

20054

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1009259

Jeffrey L. McFadden, Appellant,

vs.

City of Lake City and South Carolina Municipal
Insurance Trust, Respondents.

RECORD ON APPEAL
Volume III

Stephen J. Wukela
Wukela Law Firm
Attorney for Appellant
Po Box 13057
Florence SC 29504
843-669-5634

Grady L. Beard
Sowell Gray Stepp & Laffitte, LLC
Attorney for Respondents
PO Box 11449
Columbia SC 29211

RECEIVED

OCT 31 2012

SC Court of Appeals

ORDERS

Administrative Order of Commissioner Susan S. Barden granting Defendants’
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As Commissioner Barden's docket is extremely full until the end of August, we are not able to send her to Florence for one case. As there is a no-punt rule at the Commission, we cannot send it to another Commissioner.

Mr. Wukela has filed his Pre-Hearing Brief and has stated no objection to the hearing being set in Columbia.

Thanks,
Kristi

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

From: Waymer, Mimi [<mailto:mwaymer@sowellgray.com>]
Sent: Wednesday, June 08, 2011 8:41 AM
To: Love, Kristi; Beard, Grady L.; STEVE@WUKELALAW.COM
Cc: Tamela Gordon
Subject: RE: Hearing Notice - WCC# 1009259: Mcfadden (5682/8114)

Good morning Kristi,

2 We received the attached Hearing notice setting this case in Columbia, SC on June 23, 2011; however, the proper venue should be Florence, SC.

Please contact us regarding having the claim set before the Jurisdictional Commissioner where both the claimant and employer are located. By copy of this correspondence to claimant's attorney, we are advising them of our communication with your office and request.

Thank you and we look forward to receiving your response.

Almeta "Mimi" Waymer
Paralegal
Sowell Gray Law Firm
1310 Gadsden Street
Columbia, SC 29201

803-231-7822 - Direct Dial
803-231-7872 - Direct Fax

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

1 From: klove@wcc.sc.gov [<mailto:klove@wcc.sc.gov>]
Sent: Thursday, May 12, 2011 11:06 AM
To: KLOVE@WCC.SC.GOV; Beard, Grady L.; Waymer, Mimi; STEVE@WUKELALAW.COM
Subject: Hearing Notice - WCC# 1009259: Mcfadden

Attached please find Notice of Hearing before the SC Workers' Compensation Commission in the above referenced matter.

South Carolina Workers' Compensation Commission

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



WCC File #: 1009259
Carrier File #: 630000077747
May 12, 2011

NOTICE OF HEARING

JEFFERY L MCFADDEN v. CITY OF LAKE CITY

Subject: To be determined by the Commissioner's office.
Date: June 23, 2011 at 10:30 AM
Location: SC Workers' Compensation Commission, 1333 Main Street, Suite 500, Hearing Room A
Columbia, SC 29202

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

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

Commissioner Susan S. Barden
803-737-5660, klove@wcc.sc.gov

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

By: Kristi L Love, SC Workers' Compensation, May 12, 2011

Party

Employee: JEFFERY L MCFADDEN

Employer: CITY OF LAKE CITY
Carrier: SC Municipal Self Insurance Trust Fund

Attorney

Steve Wukela, Jr.
steve@wukelalaw.com
843-669-5634

Grady L. Beard
gbeard@sowellgray.com
803-929-1400

000283

21	Letter from Claimant's counsel to Hon. Virginia Crocker re service of Form 50	07/01/11	000267- 000295
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WUKELA LAW FIRM

Steve Wukela, Jr.
Benjamin D. Moore
Christi B. McDaniel
Stephen J. Wukela
Patrick J. McLaughlin
Pheobe A. Clark
April S. Purvis
Michael T. Miller
Frank C. Swaggard

403 Second Loop Road
P.O. Box 13057
Florence, SC 29504-3057

(843) 669-5634
FAX (843) 669-5150

July 1, 2011

VIA ELECTRONIC TRANSMISSION AND US POSTAL SERVICE

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

**Re: Jeffrey McFadden, Claimant vs. City of Lake City, Employer and SC
Municipal Insurance Trust % Companion TPA, LLC, Carrier
WCC File Number: 1009259**

Dear Ginger:

I understand there has been some question as to the adequacy of service of my Form 50 in the above matter. In that regard, please find enclosed the following documents establishing service:

1. Form 50 – Request for Hearing dated May 19, 2011 along with a certificate of service dated May 19, 2011, indicating service upon Grady L. Beard at **P.O. Box 1149, Columbia, SC 29211**, as agent for the Employer and Carrier;
2. Correspondence received by my office from the Commission dated May 20, 2011 stating that service was incorrect and directing us to re-serve Grady L. Beard at **P.O. Box 1149, Columbia, SC 29211**;
3. The resubmitted Form 50 with the corrected service address, **P.O. Box 11449, Columbia, SC 29211** as demonstrated by the attached certificate of service dated May 24, 2011;
4. The Defendants' Form 51 filed by letter dated June 23, 2011presumably in response to their receipt of the properly served Form 50.

0002608

If this satisfies the Commission that service is proper, please set the Form 50 hearing as soon as possible. If not, please advise.

By copy of this letter, I confirm this correspondence with Attorney Beard.

With kind regards, I am

Yours truly,

WUKELA LAW FIRM

STEPHEN J. WUKELA

SWJr/tcc
Enclosures

cc: Grady L. Beard, Esquire
Sowell Gray Stepp & Laffitte, LLC
P.O. Box 11449
Columbia, SC 29211

TAB #1

WUKELA LAW FIRM

Steve Wukela, Jr.
Benjamin D. Moore
Christi B. McDaniel
Stephen J. Wukela
Patrick J. McLaughlin
Pheobe A. Clark
April S. Purvis
Michael T. Miller
Frank C. Swaggard

403 Second Loop Road
P.O. Box 13057
Florence, SC 29504-3057

(843) 669-5634
FAX (843) 669-5150

May 18, 2011

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

**Re: Jeffrey McFadden, Claimant vs. City of Lake City, Employer and
SC Municipal Insurance Trust % Companion TPA, LLC, Carrier
WCC File Number: 1009259**

Dear Ginger:

Please be advised that this office represents the Claimant, Jeffrey McFadden, regarding the above-entitled claim.

Enclosed please find an original and two (2) copies of a Form 50 in this matter, which I would appreciate, your filing. Please note that we are requesting a hearing at this time. I have also enclosed our firm's check in the amount of twenty-five (\$25.00) dollars representing the filing fee.

I am by copy of this letter serving Mr. Beard, the attorney for the Employer/Carrier in this matter with the Form 50.

With kind regards, I am

Yours truly,

WUKELA LAW FIRM

STEVE WUKELA, JR.

SWJr/tcc
Enclosures

cc: Grady L. Beard, Esquire

000270⁸



**Pee Dee
Orthopaedic
Associates, PA**

W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
Nigel A.R. Watt, M.D. * Robert E. Elvington, Jr. M.D. *
Matthew D. Welsch, M.D.* Jason B. O'Dell, M.D.* Dewey N. Ervin, M.D. *

901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29505
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Follow Up Examination

PATIENT ID: 320281

PATIENT: Jeffery Mcfadden
DOB: [REDACTED]
Employer: City of Lake City

Date of Service: 04/05/11
Age: [REDACTED] years old
Occupation: Meter Reader

Referring Physician: Workman's comp., , ;
Other Physicians: Brown III, Morris, ;

Date of injury/onset:

Date: 07/16/2010
Type: injury

Chief Complaint: Low back pain.

History of Present Illness: Jeffery Mcfadden presents today following his third lumbar epidural steroid injection on 3/17/11. Over the past week he has continued to experience moderately severe pain in the lower back region that radiates down the bilateral legs into the calves. On the 0-10 scale, with 10 being the most severe pain that he has ever felt, he rates his lower back pain as a 7. He also rates his leg pain as a 4-5. I have prescribed a lumbar brace for this patient, a Carolina brace. I am not sure as to why the patient has not been provided with the brace.

Allergies: .No Known Drug Allergies
Current Meds: CELEBREX (Dosage: 200MG SIG: 1 TAB PO QD WITH FOOD Dispense: 30 Refills: 0), LYRICA (Dosage: 50MG SIG: 1 TAB PO TID Dispense: 90 Refills: 0), NUCYNTA (Dosage: 50MG SIG: 1 TAB PO Q 6 HOURS PRN MODERATE TO SEVERE PAIN Dispense: 40 Refills: 0), Flexeril (SIG: 1 tab po three times a day), Hydrocodone Bitartrate; Ibuprofen (SIG: 1 tab po twice a day)

ASSESSMENT:

Diagnosis: -Moderate spinal canal stenosis L4-5/L5-S1 levels.

PLAN:

PRESCRIPTION: No data for Prescription

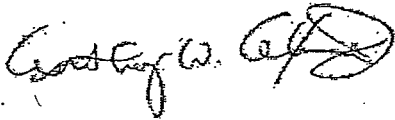
1. Consultation with orthopaedic spine surgery for evaluation of lumbar spinal stenosis.
2. Carolina brace.
3. Hold physical therapy.

Report Date: April 20, 2011 Patient: Mcfadden, Jeffery L DOS: 04/05/11

4. The patient will follow-up with me two weeks post orthopaedic spine consultation.
5. Repeat MRI of the lumbar spine. The present MRI is over six months old.

P.S. I spoke with the patient's case manager, Sherri Hickman Gore, RN of Carolina Case Management. I discussed the particulars of this patient's case with her. She is well aware. She will attempt to assist him in getting approval for ortho spine consultation and the Carolina Brace.

Work Status:

A handwritten signature in black ink, appearing to read "Anthony W. Alexander" with a stylized flourish at the end.

Anthony W. Alexander, M.D. /dsm
This document was electronically signed on 04/05/11



**Pee Dee
Orthopaedic
Associates, PA**

W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
Nigel A.R. Watt, M.D. * Robert E. Elvington, Jr. M.D. *
Matthew D. Welsch, M.D. * Jason B. O'Dell, M.D. * Dewey N. Ervin, M.D. *

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1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29505
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Certificate of Medical Necessity

RX Patient: **Jeffery Mcfadden**
DOB: XXXXXXXXXX
Date: **04/05/11**

Diagnosis: Radiculopathy

Prognosis:

Poor Fair Fairly good Good

Reason for Need:

Support Stability Pain relief Ambulation
 Other:

Use:

Day Evening 24 hours/Day Pre-op Post-op
 Pm Other

Length of time needed:

weeks months Undetermined Indefinite

Lumbar Corset Soft Cervical Collar Carolina Brace TLSO
 Miami-J Philadelphia Collar Chair Back Brace BOB
 Scoli Jacket Bone Growth Stimulator Neuromuscular Stimulator TENS
 Interferential Stimulator

Anthony W. Alexander, M.D.
E96750

Pee Dee Spine Center
Pee Dee Orthopaedic Associates

This document was electronically signed on 04/05/11 at



W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
 Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
 Nigel A.R. Watt, M.D. * Robert E. Elvington, Jr. M.D. *
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PEE DEE ORTHOPAEDIC TEST PRESCRIPTION

PATIENT IN OFFICE YES NO

DATE: 04/05/11 PLEASE PROVIDE PATIENT WITH CD'S

IS PATIENT CLAUSTROPHOBIC ? YES NO

PATIENT NAME: Mcfadden, Jeffery CHART # 320281

DATE OF BIRTH: 02/26/1974

DIAGNOSIS: Low back pain TREATMENT FACILITY: PDOA

APPOINTMENT DATE: TIME: []

CREATININE LEVEL YES NO

- MRI
- Cervical Cervical with & without Gadolinium Lt Knee Rt Knee
 - Thoracic Thoracic with & without Gadolinium Lt Hip Rt Hip
 - Lumbar Lumbar with & without Gadolinium Lt Shoulder Rt Shoulder
 - Lt Shoulder with & without Contrast Rt Shoulder with & without Contrast
 - Other []

- CAT SCAN
- Cervical Cervical with Sagittal/ Coronal Reconstruction
 - Lumbar Lumbar with Sagittal/Coronal Reconstruction
 - Lt knee Rt knee Lt hip Rt hip
 - Other []
 - Bone scan Bone Density

I certify that the above services for the above-named patient are medically necessary.

Anthony W. Alexander, M.D.



Pee Dee
Orthopaedic
Associates, PA

W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
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1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29505
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Patient Name: Jeffery L Mcfadden

DATE: 04/05/11

() UNABLE TO RETURN TO WORK

(X) RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 4/5/2011

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Lifting/Carrying over 20 lbs. | <input type="checkbox"/> No repetitive bending |
| <input type="checkbox"/> No sitting over [] hrs./day | <input type="checkbox"/> No repetitive stooping |
| <input type="checkbox"/> No standing over | <input type="checkbox"/> Cannot reach above shoulder |
| <input type="checkbox"/> No prolonged walking | <input type="checkbox"/> No work involving use of [] hand |
| <input type="checkbox"/> No Climbing | <input type="checkbox"/> No repetitive squatting |
| <input type="checkbox"/> No Kneeling | <input type="checkbox"/> No repetitive crawling |
| <input type="checkbox"/> No repetitive twisting | <input type="checkbox"/> No pushing or pulling |

Other: Avoid Frequent Bending at waist.

Anthony W. Alexander, M.D.

CERTIFICATE OF SERVICE

The undersigned, Tamela C. Charles, of the Wukela Law Firm, hereby certifies that on the 19th of May 2011, she did place in an envelope with first class postage prepaid certified return receipt, a copy of the Form 50 regarding Jeffrey McFadden, Claimant vs. City of Lake City, Employer and SCMIT % Companion TPA, LLC, Carrier, WCC File Number: 1009259 and deposited the same in the United States mail. Said envelope being addressed to the following person(s):

Grady L. Beard, Esquire
Sowell Gray Stepp & Laffitte, LLC
PO Box 1149
Columbia, SC 29211

Tamela C. Charles
Tamela C. Charles

Florence, South Carolina

TAB #2

State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715



Tel: (803) 737-5700
Fax: (803) 737-1281
www.wcc.sc.gov

Workers' Compensation Commission

May 20, 2011

Steve Wukela, Jr.
Wukela Law Firm
P O Box 13057
Florence, SC 29504-3057

Re: WCC File No. 1009259
JEFFERY MCFADDEN v. CITY OF LAKE CITY
Date of Injury: 07/16/2010

The enclosed Form 50 is being returned for the following reason(s):

Form has not been properly served per R.67-210 and 211. Please serve the proper party below. Take notice to difference in PO Box number.

Please complete and resubmit the pleading/form with the necessary changes.

Sincerely,

Tracy S. Riddle
Claims Analyst
803-737-6202

Enclosure (Form 50 and check #44148)

c:
Grady L. Beard, Esquire
Sowell Gray Stepp & Laffitte, LLC
PO Box 11449
Columbia, SC 29211

000259

TAB #3

WUKELA LAW FIRM

1100
Barden
6/23/11

Steve Wukela, Jr.
Benjamin D. Moore
Christi B. McDaniel
Stephen J. Wukela
Patrick J. McLaughlin
Pheobe A. Clark
April S. Purvis
Michael T. Miller
Frank C. Swaggard

403 Second Loop Road
P.O. Box 13057
Florence, SC 29504-3057

(843) 669-5634
FAX (843) 669-5150

May 18, 2011

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

**Re: Jeffrey McFadden, Claimant vs. City of Lake City, Employer and
SC Municipal Insurance Trust % Companion TPA, LLC, Carrier
WCC File Number: 1009259**

Dear Ginger:

Please be advised that this office represents the Claimant, Jeffrey McFadden, regarding the above-entitled claim.

Enclosed please find an original and two (2) copies of a Form 50 in this matter, which I would appreciate, your filing. Please note that we are requesting a hearing at this time. I have also enclosed our firm's check in the amount of twenty-five (\$25.00) dollars representing the filing fee.

I am, by copy of this letter serving Mr. Beard, the attorney for the Employer/Carrier in this matter with the Form 50.

With kind regards, I am

Yours truly,

WUKELA LAW FIRM



STEVE WUKELA, JR.

4053
04

SWJr/tcc
Enclosures

cc: Grady L. Beard, Esquire

Florence

MP5

SCWCC
MAY 20 2011
JUDICIAL

000289

South Carolina Workers' Compensation Commission
1333 Main Street, 5th Floor • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700
www.wcc.sc.gov



File #: 1009259
Carrier File #: 63-77747
Carrier Code #: _____
Employer FEI #: _____

Claimant's Name: Jeffrey McFadden SSN: [REDACTED] Employer's Name: City of Lake City
Address: [REDACTED] Address: P.O. Box 1329
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Lake City State: SC Zip: 29560
Home Phone: () - Work Phone: () - Insurance Carrier: SCMIT % Companion TPA, LLC
Preparer's Name: Steve Wukela, Jr. Law Firm: Wukela Law Firm Preparer's Phone #: (843) 669 - 5634

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

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 07/16/10

Injury Illness Repetitive Trauma

1a. The Claimant sustained an injury to low back, legs, neck, left shoulder and left hand on 07/16/10 in Florence County, state of SC.
Body part(s) affected are: low back, legs, neck, left shoulder and left hand.

1b. Briefly describe how the accident occurred: Driving down dirt road when vehicle started fishtailing toward a ditch flipped over hitting tractor parked in the field.

- 2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
- 3. The relationship of employer and employee existed at the time of injury.
- 4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
- 5. Notice of the accidental injury was given to the Employer on 07/16/10 in the following manner: Coworker Garret Brown called the Claimant's supervisor, Anthony Brown.

6. Due to injury, the claimant is in need of (check one):
 (a) Medical examination and treatment for: low back, legs, neck, left shoulder and left hand.
 (b) Additional medical examination and treatment for: _____

7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: The Claimant's weekly temporary total disability benefits are current.

8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
 (1) General Disability: Total Partial (2) Specific Disability: Total Partial (3) Wage Loss

9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: _____

10a. At the time of the injury, the Claimant was paid weekly wages of \$369.88, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: None

11a. Further grounds or unusual aspects of claim: Failure to provide medial treatment pursuant to the recommendation of the authorized treating physician (see attached); termination of medical treatment without benefit of Commission order; frivolous defense pursuant to §15-36-10 et. seq.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Anthony Alexander, MD - Pee Dee Orthopaedic Associates

11c. To the best of your knowledge, did you have any prior permanent disability? No If yes, describe: _____

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

13a. I am filing a claim. I am not requesting a hearing at this time.

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

14. Estimated time needed for hearing: 30 minutes

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

[Signature] Attorney-At-Law steve@wukelalaw.com May 19, 2011
Preparer's Signature Title Email Date

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



W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
 Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
 Nigel A.R. Watt, M.D. * Robert E. Elvington, Jr. M.D. *
 Matthew D. Welsch, M.D.* Jason B. O'Dell, M.D.* Dewey N. Ervin, M.D. *

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 (843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Follow Up Examination

PATIENT ID: 320281

PATIENT: Jeffery Mcfadden
 DOB: ██████████
 Employer: City of Lake City

Date of Service: 04/05/11
 Age: █████ years old
 Occupation: Meter Reader

Referring Physician: .Workman's comp., , ;
 Other Physicians: Brown III, Morris, ;

Date of injury/onset:

Date: 07/16/2010 Type: injury

Chief Complaint: Low back pain.

History of Present Illness: Jeffery Mcfadden presents today following his third lumbar epidural steroid injection on 3/17/11. Over the past week he has continued to experience moderately severe pain in the lower back region that radiates down the bilateral legs into the calves. On the 0-10 scale, with 10 being the most severe pain that he has ever felt, he rates his lower back pain as a 7. He also rates his leg pain as a 4-5. I have prescribed a lumbar brace for this patient, a Carolina brace. I am not sure as to why the patient has not been provided with the brace.

Allergies: .No Known Drug Allergies
 Current Meds: CELEBREX (Dosage: 200MG SIG: 1 TAB PO QD WITH FOOD Dispense: 30 Refills: 0), LYRICA (Dosage: 50MG SIG: 1 TAB PO TID Dispense: 90 Refills: 0), NUCYNTA (Dosage: 50MG SIG: 1 TAB PO Q 6 HOURS PRN MODERATE TO SEVERE PAIN Dispense: 40 Refills: 0), Flexeril (SIG: 1 tab po three times a day), Hydrocodone Bitartrate; Ibuprofen (SIG: 1 tab po twice a day)

ASSESSMENT:

Diagnosis: -Moderate spinal canal stenosis L4-5/L5-S1 levels.

PLAN:

PRESCRIPTION: No data for Prescription

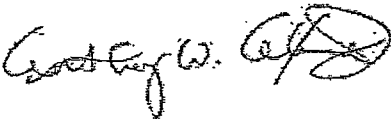
1. Consultation with orthopaedic spine surgery for evaluation of lumbar spinal stenosis.
2. Carolina brace.
3. Hold physical therapy.

Report Date: April 20, 2011 Patient: Mcfadden, Jeffery L DOS: 04/05/11

4. The patient will follow-up with me two weeks post orthopaedic spine consultation.
5. Repeat MRI of the lumbar spine. The present MRI is over six months old.

P.S. I spoke with the patient's case manager, Sherri Hickman Gore, RN of Carolina Case Management. I discussed the particulars of this patient's case with her. She is well aware. She will attempt to assist him in getting approval for ortho spine consultation and the Carolina Brace.

