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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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SC Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Susan S. Barden, Commissioner
Derrick L. Williams, Commissioner
Andrea C. Roche, Commissioner

W.C.C. File No.: 0809520

Yurri Valderrama, ...Respondent,

v.

Kohler Company, ...Appellant.

RECORD ON APPEAL

VOLUME I

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STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Yuri Valderrama,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0809520
	)	
Kohler Company,	)	
	)	DECISION AND ORDER OF
	)	
Employer/Self Insured,	)	THE FULL COMMISSION
	)	
	)	

HEARING: Held in Columbia, South Carolina, on April 16, 2012.

APPEARANCES: The Claimant was represented by Alton L. Martin, Jr., Esquire, Martin & Martin, PA, PO Box 8220, Greenville, SC 29604.

The Defendants were represented by Russell T. Infinger, Esquire, Nexsen Pruet, PO Box 10648, Greenville, SC 29603.

PURPOSE OF HEARING: To determine the issues set forth on the Form 30.

COMMISSIONERS: Susan S. Barden, Commissioner; Derrick L. Williams, Commissioner; Andrea C. Roche, Commissioner

FILED: _____ 7/2, 2012

STATEMENT OF CASE

This matter was scheduled for a hearing on the Claimant's Form 50. Prior to the hearing being scheduled, the Claimant also filed a Motion for Penalties and Sanctions, based on the Defendants' failure to comply with three prior Consent Orders for medical treatment and interpreting services.

Claimant suffered an admitted accident on June 24, 2008 to his left knee. He underwent two surgeries to the left knee and one surgery to the right knee. He developed low back pain from the gait disturbance caused by his multiple knee surgeries. He was placed on narcotic pain medications, muscle relaxors and anti-inflammatories, which damaged his stomach, resulting in an ulcer and caused damage to his liver with increased liver enzymes. He was referred to a gastroenterologist for authorized care. He also developed skin problems as a result of his causally-related prescriptions and was referred for authorized care with a dermatologist. Finally, as a result of his ongoing pain, and the Employer's repeated failure to provide medical treatment in accordance with Orders of the Commission, among other things, the Claimant developed anxiety and depression.

There was a five month period in 2009 in which Defendants disputed that Claimant's right knee was causally-related. During this period the authorized surgeon, who said it was related, had the Claimant under work restrictions for his right knee. Defendants placed Claimant out-of-work on unpaid FMLA leave and refused to pay TTD. This placed a significant hardship on the Claimant and affected him emotionally and psychologically.

After the right knee surgery was finally authorized, Claimant again returned to work. Claimant was provided with several light duty positions, but eventually was laid

off in September 2011. Two weeks prior to his layoff, Defendants inexplicably terminated Temporary Partial Disability benefits. After his layoff, the Defendants have never paid Temporary Total Disability benefits. The Claimant has not applied for, nor collected Unemployment. He has only been able to survive upon the charity of family members. The loss of his job and income significantly aggravated the Claimant's anxiety and depression. Claimant has not received treatment for his depression and anxiety.

Unfortunately, Defendants have repeatedly failed to provide medical treatment recommended by the authorized treating physicians, treatment agreed to by Defendants in multiple Consent Orders. Claimant's psychological problems, physical therapy for his back, and prescription medications for multiple causally-related issues have not been provided thereby further complicating his condition. According to his authorized treating physicians, the Claimant has now reached Maximum Medical Improvement, but will require ongoing medical care for all of these problems. It was further opined by a vocational expert, that the Claimant is Permanently and Totally Disabled from a vocational standpoint.

Defendants took the position that despite their repeated failures to provide medical treatment, or pay Temporary Total Disability benefits, or comply with the prior three Orders of this Commission, that it is not credible that Claimant's psychological condition could have become worse after his termination. Defendants take the position that their starving the Claimant for medical treatment, cutting off all income to Claimant's family of six, and repeated failure to comply with multiple Orders, would not have caused any worsening of the Claimant's psychological problems or other medical ailments for which he was denied treatment.

FINDINGS OF FACT

Based on the facts and evidence presented at the hearing, to include: the deposition testimony of the authorized surgeon, Dr. Keith; and, thorough and careful review of the medical records submitted with the Claimant's and Defendants' APA Submissions; as well as the Defendants' history of noncompliance with Orders related to medical treatment in this case, and in other cases brought to the Commission's attention, notably Jesus Lugo v. Kohler, W.C.C. No.: 0626795, in which sanctions have previously been imposed, I make the following Findings and Conclusion:

1. Jurisdiction and Venue are proper based upon the site of the accident and stipulation of the parties.
2. Claimant's average weekly wage is \$678.01, with a compensation rate of \$452.03, based on the Form 20 and stipulation of the parties.
3. The Claimant suffered a compensable injury by accident while working at Kohler Company to his left knee on June 24, 2008, based upon prior Consent Orders and Claimant's testimony.
4. Claimant was required to undergo two surgeries to his left knee as a result of his work accident of June 24, 2008, based on the depositions of treating surgeon, Dr. Keith and APA 5, and Claimant's testimony.
5. The Claimant had pre-existing right knee problems, which were aggravated by his extended use of crutches and additional weight-bearing on his right knee following his two left knee surgeries, based

on the depositions of treating surgeon, Dr. Keith and APA 5, prior Consent Orders and Claimant's testimony.

6. Claimant was required to undergo a right knee surgery for the problems aggravated by his increased weight bearing and use of crutches following his causally-related left knee surgeries, based on depositions of the treating surgeon, Dr. Keith, APA 5, and prior Consent Orders.
7. Claimant developed chronic back pain from his gait disturbance caused by three subsequent knee surgeries and the use of crutches for several months following each surgery, based on depositions of treating surgeon, Dr. Keith, APA 5, the opinion of Dr Behr found in APA 4. Claimant's testimony and prior Consent Orders.
8. Claimant developed stomach and digestive tract issues resulting in an ulcer due to his use of causally-related narcotic pain medications, anti-inflammatories, and muscle relaxors for to his right and left knee surgeries and chronic low back pain, based on the opinions of the authorized treating physicians, Dr. Cole, Dr. Fedalei, Dr. Keith found in APAs 2, 3 and 5, and Dr. Keith's depositions.
9. Claimant's use of narcotic pain medications, anti-inflammatories, and muscle relaxors for an extended period of time affected his liver function and resulted in increased liver enzymes, based on the opinions of Dr. Cole and authorized gastroenterologist, Dr. Fedalei found in APAs 2 and 3.
10. The use of prescribed steroids resulted in Claimant developing skin

problems and pigmentation changes to his legs, based on the opinions of the authorized treating physicians, Dr. Cole, and authorized dermatologist, Dr. Miller, found in APAs 2 and 13.

11. As a consequence of his work injury; specifically Claimant's chronic pain; multiple medical problems for which he was repeatedly denied authorized treatment and prescription medications; and repeated interruptions of his income by the Employer. Claimant developed problems with anxiety and depression for the first time in his life, based on the opinions of Dr. Brabham, Dr. Cole, Dr. Keith, and Dr. Dichl, found in APAs 1, 2, 5 and 7, Dr. Keith's depositions, and Claimant's testimony.

12. Defendants illegally stopped the Claimant's Temporary Partial Disability benefits of \$101.62 per week on September 11, 2011 and placed the Claimant on layoff without pay on September 26, 2011, based on the testimony of Claimant.

13. Claimant reached Maximum Medical Improvement for his multiple causally-related medical problems on October 18, 2011, based on the opinions of Dr. Brabham and Dr. Cole, found in APA 1 and APA 2, pg. 13, and the testimony of the Claimant.

14. Claimant will require ongoing and future causally-related medical treatment for his back, both knees, stomach/digestive issues to include his ulcer, increased liver enzymes, pigmentation problems with his skin, and his anxiety and depression, based on the opinion of Dr. Cole.

APA 2, p. 13, as well as APAs 3, 5, and 13 and the depositions of Dr. Keith.

15. Dr. Keith anticipated the physical restrictions of no prolonged standing or stooping and no heavy lifting would be removed as Claimant's condition improved. However, the lifting restriction was actually increased and the limitations were never removed as Claimant was repeatedly denied treatment and did not improve as anticipated, based on APA 2, pg. 15; APA 5, pg. 113-116, Claimant's testimony, Dr. Keith's depositions; and, APA 1.
16. Per Dr. Keith, Claimant has suffered 10% permanent impairment to his left knee, based on the opinions of Dr. Keith found in APA 5, pg. 126, and both depositions of Dr. Keith.
17. Per Dr. DeVault, Claimant has suffered 25% permanent impairment to his left knee and 5% to back, based on the opinion of Dr. DeVault, APA 9, pg. 174.
18. Claimant suffers significant anxiety and depression as a consequence of his admitted physical injuries from work, based on the opinions of Dr. Brabham, Dr. Cole, Dr. Keith, and Dr. Diehl found in APA 1, pgs 10-11; APA 2, pg 13; APA 5, 112, 114; and APA 7, pgs. 161-163, and Claimant's testimony.
19. A thorough vocational evaluation was performed by Dr. Robert Brabham on October 11, 2011, which concluded that Claimant was vocationally totally disabled, based on APA 1, pgs 10-11.

20. Defendants conceded that Temporary Partial Benefits were ceased on September 11, 2011, two weeks prior to the Claimant's layoff, but were unable to provide any reason for the termination of benefits at that time, based on testimony of the Claimant and stipulations of Defendants.
21. Claimant was offered another position by the Employer prior to his layoff, but that position did not comply with Claimant's work restrictions and physical capacity based on testimony of the Claimant and the permanent restrictions found in APA 5, pg. 113-116; APA 2, pg. 15, as well as the stipulation of Defendants' attorney at the hearing, after conferring with Safety Manager, Mike Tollison, that Defendants did not have an available position which came within Claimant's restrictions (Hrg. Tr., pg. 36-38).
22. Claimant was laid off on September 26, 2011 without pay, neither the Defendant nor Claimant submitted an application for Unemployment benefits related to Claimant's layoff, and no temporary total disability benefits were initiated by the Defendants such that all Claimant's income ceased on the date of his layoff, based on testimony of the Claimant.
23. Defendants were unable to provide any reason for their failure to initiate temporary disability benefits following the Claimant's layoff, based on hearing testimony and comments of counsel.
24. Following the layoff, Claimant suffered significant aggravation of his

anxiety and depression and he was again denied authorized medical treatment for his psychological problems by the Defendants, based on Claimant's testimony and the report of Dr. Brabham, APA 1.

25. Claimant's anxiety and depression alone are so severe as to render him permanently and totally disabled from earning wages, based on the Claimant's testimony, Dr. Brabham's report, APA 1, and the note of Dr. Cole, APA 2, p. 19.

26. The combination of Claimant's permanent physical injuries to his knee and back, chronic pain, limited English, history of manual labor jobs, along with his anxiety and depression, also render him permanently and totally disabled from earning wages, based on the testimony of the Claimant, the vocational report of Dr. Brabham, APA 1, pgs. 10-11, and Dr. Cole, APA 2 along with the impairment provided by Dr. Keith in APA 5, pg. 126 and Dr. DeVault in APA 9, pgs 173-174.

27. Claimant's request for lump sum payment of an award is denied.

28. Claimant's first language is Spanish and he requires the assistance of an interpreter with his medical appointments, based on the testimony of Claimant and prior Consent Orders.

CONCLUSIONS OF LAW

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

1. Pursuant to *South Carolina Code Ann.*, §42-1-130, Claimant was a covered employee at the time in question and under §42-1-140, the

Defendant was a covered employer under the Act.

2. Pursuant to *South Carolina Code Ann.*, §1-23-320, the parties received proper notice of the hearing.
3. Pursuant to *South Carolina Code Ann.* § 42-1-160, Claimant sustained a compensable injury by accident to his left knee, right knee, back, liver, stomach/digestive tract, psyche, and skin, pursuant to the terms of the South Carolina Workers' Compensation Act. An "accident" is an "unlooked for and untoward event that the person who suffered the injury did not expect, design or intentionally cause." Yates v. Life Ins. Co., 291 S.C. 301, 304, 353 S.E.2d 297, 299 (Ct.App. 1987).
4. Pursuant to *South Carolina Code Ann.* § 42-15-20, Claimant gave notice of an accident to the employer, its agent or representative within ninety (90) days after the accident.
5. Pursuant to *South Carolina Code Ann.* §42-9-260 and *South Carolina Code Reg.* 67-505, 67-506 and 67-510, Defendants illegally stopped the Claimant's Temporary Partial Disability payments on September 11, 2011.
6. Pursuant to *South Carolina Code Ann.* § 42-9-200 and *S.C. Code Reg* 67-503, Defendants owe Claimant TPD for the period from September 11, 2011 through September 26, 2011, at the weekly rate of \$101.62 and TTD for the period from September 26, 2011 through the hearing date of November 2, 2011, at the weekly rate of \$452.03.
7. Pursuant to *South Carolina Code Ann.* § 42-15-60, Claimant reached

Maximum Medical Improvement for all his causally-related medical and psychological problems as of October 18, 2011.

8. Pursuant to *South Carolina Code Ann.* § 42-9-10, Kennedy v. Williamsburg County 242 SC 477, 131 SE2d 512 (1963); and Getsinger v. Owens-Corning Fiberglas Corp., 335 SC 77, 515 SE2d 104 (Ct. App 1991), Claimant's anxiety and depression which were induced by his admitted physical injury at work have rendered him Permanently and Totally Disabled.
9. Pursuant to *South Carolina Code Ann.* §42-9-10, and Wynn v. Peoples Natural Gas Co. of S.C., 238 S.C. 1, 118 SE2d 817 (1961), Claimant's combination of physical injuries, chronic pain, limited English language skills, history of manual labor, and psychological issues render him Permanently and Totally disabled.
10. Pursuant to *South Carolina Code Ann.* § 42-9-10, Claimant is entitled to an award of permanent and total disability and lifetime medical treatment for his affected body parts, to include both knees, back, liver, stomach/digestive tract, psyche, and skin, and Defendants shall provide an interpreter for Claimant's causally-related medical appointments.
11. Pursuant to *South Carolina Code Ann.* § 42-1-40, Defendants did not offer employment suitable to Claimant's capacity on September 26, 2011 prior to his layoff.
12. Pursuant to *South Carolina Code Ann.* § 42-1-40, and by stipulation of

the parties, Claimant has an average weekly wage of \$678.01, with a corresponding compensation rate of \$452.03.

13. The issue of Utica-Mohawk Mills language apportioning the award is not addressed as Claimant's request for a lump sum award is denied.

ORDER

IT IS HEREBY ORDERED that Claimant, is awarded Temporary Partial Disability at the weekly rate of \$101.62 for two weeks, is awarded Temporary Total Disability at the weekly rate of \$452.03 for five weeks; is Permanently and Totally Disabled and awarded payment of Permanent Total Disability benefits at the weekly rate of \$452.03 beginning November 3, 2011, for the remainder of 500 weeks; not to exceed \$226,015.00; is awarded lifetime medical treatment for both knees, back, liver, stomach/digestive tract, psyche, and skin, and shall be provided the services of an interpreter at his future causally-related medical appointments.

IT IS SO ORDERED

APPEAL

Within the statutory period, counsel for Defendant filed an application for review in the case setting forth his reasons, copies of which were furnished to all interested parties, prior to Full Commission review before the Appellate Panel on December 28, 2011. Defendants requested oral argument. All proper evidence has been submitted. Such, together with all documentary evidence, has been delivered with oral argument to the individual members of the Full Commission and has since been under study and consideration.

By appeal, Defendants respectfully submit that the Single Commissioner erred in the following:

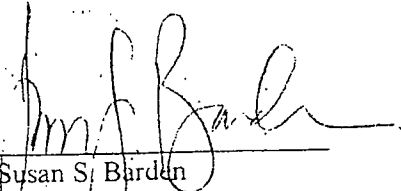
1. Did the Single Commissioner err in finding that the Claimant sustained total and permanent disability when the weight of the evidence does not support that finding?
2. Did the Single Commissioner err in finding that the claimant sustained total and permanent disability when the weight of the evidence does not support such a finding especially when the claimant was working immediately prior to the hearing and was out of work only due to a lay off?
3. Did the Single Commissioner err in finding that the psychological conditions alone were sufficient to cause the claimant to be totally disabled when the weight of the evidence and the fact that the claimant was working without problems immediately before the hearing does not support such a finding.
4. Did the Single Commissioner err in awarding 500 weeks of benefits and lifetime medical benefits when the weight of the medical evidence does not support a finding of total and permanent disability?
5. Did the Single Commissioner err in issuing an order for the payment of total and permanent disability when the weight of the evidence was clear that but for the reduction in force causing the claimant to be laid off that he would continue to work for the employer and therefore is clearly not totally disabled.

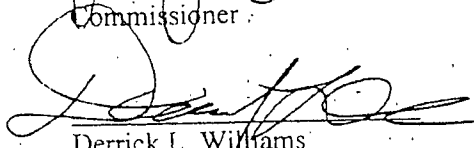
In an Appellate Review, the Panel shall, pursuant to S.C. Code §Section 42-17-50 (1985), review the award, and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After careful review in the instant case, the Commission, by unanimous vote, has determined that the Hearing Commissioner's Order shall be affirmed in its entirety.

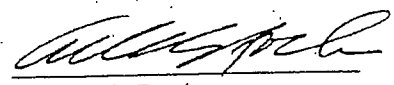
ORDER

IT IS HEREBY ORDERED that the entire Decision and Order of the Single Commissioner dated December 13, 2011, by Commissioner G. Bryan Lyndon shall be AFFIRMED.

AND IT IS SO ORDERED.


Susan S. Barden
Commissioner


Derrick L. Williams
Commissioner


Andrea C. Roche
Commissioner

CERTIFICATE OF SERVICE

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

This 2nd day of July, 2012
By Valerie J. Miller

Administrative Assistant to the Commissioner

Date

Russell T. Infanger
Arton L. Martin Jr.
1

STATE OF SOUTH CAROLINA

Yuri Valderamma,

Claimant,

v.

Kohler Company.,

Employer/Self Insured,

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

2012-CP-42-2974

W.C.C. FILE NO: 0809520

ORDER

HEARING :

The Hearing was held on May 17, 2012, in Anderson, South Carolina.

APPEARANCES:

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

The Defendants were represented by Russell T. Infinger of Nexsen Pruet in Greenville, South Carolina.

PURPOSE OF HEARING:

The Hearing was set to determine whether Defendants have violated the Order of March 12, 2012, and if so what fines, penalties, or sanctions would be owed.

DECISION AND ORDER:

Commissioner Andrea C. Roche

FILED:

June 7, 2012

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CLERK OF COURT
SPARTANBURG COUNTY
2012 JUL 16 AM 8:36
M. HOPE BLACKLEY

STATEMENT OF THE CASE

An Order imposing fines and sanctions was filed on March 12, 2012 in this matter. No Appeal was taken from that Order. It is now the Law of the Case.

Pursuant to the Order, the Defendants were required to pay past-due temporary partial disability benefits, past-due temporary total disability benefits, penalties and post judgment interest in a total amount of \$3,520.81. See March 12, 2012 Order, Conclusion Nos. 1, 2, 3, and 4.

Pursuant to the Order, a fine of \$500.00 per day would be imposed against the Defendants if they failed to authorize prescription medication within seven (7) days of prescriptions being submitted to the pharmacy and provided to the Defendants' attorney. See March 12, 2012 Order, Conclusion No. 5.

Pursuant to the Order of March 12, 2012, the Defendants were required to authorize medical treatment and schedule medical appointments with all of the Claimant's providers within 30 days from the date the Order was filed. If Defendants failed to authorize any medical treatment and schedule appointments within 30 days, then a \$500.00 fine would be imposed for each day until the medical treatment was authorized and appointments scheduled by the Defendants. See March 12, 2012, Order, Conclusion No. 6.

Pursuant to the Order of March 12, 2012, the Defendants were to pay all unpaid past medical expenses and prescription costs within 30 days of the Claimant submitting same to the Defendants. See March 12, 2012 Order, Conclusion No. 7. Failure to do so would result in a \$500.00 per day fine.

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SPARTANBURG COUNTY
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M. HOPE BLACKLEY

FINDINGS OF FACT

1. As of the date of his hearing, May 17, 2012, the Defendants have not paid the past-due temporary partial benefits, temporary total benefits, penalties and post-judgment interest awarded in the Order of March 12, 2012, (Conclusion Nos. 1,2,3, and 4).
2. The Claimant resubmitted all his causally-related prescriptions on March 15, 2012, and provided the name of the pharmacy and supporting documentation to the Defendants attorney by certified mail received on March 20, 2012. The Defendants had seven (7) days from March 20, 2012, in which to authorize the prescriptions in accordance with the Order of March 12, 2012. (Conclusion No. 5).
3. As of the date of this hearing, May 17, 2012, none of the prescriptions have been authorized. In accordance with the Order of March 12, 2012, (Conclusion No. 5) the Defendants shall pay \$500.00 per day beginning March 27, 2012, and continuing until such time as all of the Claimant's causally-related prescriptions are authorized.
4. No appointments were authorized and scheduled as of April 12, 2012, 30 days from the date of the March 12, 2012 Order. (Conclusion No. 6). The Defendants first provided notice to the Claimant that his appointments had been authorized and scheduled on May 15, 2012. Defendants shall pay an additional fine of \$500.00 per day from April 12, 2012 until May 14, 2012.

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SPARTANBURG COUNTY
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M. HOPE BLACKLEY

5. On March 16, 2012, Claimant provided a letter by Certified Mail to Defendants' attorney with an attached list of all of the outstanding prescription costs and medical expenses in addition to copies of the medical bills and pharmacy printout. Defendant' attorney received it on March 20, 2012. It is this Commissioner's finding that in order to properly submit the medical expenses to the Defendants, in accordance with the March 12, 2012 Order (Conclusion No. 7), Claimant needed to provide HCFA insurance forms issued by the medical providers. Until such time as the Claimant's attorney provides these documents, Defendants will not have been properly provided with the unpaid medical expenses and are not in violation of Conclusion No. 7 of the Order.

6. Claimant is entitled to his attorney's fees and costs for bringing this matter before the Commission again. Claimant attorney's services at the rate of \$175.00 per hour, for five hours, plus the \$25.00 filing fee, are hereby deemed reasonable and appropriate attorney's fees and costs in this matter.

7. Defendants are provided this final warning of their need to promptly pay benefits awarded and provide medical treatment in accordance with the Act. If Defendants fail again to comply with the Order of March 12, 2012 and are again brought before this Commission to address any failure to timely pay benefits or authorize medical treatment, then a complaint shall be issued by the Workers' Compensation Commission.

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SPARTANBURG COUNTY
2012 JUL 16 AM 8:36
M. HOPE BLACKLEY

to the Department of Insurance recommending the employer's self-insured status be revoked.

8. The Order of March 12, 2012 remains binding on the parties. Defendants are cautioned that future failures to timely pay benefits, authorize prescription medications, authorize and schedule appointments, or pay medical expenses in accordance with the Order of March 12, 2012, shall result in additional fines, costs, and attorney's fees.
9. The parties are authorized to compromise the amounts of the fines and penalties imposed with one another.

CONCLUSIONS OF LAW

1. Pursuant to *S.C. Code Ann.* §42-3-175, Defendants shall pay \$3,520.81 for past due TPD, TTD, penalties and interest in accordance with Conclusion Nos. 1,2,3, and 4 of the Order of March 12, 2012.
2. Pursuant to *S.C. Code Ann.* §42-3-175, Defendants shall pay \$500.00 per day from March 27, 2012 and continuing until such time as all of Claimant's prescriptions have been authorized in accordance with Conclusion No. 5 of the Order of March 12, 2012.
3. Pursuant to *S.C. Code Ann.* §42-3-175, Defendants shall pay \$500.00 per day from April 12, 2012 to May 14, 2012 for failure to timely authorize and schedule medical treatment in accordance with Conclusion No. 6 of the Order of March 12, 2012.
4. Pursuant to *S.C. Code Ann.* 42-3-175, Defendants shall pay Claimant

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attorney's fees and costs in the amount of \$900.00.

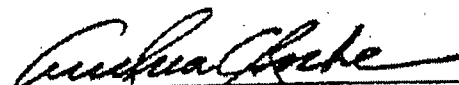
5. Pursuant to *S.C. Code Ann.* §42-3-175, if any future violations of the Order of March 12, 2012, occur, a complaint will be issued by the Workers' Compensation Commission to the Department of Insurance regarding Defendants continuing self-insured status.

ORDER

1. Defendants shall pay \$3,520.81 for past due benefits, penalties and interest; Defendants shall pay \$26,000.00 (\$500.00 per day from March 27, 2012 through the hearing date of May 17, 2012) and shall continue paying \$500.00 per day from March 18, 2012, until such time as all of Claimant's prescriptions are authorized; Defendants shall pay \$18,000.00 (\$500.00 per day for 36 days) for failure to timely authorize medical treatment and schedule appointments; and, Defendants shall pay \$900.00 in attorney's fees and costs.

IT IS SO ORDERED

South Carolina Workers' Compensation Commission


Commissioner Andrea C. Roche

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SPARTANBURG COUNTY
2012 JUL 16 AM 8:36
M. HOPE BLACKLEY

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
June 7, 2012

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Roche

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SPARTANBURG COUNTY
2012 JUL 16 AM 8:36
M. HOPE BLACKLEY

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION.

Yuri Valderamma,

Claimant,

v.

W.C.C. FILE NO: 0809520

Kohler Company.,

Employer/Self Insured,

ORDER

HEARING:

The Hearing was held on May 17, 2012, in Anderson, South Carolina.

APPEARANCES:

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

The Defendants were represented by Russell T. Infinger of Nexsen Pruet in Greenville, South Carolina.

PURPOSE OF HEARING:

The Hearing was set to determine whether Defendants have violated the Order of March 12, 2012, and if so what fines, penalties, or sanctions would be owed.

DECISION AND ORDER:

Commissioner Andrea C. Roche

FILED:

June 7, 2012

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STATEMENT OF THE CASE

An Order imposing fines and sanctions was filed on March 12, 2012 in this matter. No Appeal was taken from that Order. It is now the Law of the Case.

Pursuant to the Order, the Defendants were required to pay past-due temporary partial disability benefits, past-due temporary total disability benefits, penalties and post judgment interest in a total amount of \$3,520.81. See March 12, 2012 Order, Conclusion Nos. 1, 2, 3, and 4.

Pursuant to the Order, a fine of \$500.00 per day would be imposed against the Defendants if they failed to authorize prescription medication within seven (7) days of prescriptions being submitted to the pharmacy and provided to the Defendants' attorney. See March 12, 2012 Order, Conclusion No. 5.

Pursuant to the Order of March 12, 2012, the Defendants were required to authorize medical treatment and schedule medical appointments with all of the Claimant's providers within 30 days from the date the Order was filed. If Defendants failed to authorize any medical treatment and schedule appointments within 30 days, then a \$500.00 fine would be imposed for each day until the medical treatment was authorized and appointments scheduled by the Defendants. See March 12, 2012, Order, Conclusion No. 6.

Pursuant to the Order of March 12, 2012, the Defendants were to pay all unpaid past medical expenses and prescription costs within 30 days of the Claimant submitting same to the Defendants. See March 12, 2012 Order, Conclusion No. 7. Failure to do so would result in a \$500.00 per day fine.

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FINDINGS OF FACT

1. As of the date of his hearing, May 17, 2012, the Defendants have not paid the past-due temporary partial benefits, temporary total benefits, penalties and post-judgment interest awarded in the Order of March 12, 2012. (Conclusion Nos. 1,2,3, and 4).
2. The Claimant resubmitted all his causally-related prescriptions on March 15, 2012, and provided the name of the pharmacy and supporting documentation to the Defendants attorney by certified mail received on March 20, 2012. The Defendants had seven (7) days from March 20, 2012, in which to authorize the prescriptions in accordance with the Order of March 12, 2012. (Conclusion No. 5).
3. As of the date of this hearing, May 17, 2012, none of the prescriptions have been authorized. In accordance with the Order of March 12, 2012, (Conclusion No. 5) the Defendants shall pay \$500.00 per day beginning March 27, 2012, and continuing until such time as all of the Claimant's causally-related prescriptions are authorized.
4. No appointments were authorized and scheduled as of April 12, 2012, 30 days from the date of the March 12, 2012 Order. (Conclusion No. 6). The Defendants first provided notice to the Claimant that his appointments had been authorized and scheduled on May 15, 2012. Defendants shall pay an additional fine of \$500.00 per day from April 12, 2012 until May 14, 2012.

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5. On March 16, 2012, Claimant provided a letter by Certified Mail to Defendants' attorney with an attached list of all of the outstanding prescription costs and medical expenses in addition to copies of the medical bills and pharmacy printout. Defendant's attorney received it on March 20, 2012. It is this Commissioner's finding that in order to properly submit the medical expenses to the Defendants, in accordance with the March 12, 2012 Order (Conclusion No. 7), Claimant needed to provide HCFA insurance forms issued by the medical providers. Until such time as the Claimant's attorney provides these documents, Defendants will not have been properly provided with the unpaid medical expenses and are not in violation of Conclusion No. 7 of the Order.
6. Claimant is entitled to his attorney's fees and costs for bringing this matter before the Commission again. Claimant attorney's services at the rate of \$175.00 per hour, for five hours, plus the \$25.00 filing fee, are hereby deemed reasonable and appropriate attorney's fees and costs in this matter.
7. Defendants are provided this final warning of their need to promptly pay benefits awarded and provide medical treatment in accordance with the Act. If Defendants fail again to comply with the Order of March 12, 2012 and are again brought before this Commission to address any failure to timely pay benefits or authorize medical treatment, then a complaint shall be issued by the Workers' Compensation Commission

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to the Department of Insurance recommending the employer's self-insured status be revoked.

8. The Order of March 12, 2012 remains binding on the parties. Defendants are cautioned that future failures to timely pay benefits, authorize prescription medications, authorize and schedule appointments, or pay medical expenses in accordance with the Order of March 12, 2012, shall result in additional fines, costs, and attorney's fees.
9. The parties are authorized to compromise the amounts of the fines and penalties imposed with one another.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. §42-3-175, Defendants shall pay \$3,520.81 for past due TPD, TTD, penalties and interest in accordance with Conclusion Nos. 1,2,3, and 4 of the Order of March 12, 2012.
2. Pursuant to S.C. Code Ann. §42-3-175, Defendants shall pay \$500.00 per day from March 27, 2012 and continuing until such time as all of Claimant's prescriptions have been authorized in accordance with Conclusion No. 5 of the Order of March 12, 2012.
3. Pursuant to S.C. Code Ann. §42-3-175, Defendants shall pay \$500.00 per day from April 12, 2012 to May 14, 2012 for failure to timely authorize and schedule medical treatment in accordance with Conclusion No. 6 of the Order of March 12, 2012.
4. Pursuant to S.C. Code Ann. 42-3-175, Defendants shall pay Claimant's

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attorney's fees and costs in the amount of \$900.00.

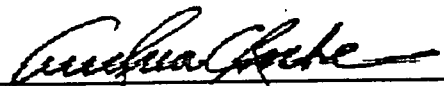
5. Pursuant to *S.C. Code Ann. §42-3-175*, if any future violations of the Order of March 12, 2012, occur, a complaint will be issued by the Workers' Compensation Commission to the Department of Insurance regarding Defendants continuing self-insured status.

ORDER

1. Defendants shall pay \$3,520.81 for past due benefits, penalties and interest; Defendants shall pay \$26,000.00 (\$500.00 per day from March 27, 2012 through the hearing date of May 17, 2012) and shall continue paying \$500.00 per day from March 18, 2012, until such time as all of Claimant's prescriptions are authorized; Defendants shall pay \$18,000.00 (\$500.00 per day for 36 days) for failure to timely authorize medical treatment and schedule appointments; and, Defendants shall pay \$900.00 in attorney's fees and costs.

IT IS SO ORDERED

South Carolina Workers' Compensation Commission


Commissioner Andrea C. Roche

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CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
June 7, 2012

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Roche

20130118⁷002674

STATE OF SOUTH CAROLINA)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION)

Yuri Valderrama,)

Claimant,)

v.)

Kohler Company,)

Employer/Self Insured,)

W.C.C. FILE NO: 0809520

**ORDER IMPOSING PENALTIES
AND SANCTIONS**

HEARING:

Held in Spartanburg, South Carolina, on February 23, 2012.

APPEARANCES:

The Claimant was represented by Alton L. Martin, Jr., Esquire, Martin & Martin, PA, PO Box 8220, Greenville, SC 29604.

The Defendants were represented by Russell T. Infinger, Esquire, Nexsen Pruet, PO Box 10648, Greenville, SC 29603.

PURPOSE OF HEARING:

To determine the issues on Claimant's Motion For Sanctions.

COMMISSIONER:

Andrea C. Roche, Commissioner

FILED:

March 12, 2012

This motion involves an admitted claim in which the Claimant alleges as follows:

1. The Defendants stopped paying the Claimant Temporary Partial Disability Benefits without cause on September 10, 2011.
2. The Defendants terminated the Claimant on September 26, 2011 and failed to initiate Temporary Total Benefits.
3. At the Hearing on November 2, 2011, Commissioner Lyndon ruled from the bench that the Employer owed Claimant Temporary Partial Disability Benefits from September 11, 2011 through September 26, 2011 and Temporary Total Benefits from September 26, 2011 through the date of the hearing.
4. The Hearing Order was signed on December 13, 2011.
5. The Defendants filed a Notice of Appeal on December 30, 2011, but did not appeal the findings that the Claimant was owed Temporary Partial Disability Benefits for two weeks or Temporary Total Benefits for five weeks.
6. Despite calls, emails and letters from the Claimant's attorney, the Defendants did not pay any TPD or TTD benefits. Claimant had to borrow money from family and friends to survive. His home is at risk of going into foreclosure again. It was previously placed in foreclosure in 2010 when Defendants wrongly refused to pay temporary benefits for a four month period.
7. In addition to Defendants failure to pay benefits to the Claimant, they failed to provide the authorized medical treatment and prescriptions agreed to in multiple Consent Orders, nor did they appeal the award of ongoing medical treatment awarded in the Hearing Order.
8. Claimant continues to purchase those prescriptions he can afford out-of-pocket and does without other prescriptions because of Defendants' failure to comply with the Commission's Orders. All the prescriptions are authorized.

After both parties were given an opportunity to submit supporting documents and argue it was determined that the Defendants take the position that no temporary benefits are owed because the Hearing Order issued on December 13, 2011 has been appealed.

Defendant's reason for failing to comply with the repeated request for medical treatment and medication was due to administrative error. Claimant took the position that Defendants did not appeal the payment of weekly benefits or medical treatment and therefore payment was past due and treatment should be provided.

In light of the evidence before me and having taken into consideration the arguments of both parties, I make the following findings of fact:

FINDINGS OF FACT

1. That Defendants owe the Claimant temporary partial disability benefits from September 11, 2011 through September 26, 2011 and temporary total benefits from September 27, 2011 through the date of the hearing on November 2, 2011, in accordance with the un-appealed Findings in the Hearing Order of December 13, 2011.
2. That Defendants, by their own admission, have not provided medical treatment or prescriptions in accordance with the prior Consent Orders or the un-appealed Findings of the Hearing Order of December 13, 2011.

