterally () Wheezes () Crackles () Coarse airway noise () Labored () Shallow

ABDOMEN: () Pos BS () Soft () Flat () Protuberant () No masses () No organomegaly () No bruits () No scars
() Scars () No rebound () No guarding () Suprapubic tendernessEXTERMITIES: () Warm and dry () Brisk CRT () No rashes () No edema () No unusual skin lesions () Nail fungus
() Healthy nails () Scars () Neck spasm () Flank painNEURO: () Alert () Oriented () Pleasant () Tearful () Flat affect () Good strength () DTRs intact () Normal gait
() Tremor () Good memory recall () Math skills intact () CNs-IXII intact () Follows basic commandsABNORMALITIES OR OTHER FINDINGS: High BP, Hemorrhoid didn't helpINJECTIONS: ✓ EKG - done 2005STUDIES: Lipids, Bmp, ALT, PSA, Hgb, c done and sent to LabREFERRAL: ① LAb in November ② needs Colo Dexam ③ ↑ needs

ASSESSMENT:

- ① 250.1
- ② Effect number
- ③ ↑ lipids
- ④ _____

PLAN:

1. Hydrocortisone 11 mg + ip
2. Lysine 25 mg BID
3. ✓ Lipitor
4. ✓ Hgb, c

OUT OF WORK/SCHOOL

FROM: _____
RETURN: 6/11

RETURN VISIT:

4 months
Discuss changing Lipid needs

Physician's Signature/FNP

⑥

DATE 4/21/06 CHART# 7567 NAME Johnny Adger AGE 54 SEX MALLERGIES NKATEMP 97.0 B/P 140/88 PULSE _____ RESP. _____ WT 214 BS 166 (fasting / non fasting)CHIEF COMPLAINT pt present for checking - needs refills -
OC, OM,GENERAL: needs: refills
() WELL GROOMED () UNKEPT () TALKATIVE () QUIETHEENT: () NC () AT () PERRL () ACCOMODATES () EOMI () Conjunctivae Clear () Sinuses Non-tender
() Rhinorrhea () Teeth good () Dentures () Gums pink () Membranes moist () Pharynx pink () Tonsils normal
() No exuates () right TM normal () left TM normal

NECK: () Lymph nodes nonnal () Lymph nodes enlarged () Thyroid normal () No JVD () No carotid bruits

HEART: () RRR w/o murmur () Irregular () Murmur

LUNGS: CTA bilaterally () Wheezes () Crackles () Coarse airway noise () Labored () Shallow

ABDOMEN: () Pos BS () Soft () Flat () Protuberant () No masses () No organomegaly () No bruits () No scars
() Scars () No rebound () No guarding () Suprapubic tendernessEXTERMITIES: () Warm and dry () Brisk CRT () No rashes () No edema () No unusual skin lesions () Nail fungus
() Healthy nails () Scars () Neck spasm () Flank painNEURO: () Alert () Oriented () Pleasant () Tearful () Flat affect () Good strength () DTRs intact () Normal gait
() Tremor () Good memory recall () Math skills intact () CNS-IXI intact () Follows basic commands

ABNORMALITIES OR OTHER FINDINGS:

INJECTIONS:

STUDIES: needs HbA, c ✓ BSREFERRAL: Schachter c/o ~ Smith

ASSESSMENT:

- ① 250.1
- ② free
- ③ HM
- ④

PLAN:

1. ✓ HbA, c
2. ? did he get MRI?
3. Schachter c/o
- 4.

OUT OF WORK/SCHOOL:

FROM: WRETURN: WRETURN VISIT: Smith

Physician's Signature/FNP

4/25/06
Refund
owed to Smith
in case
62

⑦

DATE 2/9/06 CHART # 7567 NAME Johnny Adger AGE 54 SEX MALLERGIES NKATEMP 97.2 B/P 145/83 PULSE _____ RESP. _____ WT 216 BS 129 (fasting/non fasting)CHIEF COMPLAINT C/O @ knee pain & needs checkup -Genyago hyperflexed @ kneeMed's reviewed
GENERAL: () WELL GROOMED () UNKEPT () TALKATIVE () QUIETHEENT: () NC () AT () PERRL () ACCOMODATES () EOMI () Conjunctivae Clear () Sinuses Non-tender
() Rhinorrhea () Teeth good () Dentures () Gums pink () Membranes moist () Pharynx pink () Tonsils normal
() No exuates () right TM normal () left TM normal

NECK: () Lymph nodes normal () Lymph nodes enlarged () Thyroid normal () No IVD () No carotid bruits

HEART: () RRR w/o murmur () Irregular () Murmur

LUNGS: CTA bilaterally () Wheezes () Crackles () Coarse airway noise () Labored () Shallow

ABDOMEN: () Pos BS () Soft () Flat () Protuberant () No masses () No organomegaly () No bruits () No scars
() Scars () No rebound () No guarding () Suprapubic tendernessEXTERMITIES: () Warm and dry () Brisk CRT () No rashes () No edema () No mucocutaneous skin lesions () Nail fungus
() Healthy nails () Scars () Neck spasm () Flank painNEURO: () Alert () Oriented () Pleasant () Fearful () Flat affect () Good strength () DTRs intact () Normal gait
() Tremor () Good memory recall () Math skills intact () CNs-III Contact () Follows basic commandsABNORMALITIES OR OTHER FINDINGS: Previous knee injury Medical knee painNo injury

INJECTIONS: _____

STUDIES: OK MRI grobellet rt. kneeREFERRAL: ortho of reg

ASSESSMENT

1. @ knee injury
2. _____
3. _____
4. _____

PLAN

1. Non-weight bearing
2. NWB
3. heat
4. EC N/A 5 days B.O.D #2

OUT OF WORK/SCHOOL

FROM: _____

RETURN: _____

RTW MondayRETURN VISIT: 7 weeks

Physician's Signature/FNP

DATE 9-19-05 CHART # 75677 NAME Jonny Adger AGE 54 SEX MALLERGIES NKATEMP 98.1 B/P 143/88 PULSE 74 RESP. 16 WT 209 BS 200 (fasting/non fasting) Ice cream sandwich VeryCHIEF COMPLAINT Routine Checkup. States he is having tingling in Right foot. Continued to right starts when he puts shoe on stops when takes shoe off.

GENERAL: () WELL GROOMED () UNKEPT () TALKATIVE () QUIET

HEENT: () NC () AT () PERRL () ACCOMODATES () EOMI () Conjunctivae Clear () Sinuses Non-tender () Rhinorrhea () Teeth good () Dentures () Gums pink () Membranes moist () Pharynx pink () Tonsils normal () No exuates () right TM normal () left TM normal

NECK: () Lymph nodes normal () Lymph nodes enlarged () Thyroid normal () No JVD () No carotid bruits

HEART: () RRR w/o murmur () Irregular () Murmur

LUNGS: CTA bilaterally () Wheezes () Crackles () Coarse airway noise () Labored () Shallow

ABDOMEN: () Pos BS () Soft () Flat () Protuberant () No masses () No organomegaly () No bruits () No scars () Scars () No rebound () No guarding () Suprapubic tenderness

EXTERMITIES: () Warm and dry () Brisk CRT () No rashes () No edema () No unusual skin lesions () Nail fungus () Healthy nails () Scars () Neck spasm () Flank pain

NEURO: () Alert () Oriented () Pleasant () Tearful () Flat affect () Good strength () DTRs intact () Normal gait () Tremor () Good memory recall () Math skills intact () CNs-IXII intact () Follows basic commands

ABNORMALITIES OR OTHER FINDINGS: Neuropathy 30% gals

INJECTIONS:

STUDIES: Pax 5/05 7.5 16.5 1.0 See NCS

REFERRAL:

ASSESSMENT:

1. Direct disease - Radiculopathy
2. VS DM neuropathy
3. "polyneuropathy"
4.

PLAN:

1. Neuropathy 30% gals
2. 7.5 BIL
3.
4. abundant

OUT OF WORK/SCHOOL

FROM: W
RETURN: WRETURN VISIT: 7/05

Physician's Signature/FNP

DATE 6/11/05 CHART # 7207 NAME Johnny Adge AGE 51 SEX MALLERGIES NoneTEMP 99.0 B/P 137/98 PULSE 75 RESP. 12 WT 207 BS 122 (fasting/non fasting)CHIEF COMPLAINT Pl. present for flc. see Neuro studiesNo Back painmess. relievedPhx dx

GENERAL: () WELL GROOMED () UNKEPT () TALKATIVE () QUIET

HEENT: () NC () AT () PERRL () ACCOMODATES () EOMI () Conjunctivae Clear () Sinuses Non-tender
() Rhinorrhea () Teeth good () Dentures () Gums pink () Membranes moist () Pharynx pink () Tonsils normal
() No exuates () right TM normal () left TM normal

NECK: () Lymph nodes normal () Lymph nodes enlarged () Thyroid normal () No JVD () No carotid bruits

HEART: () RRR w/o murmur () Irregular () Murmur

LUNGS: CTA bilaterally () Wheezes () Crackles () Coarse airway noise () Labored () Shallow

ABDOMEN: () Pos BS () Soft () Flat () Protuberant () No masses () No organomegaly () No bruits () No scars
() Scars () No rebound () No guarding () Suprapubic tendernessEXTERMITIES: () Warm and dry () Brisk CRT () No rashes () No edema () No unusual skin lesions () Nail fungus
() Healthy nails () Scars () Neck spasm () Flank painNEURO: () Alert () Oriented () Pleasant () Tearful () Flat affect () Good strength () DTRs intact () Normal gait
() Tremor () Good memory recall () Math skills intact () CNS-IXII intact () Follows basic commands

ABNORMALITIES OR OTHER FINDINGS:

glucosare 5/50 BID vasotec Nexin Lp

INJECTIONS:

STUDIES:

See MCS - ? pagnyly. I am concerned with
Radiology

REFERRAL:

Seen Dr. Hodge

ASSESSMENT:

1. Pagnylyly ?
2. 250.1
3. 401.1
4. 401.1

PLAN:

1. Newmontem 300 BID
2. Vasotec 10 mg BID
3. carbidopa 250 mg BID
4. carbidopa 250 mg BID

OUT OF WORK/SCHOOL

FROM:

RETURN:

RETURN VISIT:

3 mths / prn / call me

Physician's Signature/FNP

(10)

DATE 5/5/05 CHART # _____ NAME Johnny Lidger AGE 53 SEX M

ALLERGIES DKL

TEMP 97.7 B/P 140/90 PULSE 81 RESP. _____ WT 218 BS 155 (fasting/non fasting)

CHIEF COMPLAINT pt presents for routine exam

P. leg numbness BSA ED eggs chill

necks renewed shortness B. at

GENERAL: () WELL GROOMED () UNKEPT () TALKATIVE () QUIET

HEENT: () NC () AT () PERRL () ACCOMODATES () EOMI () Conjunctivae Clear () Sinuses Non-tender
() Rhinorrhea () Teeth good () Dentures () Gums pink () Membranes moist () Pharynx pink () Tonsils normal
() No exuates () right TM normal () left TM normal

NECK: () Lymph nodes normal () Lymph nodes enlarged () Thyroid normal () No JVD () No carotid bruits

HEART: ☒ RRR w/o murmur () Irregular () Murmur

LUNGS: ☒ CTA bilaterally () Wheezes () Crackles () Coarse airway noise () Labored () Shallow

ABDOMEN: ☒ Pos BS () Soft () Flat () Protuberant () No masses () No organomegaly () No bruits () No scars
() Scars () No rebound () No guarding () Suprapubic tenderness

EXTERMITIES: ☒ Warm and dry () Brisk CRT () No rashes () No edema () No unusual skin lesions () Nail fungus
() Healthy nails () Scars () Neck spasm () Flank pain

NEURO: ☒ Alert () Oriented () Pleasant () Tearful () Flat affect () Good strength () DTRs intact () Normal gait
() Tremor () Good memory recall () Math skills intact () CNs-IX11 intact () Follows basic commands

ABNORMALITIES OR OTHER FINDINGS: swr, edema, sepl, P. leg numb

INJECTIONS: nil

STUDIES: ✓ 1/3 b A, C

REFERRAL: Nemo fr NCS P. leg numb * Mann. Diag doesn't accept

ASSESSMENT: 250.1 401.1 hypertension

PLAN: 1. ✓ 1/3 b A, C 2. ✓ start vasodilator eg #30 3. ✓ lab for vials

RETURN VISIT: cont

Physician's Signature/FNP

5/16/05 Dr. Hodge 5/26/05 @ 9:15 for Nerve
Conductive Study eval. (11)

PATIENT NAME: Johnny Adger

CHART# 20266

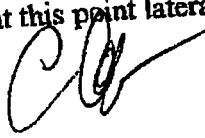
NOV 11 2007

Johnny Adger

20266

11/13/07

- S. Comes in now for check up.
- O. The knee is less painful but he says still feels unstable. We will have him do some leg lifts to stabilize and to tone his quadriceps mechanism. He has no definable instability at this point laterally or anteriorly.
- A. Knee sprain.
- P. Noted. CEC/cb



PATIENT NAME:

Johnny Adger

CHART#

20266

OCT 1 9 2007

10/16/07

Johnny Adger

20266

- S. Comes in now generally doing well.
- O. Chest is clear. Heart sounds normal. ENT exam is normal. At this point will get him a consult since he is worker's comp. He works with the Manning Police.
- A. Knee pain.
- P. Noted. CEC/cb



Corvel Capture 10/30/2007

13

OFFICE NOTE

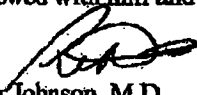
FAXED
9/24/07

September 12, 2007

Johnny Adger
249-94-6479

Mr. Adger is a police officer and he presents for his audiogram. The audiological history was reviewed with him. His medications are on the chart. He's no medical allergies. Significant medical history is diabetes mellitus. He has been using his hearing protection and the audiogram is unremarkable.