Work Status:

A handwritten signature in black ink, appearing to read "Anthony W. Alexander" with a stylized flourish at the end.

Anthony W. Alexander, M.D. /dsm
This document was electronically signed on 04/05/11



Pee Dee
Orthopaedic
Associates, PA

W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
Nigel A.R. Waff, M.D. * Robert E. Elvington, Jr. M.D. *
Matthew D. Weisch, M.D.* Jason B. O'Dell, M.D.* Dewey N. Ervin, M.D. *

901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29505
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Certificate of Medical Necessity

RX Patient: **Jeffery Mcfadden**
DOB: XXXXXXXXXX
Date: **04/05/11**

Diagnosis: Radiculopathy

Prognosis:

Poor Fair Fairly good Good

Reason for Need:

Support Stability Pain relief Ambulation
 Other:

Use:

Day Evening 24 hours/Day Pre-op Post-op
 Prn Other

Length of time needed:

weeks months Undetermined Indefinite

Lumbar Corset Soft Cervical Collar Carolina Brace TLSO
 Miami-J Philadelphia Collar Chair Back Brace BOB
 Scoli Jacket Bone Growth Stimulator Neuromuscular Stimulator TENS
 Interferential Stimulator

Anthony W. Alexander, M.D.
E96750

Pee Dee Spine Center
Pee Dee Orthopaedic Associates

This document was electronically signed on 04/05/11 at

000283



Pee Dee
Orthopaedic
Associates, PA

W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
Nigel A.R. Watt, M.D. * Robert E. Elvington, Jr. M.D. *
Matthew D. Welsch, M.D. * Jason B. O'Dell, M.D. * Dewey N. Ervin, M.D. *

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1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29505
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

PEE DEE ORTHOPAEDIC TEST PRESCRIPTION

PATIENT IN OFFICE YES NO

DATE: 04/05/11 PLEASE PROVIDE PATIENT WITH CD'S

IS PATIENT CLAUSTROPHOBIC? YES NO

PATIENT NAME: Mcfadden, Jeffery CHART # 320281

DATE OF BIRTH: 02/26/1974

DIAGNOSIS: Low back pain TREATMENT FACILITY: PDOA

APPOINTMENT DATE: TIME:

CREATININE LEVEL YES NO

MRI

- | | | | |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Cervical with & without Gadolinium | <input type="checkbox"/> Lt Knee | <input type="checkbox"/> Rt Knee |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Thoracic with & without Gadolinium | <input type="checkbox"/> Lt Hip | <input type="checkbox"/> Rt Hip |
| <input checked="" type="checkbox"/> Lumbar | <input type="checkbox"/> Lumbar with & without Gadolinium | <input type="checkbox"/> Lt Shoulder | <input type="checkbox"/> Rt Shoulder |
| <input type="checkbox"/> Lt Shoulder | with & without Contrast | <input type="checkbox"/> Rt Shoulder | with & without Contrast |

Other

CAT SCAN

- Cervical Cervical with Sagittal/ Coronal Reconstruction
- Lumbar Lumbar with Sagittal/Coronal Reconstruction
- Lt knee Rt knee Lt hip Rt hip

Other

Bone scan Bone Density

I certify that the above services for the above-named patient are medically necessary.

Anthony W. Alexander, M.D.



Pee Dee
Orthopaedic
Associates, PA

W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
Nigel A.R. Watt, M.D. * Robert E. Elvington, Jr. M.D. *
Matthew D. Welsch, M.D.* Jason B. O'Dell, M.D.* Dewey N. Ervin, M.D. *

901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29505
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Patient Name: Jeffery L Mcfadden

DATE: 04/05/11

UNABLE TO RETURN TO WORK

RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 4/5/2011

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Lifting/Carrying over 20 lbs. | <input type="checkbox"/> No repetitive bending |
| <input type="checkbox"/> No sitting over [] hrs./day | <input type="checkbox"/> No repetitive stooping |
| <input type="checkbox"/> No standing over | <input type="checkbox"/> Cannot reach above shoulder |
| <input type="checkbox"/> No prolonged walking | <input type="checkbox"/> No work involving use of [] hand |
| <input type="checkbox"/> No Climbing | <input type="checkbox"/> No repetitive squatting |
| <input type="checkbox"/> No Kneeling | <input type="checkbox"/> No repetitive crawling |
| <input type="checkbox"/> No repetitive twisting | <input type="checkbox"/> No pushing or pulling |

Other: Avoid Frequent Bending at waist.

Anthony W. Alexander, M.D.

CERTIFICATE OF SERVICE

The undersigned, Tamela C. Charles, of the Wukela Law Firm, hereby certifies that on the 19th of May 2011, she did place in an envelope with first class postage prepaid certified return receipt, a copy of the Form 50 regarding Jeffrey McFadden, Claimant vs. City of Lake City, Employer and SCMIT % Companion TPA, LLC, Carrier, WCC File Number: 1009259 and deposited the same in the United States mail. Said envelope being addressed to the following person(s):

Grady L. Beard, Esquire
Sowell Gray Stepp & Laffitte, LLC
PO Box 1149
Columbia, SC 29211 X

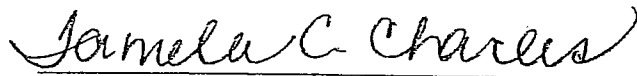
Tamela C. Charles
Tamela C. Charles

Florence, South Carolina

CERTIFICATE OF SERVICE

The undersigned, Tamela C. Charles, of the Wukela Law Firm, hereby certifies that on the 24th of May 2011, she did place in an envelope with first class postage prepaid certified return receipt, a copy of the Form 50 regarding Jeffrey McFadden, Claimant vs. City of Lake City, Employer and SCMIT % Companion TPA, LLC, Carrier, WCC File Number: 1009259 and deposited the same in the United States mail. Said envelope being addressed to the following person(s):

Grady L. Beard, Esquire
Sowell Gray Stepp & Laffitte, LLC
PO Box 11449
Columbia, SC 29211


Tamela C. Charles
Tamela C. Charles

Florence, South Carolina

TAB #4



GRADY L. BEARD
Direct Dial 803 231.7824
Direct Fax 803 231.7874
Email gbeard@sowellgray.com

June 23, 2011

VIA HAND DELIVERY

Ms. Virginia L. Crocker
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, SC 29202-1715

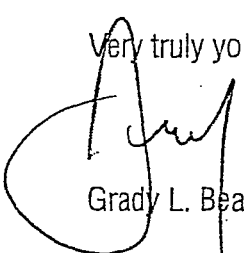
RE: Jeffrey L. McFadden v. City of Lake City
WCC File No.: 1009259
Date of Accident: 07/16/10
Claim No.: 63-77747
Our File No.: 5682/8114

Dear Ms. Crocker:

Enclosed are an original and one copy of a Form 51 as well as a Form 20 which we are submitting on behalf of the employer/carrier in the above-referenced matter. We are filing the original and retaining a clocked-in copy via our courier.

With a courtesy copy of this letter, we are hereby serving a copy of the Forms 51 and 20 upon the claimant's counsel. Thank you for your cooperation in this matter.

Very truly yours,



Grady L. Beard

GLB:mjl
Enclosures

cc: Steve Wukela, Jr., Esquire (w/enclosures)
Ms. Lisa Branham (w/enclosures)
Ms. Cherline Wolf (w/enclosures)

SC Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715



WCC File #: 1009259
Carrier File #: 63-77747
Carrier Code #:
Employer FEIN #:

Jeffrey McFadden
Claimant's Name SSN
Address City State Zip
Home Phone Work Phone

City of Lake City
Employer's Name
Post Office Box 1329, Lake City, SC 29560-1329
Address City State Zip
SC Municipal Insurance Trust
Insurance Carrier

Grady L. Beard, Esquire (803) 929-1400
Preparer's Name Phone #

Date of Injury or Illness: 07/16/10

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

- It is **admitted** the employee sustained an injury on or about the date set forth in the Form 50. The reasons for denial are: **However, defendants deny claimant sustained compensable injuries to the level claimed in the Form 50 or for all body parts alleged in Form 50. Specifically, defendants admit claimant was injured in a motor vehicle accident with several contusions and lacerations.**
- It is **admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
- It is **admitted** the relationship of employer and employee existed at the time in question. The reasons for denial are:
- It is **admitted** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
- It is **admitted** notice of the injury was given to the employer. The reasons for denial are: **The defendants only admit being on notice for injuries as set forth in the Form 12A dated 7/16/10. See No. 1 and No. 11.**
- It is **denied** the employee is entitled to additional medical care as a result of injury. The reasons for denial are: **Defendants believe claimant sustained an intervening trauma breaking the causal connection. However, defendants have discovered claimant was treated for nearly identical injuries prior to this accident which he denied under oath at his deposition. Defendants have subpoenaed records from claimant's family doctor regarding same, and intend to depose the doctor as well.**
- It is **denied** the employee is entitled to temporary total disability for the period(s) of: **Claimant is currently on a running award of temporary total disability benefits; however, defendants contend his current medical condition is not causally related to compensable accident (See #6 above) and; therefore, claimant not entitled to temporary total disability. Defendants will seek credit for overpaid temporary total disability due to same.**
- It is **denied** the employee is permanently disabled. The reasons for denial are: **No evidence of same. Defendants demand strict proof of same.**
- It is **denied** the employee has a serious disfigurement.
- It is contented that an average weekly wage of **\$369.88 and a compensation rate of \$246.60** applies, according to attached accounting of employee's earnings as provided by law.
- Further contentions or grounds of defense are: **See attached.**
- Estimated Time Needed for Hearing: **1 hour minimum**

I certify that I have served this document pursuant to R. 67-212 by delivering a copy to **Ms. Virginia L. Crocker, Judicial Director South Carolina Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, SC 29202-1715** Name and **Steve Wukela, Jr., Esquire, Wukela Law Firm, 403 Second Loop Road, Post Office Box 13057, Florence, SC 29504-3057** Address

on the 23rd day of June, 2011 by first class mail, certified mail, personal service.

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

Grady L. Beard
Preparer's Signature

Attorney for The Employer/Carrier
Title

gbeard@sowellgray.com
Email

June 23, 2011
Date

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

Jeffrey L. McFadden v. City of Lake City
WCC File No.: 1009259
Date of Accident: 07/16/10
Claim No.: 63-77747
Our File No.: 5682/8114

(Continuation from Form 51)

11. Further contentions or grounds of defense are: pre-existing disability to allegedly injured members; (questionable testimony under oath by claimant regarding same); intervening trauma; degree of disability, if any, attributable to this injury speculative; claimant's problems personal in nature and not work-related; defendant reserves the right to amend this Answer and plead additional defenses.

SOWELL GRAY STEPP & LAFFITTE, L.L.C.

By: 

Grady L. Beard
1310 Gadsden Street
Post Office Box 11449
Columbia, SC 29211
(803) 929-1400

Attorneys for Employer/Carrier

Columbia, South Carolina

June 23, 2011

00029581

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

BULK MAIL

WCC # 1009259
MC File # 63-77747
Carrier Code # SF 925
Employer FEIN 57-600106

Jeffery L. McFadden
Claimant's Name

[Redacted Address]

[Redacted City, State, Zip]

[Redacted Home Phone #] [Redacted Work Phone #]

[Redacted Preparer's Name]

City of Lake City
Employer's Name

202 Kelley St., Lake City, SC 2956
Address City State Zip

Companion Third Party Adm. L.C.C.
Insurance Carrier

(843) 374-5421
Phone #

A. Total Wages Paid

1. Check Applicable Method:

Date of injury: 07-16-2010
month day year

- Report of earnings of injured employee based on four completed quarters.
- Report of earnings of injured employee who did not complete four quarters based on actual time worked.
- Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire Date: _____
- Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)

2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid	
1st	9-30-09	\$4566.32	
2nd	12-31-09	\$4532.84	
3rd	03-31-10	\$4798.81	
4th	06-30-10	\$5335.89	
			Total Paid \$19,233.86

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

\$ - 0 -
2,19,233.86

4. Add lines 2 and 3.

TOTAL WAGES PAID: \$19,233.86

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: \$369.88

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6657.

Estimate compensation rate by multiplying average weekly wage (line 6) by .6657. See part 8 below to determine the actual compensation rate.

7. 244.60

8. The compensation rate is as follows (choose one):

- When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
- When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
- When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
- Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8- _____
- The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 246.60

Employees representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ONLINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

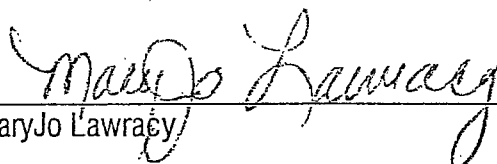
CERTIFICATE OF SERVICE

I, the undersigned legal secretary of the law offices of Sowell Gray Stepp & Laffitte, L.L.C., attorneys for Employer/Carrier, do hereby certify that I have served counsel of record and the Commission with the foregoing document(s) by mailing a copy of the same by United States Mail, postage prepaid, or otherwise, to the following address(es):

PLEADING: **FORMS 51 AND 20**

PARTIES SERVED: **VIA HAND DELIVERY**
Ms. Virginia L. Crocker
Judicial Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia SC 29202-1715

Steve Wukela, Jr., Esquire
Wukela Law Firm
403 Second Loop Road
Post Office Box 13057
Florence SC 29504-3057



MaryJo Lawraey

Columbia, South Carolina

June 23, 2011

22	Hearing notice in the matter of Vaughn v. Lexington Medical Center	08/10/11	000296- 000297
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Jeannie Bailey

From: Beard, Grady L. <gbeard@sowellgray.com>
Sent: Friday, September 23, 2011 3:01 PM
To: Morris, Tamara; Jeannie Bailey
Subject: FW: Hearing Notice - WCC# 1107219: Vaughn
Attachments: R08 LTR - Hearing Notice - 08_10_2011 - WCC #_ 1107219.pdf

I assume this is what you are asking about?

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

From: abracy@wcc.sc.gov (abracy@wcc.sc.gov)
Sent: Wed 8/10/2011 04:56 PM
Rcvd: Wed 8/10/2011 04:56 PM
To: ABRACY@WCC.SC.GOV; Holmes, Audra M.; BLAKELY@MCWHIRTERLAW.COM;
EKARTYSHOVA@SOWELLGRAY.COM; Beard, Grady L.; Waymer, Mimi
CC:
Subject: Hearing Notice - WCC# 1107219: Vaughn

<< R08 LTR - Hearing Notice - 08_10_2011 - WCC #_ 1107219.pdf >>

Attached please find Notice of Hearing before the SC Workers' Compensation Commission in the above referenced matter.

South Carolina Workers' Compensation Commission

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



WCC File #: 1107219
Carrier File #:

August 10, 2011

NOTICE OF HEARING

Sandell Vaughn v. Lexington Medical Center

Subject: To determine issues as set forth on Forms 50 and 51.
Date: October 4, 2011 at 02:00 PM
Location: SC Workers' Compensation Commission, 1333 Main Street, Suite 500 Hearing Room B
Columbia, SC 29202

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

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

Commissioner T. Scott Beck
803-737-5698, abracy@wcc.sc.gov

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

By: Amy A Bracy, SC Workers' Compensation, August 10, 2011

Party

Employee: Sandell Vaughn

Attorney

Blakely Lynn Molitor
blakely@mcwhirterlaw.com
803-252-5523

Employer: Lexington Medical Center
Carrier: Lexington County Health Services District, Inc.

Grady L. Beard
gbeard@sowellgray.com
803-929-1400

000387

23	Hearing Notice for October 4, 2011	08/11/11	000298-
	Reset Hearing Notice for October 20, 2011	09/21/11	000300
	Corrected Hearing Notice for October 20, 2011	09/21/11	

South Carolina Workers' Compensation Commission

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



WCC File #: 1009259
Carrier File #: 630000077747
August 11, 2011

NOTICE OF HEARING

JEFFERY L MCFADDEN v. CITY OF LAKE CITY

Subject: To determine issues as set forth on Forms 50 and 51.
Date: October 4, 2011 at 12:00 PM
Location: County Public Service Building, 2685 S. Irby Street, Conference Room A (Kitchen A)
FLORENCE, SC 29506

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

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

Commissioner G. Bryan Lyndon
803-737-5668, tmorris@wcc.sc.gov

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

By: Tamara Morris, SC Workers' Compensation, August 11, 2011

Party

Employee: JEFFERY L MCFADDEN

Employer: CITY OF LAKE CITY
Carrier: SC Municipal Self Insurance Trust Fund

Attorney

Steve Wukela, Jr.
steve@wukelalaw.com
843-669-5634

Grady L. Beard
gbeard@sowellgray.com
803-929-1400

South Carolina Workers' Compensation Commission

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



WCC File #: 1009259
Carrier File #: 630000077747
September 21, 2011

NOTICE OF HEARING
RESET

JEFFERY L MCFADDEN v. CITY OF LAKE CITY

Subject: To determine issues as set forth on Forms 50 and 51.
Date: October 20, 2011 at 10:00 AM
Location: County Public Service Building, 2685 S. Irby Street, Conference Room A (Kitchen A)
FLORENCE, SC 29506

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

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

Commissioner G. Bryan Lyndon
803-737-5668, tmorris@wcc.sc.gov

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

By: Tamara Morris, SC Workers' Compensation, September 21, 2011

Party

Employee: JEFFERY L MCFADDEN

Employer: CITY OF LAKE CITY
Carrier: SC Municipal Self Insurance Trust Fund

Attorney

Steve Wukela, Jr.
steve@wukelalaw.com
843-669-5634

Grady L. Beard
gbeard@sowellgray.com
803-929-1400

South Carolina Workers' Compensation Commission

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



WCC File #: 1009259
Carrier File #: 63000077747
September 21, 2011

NOTICE OF HEARING

CORRECTED

JEFFERY L MCFADDEN v. CITY OF LAKE CITY

Subject: To determine issues as set forth on Forms 50/51 and Motion.
Date: October 20, 2011 at 10:00 AM
Location: County Public Service Building, 2685 S. Irby Street, Conference Room A (Kitchen A)
FLORENCE, SC 29506

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

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

Commissioner G. Bryan Lyndon
803-737-5668, tmorris@wcc.sc.gov

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

By: Tamara Morris, SC Workers' Compensation, September 21, 2011

Party

Employee: JEFFERY L MCFADDEN

Employer: CITY OF LAKE CITY
Carrier: SC Municipal Self Insurance Trust Fund

Attorney

Steve Wukela, Jr.
steve@wukelalaw.com
843-669-5634

Grady L. Beard
gbeard@sowellgray.com
803-929-1400

0003940

24	Claimant's Motion for Attorney's Fees and Costs and attached Affidavit	09/20/11	000301-
	Supplemental Affidavit of Attorney's Fees and Costs	10/04/11	000310

WUKELA LAW FIRM

Steve Wukela, Jr.
Benjamin D. Moore
Christi B. McDaniel
Stephen J. Wukela
Patrick J. McLaughlin
Pheobe A. Clark
April S. Purvis
Michael T. Miller
Frank C. Swaggard

403 Second Loop Road
P.O. Box 13057
Florence, SC 29504-3057

(843) 669-5634
FAX (843) 669-5150

September 20, 2011

Honorable Virginia Crocker
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia SC 29202-1715

**Re: Jeffrey McFadden, Claimant vs. City of Lake City, Employer and SC
Municipal Insurance Trust % Companion TPA, LLC, Carrier
WCC File Number: 1009259**

Dear Ms. Crocker:

Enclosed please find for filing with the Commission a Motion for Attorney's Fees and Costs Pursuant to the S.C. Frivolous Civil Proceedings Sanctions Act, S.C. Code §15-36-10, et. seq., along with my office check in the amount of \$25.00 which represents the filing fee.

I am, by copy of this letter, serving counsel for Defendants, Grady L. Beard, with a copy of this Motion.

With kind regards,

Yours truly,

WUKELA LAW FIRM

STEPHEN J. WUKELA

SJW:jpb

Enclosures

cc: Grady L. Beard, Esquire

Honorable Bryan Lyndon
Commissioner

0003612

4. For the foregoing reasons, and pursuant to South Carolina Code §15-36-10, Claimant seeks attorney's fees and costs incurred by the Claimant in prosecuting his claim for medical treatment recommended by his treating physician.