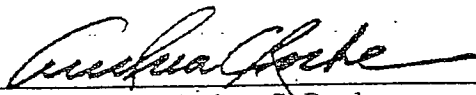
CONCLUSIONS OF LAW

1. In accordance with S.C. Code Ann. §42-9-240, Defendants shall pay temporary partial disability benefits from September 11, 2011 to September 26, 2011 at the rate of \$101.62. Defendant's shall pay temporary total disability benefits from September 27, 2011 through November 2, 2011 at the weekly rate of \$452.03
2. Defendants shall pay a penalty equal to 25% of the total amount of temporary benefits which were stopped without cause in accordance with S.C. Code Ann. §42-9-260, which amounts to \$615.85.
3. Defendants shall pay a penalty equal to 10% of the amount of temporary benefits awarded at the hearing of November 2, 2011, which were not appealed per S.C. Code Ann. §42-9-90 which amounts to \$246.34.
4. Defendants shall pay post judgment interest at the rate of 7.25% on the award of temporary benefits contained in the Hearing Order of December 13, 2011, which were not appealed, per S.C. Code Ann. §42-9-240 which amounts to \$37.05.
5. In accordance with S.C. Code Ann. §42-3-175, upon the filing of this Order, if Claimant presents any prescription from Dr. Keith, Dr. Behr, Dr. Cole, Dr. Fadalei, Dr. Miller, Dr. Tollison, or any other physician from these same doctors'

practices, to the pharmacy and advises the Defendants' attorney of such submission, Defendants shall authorize said prescription within 7 days. Failure to authorize any prescription within 7 days of its presentation to the pharmacy and notice to the Defendants' attorney will result in a fine being imposed against the Defendants at the rate of \$500.00 per day until the prescription is approved. If Defendants dispute that any prescription is causally-related, Defendants must provide written notice of the objection to the Claimant's attorney within the 7 day notice period or the objection is waived.

6. In accordance with S.C. Code Ann. §42-3-175, Defendants shall authorize medical treatment and schedule appointments for Claimant with all the Claimant's doctors to include Dr. Keith, Dr. Behr, Physical Therapy at Orthopaedic Associates, P.A., Dr. Fadelei, Dr. Tollison and Dr. Miller within 30 days of the date of this Order being filed. Defendants are responsible for scheduling all appointments and thereafter advising Claimant's attorney in writing of same. If any medical treatment with any of these providers has not been authorized and scheduled within 30 days of this Order having been filed, a fine will be imposed against the Defendants of \$500.00 per day for each day thereafter until the medical treatment is authorized and the appointment is scheduled.
7. In accordance with S.C. Code Ann. §42-3-175, Defendants shall pay for all causally-related medical treatment and prescriptions incurred to date. Specifically, Defendants shall pay for the treatment Claimant has received from Dr. Behr, Mary Black Hospital, Dr. Fadalei, Dr. Cole, Dr. Keith, and Greenville Dermatology. Defendants shall also pay for all prescriptions Claimant has received from those doctors to include, Oxycodone/APAP, Arthrotec, Hydrocodone/APAP, Sertraline, Ranitidine, Zantac, Cyclobenzaprine, Tramadol, Methocarbamol, Amoxicillin, Pennsaid, Zolof, Vitamin E. If Defendants fail to pay for all past medical treatment and prescriptions properly presented within 30 days from the date of this Order being filed, then a fine will be imposed against the Defendants in the amount of \$500.00 per day until all such medical expenses and prescriptions have been paid.
8. In accordance with S.C. Code Ann. §42-3-175, Defendants are cautioned that continued failure to provide medical treatment or benefits when ordered may jeopardize its continued eligibility as a Self-Insurer under the SC Workers' Compensation Act.

IT IS SO ORDERED


Commissioner Andrea C. Roche

CERTIFICATE OF SERVICE

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

March 12, 2012

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Roche

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

Claimant,

V.

Employer/Self Insured.)

W.C.C. FILE NO: 0809520

CERTIFICATE OF SERVICE BY MAIL

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

MARTIN & MARTIN, P.A.

Kelly E. Watson
Kelly E. Watson
Legal Assistant

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STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Yuri Valderamma,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C FILE NO: 0809520
	)	
Kohler Company.,	)	
	)	
	)	
Employer/Self Insured,	)	HEARING ORDER
	)	
	)	

HEARING : The Hearing was held on November 2, 2011, in Spartanburg, South Carolina.

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

The Defendants were represented by Russell T. Infinger of Nexsen Pruet in Greenville, South Carolina.

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

DECISION AND ORDER: Commissioner G. Byran Lyndon

FILED: December 13, 2011

STIPULATIONS

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

1. The purpose of the hearing was to determine the issues set forth in the hearing notice and issues plead in the Form 50, Claimant's Motion for Penalties, and the Form 51, and any other issues which timely came before the Commissioner.
2. Notice of the hearing was timely and properly served upon all parties of interest.
3. The Claimant's average weekly wage is \$678.01 and compensation rate is \$452.03, by stipulation of the parties.
4. Venue set in Spartanburg County is proper as agreed to by all parties.
5. Claimant seeks benefits under the SC Workers' Compensation Act based upon an accidental injury occurring on June 24, 2008, at a job site in Spartanburg while in the employ of Kohler Company, the Defendant/Employer, and therefore, the SC Workers' Compensation Commission has jurisdiction in this case.
6. The Commission's file and the Commissioner's notes are made a part of the record.

APA SUBMISSIONS

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

On Behalf of Claimant:

	Medical Provider	Dates	Page
APA #1	Dr. Robert Brabham – Psychological and Training Services, PC	10/12/11	1 – 12
APA #2	Dr. Eric Cole – Family Medical Center	8/31/10 – 10/18/11	13 – 21

APA #3	Dr. Albert Fedalei	9/29/10 – 10/17/11	22 - 39
APA #4	Dr. James Behr – Orthopaedic Associates	7/10/08 – 6/2/11	40 – 111
APA #5	Dr. John E. Keith, Jr. – Orthopaedic Specialties	4/20/09 – 9/28/10	112 – 145
APA #6	Mary Black Health System	8/31/10 – 10/1/10	146 – 149
APA #7	Dr. Luther A. Diehl – Palmetto Family Enrichment Center, PC	9/2/10	150 – 165
APA #8	Ambulatory Surgery Center of Spartanburg	4/23/09 – 4/29/10	166 – 172
APA #9	Dr. William DeVault – Orthopaedic Center of the Carolinas	3/19/09	173 – 174
APA #10	PRO Physical Therapy, Inc.	6/7/10 – 8/20/10	175 – 196
APA #11	North Grove Physical Therapy	7/14/08 – 4/8/09	197 – 244
APA #12	Surgery Center of Pelham	7/14/08 – 7/16/08	245 - 249
APA #13	Greenville Dermatology	09/14/11	250-251

Depositions of Dr. John E. Keith, Jr., MD dated January 14, 2010 and October 16, 2010.

On Behalf of Defendants:

Name of Report(s)/Physician or Other Evidence	Date of Report(s)	Pages
John E. Keith, Jr., MD (Orthopaedic Specialities of Spartanburg)	04/20/09-08/24/10	All Records Submitted

CLAIMANT BIOGRAPHICAL

Sex: Male

Age: 41 years old

Family: He is married and has four children, ages 17, 15, 14, and 10.

Education: He graduated from high school, 12 grades, in Mexico. He attended one year of college in Mexico. Came to U.S. on Student Visa and

obtained his GED. He attended one year of general studies at Spartanburg Community College.

Work History:

He has worked for Kohler for the past 10 years. Previously, worked as a Weaver for TNS Textiles for five years and worked at Universal Studios for 6 months

STATEMENT OF THE CASE

This matter was scheduled for a hearing on the Claimant's Form 50. Prior to the hearing being scheduled, the Claimant also filed a Motion for Penalties and Sanctions, based on the Defendants' failure to comply with three prior Consent Orders for medical treatment and interpreting services.

Claimant suffered an admitted accident on June 24, 2008 to his left knee. He underwent two surgeries to the left knee and one surgery to the right knee. He developed low back pain from the gait disturbance caused by his multiple knee surgeries. He was placed on narcotic pain medications, muscle relaxors and anti-inflammatories, which damaged his stomach, resulting in an ulcer and caused damage to his liver with increased liver enzymes. He was referred to a gastroenterologist for authorized care. He also developed skin problems as a result of his causally-related prescriptions and was referred for authorized care with a dermatologist. Finally, as a result of his ongoing pain, and the Employer's repeated failure to provide medical treatment in accordance with Orders of the Commission, among other things, the Claimant developed anxiety and depression.

There was a five month period in 2009 in which Defendants disputed that Claimant's right knee was causally-related. During this period the authorized surgeon, who said it was related, had the Claimant under work restrictions for his right knee. Defendants placed Claimant out-of-work on unpaid FMLA leave and refused to pay

TTD. This placed a significant hardship on the Claimant and affected him emotionally and psychologically.

After the right knee surgery was finally authorized, Claimant again returned to work. Claimant was provided with several light duty positions, but eventually was laid off in September 2011. Two weeks prior to his layoff, Defendants inexplicably terminated Temporary Partial Disability benefits. After his layoff, the Defendants have never paid Temporary Total Disability benefits. The Claimant has not applied for, nor collected Unemployment. He has only been able to survive upon the charity of family members. The loss of his job and income significantly aggravated the Claimant's anxiety and depression. Claimant has not received treatment for his depression and anxiety.

Unfortunately, Defendants have repeatedly failed to provide medical treatment recommended by the authorized treating physicians, treatment agreed to by Defendants in multiple Consent Orders. Claimant's psychological problems, physical therapy for his back, and prescription medications for multiple causally-related issues have not been provided thereby further complicating his condition. According to his authorized treating physicians, the Claimant has now reached Maximum Medical Improvement, but will require ongoing medical care for all of these problems. It was further opined by a vocational expert, that the Claimant is Permanently and Totally Disabled from a vocational standpoint.

Defendants take the position that despite their repeated failures to provide medical treatment, or pay Temporary Total Disability benefits, or comply with the prior three Orders of this Commission, that it is not credible that Claimant's psychological condition could have become worse. Defendants take the position that their starving the Claimant

for medical treatment, cutting off all income to Claimant's family of six, and repeated failure to comply with multiple Orders, would not have caused any worsening of the Claimant's psychological problems or other medical ailments for which he was denied treatment.

STATEMENT OF FACTS

Claimant was the only witness to provide testimony at the hearing. Although Mike Tollison, the Defendants Safety Manager, was in attendance at the hearing, no witnesses were called by the Defendants.

Mr. Valderamma is married with four children, two boys and two girls. The boy's ages are 17 and 14 and the girl's ages are 15 and 10. His wife does not work and he is the sole provider for his family. Mr. Valderamma initially injured his left knee at work which resulted in surgery by Dr. Mary Black. Following the surgery, Dr. Black returned him to work at light duty over his multiple objections and complaints of pain. Eventually, Dr. Black performed a second MRI which reflected that Mr. Valderamma needed surgery to the same knee. Dr. Black attempted to schedule surgery for the following week. However, Claimant objected to Dr. Black performing the second surgery in light of her disregarding his complaints, and he was referred by Defendants to Dr. Keith at Orthopaedic Associates. Dr. Keith performed the second authorized surgery to his left knee. Dr. Keith then determined Claimant needed surgery for his right knee.

Claimant testified that during the 18 month period while he was out for his three knee surgeries, he developed back pain due to using crutches and a boot. Dr. Keith prescribed numerous medications during his course of treatment for pain, inflammation, and muscle relaxation. It was subsequently determined that one of those medications,

Arthrotec, caused damage to the Claimant's liver. Additionally, the combination of medications damaged Claimant's stomach, resulting in development of an ulcer.

Claimant testified about the period he was awaiting surgery for his right knee. Dr. Keith, had placed him under restrictions for his right knee until surgery could be approved. At that time, Defendants placed him on unpaid FMLA leave, and refused to allow him to return to light duty work. Since the employer was disputing whether the right knee was causally-related, they also refused to pay any temporary benefits. On September 17, 2009, Dr. Keith provided a Medical Questionnaire confirming that the Claimant's right knee problems were causally-related. A copy of the Medical Questionnaire was immediately provided to the Defendants. On October 6, 2010, the parties took the deposition of Dr. Keith, who again confirmed that the Claimant's right knee problems were causally-related. Defendants still refused to authorize treatment or pay TTD until the day prior to the scheduled hearing on January 19, 2010. Claimant was out of work and without income from August of 2009 until January of 2010 as a result of Defendants refusal to authorize surgery, pay TTD, or allow Claimant to work at light duty. During that period of time, Claimant's house went into foreclosure and he experienced significant personal and emotional problems almost resulting in divorce.

Following his right knee surgery, Claimant was finally allowed to return to work at light duty. He was unable to perform his prior job. His light duty job was as a laboratory assistant. However, he did not perform all the same duties as other laboratory assistants. He described that "they would let me sit and walk when I was feeling good. I did the partial job, not like the others who did it completely. The hard jobs I didn't do like lifting and going upstairs." (Hrg. Tr. P. 13)

Claimant began receiving Temporary Partial checks while he was performing the temporary light duty positions provided by Defendants. His temporary partial disability amount was \$101.62 per week.

Claimant testified that he still has problems with pain in his knees and his back. He still has problems with his stomach. He is unable to stay on his feet for an extended period of time. He can stand for about 30 minutes and then he needs to sit. When he is standing, he needs to be constantly moving.

Defendants stopped paying his temporary partial benefits on September 10, 2011. This was two weeks prior to the Claimant being laid off. Claimant has not received any income since he was laid off. He has not applied for and has not received any Unemployment benefits. Since the lay off, his psychological and emotional problems have worsened. He never received the counseling and psychological care Defendants agreed to provide by prior Consent Orders. Claimant was able to rescue his house from foreclosure before after Defendants cut off his TTD in 2009. He is afraid the same thing is happening again and this time he will lose.

Claimant described speaking with his supervisor and a personnel manager on the day of his lay off. He was called to Joe Brown's office and was told they wanted to send him to a different position in the Dry Finish room. He explained to them that he was familiar with the job and it required standing 8 hours a day. The personnel manager spoke with the supervisor who confirmed that was accurate. Claimant's job restrictions prohibit him from being on his feet that long. Claimant was then told by the supervisor that he would check other jobs and see what was available and let him know something

by phone, but that he was being laid off effective immediately.

Claimant handles all of his family's finances. He has a check book and all of the bills were current up until the time of his most recent lay off. If he were allowed to receive a lump sum payment, he would be able to refinance his mortgage. His mortgage payment is currently \$1,280.00, but used to be \$800.00 before he was forced into foreclosure in 2009, due to Defendants refusal to pay temporary benefits.

Claimant testified he has been refused medical attention by the authorized treating physicians despite several Consent Orders. He has paid for medication for his stomach and his anxiety and depression out of his own pocket because the carrier continues to refuse to authorize these, despite the Consent Orders. Claimant has had to forego some causally-related prescribed medications completely because he is unable to afford them and the carrier refuses to authorize them despite the Consent Orders. Additionally, Claimant has been denied physical therapy for his back, despite repeated referrals from the authorized treating orthopaedist, Dr. Behr. The physical therapy was specifically agreed to by Consent Order.

Claimant testified that he has not received any psychological treatment or counseling. He has never been provided an appointment with Dr. Tollison, despite multiple referrals by the authorized treating doctor and specific agreement to provide treatment with Dr. Tollison by a prior Consent Order.

Claimant testified that he did not feel he would be able to return to work again because of all of his medical problems and due to his severe depression and anxiety. His physical limitations prevent him from remaining on his feet for an extended period of time. He has chronic back pain, pain in both knees, and his depression affects his ability

to concentrate. Moreover, his depression and anxiety have worsened since his lay off. He testified that he liked his job in the lab and tried hard to do a good job. He testified that he would rather have continued to work. He would like to think that he would have been able to continue working. However, since his termination, his situation has worsened all around. At this point in the hearing, the Claimant asked if he could stand. Claimant confirmed that during the time he was working in the laboratory, three separate motions had to be filed against the Defendants for failing to provide authorized medical treatment and prescriptions.

Commissioner Lyndon requested some clarification on certain issues. Specifically, he asked the Defendants if a job was available for the Claimant that meets his restrictions. Defendants' attorney asked if he could confer with the Safety Manager, to which Commissioner Lyndon responded "we can put him up". (Hrg. Tr. pg. 33) Defendants declined to have the Safety Manager, Mike Tollison, testify. However, after defense counsel conferred with him it was stipulated that the only position available was the one that had been offered to the Claimant, and that position would have required Claimant to be on his feet for an entire 8 hour shift.

FINDINGS OF FACT

Based on the facts and evidence presented at the hearing, to include: the deposition testimony of Dr. Keith; and, thorough and careful review of the medical records submitted with the Claimant's and Defendants' APA Submissions, as well as the Defendants' history of noncompliance with Orders related to medical treatment in this case, and in other cases brought to the Commission's attention, notably Jesus Lugo v. Kohler, W.C.C. No.: 0626795, in which sanctions have previously been imposed, I make

the following Findings and Conclusion:

1. Jurisdiction and Venue are proper based upon the site of the accident and stipulation of the parties.
2. Claimant's average weekly wage is \$678.01, with a compensation rate of \$452.03, based on the Form 20 and stipulation of the parties.
3. The Claimant suffered a compensable injury by accident while working at Kohler Company to his left knee on June 24, 2008, based upon prior Consent Orders and Claimant's testimony.
4. Claimant was required to undergo two surgeries to his left knee as a result of his work accident of June 24, 2008, based on the depositions of treating surgeon, Dr. Keith and APA 5, and Claimant's testimony.
5. The Claimant had pre-existing right knee problems, which were aggravated by his extended use of crutches and additional weight-bearing on his right knee following his two left knee surgeries, based on the depositions of treating surgeon, Dr. Keith and APA 5, prior Consent Orders and Claimant's testimony.
6. Claimant was required to undergo a right knee surgery for the problems aggravated by his increased weight bearing and use of crutches following his causally-related left knee surgeries, based on depositions of the treating surgeon, Dr. Keith, APA 5, and prior Consent Orders.
7. Claimant developed chronic back pain from his gait disturbance caused by three subsequent knee surgeries and the use of crutches for several months following each surgery, based on depositions of treating

surgeon, Dr. Keith, APA 5, the opinion of Dr Behr found in APA 4, Claimant's testimony and prior Consent Orders.

8. Claimant developed stomach and digestive tract issues resulting in an ulcer due to his use of causally-related narcotic pain medications, anti-inflammatories, and muscle relaxors for to his right and left knee surgeries and chronic low back pain, based on the opinions of the authorized treating physicians, Dr. Cole, Dr. Fedalei, Dr. Keith found in APAs 2, 3 and 5, and Dr. Keith's depositions.

9. Claimant's use of narcotic pain medications, anti-inflammatories, and muscle relaxors for an extended period of time affected his liver function and resulted in increased liver enzymes, based on the opinions of Dr. Cole and authorized gastroenterologist, Dr. Fedalei found in APAs 2 and 3.

10. The use of prescribed steroids resulted in Claimant developing skin problems and pigmentation changes to his legs, based on the opinions of the authorized treating physicians, Dr. Cole, and authorized dermatologist, Dr. Miller, found in APAs 2 and 13.

11. As a consequence of his work injury; specifically Claimant's chronic pain; multiple medical problems for which he was repeatedly denied authorized treatment and prescription medications; and repeated interruptions of his income by the Employer, Claimant developed problems with anxiety and depression for the first time in his life, based on the opinions of Dr. Brabham, Dr. Cole, Dr. Keith, and Dr. Diehl,

found in APAs 1, 2, 5 and 7, Dr. Keith's depositions, and Claimant's testimony.

12. Defendants illegally stopped the Claimant's Temporary Partial Disability benefits of \$101.62 per week on September 11, 2011 and placed the Claimant on layoff without pay on September 26, 2011, based on the testimony of Claimant.
13. Claimant reached Maximum Medical Improvement for his multiple causally-related medical problems on October 18, 2011, based on the opinions of Dr. Brabham and Dr. Cole, found in APA 1 and APA 2, pg. 13, and the testimony of the Claimant.
14. Claimant will require ongoing and future causally-related medical treatment for his back, both knees, stomach/digestive issues to include his ulcer, increased liver enzymes, pigmentation problems with his skin, and his anxiety and depression, based on the opinion of Dr. Cole, APA 2, p. 13, as well as APAs 3, 5, and 13 and the depositions of Dr. Keith.
15. Dr. Keith anticipated the physical restrictions of no prolonged standing or stooping and no heavy lifting would be removed as Claimant's condition improved. However, the lifting restriction was actually increased and the limitations were never removed as Claimant was repeatedly denied treatment and did not improve as anticipated, based on APA 2, pg. 15; APA 5, pg. 113-116, Claimant's testimony, Dr. Keith's depositions; and, APA 1.

16. Per Dr. Keith, Claimant has suffered 10% permanent impairment to his left knee, based on the opinions of Dr. Keith found in APA 5, pg. 126, and both depositions of Dr. Keith.
17. Per Dr. DeVault, Claimant has suffered 25% permanent impairment to his left knee and 5% to back, based on the opinion of Dr. DeVault, APA 9, pg. 174.
18. Claimant suffers significant anxiety and depression as a consequence of his admitted physical injuries from work, based on the opinions of Dr. Brabham, Dr. Cole, Dr. Keith, and Dr. Diehl found in APA 1, pgs 10-11; APA 2, pg 13; APA 5, 112, 114; and APA 7, pgs. 161-163, and Claimant's testimony.
19. A thorough vocational evaluation was performed by Dr. Robert Brabham on October 11, 2011, which concluded that Claimant was vocationally totally disabled; based on APA 1, pgs 10-11.
20. Defendants conceded that Temporary Partial Benefits were ceased on September 11, 2011, two weeks prior to the Claimant's layoff, but were unable to provide any reason for the termination of benefits at that time, based on testimony of the Claimant and stipulations of Defendants.
21. Claimant was offered another position by the Employer prior to his lay off, but that position did not comply with Claimant's work restrictions and physical capacity based on testimony of the Claimant and the permanent restrictions found in APA 5, pg. 113-116; APA 2, pg. 15, as

well as the stipulation of Defendants' attorney at the hearing, after conferring with Safety Manager, Mike Tollison, that Defendants did not have an available position which came within Claimant's restrictions (Hrg. Tr., pg. 36-38).

22. Claimant was laid off on September 26, 2011 without pay, neither the Defendant nor Claimant submitted an application for Unemployment benefits related to Claimant's layoff, and no temporary total disability benefits were initiated by the Defendants such that all Claimant's income ceased on the date of his layoff, based on testimony of the Claimant.
23. Defendants were unable to provide any reason for their failure to initiate temporary disability benefits following the Claimant's layoff, based on hearing testimony and comments of counsel.
24. Following the layoff, Claimant suffered significant aggravation of his anxiety and depression and he was again denied authorized medical treatment for his psychological problems by the Defendants, based on Claimant's testimony and the report of Dr. Brabham, APA 1.
25. Claimant's anxiety and depression alone are so severe as to render him permanently and totally disabled from earning wages, based on the Claimant's testimony, Dr. Brabham's report, APA 1, and the note of Dr. Cole, APA 2, p. 19.
26. The combination of Claimant's permanent physical injuries to his knee and back, chronic pain, limited English, history of manual labor jobs,

along with his anxiety and depression, also render him permanently and totally disabled from earning wages, based on the testimony of the Claimant, the vocational report of Dr. Brabham, APA 1, pgs. 10-11, and Dr. Cole, APA 2 along with the impairment provided by Dr. Keith in APA 5, pg. 126 and Dr. DeVault in APA 9, pgs 173-174.

27. Claimant's request for lump sum payment of an award is denied.

28. Claimant's first language is Spanish and he requires the assistance of an interpreter with his medical appointments, based on the testimony of Claimant and prior Consent Orders.

CONCLUSIONS OF LAW

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

1. Pursuant to *South Carolina Code Ann.*, §42-1-130, Claimant was a covered employee at the time in question and under §42-1-140, the Defendant was a covered employer under the Act.
2. Pursuant to *South Carolina Code Ann.*, §1-23-320, the parties received proper notice of the hearing.
3. Pursuant to *South Carolina Code Ann.* § 42-1-160, Claimant sustained a compensable injury by accident to his left knee, right knee, back, liver, stomach/digestive tract, psyche, and skin, pursuant to the terms of the South Carolina Workers' Compensation Act. An "accident" is an "unlooked for and untoward event that the person who suffered the injury did not expect, design or intentionally cause." Yates v. Life Ins.

Co., 291 S.C. 301, 304, 353 S.E.2d 297, 299 (Ct.App. 1987).

4. Pursuant to *South Carolina Code Ann.* § 42-15-20, Claimant gave notice of an accident to the employer, its agent or representative within ninety (90) days after the accident.
5. Pursuant to *South Carolina Code Ann.* §42-9-260 and *South Carolina Code Reg.* 67-505, 67-506 and 67-510, Defendants illegally stopped the Claimant's Temporary Partial Disability payments on September 11, 2011.
6. Pursuant to *South Carolina Code Ann.* § 42-9-200 and *S.C. Code Reg* 67-503, Defendants owe Claimant TPD for the period from September 11, 2011 through September 26, 2011, at the weekly rate of \$101.62 and TTD for the period from September 26, 2011 through the hearing date of November 2, 2011, at the weekly rate of \$452.03.
7. Pursuant to *South Carolina Code Ann.* § 42-15-60, Claimant reached Maximum Medical Improvement for all his causally-related medical and psychological problems as of October 18, 2011.
8. Pursuant to *South Carolina Code Ann.* § 42-9-10, Kennedy v. Williamsburg County 242 SC 477, 131 SE2d 512 (1963); and Getsinger v. Owens-Corning Fiberglas Corp., 335 SC 77, 515 SE2d 104 (Ct. App 1991), Claimant's anxiety and depression which were induced by his admitted physical injury at work have rendered him Permanently and Totally Disabled.
9. Pursuant to *South Carolina Code Ann.* §42-9-10, and Wynn v. Peoples

Natural Gas Co. of S.C., 238 S.C. 1, 118 SE2d 817 (1961), Claimant's combination of physical injuries, chronic pain, limited English language skills, history of manual labor, and psychological issues render him Permanently and Totally disabled.

10. Pursuant to *South Carolina Code Ann.* § 42-9-10, Claimant is entitled to an award of permanent and total disability and lifetime medical treatment for his affected body parts, to include both knees, back, liver, stomach/digestive tract, psyche, and skin, and Defendants shall provide an interpreter for Claimant's causally-related medical appointments.
11. Pursuant to *South Carolina Code Ann.* § 42-1-40, Defendants did not offer employment suitable to Claimant's capacity on September 26, 2011 prior to his layoff.
12. Pursuant to *South Carolina Code Ann.* § 42-1-40, and by stipulation of the parties, Claimant has an average weekly wage of \$678.01, with a corresponding compensation rate of \$452.03.
13. The issue of Utica-Mohawk Mills language apportioning the award is not addressed as Claimant's request for a lump sum award is denied.

ORDER

IT IS HEREBY ORDERED that Claimant, is awarded Temporary Partial Disability at the weekly rate of \$101.62 for two weeks, is awarded Temporary Total Disability at the weekly rate of \$452.03 for five weeks; is Permanently and Totally Disabled and awarded payment of Permanent Total Disability benefits at the weekly rate of \$452.03 beginning November 3, 2011, for the remainder of 500 weeks, not to exceed \$226,015.00, is awarded lifetime medical treatment for both knees, back, liver, stomach/digestive tract, psyche, and skin, and shall be provided the services of an interpreter at his future causally-related medical appointments.

IT IS SO ORDERED

South Carolina Workers' Compensation Commission

Columbia, South Carolina



G. Bryan Lyndon, Commissioner

South Carolina Workers' Compensation Commission

CERTIFICATE OF SERVICE

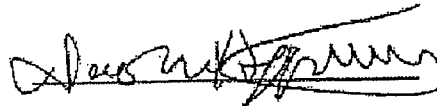
This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
December 13, 2011

By: Tamara Morris, Administrative Assistant to Commissioner Lyndon

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Yuri Valderamma,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0809520
	)	
Kohler Company,	)	
	)	
	)	
Employer/Self Insured,	)	THIRD CONSENT ORDER
	)	
	)	

This matter was scheduled for a hearing before the undersigned Commissioner on August 23, 2011 regarding Claimant's Motion for Penalties and Sanctions for failure to comply with a prior Order. Prior to the call of the case, the Parties reached an Agreement and no hearing was necessary. Defendants agreed to comply with all prior Orders of the Commission including, but not limited to, the prior Consent Orders. Defendants paid all out-of-pocket medical expenses and outstanding mileage prior to the hearing. Defendants authorized all prescriptions and treatment recommended by Dr. Keith, Dr. Behr, Dr. Cole, Dr. Fedalei and authorized psychological treatment with Dr. Tollison. Defendants authorized physical therapy with Orthopaedic Associates for the Claimant's back problems. Defendants also agreed to coordinate with all the medical providers to ensure that the providers correctly bill Workers' Compensation, instead of the Claimant or his health insurance. Defendants also agreed to provide an interpreter for all future medical appointments, and agreed to attempt to schedule medical appointments no earlier than 11:30 a.m. to avoid disruption of Mr. Valderamma's work schedule. The file will be returned to general files to be reset upon the request of either party.

IT IS SO ORDERED

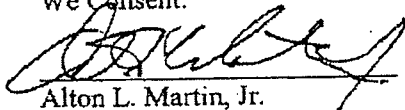


David W. Huffstetter, Commissioner

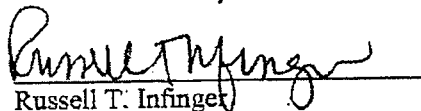
September 19, 2011

Date

We Consent:



Alton L. Martin, Jr.
Martin & Martin, PA
P. O. Box 8220
Greenville, SC 29604
(864) 271-1822
Attorneys for Claimant



Russell T. Infinger
Nexsen Pruet, LLC
P. O. Drawer 10648
Greenville, SC 29603
(864) 370-2211
Attorneys for Defendant

CERTIFICATE OF SERVICE

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

By Kellie Lindler on September 19, 2011

STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

Yuzi Valderrama,

Claimant,

vs.

Kotler Company,

Employer/Self-Insured;
Defendant.

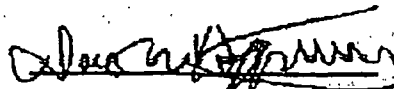
WCC File No. 0809520

Consent Order

This matter was scheduled before the undersigned Commissioner on June 15, 2011 regarding claimant's motion to compel compliance with a prior order of the Commission. Prior to the call of the case the parties reached an agreement and no hearing was necessary. The defendant agrees to comply with the prior orders of the commission including but not limited to the most recent consent order of the parties. Specifically, the defendant agrees to make the reimbursements and out of pocket payments as noted in both the prior order and the attachments to the motion to compel; and authorize all prescription and treatment recommended by Dr. Keith, Dr. Behr and Dr. Fawcett to include psychological care. Those payments shall be made to the claimant through his attorney and recommended treatment and prescriptions shall be authorized no later than 10 days of the scheduled hearing in this matter or by June 25, 2011.

THE FILE WILL BE RETURNED TO GENERAL FILES TO BE RESET UPON THE
REQUEST OF EITHER PARTY.

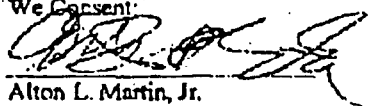
IT IS SO ORDERED.



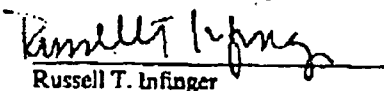
David W. Huffstetter, Commissioner

Dated: June 17, 2011

We Consent:



Alton L. Martin, Jr.
Martin & Brasington, PA
P. O. Box 8220
Greenville, SC 29604
Attorneys for Claimant



Russell T. Infinger
Nexsen Pruet, LLC
P. O. Drawer 10648
Greenville, SC 29603
Attorneys for Defendant

CERTIFICATE OF SERVICE

I do hereby certify the undersigned has this date served this order in the above entitled action upon all parties herein named by serving an electronic copy thereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy thereof, postage paid, in the United States Mail addressed to any unrepresented party.

By Kelli L. Linder on June 17, 2011 182002674

STATE OF SOUTH CAROLINA)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

Yuri Valderamma,)

Claimant,)

v.)

W.C.C. FILE NO: 0809520

Kohler Company.,)

Employer/Self Insured,)

CONSENT ORDER

This matter was scheduled for a hearing on December 16, 2010 before the Honorable David W. Huffstetler. Prior to the hearing, the Parties reached an Agreement and wish to formalize it with a Consent Order. The terms of the Agreement are as follows:

1. The Claimant has not reached maximum medical improvement to his knees, back, stomach/digestive problems, and psychological overlay.
2. Claimant is entitled to continuing authorized medical treatment from Dr. John Keith, to include prescription medications and referrals to other medical providers to whom Dr. Keith has referred the Claimant for causally-related problems.
3. Dr. Keith has referred the Claimant to Dr. Cole for causally-related treatment to his back, stomach/digestive problems, and depression. The treatment provided by Dr. Cole is authorized to include prescription medications and any referrals made by Dr. Cole to other medical providers for Claimant's causally-related problems.
4. Dr. Cole's referral to Dr. Behr for Claimant's back problems and Dr. Fedalei for Claimant's gastroenterological problems are authorized and treatment from these

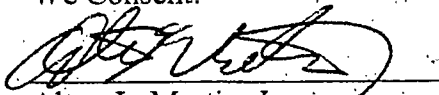
physicians is authorized, as well as any other referrals by Dr. Cole for the causally-related problems for which he is treating the Claimant.

5. Claimant shall be reimbursed for any expenses incurred for causally-related prescriptions and medical treatment provided from Dr. Cole, Dr. Behr and Dr. Fadelei.

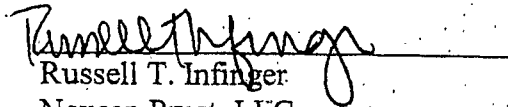
6. Permanency to Claimant's right and left knee, back, stomach/digestive problems and psychological overlay, as well as all other issues shall be held in abeyance.

The File will be returned to General Files

We Consent:



Alton L. Martin, Jr.
Martin & Brasington, PA
P. O. Box 8220
Greenville, SC 29604
(864) 271-1822
Attorneys for Claimant



Russell T. Infinger
Nexsen Pruet, LLC
P. O. Drawer 10648
Greenville, SC 29603
(864) 370-2211
Attorneys for Defendant

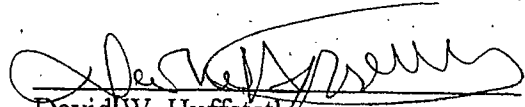
IT IS SO ORDERED

CERTIFICATE OF SERVICE

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

AM
RJ

This 2 day of February, 2011
by Kellie L. Funder
Administrative Assistant to the Commissioner



David W. Huffstetler
Commissioner

Date 2/2/11

STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

Yuri Valderrama,

Claimant,

vs.

Kohler Company,

Employer/Self-Insured,

Defendant.

WCC File No. 0809520

Consent Order

This matter was set before the undersigned Commissioner based on Forms 50 and 51 filed by the parties. A hearing was set on January 19, 2010 before the undersigned Commissioner. Prior to the call of the case, the parties advised that the issues were resolved therefore the hearing was not held.

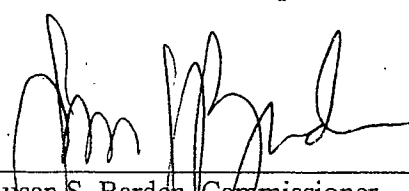
The parties agree as follows: The claimant's accident was to his left knee and he has had surgeries for that by Drs. Black and Keith. The parties further agree that the claimant's right knee has been aggravated due to the over use of the right knee following the left knee injury. Dr. Keith has recommended surgery for the right knee. The defendant agrees to accept as compensable the left and right knees as compensable body parts in this claim. The defendant agrees all the medical treatment provided by Dr. Keith to date is causally-related and medical expenses related thereto shall be paid by the defendant. The defendant further agrees that Dr. Keith shall serve as the authorized treating physician.