Plan: Continue with the hearing protection program. The results of his test were reviewed with him and he was given training in hearing protection.


Peter Johnson, M.D.

/to

Revised
09/19/07

Corvel Capture 10/25/2007

14

SEP 1 : 2007

9/11/07

Johnny Adger

20266

- S. Comes in now for follow up. His knee is doing well. He has no swelling. BP is 150/80 which is up slightly. Is to continue regimen and return here in about one more month. If he is normal will discharge him then.
- P. Noted. CEC/cb

Colt

Corvel Capture 10/8/2007

15

PATIENT NAME:

Johnny Adger

CHART#

20266

AUG 21 2007

T 98.6

PP 138/70

WT 216 1/2

56 hand
AV 17 1/2
week 5-B-
D turn - no AS-P
@ him
X-ray - wif

P 102

O2 sat 97%

8/21/07

Johnny Adger

20266

- S. Comes in now he is a 56 year old American male of African descent he was involved in MVA on the 17th. He turned left in front of a vehicle and the front of his vehicle was hit. Air bag did not fire. He did have on seatbelt. Had pain in left knee. Knee was xrayed and said to be normal. General health is good. He is followed by another physician here in town and has NIDDM and hyperlipidemia and takes Glucophage, Lipitor and Nexium. Mom is living and has heart disease. Father died at age 54. A brother died at age 31 and 10 other siblings are living. He is a nonsmoker, nondrinker. He has had left leg injury and has pain in left leg. Has had right foot injury.
- O. Has tenderness lateral about the knee about the lateral attachment of the knee. Will simply give him 40mgs of Depo Medrol.
- A. Sprained knee.
- NIDDM. Hypertension. Hyperlipidemia.
- P. Will plan to see him back in 3 weeks for reassessment. Is given an excuse through tomorrow and return to work day after tomorrow. CEC/cb

Corvel Capture 9/13/2007

PATIENT ENCOUNTER SHEET

1160080001

PATIENT NAME ADGER	PHONE JOHNNY 803-478-4258	DATE 09/12/07	00001160080	
EMPLOYER CITY OF HANNING	SOCIAL SECURITY NO. 249-94-6479	AGE	DATE OF BIRTH 05/26/1951	SEX M
MANNING SC 29102 AUTH BY CAROLYN FIELDS AT COMPENDIUM 877-709-2667		TIME/DATE OF INJURY 11/20/06 13:00		

IN PATIENT'S OWN WORDS EXPLAIN INJURY/QUALIFYING FOR YEARLY ASSESSMENT PHYS NOTICE HEARING LOSS

ALLERGIES NKDA	PRESCRIPTIONS (Med Term) Nexium Lipitor	MEDICATIONS/PRESCRIBED? ☐ No ☐ Yes	LAST TETANUS ?
JOB TITLE / DESCRIPTION Police Officers	TEMP 98	DATE 80	X-RAY FINDINGS? ☐ Positive ☐ Negative ☐ Not Taken
DOCTOR'S REPORT	HT 5'9"	WEIGHT 212	ORDERS / MEDS.

V72.17g
Carolyn Fields, RN

ASSESSMENT <i>Normal and no gross</i>	SEE OTHER SIDE
TREATMENT <i>and injury loss of</i>	☐ INFORMATION SHEET
PHYSICAL THERAPY: ☐ YES ☐ NO	

WORK STATUS	☒ Return to regular work	☐ RETURN TO WORK WITH THESE RESTRICTIONS:	A. Left/Right hand(s) job only	G. No walking or standing over ____ hrs./day
	☐ Unable to work ____ days (estimated)	B. No reaching above shoulder level	H. Ground level work only	H. Ground level work only
	☐ Released, case closed	C. Not to lift, push or pull over ____ lbs.	I. No hazardous equipment operation, driving motor vehicle or crane	I. No hazardous equipment operation, driving motor vehicle or crane
	☐ No permanent impairment	D. No stooping, crawling, bending, twisting	J. Minimal exposure to dust, fumes, vapors or mists	J. Minimal exposure to dust, fumes, vapors or mists
	☐ Injury / illness work related?	E. No working on rough or slick surfaces	K. Dry work away from skin irritants	K. Dry work away from skin irritants
	☐ Undetermined ☐ Yes ☐ No	F. _____	L. No work requiring good depth perception or peripheral vision	L. No work requiring good depth perception or peripheral vision
	☐ In Visit ☐ Followup ☐ Final	RETURN VISIT DATE / TIME	SPECIALTY / REFERRING PHYSICIAN	DATE
	PHYSICIAN SIGNATURE	PHYSICIAN SIGNATURE	NURSE INITIAL	CHECKOUT TIME

Adger, Johnny59 Y. old Male, DOB: 05/26/1951
8816 Parville Hwy, Manning, SC 29102

Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund
of SCPCP: William C Aldrich, MD Referring: Clarence E Coker,
MD

12/08/2010

Progress Notes: David M. Woodbury, M.D.

Current Medications

metformin 500 mg 1 tab(s) once a day
 Lipitor 10 mg 1 tab qd
 Nexium 40 mg 1 tab qd
 benazepril 10 mg 1 tab(s) once a day
 Viagra 50 mg 1 tab
 Decoex DM 30 mg - 300 mg - 30 mg 1 tab(s)
 Q12H
 ferrous sulfate 325 mg 1 tab(s) 2 times a day
 DAYPRO 600 mg 1 tab by mouth BID
 Glucosamine & Chondroitin with MSM 400
 mg - 500 mg - 250 mg 1 tab(s) 3 times a day

Past Medical History

Diabetes
 Irregular heart beat
 Anemia

Social History

Do you use recreational drugs: no.
 Do you dip: no.
 Did you ever quit using tobacco: no.
 Occupation: Manning Police officer.
 Do you drink alcohol (how much): no.
 Do you attend church services regularly: yes.
 Baptist.
 Should you require surgery, would you like
 the doctor to pray with you prior to
 anesthesia: yes.
 Handedness: R.
 Do you smoke (how much): no.

Allergies

N.K.D.A.

Review of Systems**Constitutional:**

Fever no. Night sweats no.

Musculoskeletal:

Pain in other joints no.

Reason for Appointment

1. 4 week f/u L Knee Pain

Assessments

1. Ankylosis of joint of lower leg - 718.56 (Primary), L knee s/p L TKA
2. Joint replaced, knee - V43.65, L DOS 11/16/09
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment**1. Ankylosis of joint of lower leg**

The pt has made some improvement with the treatment prescribed to date but continues to have significant symptoms. He has reached MMI and needs to be sent for an impairment rating. He will need ongoing periodic evaluations for his condition.

Follow Up

Xr's OOP at f/u, 2 years

History of Present Illness**Left knee:**

07/06/10 Knee pain is 5/10. Has posterior knee pain. Continues to have swelling in his knee.

11/03/10 Knee gives out. Pain is 4/10. Has posterior knee pain. Continues with swelling. After riding in the car for one hour he had a lot of swelling in his knee on Sunday. Knee gives out with standing straight. Ran out his Daypro a month ago but he states the knee had only mild pain prior to that.

12/08/10 Pain has improved. Has no pain at all today.

Constitutional:

DOI: 9/20/07.

Examination**Left knee:**

Inspection: healed scars noted. Wounds: Old surgical scars noted.
 Palpation: no tenderness. ROM: active (in degrees): 0-90.
 Strength: 5/5 throughout. Sensation: intact to light touch distally.
 Vascular: distal pulses 2+. Thigh examination: popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D. 12/08/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Electronically signed by David Woodbury MD on 12/15/2010
at 10:14 AM EST

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 12/08/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



UNIVERSITY OF SOUTH CAROLINA
MEDICAL CENTER

Adger, Johnny

59 Y old Male, DOB: 05/26/1951
8816 Paxville Hwy, Manning, SC 29102
Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund of SC
PCP: William C Aldrich, MD Referring: Clarence E Coker, MD

07/06/2010

Progress Notes: David M. Woodbury, M.D

Current Medications

metformin 500 mg 1 tab(s) once a day
Lipitor 10 mg 1 tab qd
Nexium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Deconex DM 30 mg-900 mg-30 mg 1 tab(s)
Q12H
DAYPRO 600 mg 1 tab by mouth BID
ferrous sulfate 325 mg 1 tab(s) 2 times a day

Past Medical History

Diabetes
Irregular heart beat
Anemia

Allergies

N.K.D.A.

Review of Systems

Constitutional:
Fever no. Night sweats no.
Musculoskeletal:
Pain in other joints no.

Reason for Appointment

1. 2mth f/u L Knee Pain

Assessments

1. Ankylosis of joint of lower leg - 718.36 (Primary), L knee s/p L TKA
2. Joint replaced, knee - V43.65, L DOS 11/16
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment

1. Joint replaced, knee

He states that symptomatically he has noticed a significant improvement since his last visit. He then says he has pain with every step but does not take his Daypro daily so apparently he is content to walk through some of his pain. Re-check labs at f/u

Follow Up

4 Months, Xr's OOP at f/u L TKA

History of Present Illness

Left knee:

07/06/10 Knee pain is 5/10. Has posterior knee pain.. Continues to have swelling in his knee.

Constitutional:

DOI: 9/20/07.

Examination

Left knee:

Inspection: healed scars noted. Wounds: Old surgical scars noted. Palpation: positive tenderness medial facet of patella, positive tenderness lateral facet of patella, positive tenderness medial joint line, positive tenderness pes bursa. ROM: active (in degrees): 0-90 Strength: 5/5 throughout. Sensation: intact to light touch distally. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 07/06/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Corvel Scan Date: 7/13/2010

Ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Physical Examination

Gait:

Gait mildly antalgic.

Electronically signed by David Woodbury MD on 07/12/2010
at 10:12 AM EDT

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 07/06/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<http://10.31.21.50:8080/mobiledoc/jsp/catalog/xml/printChartOptions.jsp?encounterID=78...> 7/12/2010

2007003792

Corvel Scan Date: 5/11/2010

**Adger, Johnny**58 Y old Male, DOB: 05/26/1951
8816 Paxville Hwy, Manning, SC 29102
Home: 803-473-4258Guarantor: Adger, Johnny Insurance: State Accident Fund of SC
PCP: William C Aldrich, MD Referring: Clarence E Coker, MD

05/04/2010

Progress Notes: David M. Woodbury, M.D

Current Medicationsmetformin 500 mg 1 tab(s) once a day
Lipitor 40 mg 1 tab qd
Neuridin 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Decipher DM 30 mg-900 mg-30 mg 1 tab(s)
Qsig
DAYPRO 600 mg 1 tab by mouth BID
ferrous sulfate 325 mg 1 tab(s) 2 times a day**Past Medical History**Diabetes
Irregular heart beat
Anemia**Allergies**

N.K.D.A.

