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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court Of Common Pleas

The Honorable Roger L. Couch, Circuit Court Judge

Case No: 2012-CP-42-2329
Appellate Case No.: 2013-000312

Daljit Roopra, ...Respondent,

v.

Spartanburg Automotive, Inc., and
Liberty Mutual Insurance Company, ... Appellants.

RECORD ON APPEAL

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P.

STATE OF SOUTH CAROLINA)
)
COUNTY OF SPARTANBURG)

IN THE COURT OF COMMON PLEAS

C.A. NO.: 2012-CP-42-02329

W.C.C. FILE NO. 0326068

Daljit Roopra,
Employee,
Claimant,

vs.

Spartanburg Automotive, Inc.,
Employer,

and

Liberty Mutual Insurance Company,
Defendants.

ORDER

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This matter is before the Court on an appeal from the Order of the Appellate Panel of the South Carolina Workers' Compensation Commission dated May 2, 2012. The hearing was held in Spartanburg County, South Carolina. Present were Carmelo B. Sammataro of Turner, Padgett, Graham & Laney, P. A. for the Defendants/Appellants, and Danny R. Smith of Harrison, White, Smith and Coggins, P.C. for the Claimant/Respondent. For the reasons set forth below, this Court fully affirms the Order of the Workers' Compensation Commission.

STATEMENT OF THE CASE

The Claimant sustained an admitted injury on November 14, 2003. He was initially treated for left shoulder problems. He then was found to have also suffered an injury to his neck by his physicians. The Single Commissioner and the Appellate Panel of the Commission found the Claimant reached maximum medical improvement on August 2, 2011, and that he needed additional treatment (pain management) to lessen the period of his disability. In addition, the

Single Commissioner and the Appellate Panel found the Claimant suffered a thirty-nine (39%) percent permanent partial disability to his left shoulder and a four (4%) percent permanent partial disability to his neck as a result of his accident. The sole issue before this Court is whether or not the findings of the South Carolina Workers' Compensation Commission are supported by substantial evidence.

STANDARD OF REVIEW

The substantial evidence rule governs the standard of review in a workers' compensation decision. See Frame v. Resort Servs., Inc., 357 S.C. 520, 593 S.E.2d 491; Corbin v. Kohler Co., 351 S.C. 613, 571 S.E.2d 92 (S.C.App. 2002). A reviewing court is limited to deciding whether the commission's decision is unsupported by substantial evidence or is controlled by some error of law. See Grant v. Grant Textiles, 361 S.C. 188, 603 S.E.2d 858 (S.C.App. 2004); Dukes v. Rural Metro Corp., 356 S.C. 107, 109, 587 S.E.2d 687, 688 (2003) ("This Court will not overturn a decision by the Workers' Compensation Commission unless the determination is unsupported by substantial evidence."); Lyles v. Quantum Chem. Co. (Emery), 315 S.C. 440, 434 S.E.2d 292 (S.C.App. 1993) (noting that in reviewing decision of workers' compensation commission, the Court of Appeals will not set aside its findings unless they are not supported by substantial evidence or they are controlled by error of law).

The Appellate Panel is the ultimate fact finder in workers' compensation cases. See Gibson v. Spartanburg Sch. Dist. No. 3, 338 S.C. 510, 517, 526 S.E.2d 725, 729 (S.C.App. 2000); Muir v. C.R. Bard, Inc., 336 S.C. 266, 519 S.E.2d 583 (S.C.App. 1999). The findings of an administrative agency are presumed correct and will be set aside only if unsupported by substantial evidence. See Anderson v. Baptist Med. Ctr., 343 S.C. 487, 541 S.E.2d 526 (2001);

Hicks v. Piedmont Cold Storage, Inc., 335 S.C. 46, 515 S.E.2d 532 (1999); Frame at 528, 593 S.E.2d at 495. It is not within a reviewing court's province to reverse findings of the Appellate Panel which are supported by substantial evidence. See Pratt v. Morris Roofing, Inc., 357 S.C. 619, 622, 594 S.E.2d 272, 273-274 (2004); Broughton v. South of the Border, 336 S.C. 488, 496, 520 S.E.2d 634, 637 (S.C.App. 1999). The Appellate Court is prohibited from overturning findings of fact of the appellate panel, unless there is no reasonable probability the facts could be as related by the witness upon whose testimony the finding was based. See Etheredge v. Monsanto Co., 349 S.C. 451, 455-456, 562 S.E.2d 679, 681 (S.C.App. 2002).

CONCLUSIONS OF LAW

The medical records and testimony submitted to the Single Commissioner provided substantial evidence supporting the finding that the Claimant's award is supported by substantial evidence. It is noted that the parties stipulated the shoulder has a value under the pre July 2, 2007, statute to have a value of a maximum of One Hundred Eighty (180) weeks.

The medical records of Dr. Stephen Kana show he was initially evaluated at his office on September 9, 2004. Dr. Kana continued to follow him until released on November 14, 2007. During this period of time, Dr. Kana referred him to Dr. Phillip Esce, a neurosurgeon, for evaluation of his neck. Dr. Kana performed a surgical procedure on his left shoulder on June 1, 2005. On March 8, 2006, Dr. Kana gave him a twenty-one (21%) percent impairment to the left upper extremity. Then on August 14, 2006, he gave him an eighteen (18%) percent impairment to the left upper extremity which was reiterated on June 18, 2007. However, on April 10, 2007, Dr. Kana limited him to "no lifting, pulling or pushing greater than two (2) pounds with left arm." These were shown as "permanent restrictions". These restrictions were never changed.