Respectfully submitted,

Florence SC

September 20th, 2011

WUKELA LAW FIRM

BY: 

STEPHEN J. WUKELA
Attorney for Claimant

PO Box 19957
Florence SC 29504
843-669-5634

<u>DATE</u>	<u>WORK PERFORMED</u>	<u>HOURS</u>
04/29/11	Receipt and review of Petition for Hearing filed by Grady Beard	.5
05/12/11	Receipt and review of emailed hearing notice	.2
05/13/11	ltr to client notifying of hearing; instructions to staff re scheduling of Dr. Anthony Alexander's deposition	.5
05/24/11	Instructions to staff for Notice of Deposition, Deposition Subpoena; letter to Grady Beard	1.0
05/27/11	Receipt & Review of letter and Notice of Deposition of Claimant from Grady Beard; letter to Client re deposition	.5
06/07/11	OC Jeffrey McFadden, review file; dictate brief	2.0
06/08/11	Receipt & Review of copy of email from Grady Beard's office to the Commission re problems with venue for hearing on Grady Beard's Petition for Hearing; review; revisions to brief; prep and attendance, deposition of Claimant	3.6
06/09/11	Receipt & Review of copy of email from the Commission to Grady Beard regarding Mr. Beard's Petition for Hearing; Receipt & Review of response email from Mr. Beard to the Commission; Receipt & Review of email from Commission to Grady Beard and my office; Receipt & Review of email from Grady Beard to Commission	.5
06/10/11	Receipt & Review of letter from Grady Beard's office enclosing copies of Subpoena responses (2), SC Farm Bureau and SC Budget and Control Board; review of responses	.7
06/15/11	Receipt & Review of email from Grady Beard to Commission; Receipt & Review of email from Commission to Mr. Beard; preparation for and taking of deposition of Dr. Anthony Alexander	5.0
06/17/11	Instructions to staff to write Grady Beard re Subpoena responses	.2
06/20/11	Receipt & Review of email from Commission re hearing on the Motion being cancelled; Receipt & Review of email from Commission re hearing on the Motion and my Form 50	.3
06/21/11	Request to Dr. Morris E. Brown, III for medical records	.2
06/24/11	Request to Lake City Community Hospital for medical records	.2

06/30/11	Receipt & Review of email from Grady Beard to Ginger Crocker re Form 50 not being properly served, venue, and hearing; Email from staff to Grady Beard and the Commission re Form 50; receipt & review of email from Mr. Beard's office to staff; second email from staff to Grady Beard and the Commission; receipt & review of email from Commission	.5
07/01/11	Email from staff to Commission and Grady Beard; receipt & review of email from Commission to staff re Form 50; Letter to the Commission re filing and service of Form 50; email from staff to Commission and Grady Beard	.5
07/07/11	Instructions to staff to refile and re-serve Form 50; review of Form 50 and letter	.5
07/13/11	Receipt of filed copy of Form 50	.2
08/05/11	Receipt and review of letter from Grady Beard to the Commission indicating they would rely on their previously filed Form 51	.3
08/11/11	Receipt and review of notice of hearing	.2
08/12/11	Instructions to staff to write client re hearing	.2
08/31/11	Review of file; Dictation, letter to Grady Beard reiterating my request for copies of Subpoena responses, etc.	.7
09/15/11	Review of file; dictation of revisions to brief; review records	1.5
09/16/11	Review and revise brief, letters, etc.	.5
TOTAL HOURS		20.5

The Wukela Law Firm has expended the following costs:

Dr. Anthony Alexander	\$ 700.00
Pee Dee Orthopaedic records	20.41
Pee Dee Family Practice	21.76
Laura Little	806.80
Dr. Morris Brown	50.50

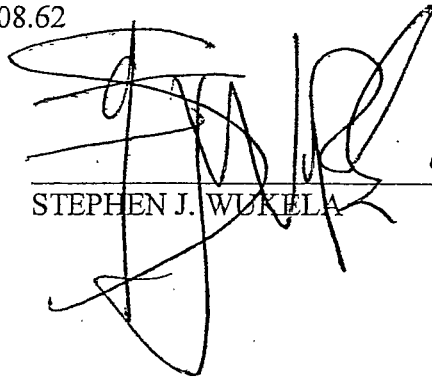
Cheryl Wiszowaty
SCWCC

159.15
50.00

Total costs

\$1,808.62

FURTHER AFFLIANT SAITH NOT.

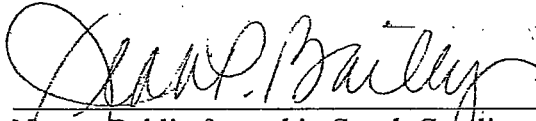


9/20/11
STEPHEN J. WUKELA

SWORN to before me

this 20 day of

September, 2011.



(L.S.)
Notary Public for and in South Carolina.
My commission expires: 3/12/17.

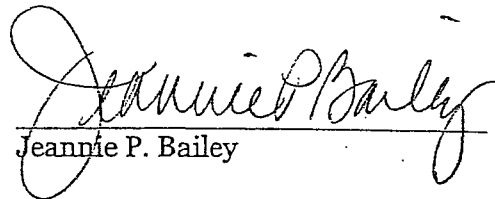
CERTIFICATE OF SERVICE

The undersigned, Jeannie P. Bailey, of the Wukela Law Firm, hereby certifies that on the 20 day of September, 2011, she did place in an envelope, with first class postage prepaid, a copy of the Motion for Attorney's Fees and Costs Pursuant to the S.C. Frivolous Civil Proceedings Sanctions Act, S.C. Code §15-36-10, et. seq., in the matter of Jeffrey McFadden, Claimant vs. City of Lake City, Employer and SC Municipal Insurance Trust % Companion TPA, LLC, Carrier, WCC File Number: 1009259, and deposited the same in the United States Mail. Said envelope being addressed to the following person(s):

Honorable Virginia Crocker
Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia SC 29202-1715

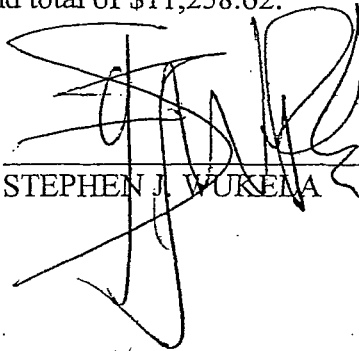
Grady L. Beard, Esquire
Sowell Gray Stepp & Laffitte, LLC
PO Box 11449
Columbia SC 29211

Honorable Bryan Lyndon
Commissioner
SC Workers' Compensation Commission
PO Box 1715
Columbia SC 29202-1715


Jeannie P. Bailey

3. Affiant requests the additional sum of \$2,275.00 in attorney's fees be added to those sums in his original Affidavit for Attorney's Fees and Costs, bringing the total attorney's fees to \$9,450.00, plus costs of \$1,808.62, for a grand total of \$11,258.62.

FURTHER AFFIANT SAITH NOT.

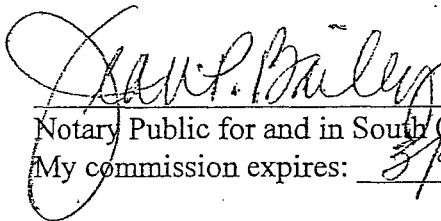


STEPHEN J. WUKELA

SWORN to before me

this 4 day of

October, 2011.



(L.S.)
Notary Public for and in South Carolina.
My commission expires: 3/9/17.

25	Letter from Defense counsel to Claimant's counsel enclosing Subpoena responses	09/23/11	000311- 000312
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September 23, 2011

Steve Wukela, Jr., Esquire
Wukela Law Firm
403 Second Loop Road
Post Office Box 13057
Florence SC 29504-3057

RE: Jeffrey L. McFadden v. City of Lake City
WCC File No.: 1009259
Date of Accident: 07/16/10
Claim No.: 63-77747
Our File No.: 5682/8114

Dear Mr. Wukela:

Please allow this correspondence to respond to your Subpoena Duces Tecum dated August 31, 2011, seeking records received in response to my subpoenas served to the aforementioned parties. Their response in its entirety is enclosed.

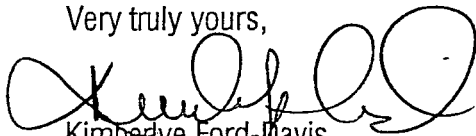
- Progressive Group of Insurance Companies (03/17/11) – *no response*
- Progressive Group of Insurance Companies (04/06/11)
- Carolinas Hospital
- Pee Dee Orthopaedics
- McLeod Regional Medical Center
- State Farm Insurance Company
- Allstate Insurance Company
- SC Budget & Control Board – *no response*
- SC Farm Bureau Mutual Insurance Company
- Nationwide Property and Casualty Insurance Company
- SC Budget and Control Board, Insurance Reserve Fund
- Morris E. Brown, III, MD
- Lake City Hospital & Physical Therapy
- Williamsburg Regional Hospital
- Olsten Temp Services
- Wal-Mart Legal Department/Litigation Division
- InMed Diagnostic
- Rite Aide

- Pee Dee Family Practice
- Lawrence R. Chewning, DMD
- Peter D. Hyman, MD
- Ernest M. Atkinson, MD
- James M. Hester, MD
- William D. McDaniel, MD
- James M. Lawhorn, MD – *no response*
- Jeffrey Gersbach, MD – *no response*
- Lake City Community Hospital
- Dorine H. Martin, FNP

Please be advised that we have yet to receive Progressive Group of Insurance Companies (03/17/11); SC Budget and Control Board; Dr. Lawhorn or Dr. Gersbach's responses; however, upon receipt and review will provide a copy of same.

Also enclosed herewith is our invoice for the production of these copies. Please remit payment to our Accounts Receivable Department with a copy of the enclosed short form bill. Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Kimberlye Ford-Davis
Paralegal to Grady L. Beard
/kfd
Enclosures



Jeffrey McFadden
Claimant's Name SSN
Address
Home Phone Work Phone
City of Lake City
Employer's Name
Post Office Box 1329, Lake City, SC 29560-1329
Address
South Carolina Municipal Insurance Trust
Insurance Carrier
Preparer's Name: Grady L. Beard, Esquire Law Firm: Sowell Gray Stepp & Laffitte, LLC Preparer's Phone #: (803) 929-1400

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

Injury Illness Repetitive Trauma

1. Compensation Rate: \$246.60 2. AWW: \$369.88 Date of Injury: 07/16/10
3. Type of injury and body part(s): Low back, legs, neck, left shoulder, and left hand (Form 50). Defendants only admit several contusions and lacerations.
4. Facts in controversy: (1) Whether claimant's intervening trauma sufficient to break the causal connection; (2) Whether claimant's deposition testimony serves to estop his further pursuit of claim as he denied treatment for similar injuries or receiving any diagnostic treatment in the past in his deposition which was not truthful, therefore, calling causation into question; and (3) Claimant's credibility.
5. Legal issues involved: (1) See #4 above; (2) Intervening trauma; (3) Causation due to claimant's untruthful deposition testimony; and (4) Defendants entitlement to credit for temporary total disability paid when not due.
6. Unusual aspects: (1) Defense counsel will subpoena Morris E. Brown, III, M.D., David W. Moon, M.D., and Anthony W. Alexander, M.D. to Hearing. Defendants are attempting to depose Dr. Brown and Dr. Moon before Hearing, but believe Dr. Alexander needs to appear live.
7. Witnesses (designate if expert):* (1) Anthony W. Alexander, M.D. (although he was deposed by claimant's counsel, defendants believe he needs to be called as a live witness); (2) Lisa Branham, MASC (3) Someone from Lake City; and (4) David W. Moon, M.D. and Morris E. Brown, III, M.D. (see #6 above).
8. Exhibits: (1) Motor vehicle report (02/17/11) (2 pgs); (2) Portions of claimant's personnel file as necessary; and (3) Claimant's deposition, if necessary.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See attached Notice of Witnesses and Medical Reports to be Introduced as Evidence on Behalf of the Defendants.
10. Name, address, and specialty, if any, of the treating physician: David W. Moon, M.D., Pee Dee Family Practice, 325 Mercy Street, Lake City, SC 29560.
11. Impairment rating(s); body part(s); physician and date of opinion: None given to defendants' knowledge.
12. I am amending my Form 50/51 in the following manner: N/A.

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

Signature: Grady L. Beard

Email: gbeard@sowellgray.com

Date of hearing: 10/20/11

Time needed for hearing: 3 hours minimum with live doctor testimony

On behalf of Claimant Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

September 21, 2011

VIA HAND DELIVERY

Honorable G. Bryan Lyndon, Commissioner
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

RE: Jeffrey L. McFadden v. City of Lake City
WCC File No.: 1009259
Date of Accident: 07/16/10
Claim No.: 63-77747
Our File No.: 5682/8114

Dear Commissioner Lyndon:

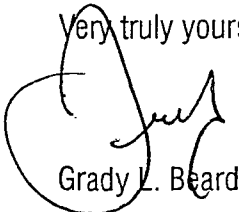
Please find enclosed a Pre-Hearing Brief which we are submitting on behalf of the defendants in the above-referenced matter.

In addition, we are enclosing our Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Defendants. Copies of supporting medical records will be presented to you at the hearing. This notice, submitted in support of our position at the hearing, and the medical reports referenced therein, are submitted pursuant to the provisions of the South Carolina Administrative Procedures Act. We are filing the original and retaining a clocked-in copy via our courier.

With a copy of this letter, we are serving counsel for the claimant with copies of these documents.

With kindest personal regards, I remain

Very truly yours,



Grady L. Beard

GLB:amh
Enclosures

cc: Stephen J. Wukela, Esquire (w/enclosures)
Ms. Lisa Branham (w/enclosures)
Ms. Cherline Wolf (w/enclosures)



Jeffrey McFadden
Claimant's Name SSN
Address
Home Phone Work Phone
Preparer's Name: Grady L. Beard, Esquire Law Firm: Sowell Gray Stepp & Laffitte, LLC Preparer's Phone #: (803) 929 - 1400

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

Injury Illness Repetitive Trauma

- 1. Compensation Rate: \$246.60 2. AWW: \$369.88 Date of Injury: 07/16/10
- 3. Type of injury and body part(s): Low back, legs, neck, left shoulder, and left hand (Form 50). Defendants only admit several contusions and lacerations.
- 4. Facts in controversy: (1) Whether claimant's intervening trauma sufficient to break the causal connection; (2) Whether claimant's deposition testimony serves to estop his further pursuit of claim as he denied treatment for similar injuries or receiving any diagnostic treatment in the past in his deposition which was not truthful, therefore, calling causation into question; and (3) Claimant's credibility.
- 5. Legal issues involved: (1) See #4 above; (2) Intervening trauma; (3) Causation due to claimant's untruthful deposition testimony; and (4) Defendants entitlement to credit for temporary total disability paid when not due.
- 6. Unusual aspects: (1) Defense counsel will subpoena Morris E. Brown, III, M.D., David W. Moon, M.D., and Anthony W. Alexander, M.D. to Hearing. Defendants are attempting to depose Dr. Brown and Dr. Moon before Hearing, but believe Dr. Alexander needs to appear live.
- 7. Witnesses (designate if expert):* (1) Anthony W. Alexander, M.D. (although he was deposed by claimant's counsel, defendants believe he needs to be called as a live witness); (2) Lisa Branham, MASC (3) Someone from Lake City; and (4) David W. Moon, M.D. and Morris E. Brown, III, M.D. (see #6 above).
- 8. Exhibits: (1) Motor vehicle report (02/17/11) (2 pgs); (2) Portions of claimant's personnel file as necessary; and (3) Claimant's deposition, if necessary.
- 9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See attached Notice of Witnesses and Medical Reports to be Introduced as Evidence on Behalf of the Defendants.
- 10. Name, address, and specialty, if any, of the treating physician: David W. Moon, M.D., Pee Dee Family Practice, 325 Mercy Street, Lake City, SC 29560.
- 11. Impairment rating(s); body part(s); physician and date of opinion: None given to defendants' knowledge.
- 12. I am amending my Form 50/51 in the following manner: N/A.

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

Signature: [Signature] Email: gbeard@sowellgray.com
Date of hearing: 10/20/11 Time needed for hearing: 3 hours minimum with live doctor testimony

On behalf of Claimant Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1009259

Jeffrey McFadden,)	
)	
Claimant,)	
)	<u>NOTICE OF WITNESSES AND</u>
v.)	<u>WRITTEN MEDICAL REPORTS TO</u>
)	<u>BE INTRODUCED AS DIRECT</u>
City of Lake City,)	<u>EVIDENCE ON BEHALF OF</u>
)	<u>DEFENDANTS</u>
Employer,)	
)	
South Carolina Municipal Insurance Trust,)	
)	
Carrier,)	
)	
Defendants.)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND STEPHEN J. WUKELA, ESQUIREPa, ATTORNEY FOR THE CLAIMANT

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

	Physician	Practice	Dates of Service	Page Numbers
1.		McLeod Regional Medical Center	10/09/01	Pages 1 – 7
2.	Morris E. Brown, III, MD		10/18/06 – 02/18/11	Pages 8 – 28
3.		Lake City Community Hospital	12/05/07	Page 29
4.		Carolinas Hospital System	03/20/08	Page 30
5.	David W. Moon, MD	Pee Dee Family Practice	07/19/10 – 01/24/11	Pages 31 – 43
6.	Anthony W. Alexander, MD	Pee Dee Orthopaedics Associates, PA	10/25/10 – 04/05/11	Pages 44 – 51

	Exhibits	Date of Reports	Page Numbers
A.	Motor vehicle report	02/17/11	Pages 1 – 2
B.	Portions of claimant's personnel file as necessary		
C.	Claimant's deposition, if necessary		

Unusual Problems

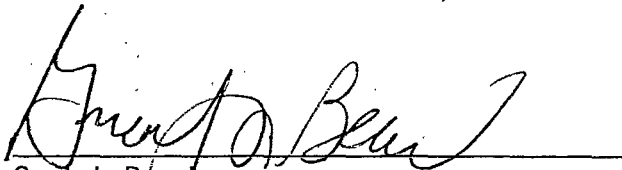
(1) Defense counsel will subpoena Morris E. Brown, III, M.D.; David W. Moon, M.D., and Anthony W. Alexander, M.D. to Hearing. Defendants are attempting to depose Dr. Brown and Dr. Moon before Hearing, but believe Dr. Alexander needs to appear live.

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: (1) Anthony W. Alexander, M.D. (although he was deposed by claimant's counsel, defendants believe he needs to be called as a live witness); (2) Lisa Branham, MASC (3) Someone from Lake City; and (4) David W. Moon, M.D. and Morris E. Brown, III, M.D. (see Unusual Problems above).

SOWELL GRAY STEPP & LAFFITTE, L.L.C.



Grady L. Beard
1310 Gadston Street
Post Office Box 11449 (29211)
Columbia, South Carolina 29201
(803) 929-1400

ATTORNEY FOR DEFENDANTS

Columbia, South Carolina

September 21, 2011

CERTIFICATE OF SERVICE

I, the undersigned, secretary of law offices of Sowell Gray Stepp & Laffitte, L.L.C., attorneys for Defendants, do hereby certify that I have served the following with the foregoing document(s) by mailing a copy of the same via United States Mail, postage prepaid, and/or hand delivering to the following address(es):

Pleading(s):

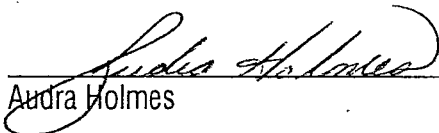
**FORM 58 - PRE-HEARING BRIEF AND
NOTICE OF WITNESSES AND MEDICAL
REPORTS TO BE INTRODUCED AS EVIDENCE
ON BEHALF OF THE DEFENDANTS**

Parties Served:

VIA HAND DELIVERY

Honorable G. Bryan Lyndon, Commissioner
South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29202-1715

Stephen J. Wukela, Esquire
Wukela Law Firm
403 Second Loop Road
Post Office Box 13057
Florence SC 29504-3057


Audra Holmes

Columbia, South Carolina

September 21, 2011

Jeffrey L. McFadden v. City of Lake City
WCC File No.: 1009259
Date of Accident: 07/16/10
Claim No.: 63-77747
Our File No.: 5682/8114

DEFENDANTS PRE-HEARING BRIEF APA SUBMISSIONS/EXHIBITS

	Physician	Practice	Dates of Service	Page Numbers
1.		McLeod Regional Medical Center	10/09/01	Pages 1 – 7
2.	Morris E. Brown, III, MD		10/18/06 – 02/18/11	Pages 8 – 28
3.		Lake City Community Hospital	12/05/07	Page 29
4.		Carolinas Hospital System	03/20/08	Page 30
5.	David W. Moon, MD	Pee Dee Family Practice	07/19/10 – 01/24/11	Pages 31 – 43
6.	Anthony W. Alexander, MD	Pee Dee Orthopaedics Associates, PA	10/25/10 – 04/05/11	Pages 44 – 51
	Exhibits		Date of Reports	Page Numbers
A.	Motor vehicle report		02/17/11	Pages 1 – 2
B.	Portions of claimant's personnel file as necessary			
C.	Claimant's deposition, if necessary			

RB

10/10

ATTEND NO. 101194039	PATIENT NAME MCFADEN, JEFFERY	AGE 27	SEX M	REG. DATE 10/09/01	REG. TIME 21:30	MEDICAL RECORD NO. 01029352
-------------------------	----------------------------------	-----------	----------	-----------------------	--------------------	--------------------------------

CONDITION ON ADMISSION: STABLE GUARDED CRITICAL PRIV PHYS E/R PHYS

BROUGHT BY: SELF LAW ENFORCEMENT EMS RELATIVE CARRY AMBULATORY STRETCHER WC TRANSFER

CHIEF COMPLAINT: MVA
↓ Back pain

CURRENT MEDICATIONS: Ibuprofen & Scleractol

ALLERGIES	LAST TETANUS	LMP	WT.	TEMP.	P	R	BP	HUMID AIR SAT	VISUAL ACUITY
<u>NKA</u>				<u>98°</u>	<u>93</u>	<u>24</u>	<u>134/4</u>	<u>99%</u>	<u>L R</u>

ME	severity	context
PI:	location	modifiers
	duration	associated
	quality	symptoms
	timing	

AH:
IH:
IS:
IM:
YSICAL EXAM:
EAD
VES
VT
ECK
ESP
ARDIO
S

GI
GU
SKIN
LYMPH
NEURO
PSYCH
CONST

TIME ORDERED	LAB TEST	TIME DONE
	CBC	
	BMP	
	PT	
	PTT	
	TROP I	
	U/A	
	UPREG	
	WET PREP	
	B-HCG (QUANT)	
	CHLAY/GC	
	BLOOD CX	
	URINE C & S	
	ABG	
	EKG	
	LFT'S	
	LIPASE	
	TYPE/SCREEN	
	TYPE/CROSS	
	U's PRBC	

TIME ORDERED	X-RAY CT	TIME DONE
	CXR (PA/LAT)	
	CXR (PORT)	
	PELVIS	
	C-SPINE SERIES	
	ABD. SERIES	
	HEAD CT	
	C-SPINE CT	
	ABDOMEN PELVIS CT	
	PELVIC US	
	RUQ US	

TREATMENT	TIME DONE
<u>Percocet 11 PD</u>	<u>0110 AC</u>
RN/LPN SIGNATURE: <u>[Signature]</u> 0100	

RESULTS

X-RAY _____
CT _____

PAGE	TIME	MD	REPLY TIME
<u>DAI</u>	<u>724.2</u>	<u>2</u>	<u>724.2</u>
	<u>724.2</u>		<u>724.2</u>
	<u>58190</u>		
TIME	ED COURSE/RESPONSE		
	<u>58477</u>		

DIAGNOSIS #1: LBP SIP MVA

DIAGNOSIS #2:

DISPOSITION	TIME	INITIALS
DISCHARGED	<u>0115</u>	<u>AC</u>
EMRA		
ADMIT		
ROOM #		
MD OFFICE		
TRANSFER		
CORONER		
EXPIRED		
AMA		
LEFT & TX		
LEFT FROM WR		
OTHER		

CHARGE STATUS: IMPROVED UNCHANGED DECEASED YES NO NO. OF DAYS _____

CARE INSTRUCTIONS FOR: HEAD INJURY CAST OR INJURED LACERATION & STITCHES - REMOVE IN _____ DAYS MEDICATION & DROWSINESS

GIVEN FOR: PEDIATRIC BURNS BACK CARE SEE BELOW COMPUTER DC INSTRUCTIONS GIVEN AND EXPLAINED

1) Percocet
2) Return to ER Day pr
3) Followup your doctor

PHYSICIAN'S SIGNATURE: [Signature] DATE _____ TIME _____ AM/PM _____ M.D.