Reason for Appointment

1. 2 wks f/up L Knee Pain

Assessments

1. Ankylosis of joint of lower leg - 718.56 (Primary), L knee s/p L TKA
2. Joint replaced, knee - V43.65; L.DOS 11/16
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment**1. Ankylosis of joint of lower leg**

His pain is improving and his cell count was only 200 despite the elevated CRP and ESR. We will consult infectious diseases but I don't think his knee is infected. Cx's were negative.

Review of Systems**Constitutional:**

Fever no. Night sweats no.

Musculoskeletal:

Pain in other joints no.

Follow Up

2 Months

History of Present Illness**Left knee:**

3/17/10 He saw Dr. Dominici who did endoscopy. He found no evidence for infection or ulceration. The pt struck his knee on a bedpost 2 days ago and it continues to hurt 4/10.

04/06/10 Has swelling. Pain is 4/10. He is finished with therapy. Here to discuss blood work needs a refill of his lortab and daypro.

04/13/10 Pain is 2/10. Here to discuss bloodwork

05/04/10 Pain has decreased. has some stiffness. Culture results in his chart.

Constitutional:

DOI: 9/20/07.

Examination**Right knee:**

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Left knee:

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D. 05/04/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

http://10.31.21.50:8080/mobiledoc/jsp/catalog/xml/printChartOptions.jsp?encounterID=775... 5/6/2010



**ORTHOPAEDIC
CENTER**

Adger, Johnny

8816 Paxville Hwy, Manning, SC 29102

Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund of SC
PCP: William C Aldrich, MD Referring: Clarence E Coker, MD

04/13/2010

Progress Notes: David M. Woodbury, M.D

Current Medications

metformin 500 mg 1 tab(s) once a day
Lipitor 40 mg 1 tab qd
Nesium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 60 mg 1 tab
Deconex DM 30 mg-900 mg-30 mg 1 tab(s)
Q12H
DAYPRO 600 mg 1 tab by mouth BID
ferrous sulfate 325 mg 1 tab(s) 2 times a day

Past Medical History

Diabetes
Irregular heart beat
Anemia

Allergies

N.K.D.A.

Review of Systems

Constitutional:

Fever no. Night sweats no.

Musculoskeletal:

Pain in other joints yes, rt knee.

Reason for Appointment

1. 1wks f/up L Knee Pain

Assessments

1. Ankylosis of joint of lower leg - 718.56 (Primary), L knee s/p L TKA
2. Joint replaced, knee - V43.65, L D08 11/16
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment

1. Joint replaced, knee

LAB: ~~Cross Stain~~

LAB: culture

LAB: cell count

The pt has made some improvement with the treatment prescribed to date but continues to have significant symptoms. His ESR and CRP have failed to normalize. Re-aspiration is indicated

Procedures

Ortho Injections

Knee: : After all risks and benefits explained, left knee, aspiration attempted, utilizing a suprapatellar approach, after skin wheal raised with 2% lidocaine, under sterile conditions. 15 cc of blood tinged synovial fluid aspirated. Sent for GS, cxs, cell count, patient tolerated the procedure well

Follow Up

2 Weeks

History of Present Illness

Left knee:

3/17/10 He saw Dr. Dominici who did endoscopy. He found no evidence for infection or ulceration. The pt struck his knee on a bedpost 2 days ago and it continues to hurt 4/10.

04/06/10 Has swelling. Pain is 4/10. He is finished with therapy. Here to discuss blood work. needs a refill of his lortab and daypro.

04/13/10 Pain is 2/10. Here to discuss bloodwork.

Constitutional:

DOI: 9/20/07.

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 04/13/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<http://10.31.21.50:8080/mobile/doc/jsp/catalog/xml/printChartOptions.jsp?encounterID=77...> 4/20/2010

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Examination

Left knee:

Inspection: healed scars noted. Wounds: all wounds closed.
 Palpation: positive tenderness medial facet of patella, positive
 tenderness lateral facet of patella. ROM: active (in degrees): 0-90.
 Strength: 5/5 throughout. Sensation: intact to light touch distally.
 Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg):
 90. Lymphadenopathy No inguinal. Skin otherwise clean, dry and
 intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no
 tenderness. ROM: full flexion and extension, painless. Strength: 5/5
 throughout. Sensation: intact to light touch distally. Tests: all
 ligaments stable to exam. Vascular: distal pulses 2+. Thigh
 examination non-tender. Lymphadenopathy No inguinal.
 Skin otherwise clean, dry and intact.

Procedure Codes

20610 Large joint inj - S/H/K

Electronically signed by David Woodbury MD on 04/20/2010
 at 08:39 AM EDT

Sign off status: Pending

Lakeside Orthopaedic Center
 50 E. Hospital Street
 Manning, SC 29102
 Tel: 803-433-5633
 Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D. 04/13/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Adger, Johnny68 Y old Male, DOB: 05/26/1951
8810 Paxville Hwy, Manning, SC 29102

Home: 803-473-4258

Insurance: State Accident Fund
of SC
PCP: William C Aldrich, MD Referring: Clarence E Coker, MD

03/03/2010

Progress Notes: David M. Woodbury, M.D.

Current Medicationsmetformin 500 mg 1 tab(s) once a day
Lipitor 40 mg 1 tab qd
Nexium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Decomex DM 30 mg-900 mg-30 mg 1 tab(s)
Q12H
DAYPRO 600 mg 1 tab by mouth BID
LORTAB 7.5 1-2 tabs q4-6 hrs prn**Past Medical History**Diabetes
Irregular heart beat**Allergies**

NKDA

Review of SystemsConstitutional:

Fever n6. Night sweats no.

Musculoskeletal:

Pain in other joints no.

Reason for Appointment

1. f/up L Knee Pain

Assessments

1. Ankylosis of joint of lower leg - 718.86 (Primary), L knee s/p L TKA
2. Joint replaced, knee - V49.65; L DOS 11/16
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment

1. Ankylosis of joint of lower leg
Start LORTAB 5/500, po, 40, 1-2 tabs, q 4-6 hrs prn, Refills o
ESR and CRP are elevated in the face of worsening pain, not
Aspiration is indicated. He thinks he may have a 'bowel infection'
however and is scheduled to see Dr. Dominici for this

2. Joint replaced, kneeLAB: cultureLAB: Gram Stain**Procedures**Ortho Injections

Knee: : After all risks and benefits explained, right knee, aspiration
attempted, after skin wheal raised with 2% lidocaine, utilizing a
suprapatellar approach under sterile conditions. 15 cc blood tinged
synovial fluid aspirated

Follow Up

As scheduled

History of Present IllnessLeft knee:

02/23/10 Had to drive to Augusta last Sunday. Had alot of swelling
in his knee when he got in car. On Monday his knee gave out and he
fell. Did not land on his knee. Going to PT at LV. Pain is 3/10.

03/03/10 Has been doing his HEP. Pain is 4/10. Here to discuss
his blood work.

Constitutional:

DOI: 9/26/07.

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D. 03/03/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Examination

Left knee:

Inspection: healed scars noted. Wounds: all wounds clean, dry.
ROM: active (in degrees): 0-90. Strength: 5/5 throughout.
Sensation: intact to light touch distally. Vascular: distal pulses 2+.
Thigh examination popliteal angle of (deg): 30. Lymphadenopathy: No
Inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no
tenderness. ROM: full flexion and extension; painless. Strength: 5/5
throughout. Sensation: intact to light touch distally. Tests: all
ligaments stable to exam. Vascular: distal pulses 2+. Thigh
examination non-tender. Lymphadenopathy: No inguinal.
Skin otherwise clean; dry and intact.

Procedure Codes

20610 Large joint inj - S/H/K
A4657 Syringe



Electronically signed by David Woodbury MD on 03/10/2010
at 03:50 PM EST

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 03/03/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Adger, Johnny

58 Y old Male, DOB: 05/26/1951
8816 Paxville Hwy, Manning, SC-29102

Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund of SC
PCP: William C Aldrich, MD Referring: Clarence E Coker, MD

01/26/2010

Progress Notes: David M. Woodbury, M.D

Current Medications

metformin 500 mg 1 tab(s) once a day
Lipitor 10 mg 1 tab qd
Nexium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Decomex DM 30 mg-900 mg-30 mg 1 tab(s)
Q12H
Percocet-5/325 325 mg-5 mg 1 tab(s) every 6
hours
DAYPRO 600 mg 1 tab by mouth BID

Past Medical History

Diabetes
Irregular heart beat

Allergies

N.K.D.A.

Review of Systems

Constitutional:

Fever no. Night sweats no.

Musculoskeletal:

Pain in other joints no.

Reason for Appointment

1. zwk f/up Lt knee pain

Assessments

1. Ankylosis of joint of lower leg - 718.56 (Primary), L knee s/p LTKA
2. Joint replaced, knee - V43.65, L DOS 11/16
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not
- 250.80
4. Hypertension NOS - 401.9

Treatment

1. Ankylosis of joint of lower leg

Start Percocet-5/325 tablet, 325 mg-5 mg, orally, 40, 1 tab(s), every 6 hours,
10 day(s), Refills 0

Start PT and OT services, 3 times per week, Total knee replacement - needs
modalities, patellar mobilization, soft tissue mobs, aggressive PROM for
flexion and extension. Stationary bike after 2 weeks post-op

The pt has made some improvement with the treatment prescribed to date
but continues to have significant symptoms. He continues to improve at this
point with his ROM but it is too early to stop therapy. He has not reached
MML. Continue current work restrictions.

Follow Up

4 Weeks

History of Present Illness

Left knee:

12/30/09 ROM is 82 today. Got his flexionator today. Using the CPM
twice a day. Pain is 4/10.

01/11/10 Pain is 3/10. Going to therapy 5 days a week. Needs a refill of
his percocet.

01/26/10 Pain is 2/10. Therapy is 5 days a week. Using his CPM and
extensionator. He is 2 months S/P TKA. needs a refill of his percocet.

Constitutional:

DOI: 9/20/07.

Examination

Left knee:

Inspection: healed scars noted. Wounds: all wounds clean, dry.
ROM: active (in degrees): 0-95. Strength: 5/5 throughout. Sensation: intact
to light touch distally. Vascular: distal pulses 2+. Thigh
examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal.
Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no
tenderness. ROM: full flexion and extension, painless. Strength: 5/5

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 01/26/2010
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Procedure Codes

99024 Surgery global period

Electronically signed by David Woodbury MD on 02/25/2010 at 03:52 PM EST

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 01/26/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Adger, Johnny

58 Y old Male, DOB: 05/26/1951
8816 Paxville Hwy, Manning, SC-29102
Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund of SC
PCP: William C Aldrich, MD Referring: Clarence E Coker, MD

01/11/2010

Progress Notes: David M. Woodbury, M.D

Current Medications

metformin 500 mg 1 tab(s) once a day
Lipitor 10 mg 1 tab qd
Nexium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Deconex DM 30 mg-500 mg-30 mg 1 tab(s)
Q1aH
Percocet-5/325 325 mg-5 mg 1 tab(s) every 6 hours

Past Medical History

Diabetes
Irregular heart beat

Allergies

N.K.D.A.

Review of Systems

Constitutional:
Fever no. Night sweats no.
Musculoskeletal:
Pain in other joints no.

Reason for Appointment

1. 10 day f/up Lt knee pain

Assessments

1. Ankylosis of joint of lower leg - 718.56 (Primary), L knee s/p L TKA
2. Joint replaced, knee - V43.65, L DOS 11/16
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment

1. Ankylosis of joint of lower leg
Start Percocet-5/325 tablet, 325 mg-5 mg, orally, 40, 1 tab(s), every 6 hours, 10 day(s), Refills 0
Continue DAYPRO, 600 mg, 60, 1 tab by mouth, BID, Refills 1
The patient has made minimal improvement to date with the prescribed treatment plan. His motion is still not as good as it was during the manipulation. His DM is finally better controlled. We will give him another 2 weeks prior to considering remanipulation

Follow Up

2 Weeks

History of Present Illness

Left knee:

12/30/09 ROM is 82 today. Got his flexionator today. Using the CPM twice a day. Pain is 4/10.

01/11/10 Pain is 3/10. Going to therapy 5 days a week. Needs a refill of his percocet.

Constitutional:

DOI: 9/20/07.