The Defendants point out the Claimant had received a prior award of twenty (20%) percent permanent partial disability for his left shoulder in regard to a 1996 work injury. Therefore, it is contended that an additional award of thirty-nine (39%) percent disability in regard to the 2003 injury is excessive. However, the only testimony presented in regard to the use of his left shoulder after the 1996 injury is that of the Claimant in which he testified that his left shoulder was "decently functionable" from the time of his return to heavy work after the injury in 1996 until the injury of 2003. There is nothing in the record to indicate he was under any restrictions prior to the injury of 2003. Since the 2003 injury, he has been severely restricted to lifting, pulling or pushing nothing greater than two (2) pounds with his left arm. This has required a change in his work for the employer. Therefore, the above evidence provides substantial support for the Appellate Panel's finding in regard to his shoulder injury.

In regard to his cervical spine injury, the only medical evidence submitted was that of Dr. Esce in which he opined on a form 14-B that the Claimant had suffered a two (2%) percent impairment to the whole person as a result of the cervical spine injury. Further, he opined the Claimant will need to have pain management care and will be unable to perform any overhead work and no lifting greater than thirty (30) pounds. Clearly there is substantial evidence to support the decision of the Appellate Panel.

CONCLUSION

Based upon the standard of review in these matters which strongly favor the finding and conclusions of the Appellate Panel, and based upon substantial evidence provided through the Respondent's testimony and the medical evidence submitted, this Court fully affirms the Appellate Panel's Decision and Order dated May 2, 2012.

IT IS, THEREFORE, ORDERED that the award of the South Carolina Workers' Compensation Commission dated May 2, 2012, is hereby Affirmed in full.

The Honorable Roger L. Couch
Presiding Circuit Court Judge

Spartanburg, South Carolina
1/16/13, 2013.

APPELLATE PANEL

DECISION AND ORDER

OF

THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 0326068

DALJIT ROOPRA, EMPLOYEE, CLAIMANT/RESPONDENT,

VS.

SPARTANBURG AUTOMOTIVE, INC, EMPLOYER,

AND

SPECIALTY RISK SERVICES, INC., CARRIER, DEFENDANTS/APPELLANTS.

Appellate Panel Review held in Columbia, South Carolina with Oral Arguments on March 19, 2012

Appellate Panel Decision and Order filed

5/2, 2012

ATTORNEYS:

Claimant/Respondent represented by Ben C. Harrison of HARRISON, WHITE, SMITH & COGGINS, P.C. P.O. Box 3547, Spartanburg, South Carolina 29304.

Defendants/Appellant represented by Stephanie Lamb, of TURNER PADGET, P.O. Box 1509, Greenville, South Carolina 29602.

1. STATEMENT OF THE CASE

This case was heard by Commissioner Derrick L. Williams on October 5, 2011, in Spartanburg, South Carolina. On November 7, 2011, Commissioner Williams issued the following Order:

IT IS THEREFORE,

ORDERED

> That Claimant sustained an injury to his left shoulder and neck as a result of his November 14, 2003, work accident and that no other body parts are involved or affected.
>
> That Claimant reached maximum medical improvement on August 2, 2011, and that additional treatment is necessary to lessen the period of Claimant's disability in the form of pain management as noted on the Forms 14B completed by Dr. Mourtada and Dr. Esce. .
>
> That Claimant has sustained a 39% ($39,561.21) permanent partial disability to his left shoulder and a 4% ($6,762.60) permanent partial disability to his neck as a result of his November 14, 2003, work accident, and payment for same shall be made by Defendants.
>
> AND SO IT IS ORDERED.

Within the statutory period, counsel for the Defendants filed an Application for Review in the case setting forth their reasons, copies of which were furnished to all interested parties, prior to review by the Appellate Panel. Further, the Respondent, Daljit Roopra, requested an affirmation of the Order of the Single Commissioner in its entirety.

The Single Commissioner made the following Findings of Fact:

SINGLE COMMISSIONER'S FINDINGS OF FACT

1. Claimant sustained an admitted accidental injury to his left shoulder and neck on November 14, 2003, when he slipped in some grease, fell, and used his left arm to catch himself. No other body parts are involved or affected.