The claimant's last day of work was August 28, 2009. The claimant last worked that day due to problems with his right knee. TPD was paid through 08/26/09, and the claimant was released to full duty regarding the left knee by from Dr. Keith effective 08/27/09. Therefore the defendants agree to pay to the claimant temporary total disability benefits beginning August 29, 2009 and continuing until agreement of the parties, further order of the Commission or until the statutory maximum has been reached. The claimant agrees to execute Form 17 showing the termination of TPD as of 8/26/09.

The file may be returned to the general files pending hearing request from either party. All other issues are held in abeyance. This agreement of the parties shall become the order of the Commission.

IT IS SO ORDERED.

Dated: 2/11/10


Susan S. Barden, Commissioner

S.C. Workers' Compensation Commission

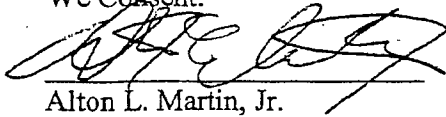
This is to certify that the undersigned Commissioner has served this order in the above entitled action upon all parties to this cause by depositing a copy heretofore, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 2nd day of February 2010

By KRISTI LOVEL

Administrative Assistant to the Commissioner

We Consent:



Alton L. Martin, Jr.
Martin & Brasington, PA
P. O. Box 8220
Greenville, SC 29604
Attorneys for Claimant



Russell T. Infinger
Nexsen Pruet, LLC
P. O. Drawer 10648
Greenville, SC 29603
Attorneys for Defendant

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Yuri Valderamma,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0809520
	)	
Kohler Company.,	)	
	)	MOTION FOR LUMP SUM PAYMENT
	)	OF AWARD AND ATTORNEY'S FEES
Employer/Self Insured,	)	
	)	

COMES NOW the Claimant, by and through his undersigned counsel, and moves for an Order to be issued awarding lump sum payment of the Award contained in the Order of December 13, 2011, per 67-1605 as referenced in the attached Form 24, and lump sum payment of the Claimant's attorney's fees per 67-1207. This Motion is based on the following:

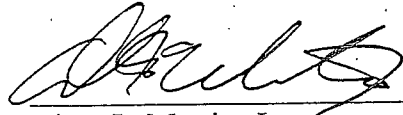
1. The December 13, 2011, Order awarded Claimant Total and Permanent disability per §42-9-10 in the amount of \$452.03 per week for the remainder of 500 weeks; \$101.62 for two weeks of unpaid temporary partial disability; \$452.03 for 5 weeks of unpaid temporary total disability; and, \$452.03 per week beginning November 3, 2011 for the remainder of 500 weeks, not to exceed \$226,015.00
2. Defendants appealed the Order of December 13, 2011, and the Full Commission affirmed. A proposed Order of the Full Commission was submitted on May 15, 2012 and is awaiting signature. Any further appeal by the Defendants shall not serve as supersedeas in accordance with §42-17-60.
3. After Claimant was terminated on September 26, 2011, he did not receive any indemnity benefits until June 2012. He has still not received all of the past temporary benefits owed. As a result, he has suffered severe financial hardship to include

threatened foreclosure of his home. Claimant's home was previously forced into foreclosure due to Defendants failure to pay benefits for a five month period in 2009.

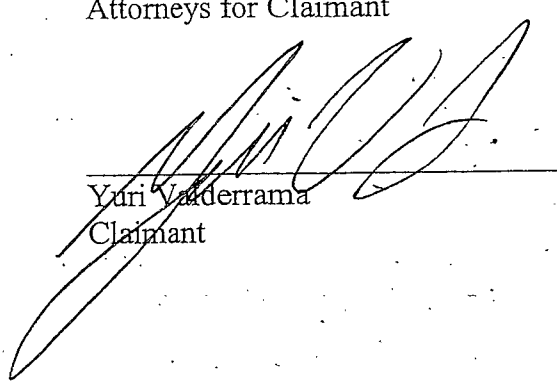
4. A total of five (5) Motions for Sanctions have been filed against the Defendants in relation to their failure to pay benefits or authorize medical treatment.
5. The most recent Order imposing sanctions was issued on June 7, 2012. Defendants did not appeal that Order and have not yet paid the penalties imposed by that Order.
6. In addition to Claimant's financial hardship, the Defendants failure to pay benefits on a timely basis resulted in an aggravation of Claimant's psychological problems.
7. Claimant has demonstrated that he is capable of handling his own finances and he did not have any financial issues prior to the Defendants repeated failures to timely pay.
8. Claimant needs a lump sum award in order to avoid further financial difficulties, such as foreclosure on his home, and to pay loans he was required to take out as a result of the Defendants improper denial of benefits.
9. Claimant also seeks payment of his attorney's fees in lump sum. The amount of the present award is in excess of 100 weeks and there are not sufficient accrued weeks to satisfy the attorney's fees and costs. Defendants should pay Claimant's attorney directly the commuted value of his approved fee. A letter from the Commission is attached providing the commuted value as of June 12, 2012 of \$148,760.31. A Form 61 is also attached hereto.
10. A letter was provided to Defendants on June 18, 2012 requesting consent to payment of the award in lump sum, or lump sum payment of attorney's fees and costs. A copy is attached hereto. Defendants have not responded to this letter.

Based on the foregoing, Claimant seeks a Hearing and Order awarding lump sum payment of the award, or alternatively lump sum payment of his attorney's fees and costs.

Respectfully submitted



Alton L. Martin, Jr.
MARTIN & MARTIN, PA
P. O. Box 8220
Greenville, SC 29604
(864) 271-1822
Attorneys for Claimant



Yuri Valderrama
Claimant

Greenville, South Carolina

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Yuri Valderrama,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0809520
	)	
Kohler Company,	)	
	)	
Employer/ Self Insured.	)	
	)	
	)	MOTION FOR PENALTIES

COMES NOW the Claimant, by and through his undersigned counsel, and moves for the imposition of penalties and fines against the Defendants as follows:

1. The Defendants stopped paying the Claimant Temporary Partial Disability Benefits without cause on September 10, 2011.
2. The Defendants terminated the Claimant on September 26, 2011 and failed to initiate Temporary Total Benefits.
3. At the Hearing on November 2, 2011, Commissioner Lyndon ruled from the bench that the Employer owed Claimant Temporary Partial Disability Benefits from September 11, 2011 through September 26, 2011 and Temporary Total Benefits from September 26, 2011 through the date of the hearing. The Commissioner found that the Claimant was Permanently and Totally Disabled and Ordered he receive weekly checks.
4. The Hearing Order was signed on December 13, 2011. A copy of which is attached hereto.
5. The Defendants filed a Notice of Appeal on December 30, 2011, but did not appeal the finding that the Claimant was owed Temporary Partial Disability Benefits for two weeks or Temporary Total Benefits for five weeks.
6. Despite calls, emails and letters from the Claimant's attorney, the Defendants have not paid anything. Claimant has had to borrow money from family and friends to survive. His home is at risk of going into foreclosure again. It was previously placed in foreclosure in 2010 when

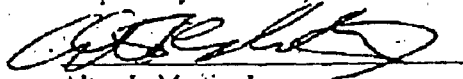
201301182002674

Defendants wrongly refused to pay temporary benefits for a four month period.
Defendants wrongly refused to pay temporary benefits for a four month period.

7. In addition to Defendants failure to pay benefits to the Claimant, they have not provided the authorized medical treatment and prescriptions as agreed to in multiple Consent Orders, nor did they appeal the award of ongoing medical treatment awarded in the Hearing Order.
8. Claimant continues to purchase those prescriptions he can afford out-of-pocket and does without other prescriptions because of Defendants' failure to comply with the Commission's Orders. All the prescriptions are authorized.

Based on the forgoing, Claimant moves for the Commission to impose penalties of 10% of the amount awarded in the Order that has not been paid, and is not being appealed in accordance to S.C. Code Ann. §42-9-90; 25% of the amount that was improperly stopped in accordance with S.C. Code Ann. §42-9-260; post-judgment interest at the rate of 7.25% on the amount owed, which was not appealed; and, Claimant seeks the dismissal of the Defendants' appeal as a sanction for Defendants' obvious contempt demonstrated by repeated refusals to comply with multiple Orders of this Commission.

Respectfully submitted,



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

January 18, 2012

201301182002674

STATE OF SOUTH CAROLINA

Claimant,

v.

Employer/Self Insured.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

W.C.C. FILE NO: 0809520

CERTIFICATE OF SERVICE BY MAIL

DCN -201301182002674 BroadSpire Receive date -1/18/2013 6:00:00 AM ACS process date -1/18/2013 6:00:00 AM.

STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA

Yuri Valderrama,

Claimant,

v.

Kohler Company,

Employer/Self Insured,

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

W.C.C. FILE NO: 0809520

**AMENDED
FIFTH
MOTION FOR SANCTIONS**

Comes now the Claimant and moves for Sanctions to be imposed against the Defendants in accordance with the Order Imposing Penalties and Sanctions issued on March 12, 2012. This motion is based on the following:

1. ~~A hearing was held on February 23, 2012 to address the Claimant's Fourth Motion for Sanctions against the Defendants.~~
2. The Commissioner ruled from the bench that the Defendants must comply with the prior Consent Orders and the Hearing Order of December 13, 2011 regarding authorization of the Claimant's prescription medications, medical treatment, and payment of improperly stopped temporary benefits.
3. Defendants were ordered to pay temporary partial disability, temporary total disability, penalties and interest in specified amounts.
4. Claimant was instructed to submit prescriptions to the pharmacy and provide the Defendants attorney with written notice of same. Once the prescriptions were submitted and notice provided, Defendants would have seven (7) days in which to authorize medications. If Defendants failed to authorize medications within seven (7) days after receiving notice of the prescription submissions, then a \$500.00 fine would be imposed against Defendants for each day the medications were not authorized.
5. Defendants were ordered to authorize medical treatment and schedule appointments with Claimant's authorized doctors within 30 days and advise Claimant's attorney of the appointments in writing. If Defendants failed to authorize and schedule any medical treatment within 30 days, then a \$500.00 fine would be imposed against Defendants for each day thereafter until the medical treatment is authorized and scheduled.

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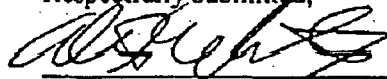
6. Defendants were ordered to pay for all causally-related medical treatment and prescriptions already incurred within 30 days of Claimant presenting same. If Defendants failed to pay for all past medical treatment and prescriptions within 30 days, then a \$500.00 fine would be imposed against Defendants each day until all such medical treatment and prescriptions have been paid.
7. A list of the medications which had not yet been authorized was again provided to the Defendants attorney on March 6, 2012.
8. The Commissioner's ruling from the February 23, 2012 hearing was formalized in an Order Imposing Penalties and Sanctions filed on March 12, 2012. A copy of the Order is attached hereto. No appeal was taken from the Order of March 12, 2012.
9. On March 15, 2012, the Claimant re-submitted all of the unapproved prescriptions to the CVS Pharmacy at 700 East Main Street, Duncan, SC 29334.
10. A list of the prescriptions that were re-submitted to the CVS Pharmacy and the unpaid medical treatment and prescriptions were provided in a letter to the Defendants attorney by certified mail-return receipt requested. A return receipt was signed by Defendants attorney's office on March 20, 2012.
11. As of May 2, 2012, the date of this Motion being amended, no temporary benefits, penalties or interest have been paid; no medical treatment has been authorized or scheduled; the medications have not been authorized by the Defendants; and Claimant is not aware of any past unpaid medical treatment or prescriptions having been paid.
12. The Defendants are in violation of the Order Imposing Penalties and Sanctions filed March 12, 2012.
13. Claimant remains out of work as a result of having been found Permanently and Totally Disabled on December 13, 2011, and has not received any indemnity benefits (temporary or permanent) since September 26, 2011.

Based on the foregoing, Claimant seeks payment of temporary benefits, penalties and interest which remain unpaid; imposition of fines in the amount of \$500.00 per day from April 12, 2012 until all medical treatment is authorized and scheduled; imposition of fines in the amount of \$500.00 per day from March 26, 2012 until all prescription medications are authorized; imposition of fines in the amount of \$500.00 per day from April 20, 2012 until all past unpaid medical treatment and prescriptions submitted on

201301182002674

March 20, 2012 have been paid; an award of attorney's fees and costs related to these motions per S.C. Code Ann. §42-3-175; and issuance of a complaint by the Workers' Compensation Commission to the Department of Insurance regarding Defendants pattern of failing to pay benefits pursuant to an Order in accordance with section §42-3-175 (D)(1).

Respectfully submitted,



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

May 2, 2012

201301182002674

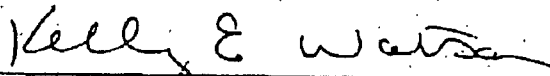
STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Yuri Valderrama,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0809520
	)	
Kohler Company,	)	
	)	
Employer/Self Insured.	)	
	)	
	)	<u>CERTIFICATE OF SERVICE BY MAIL</u>
	)	

This is to certify that the undersigned did cause the Amended Fifth Motion for Sanctions to be served upon Virginia Crocker, Judicial Director of the South Carolina Workers' Compensation Commission, and attorney for Defendants, by mailing a copy of same in an envelope addressed as shown below and depositing same in the United States mail, proper postage affixed thereto on the 2nd day of May 2012.

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

Russell T. Infinger, Esquire
Nexsen Pruet
PO Drawer 10648
Greenville, SC 29603

MARTIN & MARTIN, P.A.


Kelly E. Watson
Legal Assistant

Greenville, South Carolina

201301182002674

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Yuri Valderrama,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0809520
	)	
Kohler Company,	)	
	)	
Employer/ Self Insured.	)	
	)	
	)	MOTION FOR SANCTIONS
	)	

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

1. In accordance with S.C. Code Annotated §42-3-175.

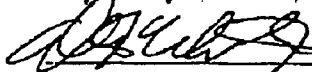
(A)(1) If Claimant brings an action before the Commission to enforce an order authorizing medical treatment or payment of benefits and the Commission determines that an insurer, a self-insured employer, a self-insured fund, or an adjuster, without good cause, failed to authorize medical treatment and/or pay benefits when ordered to do so by the Commission, the insurer, the self-insured employer, the self-insured fund, or the adjuster, must pay the Claimant's attorneys' fees and costs of enforcing the order. The Commission may impose sanctions for willful disobedience of an order, including, but not limited to, a fine up to \$500.00 for each day of the violation.
2. An Order was issued on February 2, 2011, for the Defendants to authorize medical treatment with Dr. Keith, Dr. Cole, Dr. Behr and Dr. Fadalei to include prescription medications and referrals by these doctors, for Claimant's knees, back, stomach/digestive problems and psychological overlay. Defendants were also ordered to reimburse Claimant for out of pocket medical expenses and prescriptions from these doctors.
3. The Defendants adjuster, Greg West, has repeatedly failed to authorize medical treatment, failed to authorize prescription medication from the authorized treating physician and failed to reimburse any expenses.
4. Claimant's attorney has contacted the Defendants' attorney on multiple occasions to complain about the Defendants repeated failure to authorize medication, or otherwise comply with the Order.

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5. Despite Claimant's attorney's repeated complaints, medical treatment has not been authorized, prescriptions have not been authorized and expenses have not been reimbursed.
6. "Good cause" does not exist for the Defendants' repeated and continued failure to authorize medical treatment or pay benefits as previously ordered by the Commission.
7. The Defendants' actions represent "willful disobedience" to the Commission's Order as they have been given repeated opportunities to correct these failures and have chosen to continue refusing authorization of medical treatment and payment of benefits.

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

Respectfully submitted,



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

May 25, 2011

201301182002674

STATE OF SOUTH CAROLINA

) BEFORE THE SOUTH CAROLINA
) WORKERS' COMPENSATION
) COMMISSION

Yuri Valderrama,

)
)
) Claimant,

)
)
) v.

) W.C.C. FILE NO: 0809520

)
)
) Kohler Company,

)
)
) Employer/Self Insured.

) **CERTIFICATE OF SERVICE BY MAIL**
)
)
)

This is to certify that the undersigned did cause the Motion for Sanctions to be served upon Virginia Crocker, Judicial Director of the South Carolina Workers' Compensation Commission, and attorney for Defendants, by mailing a copy of same in an envelope addressed as shown below and depositing same in the United States mail, proper postage affixed thereto on the 26th day of May, 2011.

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

Russell T. Infinger, Esquire
Nexsen Pruet
PO Drawer 10648
Greenville, SC 29603

MARTIN & BRASINGTON, P.A.


Shona D. Johnson
Paralegal to Alton L. Martin, Jr.

Greenville, South Carolina

201301182002674

STATE OF SOUTH CAROLINA)
)
) BEFORE THE SOUTH CAROLINA
) WORKERS' COMPENSATION
) COMMISSION-

Yuri Valderrama,)
)
) Claimant,)
)
) v.) W.C.C. FILE NO: 0809520
)
Kohler Company,)
)
) Employer/ Self Insured.)
)
) MOTION FOR SANCTIONS

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

1. In accordance with S.C. Code Annotated §42-3-175.
(A)(1) If Claimant brings an action before the Commission to enforce an order authorizing medical treatment or payment of benefits and the Commission determines that an insurer, a self-insured employer, a self-insured fund, or an adjuster, without good cause, failed to authorize medical treatment and/or pay benefits when ordered to do so by the Commission, the insurer, the self-insured employer, the self-insured fund, or the adjuster, must pay the Claimant's attorneys' fees and costs of enforcing the order. The Commission may impose sanctions for willful disobedience of an order, including, but not limited to, a fine up to \$500.00 for each day of the violation.
2. A Consent Order was entered on February 2, 2011, a copy of which is attached hereto as Exhibit A.
3. Defendant's failed to comply with the February 2, 2011 Order and a Motion for Sanctions was filed on May 25, 2011. A hearing was scheduled on the Motion for June 15, 2011.
4. Prior to the June 15, 2011 hearing another Consent Order was reached wherein Defendant's agreed to comply with the prior Order by June 25, 2011. A copy of the second Consent Order dated June 17, 2011 is attached hereto as Exhibit B.
5. To date, Defendant's have not authorized his medical treatment with Dr. Cole, Dr. Behr, Dr. Fadalei and Defendant's have not authorized physical therapy, psychological care or reimbursed out of pocket medical expenses

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6. Despite Claimant's attorney's repeated complaints, medical treatment has not been authorized, prescriptions have not been authorized and expenses have not been reimbursed.
7. "Good cause" does not exist for the Defendants' repeated and continued failure to authorize medical treatment or pay benefits as previously ordered by the Commission.
8. The Defendants' actions represent "willful disobedience" to the Commission's Order as they have been given repeated opportunities to correct these failures and have chosen to continue refusing authorization of medical treatment and payment of benefits.

Claimant seeks his attorney's fees and costs related to enforcing the Orders of February 2, 2011 and June 17, 2011. Claimant also seeks the Commission to impose sanctions for "willful disobedience" of an Order, by imposition of a fine of up to \$500.00 for each day of the violation, as determined by the Commission. (S.C. Code Ann. § 42-3-175(A)(1). Claimant seeks issuance of notification by the Commission to the Department of Insurance of the insurer's failure to authorize and pay for medical treatment in accordance with §42-3-175(A)(2). Additionally, the Claimant seeks the Commission to notify the Department of Insurance that the insurer's behavior in this matter, represents "a pattern of failing to pay benefits pursuant to an award" in accordance with §42-3-175(B).

Respectfully submitted,



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

August 9, 2011

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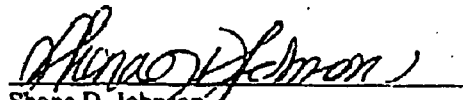
STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Yuri Valderrama,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0809520
	)	
Kohler Company,	)	
	)	
Employer/Self Insured.	)	
	)	
	)	<u>CERTIFICATE OF SERVICE BY MAIL</u>
	)	

This is to certify that the undersigned did cause the Motion for Sanctions to be served upon Virginia Crocker, Judicial Director of the South Carolina Workers' Compensation Commission, and attorney for Defendants, by mailing a copy of same in an envelope addressed as shown below and depositing same in the United States mail, proper postage affixed thereto on the 9th day of August, 2011.

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

Russell T. Infinger, Esquire
Nexsen Pruet
PO Drawer 10648
Greenville, SC 29603

MARTIN & BRASINGTON, P.A.


Shona D. Johnson
Paralegal to Alton L. Martin, Jr.

Greenville, South Carolina

201301182002674

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
	)	COMMISSION
Yuri Valderrama,	)	
	)	
Claimant,	)	
	)	
v.	)	W.C.C. FILE NO: 0809520
	)	
Kohler Company,	)	
	)	
Employer/ Self Insured.	)	
	)	
	)	MOTION FOR SANCTIONS
	)	

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

1. In accordance with S.C. Code Annotated §42-3-175.

(A)(1) If Claimant brings an action before the Commission to enforce an order authorizing medical treatment or payment of benefits and the Commission determines that an insurer, a self-insured employer, a self-insured fund, or an adjuster, without good cause, failed to authorize medical treatment and/or pay benefits when ordered to do so by the Commission, the insurer, the self-insured employer, the self-insured fund, or the adjuster, must pay the Claimant's attorneys' fees and costs of enforcing the order. The Commission may impose sanctions for willful disobedience of an order, including, but not limited to, a fine up to \$500.00 for each day of the violation.
2. A Consent Order was entered on February 2, 2011, a copy of which is attached hereto as Exhibit A.
3. Defendant's failed to comply with the February 2, 2011 Order and a Motion for Sanctions was filed on May 25, 2011. A hearing was scheduled on the Motion for June 15, 2011.
4. Prior to the June 15, 2011 hearing another Consent Order was reached wherein Defendant's agreed to comply with the prior Order by June 25, 2011. A copy of the second Consent Order dated June 17, 2011 is attached hereto as Exhibit B.
5. Defendant's failed to comply with the June 17, 2011 Order and a Motion for Sanctions was filed on August 9, 2011. A hearing was scheduled on the Motion for August 23, 2011.

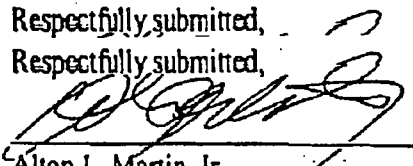
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6. Prior to the August 23, 2011 hearing another Consent Order was reached wherein
6. Prior to the August 23, 2011 hearing another Consent Order was reached wherein Defendant's agreed to comply with the prior Order. A copy of the Third Consent Order dated September 19, 2011 is attached hereto as Exhibit C.
7. To date, Defendant's have not authorized medical treatment with Dr. Cole, Dr. Behr and Dr. Fadalei. Defendant's have not authorized physical therapy, psychological, authorized prescription medications or correctly bill the workers' compensation insurance carrier instead of the Claimant's health insurance.
8. Despite Claimant's attorney's repeated complaints, treatment has not been authorized and prescriptions have not been authorized. Defendant's have not complied.
9. "Good cause" does not exist for the Defendants' repeated and continued failure to authorize medical treatment or pay benefits as previously ordered by the Commission.
10. The Defendants' actions represent "willful disobedience" to the Commission's Order as they have been given repeated opportunities to correct these failures and have chosen to continue refusing authorization of medical treatment and payment of benefits.
11. An Order imposing penalties against this same self insured Defendant involving another Claimant working at the same facility was issued on September 19, 2011 involving WCC #: 0626795

Claimant seeks his attorney's fees and costs related to enforcing the Orders of February 2, 2011, June 17, 2011 and September 19, 2011. Claimant also seeks the Commission to impose sanctions for "willful disobedience" of an Order, by imposition of a fine of up to \$500.00 for each day of the violation, as determined by the Commission. (S.C. Code Ann. § 42-3-175(A)(1). Claimant seeks issuance of notification by the Commission to the Department of Insurance of the insurer's failure to authorize and pay for medical treatment in accordance with §42-3-175(A)(2). Additionally, the Claimant seeks the Commission to notify the Department of Insurance that the insurer's behavior in this matter, represents "a pattern of failing to pay benefits pursuant to an award" in accordance with §42-3-175(B).

201301182002674

Respectfully submitted,
Respectfully submitted,



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

September 30, 2011

201301182002674

STATE OF SOUTH CAROLINA)
STATE OF SOUTH CAROLINA)
)
)

BEFORE THE SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

Yuri Valderrama,)
)
Claimant,)
)

v.)

W.C.C. FILE NO: 0809520

Kohler Company,)
)
Employer/Self Insured.)
)
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)

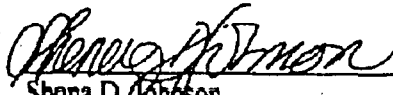
CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned did cause the Motion for Sanctions to be served upon Virginia Crocker, Judicial Director of the South Carolina Workers' Compensation Commission, and attorney for Defendants, by mailing a copy of same in an envelope addressed as shown below and depositing same in the United States mail, proper postage affixed thereto on the 30th day of September, 2011.

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

Russell T. Infinger, Esquire
Nexsen Pruet
PO Drawer 10648
Greenville, SC 29603

MARTIN & MARTIN, P.A.


Shona D. Johnson
Paralegal to Alton L. Martin, Jr.

Greenville, South Carolina

201301182002674



WCC File #: 0809520
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Yuri Valderrama SSN: [REDACTED] Employer's Name: Kohler Company
Address: [REDACTED] Address: 4000 S. Pine Street
City: Spartanburg State: SC Zip: 29301 City: Spartanburg State: SC Zip: 29302
Home Phone: [REDACTED] Work Phone: () - Insurance Carrier: Self-Insured
Date of Injury: 06/24/08 Preparer's Name: Russell T. Infinger Law Firm: Nexsen Pruet, LLC Preparer's Phone #: (864) 282-1122

Request for Commission Review by ☐ claimant ☒ employer (check one)

The undersigned makes application for review of the findings of the Commissioner in the above captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages, if necessary).

See attached Rider.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral arguments is waived if not indicated on this form.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Alton L. Martin, Jr., Esquire
Name
P.O. Box 8220, Greenville, SC 29604

on the 27 day of December, 2011 by ☒ first class mail; ☐ personal service; ☐ certified mail.

Russell T. Infinger
Preparer's Signature

Attorney
Title

12-27-11
Date

Check this box if you are not represented by an attorney. ☐

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701B. Otherwise, file the original and 4 copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

RIDER TO FORM 30
YURI VALDERAMMA
v.
KOHLER COMPANY
WCC FILE NO. 0809520

1. Did the Single Commissioner err in finding that the claimant sustained total and permanent disability when the weight of the evidence does not support that finding?

2. Did the Single Commissioner err in finding that the claimant sustained total and permanent disability when the weight of the evidence does not support such a finding especially when the claimant was working immediately prior to the hearing and was out of work only due to a lay off?

3. Did the Single Commissioner err in finding that the psychological conditions alone were sufficient to cause the claimant to be totally disabled when the weight of the evidence and the fact that the claimant was working without problems immediately before the hearing does not support such a finding?

4. Did the Single Commissioner err in awarding 500 weeks of benefits and lifetime medical benefits when the weight of the medical evidence does not support a finding of total and permanent disability?

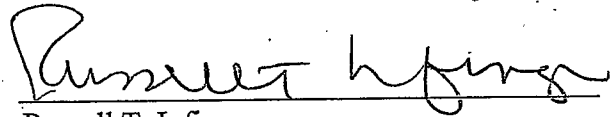
5. Did the Single Commissioner err in issuing an order for the payment of total and permanent disability when the weight of the evidence was clear that but for the reduction in force causing the claimant to be laid off that he would continue to work for the employer and therefore is clearly not totally disabled?

CERTIFICATE OF SERVICE

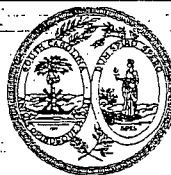
This is to certify that a copy of the foregoing Form 30 has been served upon the following attorney of record by placing a copy of the same in the United States mail, first class postage prepaid, addressed to the below at their offices as shown below this 27 day of December, 2011.

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

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

A handwritten signature in cursive script, appearing to read "Russell T. Infinger", written over a horizontal line.

Russell T. Infinger
Nexsen Pruet, LLC
55 E. Camperdown Way, Suite 400
P. O. Drawer 10648
Greenville, SC 29603
(864) 282-1122



Claimant's Name: Yuri Valderrama SSN: [REDACTED] Employer's Name: Kohler Co.
Address: [REDACTED] Address: 2851 Southport Rd.
City: [REDACTED] State: SC Zip: [REDACTED] City: Spartanburg State: SC Zip: 29302
Home Phone: [REDACTED] Work Phone: () Insurance Carrier: Broadspire, P.O. Box 19509,
Charlotte, NC 28219
Preparer's Name: Alton L. Martin, Jr. Law Firm: Martin & Brasington, P.A. Preparer's Phone #: (864) 271-1822

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

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

Date of Injury or Illness: 06/24/08

☒ Injury ☐ Illness ☐ Repetitive Trauma

1a. The claimant sustained an injury to left knee (Part(s) of Body Injured) on 06/24/08 (Month/Day/Year) in Spartanburg county, state of SC.

1b. Body part(s) affected are: left knee, right knee, back, psyche, digestive system, liver.

Briefly describe how the accident occurred: twisted left knee while carrying plumbing supplies.

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 06/24/08 (Month/Day/Year) in the following manner:

Verbally to Mark Wicker- Supervisor.

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

☒ (a) medical examination and treatment for: back, psyche, GERD, liver

☒ (b) additional medical examination and treatment for: both knees

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

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

☐ (1) General Disability:

☐ Total

☐ (2) Specific Disability:

☐ Total

☐ (3) Wage Loss

☐ Partial

☐ Partial

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

10a. At the time of the injury, the Claimant was paid weekly wages of \$Form 20, 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:
Kohler Co., 2851 Southport Rd., Spartanburg, SC 29302.

11a. Further grounds or unusual aspects of claim:

Claimant speaks Spanish and an interpreter will be required at the hearing.

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:

Dr. John Keith Jr., 303 E Wood St., Spartanburg, SC 29303, Dr. Mary Joan Black, 1330 Boiling Springs Rd Suite 1600, Spartanburg, SC 29303, North Grove Physical Therapy, 1330 Boiling Springs Rd Suite 1600B, Spartanburg, SC 29303. Dr. Eric Cole, Family Medical Center 130 Dillon Dr, Spartanburg, SC 29307

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: 1 hour

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

[Signature]

Attorney for Claimant

ak@martinbrasington.com

Title

Email

September 24, 2010

Date

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

WCC Form # 50

Revised 9/07

50

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

) - BEFORE THE SOUTH CAROLINA
) WORKERS' COMPENSATION
) COMMISSION

V.

W.C.C. FILE NO: 0809520

Employer,

and

CERTIFICATE OF SERVICE BY MAIL

Carrier:

This is to certify that the undersigned did cause the Form 50 to be served upon Virginia

Crocker, Judicial Director of the South Carolina Workers' Compensation Commission and Rusty Infinger, Esquire, attorney for Defendants by mailing a copy of same in an envelope addressed as shown below and depositing same in the United States mail, proper postage affixed thereto on the 24th day of September, 2010

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

Russell T. Infinger, Esquire
Nexsen Pruet
P.O. Drawer 10648
Greenville, SC 29603

MARTIN & BRASINGTON, P.A.

Brenna Jennings
Brenna Jennings
Legal Assistant

Greenville, South Carolina

4-South Carolina Workers' Compensation Commission

Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739
www.wcc.sc.gov



WCC File #: 0809520
Case File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Yuri Valderrama SSN: [REDACTED] Employer's Name: Kohler Company
Address: [REDACTED] Address: 4000 S. Pine Street
City: [REDACTED] State: SC Zip: [REDACTED] City: Spartanburg State: SC Zip: 29302
Home Phone: [REDACTED] Work Phone: () Insurance Carrier: Self-Insured
Date of Injury: 06/24/08 Preparer's Name: Russell T. Infinger Law Firm: Nexsen Pruet, LLC Preparer's Phone #: (864) 282-1122

Date of Injury or Illness: 06/24/08

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

1. It is **Admitted** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
It is admitted claimant sustained an injury to his left knee and right knee on 06/24/08 per Consent Order. Claimant is currently working. Defendants deny all other injuries and body parts.
2. It is **Admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is **Admitted** the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is **Admitted** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is **Admitted** notice of injury was given the employer. The reasons for denial are:
6. It is **Admitted** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Claimant is being seen by authorized doctor, Dr. John Keith.
7. It is **Admitted** the employee is entitled to temporary total disability for the period(s) of :
The claimant is currently working.
8. It is **Denied** the employee is permanently disabled. The reasons for denial are:
See No. 1
9. It is Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of **\$ 678.01** applies, according to attached Form 20 as provided by law:
11. Further contentions, grounds of defense, or unusual aspects are: _____
12. Estimated time needed for hearing: _____

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

Name: Al Martin, Esquire

Address: P.O. Box 8220, Greenville, SC 29604

on the 22 day of October, 2010, by ☐ first class mail ☐ personal service ☒ certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Russell T. Infinger Attorney Title RInfinger@nexsenpruet.com Email October 22, 2010 Date
Preparer's Signature

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

WCC Form # 51
Revised 9/07

51

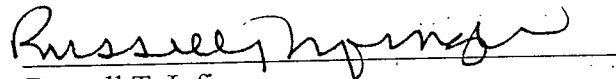
Employer's Answer to Request for Hearing

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Form 51 has been served upon the following attorney of record by placing a copy of the same in the United States mail, first class postage prepaid, addressed to the below at their office as shown below this 22 day of October, 2010.

Al Martin, Esquire
P.O. Box 8220
Greenville, SC 29604

S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715



Russell T. Infinger
Nexsen Pruet, LLC
55 E. Camperdown Way, Suite 400
P. O. Drawer 10648
Greenville, SC 29603
(864) 282-1122



File #: 0809520
Case #: 2313-29164
Carrier Code #:
Employer FEIN #:

Claimant's Name: Yuri Valderrama SSN: [REDACTED] Employer's Name: Kohler Company
Address: [REDACTED] Address: 4000 S. Pine Street
City: [REDACTED] State SC Zip: [REDACTED] City: Spartanburg State: SC Zip: 29302
Home Phone: (864) [REDACTED] Work Phone: () - Insurance Carrier: Self-Insured
Date of Injury: 6/24/08
Preparer's Name: Russell T. Infinger Law Firm: Nexsen Pruet, LLC Preparer's Phone #: (864) 282-1122

Date of Injury or Illness: 06/24/08

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 or illness on or about the date set forth in the Form 50. The reasons for denial are:
It is admitted claimant sustained an injury to his left knee on 6/24/08. Defendants have provided medical treatment and temporary compensation.
- 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 injury was given the employer. The reasons for denial are:
- It is **Admitted** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Defendants are providing medical treatment.
- It is **Admitted** the employee is entitled to temporary total disability for the period(s) of :
TBD
- It is **Denied** the employee is permanently disabled. The reasons for denial are:
See No. 1
- It is Denied the employee has serious disfigurement.
- It is contended that an average weekly wage of \$ **678.01** applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are:
- Estimated time needed for hearing: 30 minutes

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

Name: Kevin Klein, Esquire

Address: 101 Chapman Street, Greenville, SC 29605

on the 20 day of October, 2008 by ☐ first class mail ☐ personal service ☒ certified mail.

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

Preparer's Signature

Attorney
Title

RInfinger@nexsenpruet.com
Email

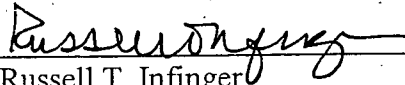
10 20 08
Date

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

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Form 51 has been served upon the following attorney of record by placing a copy of the same in the United States mail, first class postage prepaid, addressed to Kevin Klein at his office as shown below this 20 day of October, 2008.