Examination

Left knee:

Inspection: healed scars noted. Wounds: all wounds clean, dry.
ROM: active (in degrees): 0-72. Strength: 5/5 throughout. Sensation: intact to light touch distally. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 01/11/2010
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Procedure Codes

99024 Surgery global period

Electronically signed by David Woodbury MD on 02/25/2010 at
03:52 PM EST

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 01/11/2010

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Adger, Johnny

58 Y old Male, DOB: 05/26/1951
8816 Paxville Hwy, Manning, SC-29102
Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund of SC
PCP: William C Aldrich, MD Referring: Clarence E Coker, MD

12/30/2009

Progress Notes: David M. Woodbury, M.D

Current Medications

metformin 500 mg 1 tab(s) once a day
Lipitor 10 mg 1 tab qd
Nexium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Deconex DM 30 mg-900 mg-30 mg 1 tab(s)
Q12H
Percocet-5/325 325 mg-5 mg 1 tab(s) every 6 hours

Past Medical History

Diabetes
Irregular heart beat

Allergies

N.K.D.A.

Review of Systems

Constitutional:

Fever no. Night sweats no.

Musculoskeletal:

Pain in other joints no.

Reason for Appointment

1. 1wk f/u Lt knee pain

Assessments

1. Ankylosis of joint of lower leg - 718.56 (Primary), L knee s/p L TKA
2. Joint replaced, knee - V43.65, L DOS 11/16
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment

1. Ankylosis of joint of lower leg
Continue PT and OT services, 5 times per week, 1 month. Knee arthroscopy (no restrictions) - needs AROM, PROM, modalities as indicated, VMO rehab. Emphasis stationary bike.
Start Percocet-5/325 tablet, 325 mg-5 mg, orally, 50, 1 tab(s), every 6 hours, 10 day(s)
We will send him back to outpatient PT to get him on the bike
2. Diabetes mellitus type 2 or unspecified type with other manifestations, not
He still has not gone back to his PMD to get his DM more controlled

Follow Up

10 Days

History of Present Illness

Left knee:

12/30/09 ROM is 82 today. Got his flexionator today. Using the CPM twice a day. Pain is 4/10.

Constitutional:

DOI: 9/20/07.

Examination

Left knee:

Inspection: healed scars noted. Wounds: all wounds clean, dry.
ROM: active (in degrees): 0-72. Strength: 5/5 throughout. Sensation: intact to light touch distally. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 12/30/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Procedure Codes

99024 Surgery global period

Electronically signed by David Woodbury MD on 02/25/2010 at
03:52 PM EST

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 12/30/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Adger, Johnny

58 Y old Male, DOB: 05/26/1951
8816 Paxville Hwy, Manning, SC 29102
Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund of SC
PCP: William C Aldrich, MD Referring: Clarence R Coker, MD

12/23/2009

Progress Notes: David M. Woodbury, M.D

Current Medications

metformin 500 mg 1 tab(s) once a day
Lipitor 10 mg 1 tab qd
Nexium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Dexon DM 30 mg-900 mg-30 mg 1 tab(s)
Q12H
Percocet-5/325 325 mg-5 mg 1 tab(s) every 6 hours

Past Medical History

Diabetes
Irregular heart beat

Surgical History

L knee arthroscopy 2008
IM nailing L femur 1960's
IM nailing R tibia 1960's

Allergies

N.K.D.A.

Review of Systems

Constitutional:

Fever no, Night sweats no,

Musculoskeletal:

Pain in other joints no.

Reason for Appointment

1. 1Wk f/up Left Knee Manipulation

Assessments

1. Ankylosis of joint of lower leg - 718.56 (Primary), L knee s/p L TKA
2. Joint replaced, knee - V43.65, L DOS 11/16
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment

1. Ankylosis of joint of lower leg
Start Percocet-5/325 tablet, 325 mg-5 mg, orally, 40, 1 tab(s), every 6 hours, 10 day(s)
Intraoperatively we had him to 117 deg. He is at 72 today, 82 in therapy. We will order a flexionator.

2. Diabetes mellitus type 2 or unspecified type with other manifestations, not

I explained to him at the surgery center pre-manipulation that we needed this more well controlled. He did not call Dr. Aldrich, but will today

Follow Up

1 Week

History of Present Illness

Left knee:

10/22/09 Pt. stated that he is still experiencing some swelling and tenderness in the L knee. He stated that on average he experiences 5/10 pain. He describes the pain as a burning sensation medially. He does not note any new injury to his knee. SS

12/03/09 Has 4/10 pain. Staples intact. Has a burning sensation medially. Having HH for PT.

12/17/09 He is having PT 5 days a week at Home. Needs a refill of his Percocet. He had 68 degrees of motion yesterday.

12/23/09 Has 82 degrees ROM when he had therapy this morning. Has 100 degrees with his CPM. Pain is 7/10. Taking his percocet. Needs a rx for this.

Constitutional:

DOI: 9/20/07.

Examination

Left knee:

Inspection: healed scars noted. Wounds: all wounds clean, dry.
ROM: active (in degrees): 0-72. Strength: 5/5 throughout. Sensation: intact to light touch distally. Vascular: distal pulses 2+. Thigh

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 12/23/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal.
Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no
tenderness. ROM: full flexion and extension, painless. Strength: 5/5
throughout. Sensation: intact to light touch distally. Tests: all ligaments
stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender.
Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Procedure Codes

99024 Surgery global period

Electronically signed by David Woodbury MD on 02/25/2010 at
03:52 PM EST

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 12/23/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**WESMARK AMBULATORY SURGERY CENTER
420 W. WESMARK BLVD.
SUMTER, SOUTH CAROLINA 29150**

OPERATIVE/PROCEDURE NOTE

ADGER, JOHNNY
6641

DOB: 5-26-51

DATE OF SURGERY: 12-18-09

PRE-OP DX: Ankylosis of Left Knee S/P Left Knee Arthroplasty

POST-OP DX: Ankylosis of Left Knee S/P Left Knee Arthroplasty

SURGERY/PROCEDURE: 1) Manipulation of Left Knee under
Anesthesia.
2) Injection Left Knee.

SURGEON: David Woodbury, M.D.

ANESTHESIA: General

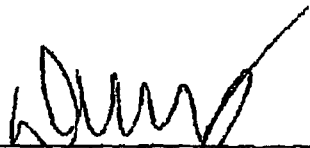
TOURNIQUET TIME: -0-

INDICATIONS:

This pt. is one month S/P Total Knee Arthroplasty who present with 65 degrees of flexion.

OPERATIVE SUMMARY:

The patient was taken to the operation room and place supine on the OR table. After the induction of general anesthesia and administration of Succinylcholine for relaxation. the left knee was gently manipulated with anterior pressure on the proximal tibia. Adhesion could be felt breaking up in the patient's left knee. We were able to manipulation his knee up to 117 degrees of flexion. X-Ray images were taken intraoperatively to rule out fracture of which none were noted. The left knee was then prepped medially with alcohol and Betadine and then injected with 6 ccs of .50% Marcaine plane and 1 cc of Kenolog. Pt. was awakened from anesthesia and taken to the recovery room in good condition.


DAVID WOODBURY, M.D.


DICT: 12-18-09

TRANS: 12-18-09 kb



Adger, Johnny

58 Y old Male, DOB: 05/26/1951
8816 Paxville Hwy, Manning, SC 29102
Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund of SC
PCP: William C Aldrich, MD Referring: Clarence E Coker, MD

12/17/2009

Progress Notes: David M. Woodbury, M.D

Current Medications

metformin 500 mg 1 tab(s) once a day
Lipitor 10 mg 1 tab qd
Nexium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Decosax DM 30 mg-900 mg-30 mg 1 tab(s)
Q12H
LORTAB 7.5 1-2 tabs q4-6 hrs prn

Past Medical History

Diabetes
Irregular heart beat

Surgical History

L knee arthroscopy 2008
IM nailing L femur 1960's
IM nailing R tibia 1960's

Family History

Father: deceased
Mother: alive

Social History

Do you use recreational drugs: no.
Do you dip: no.
Did you ever quit using tobacco: no.
Occupation: Manning Police officer.
Do you drink alcohol (how much): no.
Do you attend church services regularly: yes,
Baptist.
Should you require surgery, would you like the
doctor to pray with you prior to anesthesia: yes.
Handedness: R.
Do you smoke (how much): no.

Allergies

N.K.D.A.

Review of Systems

Constitutional:

Fever no. Night sweats no.

Musculoskeletal:

Pain in other joints no.

Reason for Appointment

1. 2wks f/up Left TKA

Assessments

1. Ankylosis of joint of lower leg - 718.56 (Primary), L knee s/p L TKA
2. Joint replaced, knee - V43.65, L DOS 11/16
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not
- 250.80
4. Hypertension NOS - 401.9

Treatment

1. Ankylosis of joint of lower leg
A lengthy discussion was held regarding the diagnosis and treatment
options. All questions were answered. Surgical correction is recommended
and the surgical and non-surgical options were explained to the patient in
detail. All questions were answered. The pt wishes to proceed with surgery.
Risks and benefits of surgery explained in detail including bleeding,
infection, damage to blood vessels and nerves, failure to completely relieve
symptoms, blood clots in the arms or legs which could be fatal if they were to
break off and go to the lungs. Plan manipulation under anesthesia L knee,
home CPM

2. Joint replaced, knee

Start Percocet-5/325 tablet, 325 mg-5 mg, orally, 50, 1 tab(s), every 6 hours,
Refills 0

Follow Up

1 Week

History of Present Illness

Left knee:

10/22/09 PT. stated that he is still experiencing some swelling and
tenderness in the L knee. He stated that on average he experiences 5/10
pain. He describes the pain as a burning sensation medially. He does not
note any new injury to his knee. SS

12/03/09 Has 4/10 pain. Staples intact. Has a burning sensation
medially. Having HH for PT.

12/17/09 He is having PT 5 days a week at Home. Needs a refill of his
Percocet. He had 68 degrees of motion yesterday.

Constitutional:

DOI: 9/20/07.

Vital Signs

BP 156/84, Pulse Ox 98, BMI 32.78, HR 92, Wt 222, Temp 98.4, RR 24, Ht
69.

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 12/17/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Examination**Left knee:**

Inspection: healed scars noted. Wounds: all wounds clean, dry, and healing staples intact. Palpation: positive tenderness medial joint line. ROM: active (in degrees): 0-65. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: positive, patellar grind/compression. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Physical Examination**General:**

General appearance well developed, well nourished, pleasant.

Psychiatric:

mood normal. Affect pleasant.

Heart:

Auscultation Regular rate and rhythm, normal S1 and S2 no murmurs, rubs or gallops noted.

Chest:

Auscultation Clear.

Cardiovascular:

Cyanosis no. Varicosities none bilaterally.

Neurological:

Sensory intact to light touch. Coordination normal. Reflexes normal. General Alert and oriented x 3.

Gait:

Gait observed, normal station.

Procedure Codes

99024 Surgery global period

Electronically signed by David Woodbury MD on 02/25/2010 at 03:52 PM EST

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 12/17/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Adger, Johnny

58 Y old Male DOB: 05/26/1951
8816 Paville Hwy, Manning, SC 29102

Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund
of SC
PCI: William C Aldrich, MD Referring: Clarence E Coker,
MD

12/03/2009

Progress Notes: David M. Woodbury, M.D.

Current Medications

metformin 500 mg 1 tab(s) once a day
Lipitor 10 mg 1 tab qd
Nexium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Decomex DM 30 mg-900 mg-30 mg 1 tab(s)
QiaH
COUMADIN 4 mg tabs as directed daily
LORTAB 7.5 1-2 tabs q4-6 hrs prn

Past Medical History

Diabetes
Irregular heart beat

Allergies

NXDA

Review of Systems

Constitutional:
Fever no. Night sweats no.
Musculoskeletal:
Pain in other joints no.

Reason for Appointment

1. 17 days post op Left TKA

Assessments

1. Joint replaced, knee - V43.65 (Primary), L DOS 11/16
2. Internal derangement of knee NOS - 717.9, DOS 4/14 L knee scope,
PMM, PLM, and abrasion arthroplasty
3. Diabetes mellitus type 2 or unspecified type with other
manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment

1. Joint replaced, knee

Diagnostic Imaging: X ray: Knee 3 views L
He is concerned because 'the knee won't bend' because of pain, but he
is only taking 2 lortab daily. We have provided him with a thermal unit
for 3x daily use with ROM exercises and we will increase his pain meds.
Needs to be more aggressive with his ROM. We have added Celebrex
200 daily, and given him sample packs.