2. After his injury, Claimant received medical treatment from Dr. Kana who performed surgery on June 1, 2005.
3. Claimant sustained an injury to his left shoulder while working for Spartanburg Steel in 1996 in addition to the injury at issue. As a result of that injury, Claimant had an open left subacromial decompression, transaction of the ACL ligament, and bursectomy of the left shoulder surgery performed by Dr. Mary Joan Black on June 20, 1997. He also had a partial acromionectomy, distal clavicectomy, and removal of scar tissue from the subacromial bursa surgery performed by Dr. J. Samuel Seastrunk on March 4, 1999. Claimant received 20% permanent partial disability to his left upper extremity as a result of that accident. Claimant returned to work for Spartanburg Steel after the 1996 injury to a job that required him to lift up to forty-five or fifty pounds.
4. As a result of his November 14, 2003, injury, Claimant had a left shoulder arthroscopy that was performed by Dr. Kana on June 1, 2005.
5. After his November 14, 2003, injury and his June 1, 2005, surgery, Claimant was out of work for approximately thirty-four weeks. He then returned to work and is currently working in a supervisory capacity where he supervises up to fourteen individuals and three different machines. Claimant is not required to lift as part of his current job and he averages approximately fifty-five to sixty hours per week on the job, as of the time of the hearing.
6. Claimant was provided an 18% impairment to the left upper extremity by Dr. Kana on August 14, 2006. In his report on April 10, 2007, Dr. Kana went on to note that the Claimant has permanent restrictions of no lifting, pulling, or pushing greater than

two pounds with his left arm. Claimant has not returned to Dr. Kana since November 14, 2007.

7. Claimant was treated by Dr. Esce relative to neck problems from his November 14, 2003, accident. Dr. Esce treated the Claimant, but ultimately released him on February 21, 2008. Claimant has not returned to Dr. Esce since that date. Dr. Esce noted on a Commission Form 14B that Claimant sustained a 2% medical impairment to the whole person relative to his neck problems. Dr. Esce noted that the Claimant has permanent restrictions of no overhead work and no lifting greater than thirty pounds. Dr. Esce further opined that Claimant will need pain management in the future, which is directed as a result of November 14, 2003, accident.

8. Claimant was evaluated by Dr. Husam Mourtada who provided pain management until March 3, 2011. At that time, Dr. Mourtada dismissed the Claimant because of a positive drug test for marijuana. Dr. Mourtada, however, provided a Form 14B that showed a 21% impairment to the left shoulder/neck. Dr. Mourtada deferred to Dr. Kana with regard to permanent work restrictions and noted that the Claimant will need pain management in the future as a direct result of his work injury.

9. Claimant continues to receive medications in the form of Naproxen from his family doctor, Dr. Stephen Yost, which is directly attributable to his November 14, 2003 accident.

10. All of the medical evidence has been considered including, but not limited to, Dr. Kana's evaluation and treatment, Dr. Mourtada's reports and evaluation, and Dr. Esce's reports and evaluations.

11. Based on the evidence as a whole, including all of the medical evidence and the Claimant's testimony, I find that Claimant has sustained a 39% permanent partial disability to his left shoulder and a 4% permanent partial disability to his neck. As this is a pre-July 2007 accident, the shoulder award is based on 180 weeks. With the Claimant's compensation rate of $563.55, my award equates to $39,561.21 relative to Claimant's left shoulder and $6,762.60 relative to Claimant's neck.
12. Claimant is entitled to additional medical treatment per the forms Form 14B. Defendants are responsible for, and retain the right to choose a pain management specialist for Claimant's continued medication.

All proffered evidence has been taken, including all documentary evidence and has been delivered to, reviewed by, and considered by the individual members of the Appellate Panel and has since been under study and consideration.

In an appellate review, the Panel shall, pursuant to S.C. Code 42-17-50 (1985), review the award, weigh the evidence as presented in the initial hearing, and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Decisions of Law consistent with, or inconsistent with, those of the hearing Commissioner. After careful review in the instant case, the Commission Panel, by unanimous vote, has determined that all of the hearing Commissioner's Findings of Fact and Conclusion of Law are correct as stated, and we hereby Order a Full Affirmation of the Single Commissioner's Decision & Order.

FINDINGS OF FACT OF FULL COMMISSION

We hereby find:

1. Claimant sustained an admitted accidental injury to his left shoulder and neck on November 14, 2003, when he slipped in some grease, fell, and used his left arm to catch himself. No other body parts are involved or affected.
2. After his injury, Claimant received medical treatment from Dr. Kana who performed surgery on June 1, 2005.
3. Claimant sustained an injury to his left shoulder while working for Spartanburg Steel in 1996 in addition to the injury at issue. As a result of that injury, Claimant had an open left subacromial decompression, transaction of the ACL ligament, and bursectomy of the left shoulder surgery performed by Dr. Mary Joan Black on June 20, 1997. He also had a partial acromionectomy, distal clavicectomy, and removal of scar tissue from the subacromial bursa surgery performed by Dr. J. Samuel Seastrunk on March 4, 1999. Claimant received 20% permanent partial disability to his left upper extremity as a result of that accident. Claimant returned to work for Spartanburg Steel after the 1996 injury to a job that required him to lift up to forty-five or fifty pounds.
4. As a result of his November 14, 2003, injury, Claimant had a left shoulder arthroscopy that was performed by Dr. Kana on June 1, 2005.
5. After his November 14, 2003, injury and his June 1, 2005, surgery, Claimant was out of work for approximately thirty-four weeks. He then returned to work and is currently working in a supervisory capacity where he supervises up to fourteen individuals and three different machines. Claimant is not required to lift as part of

his current job and he averages approximately fifty-five to sixty hours per week on the job, as of the time of the hearing.