If you have received in the Emergency Department For Follow-up Care you should: I understand the instructions as given to me. Should I have any questions, I am to call _____

**AUTHORIZATION FOR EMERGENCY TREATMENT, RELEASE OF INFORMATION, AND ASSIGNMENT OF BENEFITS
FOR McLEOD REGIONAL MEDICAL CENTER**

Consent for Admission: I hereby give my consent for the admission of the patient named below to McLeod Regional Medical Center under the care of the attending physician, his associates, partners, assistants or designees. I consent to any hospital care which may encompass necessary laboratory, diagnostic or medical treatment which my physician, his associates, partners, assistants or designees may deem necessary or advisable during my hospitalization.

Authorization for the Release of Information: I hereby authorize McLeod Regional Medical Center and attending physician to furnish from medical records compiled during this admission any information requested by the Insurance Company, its designated agent, or liable third parties (to include Medicare and Medicaid) whose benefits have been assigned for the purpose of benefit payment.

Assignment of Insurance Benefits and Third Party Claims: I/We hereby authorize payment directly to McLeod Regional Medical Center of hospital benefits otherwise payable to me, including major medical insurance benefits, PIP benefits, sick benefits or injury benefits due because of any insurance policy and the proceeds of all claims resulting from the liability of the third party payable by any person, employer or insurance company to or for the patient unless we pay the account in full upon discharge. I also authorize payment of surgical or medical, including major medical benefits, directly to attending physicians, but not to exceed charges for these services. I also authorize payment of hospital and medical benefits otherwise payable to me for professional services performed by the Pee Dee Anesthesia Associates, PA, and/or Florence Radiological Associates, PA, and/or Pee Dee Pathology, PA, and/or any other physician on the active staff of McLeod Regional Medical Center. I understand that I am financially responsible to the hospital and physicians for charges, whether or not covered by this assignment. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts may bear interest at the legal rate. I further agree that in the event hospital benefits exceed charges of McLeod Regional Medical Center for its services in connection with this hospitalization, that any such excess amount be first applied to the payment of any other indebtedness due by me for my own hospitalization or any for which I am responsible to the hospital on account of other admissions, and the balance, if any remains, paid to me. I further authorize refund of overpaid insurance benefits in accordance with my policy conditions where my coverages are subject to coordination of benefits clause. I further agree that the hospital is authorized to act in my behalf in the endorsement of benefit checks made payable to me and/or the hospital.

Medicare-Medicaid Patient's Certification: Authorization to Release Information and Payment Request: I assign payment for the unpaid charges for certain in-hospital physician services furnished by specialists; and by physicians for whom the hospital is authorized to bill. I understand that I am responsible for any health insurance deductibles and coinsurance. I certify that the information given by me in applying for payment under Title XVII and XIX of the Social Security Act is correct and authorize any holder of medical or other information about me to release it to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare or Medicaid claim. I request that payment of authorized benefits be made on my behalf.

Payment Guarantee: I/We hereby jointly and severally agree to pay all charges for service received by the patient named below during this "spell of illness."

Personal Property: Upon request the hospital will hold on deposit any money or valuables and is not responsible for personal property retained in the patient's room or with the patient.

Outpatient Authorization: I/We have been informed of the Outpatient Treatment considered necessary for the patient whose name appears below and that the treatment and procedures will be performed by physicians, members of the house staff and employees of the hospital. Authorization is hereby granted for such treatment and procedures.

We have read and understand the Authorization for Emergency Treatment, Release of Information, and Assignment of Benefits above and hereby give consent for the emergency treatment, release of medical information, assignment of insurance benefits to hospital/physician(s) of the patient named below, and the treatment and procedures that will be performed by physicians, members of the house staff and employees of the hospital.

Also, I/We understand that a personal physician is to be selected, by or on behalf of the patient within 24 hours if hospitalization or further treatment is required, or immediately if complications arise.

Also, I/We have read the above authorization and understand the same and certify that no guarantee or assurance has been made as to the results that may be obtained.

Jeffery M. Fadden
PATIENT'S (GUARANTOR'S) SIGNATURE

101124039 01-02-93-52
MCFADDEN, JEFFERY
27 H 10/09/01

Bimbon
WITNESS

Jeffery M. Fadden
PATIENT'S NAME

ACCOUNT NUMBER

ADMISSION DATE

RELEASE FROM RESPONSIBILITY FOR DISCHARGE

request the release of _____

I am leaving the McLeod Emergency Department, and am leaving against the advice of the attending physician and of the hospital authorities. I acknowledge that I have been informed of the risk involved and hereby release the attending physician and McLeod Regional Medical Center from all responsibility for any ill effects which may result from such leaving.

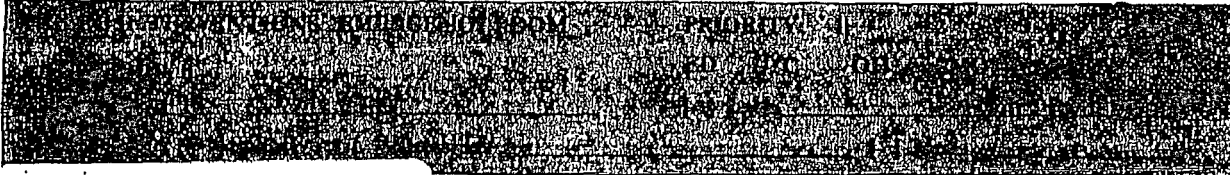
WITNESS _____

SIGNED _____

WITNESS _____

** If patient or guardian refuses to sign this form, please indicate in writing and give pertinent information. Sign your name and obtain one witness's signature.

Patient History Data Base
Triage/Admission



101134039 01-02-93-52 10/09/01
MCFADDEN, JEFFERY Age: _____ Date: _____ Triage Time: 2150

27 M INT: _____ TIME: _____ Phone Number: _____

Chief Complaint: MVC - to back + chest Area + neck MD: BROWN

Brief Assessment: SRTF - seen yesterday

Pain Assessment: | | NA | | Intensity 1-10 Scale 7 | (Sharp) | Ache | | Crushing

Onset-Duration: Yesterday Mode of Arrival: | | Ambulance | | W/C | | Walk | | Carried

Health History	Pt	Fam	Pt	Fam
Diabetes			Infectious Dz.	
Hypertension			Sickle Cell	
CVA/TIA			Anemia/Bleeding	
GI Disorder			Kidney Dz.	
Cardiovascular Dz.			Psych. Disorders	
Pulmonary Dz.			Alcohol/Tobacco	NA
Seizures/Parkinsons			Illegal Drugs	NA
History of Abuse		NA	Sexually Transmit	NA
Pacemaker		NA	Immunizations	
Cancer			Current	

Surgeries or Previous Hosp	Date
XXXXXXXXXX	

Cough Screen	Y	N
Cough > 2 Weeks (complete below)		
Hemoptysis		
Hx Pos PPD		
Fatigue / Weakness		
Fever		
Night Sweats		
Weight Loss		
Pt placed in isolation		
Time placed in isolation		

Allergies/ Reactions: NEKA

Latex Allergy | | Y | | N
Blood Transfusion | | Y | | N
Transfusion Reaction | | Y | | N

Medications : None | | Listed Below | |

Name of Medication	Dose/Frequency	Date/Time of Last Dose	Name of Medication	Dose/Frequency	Date/Time of Last Dose
<u>150 Proton</u>	<u>-</u>	<u>Since yesterday</u>			
<u>sclelactin</u>	<u>-</u>				

Did you bring your medication with you? Yes | | No | | Medication sent home with: (Name) _____

ER Vital Signs: Temp 98.0 Rectal P 83 R 70 BP 130/64
Sitting Standing
Pulse 98% Visual Hearing
Ox 100 Deficit L. _____ R. _____
Date of Last Tetanus: _____

Valuables | | Hearing Aid | | Cane/Crutches | | Purse/Wallet \$ _____ / Credit Cards _____ | | Wheel Chair
| | Glasses/Contacts | | Dentures | | Clothes | | Jewelry | | Prosthesis | | X-Rays | | Walker
Description: _____
| | Patient Locker | | With Patient
| | Safe (Security) Officer's Name: _____ | | Sent Home with (Name): _____
Patient / Family informed that hospital is not responsible for valuables. | Yes | | No

Are there any Religious/Cultural Practices that need to be part of your care? | | Yes | | No (If yes document in Nurses Notes)
Are you in a relationship that could cause you to be afraid? | | Yes | | No
C.M. JER, M.D. (C.M. JER)

1-#1923 Revised: 11/99: 1/00

ER NURSING ASSESSMENTS Time: 0100 Room Number: ER12 () O2 () C-Collar () Splint

PHYSICAL ASSESSMENT

Respiratory		Circulatory		Neuro (GCS)		GI		GU	
<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> LOC	<input checked="" type="checkbox"/> Verbal Response	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A
Cough	Capillary Refill	Y	N	5 Oriented	Vomiting	Flank Pain = L R			
Prod Color	Normal	Duration	4 Confused	Nausea	Diarrhea	Frequency			
Non Prod	Delayed	Unknown	3 Inappropriate Words	Diarrhea	D/C Color				
SOB	Heart Sounds	Weakness	2 Incomprehensible Sounds	Other					
Normal	RRR	PERL	1 None	Bowel Sounds	GYN				
Irregular	Irregular	HA 1-10	Motor Response	Absent	N/A				
Shallow	Pain Scale 1-10	Eye Opening	6 Follows Commands	Present	Bleeding				
Breath Sounds	Pulses	4 Spontaneous	5 Localizes Pain	Abdomen	# Pads in 1 hour				
L R Clear	L R Radial	3 To Voice	4 Withdraws Pain	Soft	Discharge Color				
L R Crackles	L R Pedal	2 To Pain	3 Flexes pain	Distended	Q				
L R Wheezing		1 None	2 Extends Pain	Guarding	P				
L R Diminished			1 None	Rigid	A				
Comments:	Comments:	Comments:		Tenderness	Pregnant / EDC				
				Location:	FHT				

SKIN/TRAUMA

<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Mucous Membranes
<input checked="" type="checkbox"/> Warm	<input checked="" type="checkbox"/> Moist
<input checked="" type="checkbox"/> Cool	<input checked="" type="checkbox"/> Dry
<input checked="" type="checkbox"/> MAE	<input checked="" type="checkbox"/> Trauma
<input checked="" type="checkbox"/> Dry	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Diaphoretic	<input checked="" type="checkbox"/> Pain
<input checked="" type="checkbox"/> Edema	<input checked="" type="checkbox"/> Swelling
<input checked="" type="checkbox"/> Absent	<input checked="" type="checkbox"/> Deformity
<input checked="" type="checkbox"/> Present	<input checked="" type="checkbox"/> Numbness
<input checked="" type="checkbox"/> Locanon:	<input checked="" type="checkbox"/> Abrasion
<input checked="" type="checkbox"/> Color	<input checked="" type="checkbox"/> Laceration
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Burn
<input checked="" type="checkbox"/> Cyanotic	<input checked="" type="checkbox"/> Confusion
<input checked="" type="checkbox"/> Jaundice	<input checked="" type="checkbox"/> Limited Movement
<input checked="" type="checkbox"/> Ecchymosis	<input checked="" type="checkbox"/> Location
<input checked="" type="checkbox"/> Pale	<input checked="" type="checkbox"/> Comments:
<input checked="" type="checkbox"/> Mottled	
<input checked="" type="checkbox"/> Redness	
<input checked="" type="checkbox"/> Location	

PSYCHOSOCIAL/EDUCATION

<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Affect
<input checked="" type="checkbox"/> Flat	<input checked="" type="checkbox"/> Behavior
<input checked="" type="checkbox"/> Cooperative	<input checked="" type="checkbox"/> Speech
<input checked="" type="checkbox"/> Uncooperative	<input checked="" type="checkbox"/> Support System
<input checked="" type="checkbox"/> Agitated	<input checked="" type="checkbox"/> Family/Significant Other
<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Lives Alone
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Language Education
<input checked="" type="checkbox"/> Abnormal	<input checked="" type="checkbox"/> Unable to read/write
<input checked="" type="checkbox"/> Support System	<input checked="" type="checkbox"/> S/O can read/write
<input checked="" type="checkbox"/> Family/Significant Other	<input checked="" type="checkbox"/> Language other than English:
<input checked="" type="checkbox"/> Lives Alone	

FUNCTIONAL ASSESSMENT

<input checked="" type="checkbox"/> Independent	<input checked="" type="checkbox"/> ADL
<input checked="" type="checkbox"/> Needs Assistance	<input checked="" type="checkbox"/> Ambulation
<input checked="" type="checkbox"/> Independent	<input checked="" type="checkbox"/> Walker
<input checked="" type="checkbox"/> Needs Assistance	<input checked="" type="checkbox"/> Cane
<input checked="" type="checkbox"/> Wheel Chair	

PEDIATRIC ASSESSMENT

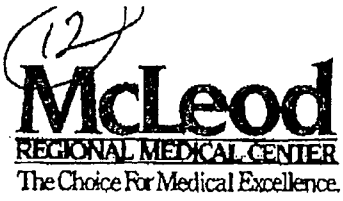
<input checked="" type="checkbox"/> Full Term	<input checked="" type="checkbox"/> Birth
<input checked="" type="checkbox"/> Premature	<input checked="" type="checkbox"/> Birth Weight
<input checked="" type="checkbox"/> Birth Weight	<input checked="" type="checkbox"/> <5.5 #
<input checked="" type="checkbox"/> <5.5 #	<input checked="" type="checkbox"/> >5.5 #
<input checked="" type="checkbox"/> >5.5 #	

Time	Medication	Dose	Route/Site	Signature
0100	Percocet	ii	PO	<i>Jeannette Berry</i>

Time	Temp	Pulse	Resp	B/P	Pulse Ox	Nurses Notes
0100	97.0	64	16	131/66	94	Plaint ARD states driver of MVA on 10-9-01 started to have back pain today no distress.
0115						Discharge instructions + script given. Discharged home.

Oral _____ NG _____ PATIENT OBSERVATION Every 30 minutes [] Yes [] No DC STATUS [] Good [] Improved [] Poor [] Deceased Admit Room No. _____
 IV _____ Urine _____ DC INSTRUCTIONS [] Verbalized Understanding [] Computer D/C Instructions

RAPID TRIAGE ASSES 101134039 01-02-93-52 10/09/01
MCFADDEN, JEFFERY



27 M INT: TIME:

NAME LABEL

DATE: 10-9-1 TIME: 2148
NAME: Jeffery McFadden SEX: M
DOB: 2-20-74 AGE: SS#: 120502042

ZONE: MAIN ER URGENT CARE FAST TRACK
 WOMENS PAVILION OTHER:

AIRWAY BREATHING CIRCULATION NO NEURO DEFICIT

PAIN 0 1 2 3 4 5 6 7 8 9 10 ONSET:

PRIORITY LEVEL: 1 2 3 4 5

CHIEF 1. MI ONSET: Monday
COMPLAINT: 2. _____ ONSET: _____
3. _____ ONSET: _____

BRIEF ASSESSMENT: Muscle aches - back pain
ATO - N/A - @ Amputation

VITAL SIGNS: B/P _____ / _____ R: _____
P _____ 02 SAT _____
TEMP _____ DEFERRED

TRIAGE RN: Cherry Miller

CARE ASSUMED BY: _____
(REQUIRED FOR LEVEL I OR II)

555 EAST CHEVES, FLORENCE, SOUTH CAROLINA 29501

AFTER CARE INSTRUCTIONS FOR: MCFADDEN, JEFFERY

CARE PROVIDER: ROGERS

ATTENDING DR: ROGERS, RICHARD L

THE EXAMINATION AND TREATMENT YOU HAVE RECEIVED IN THE EMERGENCY DEPARTMENT OF MCLEOD REGIONAL MEDICAL CENTER HAS BEEN RENDERED ON AN EMERGENCY BASIS ONLY. THIS SERVICE IS NOT INTENDED TO PROVIDE COMPLETE MEDICAL CARE.

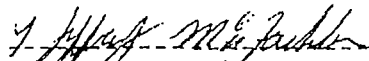
NEITHER THE EMERGENCY DEPARTMENT NOR THE DOCTOR TO WHOM YOU ARE REFERRED IS RESPONSIBLE TO SEE THAT YOU RECEIVE FOLLOW-UP MEDICAL CARE. THAT IS YOUR RESPONSIBILITY. THE HOSPITAL EMERGENCY ROOM IS AVAILABLE TO HELP YOUR DOCTOR PROVIDE YOU WITH EMERGENCY MEDICAL SERVICE, OR TO PROVIDE THAT SERVICE IN HIS ABSENCE. IF YOU DO NOT HAVE A PERSONAL FAMILY PHYSICIAN, WE SUGGEST THAT YOU SELECT ONE, BECAUSE IT IS IN THAT RELATIONSHIP THAT THE BEST CARE IS PROVIDED ON A CONTINUING BASIS.

BACK INJURY:

YOUR EXAM SHOWS THAT YOUR BACK PAIN IS CAUSED BY A STRAIN OF THE LIGAMENTS AND MUSCLES THAT SUPPORT THE SPINE. THIS IS A VERY COMMON INJURY. BACK STRAINS CAUSE PAIN, STIFFNESS, AND TROUBLE MOVING BECAUSE OF MUSCLE SPASMS. THEY OFTEN TAKE SEVERAL WEEKS TO HEAL. TREATMENT FOR BACK INJURIES INCLUDES:

- * BED REST - STAY IN BED AS MUCH AS POSSIBLE FOR THE NEXT 3 DAYS. USE A FIRM MATTRESS. LIE ON YOUR SIDE WITH YOUR KNEES SLIGHTLY BENT. IF YOU LIE ON YOUR BACK, PUT A PILLOW UNDER YOUR KNEES.
- * NO BENDING OR LIFTING - DON'T BEND OVER OR LIFT HEAVY OBJECTS UNTIL YOU ARE COMPLETELY BETTER. LEARN TO LIFT BY BENDING YOUR KNEES AND USING YOUR LEG MUSCLES TO HELP. KEEP THE LOAD CLOSE TO YOUR BODY.
- * SITTING - DO NOT SIT OR DRIVE FOR LONG PERIODS UNTIL YOU ARE MUCH BETTER. GET UP AND MOVE AROUND OFTEN TO AVOID STIFFNESS AND PAIN.
- * MEDICINE - MEDICINE TO REDUCE PAIN AND INFLAMMATION IS VERY USEFUL. MUSCLE-RELAXING DRUGS ARE ALSO PRESCRIBED SOMETIMES.
- * THERAPY - PUT ICE PACKS ON YOUR BACK EVERY FEW HOURS FOR THE FIRST FEW DAYS AFTER YOUR INJURY. HEAT MAY ALSO BE HELPFUL IN RELIEVING PAIN AND SPASM. TRACTION, MASSAGE, AND SPECIAL EXERCISES MAY ALSO BE PRESCRIBED.