Kevin Klein, Esquire
101 Chapman Street
Greenville, SC 29605



Russell T. Infinger
Nexsen Pruet, LLC
201 West McBee Avenue, Suite 400
P. O. Drawer 10648
Greenville, SC 29603
(864) 282-1122

South Carolina Workers' Compensation Commission

1612 Marion Street • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5723

www.wcc.sc.gov



WCC File #: 0809520

Prior File #:

Carrier Code #:

Employer FEIN #:

Claimant's Name: Juri Valdarama

SSN: [REDACTED]

Employer's Name: Kohler Co

Address: [REDACTED]

Address: 444 Highland drive

City: Spartanburg

State: SC

Zip: 29303

City: Kohler

State: WI

Zip: 53044

Home Phone: (803) 298-3135

Work Phone: ()

Insurance Carrier: Kohler/ c/o Broadfire Ins

Preparer's Name: Kevin Klein, Esq.
Attorney for ClaimantLaw Firm: Attorney Offices of
Thomas M. Gagne

Preparer's Phone #: (864) 233 - 2000

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: 6/24/08****X Injury** ☐ **Illness** ☐ **Repetitive Trauma**1a. The claimant sustained an injury to left knee (Part(s) of Body Injured) on 6/24/08 (Month/Day/Year) in Spartanburg county, state of South Carolina.1b. Body part(s) affected are: left kneeBriefly describe how the accident occurred. Claimant was picking up toilet when he felt a severe pain in his left knee.

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 6/24/08 (Month/Day/Year) in the following manner:Verbally to Mark Wicker- supervisor

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

☐ (a) medical examination and treatment for: _____

(b) additional medical examination and treatment for: _____

X7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:Date of accident until present and continuing**X8.** Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):☐ (1) General Disability:

x Total

x (2) Specific Disability:

x Total

X(3) Wage Loss

x Partial

x Partial

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

10a. At the time of the injury, the Claimant was paid weekly wages of \$Request Form 20, 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:

11a. Further grounds or unusual aspects of claim:

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

Orthopedics Associates PA, Surgery Center @ Pelham, North Grove PT11c. 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.****X13b. I am requesting a hearing. A \$25 fee is required.**

14. Estimated time needed for hearing: _____

I verify the contents of this form are accurate and true to the best of my knowledge.Preparer's Signature: Kevin Klein Title: Attorney for claimantEmail: kevin4gagnelaw@yahoo.comDate: 10/21/08

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

WCC Form # 50

Revised 9/07

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

CERTIFICATE OF SERVICE

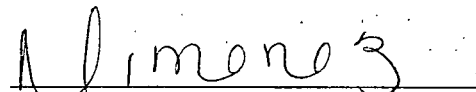
I, the undersigned, of The Attorney Offices of Thomas M. Gagne, P.A. do hereby certify that I have served the below addressee with a copy of the pleading herein below specified by mailing a copy of the same by United States Mail, postage prepaid, to the following address:

S.C. Workers' Compensation Commission
Judicial Department
PO Box 1715
Columbia SC 29202-1715
Dial: 803-737-5700

Kohler Company
c/o Broadfire Insurance
2719 Waters Ridge Pkwy #300
Charlotte NC 28217
704-364-2252

Russell T. Infinger, Esq.
Nexson Pruet, LLC
PO Box Drawer 10648
Greenville, SC 29603

Form: WCC Form # 50
Claimant: Juri Valdarama
SS#: 247-87-8099
Date of Injury: 6/24/08
WCC File #: 0809520


Nancy Jimenez for
Kevin Klein, Esq.
Attorney for Claimant
101 Chapman Street
Greenville, SC 29605
Dial: 864.233.2000
Fax: 864.233.1913

Date: October 21, 2008

1-4-2010 2:42 PM

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



Physician's Statement
Physician's Statement

Claimant's Name: Yuri Valderrama

Employer's Name: Kohler Company

Physician's Name: John Keith, MD

Insurance Carrier: Broadspire

SCWCC File No: 0809520

Practice/ Clinic: Orthopedic Specialties of Spartanburg

Preparer's Name:

Phone: ()

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-16.

Date of first office visit: 4/20/07 Date of last visit: 8/20/07 Date of Injury or Illness: 08/24/08

Diagnosis or nature of Injury or Illness: Left knee meniscus tear

Body part(s) injured: Left knee Body part(s) affected: Left leg

Date of Maximum Medical Improvement: 6/22/07

Based on the AMA Guidelines, the claimant has sustained a 10 % medical impairment to Left leg injured body part(s) and a % medical impairment to other affected body part(s).

The claimant is able to return to work without restriction.

The claimant is able to return to work with the following restrictions:

The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Treating Physician

Date

9/07

14B

Physician's Statement

201301182002674

96

This fax was sent with GFI FAXmaker fax server. For more information, visit: <http://www.gfi.com>

DCN -201301182002674 BroadSpire Receive date -1/18/2013 6:00:00 AM ACS process date -1/18/2013 6:00:00 AM

126

Medical Questionnaire

Yuri Valderrama

DoB: 4/4/70

SSN: ~~XXXXXXXXXX~~

To a reasonable degree of medical certainty, did Mr. Valderama's work-related left knee injury most probably aggravate his right knee?

yes - Pt. had pre-existing degeneration in the right knee that was most likely aggravated by his protracted left knee injuries and treatment.

To a reasonable degree of medical certainty, will Mr. Valderama's right knee problems most probably require surgery?

yes - MRI confirms lateral meniscal tear and degenerative tearing of medial meniscus. Pt is symptomatic.

7/17/09
Date

John E. Keith, Jr., M.D.
Dr. John E. Keith, Jr., M.D.

201301182002674

Yuri Valderrama,

Claimant,

v.

Kohler Company.,

Employer,

and

Kohler Company.,

Carrier,

W.C.C. FILE NO: 0809520

HEARING DATE: November 2, 2011NOTICE OF WITNESSES AND WRITTEN
MEDICAL R/REPORTS TO BE INTRODUCED
AS DIRECT EVIDENCE ON BEHALF
OF CLAIMANTTO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND RUSSEL T.
INFINGER ATTORNEY FOR DEFENDANTS.

YOU ARE HEREBY NOTIFIED THAT THE Claimant, 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 and documents as direct evidence on behalf of the Claimant to wit:

	Medical Provider	Dates	Page
APA #1	Dr. Robert Brabham – Psychological and Training Services, PC	10/12/11	1 – 12
APA #2	Dr. Eric Cole – Family Medical Center	8/31/10 – 10/18/11	13 – 21
APA #3	Dr. Albert Fedalei	9/29/10 – 10/17/11	22 - 39
APA #4	Dr. James Behr – Orthopaedic Associates	7/10/08 – 6/2/11	40 – 111
APA #5	Dr. John E. Keith, Jr. – Orthopaedic Specialties	4/20/09 – 9/28/10	112 – 145
APA #6	Mary Black Health System	8/31/10 – 10/1/10	146 – 149
APA #7	Dr. Luther A. Diehl – Palmetto Family Enrichment Center, PC	9/2/10	150 – 165
APA #8	Ambulatory Surgery Center of Spartanburg	4/23/09 – 4/29/10	166 – 172
APA #9	Dr. William DeVault – Orthopaedic Center of the Carolinas	3/19/09	173 – 174

APA #10	PRO Physical Therapy, Inc.	6/11/10 - 6/20/10	175 - 190
APA #11	North Grove Physical Therapy	7/14/08 - 4/8/09	197 - 244
APA #12	Surgery Center of Pelham	7/14/08 - 7/16/08	245 - 249

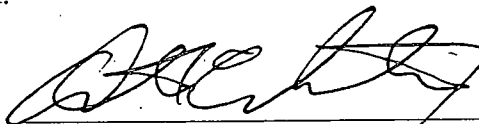
YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purpose of cross-examination.

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 Claimant.

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

Claimant
Mike Tollison
Any identified by Defendants.

Claimant reserves the right to amend.



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

Greenville, South Carolina
October 18, 2011

STATE OF SOUTH CAROLINA)
)
) BEFORE THE SOUTH CAROLINA
) WORKERS' COMPENSATION
) COMMISSION

Yuri Valderrama,)
)

Claimant,)
)

v.)
)

W.C.C. FILE NO: 0809520

Kohler Co.,)
)

Employer,)
)

and)
)

CERTIFICATE OF SERVICE BY MAIL

Kohler Co.,)
)

Carrier.)
)

This is to certify that the undersigned did cause the Form 58 and APA Submissions to be served upon the Honorable G. Bryan Lyndon, Commissioner of the South Carolina Workers' Compensation Commission and Russell Infinger, Esquire, attorney for Defendants by mailing a copy of same in an envelope addressed as shown below and depositing same in the United States mail, proper postage affixed thereto on the 18th day of October, 2011.

The Honorable G. Bryan Lyndon
Commissioner
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Russell T. Infinger, Esquire
Nexsen Pruet
P.O. Drawer 10648
Greenville, SC 29603

MARTIN & MARTIN, P.A.



Shona D. Johnson
Paralegal to Alton L. Martin, Jr.

Greenville, South Carolina

PSYCHOLOGICAL AND TRAINING SERVICES, P.A.

920 St. Andrews Rd., Columbia, SC 29210

bohonorabraham@bellsouth.net

PH: 803-731-0588 FAX: 803-731-0589

920 St. Andrews Rd., Columbia, SC 29210

bohonorabraham@bellsouth.net

PH: 803-731-0588 FAX: 803-731-0589

ROBERT E. BRABHAM, PH.D

LICENSED PSYCHOLOGIST

MASTER'S IN REHABILITATION COUNSELING

ROB BRABHAM, JR., MRC, CRC

NORA HEAPE, RN, BA

BETH BURNETT, BA, ED.

DENISE YARBOROUGH, ADMIN. ASST.

PSYCHOLOGICAL and VOCATIONAL EVALUATION

Name: Yuri Valderrama

ID Number: xxx-xx-8099

Date of Birth: 06-24-1970

Age at Evaluation: 41

Date of Evaluation: 10-11-2011

Date of Report: 10-12-2011

It should be noted that although Mr. Valderrama has fair abilities to understand spoken English, there was a question as to his fluency in the English language. Therefore, to avoid any miscommunication due to language barriers, this evaluation was conducted through the assistance of a Spanish language interpreter, Ms. Shona D. Johnson. Mr. Valderrama seemed comfortable with that arrangement and the responses noted are believed to be valid representations.

Referral and Background Information: Mr. Valderrama is a 41-year-old former Rover, assigned to a variety of tasks for the Kohler Company, work he had performed for about 10 years. As will be noted, following his back injuries he was then assigned to supposedly lighter duties as a Laboratory Technician Assistant toward the end of his career. Unfortunately, as the newest employee in that position, he was then the first employee to be terminated in a downsizing there. He believes that the transfer was a deliberate means of "getting rid of me".

He was referred for an independent psychological and vocational evaluation to determine vocational implications, and earnings issues, if any, related to limitations resulting from on-the-job injuries he sustained on 06-24-2008.

Mr. Valderrama sustained on-the-job injuries when carrying toilet/plumbing supplies in the performance of routine job duties. In doing so, he twisted his left knee and felt immediate pain. He was subsequently diagnosed with a left knee medial meniscal tear. He initially required an arthroscopic procedure of the left knee on 07-16-08. Even after that procedure, he continued with extensive conservative treatment including prescription medication, physical therapy, and cortisone injections for his ongoing pain symptoms. As noted in multiple medical records, Mr. Valderrama then developed right knee and low back symptoms, apparently as a result of his altered gait and need to compensate for his injured left knee following his injuries. He has also begun to experience gastroenterological problems as a result of long-term use of NSAIDs, as will also be noted in medical records.

201301182002674

101 1

He has required another surgical procedure to the left knee, as well as an arthroscopic medical meniscal repair of the right knee. Despite multiple surgical procedures and ongoing conservative treatment, Mr. Valderrama continues to experience significant pain symptoms; weakness in his extremities, as well as significant limitations/restrictions related to not only work, but ADL's as well.

To his credit, he returned to restricted duty work, perhaps "too soon" in his opinion, which contributed to further injury he believes. However, his job duties "were not really light" at all times. Toward the end of his work there he was assigned to a laboratory setting, but was subsequently "laid off" as of last week.

He and his wife have been married for 16 years. They have 4 children, ages 10, 14, 15, and 16. Ms. Valderrama is a Housewife. As will be noted, he indicates that they have experienced serious marital difficulties since his injuries and he is uncertain as to whether or not that marriage will survive.

Mr. Valderrama arrived promptly for this evaluation and drove himself. He drives daily, locally only for a maximum of about 30 minutes, but with considerable bilateral lower extremity and back pain when seated in a relatively fixed position, as driving requires.

His general appearance, hygiene and personal grooming were good. He had a goatee and moustache. He is 6' 0" in height, and weighs about 205 pounds, a slight gain due, in his opinion, to reduced levels of activity. He does not wear glasses and does not require the use of a hearing aid, but noted a slight hearing loss. He does not require the use of any assistive device for mobility or stability. He wriggled and changed positions throughout the evaluation, citing bilateral knee pain.

At the time of this evaluation he was unclear as to what will be his immediate financial situation in that he was "laid off" from his employment only last week and does not yet know what income, if any, he will be having. He pointed out that he is not eligible for unemployment benefits. Previously he was reportedly receiving \$480 per week in Worker's Compensation benefits, his only income. He and his wife continue to experience significant financial hardship as a result of his having been laid off recently and although he was recently able to get his home out of foreclosure and modify his payment amount (now \$1,200 per month), he is again "worried that I'm going to lose everything".

Sources of Information:

Medical Records from:

PRO Physical Therapy, Inc.
North Grove Physical Therapy
Mary Black Health System

Family Medical Center

Aron Devane, M.D.
Albert Fedalei, M.D.
Eric Cole, M.D.

201301182002674

Orthopaedic Associates, PA

Upstate Carolina Radiology
Surgery Center of Pelham, LLC
Orthopaedic Center of the Carolinas
Orthopaedic Specialists of Spartanburg, LLC

Ambulatory Surgery Center of Spartanburg
Palmetto Family Enrichment Center, P.C.
Carolinas Gastroenterology

Mary Black, M.D.
Earl Laseter, PA-C
Scott Geer, PA-C
James Behr, M.D.
Lisa Spears, APRN
Jason Kelly, M.D.
Mary Black, M.D.
William DeVault, M.D.
John Keith, M.D.
Jonathan York, PA-C
Cary Hoffman, M.D.
John Keith, M.D.
Luther Diehl, Ph.D.
Kenya Briggs, P.A.
Albert Fedalei, M.D.

Psychological Evaluation Results:

Review of Previous Psychological Test Results
Clinical Interview and Behavioral Observations
Mental Status Examination

Activities of Daily Living: He lives with his wife and their 4 children in a multi-story, single-family home. He experiences significant difficulty navigating the stairs in his home due to ongoing pain symptoms. He indicated, "...I crawl up the stairs on my hands and knees..." On most days, he gets up at about 5 AM out of habit. He indicated that he must move slowly when performing any task, and "...I've got my own way of doing things now..." He is able to handle his basic personal grooming and toilet needs without assistance. He now must take showers only due to his inability to get in and out of the bathtub safely related to ongoing pain symptoms and limitations.

He continues to perform light chores around the home, but requires frequent breaks when doing so. He indicated that he is no longer about to perform the yard maintenance for his home, and his son now handles those chores for him. He has also begun to often drop objects, with no medical explanation as yet as to why this is happening.

He is able to shop alone, but seldom does so. When he does go shopping, he requires items be packaged for ease of carrying. He occasionally uses the electric cart provided when shopping, but with significant "embarrassment" when doing so. He indicated that he holds onto the grocery cart for stability when an electric cart is not available. He indicated that he tries to walk for exercise, but can do so for no more than about 30 minutes before he requires a significant period of recovery due to fatigue and increasing pain symptoms. He indicated, "...I even walk early in the morning so people won't see me walking with a limp..." He is not able to sustain much activity, despite efforts to initiate activity due to pain.

Orthopaedic Associates, PA

Upstate Carolina Radiology
Surgery Center of Pelham, LLC
Orthopaedic Center of the Carolinas
Orthopaedic Specialists of Spartanburg, LLC

Ambulatory Surgery Center of Spartanburg
Palmetto Family Enrichment Center, P.C.
Carolinas Gastroenterology

Mary Black, M.D.
Earl Laseter, PA-C
Scott Geer, PA-C
James Behr, M.D.
Lisa Spears, APRN
Jason Kelly, M.D.
Mary Black, M.D.
William DeVault, M.D.
John Keith, M.D.
Jonathan York, PA-C
Cary Hoffman, M.D.
John Keith, M.D.
Luther Diehl, Ph.D.
Kenya Briggs, P.A.
Albert Fedalei, M.D.

Psychological Evaluation Results:

Review of Previous Psychological Test Results
Clinical Interview and Behavioral Observations
Mental Status Examination

Activities of Daily Living: He lives with his wife and their 4 children in a multi-story, single-family home. He experiences significant difficulty navigating the stairs in his home due to ongoing pain symptoms. He indicated, "...I crawl up the stairs on my hands and knees..." On most days, he gets up at about 5 AM out of habit. He indicated that he must move slowly when performing any task, and "...I've got my own way of doing things now..." He is able to handle his basic personal grooming and toilet needs without assistance. He now must take showers only due to his inability to get in and out of the bathtub safely related to ongoing pain symptoms and limitations.

He continues to perform light chores around the home, but requires frequent breaks when doing so. He indicated that he is no longer about to perform the yard maintenance for his home, and his son now handles those chores for him. He has also begun to often drop objects, with no medical explanation as yet as to why this is happening.

He is able to shop alone, but seldom does so. When he does go shopping, he requires items be packaged for ease of carrying. He occasionally uses the electric cart provided when shopping, but with significant "embarrassment" when doing so. He indicated that he holds onto the grocery cart for stability when an electric cart is not available. He indicated that he tries to walk for exercise, but can do so for no more than about 30 minutes before he requires a significant period of recovery due to fatigue and increasing pain symptoms. He indicated, "...I even walk early in the morning so people won't see me walking with a limp..." He is not able to sustain much activity, despite efforts to initiate activity due to pain.

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In a typical 8-hour day he indicates he must now spend about "50%" of the day reclining/resting on the floor with pillows under his knees as a result of physical limitations and pain. He indicated that prior to being laid off, he was able to sit and stand at will while working, but was exhausted upon returning home in the evening. Daytime naps have now become a part of his daily routine. He watches television and listens to music to pass the time.

He returns to bed at about 10 PM and gets about 5-6 hours of non-restorative sleep, often interrupted by worry and nightmares. He noted no prior history of sleep problems.

As a direct result of his on-the-job injuries he is now able to participate in far fewer social or leisure activities than was the case prior to his injuries. He also admits that he has inadequate patience and is easily irritated. He indicated that his relationships with friends, family and others have also changed as a result of his medical conditions. He noted he could no longer attend most school activities with his children, participate in sports, or walk for long distances, all activities he enjoyed prior to his on-the-job injuries.

He noted he has difficulty concentrating and sustaining attention to complete any task. His sexual activity has also changed as a result of his medical conditions, which has contributed to the marital problems and adds to the depression he is experiencing. Several records note his concern over possible separation following his injuries, and he indicated that separation is still very much a concern. The overall quality of his life has clearly been greatly diminished by his injuries.

Educational Background: He graduated from High School, 12 grades, in Mexico in 1990. He noted that he also attended 1-year of college in his native Mexico. Mr. Valderrama came to the US in 1990 on a student Visa and actually obtained his GED in 1995. He also attended 1-year of general studies at Spartanburg Community College. He has received no further formal training and has no military experience.

Work History: Mr. Valderrama has a stable work history. At the time of his on-the-job injuries, he was working as a Rover for the Kohler Company for whom he had worked for the past 10 years. He earned \$16.00 per hour, working 40 hours per week. However, following his injuries and his inability to perform the full range of his previous duties, toward the end of his employment he had been assigned to work as a Laboratory Technician. He indicated that the hourly reimbursement for his laboratory work was actually less than his previous pay, but he was able to get more work hours and, thus, his income remained relatively stable even with the reassignment in job duties.

The work he was performing at Kohler would be defined by The Dictionary of Occupational Titles as semi-skilled and Heavy in physical demands. Such work was actually Very Heavy as performed, at times, requiring that he lift, bend, stoop, and reach on a regular basis as part of his essential job duties.

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Prior work experience included work as a Weaver for TNS Textiles for about 5 years, earning \$13.80 per hour. He also previously worked for Universal Studios in North Carolina for about 6 months.

He insisted that in his employment he had no personnel or performance problems. He enjoyed his co-workers, his colleagues and got along well with his supervisors. Clearly it is the on-the-job injury in 2008, which began his medical problems which have been the primary basis for his inability to maintain gainful employment.

Medical Problems: The medical aspects of his injury are documented in other reports, and will not be addressed in great detail herein. However, several more recent medical references have vocational significance and are noted accordingly.

On 07-10-08, Dr. Mary Black noted, "...left knee pain...injured at work while twisting and carrying toilet/plumbing supplies...had significant swelling...still has pain and restricted range of motion of his left knee...has been on light duty lifting no more than 5 pounds...light duty/sedentary work..."

An MRI of the left knee performed by Dr. Jason Kelly on 07-11-08 concluded, "...vertical longitudinal tear involving the posterior horn of the medial meniscus...moderate joint effusion..."

On 07-16-08, Dr. Black performed an arthroscopic partial medial meniscectomy of the left knee. On 07-24-08, Dr. Black noted, "...tear, old bucket, medial meniscus...doing well...keep on light duty, no pushing, pulling, twisting, bending, stooping, or climbing...can walk/stand no more than 2 hours/day...continue therapy...medication as needed...Lortab, Mobic..."

On 12-04-08, Dr. Black noted, "...not back to normal...currently on light duty...continued left knee pain, status post meniscectomy...it may take six months to a year for him to get complete and full recovery...continue in therapy for strengthening, anti-inflammatories...Mobic, Lortab..."

On 03-19-09, Dr. William DeVault indicated, "...difficulty and pain with getting in and out of a car...cannot run or squat...hard for him to rise from a seated or squatted position...can walk about 25 minutes before he has to sit down secondary to knee pain...reports prolonged standing is painful...reports low back tightness and stiffness with some pain and cramping...left knee and low back tend to bother him some with the new work position...sustained an injury to the left knee while at work carrying heavy objects and twisting the left knee...he has reached maximum medical improvement...AMA Guides, Fifth Edition... permanent and partial impairment of 26% to the left lower extremity... permanent and partial impairment of 5% whole person based on DRE Lumbar Category II...also has complaints of right knee pain that may be secondary to overuse of the right knee favoring the left knee...this treatment would be included in the recommended treatment...his current work duties where he does casting...will be expected to have some discomfort with this type of activity especially when squatting, heavy lifting, twisting, pushing or pulling heavy objects..."

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On 04-09-09, Dr. Black noted, "...large tear...has been very slow to improve...he has regressed...repeat Cybex unfortunately shows a significant decrease in his strength in both flexion and extension...swelling and difficulty maintaining full demand work...may just not be able to get back to this higher end demand job unless he is given prolong time to rest and build up his knee to hold it stable...keep on light duty, no lifting more than 20 pounds...no pushing, pulling, twisting, bending, stooping, or climbing...start Celebrex..."

An MRI of the left knee performed by Dr. Jason Kelly on 04-13-09 concluded, "...Grade 3 abnormal meniscal signal is present in the medial meniscus...abnormal signal involves the junction of the body and posterior horn of the medial meniscus...trace joint effusion..."

On 04-20-09, Dr. John Keith noted, "...severe pain in his left knee...currently on light duty...because of persistent pain in his left knee and now he has developed pain in his back and his right leg...pain seems to be worse with lifting and twisting and it wakes him up at night...associated with weakness and loss of bladder function...seems to be worse with walking, lifting, exercise, twisting, bending, stairs, and sitting...better with rest, ice, and elevation...has had injections, therapy, and repeat MRI...recurrent tear of the medial meniscus...secondary back pain and right leg pain...inject the knee with cortisone to help with his pain...schedule repeat arthroscopy and meniscectomy due to severe recalcitrant nature of his pain..."

On 04-23-09, Dr. Keith performed a left knee arthroscopy, partial medial meniscectomy, and chondroplasty of patella. On 06-22-09, Dr. Keith indicated, "...doing well...pain and strength continue to improve ...he can go back to work full duty...no heavy lifting or driving..."

An MRI of the right knee performed by Dr. Cary Hoffman on 08-04-09 concluded, "...lateral meniscal tear...internal derangement signal change involving the medial meniscus...fraying of the posterior horn...chondral loss/chondromalacia involving the lateral joint compartment articular cartilage...joint effusion..."

Also on 08-04-09, Dr. Keith indicated, "...had a left knee arthroscopy and is doing well...his range of motion and strength are improving...he will be able to return to full duty with no limitations...he has reached maximum medical improvement as of 7/27/09...he is having a lot of pain in his right knee, and had an MRI...right knee medial meniscus tear..."

On 08-27-09, Dr. Keith indicated, "...he is still having significant pain in the right knee and is *unable to do his normal activities and regular job because of pain*...proceed with a right knee arthroscopy..."

On 09-17-09, Dr. Keith completed a Physician's Statement (14B) wherein he concluded, "...left knee meniscus tear...left knee...MMI as of 6/22/09...10% impairment to the left leg...will not need future medical care related to his work related left leg injury..."

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On 09-19-09, Dr. Keith noted, "...the work-related left knee injury did most probably aggravate his right knee...patient had pre-existing degeneration in the right knee that was most likely aggravated by his protracted left leg injuries and treatment...right knee problems do require surgery...MRI confirms lateral meniscal tear and degenerative tearing of medial meniscus...is symptomatic..."

On 04-29-10, Dr. Keith performed the right knee arthroscopy, partial medial and lateral meniscectomy, and chondroplasty of patella.

On 05-20-10, Dr. Keith noted, "...he is having some pain in his back and some pain in his left knee...feels very depressed and mentally anxious about the fact that he cannot work...Valium for anxiety...consideration will be given towards psychological evaluation and he will undergo a therapy program for strengthening of both knees and his back..."

On 07-01-10, Dr. Keith indicated, "...right knee is doing well...left knee gives him some occasional aching and he has some occasional aching in his back...depression is getting better...continue with therapy...return to work on August 2nd...light duty...may stoop or bend, but should avoid chronic or repetitive stooping or bending if possible...anticipate light duty basis for six to eight weeks, perhaps as long as three months..."

On 08-24-10, Dr. Keith noted, "...very depressed...he feels very frustrated that he is unable to return to work...has multiple problems including financial problems...changed his lifting/light-duty status to only lifting 25 pounds..."

On 08-31-10, Dr. Eric Cole noted, "...depression and anxiety...started back when he had a previous knee injury on his left knee...had surgery and then his life and health changed for the worst...has continued pain at this point...has now had two surgeries on his left knee and one on his right knee...has now developed mid to low back pain...depressed and frustrated...unable to provide for his family...undergoing financial hardships...suffers from anxiety, panic...marriage has struggled...also complains of low back pain...has continued to get worse since he has hurt his knees...he has headaches at night...depression and anxiety, low back pain...Zoloft..."

On 09-02-10, Dr. Luther Diehl indicated, "...WRAT-4, Reading 11.4, Spelling 5.5, Math 11.7...Beck Depression, 41, severe...WAIS-IV, Full Scale IQ 98...symptoms of sadness, discouragement, feelings of worthlessness and guilt, low self esteem, and nihilistic thinking...psychiatric problems...secondary to physical problems...Depression and Anxiety Disorder more likely than not are a result of his work related injury...psychological pain factors...AMA Guides, Fifth Edition...symptoms consistent with the guidelines under Mental and Behavioral Disorders...moderate, Class III impairment in terms of activities of daily living...his level of social functioning would be rated as moderately impaired as well...indications of concentration at the time of this evaluation would be assessed as mildly impaired, Class II level...if he were to move to a new work situation, it would be my opinion that his level of impairment would be at a Class IV or marked degree of impairment in adaptation...appropriate management of pain would be necessary to help increase his concentration ...Major Depressive Disorder, single episode, moderate...Adjustment Disorder with anxious mood...Features of Pain Disorder with general medical condition ...avoidant personality traits..."

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On 09-21-10, Dr. Cole indicated, "...history of life going great at home with his wife and kids until he had an accident at the Kohler Plant...since then he has had surgeries on both knees, he is having back problems, depression, anxiety...having trouble with his marriage...at his last visit I put him on Zoloft and he says that it has helped...he still wants to talk to someone...from his back pain standpoint, he says that there has been no change and he just cannot stand any length of time...depression/anxiety, back pain...increase Zoloft..."

On 09-24-10, Dr. Cole noted, "...depression and low back pain...problems present were depression and anxiety, back pain, GERD/dyspepsia, elevated liver transaminase...all most probably caused or aggravated by his work-related injury and its sequelae...recommend antidepressants and counseling, referral to back specialist...will need chronic pain management...problems caused or aggravated by his work-related injuries affect his ability to lift due to back and knee pain, bend due to back pain, twist due to back pain, squat due to knee pain, stand due to back pain, concentrate due to depression and anxiety, pay attention due to depression and anxiety, work around or operate machinery due to medications and depression, climb ladders due to knee pain, kneel due to knee pain, and walk on uneven surfaces due to back and knee pain...has not reached maximum medical improvement..."

On 10-01-10, Dr. James Behr indicated, "...medical history significant for a total of three knee surgeries, two on his left and one on his right...most recent being a left arthroscopic partial medial meniscectomy...since that time he has had some difficulty with his knees and he reports that after the most recent knee surgery he began to develop low back pain...getting progressively worse over the past year to year and a half...now described the pain as constant...pain is made better with laying down with his legs elevated...made worse with standing for long periods of time...does report some weakness in his legs...difficulty sleeping as well as severely increased anxiety, depression and irritability...significant functional limitations related to pain...pain complaints are likely related to mechanical low back pain due to an altered gait...back pain, lumbar...recommend physical therapy...increase Flexeril...continue Lortab..."

On 11-30-10, Dr. Cole indicated, "...depression and anxiety...back pain...much better on Zoloft and we will continue...continue medications per Dr. Behr and Dr. Keith..."

On 12-08-10, Dr. Fedalei noted, "...GERD symptoms and other gastroenterological problems are most probably due to his use of prescription medications for his work-related knee injuries...he has Grade C erosive esophagitis and a ulcer most likely due to chronic NSAIDs...daily PPI therapy...his insurance has been declining to cover this despite the crystal clear need with ulcer disease, severe erosive GERD, and chronic NSAID use for his orthopedic problems...no physical limitations, but daily Prilosec or other PPI is absolutely necessary..."

At the time of this evaluation, Mr. Valderrama is still prescribed Zoloft, Flexeril, Ultram, and Zantac for his medical conditions resulting from his on-the-job injuries. He indicated that the Zoloft is not approved by worker's compensation and he does not have the financial means to get that prescription refilled when it runs out.

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References to pain in records exist over an extended period of time. He indicated treatment has included prescription medications and physical therapy. When asked to describe his pain, he indicated that since his on-the-job injuries he experiences pain at a level 7-8 on a 10-point scale, 7-days per week. He noted daily activities exacerbate the pain. His pain is best relieved by prescription medication and resting/reclining. He indicated that he is never pain free.

Mental Status Evaluation: He was well oriented to all spheres, and neither demonstrated nor reported any hallucinations or delusional thought processes. He noted no prior mental health history. Mr. Valderrama is presently taking Zoloft. However, he indicated that this prescription is not approved by worker's compensation and he will not have the financial means to get that prescription refilled when it runs out. He indicated that they have not yet offered to provide him with counseling as a result of his injuries and ongoing limitations, and "maybe when I die they will get it approved".

He described clinically significant symptoms sufficient to confirm the continued presence of a level of depression. His depressive symptoms include a considerable loss of interest or pleasure which is nearly always present. This includes social withdrawal even from family activities; significant reduction in previous levels of sexual interest or desire; decreased energy, tiredness and fatigue out of proportion to actual activity; impaired ability to concentrate; and is easily distracted with memory difficulties. These symptoms have clearly resulted in significant distress/impairment in social, occupational, and other important areas of functioning. These symptoms are not better described by any other general medical condition and there is no evidence of any substance abuse which would cause these same symptoms. In spite of his depression, he denies any suicidal attempts or plans at this time.

In addition to his depression, he is also experiencing considerable anxiety, related to his inability to perform any job due to the limitations which have resulted from his multiple medical conditions. His anxiety is increased by the fact that he realizes he cannot do what he has done in the past. His psychological problems have been aggravated by his recent layoff, as noted previously.

He does not use illegal drugs and does not consume alcohol. He smokes cigarettes.

Psychological Test Results: Mr. Valderrama was previously administered multiple tests by Dr. Diehl in September 2010 and, thus, it was not necessary for that testing to be repeated. The results of that testing will be noted below.

Previously, in September 2010 Dr. Diehl administered the WAIS-IV. As indicated by Dr. Diehl, Mr. Valderrama obtained a Full Scale IQ of 98, within the "Average" range of intelligence on that test. He was also administered the WRAT-IV which indicated a Reading Standard Score of 92, an 11.4 grade level score, a Spelling Standard Score of 55, only a 5.5 grade level score, and a Math Standard Score of 96, an 11.7 grade level score. Dr. Diehl also administered the Beck Depression Inventory which resulted in a raw score of 41, defined as a "Severe" level of depression.

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Diagnoses: After observing him during this evaluation, and from careful review of records of past behavior and levels of functioning, and from his responses during the several hours of this evaluation, it is clear that he is manifesting signs and symptoms consistent with the requirements to maintain several diagnoses. He is continuing to experience major pain episodes and references to pain exist in several medical records over an extended period of time. He is also anxious about his future, especially since he realizes that his past work is no longer an option for him, an anxiety-provoking thought for someone at the age of 41. Finally, his multiple losses, personal, financial, social and leisure, all have led to a level of depression. Depression and anxiety are the two most common psychiatric symptoms experienced by adults following major lifestyle changes. Therefore the following diagnoses apply, in keeping with all diagnostic requirements for each:

307.89 Pain Disorder

311 Depressive Disorder NOS

300.02 Generalized Anxiety Disorder

These medical/mental conditions are in addition to his other physical medical problems that are well documented in his files.

Vocational Opinion and Rationale: Several factors must be considered in reaching a vocational opinion. They include his age of 41, still defined as a "younger worker", a positive factor; his high school and some college training educational background is positive; his stable work history would be positive but is offset by his inability to perform any work on a sustained basis; due consideration must also be afforded to the pain that he experiences on a daily basis which requires that he spend 50% of each day "resting or reclining" on the floor with a pillow beneath his knees; and his depression and anxiety also interfere with his ability to maintain sufficient attention and concentration, which becomes a negative factor.

Taking all of these factors into consideration, it is my opinion, to a high degree of professional certainty, based on more than forty-six years of vocational rehabilitation and psychology experience, that at his current levels of medical improvement/pain management effectiveness he is not able to engage in full-time gainful, competitive employment as a result of his medical conditions resulting from his on-the-job injuries in June 2008. As he indicated several times, he has hopes of being able to eventually return to work, but unfortunately for the reasons cited below he is not yet able to do so.

Although he is not receiving such services at this time, it seems reasonable to suggest that he might benefit from appropriate psychiatric services for his depression. Such services often include psychotropic medications in combination with individual psychotherapy. Medications tend to be prescribed for a longer period of time than does the psychotherapy which is usually provided for only about one year. He was not in need of these services prior to his injuries and, therefore, it would appear to be causally related to his on-the-job injuries.

The rationale for my opinion is essentially based on the following observations:

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Credibility: He appeared credible in his description of his limitations and remaining functional capacities. As a result of the combination of limitations on his right lower extremity, left lower extremity, and back, he cannot complete significant tasks or activities on a regular, sustained basis for an 8-hour workday.

It is noted that the information provided during this interview was highly consistent with information reported in other reports. This provided additional confirmation that the responses and description of events and circumstances were candid, were not feigned or exaggerated, and do not appear to represent any symptom magnification.