6. Claimant was provided an 18% impairment to the let upper extremity by Dr. Kana on August 14, 2006. In his report on April 10, 2007, Dr. Kana went on to note that the Claimant has permanent restrictions of no lifting, pulling, or pushing greater than two pounds with his left arm. Claimant has not returned to Dr. Kana since November 14, 2007.

7. Claimant was treated by Dr. Esce relative to neck problems from his November 14, 2003, accident. Dr. Esce treated the Claimant, but ultimately released him on February 21, 2008. Claimant has not returned to Dr. Esce since that date. Dr. Esce noted on a Commission Form 14B that Claimant sustained a 2% medical impairment to the whole person relative to his neck problems. Dr. Esce noted that the Claimant has permanent restrictions of no overhead work and no lifting greater than thirty pounds. Dr. Esce further opined that Claimant will need pain management in the future, which is directed as a result of November 14, 2003, accident.

8. Claimant was evaluated by Dr. Husam Mourtada who provided pain management until March 3, 2011. At that time, Dr. Mourtada dismissed the Claimant because of a positive drug test for marijuana. Dr. Mourtada, however, provided a Form 14B that showed a 21% impairment to the left shoulder/neck. Dr. Mourtada deferred to Dr. Kana with regard to permanent work restrictions and noted that the Claimant will need pain management in the future as a direct result of his work injury.

9. Claimant continues to receive medications in the form of Naproxen from his family doctor, Dr. Stephen Yost, which is directly attributable to his November 14, 2003 accident.

10. All of the medical evidence has been considered including, but not limited to, Dr. Kana's evaluation and treatment, Dr. Mourtada's reports and evaluation, and Dr. Esce's reports and evaluations.

11. Based on the evidence as a whole, including all of the medical evidence and the Claimant's testimony, I find that Claimant has sustained a 39% permanent partial disability to his left shoulder and a 4% permanent partial disability to his neck. As this is a pre-July 2007 accident, the shoulder award is based on 180 weeks. With the Claimant's compensation rate of $563.55, my award equates to $39,561.21 relative to Claimant's left shoulder and $6,762.60 relative to Claimant's neck.

12. Claimant is entitled to additional medical treatment per the forms Form 14B. Defendants are responsible for, and retain the right to choose a pain management specialist for Claimant's continued medication.

RULINGS OF LAW

Accordingly, as provided in the South Carolina Code of Laws, 1976, as amended, Section 42-17-40, it is the determination of this Commissioner:

(1) Section 42-1-160 is applicable in defining injury and personal injury.

(2) Section 42-15-60 is applicable in determining periods within which medical treatment shall be furnished to lessen the period of disability. See also, Dodge v. Bruccoli, Clark, Laymen, Inc., 334 S.C. 574, 581, 514 S.E.2d 593, 596 (Ct. App. 1999).

(3) Section 42-9-30 of the South Carolina Code of Laws governs the payment of specific disability resulting from a compensable work-related accident.

(4) Section 42-17-40 is applicable in determining the conduct of the hearing and awards.

(5) The case of Therrell v. Jerry's Inc., 370 S.C. 22, 633 S.E.2d 893 (2006) is applicable in determining the proper method by which a pre-July 1, 2007 shoulder injury is to be compensated. I have concluded that the value of the shoulder is to be calculated based on its percentage to the whole person, which I define as 500 weeks (the maximum number of weeks a person can obtain under the Act, with the exceptions of a quadriplegic, paraplegic, or brain injury). In following the AMA guides, the arm is 60% of the whole person and the shoulder is 60% of the arm. As such, the shoulder is valued at 180 weeks under this calculation.

ORDER

IT IS, THEREFORE, ORDERED that the Order of the Single Commissioner filed in the above case on November 7, 2011, is hereby fully affirmed by the South Carolina Workers' Compensation Appellate Panel, and the same shall constitute the Decision & Order of the Appellate Panel.

IT IS FURTHER ORDERED that Claimant sustained an injury to his left shoulder and neck as a result of his November 14, 2003, work accident and that no other body parts are involved or affected.

IT IS FURTHER ORDERED that Claimant reached maximum medical improvement on August 2, 2011, and that additional treatment is necessary to lessen the period of Claimant's disability in the form of pain management as noted on the Forms 14B completed by Dr. Mourtada and Dr. Esce.

IT IS FURTHER ORDERED that Claimant has sustained a 39% ($39,561.21) permanent partial disability to his left shoulder and a 4% ($6,762.60) permanent partial disability to his neck as a result of his November 14, 2003, work accident, and payment for same shall be made by Defendants.

AND IT IS SO ORDERED

S.C. WORKERS' COMPENSATION COMMISSION

Scott T. Beck, Commission Panel, Chair

FULL AFFIRMATION

CONCUR:

Avery Wilkerson, Commissioner

Andrea 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 hereof, postage paid, in the United State mail addressed to the attorney or attorneys for said parties.

This 2nd day of May, 2012

By Valerie D Bethea

Administrative Assistant to the Commissioner

OShayne Williams
Ben C. Harrison

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0326068

Daljit Roopra, Employee, Claimant, Spartanburg Steel Products, Inc., Employer, AND Specialty Risk Services Inc., Carrier, Defendants.	**DECISION AND ORDER**

STIPULATIONS

Hearing: Held on October 5, 2011 in Spartanburg, South Carolina.