YOU SHOULD BE EXAMINED AGAIN IF YOUR BACK PAIN IS NOT BETTER IN ONE WEEK. IF YOU HAVE PAIN THAT RADIATES FROM YOUR BACK INTO YOUR LEGS, OR UNUSUAL WEAKNESS OR NUMBNESS, THIS MAY BE A SIGN OF LUMBAR DISC DISEASE. PLEASE CALL YOUR DOCTOR OR THE EMERGENCY ROOM IF YOU HAVE ANY OF THESE SYMPTOMS.



I HEREBY ACKNOWLEDGE RECEIPT OF THE INSTRUCTIONS INDICATED ABOVE. I UNDERSTAND THAT I HAVE HAD EMERGENCY TREATMENT ONLY, AND THAT I MAY BE RELEASED BEFORE ALL OF MY MEDICAL PROBLEMS ARE KNOWN OR TREATED. I WILL ARRANGE FOR FOLLOW UP CARE AS INSTRUCTED ABOVE.

McLeod Regional Medical Center

The Choice For Medical Excellence

555 East Cheves Street - PO Box 100551 - Florence, SC 29501-0551

MR: 01-02-93-52 PN: 101134039 PT: McFadden, Jeffery
DATE SEEN: 10/09/2001 ED PHYSICIAN: STEVEN M. HALUS, MD

CC: LOW BACK PAIN

HPI: This is a 27-year-old male seen in the McLeod Regional Medical Center Emergency Department with a chief complaint of low back pain. The patient states that he was involved in a motor vehicle accident on Monday, 10/08, at about 4:30 p.m. The patient was seen at an outside hospital. He did not have back pain until approximately 24 hours after the MVA. The patient states that the pain is sharp and moderate in severity.

MEDS: The patient is currently on Motrin and Skelaxin.

ROS: The patient denies any numbness, tingling, or weakness. He denies any bowel or bladder problems. Review of systems on this patient is otherwise negative.

PE: GENERAL: Nontoxic-appearing male. Awake, alert, and oriented times 4. HEENT: Head is atraumatic. NECK: Supple. Trachea is midline. CHEST: Clear to auscultation and percussion. HEART: Regular rate and rhythm. ABDOMEN: Soft. Nontender. Nondistended. BACK: The patient has good range of motion in his back. SKIN: Warm and dry.

IMP: 1) Low back pain. 2) Status post motor vehicle accident.

Steven M. Halus, MD

DD: 10/10/2001 01:10
DT: 10/10/2001 04:14/ET/1301
JOB#: 3520

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11

Sex: M Age: 47 years

DOB: **Problem List****Major Problems**

- 1, HERPES GENITAL UNS, 01/02/04, A, , MDH
- 2, TRITZ'S DISEASE, 10/10/05, A, , MEB
- 3, HYPERLIPIDEMIA, 03/11/10, A, , MEB
- 4, NECK DISORDER/SYMPT UNSPEC, 02/18/11, A, , SD

Other Problems

- ALLERGIC RHINITIS, 10/10/06, , MEB
 ATOPIC DERMATITIS, 09/09/10, , MEB
 BACK PAIN LOW, 12/03/07, , DHM
 BACK PAIN LOW, 03/19/08, , MEB
 BACK PAIN LOW, 10/18/06, , MEB
 BACK PAIN LOW, 04/02/08, , MEB
 BACK PAIN LOW, 01/07/08, , MEB
 BRONCHITIS, ACUTE, 03/17/06, , DHM
 COSTOCHONDRITIS, 10/10/05, , MEB
 EST PATIENT VISIT-, 01/02/04, , MDH
 HEADACHE, 08/03/10, , MEB
 HYPERLIPIDEMIA, 03/11/10, , MEB
 Migraine, 08/03/10, , MEB
 NECK PAIN, 02/18/11, , SD
 PHARYNGITIS ACUTE, 02/18/09, , SD
 RESOLVED, 01/07/08, , DHM
 STREP SORE THROAT, 01/31/07, , DHM
 TINEA CORPORIS, 03/19/07, , DHM
 TINEA CORPORIS, 01/29/07, , DHM

Procedures

- OV Level 4 Det, 02/18/11, SD
 OV Level 3 Est Pt, 09/09/10, MEB
 OV Level 4 Det, 08/03/10, MEB
 OV Level 4 Det, 03/11/10, MEB
 OV Level 3 Est Pt, 02/18/09, SD
 OV Level 3 Est Pt, 04/02/08, MEB
 OV Level 4 Est Pt, 03/19/08, MEB
 OV Level 3 Est Pt, 01/07/08, DHM
 OV Level 3 New Pt, 12/03/07, DHM
 OV Level 2 Est Pt, 03/19/07, DHM
 OV Level 2 Est Pt, 01/29/07, MEB
 OV LEVEL 3 EST PT, 10/10/06, MEB
 EXPANDED VISIT, 03/17/06, DHM
 OV LEVEL 3 EST PT, 10/10/05, MEB
 OV LEVEL 3 EST PT, 01/02/04, MDH

Diagnoses**Risks****Hospitalizations**

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11
 Sex: M Age: years
 DOB: [REDACTED]

Vital Signs

	02/18/2011	09/09/2010	08/03/2010	03/11/2010
Height				
Weight	272 lbs	267 lbs	268 lbs	259 lbs
OFC				
Temperature	97.1 F	98.1 F	98.1 F	99.0 F
Pulse				
Respirations				
Systolic	120	108	118	135
Diastolic	78	78	80	87
Oximetry				
Smoking				
Pain Level				
Peak Flow				
FRA				
Med Review				
Other	MAN			

	02/18/2009	04/02/2008	03/19/2008	01/07/2008
Height				
Weight	266 lbs	261 lbs	264 lbs	265 lbs
OFC				
Temperature	97.8 F	98.4 F	98.0 F	98.3 F
Pulse	84	74	77	83
Respirations				
Systolic	140	134	129	130
Diastolic	85	83	76	93
Oximetry				
Smoking				
Pain Level				
Peak Flow				
FRA				
Med Review				
Other				

	12/03/2007	03/19/2007	01/31/2007	01/29/2007
Height				
Weight	263 lbs	261 lbs	265 lbs	266 lbs
OFC				
Temperature	97.6 F	97.9 F	98 F	97.3 F
Pulse	70	69	89	
Respirations				
Systolic	133	115	140	115
Diastolic	86	75	81	79
Oximetry				
Smoking				
Pain Level		0	3	0

Printed using Practice Partner®

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 32 years

DOB: [REDACTED]

Progress Notes

10/18/08 : 08:40am
BACK PAIN LOW:

Bp: 128/82, Pulse: 76
Temp: 97.1, Weight: 264

S: This 32 yr old male presents for evaluation of low back pain. Onset approx 2 weeks ago. Denies any recent or past back injury but has had intermittent low back pain. Pain worse with standing.

Current symptoms:

- Pain: yes
- Stiffness: yes
- Numbness: no
- Weakness: no
- Located in back: yes
- Located in leg: no
- Onset: 2-3 weeks
- Frequency: intermittently

Alleviating factors:

- Rest: yes
- Analgesic medications: some relief with Extra-strength Tylenol.

Possible tumor or infection:

- Age over 50 or under 20 years: no
- History of cancer: no
- Fever, chills, weight loss: no
- Recent UTI: no
- IV drug use: no
- Immune suppression: no
- Pain that worsens when supine: no
- Severe nighttime pain: no

Past history:

- Low back pain: yes
- Testing or Rx for low back pain: yes , states previous x-rays have been negative.

Social History:

- Physical activity: none, essentially sedentary
- Occupation: employed full-time

O:

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 32 Years

DOB: [REDACTED]

General: Well appearing, obese 32 yr old AAM in no distress. Oriented x 3, normal mood and affect.

Evidence of exaggerated pain behavior: no

Abdomen: bowel sounds nl, no tenderness, organomegaly, masses, or hernia

Back:

Spinal tenderness: none

Deformity: none

Neurologic Screening: non-focal exam

Straight leg raising (SLR):

Left leg:

Pain: no

Cross-over pain in right leg: no

Right leg:

Pain: no

Increased pain with ankle dorsiflexion: no

Cross-over pain in left leg: no

A: Low back pain

BACK PAIN LOW: : 724.2

.PR.OV Level 3 Det.99213

P:

X-rays: L/S spine if no results.

Medication: Rx for Flexeril and Motrin. Advised of drowsiness associated with Flexeril and to eat with Motrin.

Patient education:

Pt. advised that there was no hint of a dangerous problem and that rapid recovery expected. For severe leg pain, 2-4 days of bedrest O.K., OTW not needed. Advised to keep lifted objects close to body near navel, avoid twisting, bending, reaching while lifting. Advised to change positions often, use pillows to support back. Recommended aerobic activity, such as walking, swimming, stationary bicycle, light jogging to avoid debilitation, as tolerated within first 2 wks.

Follow-up: 2 weeks or prn sooner.

Rx: MOTRIN 800mg 1 TAB TID for 10 days, 30, Ref: 0

Rx: FLEXERIL 10MG 1 TAB TID for 10 days, 30, Ref: 0

Printed using Practice Partner®

Patient Chart

MCFADDEN, JEFFREY

Date Printed: 06/17/11

2104 Sex: M Age: 6 years

DOB: [REDACTED]

SIGNED BY DORINE H MARTIN, FNP (DHM) 10/16/2006 08:46AM

Patient Chart**MCFADDEN, JEFFREY**

2104

Date Printed: 06/17/11
Sex: M Age: 57 years
DOB: [REDACTED]**Progress Notes**12/03/07 : 05:47pm
BACK PAIN LOW:Bp: 133/86, Right Arm, Pulse: 70
Temperature: 97.6 F, Weight: 263 lbs

S: This 33 yr old male presents for evaluation of low back pain. Onset after lifting a dresser last week per pt. Hx of low back pain and states he has re-injured it on several occasions. Requests a rx for genital herpes. Took Zovirax in the past

Current symptoms:

Pain: yes
Stiffness: yes
Numbness: no
Weakness: no
Located in back: yes
Located in leg: no
Onset: < 1 week
Frequency: daily

Alleviating factors:

Rest: yes
Analgesic medications: hasn't tried anything.

Review of systems (Red flags for potentially serious conditions):

Possible fracture: major trauma or minor trauma or strenuous lifting in elderly or osteoporotic pt.: no

Possible tumor or infection:

Age over 50 or under 20 years: no

History of cancer: no

Fever, chills, weight loss: no

Recent UTI: no

IV drug use: no

Immune suppression: no

Pain that worsens when supine: no

Severe nighttime pain: no

Possible cauda equina syndrome:

Saddle anesthesia: no

Bladder dysfunction: no

Severe or progressive neurologic deficit in lower extremity: no

Past history:

Low back pain: yes

Testing or Rx for low back pain: yes

Social History:

Printed using Practice Partner®

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 41 years

DOB: [REDACTED]

Physical activity: none, essentially sedentary
Occupation: employed full-time

O:

General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Evidence of exaggerated pain behavior: no

Abdomen: bowel sounds nl, no tenderness, organomegaly, masses, or hernia

Back:

Spinal tenderness: right lower lumbar

Deformity: none

Range of motion flexion: Intact

Neurologic Screening: grossly non-focal

Testing for Spinal Tension:

Sitting knee extension:

Left leg pain with maneuver: no

Right leg pain with maneuver: no

Straight leg raising (SLR):

Left leg:

Pain: no

Increased pain with ankle dorsiflexion: no

Cross-over pain in right leg: no

Right leg:

Pain: no

Increased pain with ankle dorsiflexion: no

Cross-over pain in left leg: no

Extremities: no amputations or deformities, cyanosis, edema or varicosities, peripheral pulses intact

A: Low back pain

BACK PAIN LOW: : 724,2

OV Level 3 New Pt:99203

P:

X-rays: order given for l/s spine x-rays

Medication: rx for Flexeril and Motrin with food given. Advised pt re: drowsiness associated with Flexeril.

Rx for Valtrex also given.

Patient education:

Pt. advised that there was no hint of a dangerous problem and that rapid recovery expected. For severe leg pain, 2-4 days of bedrest O.K., OTW not needed. Advised to keep lifted objects close to

Printed using Practice Partner®

Patient Chart

MCFADDEN, JEFFREY

Date Printed: 06/17/11
2104 Sex: M Age: [redacted] years
DOB: [redacted]

body near navel, avoid twisting, bending, reaching while lifting. Advised to change positions often, use pillows to support back. Recommended aerobic activity, such as walking, swimming, stationary bicycle, light jogging to avoid debilitation, as tolerated within first 2 wks.

Follow-up: Referred to physical therapy. Pt to r/c in 2 weeks or prn sooner. Work excuse given for 11/30/07 thru 12/07/07.

Rx: MOTRIN 800mg 1 TAB TID for 10 days, 30, Ref: 0
Rx: FLEXERIL 10MG 1 TAB TID for 10 days, 30, Ref: 0
Rx: VALTREX 500MG 1 TAB daily -, 30, Ref: 2

SIGNED BY DORINE H MARTIN, FNP (DHM) 12/03/2007 05:55PM

2104



DISABILITY INSURANCE CLAIM FORM

P.O. Box 100102
Columbia, South Carolina 29220-3102
803-732-1281 • 800-732-0104

FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

To prevent delays, complete claim in its entirety. Incomplete claims will be returned.

PART I - INSURED INFORMATION

1. Insured's Name First: <u>Jeffrey</u> Middle: Last: <u>McTadden</u>		2. Social Security Number	3. Date of Birth Mo. Day Yr.
4. Insured's Address Street: _____ City: _____ State: _____ Zip: _____			
5. Insured's Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6. Job Description and Duties		7. If disability is due to an accident, did injury occur at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. I authorize the release of any medical information necessary to process this claim.			
Signature _____		Date _____	

PART II - PHYSICIAN INFORMATION

9. Date first treated for this disability Mo. Day Yr. <u>12/03/07</u>	10. Dates certified disabled and unable to work From: Mo. Day Yr. <u>12/03/07</u> Thru: Mo. Day Yr. <u>12/10/07</u>	11. If hospitalized, date admitted Mo. Day Yr.
12. Nature of Disability <input checked="" type="checkbox"/> Accident <input checked="" type="checkbox"/> Sickness <input type="checkbox"/> Maternity (If Accident or Maternity, please complete reverse side of this form.)		
13. Diagnosis <u>Low Back Pain</u>	14. Diagnosis Code <u>724.2</u>	15. Prognosis <u>good</u>
16. Physical Findings (list all test results, or enclose test) Test: <u>X-ray of L5/S1 spine</u> Date: <u>12/03/07</u> Results: <u>pending</u> Test: _____ Date: _____ Results: _____ Blood Pressure (systolic): <u>135</u> (Diastolic): <u>80</u> (Date): <u>12/03/07</u> Remarks: _____ TREATMENT: <u>amblyone week</u> Date of onset of this condition: <u>12/03/07</u> Date of next office visit: <u>01/07/08</u> List all dates of treatment for this condition since patient ceased work		
Has patient been referred to any other physician? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date(s) _____ If "Yes," name and address _____ Specialty _____ Nature of treatment for this condition (including surgery/medications): <u>Flexeril + Motrin</u> <u>Physical Therapy</u> Was patient hospitalized for this condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," date(s) admitted _____ date(s) discharged _____ Name and address of hospital(s) _____ Was surgery performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Date _____ Procedure _____ CPT Code _____ Progress (please check one) <input type="checkbox"/> Recovered <input type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Retrogressed <u>unable to accept treatment with Attended</u>		
17. IMPAIRMENT What are the patient's current physical limitations and restrictions? <input type="checkbox"/> No limitation of functional capacity; capable of heavy work, no restrictions. (Lifting 100 lbs. maximum with frequent lifting and/or carrying objects weighing up to 50 lbs.) <input type="checkbox"/> Medium manual activity. (Lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.) <input type="checkbox"/> Slight limitation of functional capacity; capable of light work. (Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs. Even though the weight lifted may be only a negligible amount, a job is in this category when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls, or when it requires walking or standing to a significant degree.) <input checked="" type="checkbox"/> Moderate limitation of functional capacity; capable of clerical/administrative (sedentary) activity. (Lifting 10 lbs. maximum and occasionally lifting and/or carrying articles. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties.) <input type="checkbox"/> Severe limitation of functional capacity; incapable of minimal (sedentary) activity. What is the psychologic impairment (if applicable)? <u>N/A</u> <input type="checkbox"/> Inadequate information to make assessment. <input type="checkbox"/> Essentially good functioning in all areas. Occupationally and socially effective. <input type="checkbox"/> Slight difficulty in occupational functioning, but generally functioning well. Has some meaningful interpersonal relationships. <input type="checkbox"/> Moderate impairment in occupational functioning. Limited in performing some occupational duties. <input type="checkbox"/> Major impairment in several areas - work, family relations. Avoidant behavior, neglects family, is unable to work. <input type="checkbox"/> Inability to function in almost all areas.		

2102

DETAILS OF ACCIDENT OR MATERNITY CLAIM - TO BE COMPLETED BY THE PHYSICIAN

18-A. ACCIDENT:
 On what date was the patient injured? Approximate one wk ago from 12/03/07
 Where (place) was the patient injured? Home (PT's home)
 How was the patient injured? Moving furniture (a dresser)

18-B. MATERNITY:
 Estimated Date of Delivery (EDD) N/A
 Prenatal Complications _____
 Date of Delivery _____
 Post-partum Complications _____

19. I have treated the insured for the condition listed and, for the period claimed. The insured has been under my continuous care.

Physician's Name and Address (Please type or print) <u>DORINE H. MARTIN, FNP</u> <u>901 N. MATTHEWS RD.</u> <u>Lake City, SC 29560</u> Phone No. (Indicate area code.) <u>843-374-8380</u> Date <u>12/04/07</u> Physician's Signature <u>[Signature]</u> FNP	Has the above patient been released to return to work? <input type="checkbox"/> Yes Date to Return (Mo./Day/Yr.) <u>12/07/07</u> <input type="checkbox"/> No Approximate Date of Return (Mo./Day/Yr.) _____ <input type="checkbox"/> No Will not return to work. Disability is total and permanent. <input type="checkbox"/> Date of Next Office Visit <u>01/07/08</u>
--	--

PART III - EMPLOYER INFORMATION

20. Workers' Compensation: Is there possible Workers' Compensation liability? Yes (If yes, complete this section.) No
 Date accident/illness reported _____ Date Workers' Compensation claim filed _____
 Current status of Workers' Compensation claim: Approved Denied Pending Not Filed
 Name and Address of Workers' Compensation Payment Office _____

21. Is employee enrolled in the Companion Long Term Disability plan? Yes No
 If "Yes," effective date: _____

22. Name and Address of Group _____ **Phone No. and Area Code** _____ **23. Group No.** _____

24. I certify that the above insured was a full-time active employee and that he or she did not perform any duties pertaining to his or her occupation during the period claimed above in block 9.
 Employer's Signature _____ Date _____

25. First Day Not at Work			26. Date Returned to Work			27. Amount of Weekly Earnings:	28. Amount of Weekly Benefit
Mo.	Day	Yr.	Mo.	Day	Yr.		

INSTRUCTIONS FOR FILING CLAIM FOR WEEKLY DISABILITY BENEFITS

The reverse of this form should be completed by the insured employee, the employer and the insured's attending physician as soon as possible after the onset of the accident or illness for which claim is made. If accident or maternity, details must be stated above.

The data we need a doctor's statement of continuing disability will be indicated on the check stub each week. To prevent delays in weekly disability payments, submit the doctor's statement to Companion Life 17 days before this date occurs.

Weekly disability checks are mailed to the employer's address.

When your employee returns to work, please call our Claims department to notify us immediately and then follow up with the final claim. Notifications can be faxed to:

(803) 735-1221
 (803) 754-1153 FAX

Claims should be forwarded to:

Companion Life Insurance Company
 Attention: Claims Department
 P.O. Box 100102
 Columbia, South Carolina 29202-0102
 www.CompanionLife.com

By furnishing this blank form and investigating the claim, Companion Life Insurance Company shall not be held to admit the validity of any claim, or to waive or breach any terms or conditions of the policy.

2016

Accidental Injury-Attending Physician's Statement

Policy Number	Insured's Name	Date of Birth
---------------	----------------	---------------

TO THE PHYSICIAN: The insured is requesting payment of insurance proceeds due to accidental injury. Your statements are needed to assist in the determination of eligibility. Please answer each question completely.

Physician's Name YORINE H MARTIN, FNP	Phone Number (843) 374-8380	Fax Number (843) 374-8380
Address 901 N. Matthews Rd	City Lake City	State Zip SC 29560

DATE OF SERVICE	DIAGNOSIS CODE (ICD)	DIAGNOSIS DESCRIPTION	PROCEDURE CODE	PROCEDURE DESCRIPTION
12/03/07	134.2	low-back pain	92.22	
/ /				
/ /				
/ /				

Date of incident: 11/29/07 Describe where and how the incident occurred: at pt's home. States he moved a dresser.