2. Others

Start Percocet-5/325 tablet, 325 mg-5 mg, orally, 50, 2 tab(s), every 6
hours

Follow Up

2 Weeks

History of Present Illness

Left knee:

10/22/09 Pt. stated that he is still experiencing some swelling and
tenderness in the L knee. He stated that on average he experiences 5/10
pain. He describes the pain as a burning sensation medially. He does
not note any new injury to his knee. SS

12/03/09 Pt. 4-10 pain. Sample pack. Has a burning sensation
medially. Having HH for PT.

Constitutional:

DOI: 9/20/07.

Examination

Left knee:

Inspection: healed scars noted. Wounds: all wounds clean, dry,

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D. 12/03/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

http://10.31.21.50:8080/mobiledos/jsp/catalog/xml/printChartOptions.jsp?encounterID=737... 1/6/2010

38

and healing staples intact. Palpation: positive tenderness medial joint line. ROM: active (in degrees): 0-50. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: positive patellar grind, compression. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Physical Examination

Xray Findings:

Knee L AP lateral sunrise demonstrate cemented TKA in place, components in good position. Interfaces appear solid with no sign of loosening.

Procedure Codes

73562 X-RAY KNEE - 3 VIEWS
99024 Surgery global period
99070 Suture rem kit

Electronically signed by David Woodbury MD on 01/06/2010
at 09:13 AM EST

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patients: Alden, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D. 12/03/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Adger, Johnny

58 Y old Male, DOB: 05/26/1951
8816 Paxville Hwy, Manning, SC 29102
Home: 803-478-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund of SC
PCP: William C Aldrich, MD Referring: Clarence E Coker, MD

11/12/2009

XRAY: David M. Woodbury, M.D

Current Medications

DAYPRO 600 mg 1 tab by mouth BID
metformin 500 mg 1 tab(s) once a day
Lipitor 10 mg 1 tab qd
Nexium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Decover DM 30 mg-900 mg-30 mg 1 tab(s)
Q12H

Past Medical History

Diabetes
Irregular heart beat

Allergies

N.K.D.A

Review of Systems

Constitutional:

Fever yes, flu related. Night sweats
yes, flu related.

Musculoskeletal:

Pain in other joints no.

Reason for Appointment

1. Left Femur Xray

Assessments

1. Primary localized osteoarthritis of lower leg - 715.16 (Primary), Medial and PF compartments L knee
2. Internal derangement of knee NOS - 717.9, DOS 4/14 L knee scope, PMM, PLM, and abrasion arthroplasty
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment

1. Primary localized osteoarthritis of lower leg

We asked him to come in to discuss his intramedullary implant in the L femur. I explained that the options would be removal of the nail with simultaneous TKA or a staged procedure, or computer assisted navigation for his arthroplasty, which we have performed on a number of occasions. He would like to proceed with a navigated TKA. If for some reason the navigation does not work out he would like the nail removed at the same sitting as his TKA.

2. Hypertension NOS

His Cr was elevated at 1.7, and Dr. Aldrich stated he would review this.

Follow Up

As scheduled

History of Present Illness

Left knee:

10/22/09 Pt. stated that he is still experiencing some swelling and tenderness in the L knee. He stated that on average he experiences 5/10 pain. He describes the pain as a burning sensation medially. He does not note any new injury to his knee. SS

11/12/09 Continues with medial pain. Here to discuss xray. Pain is 5-6/10.

Constitutional:

DOI: 9/20/07.

Examination

Left knee:

Inspection: healed scars noted. Palpation: positive tenderness medial joint line. ROM: active (in degrees): 0-105. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: positive, patellar grind/compression. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean.

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 11/12/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Physical Examination

Xray Findings:

Femur L including AP and lateral views demonstrate old intramedullary nail in place in L femur with no interlocking screws noted.

Procedure Codes

99024 Surgery global period

Electronically signed by David Woodbury MD on 02/25/2010 at 03:53 PM EST

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 11/12/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Adger, Johnny

58 Y old Male, DOB: 05/26/1951
8816 Paxville Hwy, Manning, SC-29102
Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund of SC
PCP: William C Aldrich, MD Referring: Clarence E Coker, MD

10/22/2009

Progress Notes: David M. Woodbury, M.D

Current Medications

DAYPRO 600 mg 1 tab by mouth BID
metformin 500 mg 1 tab(s) once a day
Lipitor 10 mg 1 tab qd
Nexium 40 mg 1 tab qd
benazepril 10 mg 1 tab(s) once a day
Viagra 50 mg 1 tab
Decomex DM 30 mg-900 mg-30 mg 1 tab(s)
Q2H

Past Medical History

Diabetes
Irregular heart beat

Surgical History

L knee arthroscopy 2008
IM nailing L femur 1960's
IM nailing R tibia 1960's

Family History

Father: deceased
Mother: alive
Non-Contributory

Social History

Do you use recreational drugs: no.
Do you dip: no.
Did you ever quit using tobacco: no.
Occupation: Manning Police officer.
Do you drink alcohol (how much): no.
Do you attend church services regularly: yes,
Baptist.
Should you require surgery, would you like the
doctor to pray with you prior to anesthesia: yes.
Handedness: R.
Do you smoke (how much): no.

Allergies

N.K.D.A.

Review of Systems

Constitutional:

Fever yes, flu related. Night sweats
yes, flu related.

Musculoskeletal:

Pain in other joints no.

Reason for Appointment

1. L Knee pain and swelling

Assessments

1. Primary localized osteoarthritis of lower leg - 715.16 (Primary), Medial and PF compartments L knee
2. Internal derangement of knee NOS - 717.9, DOS 4/14 L knee scope, PMM, PLM, and abrasion arthroplasty
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
4. Hypertension NOS - 401.9

Treatment

1. Primary localized osteoarthritis of lower leg
Stop DAYPRO, 600 mg, 60, 1 tab by mouth, BID
Start COUMADIN, 1 mg tabs, 60, as directed, daily, 30 days, Refills 3
Start LORTAB 7.5 tablets, po, 40, 1-2 tabs, q4-6 hrs prn, Refills 1
The patient has made minimal improvement to date with the prescribed treatment plan Surgical correction is recommended and the surgical and non-surgical options were explained to the patient in detail. All questions were answered. The pt wishes to proceed with surgery Risks and benefits of surgery explained in detail including bleeding, infection, damage to blood vessels and nerves, failure to completely relieve symptoms, blood clots in the arms or legs which could be fatal if they were to break off and go to the lungs Risks specific to implants were discussed including failure of the implants after surgery, fracture of the bone during insertion, implant breakage within the bone during insertion, and possible need for future removal. Plan L total knee arthroplasty. The patient watched an educational video on the procedure and was given an opportunity to ask additional questions afterwards

2. Hypertension NOS

We will ask Dr. Aldrich to clear him medically pre-op

Follow Up

14 days post-op

History of Present Illness

Left knee:

10/22/09 Pt. stated that he is still experiencing some swelling and tenderness in the L knee. He stated that on average he experiences 5/10 pain. He describes the pain as a burning sensation medially. He does not note any new injury to his knee. SS.

Constitutional:

DOI: 9/20/07.

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 10/22/2009
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Vital Signs

BP 160/95, Pulse Ox 97, BMI 32.78, HR 91, Wt 222, Temp 97.2, RR 24, Ht 69.

Examination**Left knee:**

Inspection: healed scars noted. Palpation: positive tenderness medial joint line. ROM: active (in degrees): 0-105. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: positive, patellar grind/compression. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Physical Examination**General:**

General appearance well developed, well nourished, pleasant.

Psychiatric:

mood normal. Affect pleasant.

Heart:

Auscultation Regular rate and rhythm, normal S1 and S2 no murmurs, rubs or gallops noted.

Chest:

Auscultation Clear.

Cardiovascular:

Cyanosis no. Varicosities none bilaterally.

Neurological:

Sensory intact to light touch. Coordination normal. Reflexes normal. General Alert and oriented x 3.

Gait:

Gait observed, normal station.

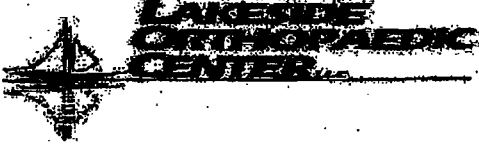
Electronically signed by David Woodbury MD on 02/25/2010 at 03:53 PM EST

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 10/22/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Adger, Johnny**

57 Y old Male, DOB: 05/26/1951
 8816 Paxville Hwy, Manning, SC 29102
 Home: 803-473-4258

Guarantor: Adger, Johnny Insurance: State Accident Fund
 of SC

PCP: William C Aldrich Referring: Clarence B Coker

09/16/2008

Progress Notes: David M. Woodbury, M.D

Current Medications

DAYPRO 600 mg 1 tab by mouth BID
 metformin 500 mg 1 tab(s) once a day
 Lipitor 10 mg 1 tab qd
 Nexium 40 mg 1 tab qd
 benazepril 10 mg 1 tab(s) once a day
 Viagra 50 mg 1 tab
 Deconex DM 30 mg-900 mg-30 mg 1 tab(s)
 Q12H

Past Medical History

Diabetes
 Irregular heart beat

Allergies/Allergies

N.K.D.A.

Review of SystemsConstitutional:

Fever no, Night sweats no.

Musculoskeletal:

Pain in other joints no.

CC

1. 2 month f/u L knee

Assessments

1. Internal derangement of knee NOS - 717.9 (Primary), DOS 4/14 L knee scope, PMM, PLM, and abrasion arthroplasty
2. Primary localized osteoarthritis of lower leg - 715.16, Medial and PF compartments L knee
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80

Treatment**1. Internal derangement of knee NOS**

Start DAYPRO, 600 mg, 60, 1 tab by mouth, BID, Refills 1

Start chondroitin-glucosamine tablet, 600 mg-750 mg, orally, 30, 1 tab (s), once a day, 30 day(s), Refills 1

The pt has made significant improvement with the prescribed treatment to date. He feels he is better after viscosupplementation but he still has significant pain. He has reached MML. Needs to be sent for an impairment rating. No running as a permanent restriction.

Follow Up

pm

HPILeft knee:

06/30/08 Knee continues to have pain. pain 4/10. DC'd from therapy. He would like to consider viscosupplementation. 07/07/08 here for orthovise #2. Has not seen any improvement in his knee pain. 07/14/08 Here for orthovise #3. Has not seen any improvement. Has decreased ROM.

9/16/08 Pt c/o swelling with overuse. Stiffness with sitting about 20 minutes. Pt c/o giving way sensation. Mild throbbing pain present. Daypro script finished, pt felt it helped. Using ice packs to knee to decrease pain and swelling. More painful and stiff in AM when gets up. Pt states to go from sitting to standing, he needs to have joint pop before he can get up. tlw.

Constitutional:

DOI: 9/20/07.

Examination

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 09/16/2008

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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Left knee:

Inspection: healed scars noted mild effusion. Wounds: all wounds clean, dry. Palpation: positive tenderness, medial facet of patella,, positive tenderness, lateral facet of patella,, positive tenderness, medial joint line,. ROM: active (in degrees): 0-110. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: positive, patellar grind/compression. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Electronically signed by David Woodbury MD on 09/17/2008
at 08:23 AM EDT

Sign off status: Pending

Lakeside Orthopaedic Center
50 E. Hospital Street
Manning, SC 29102
Tel: 803-433-5633
Fax: 803-433-5636

Patient: Adger, Johnny DOB: 05/26/1951 Progress Note: David M. Woodbury, M.D 09/16/2008

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Progress Notes

Patient: Adger, Johnny
DOB: 05/26/1951 Age: 57 Y Sex: Male
Phone: 803-473-4258
Address: 8816 Paxville Hwy, Manning, SC-29102
Pcp: William C Aldrich

Provider: David M. Woodbury, M.D
Date: 07/14/2008

Subjective:

CC:

1. L Knee Synvisc Injection:

HPI:

Left knee:

06/30/08 Knee continues to have pain. pain 4/10. DC'd from therapy. He would like to consider viscosupplementation. 07/07/08 here for orthovisc #2. Has not seen any improvement in his knee pain. 07/14/08 Here for orthovisc #3. Has not seen any improvement. Has decreased ROM>.

Constitutional:

DOI: 9/20/07.

ROS:

Constitutional:

Fever: no. Night sweats: no.

Musculoskeletal:

Pain in other joints: no.

Medical History: Diabetes, Irregular heart beat.