Appearances: Claimant represented by Ben C. Harrison, Esquire of Spartanburg, South Carolina.

Defendant represented by O. Shayne Williams, Esq. of Turner, Padget, Graham and Laney of Greenville, South Carolina.

Purpose of Hearing: To determine the issues set forth on Claimant's Form 50 and Defendants' Form 51, as well as any other issues which may timely come before the Commission.

Decision and Order: Derrick L. Williams, SC Workers' Compensation Commissioner.

Filed: **November 7, 2011**

At the hearing, counsel for the Claimant and Defendants stipulated to the following issues:

1. The purpose of the hearing is to determine the issues set forth on the claimant's Form 50 and Defendants' Form 51, as well as any other issues which may timely come before the Commission.

2. Notice of the hearing was timely and properly served upon all parties of interest.

3. The parties agreed that the venue was properly set in Spartanburg County.

4. Claimant's average weekly wage and correspondence compensation rate are $974.34 and $563.55, respectively.

5. Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an accidental injury that took place on November 14, 2003. Therefore, the South Carolina Workers' Compensation Commission has jurisdiction over the case.

APA SUBMISSIONS

The following documents were submitted without objection pursuant to the Administrative Procedures Act:

Claimant's APA Submissions

	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	NO. OF PAGES	PAGE NOS.
1.	Orthopedic Specialties of Spartanburg	9/9/04-11/14/07	31	1-31
2.	Piedmont Imaging	9/18/04	2	32-33
3.	Piedmont Imaging	11/4/04	2	34-35
4.	Upstate Spine and Neurosurgery Center	12/2/04-2/21/08	7	36-42
5.	Ambulatory Surgery	6/1/05	2	43-44

	Center of Sptg.			
6.	Spartanburg Regional Healthcare	3/3/06	2	44-45
7.	Piedmont Imaging	10/14/06	2	56-57
8.	Carolina Neurology Associates	10/16/06	2	58-59
9.	Piedmont Imaging	3/2/07	2	60-61
10.	Piedmont Imaging	2/8/08	2	62-63
11.	Regional Spine and Pain Management	12/31/08-7/25/11	45	64-108

Exhibits:

A. Biographical Information
B. Surgical Reports for 6/20/97 and 3/4/99

Defendants' APA Submissions

	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	NO. OF PAGES	PAGE NOS.
12.	Orthopedic Specialists of Spartanburg	12/16/04-04/10/07	13	109-121
13.	Carolina Neurology Associates	10/16/06	5	122-126
14.	Regional Spine and Pain Management	01/18/10	1	127

STATEMENT OF THE CASE

This Claim involves an admitted accidental injury to Claimant's left shoulder that occurred on November 14, 2003. Specifically, Claimant sustained an injury to his left shoulder when he slipped on grease that was on the floor. While slipping, he grabbed a die with his left arm and caught himself. Claimant also alleges he sustained an injury to his neck as a direct and proximate result of the left shoulder injury.

The parties agree that the claimant reached maximum medical improvement as of August 2, 2011 and that this case is ripe for determination of permanent partial disability. Defendants allege that Claimant's permanent partial disability should be limited to his left shoulder. They also consider the shoulder in this pre-July 2007 claim to be worth a maximum of 180 weeks. The claimant alleges that his disability to his shoulder should be compensated relative to his left arm and that he has additional disability to his neck.

EVIDENCE OF THE CASE

Medical Evidence

The records of Dr. Stephen Kana show the Claimant was initially evaluated by him on September 9, 2004. At that time, Claimant reported a ten-month history of left shoulder pain. Claimant noted that he had problems with his shoulder dating back to 1997, which required surgery that was performed by Dr. Mary Joan Black in June 20, 1997 and Dr. J. Samuel Seastrunk on March 4, 1999 (See Claimant's Exhibit B). Initially, Dr. Kana ordered a MRI, which showed no tears of the rotator cuff or the labrum. As such, he elected to treat Claimant conservatively at the onset. By October 27, 2004, Claimant reported pain radiating down his left arm into his middle and little finger of the left hand. Dr. Kana noted Claimant's history of a motor vehicle accident where x-rays were taken of his neck, but noted there had

been no further work relative up to that event. On November 11, 2004, Claimant was referred to a neurosurgeon for further evaluation.

On May 24, 2005, Dr. Kana told Claimant that he could either live with his shoulder the way it was or an arthroscopy could be performed. Dr. Kana performed arthroscopy on June 1, 2005. His post-operative diagnoses were anterior labral tear of the left shoulder, impingement syndrome, and partial tear of the rotator cuff. Claimant continued to be treated by Dr. Kana in follow-up and completed a work hardening program.

On August 14, 2006, Dr. Kana provided the Claimant with an 18% impairment rating to the upper extremity relative to his injury. Claimant continued to see Dr. Kana after his impairment rating. In fact, Dr. Kana ordered a repeat MRI scan on March 2, 2007 which showed evidence of a repair of the anterior labral tear; however, no other pathology was noted. On April 10, 2007, Dr. Kana noted that he would not recommend any further surgery. He further noted that Claimant had permanent restrictions of no lifting, pulling, or pushing greater than 2 pounds with the left arm.