Medications: He is prescribed numerous medications, and is carefully compliant with dosages and times as prescribed, and has been so since his injuries. However, he experiences the usual and predicted side-effects of anti-depressant medication, including feelings of fatigue and an inability to function at optimal levels while taking his medications.

Pain Factors and Attendance Implications: Even with pain medication he continues to experience significant pain. He is also experiencing significant psychological symptoms which have been aggravated by his recent layoff. The combination of his physical pain and psychological symptoms interfere with his ability to sustain physical activity. His cognitive deficits related to his depressive symptoms would also cause difficulty in his ability to pay attention to job tasks and job duties for hours each week, on average. The inability to maintain concentration and persistence interferes with the ability to meet production expectation for even unskilled jobs.

Limitations on Sitting and Standing: His limitations on sitting and standing are such that vocationally even any sedentary work, which might otherwise have been suggested, is precluded. Vocationally, any work requires some combination of sitting, standing and/or walking for a full 8-hour workday, without the need to rest for prolonged periods of time, something he is unable to do in his present condition.

Summary and Conclusions: Based on all the evidence as described above, consistent with observations during this evaluation and various reports in his file, he is not able to effectively perform the essential duties in any gainful work activity. It is also clear that the unfortunate combination of factors and characteristics he now faces are directly related to the injuries he sustained while working.

He is not able to perform in any substantial gainful work activity, which exists in the SC or the national economy. Directly as a result of his on-the-job injuries the only services he could perform are so limited in quality, dependability, or quantity that no reasonably stable market for them exists.

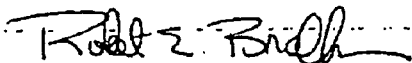
The opinions noted in this report are offered within a reasonable degree of professional certainty, based on more than 46 years of vocational rehabilitation and psychology experience.

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Thank you for the opportunity to work with you in this matter. If you have any questions, or if I could address additional issues, please do not hesitate to contact me.



Robert E. Brabham, Ph.D.
Licensed Psychologist
Master's in Rehabilitation Counseling

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Medical Questionnaire

Medical Questionnaire

Yuri Valderrama

DOB: [REDACTED]

SSN: [REDACTED]

Has Mr. Valderrama most probably reached MMI for all the medical problems you have treated him for related to his work injury?

Mr Valderrama has had 2 operations on his (C) knee and 1 operation on his (D) knee. He still takes pain medication and doesn't continue injections. He continues to have knee pain, but appears to have reached maximal medical therapy unless it is determined to need further operation by the orthopedic surgeon.

What ongoing or future medical treatment, counseling, medication will he most probably need for his related depression?

He will need to continue zoloft to treat his depression that developed after his injuries. It is possible he could need counseling or therapy if worsening of the depression occurs.

What ongoing future medical treatment and medication he most probably need for his related dermatological issues?

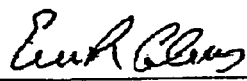
He is followed by a dermatologist in Greenville. At this point he uses a "cream" given to him by the dermatologist.

What ongoing or future medical treatment and medication will he most probably need for his related elevated liver enzymes?

Active surveillance with blood work on a periodic basis. He is followed by a gastroenterologist as well.

The answers above represent my opinions to a reasonable degree of medical certainty.

10/18/11
Date


Dr. Eric L. Cole, M.D.

P.S. Note that he is also being followed by a psychiatrist for his back pain.

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PROGRESS NOTES

11/30/10

YURI VALDERRAMA

DOB: [REDACTED]

Dr. Eric L. Cole

11/30/10

YURI VALDERRAMA

DOB: [REDACTED]

Dr. Eric L. Cole

S:

He comes in today for followup regarding medical issues. Number one is depression. He initially came to me on August 31 with problems with depression and anxiety. A lot of it having to do with his life situation where he had gotten injured on the job and was having problems working, making ends meet, losing the respect of his family. At that time we put him on some ZOLOFT. We then increased it at his subsequent visit. Now he says things are much better at home. Things have calmed down. He is having less arguments and he feels much better. He is not having any side effects. Second issue is back pain. He has now seen a back specialist and he is taking a mixture of TRAMADOL, ARTHROTEC, HYDROCODONE and FLEXERIL for back pain. It is at this time being managed. It has been recommended for physical therapy unfortunately he is unable to afford it at this time. Number three is gastroesophageal reflux disease. He was also noticed to have elevated liver enzymes when he was sent to gastroenterology. His serology workup was negative. Ultrasound confirmed a nonalcoholic fatty liver disease and it has been recommended that he lose weight and take Vitamin E and have his liver enzymes checked in six months. He did have a positive h-pylori. He has been unable to afford all the medicines at this time. Currently he is going to do AMOXICILLIN plus PRILOSEC and then try other medicines from there. He did have an EGD with dilatation and he is supposed to be avoiding trigger foods such as spicy, fried and citrus products. He is not having any more chest pain or abdominal pain or dysphagia and that seems to be doing well. Today he denies headache, blurred vision, chest pain, shortness of breath. He does have some hypopigmented areas on his thighs, knees, lower extremities and a place on his right flank that he is concerned about. He has no drug allergies. He has had two left knee surgeries and one right knee surgery.

O:

On physical examination, weight is 214. Blood pressure is 112/82. Pulse is 100. He is a well developed Hispanic male. Pupils are equal, round, and reactive to light. Sclerae anicteric. Oropharynx is clear. Neck is supple without lymphadenopathy or thyromegaly. Lungs are clear with no wheezes, rales or rhonchi. Heart is regular rate and rhythm with no murmurs or gallops. Abdomen is soft. Skin exam does show some multiple circular hypopigmented areas on his distal thighs, knees, and upper thighs bilaterally and also right flank.

A:

1. Depression and anxiety.
2. Back pain.
3. Gastroesophageal reflux disease.
4. Hypopigmented areas on knees.

P:

1. Much better now with ZOLOFT. We will continue that for at least another six months before consider weaning.
2. Continue current medications and followup plans per Dr. Behr and Dr. Keith.
3. Now being managed with proton pump inhibitor and treatment for h-pylori. Again recommend weight loss and VITAMIN E for nonalcoholic fatty liver disease. Recheck liver enzymes in six months.
4. We are going to refer him to dermatologist for further evaluation. It could just be a possible fungal infection or other. I am not quite sure at this time.

Dr. Eric L. Cole/dm

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Medical Questionnaire

Yuri Valderrama

Yuri Valderrama

DoB: [REDACTED]

SSN: [REDACTED]

Who referred Mr. Valderrama to your office?

Dr John Keith

What were the reasons for the referral?

for depression and low back pain

What problems did Mr. Valderrama present with?

① depression and anxiety

② Back pain

③ GERD / dyspepsia

④ Has also had elevated liver enzymes

To a reasonable degree of medical certainty, which of these problems, if any, were most probably caused or aggravated by his work-related injury and its sequelae?

All 3 above, and possibly #4 → All worked

To a reasonable degree of medical certainty, what treatment, if any, does Mr. Valderrama most probably need for the problems caused or aggravated by his work-related injuries?

① recommend antidepressants and counseling - (info given to Magister School)

② refer to Back specialist → Dr. Behr

③ Stop NSAIDs / medication (Zantac 150 mg)

④ STOPPAIN → see gastroenterologist
will need chronic pain management

To a reasonable degree of medical certainty, do any problems caused or aggravated by his work-related injuries most probably affect his ability to:

Check

Describe affects for any checked items

- ☒ lift due to Back + knee pain
☒ bend due to Back pain
☒ twist due to Back pain
☒ squat due to knee pain
☒ stand due to Back pain
☐ sit
☒ concentrate due to depression and anxiety
☒ pay attention due to depression and anxiety
☒ work around or operate machinery medications and depression possibly can problem
☐ drive
☒ climb ladders knee pain
☒ kneel knee pain
☐ work at heights
☒ walk on uneven surfaces Back pain + knee pain

To a reasonable degree of medical certainty, has Mr. Valderrama most probably reached maximum medical improvement for all the problems that have been caused or aggravated by his work injury?

Yes

No

If yes, when?

7/24/10
Date

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Dr. Eric L. Cole, M.D.

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Dr. Eric L. Cole

Dr. Eric L. Cole/smw 0

[illegible]

PROGRESS NOTES

Mr. Valderrama

Continued

Continued.....

- P: 1. At this point I think that Mr. Valderrama needs a thorough medical evaluation which we are going to attempt to provide for him. I am going to draw blood work today to check his thyroid, blood counts, and do a complete metabolic profile. I am also going to try him on medications. For his depression and anxiety I am going to start him on ZOLOFT 50 mg a day. I am going to give him some ZANTAC 150 twice a day to help with the food getting stuck and possible reflux at times, that I think may be contributed by the ARTHROTEC and ASPIRIN he takes. I am going to have him take FLEXERIL 5 mg twice a day to help with the muscle spasms in his back. I am going to try to identify any metabolic causes for him not feeling well but at the same time I am going to try to address his depression and anxiety with medication. My hope is that by addressing his depression and anxiety his other physical problems will not necessarily resolve but be more tolerable to him. I am going to call him back in 24 to 48 hours when the labs are received. I am also going to see him back in three weeks to see how the ZOLOFT is working. The entire visit was done with translator Shona Johnson.

Dr. Eric L. Cole/dm

e

P-21-10	C/O follow up - discuss labs
WT 209	
BP 120/88	① 300.4 - Zoloft has helped; calmed me down; still feel like need to talk to son
Pulse 108	→ ↑ Zoloft to 100mg
interviewer	② GERD - Zantac "helps tremendously" dry much better
	③ 727.5 - No Δ in Back pain - refer to Behr for Back pain
	④ elevated liver transaminases re ✓ liver function
	201301182002674
	118
	17



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS
264-536-5327-0	S	BN	COMPLETE

Page #: 1

ADDITIONAL INFORMATION SSN: ***-**-8099

FASTING: N		CLINICAL INFORMATION	
PHONE: [REDACTED] DOB: [REDACTED]		CD-2003330753	
PATIENT NAME	SEX	AGE(YR/MOS.)	PHYSICIAN ID.
VALDERRAMA, YURI	M	40 / 5	COLE E
PT. ADD:			NPI 1013968478
			PATIENT ID. 660990
			ACCOUNT: Family Medical Center
			Spartanburg PCn
			130 Dillon Dr.
			Spartanburg
			SC 29303-0000
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME
9/21/2010 16:02	9/21/2010	9/22/2010	5:37 8822
			ACCOUNT NUMBER: 39110180

TEST	RESULT	LIMITS	LAB
Hepatic Function Panel (7)			
Protein, Total, Serum	7.0 g/dL	6.0 - 8.5	01
Albumin, Serum	4.4 g/dL	3.5 - 5.5	01
Bilirubin, Total	0.4 mg/dL	0.0 - 1.2	01
Bilirubin, Direct	0.12 mg/dL	0.00 - 0.40	01
Alkaline Phosphatase, S	85 IU/L	25 - 150	01
> AST (SGOT)	60 H IU/L	0 - 40	01
> ALT (SGPT)	155 H IU/L	0 - 55	01

LAB: 01 BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

DIRECTOR: William F Hancock MD

*persistently ↑ LFT's
needs to be referred to gastroenterology
e 9/22/10*

Stop Arthrotec (diclofenac)

Date Received _____
Physician Initials _____
Date MD Reviewed _____
Date Patient Consulted _____

119

201301182002674

Pat Name: VALDERRAMA, YURI

Pat ID: 660990

Spec #: 264-536-5327-0

Seq #: 8822

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.24.00

FAMILY MEDICAL CENTER

130 DILLON DRIVE • SPARTANBURG, SOUTH CAROLINA 29307
 TELEPHONE (864) 218-4620 • FAX (864) 885-2488
 130 DILLON DRIVE • SPARTANBURG, SOUTH CAROLINA 29307
 TELEPHONE (864) 218-4620 • FAX (864) 885-2488

NAME Yuri Valderrama ACCT.# 660990 DATE/TIME COLLECTED 8/31/10 1503 T.

TECH SORDERING PHYSICIAN Ch**Urinalysis**

- ☒ With Macro ☐ Cath
☐ Macro Only ☐ Voided
☐ Routine coms ☐ First Morn.

Color	<u>Straw</u>
Appearance	<u>Clear</u>
SP. GR. 1.002 - 1.030	<u>1.020</u>
pH 4.6 - 8.0	<u>6.0</u>
Protein 10 mg/dL	<u>—</u>
Glucose (Neg)	<u>—</u>
Ketones (Neg)	<u>—</u>
Bilirubin (Neg)	<u>—</u>
Blood (Neg)	<u>—</u>
Nitrite	<u>—</u>
Leukocytes	<u>—</u>

WBC	<u>—</u>
RBC	<u>—</u>
Epith Cells	<u>Rare</u>
Bacteria	<u>—</u>
Mucous	<u>—</u>
Amorphous	<u>—</u>
Crystals	<u>—</u>
Cast	<u>—</u>
Renal Epith	<u>—</u>
Yeast	<u>—</u>
Remarks	

Serology/Micro

- ☐ Strep Screen
 Internal Controls Valid ☐ Invalid ☐
☐ Mono Test
 Internal Controls Valid ☐ Invalid ☐
☐ Occult Blood
 Internal Controls Valid ☐ Invalid ☐
☐ Wet Prep
 WBC
 RBC
 Epith Cells
 Bacteria
 Mucous
 Yeast
 Clue Cells
 Trich
 Remarks

☐ Koh Prep Microalbumin

Ranges

Negative 50mg
 20mg/L 100mg

☐ PROTIME INR

Therapeutic Coumadin Ranges
 Normal = 2.0 - 3.0 Abnormal = >4.0

Misc.

- ☐ HCG
 Internal Controls Valid ☐ Invalid ☐

- ☐ Glucose
 Normal Glucose Ranges
 65 - 99 mg/dL

- ☐
- Fasting
-

- ☐
- 2 hr. pp.
-

- ☐
- Random
-

Influenza Internal Controls Valid ☐ Invalid ☐

- ☐
- H. Pylori
-

Internal Controls Valid ☐ Invalid ☐

- ☐
- ESR
-

NORMAL VALUES

Male (under 50) 0 - 15 mm/hr
 Male (over 50) 0 - 20 mm/hr
 Female (under 50) 0 - 20 mm/hr
 Female (over 50) 0 - 30 mm/hr

☐ Glucose Tolerance

	BLOOD	URINE
Fasting		
1 Hour		
2 Hours		
3 Hours		
4 Hours		
5 Hours		

201301182002674

Tech SDate/Time Performed 8/31/10Rev'd By 19

PROGRESS NOTES

NAME

PHONE NUMBER

NAME

PHONE NUMBER

08/31/10

YURI VALDERRAMA

DOB: [REDACTED]

Dr. Eric L. Cole

S: This is a very pleasant 40 year old Hispanic male from Mexico City originally. He was referred here by Dr. Keith because of multiple issues. He is accompanied today by a translator that to my understanding is provided by his workers compensation attorney. Complaint number one is that of depression and anxiety. First I want to point to a letter that is dated August 15, 2010 that evidentially is translated in English that was given to Dr. Keith hence the reason he was referred here. I am not going to fully reread the letter because it is in the chart but I will summarize it here. Mr. Valderrama has been having problems with depression and anxiety that really started back when he had a previous knee injury on his left knee. He states that he had surgery stated in the letter by Dr. Black. He says that his life and health has changed for the worst. He says things just keep getting worse. He has continued pain at this point. He has now had two surgeries on his left knee and one on his right knee. He has now developed mid to low back pain. He is depressed and frustrated. He has been unable to provide for his family. He is undergoing financial hardships. He suffers from anxiety, panic. He says he has lost the respect of his children. His marriage has struggled. I will defer further to the letter for more details on that. He does complain of low back pain. He has pain along the belt line but also across the thoracic spine. The pain is sharp but at other times dull. He says it has continued to get worse since he has hurt his knees but has not had any known specific injury that I can ascertain today. The pain starts in the lower back and it radiates upwards. He says it goes up either side of the spine. He denies it radiating into his lower extremities at this time. Also he has developed some white spots on his skin after surgery. I did see these and quite frankly I have no idea what they are. On review of systems he does have headaches at night. He states his vision is okay. Sometimes he feels like food gets stuck on its way down. He does take TUMS but denies heartburn. He does not have any painful swallowing. No heartburn. No other chest pain other than having what sounds like chest wall pain. He points to a specific area around the third or fourth costochondral junction. Sometimes he gets a sharp cramping pain with a deep breath and he can put his hand on the area and it makes feel better. The pain is not deeper. It last briefly and it does not radiate to his shoulder or jaw. It is not associated with any shortness of breath, palpitations or dizziness. He denies any shortness of breath. No abdominal pain. No nausea, vomiting, diarrhea or constipation. Current medications are ARTHROTEC and HYDROCODONE provided by Dr. Keith. He does take ASPIRIN to help him sleep at night. He has no drug allergies. His only past surgical history includes right knee x one, left knee x two. He is married and has two boys and two girls. He currently has just restarted his job at Kohler. Family history, his mother is deceased from cervical cancer. He does smoke three cigarettes a day. Only very rare alcohol use.

O: On physical examination, height is 70 inches tall. Weight is 205. Blood pressure is 130/88. Pulse is 72. He is a well developed, well nourished, pleasant Hispanic male in no acute distress today. His tympanic membranes are clear bilaterally. Extraocular muscles are intact. Pupils are equal, round, and reactive to light. Sclerae anicteric. Oropharynx is clear. He has fair dentition. His neck is supple without lymphadenopathy or thyromegaly. Lungs are clear to auscultation with no wheezes, rales or rhonchi. Heart is regular rate rhythm with no murmurs, rubs or gallops. Abdomen is soft, nontender, nondistended with normoactive bowel sounds. On examination of the back his pain is along the lower lumbar area. It is midline into either side, also in the midthoracic area midline and to either side. His strength in lower extremities is equal. His gait is normal. His reflexes are one plus bilaterally at the knees and ankles. His sensation is normal. He denies any bowel problems. He states that occasionally he will have some frequent urination. I did obtain x-rays of both his lumbar and his thoracic spine. I personally do not see any gross abnormalities but I will have these over read by radiologist.

A: 1. Depression and anxiety.
2. Low back pain.

201301182002674

FAMILY MEDICAL CENTER
150 DELCHER DRIVE, SPARTANBURG, SC 29327
M.D. MEDLOCK, M.D. - AM 83507, G. MCPOOLE, M.D. - AP 147346, G. RA-TESSENER, M.D. - AT 782701
ERIC COLE, M.D. - SC 840937, G. T. CHRISTIAN, M.D. - BN 03555

NAME: Yusef Veldman DATE: 8/21/10

ADDRESS: in Spanish CITY: SC STATE: SC

DRUG	QTY	UNIT	DOSE	REFILL
Zolof	30	mg	1 po qhs	2
Zantac	150	mg	1 po bid	2
Flaxer	60	mg	1 po bid	2

☐ I AGREE ALL DRUGS UNLESS CHECKED
SUBSTITUTION PERMITTED

M.D. Yusef Veldman M.D.

201301182002674

21

864+948+0015

11:17:05 a.m. 10-19-2011

3/3

Medical Questionnaire

Yuri Valderrama

DOB: [REDACTED]

SSN: [REDACTED]

Has Mr. Valderrama most probably reached MMI for his GERD, stomach/digestion problems?

YES, HE WILL NEED ANOTHER F/U
BREATH TEST TO CHECK FOR H. PYLORI
ERADICATION;

What ongoing or future medical treatment and prescriptions will he most probably need for his GERD, stomach/digestion problems?

OMETHAZOLE 40 mg or OTHER PPI
DAILY.

What permanent impairment does Mr. Valderrama most probably have in relation to his GERD, stomach/digestion problems?

NONE

The answers above represent my opinions to a reasonable degree of medical certainty.

10-17-11

Date

[Signature] - M.D.

Dr. Albert Fedalei

201301182002674

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MEDICAL QUESTIONNAIRE

Yuri Valderrama

DOB: [REDACTED]

SSN: [REDACTED]

1. Are the GERD symptoms and/or other gastroenterological problems for which you are treating Mr. Valderrama most probably due to his use of prescription medications for his work-related knee injuries?

☒ Yes ☐ No. If yes, please list the problems you are treating him for that are causally-related to medications for his knee injuries. HE HAS CHRONIC EROSIVE ESOPHAGITIS AND A GASTRIC ULCER MOST LIKELY DUE TO CHRONIC NSAIDS AS HIS CW TEST FOR H. PYLORI IS NEG.

2. What treatment does Mr. Valderrama need for his gastroenterological problems?

DAILY PPI THERAPY, HIS INSURANCE HAS BEEN DECLINING TO COVER THIS DESPITE THE CRYSTAL CLEAR NEED WITH ULCER DISEASE, SEVERE EROSIVE GERD, AND CHRONIC ASTHMA USE FOR HIS ORTHOPEDIC PROBLEMS

3. Does Mr. Valderrama have any restrictions or limitations as a result of his gastroenterological problems?

☐ Yes ☒ No. If yes, please describe. NO PHYSICAL LIMITATIONS BUT DAILY PPI/USE OR OTHER PPI IS ABSOLUTELY NECESSARY,

These answers represent my opinion to a reasonable degree of medical certainty.

12-8-10
Date

Albert G. Fedalei, M.D.
Albert G. Fedalei, M.D.

201301182002674

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UNIVERSITY MEDICAL GROUP

VALDERRAMA, YURI

40 Y old Male, DOB

Guarantor: VALDERRAMA, YURI Insurance: UNITED HEALTHCARE

PCP: Eric Cole, MD Referring: Eric Cole, MD External Visit ID: 106082407

11/15/2010

Progress Notes: Albert G. Fedalei, M.D.

Current MedicationsRanitidine
Arthrotec 1 tab daily, prn**Past Medical History**Esophageal reflux
Arthritis**Surgical History**

arthroscopic knee surgery - bilateral

Family History

The patient denies any known family history of gastrointestinal malignancy.

Social History

no Alcohol

Smoking: yes, Are you a current smoker, How often do you smoke cigarettes?: every day, How many cigarettes a day do you smoke?: 5 or less, How soon after you wake up do you smoke your first cigarette?: after 60 min, Are you interested in quitting?: Thinking about quitting.

Allergies

N.K.D.A.

Review of Systems**Respiratory:**

short of breath NO, coughing up blood NO, wheezing NO, asthma / COPD NO, pulmonary embolus NO.

Gastrointestinal:

See HPI- General.

Genitourinary:

urinary frequency NO, painful urination NO, blood in urine NO, urine incontinence NO, recurrent UTIs NO.

Neurologic:

memory loss NO, headaches NO, loss of strength NO, loss of sensation NO, shakes / tremors NO.

Endocrinologic:

diabetes / thyroid NO, excessive thirst or urination NO, unexplained weight

Reason for Appointment

1. CGA-PO EGD

History of Present Illness**Disease Specific:**

Hepatitis: This is a 40 yo Hispanic male sent to us for elevated LFTs. He denies any hx of IV drug use, intranasal cocaine use, blood transfusions, tattoos, nor piercing. He denies drinking alcohol or hx of alcohol. On bloodwork 9/21/10, his AST was 60 and ALT 155. Others of the liver panel were normal. Alk phos was 85, Alb 4.4, Tot Bili 0.4. Previous bloodwork on 8/31/10 revealed AST 56 and ALT 160. Viral Hepatitis panel was neg. ANA was neg. GGT was 41. Hgb was 17.0 with MCV 85. TSH was 2.740. We also recently checked iron studies, AMA, and ASMA and all labs are negative. Liver US shows increased echogenicity c/w fatty liver disease and no focal lesions.

He has had reflux and heartburn for the past year. He has chest/epi pain and dysphagia. He has had dysphagia with liquids and solids at the upper sternal region lasting for an 1-2 hours. He denies any regurgitation of the bolus. He would have regurgitation of acid products mainly at night. He has had indigestion/bloating daily. Prior to taking the Ranitidine, he was taking Tums x10 prn. Since taking Ranitidine bid, he had improvement but not complete relief. He also takes Arthrotec daily for arthritis for the past 1 1/2 year. Prior to this had tried Celebrex for about 3 months in 2008 after a knee injury. He has held this for the past 2-3 weeks since before his initial office visit. He underwent an EGD recently with severe erosive esophagitis Grade C-D, stricture starting to develop at EG junction. Diffuse gastritis was noted and his ClO test was positive in endoscopy before he departed the department. He also had a superficial DU and signs of scarring C/W prior ulcer disease. He was given an Rx for Prev-pac and prilosec but did not get these due to cost, he has continued on Zantac only and remains off NSAIDs. His dysphagia is improved since dilation to 5fr Savary.

General:

c/o Nausea / Vomiting: He has intermittent sporadic episodes of N/V - 1-2x/month. No hematemesis or coffee ground emesis. c/o Bowel Movements: He also c/o urgency to go to the bathroom. He will need to 2-3x to the bathroom. He has a semiformal stool. No diarrhea or constipation. He also has to go urinate more often as well. He denies any BRBPR or melena.

Patient: VALDERRAMA, YURI DOB: 04/04/1970 Progress Note: Albert G. Fedalei, M.D. 11/15/2010

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

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04:25:10 a.m.

11-24-2010

10/15

Page 2 of 3

change NO.
Hematologic:
anemia NO. blood clots NO. bleeding
disorder NO. easy bruising NO. cancer NO.

Musculoskeletal:
joint pain YES. muscle pain NO. hot /
swollen joints NO. back problems YES.
osteoporosis NO.

Psychiatric:
depression YES. mood changes YES.
poor concentration NO. nervousness NO.
sleep disturbances NO.

Constitutional:
fever / chills NO. fatigue YES. weight
loss NO. night sweats NO.

Skin:
jaundice NO. rash / eruption NO. texture
changes YES. sores / lesions NO. decubitus
ulcers NO.

ENT:
hearing loss NO. dizziness NO.
epistaxis NO. hoarseness NO. sinus
problem NO.

Eyes:
blurred vision NO. loss of vision NO.
glaucoma NO. eye pain NO.

Cardiovascular:
chest pain YES. palpitations NO. blue
skin tone NO. syncope NO. swelling NO.

Denies: Changes in appetite. Odynophagia. Hematemesis.
Early Satiety. Abdominal Pain. Chest Pain. Weight Change
(unintended). Bleeding.

Vital Signs

Ht 71, Ht Cm 180.34, Wt lbs 209, Wt kg 94.8, BMI 29.15, HR 116, BP
130/86. Pain score 6, Tech Initial hmk.

Assessments

1. Elevated LFTs - 790.4 (Primary)
2. Esophageal reflux - 530.81
3. Chest pain - 786.50
4. Abdominal pain, epigastric - 789.06
5. Nausea with vomiting - 787.01
6. Dysphagia - 787.24
7. Ulcer, duodenal, acuity unspecified - 532.90
8. Helicobacter pylori - 041.86
9. Esophagitis, other - 530.19
10. Hernia, hiatal - 553.3
11. Fatty liver (NASH) - 571.8

Treatment

1. Elevated LFTs
Extensive serol w/u neg. US confirms NAFLD. Wt loss and Vit E 800iu
daily. Recheck LFTs in 6 mos.

2. Esophageal reflux
Needs to get on PPI and can take a zantac at bedtime if needed. Had
severe esophagitis on EGD. Advise pt to avoid meals 3-4 hours before
going to bed. Also suggest avoiding trigger foods such as spicy, fried,
citric products, etc. Have pt elevate head at the head of the bed.

3. Chest pain
Prob due to GERD, if persists on PPI f/u with PCP and eval further.

4. Abdominal pain, epigastric
DU and gastritis noted on EGD. Symptoms have improved to H2R
therapy and will hopefully resolve with PPI and Rx of H. pylori.

5. Nausea with vomiting
No cholelithiasis on US, start PPI/treat H pylori.

6. Dysphagia
Improved after dilation at recent EGD. Will need to take PPI to prevent
restenosis from untreated GERD.

7. Ulcer, duodenal, acuity unspecified
Treat H pylori. PPI daily.

8. Helicobacter pylori
Start Amoxicillin capsule, 500 mg, orally, 40, 2 cap(s), 2 times a day,
10 day(s)
Start Biaxin, 500 mg, Oral, 20, 1 tab, 2 times a day, 10 days. Refills 0
PPI BID while on antibiotics. Samples of aciphex 20mg BID for 9 days

Patient: VALDERRAMA, YURI DOB: 04/04/1970 Progress Note: Albert G. Fedalei, M.D. 11/23/2010
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04:26:49 a.m. 11-24-2010

11/15

Page 3 of 3

given and OTC prilosec bid on day 10 of antibiotics.

9. Hernia, hiatal

Treat GERD, PPI

10. Fatty liver (NASH)

Wt loss, folhs and Vit E, recheck LFTs 6 mos.

11. Others

Follow Up

6 Months

Albert Fedalei M.D.

Electronically signed by Albert Fedalei on 11/18/2010 at
04:28 PM EST

Sign off status: Completed

Carolina Gastroenterology
11 Doctors Parks Drive, Suite
Spartanburg, SC 29307
Tel: 864-573-3593
Fax: 864-241-9223

Patient: VALDEKAMA, YURI DOB: 04/04/1970 Progress Note: Albert G. Fedalei, M.D. 11/13/2010

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

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DCN -201301182002674 BroadSpire Receive date -1/18/2013 6:00:00 AM ACS process date -1/18/2013 6:00:00 AM

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04:16:43 a.m. 11-24-2010

7/15

Mary Black Health System, LLC
Mary Black Health System, LLC

Esophagogastroduodenoscopy Procedure Report

Patient: Yuri Valderrama
Patient ID: MRN [REDACTED]
Exam Date: 10/12/2010

Attending Physician: Alben Fedalei, M.D.
Referring Physician: Dr. Eric Cole

Introduction: A 40 year old patient presents for an elective outpatient Esophagogastroduodenoscopy.

Indications:

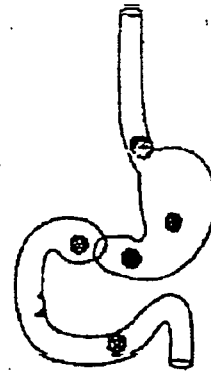
- * GERD symptoms.
- * Dysphagia (787.20).
- * Pain located in the epigastrium (789.06).
- * Chest pain (786.50).

Consent: The benefits, risks, and alternatives to the procedure were discussed and informed consent was obtained from the patient.

Preparation: An intravenous line was inserted. EKG, pulse, pulse oximetry and blood pressure were monitored throughout the procedure. Oxygen administered via nasal cannula throughout procedure.

Medications:

- * Conscious sedation.
- * Fentanyl 100 mcg IV
- * Versed 15 mg IV



Procedure: The endoscope was passed with ease through the mouth under direct visualization and advanced to the 2nd portion of the duodenum. The scope was withdrawn and the mucosa was carefully examined.

Findings:

Esophagus: LA Class C esophagitis was found in the GE junction and lower third of the esophagus. (1) (2) There was a single Schatzki's ring in the GE junction. (3) Dilatation was performed, using a Savary bougie with a guidewire. 51 Fr dilators were passed.

Stomach: On retroflexed view, there was a 2 cm hiatus hernia visible in the stomach. (4) A diffuse area of gastritis was found in the antrum and body of the stomach. (5) (6) A cold forceps biopsy was taken from the body of the stomach. The specimen was collected for CLO testing.

Duodenum: There was a linear ulcer in the duodenal bulb. It was not bleeding. (7) (8) There was evidence of duodenitis in the duodenal bulb. The mucosa appeared erythematous. Otherwise, the duodenum appeared to be normal.

Unplanned Events: There were no unplanned events.

Summary:

- * Esophagitis seen in the GE junction and lower third of the esophagus (530.10)
- * Ring present in the GE junction, Schatzki's (530.5). Dilatation was performed.
- * A hiatus hernia found (533.3)
- * Gastritis found in the antrum and body of the stomach. Biopsy taken
- * An ulcer found in the duodenal bulb (532.90).
- * Otherwise normal duodenum.

Recommendations:

- Treat H. pylori, as CLO was pos before he left the endo room.
- Begin taking Prev. pac x10 days. Then Omeprazole 40mg po daily.
- Avoid aspirin, NSAIDs (non-steroidal anti-inflammatory drugs) and vitamin E.

201301182002674

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04:17:47 a.m. 11-24-2010

8/15

Patient Name: Valderrama, Yuri Patient ID: MRN [REDACTED] Exam Date: 10/12/2010

Patient Name: Valderrama, Yuri Patient ID: MRN [REDACTED] Exam Date: 10/12/2010

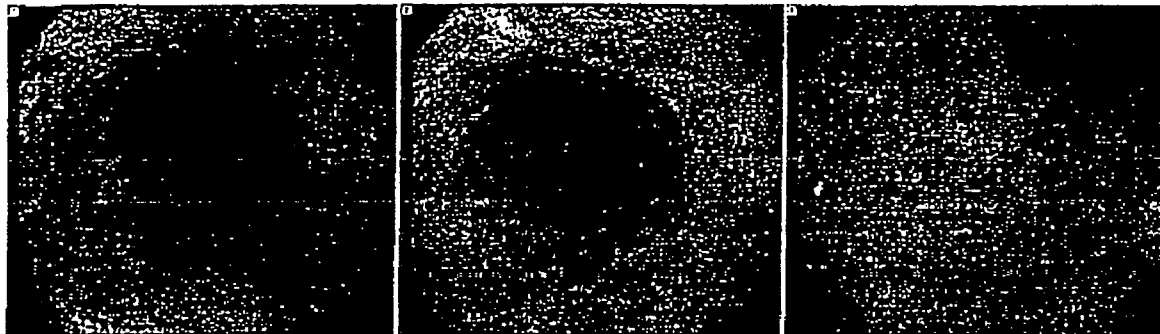
* Otherwise follow up with our Physician's Assistant at next available appointment to reassess.

Estimated Blood Loss:

* None

Procedure Codes:

Performed By:



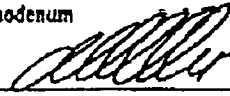
● esophagitis-esophagus-lower third of the esophagus ● esophagitis-esophagus-lower third of the esophagus ● gastritis-stomach-body of the stomach



● gastritis-stomach-antrum ulcer-duodenum-bulb ● ulcer-duodenum-bulb



● distal duodenum hiatus hernia-stomach ring/band-esophagus-GE junction

Signature  Date: 10/12/2010
Albert Fedalel, M.D.

201301182002674

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- COPY -

CAROLINA GASTROENTEROLOGY ASSOCIATES

11 DOCTORS PARK DRIVE, SUITE 240

SPARTANBURG, SC 29307

(864) 573-3593 FAX (864) 241-9223

EIN#57-1004971

4.470

ALBERT G. FEDALE, M.D. (BF5457280)

JOSEPH W. ELLIS, M.D. (BB4730648)

CARRIE G. HUMPHREYS, N.P. (F3546)

KENYA FERNANDERS-BRIGGS, PA-C (1182GE)

KATIE HINES-SOTO, PA-C (A896GE)

NAME	FURI VALDERRAMA			DATE	4-10-12
ADDRESS					
	LABEL, DRUG NAME, STRENGTH & QUANTITY				
1	PREV-PAC	STRENGTH	QUANTITY	REFILL	
	AS DIRECTED FOR 10 DAYS		10	0	
2	OMEPRazole	STRENGTH	QUANTITY	REFILL	
	TPO Daily TO START	40	30	11	
	AFTER PREV-				
3	PAC COMPLETED,	STRENGTH	QUANTITY	REFILL	

MD
Dispense as Written.MD
Substitute Permitted

201301182002674

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**GHS UMG DEPARTMENT OF MEDICINE
CAROLINA GASTROENTEROLOGY ASSOCIATES**

ALBERT G. FEDALEI, M.D.
JOSEPH W. BEETS, M.D.
KATIE HINES SOTO, P.A.-C
CARRIE HUMPHREYS, N.P.
KENYA FERNANDERS-BRIGGS, P.A.-C
JENNIFER SIMKO, P.A.-C

11 Doctors Drive, Suite 240
Spartanburg, SC 29307
PH (864) 573-3593
FAX (864) 948-0015

EGD Instruction Sheet:

DO NOT FOLLOW ANY OTHER INSTRUCTIONS!!!