Was patient hospitalized as a result of this diagnosis? Yes No Admission: / / Discharge: / /

Hospital Name: _____ City: _____ State: _____

Physicians Signature: Yorine H Martin, FNP Date: 12/04/07 Tax ID Number: _____

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11
Sex: M Age: 33 years
DOB: [REDACTED]

Progress Notes

01/07/08 : 09:32am
BACK PAIN LOW: Resolved

Bp: 130/93B, Right Arm, Pulse: 83
Temperature: 98.3 F, Weight: 265 lbs

S: This 33 yr old male presents for follow-up of low back pain. States back pain has resolved.

Current symptoms:

- Back pain: yes
- Leg pain: no
- Numbness: no
- Weakness: no
- Symptoms relieved by: none needed

Effect of symptoms: activity tolerance essentially normal. States he has returned to work.

O:

General appearance: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Posture: normal

Gait: normal

Regional back examination:

Appearance: No deformities.

Range of motion: Intact, without significant guarding.

Tenderness: no specific point tenderness

Neurologic examination lower extremities:

Muscle strength: Intact bilaterally.

Reflexes: Intact bilaterally.

Sensory: Intact bilaterally.

Evidence of sciatic tension: none bilaterally

A: Low back pain

Resolved with normal activity tolerance

BACK PAIN LOW: : 724.2

OV Level 3 Est Pt:99213

P:

Patient education:

Pt. advised to resume normal activities

Work restrictions: none

Printed using Practice Partner®

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 69 years

DOB: [REDACTED]

Follow up: prn.

SIGNED BY DORINE H MARTIN, FNP (DHM) 01/07/2008 09:33AM

Printed using Practice Partner®

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 34 years

DOB: [REDACTED]

Progress Notes

03/19/08 : 09:31am
BACK PAIN LOW:

Bp: 129/76, Left Arm, Pulse: 77
Temperature: 98.0 F, Weight: 264 lbs
S: This 34 yr old male presents for follow-up of low back pain.

Current symptoms:

Back pain: yes

Leg pain: yes

Numbness: yes

Weakness: no

Symptoms relieved by: OTC analgesic such as Tylenol, Aspirin, Ibuprofen or Naprosyn

Effect of symptoms: activity tolerance essentially normal

O:

General appearance: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Posture: normal

Gait: normal

Regional back examination:

Appearance: No deformities.

Range of motion: Intact, with significant guarding.

Tenderness: LUMBAR AREA

Neurologic examination lower extremities:

Muscle strength: Intact bilaterally.

Reflexes: Intact bilaterally.

Sensory: Intact bilaterally.

pos. straight leg R side?

Evidence of spastic tension: none bilaterally

A: Low back pain

Resolved with normal activity tolerance

BACK PAIN LOW: : :724.2

OV Level 4 Est Pt:99214

P:

Patient education:

Pt. advised to resume normal activities

Printed using Practice Partner®

Patient Chart

MCFADDEN, JERREY

Date Printed: 06/17/11
Sex: M Age: 62 years
DOB: [REDACTED]

04

Follow up: one wk, ordered mri or back.

Rx: DARVOET-N 100 100MG 1-2 TAB Q6H prn, 60, Ref: 0

SIGNED BY MORRIS E BROWN, III M.D (MEB) 03/19/2008 09:34AM

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Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M - Age: 37 years

DOB: [REDACTED]

Progress Notes

04/02/08 : 05:12pm
BACK PAIN LOW:

Bp: 134/83, Left Arm, Pulse: 74
Temperature: 98.4 F, Weight: 261 lbs
S: This 34 yr old male presents for follow-up of low back pain.

Current symptoms:

Back pain: improved

Leg pain: no

Numbness: no

Weakness: no

Symptoms relieved by: OTC analgesic such as Tylenol, Aspirin, Ibuprofen or Naprosyn

Effect of symptoms: activity tolerance essentially normal

O:

General appearance: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Posture: normal

Gait: normal

Regional back examination:

Appearance: No deformities.

Range of motion: Intact, without significant guarding.

Tenderness: no specific point tenderness

Neurologic examination lower extremities:

Muscle strength: Intact bilaterally.

Reflexes: Intact bilaterally.

Sensory: Intact bilaterally.

Evidence of sciatic tension: none bilaterally

A: Low back pain

Resolved with normal activity tolerance

BACK PAIN LOW: : 724.2

OV Level 3 Est Pt:99213

P:

Patient education:

Pt. advised to resume normal activities.

Work restrictions: none

Printed using Practice Partner®

Patient Chart

MCFADDEN, JEFFREY

2104 Date Printed: 06/17/11
Sex: M Age: 79 years
DOB: [REDACTED]

Follow up: prn, reviewed mri report.

SIGNED BY MORRIS E BROWN, III M.D (MEB) 04/02/2008 05:12PM

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: 7 years

DOB: [REDACTED]

Progress Notes

09/09/10 : 02:38pm
ATOPIC DERMATITIS:

Bp: 108/78, Right Arm
Temperature: 98.1 F, Weight: 267 lbs

S: This 36 yr old male presents for evaluation of a rash.
Characteristics of rash:
Onset: sudden
Duration: < 1 week
Location: arms and abd after working in bushes, ?poison ivy.
Erythema: yes
Pruritus: yes
Contact with plants and chemicals: yes

Past history:
Similar rash: no

Family history:
Allergic rhinitis or asthma: yes

O:
General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.
Skin: mac, erythematous lesion arms and abd
Evidence of infection: no
No other skin abnormalities.

A: Atopic dermatitis
ATOPIC DERMATITIS: : 691.8

OV Level 3 Est Pt:99213

P:

Patient education: Patient advised to reduce the frequency of hot water bathing, to use a moisturizing soap, to use a moisturizing cream after bathing, and to avoid any obvious triggers of the dermatitis.

Follow-up: pm, pt. states that h/a has resolved, reviewed mri report.

Rx: ARISTOCORT A 0.1% CR APP AA BID PRN , 80GM, Ref: 0

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11

Sex: M Age: **█** years

DOB: **██████████**

SIGNED BY MORRIS E BROWN III M.D (MEB) 09/09/2010 02:39PM

Printed using Practice Partner®

Patient Chart

MCFADDEN, JEFFREY

Date Printed: 06/17/11
2104 Sex: M Age: 36 years
DOB: [REDACTED]

Progress Notes

02/18/11 : 03:35pm
NECK PAIN

Providers: :

Insert Vitals from today (BP, Pulse):
Insert Vitals from today (Temp, Height, Weight):

S: This 36 years old male presents with a history of neck pain after a MVA earlier this week. Pt currently under the care of Dr. Alexander for a previous neck and back injury.

Location: diffuse
Onset: < 1 week
Trauma or injury: yes
Aggravating factors: yes
Alleviating factors:

Review of Systems:
Weakness: no
Numbness: no

O:
General: Well appearing, well nourished in no distress. Oriented x 3, normal mood and affect.

Affected side of neck: bilateral
Tenderness to palpation:

Range of Motion FROM

Muscle Strength:

Neurologic examination:
C5
C6
C7
C8
T1

Special Tests:

A:
NECK DISORDER/SYMPT UNSPEC : 723.9
Neck pain due to:
Cervical spondylosis, based on pain with loss of range of motion and cervical

OV Level 4 Det:99214

Printed using Practice Partner®

Patient Chart

MCFADDEN, JEFFREY

2104

Date Printed: 06/17/11
Sex: M Age: 57 years
DOB: [REDACTED]

P:
Patient Education:

Follow up: prn. Continue f/u with Dr. Alexander. Continue meds from Dr. Alexander.

SIGNED BY Shafara Dozler (SD) 02/18/2011 03:37PM

Lake City Community Hospital
258 N. Ron McNair Blvd
Lake City, SC 29560
(843) 374-6131

Radiology Report

PHYSICIAN: MARTIN^DORINE^^
LAKE CITY FAMILY MEDICINE
901 N. MATTHEW RD,
LAKE CITY, SC 29560

NAME: MCFADDEN, JEFFREY L PHONE #:
ACCOUNT #: L050803
SEX: M DOB:
PATIENT LOCATION: OUTPATIENT
DATE OF EXAM: 12/05/2007

L-SPINE W/OBLIQUES

INDICATION: LOW BACK PAIN.

COMPARISON: NONE.

FINDINGS:

AP, LATERAL, CONED-DOWN LATERAL AND BOTH OBLIQUES VIEWS OF THE LUMBAR SPINE SHOW FIVE NON-RIB BEARING LUMBAR VERTEBRAL BODIES ANATOMICALLY ALIGNED, AND OF NORMAL HEIGHT. DISC SPACES ARE PRESERVED. PARS AND PEDICLES ARE INTACT.

IMPRESSION:

NO ACUTE MALALIGNMENT OR FRACTURE. IF PAIN PERSISTS AND FURTHER INVESTIGATION INDICATED, MRI MAY BE OF USE.

Russell L. Derick, M.D.
Electronic Signature

DD: 12/05/2007/DT: 12/05/2007

12/17/07
Derrick

Carolinas Hospital System

805 Pamlico Highway Florence, SC 29505 843-674-5000

NAME MCFADDEN, JEFFREY L		SEX M	ACCOUNT NUMBER H20018073
ORDERING PHYSICIAN BROWN, MORRIS EDWARD III		PT. STATUS REG CLI	MEDICAL EXAM NO. H429433
ATTENDING PHYSICIAN BROWN, MORRIS EDWARD III		DATE OF BIRTH [REDACTED]	RADIOLOGY NO. 03/20/2008

EXAM# TYPE/EXAM RESULT

001117474 MRI/MRI- LUMBAR SPINE W/O CONTR
 HOW IS PATIENT TRANSPORTED; A - AMBULATORY
 ISOLATION/PRECAUTION; S - STANDARD
 OTHER EXAM; N - NO OTHER EXAM TYPES
 MONITORING NEEDS; 1 - NO RISK

DOES PT. HAVE PACEMAKER OR INTRACRANIAL ANEURYSM CLIPS? N
 IS PT. COOPERATIVE? Y
 REASON FOR MRI ? CHRONIC BACK PAIN, RT HIP & LEG PAIN
 COMMENTS; NO PREV. BACK SURGERY

MRI OF THE LUMBAR SPINE

HISTORY: Chronic back pain/right leg pain.

Routine image sequences were obtained. Vertebral bodies are of normal height. Disk spaces are well maintained. There is decreased signal in the L4-5 and L5-S1 disk spaces. Conus and cauda equina are normal.

On the axial images, L3-4 is normal. At L4-5, there is a mild central disk protrusion. Neural foramen are patent. AP diameter of the canal measures 1.2 cm.

At L5-S1, there is no spinal stenosis. There is a mild central disk protrusion. Neural foramen are patent.

IMPRESSION: MILD CENTRAL DISK PROTRUSION AT L4-5 AND L5-S1. NO LATERALIZATION.

D: 3/20/08 @ 1447
 JOB: 01567

Reported By: CAREY HINDMAN, M.D.

copy of [unclear] has [unclear]

CC: BROWN, MORRIS EDWARD III

Technologist: KAREN TURNER RT(R)MR
 Transcribed Date/Time: 03/20/2008 (2120)
 Transcriptionist: XHIMSP
 Printed Date/Time: 04/02/2008 (1044)

PAGE 1 Signed Report Printed From PCI

No. 2272 P. 2

Apr. 2, 2008 9:46AM Carolinas Hosp Med Rec 8436742198

DATE: 7/19/10
 WEIGHT: 221
 TEMP: 97.6
 BP: 125/77 p: 74
 PAIN LEVEL: 8/10

40 MVA 7/16

↓ back pain h/a
 neck/shoulder pain

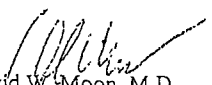
PATIENT NAME: McFadden, Jeffery
 DATE: 07/19/10
 MM: 7902

S: Workman's Comp to the city of Lake City. The patient is here for evaluation of history of driving a small pickup truck on dirt road going between 45 to 55 miles an hour, not sure how fast and when he lost control, the car started to swerve when he tried to avoid a ditch, the car and the truck ended up flipping and rolling. He was unbelted. He does not remember hitting anything in the car as soon as the truck stopped, they call out the door with the truck on its side and he just kind of fell to the ground. Initially did not hurt, but nose was bleeding, then started getting some pain in multiple areas of neck, back, etc. He was taken to McLeod Emergency Room where he had a CT scan of the facial bones, head, C-spine, chest, abdomen, pelvis, and subsequently was told everything was okay, was sent out with Flexeril and Lortabs and with this in mind, he is evaluated. He has never had trouble with any of his body parts before and now he is very stiff and has a lot of complaints of headaches, thigh pains, aching all over shoulder, just left side face in that occipital area. With this in mind, he is evaluated. Social history, he does not smoke cigarettes, or abuse alcohol, and takes no medicines regularly. Again is a water meter reader for Lake City. Family history is positive for maternal uncle with hypertension, father with diabetes mellitus. Past history, he was never hospitalized.

O: Physical examination demonstrates well-developed and well-nourished, black male in no acute distress. PERRLA. EOMs intact. Discs are sharp. TMs are clear. He has got decreased range of motion of the neck in all modalities, particularly anterior flexion and extension. He can rotate the left little better than others, but otherwise it is very limited. Shoulders, he can abduct 90 degrees, because of pain cannot go further. Lungs are clear and quiet. Cardiovascular is regular in rate and rhythm. Abdomen is benign. Straight raising negative for low back pain, but he has got thigh pain anteriorly and has bruising of the right anterior thigh and the left medial thigh. There is abrasion at the right forehead, lower lip, and chin. ER records from McLeod were reviewed.

A: Status post motor vehicle accident with multiple contusion strains, abrasions, etc.

P: We will go ahead and add in Voltaren 75 mg a day with food. Continue on the Flexeril, Lortab. Gave him note for work that I feel like he probably should be out. Otherwise, see me again in four days, otherwise we will go from there. Ice, passive range of motion, observation and we will go from there.


 David W. Moon, M.D.

7-23-10

DATE:	
WEIGHT:	265
TEMP:	97.4
BP:	116/81
PAIN LEVEL:	P-86
	Pain-8

Q/MA

C/O - Flu - MVA - Back pain

Headache,
Leg pain.
Chest + Shoulder (L)
Pain

PATIENT NAME: McFadden, Jeffrey
 DATE: 07/23/10
 MM: 7902

S: Workman's Comp to the City of Lake City. The patient states that he is still having lot of trouble with cervical pain, decreased range of motion, also he is having some low back pain, pain at the anterior thighs and the bruising area of the thighs. With this in mind, he is checked. He reports otherwise, he has no new complaints.

O: Physical examination demonstrates well-developed and well-nourished black male in no distress. PERRLA. Discs are sharp. TMs are clear. He is without oral lesions. Neck has decreased range of motion in modalities. Lungs are clear and quiet. Cardiovascular is regular rate and rhythm. Abdomen is benign. Skin is without rashes. Straight leg raising is positive for anterior thigh pain but no back radiculopathy is noted. Motor sensory and vascular intact. He still has some pain at the anterior thighs, ecchymosis like areas of his thighs. He can abduct his shoulders to 90 degrees without cervical pain, but not any further.

A: Status post cervical strain, lumbar strain, and multiple contusions.

P: We will refill his Lortabs and his Flexeril, get physical therapy consult. We will bring him back again in a week's time for recheck or earlier if need be.


 David W. Moon, M.D

7-30-10

C10 - 1 week f/u - MVA accident.

MVA

DATE:	
WEIGHT:	266
TEMP:	97.3
BP:	116/77
PAIN LEVEL:	P-98 Pain-8


PATIENT NAME: McFadden, Jeffrey
 DATE: 07/30/10
 MM: 7902

S: The patient is here for evaluation and followup of motor vehicle accident, which occurred on July 16th. He is still having trouble with the neck and low back pain and thigh pain that contuses. He is doing better. He also has pain at the anterior chest area. He otherwise is without complaints. He is yet to go to physical therapy because attempted to get this approved. With this in mind, he is evaluated. He has no other GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints.

O: Physical examination demonstrates well-developed and well-nourished black male in no distress. Neck, he has slight torticollis with the neck being towards his left. He has got decreased range of motion of the neck in all modalities. Range of motion of the left shoulder, he can now raise up to 90 degrees but because of the pain in the neck cannot go further. Lungs are clear and quiet. Cardiovascular is regular rate and rhythm. Abdomen is benign. Straight leg raising is negative although he complains of low back pain subjectively but no radiculopathy.

- A:
1. Status post motor vehicle accident.
 2. Cervical strain.
 3. Lumbar strain.
 4. Contusions, improving.

P: We will go ahead and try reappointment with physical therapy. We will go ahead and place him on Sterapred six-day Dosepak. Continue on the Flexeril, Lortab, and Voltaren. We will bring him back in 10 days to recheck. Otherwise, we will go from there.


 David W. Moon, M.D.

8-9-10

C10-Flu-MVA

M/MA

DATE:
WEIGHT:
TEMP:
BP:
PAIN LEVEL:

269
 98.6
 135/79
 P-81
 Pain-4

PATIENT NAME: McFadden, Jeffrey
 DATE: 08/09/10
 MM: 7902

S: Workman's Comp to the Lake City. He is really _____ right. He has been to physical therapy, they really have helped him. His pain is decrease from 8 down to 4 over 10 and with this in mind, he is evaluated. He has no other GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints. Neck is doing better. Low back is doing better. He still has some pain at the anterior chest with deep inspiration.

O: Physical examination demonstrates well-developed and well-nourished black male in no distress. He still has decrease range of motion, lateral flexion, extension, and rotation. He has decreased abduction of the left shoulder stopped at about 100 degrees, the right can go up to 140 degrees. Straight raising is positive for low back pain, but no true radiculopathy. Lungs are clear and quiet. Cardiovascular is regular rate and rhythm. Abdomen is benign.

A: Cervical pain, lumbar pain/strain.

P: He has improved greatly. Continue with physical therapy. Continue on medications two more weeks. Hopefully at that time, we will get close releasing him to full activity and see how he does.

David W. Moon, M.D

8-23-10

C/O-Flu - Back Pain & HA

DATE:	
WEIGHT:	267
TEMP:	97.4
BP:	134/69
PAIN LEVEL:	P-75 Pain-8

PATIENT NAME: McFadden, Jeffrey
 DATE: 08/23/10
 MM: 7902

S: The patient is here for evaluation and followup of motor vehicle accident with cervical and lumbar strain. He was doing much better last time. Now he presents with right low back pain in the SI joint area. Otherwise, he is without complaints. He is still taking the Flexeril, Lortab, and Voltaren and with this in mind he is evaluated. He otherwise is without complaints. No other GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints.

O: Physical examination demonstrates a well-developed and well-nourished black male in no acute distress. Neck has full range of motion. Full range of motion of his shoulders. Left straight leg raising is negative, right is positive for low back pain SI joint area. No radiculopathy.

A: Cervical pain resolved and low back pain.

P: We will go ahead and place him on another dose of Sterapred six-day Dosepak. Continue on present medications. Continue with physical therapy for two more weeks. We will bring him back in two weeks to see how he is doing.

David W. Moon, M.D.

PEE DEE FAMILY PRACTICE

325 Mercy Street, Lake City, SC 29560, Phone (843) 394-5471 • 625 S. Georgetown Hwy., Johnsonville, SC 29555, Phone (843) 386-3106

David W. Moon, M.D. DEANO. AM8838015 S.C. Lic. 98398
 Daniel E. Decamps, M.D. DEANO. AD1697234 S.C. Lic. 11414
 Lisa Castles, P.A. DEANO. MC2086785 S.C. Lic. 432FP
 Rebecca Zerwick, P.A. DEANO. MZ2054675 S.C. Lic. 1146FP
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 Stephen W. Askins, M.D. DEANO. BA8403266 S.C. Lic. 24916
 M. Steve Fowler, Jr., M.D. DEANO. AF0337546 S.C. Lic. 5015

Patient's Name _____

Address _____

Date _____

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL

DISPENSE AS WRITTEN M.D. SUBSTITUTION PERMITTED M.D.

TOTAL No. Rx's
#020115

QUICK PRINT - (843) 774-4820

9-7-10

C/O - Flu - Back Pain

m/MA

DATE:
WEIGHT:
TEMP:
BP:
PAIN LEVEL:

268
 98.9
 156/91
 P-111
 Pain-7

PATIENT NAME: McFadden, Jeffery
 DATE: 09/07/10
 MM: 7902

S: The patient is here for evaluation and followup through the Workman's Comp. He works for the City of Lake City. This stems from an accident that occurred on 07/16/10. He states he has at least two more physical therapy appointments. He states his cervical spine is doing well, it is his lumbar spine that is giving trouble, still on medications as before. At times he gets pain in the low back, radiates down to both legs, kind of shooting discomfort. If he stands for long period of time, he gets some trouble and with this in mind he is checked. He otherwise is without complaints.

O: Physical examination demonstrates a well-developed and well-nourished black male in no acute distress. Vital signs as recorded. Blood pressure is mildly up. I have asked him to watch this. PERRLA. Neck has good range of motion. Full range of motion of the shoulders. Lungs are clear and quiet. Cardiovascular is regular in rate and rhythm. Abdomen is benign. Straight leg raising is negative bilaterally.

A: Low back pain.

P: At this time, we will schedule MRI of the LS spine. We will go ahead and continue physical therapy. Bring him back in two more weeks. Reevaluate him and we will go from there. If he starts doing better, we will start tapering off his medications.