The records of Dr. Phillip Esce show that he initially evaluated Claimant on December 2, 2004 for evaluation of Claimant's left shoulder pain and tingling sensation radiating down into the last three digits of Claimant's left hand. Dr. Esce is a neurosurgeon. Dr. Esce recommended EMG and nerve conduction studies to rule out any peripheral nerve injury. Dr. Esce evaluated the EMG studies and the MRI scan of the cervical spine on March 22, 2007. At that time, he determined that there were no interval cervical spine changes between the MRI scans of 2004 and 2007. He also noted that the EMG/nerve conduction study showed no electrical evidence of focal, multifocal, or diffuse peripheral neuropathies.

Finally, he noted that the EMG study of the left upper extremity did not reveal any evidence of any cervical radiculopathy. Dr. Esce went on to note that no surgical recommendations were made relative to the cervical spine.

Dr. Esce last saw Claimant on February 21, 2008. At that time, he noted Claimant had multilevel degenerative disk disease and that Claimant would need pain management. Dr. Esce completed a Form 14B on August 21, 2011. On that form, he noted that Claimant had a 2% medical impairment to the whole person relative to his cervical spine. He further noted that Claimant was restricted from performing overhead work and from any lifting greater than thirty pounds. Dr. Esce also noted that the claimant would need future medical care and treatment in the form of pain management.

The records of Dr. Husam Mourtada show that he initially evaluated the claimant on December 31, 2008 for pain management. Dr. Mourtada treated the claimant until March 3, 2011 for his left shoulder and neck pain. At that time, Dr. Mourtada dismissed the Claimant as a patient for violation of the drug policy. The records note that Claimant failed a drug test for Marijuana. On July 25, 2011, Dr. Mourtada completed a Form 14B noting that Claimant had a 21% impairment to his left shoulder/neck. He went on to state that the claimant is able to return to work as per the restrictions of Dr. Kana and that the Claimant will need pain management in the future.

Live Testimony

Claimant testified regarding his workers' compensation injury, his resulting

medical treatment, and his current abilities. The claimant reported being fluent in three languages and passable in one other.

Claimant testified that he is thirty-nine years old and he is married with three children. Claimant graduated high school in India in 1998. Prior to coming to work for Spartanburg Steel in 1992, he worked at Whitestone Manufacturing, Inman Mills, and part-time at Sears and Belk's.

Claimant testified that he sustained a prior injury to his left shoulder while working for Spartanburg Steel in 1996. As a result of that accident, one surgery was performed by Dr. Mary Black and one was performed by Dr. Samuel Seastrunk. As a result of that injury, Claimant was awarded for 20% permanent partial disability to the left upper extremity on a Workers' Compensation Commission Form 16. Claimant testified that after his 1996 injury, he returned to work and noted that his left shoulder was "decently functionable" from his return up until the injury of 2003.

Claimant testified that prior to his November 14, 2003 accident, he was working as a die setter. A month or two before his accident, however, he moved to a new position as a production tech assistant. He testified that the die setting job required him to lift and move between forty-five and fifty pounds.

Claimant testified that after his November 14, 2003 accident, he missed approximately 34 weeks of work. He then came back to work and has been back to work ever since Claimant is currently working in a supervisory capacity. Claimant testified that he works between 55 and 60 hours per week on average. He also noted that he had missed no time from work relative to his left shoulder since being returned to work after the surgery

performed by Dr. Kana. Since his 2003 injury, Claimant has not been written up for poor performance or any event at work that pertained to his shoulder problems.

Claimant's current position now requires him to make sure the job is running and quality parts are being produced. He noted that he supervises approximately fourteen people and three different machines at times. His job requires no lifting, but he will do some lifting at times to relieve other employees and keep the job running. Claimant testified that, though this injury was to his left shoulder, he is right-handed.

Claimant testified regarding the problems he attributes to his November 14, 2003 work injury. Specifically, Claimant reported that his left shoulder is in pain all the time. He noted that he had very limited motion which restricts him from reaching forward or raising his left arm high. Claimant testified that he uses his right hand at work. Claimant testified that his employer has been very good to him and that he is currently earning more money than he was at the time of his original injury. Claimant noted that he has worked a significant amount of overtime recently. He also testified, however, that he could not do his previous job that he performed prior to 2003 because of limitations with his left shoulder.

In addition to the restrictions Claimant has with lifting and extending his arm which impact him at work, he noted that at home he cannot lift too much. He has a two-and-a-half-year-old little boy, and it is difficult for the claimant to pick up his son for more than five to seven minutes with his left arm.

Claimant noted that he has a riding lawnmower to handle his yard duties. Claimant noted that he has trouble washing his head with his left hand and washing his back. He also testified that putting a shirt or jacket on is difficult.

In addition to his left shoulder issues, Claimant further reported that he has neck pain that stays with him twenty-four hours per day, seven days per week. He stated that pain goes down on his left arm into his elbow and fingers. Claimant reported losing grip in his left hand. According to the Claimant, he believes he has lost two-thirds of the use of his left arm.