Family History:

Social History:

Medications: Viagra 50 mg 1 tab, benazepril 10 mg 1 tab(s) once a day, LORTAB 7.5 1-2 tabs q4-6 hrs prn, Nexlun 40 mg 1 tab qd, Lipitor 10 mg 1 tab qd, metformin 500 mg 1 tab(s) once a day, DAYPRO 600 mg 1 tab by mouth BID, Deconex DM 30 mg-900 mg-30 mg 1 tab(s) Q12H

Allergies: N.K.D.A.

Objective:

Examination:

Left knee:

Inspection: healed scars noted mild effusion. Wounds: all wounds clean, dry. Palpation: positive tenderness, medial facet of patella,, positive tenderness, lateral facet of patella. ROM: active (in degrees): 0-110. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: positive, patellar grind/compression. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy: No inguinal. Skin otherwise clean, dry and intact.

Assessment:

Assessment:

1. Internal derangement of knee NOS - 717.9 (Primary), DOS 4/14 L knee scope, PMM, PLM, and abrasion arthroplasty
2. Primary localized osteoarthritis of lower leg - 715.16, Medial and PF compartments L knee
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80

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Plan:**1. Internal derangement of knee NDS**

The patient has made minimal improvement to date with the prescribed treatment plan. An injection is recommended for diagnostic and therapeutic purposes. The rationale for this and small potential risk of infection was explained. He has not reached MMI but may continue to work at his current restrictions.

Immunizations:

Procedure Codes: Large joint inj - S/H/K, Inject Orthovisc

Preventive:

Follow Up: 2 Months

Provider: David M. Woodbury, M.D

Patient: Adger, Johnny **DOB:** 05/26/1951 **Date:** 07/14/2008

Progress Notes

Patient: Adger, Johnny
DOB: 05/26/1951 Age: 57 Y Sex: Male
Phone: 803-473-4258
Address: 8816 Paxville Hwy, Manning, SC-29102
Pcp: William C Aldrich

Provider: David M. Woodbury, M.D
Date: 07/07/2008

Subjective:

CC:

1. 1 week f/u L knee.

HPI:

Left knee:

06/30/08 Knee continues to have pain. pain 4/10. DC'd from therapy. He would like to consider viscosupplementation. 07/07/08 here for orthovisc #2. Has not seen any improvement in his knee pain.

Constitutional:

DOI: 9/20/07.

ROS:

Constitutional:

Fever no. Night sweats no.

Musculoskeletal:

Pain in other joints no.

Medical History: Diabetes, Irregular heart beat.

Family History:

Social History:

Medications: Viagra 50 mg 1 tab, benazepril 10 mg 1 tab(s) once a day, LORTAB 7.5 1-2 tabs q4-6 hrs prn, Nexium 40 mg 1 tab qd, Lipitor 10 mg 1 tab qd, metformin 500 mg 1 tab(s) once a day, DAYPRO 600 mg 1 tab by mouth BID

Allergies: N.K.D.A.

Objective:

Examination:

Left knee:

Inspection: healed scars noted mild effusion. Wounds: all wounds clean, dry. Palpation: positive tenderness, medial facet of patella,, positive tenderness, lateral facet of patella,. ROM: active (in degrees): 0-110. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: positive, patellar grind/compression. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Assessment:

Assessment:

1. Internal derangement of knee NOS - 717.9 (Primary), DOS 4/14 L knee scope, PMM, PLM, and abrasion arthroplasty
2. Primary localized osteoarthritis of lower leg - 715.16, Medial and PF compartments L knee
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80

Plan:

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Procedures:

1. Ortho Injections

Knee: : After all risks and benefits explained, left knee, intra-articular, injection given under sterile conditions, with Orthovisc, patient tolerated the procedure well, utilizing an anterolateral approach

Immunizations:

Procedure Codes: Inject Orthovisc, Large joint Inj - S/H/K

Preventive:

Follow Up: 1 Week

Provider: David M. Woodbury, M.D

Patient: Adger, Johnny **DOB:** 05/26/1951 **Date:** 07/07/2008

Progress Notes

Patient: Adger, Johnny
DOB: 05/26/1951 **Age:** 56 Y **Sex:** Male
Phone: 803-473-4258
Address: 8816 Paxville Hwy, Manning, SC-29102
Pcp: William C Aldrich, MD

Provider: David M. Woodbury, M.D
Date: 04/21/2008

Subjective:**CC:**

1. 10 day post op Left knee Arthroscopy, DOS 4/11/08.

HPI:Left knee:

4/21/08 Post op f/u knee arthroscopy. Currently 6/10. Taking Lortab prn. No c/o drainage or pain from incision sites. Sutures removed for exam. Pt walking w/o assistance. Pt stated pain is due to lack of parking near the office. Pt had to walk from the hospital parking lot.

Constitutional:

DOI: 9/20/07.

ROS:Constitutional:

Fever: no. Night sweats: no.

Musculoskeletal:

Pain in other joints: no.

Medical History: Diabetes, Irregular heart beat.

Family History:

Social History: Do you use recreational drugs: no. Do you dip: no. Did you ever quit using tobacco: no. Occupation: Manning Police officer. Do you drink alcohol (how much): no. Do you attend church services regularly: yes, Baptist. Should you require surgery, would you like the doctor to pray with you prior to anesthesia: yes. Handedness: R. Do you smoke (how much): no.

Medications: Nexium 40 mg 1 tab qd, Lipitor 10 mg 1 tab qd, metformin 500 mg 1 tab(s) once a day, Tylenol Arthritis 650 mg 1 tab q6 hrly prn, LORTAB 7.5 1-2 tabs q4-6 hrs prn

Allergies: N.K.D.A.

Objective:**Examination:**Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Left knee:

Inspection: healed scars noted. Wounds: all wounds clean, dry, and healing, sutures intact. Palpation: global tenderness. ROM: active (in degrees): 0-65. Strength: 5/5 throughout. Sensation: intact to light touch distally. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Assessment:**Assessment:**

1. Internal derangement of knee NOS - 717.9 (Primary), probable MM tear despite MRI findings.
2. Primary localized osteoarthritis of lower leg - 715.16, Medial and PF compartments L knee
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80

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Plan:

1. Internal derangement of knee NOS: Start PT and OT services, 3 times per week, 1 month, Knee arthroscopy (no restrictions) - needs AROM, PROM, modalities as indicated, VMO rehab. The pt has made some improvement with the treatment prescribed to date but continues to have significant symptoms. Sutures were removed and steri-strips were applied. Start PT/OT for modalities, stretching, ROM exercises. OK to drive at this point. May return to light duty.

Immunizations:

Procedure Codes: Surgery global period, Suture rem kit

Preventive:

Follow Up: 4 Weeks

Provider: David M. Woodbury, M.D

Patient: Adger, Johnny **DOB:** 05/26/1951 **Date:** 04/21/2008

Progress Notes

Patient: Adger, Johnny
DOB: 05/26/1951 **Age:** 56 Y **Sex:** Male
Phone: 803-473-4258
Address: 8816 Paxville Hwy, Manning, SC-29102
Pcp: William C Aldrich, MD

Provider: David M. Woodbury, M.D
Date: 04/01/2008

Subjective:

CC:

1. Left Knee Pain.

HPI:

Left knee:

bx'd at CHS ER with xrays, pain meds. Pt wore knee support for 1 week. Pt given sterold injection in the 1st week of October by Dr. Coker

12/10/07 F/u knee pain. Currently 3-4/10. Taking unk pain med prn. pt c/o medial knee pain today. Pt wears elastic knee support when at work. Pt is here to discuss MRI results 01/23/08 Left knee is doing better. Injection has helped alot with his pain.

4/1/08 F/u knee pain. Currently 4-5/10. Taking Tylenol arthritis prn. Pain is medial. Pt felt better for 6 weeks after the left knee, Intra-articular, injection given 12/10/07. Pt would like to consider another injection at todays visit.

Constitutional:

DOI: 9/20/07.

ROS:

Constitutional:

Fever no. Night sweats no.

Musculoskeletal:

Pain in other joints no.

Medical History: Diabetes, Irregular heart beat.

Surgical History: ORIF L femur age 16, Cardiac catheterization 1999.

Family History: Father: deceased Mother: alive

Social History: Do you use recreational drugs: no. Do you dip: no. Did you ever quit using tobacco: no. Occupation: Manning Police officer. Do you drink alcohol (how much): no. Do you attend church services regularly: yes, Baptist. Should you require surgery, would you like the doctor to pray with you prior to anesthesia: yes. Handedness: R. Do you smoke (how much): no.

Medications: metformin 500 mg 1 tab(s) once a day, Nexium 40 mg 1 tab qd, Lipitor 10 mg 1 tab qd, Tylenol Arthritis 650 mg 1 tab q6 hrly prn

Allergies: N.K.D.A.

Objective:

Vitals: BMI: 32.04, BP: 168/90, Pulse Ox: 96, HR: 88, Wt: 217, Temp: 97.6, RR: 18, Ht: 69.

Examination:

Left knee:

Inspection: healed scars noted. Palpation: positive tenderness medial joint line,. ROM: active (in degrees): 0-112, limited due to pain, HIP external-rotation: 30, HIP internal rotation: 45. Strength: 5/5 throughout. Sensation: Intact to light touch distally. Tests: all ligaments stable to exam, no instability. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: Intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender. Lymphadenopathy No inguinal. Skin otherwise clean, dry and intact.

Physical Examination:**General:**

General appearance well developed, well nourished, pleasant.

Psychiatric:

mood normal. Affect pleasant.

Heart:

Auscultation Regular rate and rhythm, normal S1 and S2 no murmurs, rubs or gallops noted.

Chest:

Auscultation Clear.

Cardiovascular:

Cyanosis no. Varicosities none bilaterally.

Neurological:

Sensory intact to light touch. Coordination normal. Reflexes normal. General Alert and oriented x 3.

Gait:

Gait observed, normal station.

Assessment:**Assessment:**

1. Internal derangement of knee NOS - 717.9 (Primary), probable MM tear despite MRI findings
2. Primary localized osteoarthritis of lower leg - 715.16, Medial and PF compartments L knee
3. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80

Plan:

1. **Internal derangement of knee NOS** Start LORTAB 7.5 tablets, po, 40, 1-2 tabs, q4-6 hrs prn, Refills 1.

The pt has made some improvement with the treatment prescribed to date but continues to have significant symptoms. Surgical correction is recommended and the surgical and non-surgical options were explained to the patient in detail. All questions were answered. The pt wishes to proceed with surgery, Risks and benefits of surgery explained in detail including bleeding, infection, damage to blood vessels and nerves, failure to completely relieve symptoms, blood clots in the arms or legs which could be fatal if they were to break off and go to the lungs. Plan L knee arthroscopy. The patient watched an educational video on the procedure and was given an opportunity to ask additional questions afterwards.

Immunizations:**Preventive:**

Follow Up: 10 days post-op

Provider: David M. Woodbury, M.D

Patient: Adger, Johnny **DOB:** 05/26/1951 **Date:** 04/01/2008

Progress Notes

Patient: Adger, Johnny
DOB: 05/26/1951 **Age:** 56 Y **Sex:** Male
Phone: 803-473-4258
Address: 8816 Paxville Hwy, Manning, SC-29102
Pcp: 433-5221 William C. Aldrich, MD

Provider: David M. Woodbury, M.D.
Date: 01/23/2008

Subjective:**CC:**

1. 6 week f/u L knee.

HPI:Left knee:

bx'd at CHS ER with xrays, pain meds. Pt wore knee support for 1 week. Pt given steroid injection in the 1st week of October by Dr. Coker

12/10/07 F/u knee pain. Currently 3-4/10. Taking unk pain med prn. pt c/o medial knee pain today. Pt wears elastic knee support when at work. Pt is here to discuss MRI results 01/23/08 Left knee is doing better. Injection has helped alot with his pain.

Constitutional:

DOI: 9/20/07.

ROS:Constitutional:

Fever no. Night sweats no.

Musculoskeletal:

Pain in other joints no.

Medical History: Diabetes, Irregular heart beat.

Family History:

Social History:

Medications: metformin 500 mg 1 tab(s) once a day, Nexium 40 mg 1 tab qd, Lipitor 10 mg 1 tab qd

Allergies: N.K.D.A.

Objective:**Examination:**Left knee:

Inspection: healed scars noted. Palpation: positive tenderness medial joint line, mild.
ROM: active (in degrees): 0-112, limited due to pain, HIP external rotation: 30, HIP internal rotation: 45. Strength: 5/5 throughout. Sensation: Intact to light touch distally. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: Intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender.