Patient Name: YURI VALDERRAMA DOB: [REDACTED]

You are scheduled for endoscopy on 10.12.10 at 12:15PM

You should arrive at the hospital at this time → 10:45AM

Follow the instructions below carefully or it may not be possible to do your tests!

- You will be sedated for your test and therefore you must arrange for someone to drive you home, or your test will not be done.
- You will have to be off of medications that could increase your risk of bleeding for a few days before your test. A few examples of these medications include; Aspirin, Advil, and Aleve. Most arthritis medications other than Tylenol should be held for 5 days before your test. Coumadin and other blood thinners should be held as well – but check with your physician to know exactly how long to hold. **NO ARTHROTEC OR ASPIRIN FOR 5 DAYS PRIOR TO PROCEDURE.**
- ~~The day before your tests ->~~
 - 1) You should not eat or drink after midnight.
- **The day of your test ->**
 - 1) Take any normal heart or blood pressure medications with water.
 - 2) If you are diabetic, bring your medications with you to the hospital.
 - 3) Your driver must be with you when you register.
 - 4) Do not bring any jewelry or valuables with you to your procedure. We are not responsible for anything lost, stolen, or broken.
 - 5) The registration desk is in the lobby directly downstairs from our office.
 - 6) You should plan to be at the hospital 2-3 hours for your procedure.

**To cancel or reschedule your procedure, you must contact our office
at least 24 hours in advance to avoid charges.**

I have received a copy of these instructions and they were explained to me:

131

Patient: _____ DOB: _____

30

864+948+0015

04:14:48 a.m. 11-24-2010

4/15

Print date: 10/13/10 15:13
 Printed by: KEAGGLUN

PATIENT REPORT
 **** FINAL ****

Page 1

MARY BLACK HEALTH SYSTEM
 1700 SKYLYN DR
 SPARTANBURG SC 29167

LAB: MARY BLACK
 DR. WILLIAM MIMS, III

Name: VALDEHERRAMA YURI
 Pat#: 3064153
 Strt: 10/12/10 11:56
 Cnd#: R 100

Status: G/P / GIO
 DOB: [REDACTED]
 Age/Sex: 40 / M
 MR#: [REDACTED]

Adm Date: 10/12/10
 Adm Phys: FEDALZI ALBERT G
 Ord Phys: FEDALZI ALBERT G
 Fam Phys: COLE ERIC LYNN

Sp. Instr. Code:

Collected DT/TM: 10/12/10 11:56

By: JK

Received DT/TM: 10/12/10 15:13

By: KCH

Completed DT/TM: 10/13/10 15:13

By: KCH

Test Name	Result Flag	Reference Range	Unit
-----------	-------------	-----------------	------

CLOTEST

Verified DT/TM: 10/13/10 15:13 By KCH

CLOTEST

NEGATIVE

NEGATIVE

**NOTE: False negatives may occur with low numbers of bacteria, or with bacteria present at a site not biopsied, or with recent use of antibiotics or bismuth intake. False positives are rare.

Name: VALDEHERRAMA YURI

Sex/Age: M/ 40

Pat#: 3064153

201301182002674

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UNIVERSITY MEDICAL GROUP

CAROLINA GASTROENTEROLOGY ASSOCIATES

11 Doctors Drive, Suite 240

Spartanburg, SC 29307

(864) 573-3593

FAX (864) 948-0015

Employee's Name YURI VALDERRAMA

Date 9/29/2010

 May return to full Duties

 No Limit

 Limited lifting

 May return to light duties

 May not return to work until recheck by doctor

 Recheck Date

Comments: pt seen in office on 9/29 @ 1:30pm
He will be having EGD on 10/12/10 @ 10:00
Having US abd on 10/1 @ 2:45pm
[Signature]

Est. Length of
Disability: Signature:

201301182002674

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Carolina Gastroenterology

Kenya Briggs, P.A.

Carolina Gastroenterology

Kenya Briggs, P.A.

Corp Acct No: None

Mnemonic:

11 Doctors Parks Drive, Suite , Spartanburg, SC, 29307

Tel: 864-573-3593 Fax: 864-241-9223

Patient: VALDERRAMA, YURI

09/29/2010

DOB: [REDACTED] Sex: Male Phone: [REDACTED] 35 MRN: [REDACTED]

Address: [REDACTED], SPARTANBURG, SC 29301

Primary Insurance Name: UNITED HEALTHCARE

Insurance Address: PO BOX 740800 , ATLANTA , GA , 303740800

Secondary Insurance Name:

Insurance Address:

Subscriber Number: 821242210

Name: VALDERRAMA, YURI

Address: [REDACTED], SPARTANBURG, SC 29301

DIAGNOSTIC IMAGING:

Code	Diagnostic Name	Fasting	Priority	Assesment(s)	Notes
	US ABDOMEN COMPLETE	N	Routine	790.4, Elevated LFTs 530.81, Esophageal reflux 786.50, Chest pain 789.06, Abdominal pain, epigastric 787.01, Nausea with vomiting	Swayngim, Heather, LPN 09/29/2010 03:20:17 PM EDT > OCTOBER 1 @ 7:45AM. NOTHING TO EAT OR DRINK AFTER MIDNIGHT.

Kenya Briggs, P.A.

Kenya Briggs, P.A.

Patient Name: VALDERRAMA, YURI , DOB: 04/04/1970

201301182002674

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04:15:12 a.m. 11-24-2010

5/15

Print Date: 10/04/10 19:45

PATIENT REPORT

Page 1

Print date: 10/04/10 19:56

PATIENT REPORT

Page 1

Printed by:

**** FINAL ****

MARY BLACK HEALTH SYSTEM

LAB - MARY BLACK

1700 SKYLYN DR

DR. WILLIAM-HIMS, III

SPARTANBURG SC 29307

Name: VALDEKANA YURI

Status: O/P / LAB

Adm Date: 9/29/10

Pat#: 3061480

DOB: ~~2/10/1980~~

Adm Phys: FEDALZI ALBERT C

Start: 9/29/10 16:14

Age/Sex: 40 / M

Ord Phys: FEDALZI ALBERT C

Ord#: K 802

MR#: ~~201301182002674~~

Pm Phys: COLE ERIC LYNN

Sp. Instr Cmt: 3 ML SERUM GOLD

Collected DT/TM: 9/29/10 16:00

By: SW

Received DT/TM: 9/29/10 16:14

By: SW

Completed DT/TM: 10/04/10 19:45

By: HZ7

Test Name

Result Flag

Reference Range

Units

ACTIN SM MUS AB IGG

Verified DT/TM: 10/04/10 19:45 By HZ7

ACTIN SM MUS AB IGG

REPORT

COMMENTS:

10/04/10 19:45 ACTIN IGG

Actin Antibody (IgG)

TEST NAME

FLAG RESULT

UNITS OF MEASURE

Actin Antibody (IgG)

H 24

U

REFERENCE RANGE: <20

RESULT COMMENT:

Reference Range:

<20 Negative

20-30 Weak Positive

>30 High Positive

This ELISA assay is based on purified F-Actin IgG antibodies. IgG antibodies to F-Actin are present in approximately 75% of patients with autoimmune hepatitis type 1, 65% with autoimmune cholangitis, 30% with primary biliary cirrhosis, and 2% of healthy population.

Test Performed by Quest, Chantilly.

Quest Diagnostics Nichols Institute.

14225 Newbrook Drive, Chantilly, VA 20151

Kenneth Sisco, M.D., Ph.D., Director of Laboratories

(703) 842-6900. CNA 490221801

Name: VALDEKANA YURI

Sex/Age: M/ 40

Pat#: 3061480

201301182002674

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04:16:09 a.m. 11-24-2010

6/15

NAME: VALDERRAMA YURT

PATIENT REPORT

Page 1

Print date: 10/01/10 23:11

PATIENT REPORT

Page 1

Printed by:

**** FINAL ****

MARY BLACK HEALTH SYSTEM
1700 SKYLYN DR
SPARTANBURG SC 29307

LAB - MARY BLACK
DR. WILLIAM MIMS, III

Name: VALDERRAMA YURT

Status: O/P / LAB

Adm Date: 9/29/10

Pat#: 3061480

DOB: 4/04/70

Adm Phys: PEDALZI ALBERT G

Start: 9/29/10 16:00

Age/Sex: 40 / M

Ord Phys: PEDALZI ALBERT G

Ord#: R 100 200 300 400
500

MR#: [REDACTED]

Pam Phys: COLE ERIC LYNN

Sp. Instr Unit: 1 ML GREEN OR GOLD

Collected DT/TM: 9/29/10 16:00 By: SW

Received DT/TM: 9/29/10 16:00 By: SW

10/01/10 22:56 By: HL7

Test Name	Result Flag	Reference Range	Units
IRON	79	Verified DT/TM: 9/29/10 16:59 By DMW 45 - 122	ug/dl
IRON BINDING CAPACITY	406	Verified DT/TM: 9/29/10 16:59 By DMW 252 - 461	ug/dl
IRON BINDING CAPACITY	290	192 - 392	ug/dl
TRANSFERRIN	290.1	Verified DT/TM: 9/29/10 16:59 By DMW 192 - 392	mg/dl
FERRITIN	107.0	Verified DT/TM: 9/29/10 17:00 By DMW 23.9 - 336.2	ng/mL

MITOCHONDRIAL AB

MITOCHONDRIAL ABW/REFLEX TO T

REPORT

Verified DT/TM: 10/01/10 22:56 By HL7

COMMENTS:

10/01/10 22:56 MITCHAB

Mitochondrial Antibody w/reflex to Titer

TEST NAME	FLAG RESULT	UNITS OF MEASURE
=====	=====	=====

Mitochondrial

Antibody Screen

Negative

REFERENCE RANGE: Negative

RESULT COMMENT:

Test Performed by Quest, Chantilly,

Quest Diagnostic Nichols Institute,

14224 Eastbrook Drive, Chantilly, VA 20151

Kenneth Sisco, M.D., Ph.D., Director of Laboratories

(703) 802-6900, CLIA 490221801

Name: VALDERRAMA YURT

Sex/Age: M/ 40

Pat#: 3061480

201301182002674

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UNIVERSITY MEDICAL GROUP

VALDERRAMA, YURI

Guarantor: VALDERRAMA, YURI Insurance: UNITED
HEALTHCARE
PCP: Eric Cole, MD Referring: Eric Cole, MD External
Visit ID: 405395370

09/29/2010

Progress Notes: Kenya Briggs, P.A.

Current Medications

Ranitidine 150 mg 1 cap(s) 2 times a day
Arthrotec 75 mg/200 mg 1 tab(s) 2 times a day

Past Medical History

Esophageal reflux
Arthritis

Surgical History

arthroscopic knee surgery - bilateral

Family History

The patient denies any known family history of gastrointestinal malignancy.

Social History

no Alcohol.
Smoking: yes. Are you an: current smoker.
How often do you smoke cigarettes?: every day. How many cigarettes a day do you smoke?: 5 or less. How soon after you wake up do you smoke your first cigarette?: after 60 min. Are you interested in quitting?: Thinking about quitting.

Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

Denies Past Hospitalization

Review of Systems**Psychiatric:**

depression YES. mood changes YES.
poor concentration NO. nervousness NO.
sleep disturbances NO.

Constitutional:

fever / chills NO. fatigue YES. weight loss NO. night sweats NO.

Skin:

jaundice NO. rash / eruption NO. texture changes YES. sores / lesions NO. decubitus ulcers NO.

ENT:**Reason for Appointment**

1. CGA: E COLJ./ ELEVATED LFTS

History of Present Illness**Disease Specific:**

Hepatitis: This is a 40 yo Hispanic male sent to us for elevated LFTs. He denies any hx of IV drug use, intranasal cocaine use, blood transfusions, tattoos, nor piercing. He denies drinking alcohol or hx of alcohol. On bloodwork 9/21/10, his AST was 60 and ALT 155. Others of the liver panel were normal. Alk phos was 85, Alb 4.4. Tot Bili 0.4. Previous bloodwork on 8/31/10 revealed AST 56 and ALT 160. Viral Hepatitis panel was neg. ANA was neg. GGT was 41. Hgb was 17.0 with MCV 85, TSH was 2.740.

Today, he c/o reflux. He has had heartburn for the year. He has chest/epi pain and dysphagia. He would have dysphagia with liquids and solids at the upper sternal region lasting for an 1-2 hours. He denies any regurgitation of the bolus. He would have regurgitation of acid products mainly at night. He had indigestion/bloating daily. Prior to taking the Ranitidine, he was taking Tums x10 prn. Since taking Ranitidine bid, he had improvement. He no longer c/o dysphagia or chest/epi pain. He also takes Arthrotec daily for arthritis for the past 1 1/2 year. Prior to this had tried Celebrex for about 3 months in 2008 after a knee injury. He has held this for the past 5 days. He is clearing his throat more often.

General:

c/o Nausea / Vomiting: He has intermittent sporadic episodes of N/V - 1-2x/month. No hematemesis or coffee ground emesis. c/o Bowel Movements: He also c/o urgency to go to the bathroom. He will need to 2-3x to the bathroom. He has a semiformal stool. No diarrhea or constipation. He also has to go urinate more often as well. He denies any BRBPR or melena.

Denies: Changes in appetite. Odynophagia. Hematemesis. Early Satiety. Abdominal Pain. Chest Pain. Weight Change (unintended). Bleeding.

Vital Signs

Ht 71, Ht Cm 180.34, Wt lbs 209, Wt kg 94.8, BMI 29.15, HR 88, BP 110/80, RR 14, Pain score 0, Tech Initial HS.

Examination**General:**

Patient: VALDERRAMA, YURI Progress Note: Kenya Briggs, P.A. 09/29/2010

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11-24-2010

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hearing loss NO. dizziness NO.
 epistaxis NO. hoarseness NO. sinus
 problem NO.
 Eyes:
 blurred vision NO. loss of vision NO.
 glaucoma NO. eye pain NO.
 Cardiovascular:
 chest pain yes. palpitations NO. blue
 skin tone NO. syncope NO. swelling NO.
 Respiratory:
 short of breath NO. coughing up
 blood NO. wheezing NO. asthma /
 COPD NO. pulmonary embolus NO.
 Gastrointestinal:
 See HPI- General.
 Genitourinary:
 urinary frequency NO. painful
 urination NO. blood in urine NO. urine
 incontinence NO. recurrent UTIs NO.
 Neurologic:
 memory loss NO. headaches NO. loss of
 strength NO. loss of sensation NO. shakes /
 tremors NO.
 Endocrinologic:
 diabetes / thyroid NO. excessive thirst or
 urination NO. unexplained weight
 change NO.
 Hematologic:
 anemia NO. blood clots NO. bleeding
 disorder NO. easy bruising NO. cancer NO.
 Musculoskeletal:
 joint pain yes. muscle pain NO. hot /
 swollen joints NO. back problems yes.
 osteoporosis NO.

Appearance: well developed, well nourished. Mood: no distress.
 Neurologic:
 General: alert and oriented. Focal neurologic deficits: no.
 Asterexis: no.
 Musculoskeletal:
 Trigger points: no. Paraspinal muscle tenderness: none.
 Skin:
 Color changes: anicteric.
 HEENT:
 Appearance: normocephalic, atraumatic. Extraocular
 movements: intact. Neck: supple. Bruits: no. Thyromegaly: no.
 Lymph nodes: nonpalpable.
 Cardiovascular:
 heart regular rate and rhythm, without murmurs, rubs or gallops.
 Respiratory:
 Lungs: clear to auscultation and percussion bilaterally.
 Abdomen:
 Appearance: soft. Palpation: soft, no organomegaly or masses.
 Auscultation: normal active bowel sounds, no bruits.
 Tenderness: none.
 Extremities:
 Clubbing: no. Cyanosis: no. Pulses: normal, palpable.
 Edema: none. Amputation: none. Prosthetic joints: none.
 Rectal:
 Deferred: yes.

Assessments

1. Elevated LFTs - 790.4 (Primary)
2. Esophageal reflux - 530.81
3. Chest pain - 786.50
4. Abdominal pain, epigastric - 789.06
5. Nausea with vomiting - 787.01
6. Dysphagia - 787.24

Treatment

1. Elevated LFTs

LAB: Antimitochondrial Antibody (AMA)
 LAB: Smooth Muscle (Actin) Antibody
 LAB: Iron & Transferrin TIBC (includes FE)
 LAB: Ferritin

Diagnostic Imaging: EGD with dilation, US ABDOMEN COMPLETE
 Will evaluate liver on US. Also will do bloodwork to evaluate for
 hemochromatosis and other autoimmune hepatitis. Pt does have a hgb
 at the upper normal limits suggesting possible hemochromatosis. Fatty
 liver disease remains very high on the list of etiologies for his elevated
 LFTs and US should help to eval this.

2. Esophageal reflux

Diagnostic Imaging: EGD with dilation, US ABDOMEN COMPLETE
 Proceed with EGD and possible dilatation to assess any significant
 upper GI mucosal lesions that may contribute to symptoms, and
 consider dilatation as therapy for dysphagia. Advise pt to avoid meals 3-
 4 hours before going to bed. Also suggest avoiding trigger foods such as
 spicy, fried, citric products, etc. Have pt elevate head at the head of the

Patient: VALDERRAMA, YURI

Progress Note: Kenya Briggs, P.A. 09/29/2010

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DCN -201301182002674 BroadSpire Receive date -1/18/2013 6:00:00 AM ACS process date -1/18/2013 6:00:00 AM

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11-24-2010

14/15

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bed.

3. Chest pain

Diagnostic Imaging: EGD with dilation, US ABDOMEN COMPLETE
Will be evaluating for any esophagitis, gastritis, duodenitis, H. Pylori, and PUD.

4. Abdominal pain, epigastric

Diagnostic Imaging: EGD with dilation, US ABDOMEN COMPLETE
Will evaluate on EGD/US. Symptoms have responded to H2B therapy.

5. Nausea with vomiting

Diagnostic Imaging: EGD with dilation, US ABDOMEN COMPLETE
Will evaluate on EGD/US. Will also ensure no cholelithiasis on US.

6. Dysphagia

Diagnostic Imaging: EGD with dilation
Will consider dilation at time of EGD. Symptoms have improved with taking Ranitidine 150 mg bid. Will probably benefit from PPI therapy.

7. Others

The patient's current medications were reviewed and a list was printed and given to the patient.

Procedures

Attending Notes

Physician notes: I interviewed and examined the patient myself.
See the NP/PA notes. My history, exam, impressions, and recommendations are as described in the note.

NP/PA/Nursing notes: I interviewed and examined the patient
Briggs, Kenya 09/29/2010 02:37:49 PM EDT >

Follow Up

after EGD with dil

Albert Fedalei MD

Electronically signed by Albert Fedalei on 10/07/2010 at
06:59 PM EDT

Sign off status: Completed

Patient: VALDERRAMA, YURI
Time generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

201301182002674

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11-24-2010

15/15

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Carolina Gastroenterology
11 Doctors Parks Drive, Suite
Spartanburg, SC 29307
Tel: 864-573-3593
Fax: 864-241-0223

Patient: VALDERRAMA, YURI DOB: 04/04/1970 Progress Note: Kenya Briggs, P.A. 09/29/2010

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

201301182002674

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O.A. Physical Therapy Orders
O.A. Physical Therapy Orders

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

115 Deacon Tiller Court, Ste 1
Duncan SC 29334
(864) 721-0025- FAX (864) 721-0035

THERAPY PRESCRIPTION

Patient: Yuri L Valderrama

Diagnosis: Right Sup trap trigger point, whiplash

Duration: 4-6 WKS ☐ UNTIL NEXT MD VISIT / /

FREQUENCY: ☐ 1 VISIT ONLY ☒ 2 X WK ☐ 3 X WK ☐ 5 X WK

☐ Evaluate & Treat ☐ TENS Application ☐ Wound Care

☐ FCA (Full) ☐ Edema Therapy ☐ Cybex

PROGRAMS / PROTOCOLS

- ☐ Back Rehab Program
- ☒ Cervical Program
- ☐ Elbow Program
- ☐ Foot/Ankle Program
- ☐ Hand Program
- ☐ Hip Program
- ☐ Knee Program
- ☐ Shoulder Program
- ☐ Spinal Stabilization Program

MODALITIES

- ☐ E STIM
- ☐ Fluidotherapy
- ☐ Iontophoresis
- ☐ Moist Heat
- ☐ Paraffin Bath
- ☐ Soft Tissue MASS
- ☐ Traction
- ☐ Ultrasound

THERAPEUTIC EXERCISE

- ☐ AROM
 - ☐ Eccentric
 - ☐ PROM
- ☐ AAROM
 - ☐ Isometric
 - ☐ Proprioceptive

COMMENTS: massage and modalities

____ Dr. Behr

____ Physician's Signature

6/2/11

____ Date

201301182002674

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600, Spartanburg, SC 29303

1330 Boiling Springs Road Suite 1600, Spartanburg, SC 29303

864-562-6396 Fax: 864-542-2939

Name Yuri L Valderrama

Date 06/02/2011

Addr 5500 Clydesdale Drive

DOB 02/01/1977

City Spartanburg, SC 29301

103-1272-0025

Rx FLEXERIL 10 MG TABS

one po tid

Generic: CYCLOBENZAPRINE HCL

Comments:

Disp ***90***

Refill ***2***

Dispense as Written

SUBSTITUTION PERMITTED

James Paul Behr MD

DEA:BB9659066 LIC:TL31665 NPI:1306859145

201301182002674

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Orthopaedic Associates PA 1330 Bolling Springs Road Suite 1600, Spartanburg, SC 29303 1330 Bolling Springs Road Suite 1600, Spartanburg, SC 29303 864-582-6396 Fax: 864-542-2939	
Name <u>Yuri L Valderrama</u>	Date <u>06/02/2011</u>
Addr <u>5500 Chastain Drive</u>	DOB <u>04/04/1970</u>
City <u>Spartanburg, SC 29301</u>	<u>(864) 278-9033</u>
Rx <u>DICLOFENAC SODIUM 75 MG TBEC</u> one po bid	
Generic: <u>DICLOFENAC SODIUM</u>	
Comments:	
Disp <u>***60***</u>	Refill <u>***2***</u>

Dispense as Written

SUBSTITUTION PERMITTED

James Paul Behr MD
DEA:BB9659066 LIC:TL31665 NPI:1306859145

Orthopaedic Associates PA 1330 Bolling Springs Road Suite 1600, Spartanburg, SC 29303 864-582-6396 Fax: 864-542-2939	
Name <u>Yuri L Valderrama</u>	Date <u>06/02/2011</u>
Addr <u>5500 Chastain Drive</u>	DOB <u>04/04/1970</u>
City <u>Spartanburg, SC 29301</u>	<u>(864) 278-9033</u>
Rx <u>ULTRAM 50 MG TABS</u> 1-2 po tid prn	
Generic: <u>TRAMADOL HCL</u>	
Comments:	
Disp <u>***180***</u>	Refill <u>***2***</u>

Dispense as Written

SUBSTITUTION PERMITTED

James Paul Behr MD
DEA:BB9659066 LIC:TL31665 NPI:1306859145

201301182002674

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Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303

864-582-6396 Fax: 864-542-2939

864-582-6396 Fax: 864-542-2939

November 23, 2010

Page 1

Chart Document

Chart Document

Yuri L. Valderrama

MD, FRCPC, FRCPC

762-2072001

Home Address: 605 N. Main

Lawrenceville, GA 30046

11/08/2010 - Office Visit; recheck back pain

Provider: Lisa D Spears APRN

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Eric Cole

Mr. Yuri Valderrama is a 40 Years Old hispanic male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: back pain

Problem #1

Type: left knee - twisted lifting something at work

DOI: 6/08

Surgery/Treatment: arthroscopic partial medial meniscectomy.

Global Start: 07/ 6/2008

Global End: 10/14/2008

Problem #2

Type: low back pain

Problem #3

Type: thoracic pain

Yuri is a pleasant 40 year old Hispanic who returns to clinic for a follow up office visit. He was last seen on 10/13/10 at which time a review of his thoracic MRI was essentially negative. His pain was felt to be more musculoskeletal and myofascial pain. Physical therapy was therefore ordered. Unfortunately the patient reports his insurance was not paying for the physical therapy and he could not afford to continue with the physical therapy. He was also supposed to have a TENS unit but insurance did not pay for that either. He continues to complain of difficulty. He has had three surgeries on his knees, two on the left and one on the right. The most recent was left arthroscopic partial medial meniscectomy from a work injury in June 2008 when he was lifting something at work. Since that time he has had continued difficulty with his knees as well as his lower back and thoracic pain. As stated above, previous MRI was essentially normal. At the last office visit the patient was tapered off Lortab and started on Ultram 50 mg 1-2 p.o. p.r.n. pain as well as Flexeril p.r.n. pain. The patient reports the Flexeril makes him too sleepy during the day and would like to have something different to take.

Past Medical History

Patient indicates history of GERD.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

CELEBREX 200 MG CAPS (CELECOXIB) one p.o. daily pc

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po q 4-6 hrs. pm pain

PHENERGAN 25 MG TABS (PROMETHAZINE HCL) 1 p.o. q 6 hrs. pm nausea

FLEXERIL 15 MG TABS (CYCLOBENZAPRINE HCL) one po tid

ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid pm

RCBAXIN 500 MG TABS (METHOCARBAMOL) one po tid

201301182002674

ALLERGIES

No known allergies

144

4.3-

Orthopaedic Associates PA

1330 Bolling Springs Road Suite 1600 Spartanburg, SC 29303

864-582-6396 Fax: 864-542-2939

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November 23, 2010

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Chart Document

Yuri L. Valderrama

Male, DOB: 11/17/1960

76214-2072001

Hip: 2640276-8035

US: United States of America

Revised - 11/17/2010

Past Surgical History

Surgical history includes Arthroscopic Knee Surgery(bilateral) and .

Social History

Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: rover.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Complains of swelling in hands or feet, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Complains of abdominal pain, constipation, vomiting.

Genitourinary: Complains of urinary frequency.

Musculoskeletal: Complains of muscle weakness, back pain, joint pain.

Skin: Complains of itching.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of difficulty sleeping, anxiety, depression.

Endocrine: Complains of heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Complains of chills, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 195 lbs. R: 14

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAMINATION

HEENT:

NCAT, MMM, EOMI

CHEST/RESP:

No respiratory distress 201182002674

EXTREMITIES:

No CCE.

NEURO/MSK

145

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November 23, 2010

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Chart Document

Yuri L Valderrama

Male DOB 07/15/78

76214-207200

Home 864-582-6396

United H (417) 632-7460

Lumbar range of motion is decreased secondary to pain with flexion, extension and lateral bending.

PALPATION:

There is some tenderness to palpation with trigger points in his right upper lumbar and lower thoracic paraspinals as well as into his bilateral rhomboids.

GAIT:

Tandem, antalgic, unweighting his left lower extremity.

DTR:

In bilateral upper and lower extremities is equal and symmetric.

SPECIAL TESTS:

Straight leg raise negative bilaterally.

IMAGING:

X-rays of the thoracic spine, AP and lateral are within normal limits. No acute fractures or instability noted.

MRI from 10/07/2010 reports no significant degenerative changes or disk disease. No central or foraminal stenosis identified.

ASSESSMENT

Mr. Valderrama is a very pleasant 40 year old gentleman with complaints of thoracic and low back pain with a negative MRI of the thoracic spine most likely related to mechanical low and thoracic pain due to altered gait with notable trigger points and muscle spasms more prominent on the right. There appears to be no evidence of neurological compromise at this time. He does have a past medical history significant for a total of three knee surgeries, two on the left and one on the right, with most recent being arthroscopic partial medial meniscectomy on 07/15/08 following a work related knee injury in June 2008.

PLAN

1. Given the MRI of the thoracic spine is essentially negative pain is most likely to be more musculoskeletal. I have instructed the patient on exercises to perform at home to help with strengthening the lower back muscles as well as stabilizing both thoracic and lumbar spine.
2. We will continue with Ultram 50 mg 1-2 p.o. t.i.d. p.r.n. for pain but will discontinue the Flexeril due to increased sedation.
3. We will do a trial of Robaxin 500 mg p.o. t.i.d. p.r.n. for muscle spasms as this may be less sedating.
4. Patient will return in approximately four weeks at which time we will reevaluate his pain. We are hopeful with the home exercise program and change of medications that his pain will improve.

Dictated by Lisa D. Spears, APRN-C for Dr. Behr

cc: Dr. Cole

201301182002674

New Orders:

146

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November 23, 2010

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Chart Document

Yuri L Valderrama

Male DOB 04/25/1970

76214-2072001

Home: 864-273-8535

Cell: 864-273-8535

Est. Level 4 [992'4]

Prescriptions:

ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid pm #60 x 1

Entered and Authorized by: Lisa D Spears APRN

Signed by: Lisa D Spears APRN on 11/08/2010

Method used: Print then Give to Patient

RxD: 1604851367501010

ROBAXIN 500 MG TABS (METHOCARBAMOL) one po tid #90 x 0

Entered by: Sonya Yates

Authorized by: Lisa D Spears APRN

Signed by: Sonya Yates on 11/08/2010

Method used: Print then Give to Patient

RxD: 1604851225800750

Signed by Casey L Blackwell on 11/17/2010 at 1:23 PM

201301182002674

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4/6

Orthopaedic Associates PA

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November 23, 2010

Page 1

Chart Document

Chart Document

Yuri L. Valderrama

Male DOB 06/04/1970

76214-2072001

Home 864-278-8935

Ins. United H 47260275000

10/11/2010 - Office Visit: recheck after MRI

Provider: Lisa D Spears APRN

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Eric Cole

Mr. Yuri Valderrama is a 40 Years Old hispanic male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: low back pain and thoracic pain

Problem #1

Type: left knee - twisted lifting something at work

DOI: 6/08

Surgery/Treatment: arthroscopic partial medial meniscectomy.

Global Start: 07/16/2008

Global End: 10/14/2008

Problem #2

Type: low back pain

Problem #3

Type: thoracic pain

Yuri is a pleasant 40 year old Hispanic gentleman who returns to clinic for a follow up visit. He did undergo an MRI of the thoracic spine which revealed no significant degenerative changes or central or foraminal stenosis. In essence, it was essentially normal. He continues to report discomfort in his lower thoracic radiating up. His Flexeril was increased at his last office visit. However the patient was unable to afford the medication and did not get it filled. He was also scheduled to begin physical therapy as well as utilization of TENS unit. However the patient did not follow through with this. He has a past medical history significant for a total of three knee surgeries, two on his left and one on the right. The most recent being a left arthroscopic partial medial meniscectomy following a work injury in June 2008 when he was lifting something at work. Since that time he has had difficulty with his knees and has developed low back pain as well as thoracic pain. He describes the pain as starting in the lower spine and radiating up to his thoracic and has been getting progressively worse over the past 1-2 years. He reports the pain as being a 7-8/10 which remains unchanged from his last clinic visit. He has tried Lortab in the past and is currently taking Zolof.

Past Medical History

Patient indicates history of GERD.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

CELEBREX 200 MG CAPS (CELECOXIB) one p.o. daily pc

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po q 4-6 hrs. pm pain

PHENERGAN 25 MG TABS (PROMETHAZINE HCL) 1 p.o. q 6 hrs pm nausea

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) one po tid

ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid pm

ALLERGIES

148

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November 23, 2010

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Chart Document

Yuri L Valderrama

MD, DOB: 10/13/1970

76214-2072001

Home: 864-270-2005

United HealthCare

No known allergies

Revised - 10/13/2010

Past Surgical History

Surgical history includes Arthroscopic Knee Surgery(bilateral) and .

Social History

Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: rover.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Complains of swelling in hands or feet, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Complains of abdominal pain, constipation, vomiting.

Genitourinary: Complains of urinary frequency.

Musculoskeletal: Complains of muscle weakness, back pain, joint pain.

Skin: Complains of itching.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of difficulty sleeping, anxiety, depression.

Endocrine: Complains of heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Complains of chills, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 186 lbs. R: 14

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAMINATION

HEENT:

NECK:

CHEST/RESP:

NCAT, MMM, EOMI

Supple with no lymphadenopathy or thyromegaly.

No respiratory distress.

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004-582-6396 Fax: 004-542-2939

November 23, 2010

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Chart Document

Yuri L. Valderrama

Male, DOB: 07/20/1970

76214-20720015

United States of America

CV: PPP, Pulses 2+ in bilateral radial and dorsalis pedis
ABDOMEN: NT, ND, BS soft
EXTREMITIES: No CCE.

NEURO/MSK

Lumbar range of motion is decreased secondary to pain with flexion, extension and lateral bending.

PALPATION:

There is some tenderness to palpation with trigger points in his right upper lumbar and lower thoracic paraspinals as well as into his bilateral rhomboids.

GAIT:

Tandem, antalgic, unweighting his left lower extremity.

DTR:

In bilateral upper and lower extremities is equal and symmetric.

SPECIAL TESTS:

Straight leg raise negative bilaterally.

IMAGING:

X-rays of the thoracic spine, AP and lateral are within normal limits. No acute fractures or instability noted.

MRI from 10/07/2010 reports no significant degenerative changes or disk disease. No central or foraminal stenosis identified.

ASSESSMENT

Mr. Valderrama is a very pleasant 40 year old gentleman with complaints of thoracic and low back pain with a negative MRI of the thoracic spine most likely related to mechanical low and thoracic pain due to altered gait with notable trigger points and muscle spasms more prominent on the right. There appears to be no evidence of neurological compromise at this time. He does have a past medical history significant for a total of three knee surgeries, two on the left and one on the right, with most recent being arthroscopic partial medial meniscectomy on 07/15/08 following a work related knee injury in June 2008.

PLAN

1. Given the MRI thoracic spine is essentially negative with pain noted to be more musculoskeletal we will reorder physical therapy 2-3 times a week for approximately 4-6 weeks with reasonable modalities, gait training, and TENS unit as well for lumbar and thoracic stabilization.
2. We will discontinue the Lortab as we feel the patient can continue his physical therapy with Ultram 50 mg 1-2 p.o. t.i.d. p.r.n. pain as well as Flexeril 10 mg p.o. p.r.n. for muscle spasms.
3. Patient is currently taking sleep medication from his primary care physician, Dr. Cole, and will continue to use this at night p.r.n.
201301182002674
4. He will return to clinic in approximately six weeks having completed a six week course of his physical therapy for reevaluation of his pain.

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November 23, 2010

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Chart Document

Yuri L. Valderrama

Male DOB 01/01/1980

76214-2072001

Home Address 864-582-6398

United States 29303

Dictated by Lisa D. Spears, APRN-C for Dr. Behr

cc: Dr. Cole

New Orders:

Est. Level 4 [992' 4]

Prescriptions:

ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid pm #60 x 1

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 10/11/2010

Method used: Print then Give to Patient

RxD: 1602427260150750

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) one po tid #90 x 1

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 10/11/2010

Method used: Print then Give to Patient

RxD: 1602427200500750

Signed by Casey L. Blackwall on 10/13/2010 at 1:01 PM

201301182002674

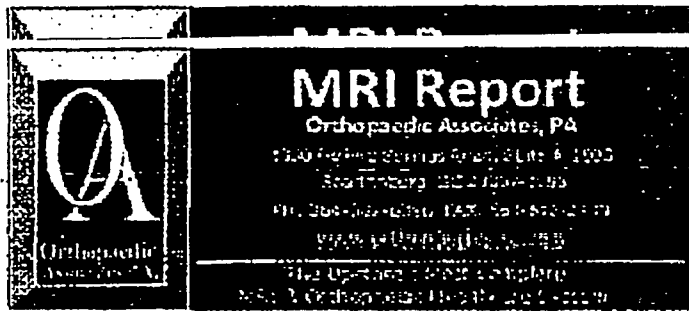
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Report: VALDERRAMA, YURI

Page 1 of 1

VALDERRAMA, YURI

MRN: 119937



Study Arrival Date: Oct 07, 2010 16:00:40 EDT
Report Approval Date: Thu OCT 07, 2010 16:22:14 EDT

PATIENT

VALDERRAMA,

Name: YURI

Mrn: 119937

Gender: m

Age: 040Y

Birthday: ~~01/01/1970~~

STUDY

Date: Oct 07, 2010 15:05:03

Accession No.: 20101007

Institution Name: Orthopaedic Associates

Referring Physician: BEHR

Modality Type: MR

Description: THORACIC

Body Part(s): not supplied

RADIOLOGIST

Name: Dr. William Joyce

Thoracic Spine MRI October 7, 2010

Indication: Back pain radiating between shoulder blades.