David W. Moon, M.D.

-310\$

David W. Moon, M.D. DEA NO. AM8838015 S.C. Lic. 98398
 Daniel E. Decamps, M.D. DEA NO. AD1697234 S.C. Lic. 11414
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 M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Patient's Name _____
 Address _____
 Date _____

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL

TOTAL No. Rx's
 #028115

DISPENSE AS WRITTEN M.D. SUBSTITUTION PERMITTED M.D.

QUIK PRINT - (843) 774-4820

9-21-10

C10-Flu-Back pain

DATE:	
WEIGHT:	264
TEMP:	97.4
BP:	137/75
PAIN LEVEL:	P-79 Pain 4

PATIENT NAME: McFadden, Jeffrey
 DATE: 09/21/10
 MM: 7902

S: The patient is here for evaluation and followup of motor vehicle accident with cervical and lumbar strain. He states that he is doing better with the low back pain. The neck is really doing pretty well. He states that he is actually making some improvement and apparently takes some medications still. With this in mind he is evaluated. No other GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints.

O: Physical examination demonstrates a well-developed and well-nourished black male in no acute distress. Neck has some decreased range of motion and modalities, range of motion of the shoulders. Straight leg raise is negative on the left and right he has little pulling run down the right leg. His MRI demonstrated some diffuse disc disease at L4-L5 and L5-S1 with some mild bilateral neuroforaminal narrowing.

A: Lumbar strain and cervical strain status post motor vehicle accident.

P: We will go ahead and continue with physical therapy for two more weeks. We will bring him back in two more weeks' time to see how he is doing and otherwise we will go from there.

David W. Moon, M.D.

PEE'DEE FAMILY PRACTICE
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David W. Moon, M.D.	DEA NO. AM8838015	S.C. Lic. 98396		
Daniel E. Decamps, M.D.	DEA NO. AD1887234	S.C. Lic. 4117		
Lisa Gasfless, P.A.	DEA NO. MC2086785	S.C. Lic. 492FP	Patient's Name	Jeffrey McFadden
Rebecca Zerwick, P.A.	DEA NO. MZ2054675	S.C. Lic. 1146FP	Address	DOB
Courtney Stanley, P.A.	DEA NO. MS2100155	S.C. Lic. 1297FP	Date	09/21/10
Stephen W. Askins, M.D.	DEA NO. BAB403266	S.C. Lic. 24816		
Mr. Steve Fowler, Jr., M.D.	DEA NO. AF0937546	S.C. Lic. 50915		

Rx	MG or CC	No.	Sig	REFILL
Approved for extension of P.T. new L5/S1 @				
Companion				
M.D.				
M.D.				

TOTAL No. DISPENSE AS WRITTEN SUBSTITUTION PERMITTED
 OLIVIA PRINT - (843) 774-4820

10-19-10

C/O - 2 weeks flu - Back Pain

DATE:	
WEIGHT:	268
TEMP:	97.5
BP:	145/85
PAIN LEVEL:	P-94 Pain - 7

m/ma


PATIENT NAME: McFadden, Jeffrey.
 DATE: 10/19/10
 MM: 7902

S: He is here for evaluation and followup, unfortunately the patient _____ is not back yet. He states the back pain is about the same, no particular improvement, and with this in mind, he is checked. He has no other GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints. Apparently, he has an appointment with Dr. Alexander on 10/25/10 for evaluation. He is apparently not going to physical therapy. We will try and see what hold up is here and with this in mind, he is evaluated. He otherwise has no particular GI, GU, pulmonary, cardiovascular, or musculoskeletal complaints.

O: Lungs are clear and quiet. Cardiovascular is regular in rate and rhythm. Abdomen is benign. The patient complains of discomfort and diffuse pain on the left leg. He states he had a cramp last night that cramped up the whole left leg. Straight leg raising is positive at 90 degrees with this behind the right calf. On the left, he has got straight leg raising positive for just a kind of vague diffuse low back pain. He is very slow in moving around the room and apparently uncomfortable.

A: Low back pain, as outlined above.

P: We will place him back on Sterapred six-day Dosepak. We will keep on the Ultram for pain and keep on the Cymbalta as before. I will give him Flexeril 10 mg one every eight hours p.r.n. spasm and we will bring him back to see us again in approximately two weeks to see how he does after he sees Dr. Alexander.


 David W. Moon, M.D.

DATE	10/19/10	TIME	3:30	WHO CALLED	Branham	PHONE	803-933-1300	URGENT		CALL BACK	
PATIENT	Jeffery McFadden		AGE		TEMP		PHYSICIAN	Moon			
ADDRESS			Pharmacy Phone No.		Employee Taking Message	MJB					
MESSAGE	Scheduled for pain mgmt w/ Dr. Alexander 10/25/10		REPLY	Per Dr. Orino							
Out appt today pls have Dr. Moon address work status											
MEDICATION/ALLERGY			HANDLED BY:					CHART NO.			

DATE:	11-16-10
WEIGHT:	266
TEMP:	97.1
BP:	112/79
PAIN LEVEL:	5 P 74

11-16-10 C 10 2WK F/u
 Pain going down leg

PATIENT NAME: McFadden, Jeffrey
 DATE: 11/16/10
 MM: 7902

S: The patient is here for evaluation and followup of cervical and lumbar strain. He reports that he is still going to physical therapy. He has not yet been back to Dr. Alexander apparently, there is a snafu there, He is wondered why when he called their office, and with this mind he is checked. He reports that he is doing stuff at the house and moving around pretty good, but if he does anything major lifting or twisting, he gets into problems. He has got occasionally some radiation of pain down the back of the left leg consistent with S1 nerve root. With this in mind, he is checked. He has no other GI, GU, pulmonary, cardiovascular or musculoskeletal complaints.

O: The patient is a well developed and well nourished black male in no acute distress. Vital signs as recorded. Neck has much better range of motion. Full range of motion of his shoulders. Lungs are clear and quiet. Cardiac is regular rate and rhythm. Abdomen is benign. Straight leg raising on the right is negative at 90 degrees, left is positive at 90 degrees with history of some lower back pain, not much of a radiculopathy. Neurovascular is intact.

- A:
- Status post cervical strain, marked improvement.
 - Status post lumbar strain, improvement.

P: Continue with physical therapy. Get more aggressive, get him back on the Cymbalta. We will bring him back in two weeks to see how he is doing. Otherwise, we will go from there. Again, we will try and get records from Dr. Alexander to get his reports.

3251 David W. Moon, M.D.

3106

Daniel E. Decamps, M.D. DEA NO. AD1697234 S.C. Lic. 11414
 Lisa Castles, P.A. DEA NO. MC2086785 S.C. Lic. 432FP
 Rebecca Zerwick, P.A. DEA NO. MZ2054675 S.C. Lic. 1148FP
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 Stephen W. Askins, M.D. DEA NO. BA8403266 S.C. Lic. 24916
 M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Patient's Name _____
 Address _____
 Date _____

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL

TOTAL No. _____ M.D. _____ M.D.
 Rx's _____ DISPENSE AS WRITTEN _____ SUBSTITUTION PERMITTED _____
 #028115 QUIK PRINT -- (843) 774-4820

11-2-10

C10-F14-Back pain

Am/mt

DATE:	
WEIGHT:	266
TEMP:	97.9
BP:	121/81
PAIN LEVEL:	P-75 Pain-6

PATIENT NAME: McFadden, Jeffrey
 DATE: ~~10/14/10~~ 11-2-10
 MM: 7902

S: The patient comes to the Lake City. He is still having trouble with cervical and lumbar pain. He had some numbness of his left foot. It sounds more like the S1 nerve root, saw Dr. Alexander and got no report from him. We will try to get that. Apparently, there was a snafu, had a break in physical therapy. He said he was out in the yard picking up some trashes and got some trouble with some neck pain and stopped it and with this in mind, he is checked.

O: The patient is a well-developed and well-nourished black male in no acute distress. Neck actually has full range of motion. He complains of pain over the upper thoracic and lower cervical area bilaterally. Full range of motion of the shoulders. Lungs are clear and quiet. Cardiovascular is in regular rate and rhythm. Straight leg raising is positive.

[Signature]
 David W. Moon, M.D.

15
DATE:
WEIGHT:
TEMP:
BP:
PAIN
LEVEL:

11/30/10
267
97.2
111/76 P69

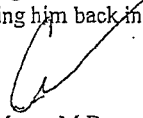
PATIENT NAME: McFadden, Jeffrey
DATE: 11/30/10
MM: 7902

S: The patient is here for evaluation and followup of Workman's Compensation, City of Lake City. He is still having trouble with low back pain and sometimes radiates down the left leg. He has got some trouble with his neck when lay on his left arm in C8 nerve root pattern. With this in mind, he is checked. He has now gotten re-approved physical therapy, yet to go back Dr. Alexander is going to do some nerve studies on and see if he has got a radiculopathy there. With this in mind, he is evaluated.

O: The patient is a well-developed, well-nourished black male, in no acute distress. Lungs are clear and quiet. Cardiac is regular rate and rhythm. Neck has decreased range of motion on modalities. Straight raising is negative for any radiculopathy. He delineates a left C8 nerve root at times, but range of motion of neck is not reproducible at this time. There is markedly stiff neck at this time.

A: Persistent cervical and lumbar pain.

P: We will go ahead and try getting MRI of the C-spines, physical therapy, wait Dr. Alexander's report. We will bring him back in three weeks. Otherwise, we will go from there.


David W. Moon, M.D.

DATE 1/24/11
 WEIGHT 271
 TEMP 97.7
 BP 122/24 P 96
 PAIN
 LEVEL: 6 1m F/U

PATIENT NAME: McFadden, Jeffrey
 DATE: 01/24/11
 MM: 7902

S: The patient is here for evaluation. We saw him on December 21st. At that time, he was having plans to get caudal epidural injections done by Dr. Alexander. Apparently, he had a cold and cancelled that. I explained to him he really cannot drag this thing out that long. He needs to check that with them and get this done. He has been to physical therapy since then. They have recommended more therapy. I have encouraged him to work through his therapy. I have encouraged him to go to physical therapy and get Dr. Alexander to do the caudal epidural injection to move forward with this case. He is still taking the Naprosyn, Ultram, and Skelaxin.

O: The patient is a well-developed and well-nourished black male in no acute distress. Neck has decreased range of motion in all modalities. He has full range of motion of the shoulders. Straight leg raising is positive. It is 75 degrees bilaterally. Low back pain. No true radicular pain at this time. He really complains of an intermittent radicular pattern particularly running down the left time at times. Cervical lumbar strain, very slow progress.

P: I have encouraged him to be more aggressive about not getting the epidural injections. We will bring him back in a month's time and get him to work aggressively with physical therapy. Continue on present medications. Otherwise, we will go from there.

David W. Moon, M.D.

DATE: 12/21/10
 WEIGHT: 270
 TEMP: 97.4
 BP: 123/87 P80 (standing)
 PAIN LEVEL:

PATIENT NAME: McFadden, Jeffrey
 DATE: 12/21/10
 MM: 7902

S: He is here for evaluation of low back cervical pain. He did have the MRI of the C-spine which demonstrated possibly loss of the cervical curve. No fractures or dislocations. No ____ or nerve root impingement by report. With this in mind, he was evaluated. He says he was doing much better and was hanging some Christmas lights, bent down, and developed pain at the low back and now he is for evaluation. He has not other GI, GU, pulmonary, or cardiovascular complaints. He is yet to get a caudal epidural injection. Apparently, he went to have one done and had a cold and that was rescheduled and he is yet to go back to physical therapy. Apparently, he was switched from Lake City Community Hospital to over at Live Oak and the first appointment will be end of this month. With this in mind, he is checked.

O: Physical examination demonstrates a well-developed and well-nourished black male in no acute distress. Neck has decreased extension and flexion. Really, his lateral flexion looks pretty good. He has trouble with rotation. Lungs are clear and quiet. Cardiovascular is regular in rate and rhythm. Straight leg raising on left and right is positive. Low back pain in the coccyx area and SI joint area bilaterally.

- A:
1. No radiculopathy at this time.
 2. Low back pain.
 3. Cervical pain.

P: Ultram will be refilled as will Skelaxin and Naprosyn. Given him some Sterapred DS six-ray Dosepak. We will go ahead and wish him luck with his epidurals. We will bring him back to see us again in a month's time to touch; otherwise, we will go from there.

325 Merc
 David W. N
 Daniel E. D David W. Moon, M.D.

Lisa Castles, P.A. DEA NO. MC2086785 S.C. Lic. 432FP
 Rebecca Zerwick, P.A. DEA NO. MZ2054675 S.C. Lic. 1146FP
 Courtney Stanley, P.A. DEA NO. MS2100155 S.C. Lic. 1297FP
 Stephen W. Askins, M.D. DEA NO. BA8403266 S.C. Lic. 24916
 M. Steve Fowler, Jr., M.D. DEA NO. AF0337546 S.C. Lic. 5015

Address _____
 Date _____

Rx	LABEL ALL Rx's	MG or CC	No.	SIG	REFILL

TOTAL No. _____ M.D. _____ M.D.
 Rx's _____ DISPENSE AS WRITTEN _____ SUBSTITUTION PERMITTED _____
 #028115 _____ QUIK PRINT - (843) 774-4820

5682/8114
Schiff



Pee Dee
Orthopaedic
Associates, PA

W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
Nigel A.R. Watt, M.D. * Robert E. Elvington, Jr. M.D. *
Matthew D. Welsh, M.D. * Jason B. O'Dell, M.D. * Dewey N. Ervin, M.D. *

901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29506
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Initial Examination

PATIENT ID: 320281

PATIENT: Jeffery Mcfadden
DOB: [REDACTED]
Employer: City of Lake City

Date of Service: 10/25/10
Age: [REDACTED] years old
Occupation: Meter Reader

Referring Physician: Workman's comp.,
Other Physicians: ; Brown III, Morris, ;

Date of injury/onset:

Date: 07/16/2010
Type: injury

Chief Complaint: Low back pain.

History of Present Illness: Jeffery Mcfadden is a 36 years old, right hand dominant African American male who was involved in a motor vehicle accident on 7/16/10 when he lost control of his vehicle on a gravel road and the car flipped over and hit a tractor parked on the side of the road. Since the accident he has experienced a moderately severe, sharp, stabbing, throbbing pain in the lower back region that radiates down the bilateral legs to the level of the knees at least two times per week. He also complains of numbness and tingling in the left foot and frequent urination. On the visual analog scale, with 10 being most severe, he rates his pain as a 7. The pain is exacerbated by bending, lifting, sitting and prolonged standing and walking. Taking Flexeril and Hydrocodone tends to decrease the pain.

Allergies: .No Known Drug Allergies
Current Meds: Flexeril (SIG: 1 tab po three times a day), Hydrocodone Bitartrate; Ibuprofen (SIG: 1 tab po twice a day)
Past Med Hx: .None
Surgical History: .None reported
Family History: Cancer; Diabetes; Parents: Father-Living; Parents: Mother-Living
Social History: Alcohol use: None; Drug Use: Never; Employment: Full Time; Marital Status: Married; Tobacco: Previous Smoker

REVIEW OF SYSTEMS:

Review of Systems: General, neuro, psychiatric, respiratory, cardiovascular, GI, GU, blood and lymph, EENT, musculoskeletal, skin and endocrine systems are normal except what is noted below:

General: Generalized pain; Musculoskeletal: Joint swelling/stiffness; Musculoskeletal: Leg cramps; Musculoskeletal: Muscle aches; Musculoskeletal: Muscle weakness

PHYSICAL EXAM:

Vitals: HEIGHT: 5'10" WEIGHT: 265 lbs 0 oz BMI: 38.0 B/P: 122/88

Report Date: December 14, 2010 Patient: Mcfadden, Jeffery L DOS: 10/25/10

Appearance: No acute distress
Psychiatric: Mood and affect were appropriate.
Head: Normocephalic, atraumatic.
Skin: Clean, dry, no lesions, no rashes.
Neuro: Alert and oriented x 3.

FOCUSED EXAM:

Lumbar spine Exam

Appearance: Well developed, well nourished male. Alert and oriented x 3. In no acute distress.

Observation: Normal gait and station

Palpation:
Spinal process: No tenderness
Paraspinous muscles: No tenderness
Skin: intact

Soft tissue triggers: No triggers are palpated

Muscle Spasms: No muscles spasms

Range of Motion: The patient complains of lower back pain with all ranges of motion. However palpation is unremarkable.

Forward Flexion: Full
Extension: Full extension
Hip: Full and painless

Special Tests: A positive bilateral straight leg raise test is noted.

Sitting Straight Leg Raising: Negative
Supine Straight Leg Raising: Negative
Toe Rise and Walk: Normal
Heel Walking: Normal
Tandem Walking: Normal

Muscle Strength:

Hip

Adductors: Normal
Abductors: Normal
Flexors: Normal
Extensors: Normal
Paraspinous Muscles: Normal
Gluteus Maximus: Normal
Quadriceps: Normal
Hamstrings: Normal
Gastrocnemius: Normal
Anterior Tibials: Normal

Neurological Sensory Testing:

Cranial nerves 2-12: Normal
T12-L1: Normal
L1-L5: Normal
S1: Normal

Reflexes:

Patellar Tendon: 2+
Achilles Tendon: 2+

X-ray: Lumbosacral spine AP and lateral 10/25/10 - essentially unremarkable.

MRI of the lumbar spine 9/10/10 - moderate lower lumbar spine degenerative changes, diffuse posterior disc bulges at the L4-5 and L5-S1 levels with hypertrophic changes resulting in moderate spinal canal narrowing at the L4-5 and L5-S1 levels.

ASSESSMENT:

Diagnosis: -Acute low back pain.

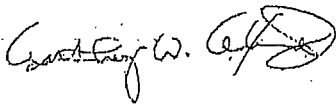
Report Date: December 14, 2010 Patient: Mcfadden, Jeffery L DOS: 10/25/10

PLAN:

PRESCRIPTION: No data for Prescription

1. Electrodiagnostic study of the bilateral lower extremities and lumbosacral spine to rule out a lumbar radiculopathy.
2. Restrictions of no frequent bending at the waist and no lifting greater than 20 lbs.
3. Physical therapy, TIW - Dr. Mary Harpell.

Work Status:



Anthony W. Alexander, M.D. /dsm

This document was electronically signed on 10/25/10

Referral Reply Letter(s) Dated 11/10/10

Brown III, Morris - SPECIALTY: FNP



**Pee Dee
Orthopaedic
Associates, PA**

W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.D.
Nigel A.R. Watt, M.D. * Robert E. Elvington, Jr. M.D. *
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901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29505
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Patient Name: Jeffery Mcfadden

DATE: 10/25/10

UNABLE TO RETURN TO WORK

RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 10/26/10

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Lifting/Carrying over 20 lbs. | <input type="checkbox"/> No repetitive bending |
| <input type="checkbox"/> No sitting over hrs./day | <input type="checkbox"/> No repetitive stooping |
| <input type="checkbox"/> No standing over | <input type="checkbox"/> Cannot reach above shoulder |
| <input type="checkbox"/> No prolonged walking | <input type="checkbox"/> No work involving use of hand |
| <input type="checkbox"/> No Climbing | <input type="checkbox"/> No repetitive squatting |
| <input type="checkbox"/> No Kneeling | <input type="checkbox"/> No repetitive crawling |
| <input type="checkbox"/> No repetitive twisting | <input type="checkbox"/> No pushing or pulling |

Other: No Frequent Bending at waist.

Return Appointment:

May return to work with no restrictions on

Anthony W. Alexander, M.D.

Pee Dee Orthopedics Assc.
 901 East Cheves Street
 Florence, SC 29503
 843.662.5233 fax 843.432.1022

Test Date: 12/6/2010

Patient: Jeffery McFadden	DOB: [REDACTED]	Physician: Anthony Alexander, MD
Sex: Male	Height: [REDACTED]	Ref Phys: W.C.
ID#:	Weight: [REDACTED]	Technician: Sheila Weaver

Patient Complaints:

Patient is a 110 year-old male who presents with pain, numbness and tingling in the bilateral lower extremities. More pronounced on the right.

Medications

Patient is currently taking SBE CHART LOGIC.

Patient History / Exam:

Patient has no allergy to medications. Patient is independent in activities of daily living and ambulation. Patient's occupation is unemployed. Past medical history is not significant.

EMG & NCV Findings:

All nerve conduction studies (as indicated in the following tables) were within normal limits. All left vs. right side differences were within normal limits.

All F Wave latencies were within normal limits. All F Wave left vs. right side latency differences were within normal limits. All H Reflex left vs. right side latency differences were within normal limits.

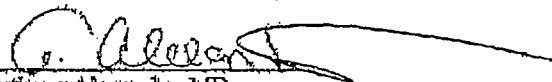
Needle evaluation of the Right MedGastroc and the Right Semimembranosus muscles showed slightly increased spontaneous activity and slightly increased polyphasic potentials. The Right Mid Parspnl and the Right LowerParaspnl muscles showed slightly increased spontaneous activity, spontaneous activity, and slightly increased polyphasic potentials. All remaining muscles (as indicated in the following table) showed no evidence of electrical instability.