Assessment:**Assessment:**

1. Primary localized osteoarthritis of lower leg - 715.16 (Primary); Medial and PF compartments L knee
2. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80

Plan:

1. Primary localized osteoarthritis of lower leg

The pt has made significant improvement with the prescribed treatment to date. He desires no further

<http://10.31.21.50:8080/mobiledoc/jsp/catalog/xml/printChartOptions.jsp?encounterID=56...> 1/30/2008

Summary View

Corvel Scan Date: 2/28/2008

treatment at this time and feels that he is able to work full duty. He has reached MMI. Impairment rating zero. No limitations.

Immunizations:

Procedure Codes: DISABILITY EXAMINATION

Preventive:

Follow Up: pm

Provider: David M. Woodbury, M.D

Patient: Adger, Johnny **DOB:** 05/26/1951 **Date:** 01/23/2008

<http://10.31.21.50:8080/mobiledoc/jsp/catalog/xml/printChartOptions.jsp?encounterID=56...> 1/30/2008

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Progress Notes

Patient: Adger, Johnny
DOB: 05/26/1951 **Age:** 56 Y **Sex:** Male
Phone: 803-473-4258
Address: 8816 Paxville Hwy, Manning, SC-29102
PCP: William C Aldrich, MD

Provider: David M. Woodbury, M.D
Date: 12/10/2007

Subjective:**CC:**

1. Discuss MRI Knee.

HPI:Left knee:

tx'd at CHS ER with xrays, pain meds. Pt wore knee support for 1 week. Pt given steroid injection in the 1st week of October by Dr. Coker

12/10/07 F/u knee pain. Currently 3-4/10. Taking unk pain med prn. pt c/o medial knee pain today. Pt wears elastic knee support when at work. Pt is here to discuss MRI results.

Constitutional:

DOI: 9/20/07.

ROS:Constitutional:

Fever no.

Respiratory:

Difficulty in breathing no.

Medical History: Diabetes, Irregular heart beat.

Family History:

Social History: Do you use recreational drugs: no. Do you dip: no. Did you ever quit using tobacco: no. Occupation: Manning Police officer. Do you drink alcohol (how much): no. Do you attend church services regularly: yes, Baptist. Should you require surgery, would you like the doctor to pray with you prior to anesthesia: yes. Handedness: R. Do you smoke (how much): no.

Medications: Lipitor 10 mg 1 tab qd, Nexium 40 mg 1 tab qd, metformin 500 mg 1 tab(s) once a day

Allergies: N.K.D.A.

Objective:**Examination:**Left knee:

Inspection: healed scars noted. Palpation: positive tenderness, medial joint line,, positive tenderness, medial facet of patella,. ROM: active (in degrees): 0-112, limited due to pain, HIP external rotation: 30, HIP internal rotation: 45. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: , positive, Lachman, positive, posterior drawer, positive pivot glide. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness; ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender.

Physical Examination:General:

General appearance well developed, well nourished, pleasant.

MRI findings:

Knee L films reviewed demonstrates foreign body artifact from femoral nail noted; cystic changes in medial femoral condyle; possible small osteochondral fragment in medial joint line. ACL appears OK. Mild patellofemoral degenerative changes..

Psychiatric:

mood normal. Affect pleasant.

HEENT:

Head normocephalic, atraumatic.

Neck:

Neck supple, soft.

Cardiovascular:

Lymphadenopathy None. Pulses 2+ bilateral. Cyanosis no.

Neurological:

Sensory intact to light touch. Coordination normal. Reflexes normal. General Alert and oriented

x 3.

Gait:

Gait observed, normal station.

Dermatology:

Skin clean, dry and intact.

Assessment:**Assessment:**

1. Primary localized osteoarthritis of lower leg - 715.16 (Primary), Medial and PF compartments R knee
2. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80

Plan:**1. Primary localized osteoarthritis of lower leg**

A lengthy discussion was held regarding the diagnosis and treatment options. All questions were answered. An injection is recommended for diagnostic and therapeutic purposes. The rationale for this and small potential risk of infection was explained. The possibility of the steroid interfering with the patients' glucose control was explained, and it was recommended that FSBG be checked twice today

Procedures:**1. Ortho Injections**

Knee: After all risks and benefits explained, left knee, intra-articular, injection given under sterile conditions, with 3cc of 2% lidocaine, 3cc of .5% marcaine, 1 cc of Kenalog (40 mg/cc), patient tolerated the procedure well

Immunizations:

Procedure Codes: Inject Lidocaine, Inject Triamcinolone, Large joint inj - S/H/K, Syringe

Preventive:

Follow Up: 6 Weeks

Provider: David M. Woodbury, M.D

Patient: Adger, Johnny **DOB:** 05/26/1951 **Date:** 12/10/2007

Progress Notes

Patient: Adger, Johnny
DOB: 05/26/1951 Age: 56 Y Sex: Male
Phone: 803-493-4258
Address: 8816 Paxville Hwy, Manning, SC-29102
Pcp: 433-5221 William C Aldrich, MD

Provider: David M. Woodbury, M.D
Date: 11/27/2007

Subjective:

CC:

1. Consult for L knee pain, per request of Dr. Coker.

HPI:

Left knee:

56 year old male presents with c/o swelling of immediate onset after the injury had mild swelling for one week. c/o locking and catching occasionally. c/o giving way sensation frequently. c/o injury for 2 months due to MVA, which occurred at work, pt's vehicle struck by another vehicle, knee hit dashboard.

Denies : pain. prior knee surgery:.

tx'd at CHS ER with xrays, pain meds. Pt wore knee support for 1 week. Pt given steroid injection in the 1st week of October by Dr. Coker.

Constitutional:

DOI: 9/20/07.

ROS:

Immunology:

HIV / AIDS no. no Allergy to Metal.

Constitutional:

Fever no. Unexplained weight change no. Cancer no. Night sweats no.

Musculoskeletal:

Pain in other joints no.

Respiratory:

Difficulty in breathing no. COPD no. Asthma no.

Cardiology:

Chest pain hx of irregular heartbeat. Thrombophlebitis (Blood Clots) no. High Blood Pressure no.

Gastroenterology:

Nausea no. Ulcers no. Hepatitis no. Blood in stool no.

Dermatology:

Unexplained rashes no, patient denies. Significant bites no.

Neurology:

Peripheral neuropathy no.

Endocrinology:

Diabetes yes, med controlled. Pregnant? No.

Hematology/Lymph:

Bleeding problems no.

Psychology:

Depression no. Claustrophobia no.

Medical History: Diabetes, Irregular heart beat.

Surgical History: ORIF L femur age 16, Cardiac catheterization 1999.

Family History: Father: deceased Mother: alive

Social History: Do you use recreational drugs: no. Do you dip: no. Did you ever quit using tobacco: no. Occupation: Manning Police officer. Do you drink alcohol (how much): no. Do you attend church services regularly: yes, Baptist. Should you require surgery, would you like the doctor to pray with you prior to anesthesia: yes. Handedness: R. Do you smoke (how much): no.

Medications: metformin 500 mg 1 tab(s) once a day, Nexium 40 mg 1 tab qd, Lipitor 10 mg 1 tab qd

Allergies: N.K.D.A.

Objective:

Vitals: BMI: 31.89, BP: 147/80, Pulse Ox: 96, HR: 87, Wt: 216, Temp: 97.0, RR: 16, Ht: 69.

Examination:Left knee:

Inspection: healed scars noted. Palpation: positive tenderness, medial joint line,, positive tenderness, medial facet of patella,. ROM: active (In degrees): 0-112, limited due to pain, HIP external rotation: 30, HIP Internal rotation: 45. Strength: 5/5 throughout. Sensation: intact to light touch distally. Tests: , positive, Lachman, positive, posterior drawer, positive pivot glide. Vascular: distal pulses 2+. Thigh examination popliteal angle of (deg): 30.

Right knee:

Inspection: no erythema; skin clean dry and intact. Palpation: no tenderness. ROM: full flexion and extension, painless. Strength: 5/5 throughout. Sensation: Intact to light touch distally. Tests: all ligaments stable to exam. Vascular: distal pulses 2+. Thigh examination non-tender.

Physical Examination:General:

General appearance well developed, well nourished, pleasant.

Xray Findings:

Knee R including Rosenberg AP, lateral and sunrise views demonstrate mild medial arthritic changes L including Rosenberg AP, lateral and sunrise views demonstrate mild medial joint space narrowing mild patellofemoral joint joint space narrowing mild arthritic changes; pt is s/p IM nailing L femur.

Psychiatric:

mood normal. Affect pleasant.

HEENT:

Head normocephalic, atraumatic.

Neck:

Neck supple, soft.

Extremities:

Lymphadenopathy None. Pulses 2+ bilateral. Cyanosis no.

Neurological:

Sensory intact to light touch. Coordination normal. Reflexes normal. General Alert and oriented x 3.

Musculoskeletal:

Gait observed, normal station.

Dermatology:

Skin clean, dry and intact.

Assessment:**Assessment:**

1. Old disruption of anterior cruciate ligament - 717.83 (Primary), chronic ACL deficient L knee from old injury likely now with superimposed meniscal tear from MVA
2. Diabetes mellitus type 2 or unspecified type with other manifestations, not - 250.80
3. INT DERANGEMENT KNEE NOS - 717.9

Plan:**1. Old disruption of anterior cruciate ligament**

Diagnostic Imaging: X ray: Knee, both, standing 1 view, X ray: Knee 3 views l/lat, r/lat, bilat sun A lengthy discussion was held regarding the diagnosis and treatment options. All questions were answered, The patient is to call shortly after the tests are completed in order to discuss the results. He has been full duty since the incident and he can continue full duty at this time without restrictions

2. INT DERANGEMENT KNEE NOS

Diagnostic Imaging: MRI : Knee, left

Immunizations:

Procedure Codes: X-RAY KNEE - 3 VIEWS, X ray: KNEES both, standing anteroposterior

Preventive:

Follow Up: after MRI

Provider: David M. Woodbury, M.D

Patient: Adger, Johnny **DOB:** 05/26/1951 **Date:** 11/27/2007

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TUOMEY

MEDICAL PROFESSIONALS

INDUSTRIAL MEDICINE AND WELLNESS

Corvel Scan Date: 11/21/2008

250 W Wesmark Blvd., Building #2
Sumter, South Carolina 29150

TEL: (803) 774-8842 • FAX: (803) 774-1714

Tuomey Industrial Medicine and Wellness

See Assessment and Medical Evaluation for this date for additional information

PERMANENT IMPAIRMENT RATING

Johnny Adger

Date: November 12, 2008

Mr. Johnny Adger is seen today for an impairment evaluation concerning a September 2007 motor vehicle accident which occurred while he was working for the police department. He injured his left knee and subsequently had all nonoperative methods of treatment but did not improve; therefore on April 11, 2008, he underwent arthroscopic surgery. He underwent partial medial meniscectomy, partial lateral meniscectomy and abrasion arthroplasty of the patellofemoral joint as well as the medial and lateral compartment.

The patient has continued to be followed by the operating surgeon, Dr. Woodbury. He still has some discomfort despite having a series of three Orthovisc injections. He was last seen by Dr. Woodbury on September 18, 2008, at which time, he noted he had reached maximum medical improvement and suggested impairment rating.

The patient states that he has pain and stiffness in the left knee. The stiffness occurs primarily after he had been sitting for a period of time or when he gets up from sleeping overnight. The pain is worse when he tries to climb steps or stairs and when he tries to squat. He states that sometimes it feels as though he has a sudden pain and the knee is going to give way. He relates occasional swelling.

On examination, I find that the patient has a range of motion from about 0 to about 105 degrees. He has very obvious quadriceps atrophy which measures to be 1/2 inch less in circumference at 3 inches and 5 inches above the superior pole of the patella. There is no effusion. There is crepitation with the limited range of motion. The patient seems to have a very mild degree of medial lateral instability which may be due to the weakness of his leg. There is no obvious tear of either of the ligaments. His anterior and posterior stability seems to be satisfactory. Most of his tenderness is along the medial joint line and the patella. He has pain with patellofemoral compression and with palpation of the patella.

X-rays: I reviewed x-rays and it is my opinion that the patient primarily has degenerative changes. For the most part, these are mild but seems to be more significant in the patellofemoral joint. Please also see the addendum report to this dictation.