In addition to working an average of fifty-five to sixty hours per week, Claimant reported traveling to India for six weeks since his work accident. He also reported going to see his brother in February of 2011 in Phoenix. While there, they traveled to the Grand Canyon.

Claimant reported that he currently takes Naproxen. This medication has been prescribed by Claimant's family physician, since Claimant was dismissed by Dr. Mourtada.

FINDINGS OF FACT

Based on the testimony and the evidentiary submissions, I hereby find as follows:

1. Claimant sustained an admitted accidental injury to his left shoulder and neck on November 14, 2003 when he slipped in some grease, fell, and used his left arm to catch himself. No other body parts are involved or affected.

2. After his injury, Claimant received medical treatment from Dr. Kana who performed surgery on June 1, 2005.

3. Claimant sustained an injury to his left shoulder while working for Spartanburg Steel in 1996 in addition to the injury at issue. As a result of that injury, Claimant had an open left subacromial decompression, transection of the ACL ligament, and bursectomy of the left shoulder surgery performed by Dr. Mary Joan Black on June 20, 1997. He also had a partial acromionectomy, distal clavicectomy, and removal of scar tissue from

the subacromial bursa surgery performed by Dr. J. Samuel Seastrunk on March 4, 1999. Claimant received 20% permanent partial disability to his left upper extremity as a result of that accident. Claimant returned to work for Spartanburg Steel after the 1996 injury to a job that required him to lift up to forty-five or fifty pounds.

4. As a result of his November 14, 2003 injury, Claimant had a left shoulder arthroscopy that was performed by Dr. Kana on June 1, 2005.

5. After his November 14, 2003 injury and his June 1, 2005 surgery, Claimant was out of work for approximately thirty-four weeks. He then returned to work and is currently working in a supervisory capacity where he supervises up to fourteen individuals and three different machines. Claimant is not required to lift as part of his current job and he averages approximately fifty-five to sixty hours per week on the job, as of the time of the hearing.

6. Claimant was provided an 18% impairment to the left upper extremity by Dr. Kana on August 14, 2006. In his report on April 10, 2007, Dr. Kana went on to note that the claimant has permanent restrictions of no lifting, pulling, or pushing greater than two pounds with his left arm. Claimant has not returned to Dr. Kana since November 14, 2007.

7. Claimant was treated by Dr. Esce relative to neck problems from his November 14, 2003 accident. Dr. Esce treated the claimant, but ultimately released him on February 21, 2008. Claimant has not returned to Dr. Esce since that date. Dr. Esce noted on a Commission Form 14B that claimant sustained a 2% medical impairment to the whole person relative to his neck problems. Dr. Esce noted that the claimant has permanent restrictions of no overhead work and no lifting greater than thirty pounds. Dr. Esce further opined that

Claimant will need pain management in the future, which is directed as a result of November 14, 2003 accident.

8. Claimant was evaluated by Dr. Husam Mourtada who provided pain management until March 3, 2011. At that time, Dr. Mourtada dismissed the claimant because of a positive drug test for Marijuana. Dr. Mourtada, however, provided a Form 14B that showed a 21% impairment to the left shoulder/neck. Dr. Mourtada deferred to Dr. Kana with regard to permanent work restrictions and noted that the claimant will need pain management in the future as a direct result of his work injury.

9. Claimant continues to receive medications in the form of Naproxen from his family doctor, Dr. Stephen Yost, which is directly attributable to his November 14, 2003 accident.

10. All of the medical evidence has been considered including, but not limited to, Dr. Kana's evaluation and treatment, Dr. Mourtada's reports and evaluations, and Dr. Esce's reports and evaluations.

11. Based on the evidence as a whole, including all of the medical evidence and the claimant's testimony, I find that claimant has sustained a 39% permanent partial disability to his left shoulder and a 4% permanent partial disability to his neck. As this is a pre-July 2007 accident, the shoulder award is based on 180 weeks. With the claimant's compensation rate of $563.55, my award equates to $39,561.21 relative to Claimant's left shoulder and $6,762.60 relative to Claimant's neck.

12. Claimant is entitled to additional medical treatment per the forms Form 14B. Defendants are responsible for, and retain the right to choose a pain management specialist for Claimant's continued medication.

CONCLUSIONS OF LAW

Based on the testimony and the evidentiary submissions, I hereby find as follows:

1. Section 42-1-160 is applicable in defining injury and personal injury.
2. Section 42-15-60 is applicable in determining periods within which medical treatment shall be furnished to lessen the period of disability. *See also*, Dodge v. Bruccoli, Clark, Layman, Inc., 334 S.C. 574, 581, 514 S.E.2d 593, 596 (Ct. App. 1999).
3. Section 42-9-30 of the South Carolina Code of Laws governs the payment of specific disability resulting from a compensable work-related accident.
4. Section 42-17-40 is applicable in determining the conduct of the hearing and awards.
5. The case of Therrell vs. Jerry's Inc, 370 S.C. 22, 633 S.E.2d 893 (2006) is applicable in determining the proper method by which a pre-July 1, 2007 shoulder injury is to be compensated. I have concluded that the value of the shoulder is to be calculated based on its percentage to the whole person, which I define as 500 weeks (the maximum number of weeks a person can obtain under the Act, with the exceptions of a quadriplegic, paraplegic, or brain injury). In following the AMA guides, the arm is 60% of the whole person and the shoulder is 60% of the arm. As such, the shoulder is valued at 180 weeks under this calculation.