Technique: Sagittal T1, T2 and STIR sequences of the thoracic spine with axial T1 and T2 sequences at T6-T7 and T10-T11. Imaging performed on a GE 1.5 Tesla magnet.

Findings: The thoracic vertebrae are in normal alignment. Morphology and marrow signal is normal with the posterior elements intact. STIR imaging is negative. Only mild endplate irregularities are seen at several levels. There is no significant disc protrusion and only mild bulging at several levels, best evident at T6-T7 and the T10-T11. The central canal is well patent, no site significant foraminal stenosis is seen. This thoracic cord shows normal signal and morphology with conus terminating with normal morphology at T12-L1.

Impression: No significant degenerative changes or disc disease. No central or foraminal stenosis identified. Nothing acute seen with STIR imaging negative.

Report computer generated, reviewed, and signed by Dr. William T. Joyce, MD. October 7, 2010

201301182002674

<https://vra.neurostarsolutions.com/Views/reports/reportView.jsp?reportID=3081930&form...> 10/7/2010

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O.A. Physical Therapy Orders

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

115 Deacon Tiller Court, Ste 1
115 Deacon Tiller Court, Ste 1
Duncan SC 29334
(864) 721-0025 - FAX (864) 721-0035

THERAPY PRESCRIPTION

Patient: Yuri L Valderrama

Diagnosis: back pain

Duration: 6-8 WKS ☐ UNTIL NEXT MD VISIT / /

FREQUENCY: ☐ 1 VISIT ONLY ☐ 2 X WK ☐ 3 X WK ☐ 5 X WK

☐ Evaluate & Treat ☐ TENS Application ☐ Wound Care

☐ FCA (Full) ☐ Edema Therapy ☐ Cybex

PROGRAMS / PROTOCOLS	MODALITIES
☐ Back Rehab Program	☐ E STIM
☐ Cervical Program	☐ Fluidotherapy
☐ Elbow Program	☐ Iontophoresis
☐ Foot/Ankle Program	☐ Moist Heat
☐ Hand Program	☐ Paraffin Bath
☐ Hip Program	☐ Soft Tissue MASS
☐ Knee Program	☐ Traction
☐ Shoulder Program	☐ Ultrasound
☐ Spinal Stabilization Program ☐	

THERAPEUTIC EXERCISE

☐ AROM ☐ AAROM

☐ Eccentric ☐ Isometric

☐ PROM ☐ Proprioceptive

COMMENTS: modalities, massage, and tens unit

 Dr. Behr

Physician's Signature

Date

201301182002674

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Orthopaedic Associates PA

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

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November 23, 2010

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Charl Document

Спад Document

Yuri L. Valderama

CONCLUSIONS

WHAT IS A PAPER AIRCRAFT?

10/01/2010 - Office Visit: NP Back pain

Provider: James Paul Behr MD

Location of Care: Orthopaedic Associates PA

History of Present Illness

Referral Source: Eric Cole

Family Physician: Eric Cole

Mr. Yuri Valdenrama is a 40 Years Old hispanic male, who is here for a first time visit.

History From: Patient

Chief Complaint: back pain

Problem #1

Type: left knee - twisted lifting something at work

DOI: 6/08

Surgery/Treatment: arthroscopic partial medial meniscectomy.

Global Start: 07/16/2008

Global End: 10/14/2008

Problem #2

Type: back

Mr. Valderrama is a very pleasant 40 year old gentleman with a past medical history significant for a total of three knee surgeries, two on his left and one on his right. The most recent being a left arthroscopic partial medial meniscectomy following an on the work injury on June 2008 when he was lifting something at work. Since that time he has had some difficulty with his knees and he reports that after the most recent knee surgery he began to develop low back pain. He describes the pain as occurring really across his mid to upper lumbar spine with radiation up to his thoracic spine and has been getting progressively worse over the past year to year and a half. He now describes the pain as a constant 7-8/10 and as being achy and pressure. He states the pain is made better with laying down with his legs elevated and made worse with standing for long periods of time. Treatments up to this point, he has tried Lortab 7.5 mg qd, Zoloft. Has also tried Flexeril 5 mg t.i.d. He has not had any other specific treatments per his report.

Patient does report some weakness in his legs. Does report some difficulty sleeping as well as severely increased anxiety, depression and irritability. He report significant functional limitations related to this pain

Past Medical History

Patient indicates history of GERD.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

CELEBREX 200 MG CAPS (CELECOXIB) one p.o. daily po

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po q 4-6 hrs. prn pain

PHENERGAN 25 MG TABS (PROMETHAZINE HCL) 1 p.o. q 6 hrs. pm nausea

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) one po tid

ALLERGIES

No known allergies

201301182002674

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November 23, 2010

Page 2
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Yuri L. Valderrama

Male DOB 05/01/1979

76214-207-2001

1-864-582-6396

Unit 11471 Only 411803

Revised - 10/08/2010

Past Surgical History

Surgical history includes Arthroscopic Knee Surgery(bilateral) and .

Social History

Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: rover.

Osteoporosis Management in Women 60 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Complains of swelling in hands or feet, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Complains of abdominal pain, constipation, vomiting.

Genitourinary: Complains of urinary frequency.

Musculoskeletal: Complains of muscle weakness, back pain, joint pain.

Skin: Complains of itching.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of difficulty sleeping, anxiety, depression.

Endocrine: Complains of heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Complains of chills, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 196 lbs. R: 14

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM:

HEENT:

NCAT, MMM, EOMI

NECK:

Supple with no lymphadenopathy or thyromegaly.

CHEST/RESP:

No respiratory distress

CV:

PPP. Pulses 2+ in bilateral radial and dorsalis pedis

ABDOMEN:

NT, ND, BS soft

EXTREMITIES:

No CCE.

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November 23, 2010

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Chart Document

Chart Document

Yuri L. Valderrama

MD, DPM, FRCPC

Home: (864) 718-8035

Cell: (864) 718-8035

NEURO/MSK

Lumbar range of motion is decreased secondary to pain with both flexion, extension and lateral bending.

PALPATION:

There is notable tenderness to palpation with trigger points in his right upper lumbar and lower thoracic paraspinals as well as into his bilateral rhomboids.

GAIT:

Tandem, antalgic, unweighting his left lower extremity.

DTR:

In bilateral upper and lower extremities is equal and symmetric.

SPECIAL TESTS:

Straight leg raise negative bilaterally.

IMAGING:

X-rays of the thoracic spine, AP and lateral are within normal limits. No acute fractures or instability noted.

ASSESSMENT

Mr. Valderrama is a very pleasant 40 year old gentleman with past medical history significant for a total of three knee surgeries, two on the left, one on the right with the most recent being arthroscopic partial medial meniscectomy on 07-16-08 following an on the work knee injury in June 2008. He also has a history of, what sounds to be, elevated AST. After careful review of the patient's history, physical exam and imaging studies, it appears the patient's pain complaints are likely related to mechanical low back pain due to an altered gait with notable trigger points and muscle spasms on exam today more prominent on the right. At this point I do not see any evidence of neurological compromise.

BACK PAIN, LUMBAR (ICD-724.2)

PLAN

1. As this has been going on for quite some time I would like to get MRI of thoracic and lumbar spine to rule out any HNP or any radiculopathy.
2. Recommend physical therapy two times per week times at least 6-8 weeks focusing on reasonable modalities, gait training, TENS unit as well as lumbar stabilization program.
3. Will increase the Flexeril to 10 mg t.i.d.
4. Patient will continue taking his Lortab 7.5 mg qd although at the next visit will consider switching this to something without Tylenol as he does have a history of elevated AST.
5. At the next visit will also consider trying Elavil for sleep.
6. Patient will follow up after the MRI.

Thank you very much for this consultation. If I can be of any additional service please don't hesitate to contact me at 864-582-6396.

Dictated by James P. Behr, M.D.

cc: Dr. Eric Cole

201301182002674

New Orders:

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November 23, 2010

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Chart Document

Yuri L. Valderrama

Male 05/01/1971

76214-2072001

Home 864-582-6396

Unit 1144-001-018001

Level 4 Office consult [99244]

Thoracic 2 views [72070]

Prescriptions:

FLEXERIL 10 MG TABS (CYCLOBENZAPRINE HCL) one po tid #90 x 0

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 10/01/2010

Method used: Print then Give to Patient

RxD: 1801569996450660

1

Signed by Mary Jo McMeans on 10/08/2010 at 11:01 AM

201301182002674

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864-582-6396 FAX: 864-542-2939

November 23, 2010

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Chart Document

Chart Document

Yuri L. Valderrama

Male (born 04/27/1980)

76214-2072001

Home (864) 278-2035
Cell (864) 278-2035

10/01/2010 - PatientLink: PatientLink Medical History

Provider: Patient Link

Location of Care: Orthopaedic Associates PA

Patient: Yuri Valderrama

Note: All result statuses are Final unless otherwise noted.

Tests: (1) PatientLink Medical History (data entered by patient)

Type of Problem "Result Below..."

RESULT: pain, numbness/tingling, giving out

Where Injury Happened

at home

Injury Work Related? yes

Sustain Injury? yes

Marital Status married

Live With "Result Below..."

RESULT: spouse/partner, children

Children 4 children

Education High School

Pacemaker no

Hearing Aid no

Metal in body no

Smoke? "Result Below..."

RESULT: Smokes 1/2 pack per day

Drink Alcohol? "Result Below..."

RESULT: Does not drink alcohol

Exercise? Does not exercise

PMH Paragraph "Result Below..."

RESULT: Patient indicates history of GERD.

TH Paragraph "Result Below..."

RESULT: Patient denies any pertinent family medical history.

Surgery Paragraph "Result Below..."

RESULT: Surgical history includes Arthroscopic Knee Surgery (bilateral) and

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 10/01/2010 3:37 PM

(1) Order result status: Final

Collection or observation date-time: 10/01/2010 15:37:21

Requested date-time:

Receipt date-time:

Reported date-time: 10/01/2010 15:37:21

Referring Physician:

Ordering Physician: (ptlink)

Specimen Source:

Source: PatientLink

Filler Order Number:

Lab site:

201301182002674

158

The following non-numeric lab results were dispersed to the flowsheet even though numeric results were expected:

57

Orthopaedic Associates, P.A.**Patient Information**

First: Yuri Middle: _____ Last: Valderrama
 Address: _____ City: Greenville State: SC Zip: 29301
 Home Phone #: _____ Cell Phone #: _____ EMAIL: _____
 Date of Birth: _____ Age: 40 SS#: _____ Gender: M
 Marital Status: Married Race: H Is the Patient a Student: ☐ Yes ☒ No

Patient's Employer or School: Kohler Co Work Phone #: _____
 Occupation: Rover-Caster Address: _____ ☒ Full Time ☐ Part-time

Injured OR Painful Area: Back hurts as a result of knee surgeries.
☐ Right ☐ Left Date of Injury OR Onset of Pain: 6/24/2008

If an Accident, was it: ☒ WORK RELATED ☐ AUTOMOBILE ACCIDENT ☐ OTHER INJURY: _____
 Referred By: (Physician, Hospital, ER, Friend, etc.): Dr. Eric Cole

Patients Spouse's Name: Martha Valderrama Spouse's Date of Birth: _____ Spouse's SS #: _____
 Patients Spouse's Employer: _____ Spouse's Work Phone #: _____

If the Patient is a Minor - provide guardian information:

Parent / Responsible Person: _____
 Address: _____ Phone #: _____ Date of Birth: _____ SS#: _____

REQUIRED:

Emergency Contact Person: Martha Valderrama Relationship: Wife Phone #: 254-278-805

Primary Insurance Information

Insurance Company: United Healthcare Insured's Name: Yuri Valderrama
 Insured's SS#: _____ Insured's DOB: _____ Insured's Group / Policy #: 831242210

Secondary Insurance / Supplemental Insurance

Insurance Company: _____ Insured's Name: _____
 Insured's SS #: _____ Insured's DOB: _____ Insured's Group / Policy #: _____

Payment Method for co-pay, co-ins. deductible: ☐ Cash ☐ Check ☐ Credit Card (Visa/MasterCard) ☐ Care Credit

I certify the above information is correct to the best of my knowledge. I also understand that I am financially responsible for all charges whether or not covered by insurance. I hereby assign, transfer, and set over to Orthopaedic Associates all of my rights, title, and interest to my medical reimbursement benefits under insurance(s) policy listed above. Thus, if the account balance is not satisfied within 60 days after the first notification, the account may be referred to a collection agency. I authorize the release of information to my referring or family physician and/or that which is necessary to file claims to the insurance carrier and the filing of my account for payment. I understand that you may be transmitting any records electronically, and I absolve all parties of any liability to such of said records.

Signature: _____ 201301182002674 Date: 10-01-10



Orthopaedic Associates

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Spartanburg, SC

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Duncan, SC

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www.orthopedics-sc.com

New Patient Intake Form

Name: Yuri Valderrama

DOB: [REDACTED]

Work related? ☒ Yes ☐ No
 Legal Actions pending? ☒ Yes ☐ No
 Workers Compensation? ☒ Yes ☐ No
 Are you working now? ☒ Yes ☐ No

Name of the doctor that referred you to this clinic:

Dr. Eric Cole

☐ I referred myself.

How long have you had this pain? _____ Days _____ Weeks _____ Months 1 1/2 Years

Was there any injury/event that caused your pain? ☐ No ☒ Yes

If yes briefly explain: I had 3 surgeries to two knees and limping has caused lower back pain

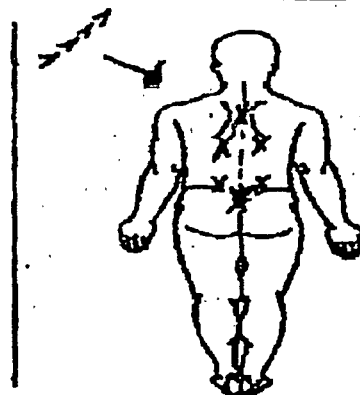
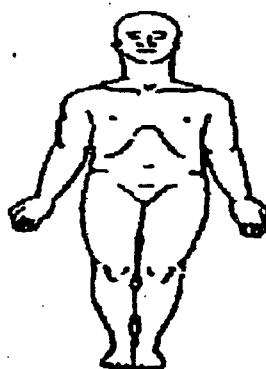
Any prior back injury or pain before the event above? ☒ No ☐ Yes
 What type? _____

Have you had surgery on your back / neck? ☒ No ☐ Yes
 What type? _____

WHERE IS THE PAIN?

Using any or all of the symbols below please mark the diagrams to indicate your typical areas of pain.

Ache >>>>>
 Pins & Needles oooooo
 Numbness _____
 Stabbing //////////////



Please rate your pain over the last **TWO WEEKS**:

Rate your WORST pain:	NO PAIN	0	1	2	3	4	5	6	7	8	9	10	THE WORST PAIN IMAGINABLE
Rate your LEAST pain:	NO PAIN	0	1	2	3	4	5	6	7	8	9	10	THE WORST PAIN IMAGINABLE
Rate your AVERAGE pain:	NO PAIN	0	1	2	3	4	5	6	7	8	9	10	THE WORST PAIN IMAGINABLE

Is your pain: ☒ Constant or ☐ Intermittent

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Please see reverse for page 2

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5.9

Adjectives to describe your pain:

Sharp
Burning
Tingling
Stinging
Tingling

Radiating
Achy
Numb
Achy
Numb

Cruel
Dull
Dull
Pressure

Punishing
Shooting
Shooting
Pins/Needles

What makes your pain better? standing laying down with legs elevated - 20-40 min

What makes your pain worse? standing for long periods - (more than 45 min)
or being in one position for more than 30 min.

What treatments have you tried up to this point?

	Currently Receiving	Helped	Made things worse	No difference
Hot packs/ice/ultrasound	☐	☐	☐	☐
Massage	☐	☐	☐	☐
Physical therapy	☐	☐	☐	☐
TENS Unit at home	☐	☐	☐	☐
Body mechanics training	☐	☐	☐	☐
Strengthening exercises	☐	☐	☐	☐
Aerobics (e.g. treadmill)	☐	☐	☐	☐
Gravity inversion/traction	☐	☐	☐	☐
Bedrest	☐	☐	☐	☐
Chiropractic treatment	☐	☐	☐	☐
Osteopathic manipulation	☐	☐	☐	☐
Biofeedback	☐	☐	☐	☐
Local (trigger point) injection	☐	☐	☐	☐
Spinal injections	☐	☐	☐	☐
Soft back/neck brace	☐	☐	☐	☐
Rigid back/neck brace	☐	☐	☐	☐
Acupuncture	☐	☐	☐	☐
Pain Specialist	☐	☐	☐	☐
Other _____	☐	☐	☐	☐

Have you ever lost control of your bowel or bladder? ☐ No ☒ Yes

Do you have any weakness in your arm(s) or leg(s)? ☐ No ☒ Yes

In the past 1 month have you experienced any of the following more frequently than half of the time?

Trouble falling asleep? ☒ No ☐ Yes

Waking at night and not being able to fall back asleep? ☐ No ☒ Yes

Feeling not rested when you wake up in the morning? ☐ No ☒ Yes

Feeling excessively sleepy during the day? ☒ No ☐ Yes

Do you feel you might be depressed or overly anxious? ☐ No ☒ Yes

Circle the appropriate number to indicate the extent of the problem you are having with each of the following:

Anxiety:	None	0	1	2	3	4	5	6	7	8	9	10	Severe
Depression:	None	0	1	2	3	4	5	6	7	8	9	10	Severe
Irritability:	None	0	1	2	3	4	5	6	7	8	9	10	Severe

Are you receiving care from a mental health professional? ☒ No ☐ Yes
If yes briefly explain: _____

Does your pain limit your function? ☐ No ☒ Yes
If yes briefly explain: unable to bend down to pick up heavy objects. Hard to concentrate due to pain.

01/04/2010 13:54 FAX 864 542 2939

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January 4, 2010

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Chart Document

Page 1

Chart Document

04/16/2009 - Office Visit: recheck after MRI

Provider: Earl Laseter

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: n/a

Mr. Yuri Valderrama is a 39 Years Old hispanic male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: left knee

Problem #1

Type: left knee - twisted lifting something at work

DOI: 8/08

Surgery/Treatment: arthroscopic partial medial meniscectomy.

Global Start: 07/16/2008

Global End: 10/14/2008

Mr. Valderrama is a 39-year-old Hispanic male who comes in today for MRI follow up of his left knee. The patient is approximately nine months arthroscopic partial medial meniscectomy. He continues to have right knee pain postoperatively. Cybex test revealed that he actually showed some significant decrease in strength as well as flexion and extension with consistent effort shown.

States over the last two months the knee pain has worsened. States he is unable to squat. Twisting maneuvers increases pain. Stair climbing increases pain. He does have occasional effusion in his left knee.

Recent MRI showed that he has grade 3 abnormal meniscal signal in the medial meniscus and junction of the body of posterior horn of medial meniscus, different than what was seen previously thus, recurrent tear suspected, trace joint effusion.

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

CELEBREX 200 MG CAPS (CELECOXIB) one p.o. daily pc

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po q 4-6 hrs. pm pain

PHENERGAN 25 MG TABS (PROMETHAZINE HCL) 1 p.o. q 8 hrs. pm nausea

ALLERGIES

No known allergies

Revised - 03/05/2009

Past Surgical History

Patient had left knee arthroscopy

Social History

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January 4, 2010

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Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: rover.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of SystemsGeneral: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling:

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 195 lbs. R: 14

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

PHYSICAL EXAM

The patient appears to have full range of motion. Does lack approximately 10° with full flexion and does have pain at end range. Full extension noted. He has some tenderness to palpation over the medial joint line to the left knee as well as posterior aspect of the knee. McMurray's does elicit pain. No ligamentous laxity noted with varus, valgus, Lachman and anterior drawer. Neurovascularly intact. No quad atrophy noted with comparison to the right leg. Strength appears to be 4+ out of 5 with resisted extension. 5 out of 5 with resisted flexion. He has a non-antalgic gait.

No x-rays taken today.

MRI report as stated above.

ASSESSMENT

Left knee pain, recurrent medial meniscal tear.

PLAN

201301182002674

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January 4, 2010

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It was discussed with the patient regarding meniscectomy versus repair and he understands. He would like to have it repaired if possible and understands this may not be a repairable meniscal tear. We will need to get him approved by Workmens Comp. We will schedule him early next week for left knee arthroscopic evaluation with possible medial meniscectomy versus repair. Postop pain medicine given to patient.

Dictated by Earl Lasater, PA-C for Dr. Black

Prescriptions:

PHENERGAN 25 MG TABS (PROMETHAZINE HCL) 1 p.o. q 8 hrs. prn nausea #20 x 1

Entered by: Cathy Blackwell

Authorized by: Mary Joan Black MD

Signed by: Cathy Blackwell on 04/18/2009

Method used: Print then Give to Patient

RxID: 1555501818150770

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) one po q 4-6 hrs. prn pain #40 x 1

Entered by: Cathy Blackwell

Authorized by: Mary Joan Black MD

Signed by: Cathy Blackwell on 04/18/2009

Method used: Print then Give to Patient

RxID: 1555501788550770

Signed by Myra Million on 04/18/2009 at 12:32 PM

201301182002674

01/04/2010 13:56 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

005/011

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 119937**DEMOGRAPHIC INFORMATION**

Today's Date: 4/16/09 Previous Visit
Patient's Name: Yun I Valderrama
Patient's SS#:
Employer:

Treating Physician: Black
Home Phone:
Patient DOB: 4-4-70
Phone:

MEDICAL INFORMATION

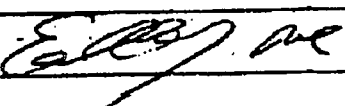
Date of Accident/Injury:
Diagnosis: (description) (code)
(description) (code)

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
☐ Able to work with no restrictions
☐ May return to Regular work on / /
☒ Continue Light Duty
☐ Begin Light Duty on / /
☐ Out of Work until / /
☐ Next Office Visit on / /
☐ Other

LIGHT DUTY RESTRICTIONS

- ☐ Full Time ☐ Part Time hrs. Per day
☐ Sedentary Work Only ☐ No Repetitive Motion
☐ No lifting ☐ No lifting more than lbs.
☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing
☐ Other

Signature: 

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Report: VALDERRAMA, YURI

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VALDERRAMA, YURI

MRN: 119937



Study Arrival Date: Apr 13, 2009 17:36:31 EDT
Report Approval Date: Tue APR 14, 2009 08:53:42 EDT

PATIENT

VALDERRAMA,

Name: YURI

Mrn: 119937

Gender: f

Age: 039Y

Birthday: ~~04/04/1970~~

STUDY

Date: Apr 13, 2009 16:51:48

Accession No.: LEFT 20090413

Institution Name: Orthopaedic Associates PA

Referring Physician: BLACK

Modality Type: MR

Description: LEFT KNEE

Body Part(s): not supplied

RADIOLOGIST

Name: Dr. Jason Kelly

Email: j_kelly@demo.com

Freecall Phone:

Direct Phone:

History: Status post partial medial meniscectomy. The patient has persistent medial knee pain.

Exam: MRI left Knee.

Technique: Multiplanar multisequence imaging is performed as per institution protocol.

Comparison: No comparison.

Findings:

Medial Compartment: There is grade 3 abnormal signal at the junction of the body and posterior horn of the medial meniscus with abnormal signal extending to the tibial articular surface. Cartilage overlying medial compartment is normal. Medial collateral ligament is intact.

Lateral Compartment: Signal intensity within the lateral meniscus is normal. The lateral collateral ligamentous complex is intact. The popliteus muscle and tendon are normal. Signal intensity within the lateral femoral condyle and lateral tibial plateau is normal. The cartilage overlying the lateral compartment is normal.

<https://vrn.neurostarsolutions.com/Views/reports/reportView.jsp?reportID=1417855&form...> 4/14/2009

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Report: VALDERRAMA, YURI

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VALDERRAMA, YURI

MRN: 119937

Intercondylar Notch: The ACL and PCL are intact.

Patellofemoral Compartment: The quadriceps and patellar tendons are normal. The patellofemoral cartilage is intact.

Additional Findings: There is a trace joint effusion. There is very mild scarring within Hoffa's fat pad from prior arthroscopy.

Impressions:

1. Grade 3 abnormal meniscal signal is present in the medial meniscus. The abnormal signal involves the junction of the body and posterior horn of the medial meniscus. The configuration is different than that seen previously, thus a recurrent tear is suspected.
2. Trace joint effusion.

Report electronically generated, reviewed, and signed by Dr. Jason Kelly, MD 4/13/2009.

<https://vrn.neurostarsolutions.com/Views/reports/reportView.jsp?reportID=1417855&form...> 4/14/2009
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January 4, 2010

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Chart Document

Chart Document

04/09/2009 - Office Visit: recheck left knee
Provider: Mary Joan Black MD
Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: n/a

Mr. Yuri Valderrama is a 39 Years Old hispanic male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: left knee

Problem #1

Type: left knee - twisted lifting something at work

DOI: 6/08

Surgery/Treatment: arthroscopic partial medial meniscectomy.

Global Start: 07/18/2008

Global End: 10/14/2008

Mr. Valderrama is now almost eight months from a seemingly uncomplicated partial medial meniscectomy of his left knee. It was a fairly large tear. He has been very slow to improve. In fact, since last being seen, he has regressed. He feels that his knee is more painful. It feels like it wants to give way with him if he uses it for any stability. He can only flex about 30° without pain.

He has had a repeat Cybex since last being seen which shows unfortunately a significant decrease in his strength in both flexion and extension. Musculature shows a consistent effort, however.

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

CELEBREX 200 MG CAPS (CELECOXIB) one p.o. daily pc

ALLERGIES

No known allergies

Revised - 03/05/2009

Past Surgical History

Patient had left knee arthroscopy

Social History

Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: rover.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements 01301182002674

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January 4, 2010

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Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 190 lbs. R: 14

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

PHYSICAL EXAM

He has no significant visible quad atrophy although it does appear less than the contralateral knee. He has full extension.

He has flexion passively to 120° with some pain. He has pain with McMurray's. He has an effusion in his knee, mild to moderate. Portals are nontender. He has some diffuse medial joint line tenderness. Lateral joint line is nontender.

Ligament exam appears stable. He is unable to demonstrate a squat more than about 35° secondary to pain.

ASSESSMENT

Left knee large posterior horn meniscal tear with continued pain, swelling and difficulty maintaining full demand work.

PLAN

At this point, I would like to get another MRI to see if there is maybe some propagation of the tear of the meniscus that could be giving him some of these problems. Otherwise, if MRI looks good, will discuss our next step. Certainly, a cortisone injection may be agreeable. He may just not be able to get back to this higher end demand job unless he is given prolong time to rest and build up his knee to hold it stable. Bracing may give him some intermediate comfort and we could consider that. We will keep him on light duty until we see him back after the MRI. Continue with anti-inflammatories. Will change from Mobic to Celebrex as the Mobic has not been very helpful...Recheck as scheduled.

Dictated by Mary Jean Black, MD

New Orders:
Est. Level 4 [99214]

201301182002674

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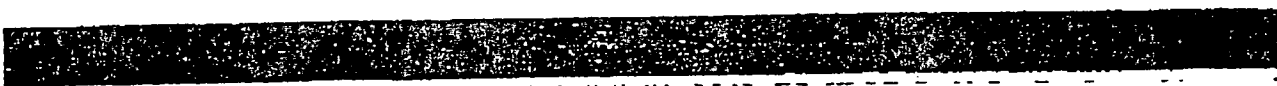
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January 4, 2010

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Chart Document

Chart Document



Prescriptions:

CELEBREX 200 MG CAPS (CELECOXIB) one p.o. daily pc #30 x 0

Entered by: Cathy Blackwell

Authorized by: Mary Joan Black MD

Signed by: Cathy Blackwell on 04/09/2009

Method used: Print then Give to Patient

RxID: 1554897872900740

Signed by Myra Million on 04/14/2009 at 4:08 PM

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171

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01/04/2010 13:58 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

0011/011

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 119937**DEMOGRAPHIC INFORMATION**

Today's Date: 4/9/09 Previous Visit / /
Patient's Name: Yuri I Valderrama
Patient's SS#:
Employer:

Treating Physician Bloch
Home Phone:
Patient DOB: 4/4/70
Phone:

MEDICAL INFORMATION

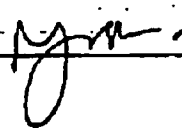
Date of Accident/Injury
Diagnosis: (description) (code)
(description) (code)

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
☐ Able to work with no restrictions
☐ May return to Regular work on / /
☐ Continue Light Duty
☒ Begin Light Duty on 4/09/09
☐ Out of Work until / /
☐ Next Office Visit on / /
☐ Other

LIGHT DUTY RESTRICTIONS

- ☒ Full Time ☐ Part Time hrs. Per day
☐ Sedentary Work Only ☐ No Repetitive Motion
☐ No lifting ☒ No lifting more than 20 lbs.
☒ No pushing, pulling or twisting ☒ No bending, stooping, or climbing
☐ Other

Signature: 

201301182002674

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March 6, 2009
Page 1
Chart Document

Yuri L Valderrama
Male: 000000443707-76214-2072001- Home: (864) 270-8825 Ins: Crawford, C, J, MD

02/26/2009 - Office Visit: Recheck left knee
Provider: Earl Laseter
Location of Care: Orthopaedic Associates PA

History of Present Illness
Family Physician: n/a

Mr. Yuri Valderrama is a 38 Years Old hispanic male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: Recheck left knee

Problem #1
Type: left knee - twisted lifting something at work
DOI: 6/08
Surgery/Treatment: arthroscopic partial medial meniscectomy.
Global Start: 07/16/2008
Global End: 10/14/2008

Mr. Valderrama is a 38 year-old male who Dr. Black performed partial arthroscopic meniscectomy on secondary to a twisting, lifting, overload injury at work on 7/16/08. We put him back on light duty. He had been working previously turning cast and putting a lot of weight on his left knee causing significant medial pain. We subsequently put him on lighter duty.

He had a Cybex test on 1/22/09 which showed a decrease in his strength compared to a previous test anywhere from 16 to 34%. Knee was weaker and did have pain during the test. He was seen and continued on light duty. Cortisone injection was performed and continued therapy. He states that the cortisone did help. He felt a difference with physical therapy. Underwent another Cybex test which showed a slight increase in strength but mostly with faster speeds.

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily
ULTRAM 50 MG TABS (TRAMADOL HCL) 1 p.o. q 6-8 hrs. pm pain
MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc

ALLERGIES

No known allergies

Revised - 03/05/2009

Past Surgical History

Patient had left knee arthroscopy

Social History

Patient is married. Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: rover.

Osteoporosis Management in Women 50 yrs of age and Older

201301182002674

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March 6, 2009
Page 2
Chart Document

Yuri Valderrama

Male DOB: 07/07/1979

76214-2072001

Home: 864-276-8836

Ins: Crawford (437)

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 190 lbs. R: 14

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM

Good range of motion. Some slight pain at end range with flexion. Still some slight quadriceps atrophy noted as compared to the right. Strength is 4+ out of 5. No effusion. Neurovascularly intact. Non-antalgic gait.

ASSESSMENT

Left knee partial medial meniscectomy.

PLAN

New Orders:

Est. Level 3 [99213]

We are going to continue physical therapy since he has shown some improvement. We are going to put him back on full duty status without restrictions. We would like to see him back in six weeks, anticipating rate and release at that time. I would like to have one more Cybex test prior to his follow up visit. We have also given him refills on his Mobic and Ultram.

Dictated by Earl Laseter, PA-C for Dr. Black

201301182002674

174

713

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

March 6, 2009
Page 3
Chart Document

Yuri L. Valderama
Male DOB: 03/04/1974
Home: 864-270-8035
Cell: 864-762-1420
Ins: Crawford (117)

Prescriptions:

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc #30 x 0

Entered by: Cathy Blackwell
Authorized by: Mary Joan Black MD
Signed by: Cathy Blackwell on 02/26/2009
Method used: Print then Give to Patient
RxID: 1551275944150810

ULTRAM 50 MG TABS (TRAMADOL HCL) 1 p.o. q 6-8 hrs. pm pain #40 x 1

Entered by: Cathy Blackwell
Authorized by: Mary Joan Black MD
Signed by: Cathy Blackwell on 02/26/2009
Method used: Print then Give to Patient
RxID: 1551275944050810

Signed by Myra Million on 03/05/2009 at 2:53 PM

201301182002674

175

74

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 119937

DEMOGRAPHIC INFORMATION

Today's Date: 2/26/09 Previous Visit
Patient's Name Yuri T. Vandersang
Patient's SS#
Employer:

Treating Physician Black
Home Phone:
Patient DOB: 4/4/70
Phone:

MEDICAL INFORMATION

Date of Accident/Injury
Diagnosis: (description) (code)
(description) (code)

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
- ☒ Able to work with no restrictions
- ☐ May return to Regular work on / /
- ☐ Continue Light Duty
- ☐ Begin Light Duty on / /
- ☐ Out of Work until / /
- ☐ Next Office Visit on / /
- ☐ Other

LIGHT DUTY RESTRICTIONS

- ☐ Full Time ☐ Part Time hrs. Per day
- ☐ Sedentary Work Only ☐ No Repetitive Motion
- ☐ No lifting ☐ No lifting more than lbs.
- ☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing
- ☐ Other

Signature: *[Signature]*

201301182002674

75

02/20/2009 12:24 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

004/009

Orthopaedic Associates PA

1330 Bolling Springs Road Suite 1600 Spartanburg, SC 29303
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1330 Bolling Springs Road Suite 1600 Spartanburg, SC 29303
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February 20, 2009

Page 1

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Chart Document

01/28/2009 - Office Visit: follow-up left knee
Provider: Earl Lasater
Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: n/a

Mr. Yuri Valderrama is a 38 Years Old hispanic male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: left knee pain

Problem #1

Type: left knee - twisted lifting something at work

DOI: 6/08

Surgery/Treatment: arthroscopic partial medial meniscectomy.

Global Start: 07/16/2008

Global End: 10/14/2008

Yuri is a 38-year-old male on whom Dr. Black performed arthroscopic partial medial meniscectomy secondary to a twist lifting something at work on 7-16-08. The patient has been working light duty. They put him back at full duty approximately 2-3 weeks ago, actually he had been working previously turning cast and putting a lot of weight on his left knee causing significant medial pain. They subsequently put him on a lighter duty. He was scheduled for a Cybex test on 1-22 which he took. It appears that his strength is decreased since his previous Cybex on 12-4-08 with decrease in strength compared to the previous test, anywhere from 16-34% decrease in strength. The patient does state that because his knee was weaker as well as pain he did not feel this test was good as his previous test. He complains of sharp medial knee pain as well as weakness. He has not been doing any specific physical therapy at home other than walking. He still continues to take Lortab twice a day secondary to pain.