Impression:

The above electrodiagnostic study reveals evidence of mild chronic L5 - S1 radiculopathy on the right.

Recommendations:

Continue therapy.


 Anthony Alexander, MD



**Pee Dee
Orthopaedics**
Associates, PA

W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
Nigel A.R. Watt, M.D. * Robert E. Evington, Jr, M.D. *
Matthew D. Welsch, M.D. * Jason B. O'Dell, M.D. * Dewey N. Ervin, M.D. *

901 E. CHEVES ST., SUITE 100 - FLORENCE, SC 29506-2769
1580 FREEDOM BLVD., SUITE 100 - FLORENCE, SC 29505
(843) 662-5233 - FAX (843) 678-9003 - WWW.PDOA.COM

Follow Up Examination

PATIENT ID: 320281

PATIENT: Jeffery Mofadden
DOB: [REDACTED]
Employer: City of Lake City

Date of Service: 02/22/11
Age: [REDACTED] years old
Occupation: Meter Reader

Referring Physician: Workman's comp., ;
Other Physicians: Brown III, Morris, ;

Date of injury/onset:

Date: 07/16/2010
Type: injury

Chief Complaint: Low back pain.

History of Present Illness: Jeffery Mofadden reports that on 2/17/11 he was stopped at a traffic light and his vehicle was rear-ended by another vehicle. He states that the lower back pain increased over the next few days, but has subsided. Prior to the accident his lower back pain was a 6-7. His lower back pain after the accident was a 9-10.

Allergies: No Known Drug Allergies
Current Meds: CELEBREX (Dosage: 200MG SIG: 1 TAB PO QD WITH FOOD Dispense: 30 Refills: 0), LYRICA (Dosage: 50MG SIG: 1 TAB PO TID Dispense: 90 Refills: 0), Flexeril (SIG: 1 tab po three times a day), Hydrocodone Bitartrate; Ibuprofen (SIG: 1 tab po twice a day)

ASSESSMENT:

Diagnosis: -Moderate spinal canal stenosis L4-5/L5-S1.-Exacerbation of pre-existing condition.

PLAN:

PRESCRIPTION: No data for Prescription

- 1. Continue physical therapy, TIW.
- 2. Continue with epidural steroid injection series.

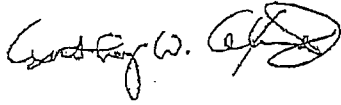
Work Status:

MAR. 9. 2011 11:44AM

DEE ORTHOPEDICS-

NO. 3587 P. 3/4

Report Date: March 09, 2011 Patient: Mcfadden, Jeffery L DOS: 02/22/11



Anthony W. Alexander, M.D. /dsm
This document was electronically signed on 02/22/11



W.S. (Bill) Edwards, Jr., M.D. * Rakesh P. Chokshi, M.D.
 Patrick K. Denton, M.D. * Anthony W. Alexander, M.D. * Barry L. Clark, D.O.
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Patient Name: Jeffery L Mcfadden

DATE: 04/05/11

UNABLE TO RETURN TO WORK

RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: 4/5/2011

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Lifting/Carrying over 20 lbs. | <input type="checkbox"/> No repetitive bending |
| <input type="checkbox"/> No sitting over hrs./day | <input type="checkbox"/> No repetitive stooping |
| <input type="checkbox"/> No standing over | <input type="checkbox"/> Cannot reach above shoulder |
| <input type="checkbox"/> No prolonged walking | <input type="checkbox"/> No work involving use of hand |
| <input type="checkbox"/> No Climbing | <input type="checkbox"/> No repetitive squatting |
| <input type="checkbox"/> No Kneeling | <input type="checkbox"/> No repetitive crawling |
| <input type="checkbox"/> No repetitive twisting | <input type="checkbox"/> No pushing or pulling |

Other: Avoid Frequent Bending at waist.

Anthony W. Alexander, M.D.

ORIGINAL

STAPLE HERE

VAR 07 2012

37

SOUTH CAROLINA DPB/DHS & DMV USE ONLY

#5

11013525

SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 7/2010)

Of Units

2

Amended - Attach Copy to Original Report

Notified

Directed

1548

1554

Date	Time of Collision	County	1-Interstate 2-US Primary 3-SC Primary	4-Secondary 5-County 6-PP	Collision Location (RL # / Name)	1-Main Line 2-Alternate 3-Scour	4-Connection 5-Business 6-Other	Miles:	Dir.	(In) Near City or Town of:
02/17/2011	1545	21			47 / Palmetto St				N E S W	Flourice
Lane # / Dir.	Distance Offset	Direction	1-Interstate 2-US Primary 3-SC Primary	4-Secondary 5-County 6-Other	Base Intersection (RL # / Name)	1-Main Line 2-Alternate 3-Scour	4-Connection 5-Business 6-Other			GPS COORDINATES 00 00' 00.00"
2 / 2 N E S W	.01	N E S W			S 01 / McQueen St					DEGREES MINUTES SECONDS
R.R. Id.	From	Ramp Only	To	1-Interstate 2-US Primary 3-SC Primary	Second Intersection (RL # / Name)	1-Main Line 2-Alternate 3-Scour	4-Connection 5-Business 6-Other			Latitude
NA	N E S W	1-Entrance 2-Exit	N E S W		S 01 / Palmetto St					34° 11' 30.44"
										Longitude
										79° 46' 20.69"

C-240733 Driver/Pedestrian's Full Name				C-240734 Driver/Pedestrian's Full Name			
Wyan, Cassidy Brook				McFadden, Lashana Brown			
Unit #	Sex	Race	Street	Unit #	Sex	Race	Street
1	F	W	1412 Langston Rd	2	F		
Age	Birth Date	City, State, & Zip		Age	Birth Date	City, State, & Zip	
1	01/17/1985	Timmusville, SC 29161		3			
State	Driver's License #	Class	Insurance Company:	State	Driver's License #	Class	Insurance Company:
SC	04567991	D	Yarm Alliance	SC		D	Progressive
Year	Body	Vehicle Make	VIN #	Year	Body	Vehicle Make	VIN #
2011	45	Hyundai	KMHWF25S71A495318	1999	45	Dodge	
State	Year	License Plate #	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #
SC	2011	FRC406	S	SC	2012		NA
Home Telephone	Owner's Full Name			Home Telephone	Owner's Full Name		
843 1992-8216	A				McFadden, Jeffery		
Bus. Telephone	Street			Bus. Telephone	Street		
1 NA	m				3A		
Contributed To Collision	City, State, & Zip			Contributed To Collision	City, State, & Zip		
(Yes) No	E			(Yes) No	m		

Estimated Speed	Speed Limit	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)	Alc/Drg Info (see back): Yes (No)	Estimated Speed	Speed Limit	C.D.L. Req: Yes (No)	T/B S Req: Yes (No)	Alc/Drg Info (see back): Yes (No)				
10	35	Summons #	Code	Summons #	Code	Towed / Yes (No)	By	Summons #	Code	Summons #	Code	Towed / Yes (No)	By
		8474560	86	NA				NA		NA			
C-240735 Driver/Pedestrian's Full Name													
Unit #	Sex	Race	Street	Home Telephone	Owner's Full Name								
Age	Birth Date	City, State, & Zip		Bus. Telephone	Street								
State	Driver's License #	Class	Insurance Company:	Contributed To Collision		City, State, & Zip							
				Yes No									
Year	Body	Vehicle Make	VIN #										

Dir. of Travel:	Unit 1: N S (E) W	Unit 2: N S (E) W	Unit 3: N S E W	Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
				\$ 500	\$ 500	NA	NA	NA
Property Owner/Witness:				Property Owner/Witness:				
NA				NA				
Address				Address				
Palmetto St								
State	Zip:	Phone	State	Zip:	Phone			
Photo: Describe What Happened (Refer to Units by Number)								
Unit #2 was stopped for traffic on Palmetto St. Unit #1 failed to stop in time and collided with Unit #2. There were no reports of injuries.								

NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION, BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF

Investigating Officer's Name	Rank	Badge #	Arrestation Code	Review Date	Reviewer's Name	Rank	Internal Agency Code
S. Carter	SP4	3036	21010	2/17/2011		SP4	2011-001501

Mail To: SC Department of Motor Vehicles PO Box 1493 Blythewood, SC 29016

1-0232

Unit	Date of Birth	Sex	Race	INJ.	Seat	R/R/D	A.B.D.	Eject	LAI	Trans	Name	Street Address	Zip Code
1	01/17/1985	F	W	01	01	13	4/3	1	1	21		1100 E 11th St	29110
2		F	W	01	01	13	4/3	1	1	21			
2		M	W	01	03	13	4/3	1	1	21			
2		F	W	01	09	21	4/3	1	1	21			

Race A - Asian/Pacific Islander B - African American C - Alaska Native or American Indian H - Hispanic U - Unk.	W - Caucasian O - Other U - Unk.	Injury Status 1 - Possible Injury 2 - Not Injured 3 - Incapacitating 4 - Fatal 5 - Possible Injury 6 - Not Injured 7 - Not Injured 8 - Incapacitating 9 - Fatal	2 - Non-Incapacitating 3 - Incapacitating 4 - Fatal	Seating Loc. 01 02 03 04 05 06 07 08 09	20 - Pedestrian 30 - Trailing Unit 40 - Bus or Van (6th row or Higher) 50 - Other Enclosed Area (nontrailing) 60 - Sleeper of Cab 70 - Riding on Unit Exterior 80 - Lap 90 - Unk./NA 99 - Other Unenclosed Area (nontrailing)	Restraint/Safety Device 00 - None Used 10 - Child Safety Seat 11 - Shoulder belt 12 - Lap Belt Only 13 - Shoulder & Lap Belt 21 - Child Safety Seat 80 - Lap 85 - Other 88 - Other 99 - Unk.	
Air Bag Deployment / Switch 1 - Deployed Front 4 - Not Deployed 2 - Deployed Side 7 - Not Applicable 3 - Deployed Both 8 - Deployment Unk. a) 1 - Switch in On Position 3 - No Switch b) 1 - Switch in Off Position 9 - Unknown		Ejection 1 - Not Ejected 2 - Part Ejected 3 - Tot. Ejected 7 - Not App. 9 - Unk.		Head Injury 1 - Yes 2 - No Location After Impact 1 - Not Trapped 2 - Extricated (Mechanical Means) 3 - Freed (non-mech.) 4 - Not Applicable 9 - Unknown		Transported to Medical Facility a) 1 - Yes 2 - No 3 - Unknown b) By: 1 - EMS 2 - Police 8 - Other 9 - Unk.	

Non-Collision 01 - Cargo/Equip. Load or Shift 02 - Cargo Misload/Carrier 03 - Downhill Runaway 04 - Equipment Failure 05 - Fire/Explosion 06 - Imposition 07 - Jackknife 08 - Overturn/Rollover 09 - Run off Road Left 10 - Run off Road Right 11 - Separation of Units 12 - Spill (Fuel/Oil/Water, etc.) 13 - Other Non-collision 14 - Unk. Non-collision	Collision: Not Fixed 20 - Animal (Over Only) 21 - Animal (All Other) 22 - Motor Veh. (to Tractor) 23 - Motor Veh. (Stopped) 24 - Motor Veh. (Other Non-collision) 25 - Motor Veh. (Park/Stop) 26 - Pedalcycle	Collision: Fixed Object 27 - Pedestrian 28 - Railway Veh. 29 - Work Zone Equip. 30 - Bridge Pier or Abutment 31 - Bridge Rail 32 - Culvert 33 - Ditch 34 - Ditch 35 - Ditch 36 - Ditch 37 - Embankment 38 - Equipment 39 - Fence 40 - Guardrail End 41 - Guardrail End 42 - Highway Traffic Sign Post 43 - Impact Attenuator/Crest Cushion 44 - Light/Luminaire Support 45 - Mail Box 46 - Median Barrier 47 - Overhead Sign Support 48 - Other (Post, Pole, Support, Etc.) 49 - Other (Wall, Building, Tunnel, Etc.) 50 - Tree 51 - Utility Pole 52 - Work Zone Maint. Equipment
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Manner of Collision (Struck Veh.) 01 - DD - Not Coll. w/ Motor Veh. 02 - Rear End 03 - Head On 04 - Rear-to-Rear 05 - Angle (N/E/S/W) 06 - Angle (L/R) 07 - Angle (A/R) 08 - Rear-to-Rear 09 - Sidewipe Same Dir. 10 - Sidewipe Opposite Dir. 11 - Backed Into 12 - Unknown	1st / Most Deformed Area 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
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Vehicle Type: 01 - Automobile 02 - Pickup Truck 03 - Truck Tractor 04 - Other Truck 05 - Full Size Van 06 - Mini Van 07 - Sport Utility 08 - Motorcycle 09 - Other Motorcycle 10 - School Bus 11 - Animal (Deer Only) 12 - Animal (All Other) 13 - Passenger Bus 14 - Other 15 - Pedestrian 16 - Train (Run Only) 17 - Fire Fighting 18 - Logging 19 - Pedestrian 20 - None 21 - Rollover 22 - Total 23 - Under Carriage 24 - Other	Vehicle Use Code 01 - Personal 02 - Driver Training 03 - Construction/Maint. 04 - Ambulance 05 - Military 06 - Transport Passengers 07 - Transport Property 08 - Farm Use 09 - Wracker or Tow 10 - Police 11 - Government 12 - Fire Fighting 13 - Logging 14 - Pedestrian	Vehicle Attachment 1 - None 2 - Mobile Home 3 - Semi-Trailer 4 - Utility Trailer 5 - Farm Trailer 6 - Trailer w/ Boat 7 - Camper Trailer 8 - Towed Motor Vehicle 9 - Petroleum Tanker A - Lowboy Trailer B - Autocarrier Trailer C - Other Tanker D - Flat Bed E - Twin Trailers F - Other
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Action Prior to Impact (Vehicle) 01 - Backing 02 - Changing lanes 03 - Entering traffic lane 04 - Leaving traffic lane 05 - Making U-turn 06 - Movements Essentially Straight Ahead 07 - Overtaking/passing 08 - Parked 09 - Blowing or 10 - Stopped in traffic 11 - Turning left 12 - Turning right 13 - Working 14 - Entering/Crossing Location 15 - Playing/Working on Vehicle 16 - Pushing Vehicle 17 - Stopping 18 - Working, Playing, Cycling 19 - Working	Weather Condition 1 - Clear (no adverse conditions) 2 - Rain 3 - Cloudy 4 - Sleet, Hail 5 - Snow 6 - Fog, Brng, Smokes 7 - Blowing Sand, Or, Dirt or Snow 8 - Severe Crosswinds 9 - Unk.	Light Condition 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark (Lighting Unspecified) 5 - Dark (Street Lamp Lit)	Flashing Traffic Signal 01 - Stop and Go Light 02 - Flashing Traffic Signal 03 - Oncoming Emergency Vehicle
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Junction Type 01 - Crossover 02 - Driveway 03 - Front/Back Points 04 - Four-way Intersection 05 - Railway Grade Crossing 06 - T-Intersection 07 - Shared Use Paths or Trail 08 - Traffic Circle 09 - Unk. 10 - Y - Intersection 11 - Nonjunction	Contributing Factors 01 - Disregarded Signs, Signals, Etc. 02 - Distracted/Inattention 03 - Driving Too Fast for Conditions 04 - Exceeded Authorized Speed Limit 05 - Failed to Yield Right of Way 06 - Ran off Road 07 - Fatigued/Asleep 08 - Followed Too Closely 09 - Aggressive Operation of Vehicle 10 - Over-correcting/Over-steering 11 - Swerving to Avoiding Object 12 - Wrong Side or Wrong Way 13 - Under the Influence 14 - Vision Obscured (Within Unit) 15 - Improper Lane Usage/Change 16 - On Cell Phone 17 - Texting 18 - Other Improper Action 19 - Unk.	Roadway 30 - Debris 31 - Non-highway Work 32 - Obstruction in Roadway 33 - Road Surface Condition (Lit, Wet) 34 - Rut, Holes, Bumps 35 - Shoulder (None, Low, Soft, High) 36 - Traffic Control Device (i.e., Missing) 37 - Work Zone (Const./Maint./Alert) 38 - Work Zone (Const./Maint./Alert) 39 - Work Zone (Const./Maint./Alert) 40 - Other 41 - Unk. 42 - Unk. 43 - Unk. 44 - Unk. 45 - Unk. 46 - Unk. 47 - Unk. 48 - Unk. 49 - Unk. 50 - Inattentive 51 - Lying/Not Regularly in Roadway 52 - Failure to Yield R. of W. 53 - Not Visible (Dark Clothing) 54 - Disregard Signs, Signals, Etc. 55 - Improper Crossing 56 - Daring 57 - Wrong Side of Road 58 - Other 59 - Unk. 60 - Under the Infl. 61 - Glare 62 - Failure to Yield R. of W. 63 - Not Visible (Dark Clothing) 64 - Disregard Signs, Signals, Etc. 65 - Improper Crossing 66 - Daring 67 - Wrong Side of Road 68 - Other 69 - Unk. 70 - Breaks 71 - Steering 72 - Power Plant 73 - Tires/Wheel 74 - Lights 75 - Signals 76 - Windows/Shield 77 - Restraint System 78 - Truck Coupling 79 - Cargo 80 - Fuel System 81 - Other 82 - Unk.
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Primary Offense 01 - Disregarded Signs, Signals, Etc. 02 - Distracted/Inattention 03 - Driving Too Fast for Conditions 04 - Exceeded Authorized Speed Limit 05 - Failed to Yield Right of Way 06 - Ran off Road 07 - Fatigued/Asleep 08 - Followed Too Closely 09 - Aggressive Operation of Vehicle 10 - Over-correcting/Over-steering 11 - Swerving to Avoiding Object 12 - Wrong Side or Wrong Way 13 - Under the Influence 14 - Vision Obscured (Within Unit) 15 - Improper Lane Usage/Change 16 - On Cell Phone 17 - Texting 18 - Other Improper Action 19 - Unk.	Roadway 30 - Debris 31 - Non-highway Work 32 - Obstruction in Roadway 33 - Road Surface Condition (Lit, Wet) 34 - Rut, Holes, Bumps 35 - Shoulder (None, Low, Soft, High) 36 - Traffic Control Device (i.e., Missing) 37 - Work Zone (Const./Maint./Alert) 38 - Work Zone (Const./Maint./Alert) 39 - Work Zone (Const./Maint./Alert) 40 - Other 41 - Unk. 42 - Unk. 43 - Unk. 44 - Unk. 45 - Unk. 46 - Unk. 47 - Unk. 48 - Unk. 49 - Unk. 50 - Inattentive 51 - Lying/Not Regularly in Roadway 52 - Failure to Yield R. of W. 53 - Not Visible (Dark Clothing) 54 - Disregard Signs, Signals, Etc. 55 - Improper Crossing 56 - Daring 57 - Wrong Side of Road 58 - Other 59 - Unk. 60 - Under the Infl. 61 - Glare 62 - Failure to Yield R. of W. 63 - Not Visible (Dark Clothing) 64 - Disregard Signs, Signals, Etc. 65 - Improper Crossing 66 - Daring 67 - Wrong Side of Road 68 - Other 69 - Unk. 70 - Breaks 71 - Steering 72 - Power Plant 73 - Tires/Wheel 74 - Lights 75 - Signals 76 - Windows/Shield 77 - Restraint System 78 - Truck Coupling 79 - Cargo 80 - Fuel System 81 - Other 82 - Unk.
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Mail To: SC Department of Motor Vehicles
PO Box 1488
Blythewood, SC 29018

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1009259

Jeffrey L. McFadden, Appellant,

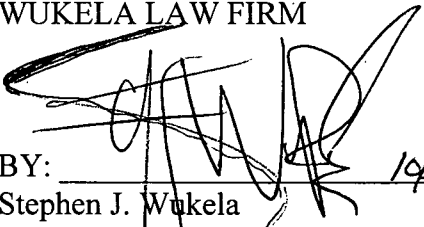
vs.

City of Lake City and South Carolina Municipal
Insurance Trust, Respondents.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

WUKELA LAW FIRM


BY: _____ 10/22/12
Stephen J. Wukela
Wukela Law Firm
Attorney for Appellant
Po Box 13057
Florence SC 29504
843-669-5634

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

RECEIVED
OCT 31 2012
SC Court of Appeals

WCC File No. 1009259

Jeffery L. McFadden, Appellant,

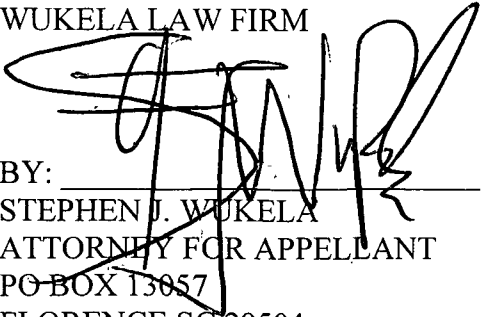
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PROOF OF SERVICE

I certify that the Record on Appeal was served on Respondents, by hand-delivery on October 31, 2012, addressed to their attorney of record, Grady L. Beard, at his office at 1310 Gadsden Street, Columbia, SC, 29211.

WUKELA LAW FIRM

BY: 
STEPHEN J. WUKELA
ATTORNEY FOR APPELLANT
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FLORENCE SC 29504
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