SUMMARY: The patient has had partial medial and lateral meniscectomies; he has patellofemoral arthritis; he has Grade 2 pain; and he has a decreased range of motion from 0 to 105 degrees. Based on the above, I feel the patient has a 32% permanent impairment of his left lower extremity.

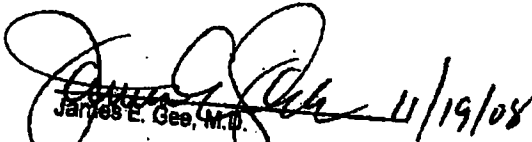
Addendum Note: The official dictated x-ray report by Dr. Parker indicates that he feels the patient may have a small fracture of the proximal tibia. I saw the same area that Dr. Parker describes and I studied the x-rays very thoroughly and could not see that "line" on other views.

I called the patient just to make sure that he had not had any recent or acute problems. He advises me that he did see Dr. Woodbury fairly recently after something struck his knee. I do not think this would have caused a fracture to his proximal tibia. He states he has had no undue swelling, etc., etc.

lol

Johnny Adger
Page 2

Based on x-ray and clinical correlation, I don't think this patient has acute fracture but I did advise him if he has any problems, he would need to see Dr. Woodbury and we should make these x-rays available to him. I advised him that I will not be available for the next several days but he can call this office if he has any questions or problems.


James E. Gee, M.D.
JEG/mlm. DNR 11/19/08

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Bay Orthopaedic Associates
1001 North Fraser Street P.O. Box 1777
Georgetown, SC 29442 (843)527-4447
Mason Ahearn, M.D., FACS
Wright S. Skinner, III, M.D.

Office Notes
Page 1
Chart# 41356
Patient: Johnny M. Adger
Referral:

March 15, 2010

An Independent Medical Evaluation is accomplished at the request of Nelson R. Parker, Esq. of Land, Parker and Welch, PA, Manning, South Carolina. Medical records enclosed with the request are evaluated prior to the encounter.

Clarendon Memorial Hospital ER records August 17, 2007 reflect this patient to have suffered contusions to the left knee and ankle. The disposition was rest, elevated, and ice. The patient was noted to be a police officer and to have suffered an accident in his patrol car, while on duty. X-rays knee and ankle normal. The patient was restricted from duty for 3 days. Patient initially seen by Dr. Coker. No records here. A steroid injection given in October by Dr. Coker. Records then commence with office notes by Dr. David Woodbury of Lakeside Orthopaedic Center. Dr. Woodbury saw the patient first October 27, 2007. He documented an old disruption of anterior cruciate ligament with now new superimposed meniscal tear from motor vehicle accident. Dr. Woodbury noted the patient to have been on full duty since the accident. Dr. Woodbury's initial exam did reveal a positive Lachman's and positive posterior drawer and positive pivot shift. His x-rays revealed "mild medial arthritic changes" as well as "mild patellofemoral joint space narrowing." Also IM nailing left femur. On December 10, MRI discussed. Knee injected with steroid. On January 23rd Dr. Woodbury felt the patient to have reached MMI and ready for full duty with a zero impairment rating and no limitations. His final diagnosis was primarily localized osteoarthritis of the knee. Knee pain persisted. In April, 2008, Dr. Woodbury decided to do an arthroscopic arthrotomy on the knee. He accomplished this April 11 and did partial medial and lateral meniscectomies with abrasion patellar joint. Postoperative rehabilitation by Dr. Woodbury. Very slow progress. Pain persisted. Orthovisc injection program. Three injections. On September 16, 2008 Dr. Woodbury felt the patient to have reached MMI again. Suggested no running as a permanent restriction. Dr. Woodbury sent the patient to Dr. James Gee for an impairment rating. He next saw the patient October 22, 2009 with persistent pain and "minimal improvement to date." At that point, Dr. Woodbury recommended a total knee arthroplasty with or without removal of the femoral rod. He accomplished ~~total knee replacement left knee November 16, 2009~~. Problems with flexion developed postoperative. Left knee was manipulated in mid December 2009. Continue rehabilitation through early 2010. Returned to work, "no standing greater than 20 minutes per hour, no running, no stairs greater than one flight." February 23, 2010 MRI reports, other op notes, and rehab notes all confirm the basic surgical narrative. A fall in late February was noted in which the patient did not land on his knee.

The patient was next encountered as a now 59-year-old college graduate in social studies from Voorhees College in Orangeburg County. He has worked for the past 11 years on

Office Notes
Page: 3
Chart# 41356
Patient: Johnny M. Adger
Referral: _____

It is most probable with a reasonable degree of medical certainty that this patient aggravated a preexisting and hitherto degenerative arthritic and ligamentous injury to the left knee in the auto accident of August 17, 2007. It is also most probable with a reasonable degree of medical certainty that the rehabilitation and splinting of the knee

Bay Orthopaedic Associates

1001 North Fraser Street P.O. Box 1777
Georgetown, SC 29442 (843)527-4447
Mason Ahearn, M.D., FACS
Wright S. Skinner, III, M.D.

Office Notes

Page: 4
Chart#41356
Patient: Johnny M. Adger
Referral:

necessary in the management of the left knee problems have resulted in symptoms in this right knee joint. It is also most probable with a reasonable degree of medical certainty that the same altered gait and splinting of one leg has resulted in a muscular imbalance and symptoms in the lumbar spine. At this point, I would recommend that this patient undergo a diagnostic workup for both right knee and lumbar spine. This would include plain x-rays and possibly a lumbar MRI.

This patient has not quite reach maximal medical input on the left knee. I think it would be unprofessional of me to rate this knee at this time due to the fact that he is still rehabilitating under Dr. Woodbury. I would also look to Dr. Woodbury for formal restriction of duty when he does feel Mr. Adger to reached MMI. However, I think it is most likely that this patient will not be able to return to field duty as a patrolman with the Manning Police force. Hopefully, he will be able to continue his career in an office capacity.

Again, while I feel Dr. Woodbury should bring this patient to MMI before a rating on the left total knee replacement, I can state that Volume V JAMA Guide page 547, table 17-33, suggest lower extremity ratings of anywhere from 37 to 75% depending on the success of the procedure.



A. Mason Ahearn, M.D., FACS

jlw

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EMPLOYER STATEMENT

I am Doug Ridgeway and my title is Major with the City of Manning Police Department.

Prior to Johnny M. Adger's on the job injury of August 17, 2007, were you aware that Mr. Adger had:

diabetes Yes X No

If you checked "yes" to any of the above condition(s), please provide an explanation how you became aware of the condition(s).

In January of 2005, Johnny Adger handed me a prescription from Cypress Family Medicine. The prescription was for a pair of diabetic shoes. Officer Adger told me that he was a diabetic and Dr. Aldrich suggested that he get special pair of shoes for diabetics.

City of Manning

D.A. Ridgeway

Title:

Major

Date:

9-15-2010

67

CITIZENS FAMILY MEDICINE
WILLIAM C. ALDRICH, M.D.
DEA # DA1400060 LIC # 12915
BENJAMIN JACKSON, M.D.
DEA # AS0275544 LIC # 287186
30 ADVERTAL STREET, SUITE 2
MANNING, SC 29102
(803) 430-9220

NAME Deborah Alden AGE 17
ADDRESS _____ DATE 11/23
SEX F ALLERGIC TO NOT SAFETY BLUE BACKGROUND

Diabetes shoes

Refill 0 times
☐ Label

[Signature]

DISPENSE AS WRITTEN SUBSTITUTION PERMITTED
#KFP1409174

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South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WCC File #: 0724654
Carrier File #: 2007-003792 ✓
Carrier Code #: 500-SF
Employer FEIN #: 576001074

Claimant's Name: Johnny Adger
Address: 8782 Pawville Hwy
City: Manning State: SC Zip: 29102
Home Phone: (803) 418-9282 Work Phone: (803) 435-8859
Preparer's Name: Cohnie Mack

Employer's Name: CITY OF MANNING
Address: Post Office Box 546
City: Manning State: SC Zip: 29102
Carrier: State Accident Fund
Preparer's Phone #: (803) 896-5936

This form is only applicable to injuries by accident occurring on or after July 1, 2007 pursuant to Title 42-15-60 (A) as amended. The execution of this document is an agreement between the parties relating to a Workers' Compensation claim under §§42-1-160, 42-1-172 or 42-11-10.

Date of Injury or Illness 08/17/2007

The above parties agree to pay and accept compensation based on the following facts:
A compensable ☐ Injury ☐ Illness ☐ Repetitive Trauma occurred on: 08/17/2007 (month/day/year).

The Injury was to Left knee and left ankle part(s) injured and also the injury affected other body part(s).

The authorized treating physician has released the Claimant from his or her care and has found maximum medical improvement on 01/23/2008 (month/day/year).
with an Impairment rating of 32% to the left lower extremity

Average weekly wage 626.53

Compensation rate 417.71

By agreement of the parties, the following award has been referred to the Commission for approval:

40 Percentage loss of use to: LEFT KNEE (body part(s) injured). 78 weeks
Percentage loss of use to: (body part(s) affected). 78 weeks
Percentage loss of use to: whole person 78 weeks
Disfigurement to: 78 weeks
Wage Loss: amount 78 weeks
Total and Permanent Disability: 78 weeks
Other: 78 weeks

Estimated award (number of weeks times compensation rate) \$ 32,581.38 ✓
The estimated award is subject to verification by the Commission

Additionally, the Employer's Representative agrees to pay and the Claimant accepts the following medical care and treatment as recommended by the authorized treating physician pursuant to the attached physician's statement, Form 14B

Additional medical ordered: X Yes No

See attached 14B physician's statement dated: 12/04/2008

This agreement is binding on approval by the Commission. A claim for additional compensation based on a worsening of the Claimant's condition must be filed no later than one (1) year from the date of the last payment of compensation. Only medical care specifically detailed herein will be paid under this agreement. If a dispute arises with regard to continued medical treatment, either party may request a hearing before the Commission pursuant to 42-15-60(B) 3 and (C).

Johnny Adger
Claimant's Signature

04-14-09
Date Agreement Signed

BULK MAIL
Attorney/Witness/Translator

Karen Davis-Greene
Employer's Representative

Attorney for Carrier

Email

Deputy Commissioner

4-14-09
Date agreement approved

Jurisdictional Commissioner

WCC Form # 16A
9/07

16A

Agreement for Permanent Disability/
Disfigurement Compensation

STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION
Richland County

WORKERS' COMPENSATION COMMISSION CASE NO.: 0724654
CASE NUMBER: 2012-212722

State Accident Fund, Carrier Appellant.

vs.

South Carolina Second Injury Fund, Defendant.....Respondent,

In re:

Johnny M. Adger, ...Employee/Claimant,

vs.

City of Manning,..... Employer,

and

State Accident Fund,.....Carrier/Defendants.

CERTIFICATE OF COUNSEL

I hereby certify that the Record on Appeal contains all material proposed to be included by all of the parties and no other material.

Mary Sowell League
Mary Sowell League
Ellis Lawhorne & Sims, P.A.
1501 Main Street, 5th Floor
Post Office Box 2285
Columbia, SC 29202
(803) 254-4190

Columbia, South Carolina
December 20, 2012

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SC COURT OF APPEALS

STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION
Richland County
The Honorable Derrick L. Williams, the Honorable Susan S. Barden, and the
Honorable Andrea C. Roche

CASE NO.: 0724654

State Accident Fund, Carrier Appellant.

vs.

South Carolina Second Injury Fund, Defendant.....Respondent,

In re:

Johnny M. Adger, ...Employee/Claimant,

vs.

City of Manning, ... Employer,

and

State Accident Fund, ...Carrier/Defendants

PROOF OF SERVICE

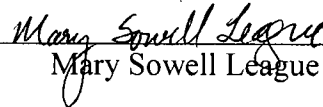
The undersigned employee of Ellis, Lawhorne & Sims, P.A., Attorneys for the Appellant, does hereby certify that service of the **Record on Appeal and Certificate of Counsel** to the South Carolina Court of Appeals in the above-captioned matter was made upon counsel of record for Respondent SC Second Injury Fund by placing same in the United States Mail, first class postage prepaid, at the below listed address clearly indicated on said envelope on this 20th day of December, 2012 addressed as follows:

RECEIVED
DEC 20 2012

SC Court of Appeals

The Honorable Virginia L. Crocker
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Latonya D. Edwards, Esquire
Dilligard Edwards, LLC
3790 Fernandina Road Suite 103
Columbia, South Carolina 29210



Mary Sowell League