Description of Injury/Problem
pain

Injury Sustained: yes **Injury Onset Date:** 6/08

How did it happen?: twisted lifting something

Where did it happen? Work

Work related? yes

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

ULTRAM 50 MG TABS (TRAMADOL HCL) 1 p.o. q 6-8 hrs. pm pain

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc

ALLERGIES

No known allergies

201301182002674

Revised - 01/29/2009

177

76

02/20/2009 12:25 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

005/008

Orthopaedic Associates PA

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February 20, 2009

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Chart Document

Past Surgical History

Patient had left knee arthroscopy

Social History

Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: roofer.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 190 lbs. R: 12

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAMINATION

The patient has a non-antalgic gait. He is tender to palpation over the joint line of his left knee and some pain with full flexion as well as extension. No appreciable effusion noted. McMurray's does elicit pain. Strength is 4+/5 with resisted extension and flexion of the left knee.

X-RAYS

No x-rays taken today.

201301182002674

02/20/2009 12:25 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

0006/008

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February 20, 2009

Page 3
Chart Document
Chart Document

ASSESSMENT

Continued left knee pain status post left knee partial medial meniscectomy.

PLAN

I feel that he is backsliding rather than improving. His best option would be to continue therapy for strengthening exercises. Anti-inflammatories. Under sterile Betadine prep 9 cc of lidocaine, 1 cc of Depo-Medrol was injected into the left knee. The patient noticed significant improvement. Again, we would like to continue physical therapy for strengthening of his left lower extremity. Keep him on light duty, depending on Workers' Comp approval. We feel that this would be most beneficial. If it is not approved, we can rate and release him with most likely a higher rating than giving more time and strengthening in physical therapy. Otherwise, we would like to see him back in one month.

Dictated by Earl Laseter, PA-C for Dr. Black

New Orders:

Est. Level 3 [99213]

Large Joint Shoulder, Hip, Knee [20610]

Depo-Medrol [J1030]

Marcaine [S0020]

Prescriptions:

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc #30 x 0

Entered by: Cassie Pettit

Authorized by: Mary Joan Black MD

Signed by: Cassie Pettit on 01/26/2009

Method used: Print then Give to Patient

RxID: 1548598113800880

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc #30 x 2

Entered by: Cassie Pettit

Authorized by: Mary Joan Black MD

Signed by: Cassie Pettit on 01/26/2009

Method used: Print then Give to Patient

RxID: 1548598113350880

ULTRAM 50 MG TABS (TRAMADOL HCL) 1 p.o. q 6-8 hrs. pm pain #40 x 1

Entered by: Cassie Pettit

Authorized by: Mary Joan Black MD

Signed by: Cassie Pettit on 01/26/2009

Method used: Print then Give to Patient

RxID: 1548597963150880

****Patient recieved Mobic 15mg #30 , no refill from W/C pharmacy****

Signed by Gerry Swann on 01/29/2009 at 9:23 AM

201301182002674

179

78

02/20/2009 12:26 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

007/009

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 119937**DEMOGRAPHIC INFORMATION**

Today's Date: 4/20/09 Previous Visit
Patient's Name Yuri L. Voderhans
Patient's SS#
Employer:

Treating Physician Black
Home Phone:
Patient DOB: 4/4/70
Phone:

MEDICAL INFORMATION

Date of Accident/Injury
Diagnosis: (description) (code)
(description) (code)

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
☐ Able to work with no restrictions
☐ May return to Regular work on
☐ Continue Light Duty
☒ Begin Light Duty on 1/27/09
☐ Out of Work until
☐ Next Office Visit on
☐ Other

LIGHT DUTY RESTRICTIONS

- ☐ Full Time ☐ Part Time hrs. Per day
☐ Sedentary Work Only ☐ No Repetitive Motion
☐ No lifting ☒ No lifting more than 20 lbs.
☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing
☒ Other NO twisting, NO Climbing

Signature E. J. [Signature]

201301182002674

180

79

12/17/2008 13:35 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

004/043

Orthopaedic Associates PA

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864-582-6396 Fax: 864-542-2939

December 17, 2008

Page 1

Chart Document

Chart Document

Yuri L Valderrama

Male

12/04/2008 - Office Visit: recheck knee

Provider: Mary Joan Black MD

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: n/a

Mr. Yuri Valderrama is a 38 Year hispanic male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: Left knee.

Problem #1

Type: left knee - twisted lifting something at work

DOI: 6/08

Surgery/Treatment: arthroscopic partial medial meniscectomy.

Global Start: 07/18/2008

Global End: 10/14/2008

Recheck knee. He was supposed to get a Cybex with a comparison six weeks later, today, but somehow that did not come together as planned. He got a Cybex today that shows weakness still, mostly with endurance as opposed to strength, but he has went from 15 to 30% still weakness. His biggest complaint is stairs and inability to run and twisting. Overall, he says it feels better but it is not as good as he would like. He is certainly not back to normal. He is currently on light duty still.

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-8 hours prn pain

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc

ALLERGIES

No known allergies

Revised - 10/07/2008

Past Surgical History

Patient had left knee arthroscopy

Social History

Patient is married. Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: royer.

201301182002674

12/17/2008 13:36 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

005/043

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1800 Spartanburg, SC 29303
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1330 Boiling Springs Road Suite 1800 Spartanburg, SC 29303
864-582-6306 Fax: 864-542-2939

December 17, 2008

Page 2

Chart Document

Chart Document

Younis, Yousuf
Male DOB 01/01/1979

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 190 lbs. R: 12

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

PHYSICAL EXAM

No effusion. Full active and passive range of motion of the knee. Discrete medial tenderness very consistent with where the pathology of the meniscus was. No lateral tenderness. No effusion.

ASSESSMENT

Continued pain in the left knee, status post meniscectomy.

PLAN

I think it is reasonable for him to get back to work with no restrictions. He is released to try. I think he just needs reassurance that he has come along as would be expected for the size of his tear. It may take six months to a year for him to get complete and full recovery. I want him to continue in therapy for is strengthening, anti-inflammatories and recheck in six weeks with a repeat Cybex to assess strength at that time. He is in agreement with this plan.

Dictated by Mary Joan Black, MD

New Orders:

201301182002674

182

581

12/17/2008 13:37 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

006/043

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303

864-582-8398 Fax: 864-542-2939

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303

864-582-8398 Fax: 864-542-2939

December 17, 2008

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Chart Document

Page 3

Chart Document

Yuri V. Vashchenko

Male / DOB: 12/17/1978

Est. Level 3 [99213]

Prescriptions:

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc #30 x 0

Entered by: Cathy Blackwell

Authorized by: Mary Joan Black MD

Signed by: Cathy Blackwell on 12/04/2008

Method used: Print then Give to Patient

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hours prn pain #40 x 0

Entered by: Cathy Blackwell

Authorized by: Mary Joan Black MD

Signed by: Cathy Blackwell on 12/04/2008

Method used: Print then Give to Patient

Signed by Myra Million on 12/11/2008 at 11:05 AM

201301182002674

183

82

12/17/2008 13:37 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

007/043

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 119937**DEMOGRAPHIC INFORMATION**

Today's Date: 12/4/08 Previous Visit:
Patient's Name: Juvi L. Valleria
Patient's SS#:
Employer:

Treating Physician: Black
Home Phone:
Patient DOB: 4/4/70
Phone:

MEDICAL INFORMATION

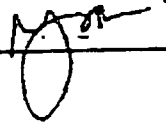
Date of Accident/Injury:
Diagnosis: (description) (code)
(description) (code)

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
☒ Able to work with no restrictions
☐ May return to Regular work on / /
☐ Continue Light Duty
☐ Begin Light Duty on / /
☐ Out of Work until / /
☐ Next Office Visit on / /
☒ Other rev 6 weeks

LIGHT DUTY RESTRICTIONS

- ☐ Full Time ☐ Part Time hrs. Per day
☐ Sedentary Work Only ☐ No Repetitive Motion
☐ No lifting ☐ No lifting more than lbs.
☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing
☐ Other

Signature: 

201301182002674

12/17/2008 13:37 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

009/043

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6386 Fax: 864-542-2939
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6386 Fax: 864-542-2939

December 17, 2008

Page 1

Chart Document

Page 1

Chart Document

Yuri Valderrama
Male DOB: 12/17/1973

10/23/2008 - Office Visit: recheck left knee

Provider: Scott Geer PAC

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: n/a

Mr. Yuri Valderrama is a 38 Year hispanic male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: left knee

Problem #1

Type: left knee - twisted lifting something at work

DOI: 6/08

Surgery/Treatment: arthroscopic partial medial meniscectomy.

Global Start: 07/16/2008

Global End: 10/14/2008

The patient is a 38 year-old white male who comes in for a recheck of his right knee. He is almost 3 1/2 months out from his partial medial meniscectomy. The patient at this time feels progress has been made. He did have relief from cortisone from his last visit. He does state that he needs a Lortab refill which does give him relief. The patient also states he is having pain going up stairs. He feels like he has to hold his knee for stabilization of the joint when going up stairs.

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hours prn pain

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc

ALLERGIES

No known allergies

Revised - 10/07/2008

Past Surgical History

Patient had left knee arthroscopy

Social History

Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School, Occupation: rover.

201301182002674

185

84

Orthopaedic Associates PA

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1330 Boiling Springs Road Suite 1500 Spartanburg, SC 29303
864-582-6308 Fax: 864-542-2939

December 17, 2008

Page 2

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Chart Document

Yours faithfully,
Mary Joan Black, M.D.

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 190 lbs. R: 12

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

PHYSICAL EXAMINATION

The patient has pain with bending and squatting. There is also quadriceps atrophy measuring 41 cm on the left and 42 1/2 cm on the right.

ASSESSMENT

Continued pain left knee now almost three months postop meniscectomy.

PLAN

We are going to do a Cybex study now and in six weeks. The patient is to have no squatting, twisting or turning. We refilled his Mobic and Lortab. We will see the patient back in six weeks for a reevaluation.

Dictated by Scott Geer, PA-C for Mary Joan Black, M.D.

New Orders:

Est. Level 3 [99213]

201301182002674

85

12/17/2008 13:39 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

011/043

Orthopaedic Associates PA

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December 17, 2008

Page 3

Chart Document

Page 3

Chart Document

Yuan, Yuhong
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303

Prescriptions:

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc #30 x 0

Entered by: Cathy Blackwell

Authorized by: Mary Joan Black MD

Signed by: Cathy Blackwell on 10/23/2008

Method used: Print then Give to Patient

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hours prn pain #50 x 0

Entered by: Cathy Blackwell

Authorized by: Mary Joan Black MD

Signed by: Cathy Blackwell on 10/23/2008

Method used: Print then Give to Patient

Mobic was given through W.C. Program. cb

Signed by Garry Swann on 10/29/2008 at 2:51 PM

201301182002674

187

8.6

12/17/2008 13:39 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

012/043

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 119937

DEMOGRAPHIC INFORMATION

Today's Date: 12/23/08 Previous Visit 1 / 1
Patient's Name Juri L Valderama
Patient's SS# _____
Employer: _____

Treating Physician Black
Home Phone: _____
Patient DOB: 4/4/70
Phone: _____

MEDICAL INFORMATION

Date of Accident/Injury _____
Diagnosis: (description) _____ (code) _____
(description) _____ (code) _____

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
☐ Able to work with no restrictions
☐ May return to Regular work on 1 / 1 / 1
☒ Continue Light Duty
☐ Begin Light Duty on 1 / 1 / 1
☐ Out of Work until 1 / 1 / 1
☐ Next Office Visit on 1/1/09
☐ Other note to return to work
continue to work. arrange regular job to be made

LIGHT DUTY RESTRICTIONS

- ☒ Full Time ☐ Part Time _____ hrs. Per day
☐ Sedentary Work Only ☐ No Repetitive Motion
☐ No lifting ☒ No lifting more than 20 lbs.
☐ No pushing, pulling or twisting ☐ No bending, scooping or climbing as specified
☒ Other no to work full time

Signature: [Signature]

201301182002674

87

12/17/2008 13:40 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

014/043

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6398 Fax: 864-542-2939

December 17, 2008

Page 1

Chart Document

Page 1
Chart Document

Yuri J. Valderrama

10/02/2008 - Office Visit: follow up on left knee
Provider: Mary Joan Black MD
Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: n/a

Mr. Yuri Valderrama is a 38 Year hispanic male, who is here for a .

Chief Complaint: follow up on left knee - work comp

Problem #1

Type: left knee - twisted lifting something at work

DOI: 8/08

Surgery/Treatment: arthroscopic partial medial meniscectomy.

Global Start: 07/18/2008

Global End: 10/14/2008

Three months from his partial medial meniscectomy. He says he doesn't feel like he has made any progress in the last three weeks. He has pain with squatting, twisting, turning and going up and down stairs and does have a sharp stabbing pain. He does not complain of any swelling necessarily in the knee.

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-8 hours prn pain

PHENERGAN 25 MG TABS (PROMETHAZINE HCL) 1 p.o. q 8 hrs. prn nausea

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc

ALLERGIES

No known allergies

Revised - 10/07/2008

Past Surgical History

Patient had left knee arthroscopy

Social History

Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: rover.

201301182002674

189

88

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
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December 17, 2008

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Pat: Valerius

DOB: 10/10/1971

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 190 lbs. R: 13

GENERAL EXAM

Appearance: Healthy, Ectomorph

Mental Status: Alert & Oriented x 3, No Acute Distress, Distressed by Pain

Hand Dominance: Right

Gait: Normal

Durable Goods: No

He has medial joint line tenderness and a little bit of anterior medial joint line tenderness. The posterior medial joint line is not tender. No swelling. He does have significant quad atrophy of at least a centimeter.

ASSESSMENT

Continued pain left knee now almost three months postop meniscectomy.

PLAN

Reassurance. Intra-articular Cortisone injection, pain control as needed. Recheck in three weeks the efficacy of the injection. Continue with light duty restrictions.

Dictated by Mary Joan Black, M.D.

201301182002674

891

12/17/2008 13:41 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

0016/043

Orthopaedic Associates PA

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December 17, 2008

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Yurk: Van der ...
12/17/2008 13:41 FAX 864 542 2939

New Orders:

Postop visit [89024]

Large joint Shoulder, Hip, Knee [20610]

Depo-Medrol [J1030]

Marcaine [S0020]

Disposition: Return to office in 3 Weeks.

Prescriptions:

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hours prn pain #60 x 0

Entered by: Cassie Pettit

Authorized by: Mary Joan Black MD

Signed by: Cassie Pettit on 10/02/2008

Method used: Print then Give to Patient

Signed by Tammi Ashmore on 10/07/2008 at 11:19 AM

201301182002674

90

12/17/2008 13:41 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

017/043

White - Industrial Care
Yellow - Patient/Employer

**ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM**

Chart # 119937**DEMOGRAPHIC INFORMATION**

Today's Date: 12/2/08 Previous Visit
Patient's Name Yuri L. Valdez
Patient's SS#
Employer:

Treating Physician Black
Home Phone:
Patient DOB: 4/4/70
Phone:

MEDICAL INFORMATION

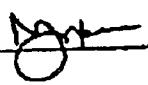
Date of Accident/Injury
Diagnosis: (description) (code)
(description) (code)

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
☐ Able to work with no restrictions
☐ May return to Regular work on / /
☐ Continue Light Duty
☐ Begin Light Duty on / /
☐ Out of Work until / /
☐ Next Office Visit on / /
☒ Other No change

LIGHT DUTY RESTRICTIONS

- ☐ Full Time ☐ Part Time hrs. Per day
☐ Sedentary Work Only ☐ No Repetitive Motion
☐ No lifting ☐ No lifting more than lbs.
☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing
☐ Other

Signature: 

201301182002674

9/10

12/17/2008 13:42 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

019/043

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December 17, 2008

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Chart Document

Yuri L. Valderrama
Male DOB: 08/08/1970

08/21/2008 - Office Visit: follow-up left knee scope

Provider: Mary Joan Black MD

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: n/a

Mr. Yuri Valderrama is a 38 Year hispanic male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: Left knee pain.

Problem #1

Type: left knee - twisted lifting something at work

DOI: 8/08

Surgery/Treatment: MRI of left knee done 7/11/08

Global Start: 07/16/2008

Global End: 10/14/2008

Mr. Valderrama had a right knee scope. Doing reasonably well. Having some discomfort but improving.
He still has some swelling. He has been on light duty.

Description of Injury/Problem

pain

Injury Sustained: yes Injury Onset Date: 8/08

How did it happen?: twisted lifting something at work

Work related? yes

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hours prn pain

PHENERGAN 25 MG TABS (PROMETHAZINE HCL) 1 p.o. q 8 hrs. prn nausea

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc

ALLERGIES

No known allergies

Revised - 08/25/2008

Past Surgical History

Patient denies any pertinent surgeries.

201301182002674

193

12/17/2008 13:42 FAX 884 542 2939

ORTHOPAEDIC ASSOC.

020/043

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December 17, 2008

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Chart Document

Yours Truly,

Dr. [Redacted]

Social History

Patient is married. Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: rover.

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Denies fever, fatigue, weight loss, weight gain.

Denies blurring, vision loss.

Denies difficulty breathing, hoarseness, deafness, hearing aid, dentures.

Denies swelling in hands or feet, palpitations, chest pain.

Denies coughing, wheezing, shortness of breath.

Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling.

Denies back pain, muscle weakness, joint pain, joint swelling, stiffness.

Denies lumps, rashes, lesions, itching, sores.

Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Denies depression, anxiety, difficulty sleeping, suicidal thoughts.

Denies heat or cold intolerance, excessive thirst.

Denies easy or excessive bruising, swelling of lymph nodes, chills, history of blood transfusion, sweats.

Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 185 lbs. R: 12

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Antalgic

Type of Antalgic Gait: Using Crutches

Durable Goods: No

PHYSICAL EXAM

He has full extension and full flexion. He has some swelling still. He has some irritability in the knee, specifically in the medial joint line.

ASSESSMENT

Status post left knee meniscectomy, doing well.

201301182002674

93

12/17/2008 13:43 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

021/043

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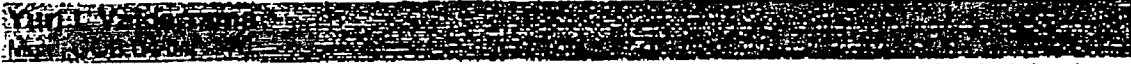
December 17, 2008

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PLAN

Gradual increase in activity at work. Continue with therapy. Recheck in six weeks. If he starts feeling a lot better and feels like he can resume his normal activities without difficulty, he just needs to let us know and we will be happy to place him on full duty without restriction.

Dictated by Mary Joan Black, MD

New Orders:

Postop visit [99024]

Prescriptions:

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hours pm pain #60 x 0

Entered by: Kaye Edge

Authorized by: Mary Joan Black MD

Signed by: Kaye Edge on 08/21/2008

Method used: Print then Give to Patient

Signed by Myra Million on 08/25/2008 at 3:09 PM

201301182002674

94

12/17/2008 13:43 FAX 864 542 2838

ORTHOPAEDIC ASSOC.

022/043

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 119937**DEMOGRAPHIC INFORMATION**Today's Date: 8/24/08 Previous Visit 1Treating Physician BlackPatient's Name Yule L. Valderama

Home Phone: _____

Patient's SS# _____

Patient DOB: 4/4/70

Employer: _____

Phone: _____

MEDICAL INFORMATION

Date of Accident/Injury _____

Diagnosis: (description) _____ (code) _____

(description) _____ (code) _____

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
- ☐ Able to work with no restrictions.
- ☒ May return to Regular work on in 14 weeks
- ☒ Continue Light Duty as below
- ☐ Begin Light Duty on _____
- ☐ Out of Work until _____
- ☐ Next Office Visit on _____
- ☐ Other _____

LIGHT DUTY RESTRICTIONS

- ☒ Full Time ☐ Part Time 2 hrs. Per day
- ☐ Sedentary Work Only ☐ No Repetitive Motion
- ☐ No lifting ☐ No lifting more than _____ lbs.
- ☐ No pushing, pulling or twisting ☒ No bending, stooping, or climbing
- ☒ Other 4 hrs / day max, stand a crutch
Remained sitting

Signature: [Signature]

201301182002674

12/17/2008 13:44 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

024/043

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December 17, 2008

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Chart Document

Yuri Valderrama

07/24/2008 - Office Visit: left knee scope

Provider: Mary Joan Black MD

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: n/a

Mr. Yuri Valderrama is a 38 Year hispanic male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: left knee scope

Problem #1

Type: left knee - twisted lifting something at work

DOI: 8/08

Surgery/Treatment: MRI of left knee done 7/11/08

Global Start: 07/16/2008

Global End: 10/14/2008

Arthroscopic partial medial meniscectomy

Yuri is postop partial medial meniscectomy doing well.

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TABS (ASPIRIN) 1 po daily

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4 hours prn pain

PHENERGAN 25 MG TABS (PROMETHAZINE HCL) 1 p.o. q 8 hrs. prn nausea

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily po

ALLERGIES

No known allergies

Revised - 07/28/2008

Past Surgical History

Patient denies any pertinent surgeries.

Social History

Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: roofer.

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96

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December 17, 2008

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Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 185 lbs. R: 14

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Antalgic

Type of Antalgic Gait: Favoring Left Lower Extremity, Using Crutches

Durable Goods: No

PHYSICAL EXAMINATION

Swelling is appropriate. He has passive full extension. Actively within 5". He can flex easily to 100. Portals are well healed. He is still using crutches and questions when he can get off of them.

ASSESSMENT

TEAR, OLD BUCKET, MEDIAL MENISCUS (ICD-717.0)

PLAN

All questions asked and answered about postoperative partial medial meniscectomy. We will keep him on light duty. Continue with therapy. Medication as needed. Recheck in one month.

201301182002674

12/17/2008 13:45 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

026/043

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December 17, 2008

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Chart Document

Yusef L. Vazirani
Male

Dictated by Dr. Mary J Black

New Orders:

Postop visit [99024]

Prescriptions:

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4 hours prn pain #60 x 0

Entered by: Cathy Blackwell

Authorized by: Mary Joan Black MD

Signed by: Cathy Blackwell on 07/24/2008

Method used: Print then Give to Patient

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc #30 x 2

Entered by: Cathy Blackwell

Authorized by: Mary Joan Black MD

Signed by: Cathy Blackwell on 07/24/2008

Method used: Print then Give to Patient

Signed by Casey L Blackwell on 07/28/2008 at 10:42 AM

201301182002674

98

12/17/2008 13:48 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

027/043

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 119937**DEMOGRAPHIC INFORMATION**

Today's Date: 1/24/09 Recipient Visit 1
Patient's Name JULIA VADERROMA
Patient's SS# _____
Employer: _____

Treating Physician Black
Home Phone: _____
Patient DOB: 4/4/79
Phone: _____

MEDICAL INFORMATION

Date of Accident/Injury _____
Diagnosis: (description) _____ (code) _____
(description) _____ (code) _____

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
☐ Able to work with no restrictions
☐ May return to Regular work on ____/____/____
☒ Continue Light Duty
☐ Begin Light Duty on ____/____/____
☐ Out of Work until ____/____/____
☐ Next Office Visit on ____/____/____
☐ Other _____

LIGHT DUTY RESTRICTIONS

- ☐ Full Time ☐ Part Time _____ hrs. Per day
☐ Sedentary Work Only ☐ No Repetitive Motion
☐ No lifting ☐ No lifting more than 5 lbs.
☒ No pushing, pulling or twisting ☒ No bending, stooping, or climbing
☒ Other Can walk/st. & no more than 2 hrs/day

Signature: [Signature]

201301182002674

200

-99-

12/17/2008 13:47 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

@031/043

Orthopaedic Associates PA

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December 17, 2008

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Chart Document

Yuri Valderrama
Male DOB: [REDACTED]

07/14/2008 - Office Visit: review MRI of left knee

Provider: Earl Lasater

Location of Care: Orthopaedic Associates PA

History of Present Illness

Referral Source: n/a

Family Physician: n/a

Mr. Yuri Valderrama is a 38 Year hispanic male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: review MRI of left knee done 7/11/08

Problem #1

Type: left knee - twisted lifting something at work

DOI: 6/08

Surgery/Treatment: MRI of left knee done 7/11/08

Mr. Valderrama is a 38 year-old male who injured his left knee while working at Kohler while twisting and carrying a toilet and plumbing supplies. He has a significant amount of swelling as well as a restricted range of motion and painful gait. The patient comes in today after his MRI. He still has a painful gait. The effusion has gone down significantly. He still has a restricted range of motion with extension and flexion.

The MRI shows a longitudinal tear involving the posterior horn of the medial meniscus. The ACL and PCL are intact.

The patient has no surgical or medical history. He denies any allergies or any medication use.

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4 hours prn pain

PHENERGAN 25 MG TABS (PROMETHAZINE HCL) 1 p.o. q 8 hrs. prn nausea

ALLERGIES

No known allergies

Revised - 07/15/2008

Past Surgical History

Patient denies any pertinent surgeries.

201301182002674

201

100

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December 17, 2008

Page 2

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Chart Document

Yuri V. Vashchenko

Social History

Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High School. Occupation: rover.

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 185 lbs. R: 14

GENERAL EXAM

Appearance: Healthy, Mesomorph

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAMINATION

The patient has a slightly antalgic gait. No significant effusion of the left knee. Range of motion is painful from 0-10° of extension as well as approximately 110° of flexion. He is neurovascularly intact. He is tender at the joint line in the posteromedial aspect of his left knee. A positive McMurray's.

HEART: Regular rate and rhythm, no murmurs, rubs or gallops.

LUNGS: Clear to auscultation bilaterally.

ASSESSMENT

201301182002674

202

106

12/17/2008 13:48 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

033/043

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December 17, 2008

Page 3

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Chart Document

A longitudinal tear involving the posterior horn of the medial meniscus.

KNEE PAIN, LEFT (ICD-719.46)

PLAN

We will schedule him for surgery Wednesday at Pelham ASC for a repair versus resection of the medial meniscal of the left knee. The risks and benefits have been discussed with the patient and the patient understands and agrees with the procedure which involves resection as well as ambulation and out of work situation.

Dictated by Earl Laseter, PA-C for Dr. Black

New Orders:

New Level 3 [99203]

Disposition: Return to office after surgery

Prescriptions:

PHENERGAN 25 MG TABS (PROMETHAZINE HCL) 1 p.o. q 8 hrs. prn nausea #20 x 0

Entered by: Cassie Pettit

Authorized by: Mary Joan Black MD

Signed by: Cassie Pettit on 07/14/2008

Method used: Print then Give to Patient

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4 hours prn pain #80 x 0

Entered by: Cassie Pettit

Authorized by: Mary Joan Black MD

Signed by: Cassie Pettit on 07/14/2008

Method used: Print then Give to Patient

Signed by Gerry Swann on 07/15/2008 at 8:21 AM

201301182002674

203

102

12/17/2008 13:47 FAX 864 542 2938

ORTHOPAEDIC ASSOC.

030/043

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 119937**DEMOGRAPHIC INFORMATION**

Today's Date: 7/14/08 Previous Visit / / Treating Physician Black
Patient's Name Yuri Vakherama Home Phone:
Patient's SS# Patient DOB:
Employer: Kohler Phone:

MEDICAL INFORMATION

Date of Accident/Injury ① Knee
Diagnosis: (description) (code)
(description) (code)

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
☐ Able to work with no restrictions
☐ May return to Regular work on / /
☒ Continue Light Duty
☐ Begin Light Duty on / /
☐ Out of Work until / /
☐ Next Office Visit on / /
☒ Other patient scheduled for surgery 7-16-08
patient will be on crutches. non weight bearing
② Leg.

LIGHT DUTY RESTRICTIONS

- ☐ Full Time ☒ Part Time 4 hrs. Per day - until post op Appt
☒ Sedentary Work Only ☐ No Repetitive Motion
☐ No lifting ☐ No lifting more than lbs.
☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing
☒ Other post op 7-24-08 - must attend post op
PT - starting 7-18-08
Signature: [Signature]

201301182002674

204

4/05

12/17/2008 13:49 FAX 864 542 2939

ORTHOPAEDIC ASSOC.

034/043

Report: VALDERRAMA, YURI

Page 1 of 2

VALDERRAMA, YURI

MRN: 119937



UPSTATE CAROLINA
RADIOLOGY

Study Arrival Date: Jul 11, 2008 09:53:54 EDT
Report Approval Date: Mon JUL 14, 2008 10:00:58 EDT

PATIENT

VALDERRAMA,

Name: YURI

Mrn: 119937

Gender: m

Age: 038Y

Birthday: [REDACTED]

STUDY

Date: Jul 11, 2008 08:49:35

Accession No.: LEFT 20080711

Institution Name: Orthopaedic Associates PA

Referring Physician: BLACK

Modality Type: MR

Description: LT KNEE

Body Part(s): not supplied

RADIOLOGIST

Name: Dr. Jason Kelly

Email: j_kelly@demo.com

Freecall Phone:

Direct Phone:

History: Left knee pain. Injury to the left knee 2 weeks ago. Twisting injury. Anterior and medial knee pain. No history of prior surgery.

Exam: MRI left Knee

Technique: Multiplanar multisequence imaging is performed as per institution protocol.

Comparison: No comparison

Findings:

Medial Compartment: There is a vertical longitudinal tear involving the posterior horn of the medial meniscus with abnormal signal extending to both the tibial and femoral articular surfaces. The cartilage overlying the medial compartment is normal. The medial collateral ligament is intact. There is mild edema like marrow signal within the medial tibial plateau.

Lateral Compartment: Signal intensity within the lateral meniscus is normal. The lateral collateral ligamentous complex is intact. The popliteus muscle and tendon are normal. Signal intensity within the

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Report: VALDERRAMA, YURI

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VALDERRAMA, YURI

MRN: 119937

lateral femoral condyle and lateral tibial plateau is normal. The cartilage overlying the lateral compartment is normal.

Intercondylar Notch: The ACL and PCL are intact.

Patellofemoral Compartment: The quadriceps and patellar tendons are intact. The patellofemoral cartilage is normal.

Additional Findings: There is a moderate joint effusion.

Impressions:

1. Vertical longitudinal tear involving the posterior horn of the medial meniscus.
2. Moderate joint effusion.

Report electronically generated, reviewed, and signed by Dr. Jason Kelly, MD 7/14/2008.

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ORTHOPAEDIC ASSOC.

0036/043

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Yuri Valderrama

Left Knee Pain

07/10/2008 - Office Visit: left knee pain

Provider: Mary Joan Black MD

Location of Care: Orthopaedic Associates PA

History of Present Illness

Referral Source: work comp

Family Physician: n/a

Mr. Yuri Valderrama is a 38 Year hispanic male, who is here for a first time visit.
History From: Patient

Chief Complaint: Left knee pain - Work Comp

Problem #1

Type: left knee - twisted lifting something at work

DOI: 8/08

Mr. Valderrama is a 38 year-old Hispanic male who injured his left knee working at Kohler while twisting and carrying toilet/plumbing supplies. He had a significant amount of swelling. The swelling is somewhat better but he still has pain and restricted range of motion of his left knee. He comes in for evaluation. He has been on light duty lifting no more than 5 pounds.

Description of Injury/Problem

sprain/strain, pain

Injury Sustained: yes Where did it happen? at work

Work related? yes

Past Medical History

Patient denies any pertinent past medical history.

MEDICATIONS

ASPIR-LOW 81 MG TBEC (ASPIRIN) 1 po daily

ALLERGIES

No known allergies

Revised - 07/14/2008

Past Surgical History

Patient denies any pertinent surgeries.

Social History

Patient is married, Smokes 1/2 pack per day (patient has been counseled to quit), and lives with spouse/partner. Has 4 children. Does not drink alcohol. Does not exercise. Education completed: High

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Yan L. Valderrama

Male, 35 years old

76214-2072001

Home: 864-582-2936

165 Crawford Ct

School. Occupation: rover.

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, joint swelling.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.

Psychiatric: Complains of difficulty sleeping, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 71 in. Wt: 185 lbs. R: 14

GENERAL EXAM

Appearance: Healthy, Ectomorph

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Antalgic

Type of Antalgic Gait: Favoring Left Lower Extremity

Durable Goods: No

PHYSICAL EXAM

Awake, alert and appears stated age. He has moderate effusion in his left knee visibly and palpably. He has a range of motion of about 20 to 120°. He has discrete posterior medial joint line tenderness and mild posterior lateral joint line tenderness. He has a positive McMurray's for pain. He has a Lachman and drawer that are negative.

X-RAYS

Three views are completely normal.

ASSESSMENT

Possible incarcerated meniscal tear.

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KNEE PAIN (ICD-719.46)

PLAN

MRI.

Light duty sedentary work. I asked him to not put anymore pressure on the meniscus, in case it is repairable, if it is indeed torn. Follow up after MRI.

Dictated by Mary Joan Black, MD

New Orders:

Knees Bil Standing [73565]

Knee AP & lateral [73560]

New Level 3 [99203]

Signed by Myra Million on 07/14/2008 at 9:13 AM

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12/17/2008 13:52 FAX 884 542 2838

ORTHOPAEDIC ASSOC.

041/043

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 119937**DEMOGRAPHIC INFORMATION**

Today's Date: 1/10/08 Previous Visit 1 / 1 / 1 Treating Physician Black
Patient's Name Yue, Valderama Home Phone: 44770
Patient's SS# Patient DOB:
Employer: Phone:

MEDICAL INFORMATION

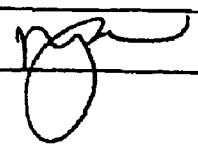
Date of Accident/Injury
Diagnosis: (description) (code)
(description) (code)

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
☐ Able to work with no restrictions
☐ May return to Regular work on / /
☐ Continue Light Duty
☒ Begin Light Duty on 7 / 10 / 08
☐ Out of Work until / /
☐ Next Office Visit on / /
☐ Other

LIGHT DUTY RESTRICTIONS

- ☐ Full Time ☐ Part Time hrs. Per day
☒ Sedentary Work Only ☐ No Repetitive Motion
☐ No lifting ☐ No lifting more than lbs.
☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing
☐ Other OK to walk / stand 230 minutes day

Signature: 

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039/043

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07/10/2008 - PatientLink: PatientLink Medical History

Provider: Patient Link

Location of Care: Orthopaedic Associates PA

Patient: Yuri Valderrama

Note: All result statuses are Final unless otherwise noted.

Tests: (1) PatientLink Medical History (data entered by patient)

Type of Problem "Result Below..."

RESULT: sprain/strain, pain

Where Injury Happened

at work

Injury Work Related?

yes

Sustain Injury?

yes

Marital Status

married

Live With

spouse/partner

Children

4 children

Education

High School

Pacemaker

no

Hearing Aid

no

Metal in body

no

Smoke?

"Result Below..."

RESULT: Smokes 1/2 pack per day

Drink Alcohol?

"Result Below..."

RESULT: Does not drink alcohol

Exercise?

Does not exercise

PMH Paragraph

"Result Below..."

RESULT: Patient denies any pertinent past medical history.

FH Paragraph

"Result Below..."

RESULT: Patient denies any pertinent family medical history.

Surgery Paragraph

"Result Below..."

RESULT: Patient denies any pertinent surgeries.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 07/10/2008 2:17 PM

(1) Order result status: Final

Collection or observation date-time: 07/10/2008 14:17:01

Requested date-time:

Receipt date-time:

Reported date-time: 07/10/2008 14:17:01

Referring Physician:

Ordering Physician: (ptlink)

Specimen Source:

Source: PatientLink

Filler Order Number:

Lab site:

The following non-numeric lab results were dispersed to the flowsheet even though numeric results were expected:

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Yuri L. Kabanov

MD, DC, OMS, OCS

Children, 4 children

Education, High School

Exercise?, Does not exercise

Filed automatically (without signature) on 07/10/2008 at 2:17 PM

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SH