ORDER

IT IS ORDERED that Claimant sustained an injury to his left shoulder and neck as a result of his November 14, 2003 work accident and that no other body parts are involved or affected.

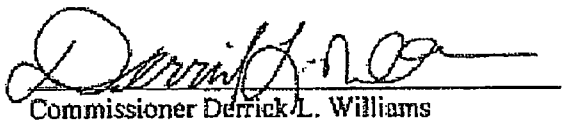
IT IS FURTHER ORDERED that Claimant reached maximum medical improvement

on August 2, 2011 and that additional treatment is necessary to lessen the period of Claimant's disability in the form of pain management as noted on the Forms 14B completed by Dr. Mourtada and Dr. Esce.

IT IS FURTHER ORDERED that Claimant has sustained a 39% ($39,561.21) permanent partial disability to his left shoulder and a 4% ($6,762.60) permanent partial disability to his neck as a result of his November 14, 2003 work accident, and payment for same shall be made by Defendants.

AND SO IT IS ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION



Commissioner Derrick L. Williams

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.
November 7, 2011

By: Renee Smith, Administrative Assistant to Commissioner Williams

South Carolina Workers' Compensation Con. ,sion
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(8[illegible]37-5723

WCC File #: 0326068
Carrier File #: YDS 65423
Carrier Code #:
Employer FEIN #:

Claimant's Name: Daljit Roopra SSN: Employer's Name: Spartanburg Steel Products, Inc.

Address: Address: 1290 New Cut Road

City: Spartanburg State: SC Zip: 29301 City: Spartanburg State: SC Zip: 2930:

Home Phone: Work Phone: Insurance Carrier: Specialty Risk Services Inc.

Preparer's Name: O. Shayne Williams, Esq. Law Firm: ~~Turner Padget Graham &~~ Laney P.A. Preparer's Phone #: (864) 552-4621

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ claimant ☒ employer (check one) Date of injury: 11/14/2003 (m/d/yyyy)

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).

Please see the Grounds for Review attached.

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

I certify that I have served this document pursuant to R.67-211 by delivering a copy to Ben C. Harrison, Esquire
Name

Harrison, White, Smith & Coggins, P.C., P.O. Box 3547, Spartanburg, SC 29304
Address

on the 21st day of November, 2011 by ☐ first class mail ☐ personal service ☐ certified mail.

Preparer's Signature — Title — Date

O. Shayne Williams, Esquire — Attorney for Defendants — 11/21/2011

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

[illegible]imant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the [illegible]g party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 1 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.

DALJIT ROOPRA v. SPARTANBURG STEEL PRODUCTS, LLC
WCC FILE NO: 0326068

GROUNDS FOR REVIEW

1. Whether the Hearing Commissioner erred in Finding Fact Number Eleven wherein he states that Claimant has sustained a 39% permanent partial disability to his left shoulder and a 4% permanent partial disability to his neck as a result of his injury of September 2, 2006, when such a finding is against greater weight and preponderance of the reliable and substantial evidence in the record.

2. Whether the Hearing Commissioner erred in failing to find as fact that Claimant's permanen partial disability is limited to his shoulder and is significantly less than the 39% permanent partial disability found as a direct and proximate result of this accident especially in light of the fact that Claimant was previously awarded 20% permanent partial disability to the left upper extremity for a prior injury to his shoulder, when the failure to render such a Factual Finding is against the greater weight and preponderance of the reliable and substantial evidence in the record.

3. Whether the Hearing Commissioner erred in Ordering that Claimant sustained a 39% permanent partial disability to his left shoulder and a 4% permanent partial disability to his neck as a result of his November 14, 2003 work accident, when such an order is against the greater weight and preponderance of the reliable and substantial evidence and the record is based upon erroneous Factual Findings and Legal Conclusions.

4. Whether the Hearing Commissioner erred in failing to Order that Claimant has sustained significantly less than 39% permanent partial disability to his left shoulder and 4% permanen partial disability to his neck as a result of his November 14, 2003 work accident, when the failure to render such an Order is against the greater weight and preponderance of the reliable and substantial evidence in the records and is based upon erroneous Factual Findings and Legal Conclusions.

STATE OF SOUTH CAROLINA)
) COURT OF COMMON PLEAS NONJURY
COUNTY OF SPARTANBURG)

DALJIT ROOPRA, PLAINTIFF, vs. SPARTANBURG AUTOMOTIVE, INC., AND SPECIALTY RISK SERVICES, INC, DEFENDANTS.	TRANSCRIPT OF RECORD 2012-CP-42-2329

September 12th, 2012
Spartanburg, South Carolina

B E F O R E:

THE HONORABLE ROGER L. COUCH, Judge.

A P P E A R A N C E S:

DANNY SMITH and JEREMY DANTIN
ESQ.
Attorneys for the Plaintiff

CARMELO B. SAMMATARO
ESQ.
Attorney for the Defendants

PAMELA E. GREEN
Circuit Court Reporter
Seventh Judicial Circuit

I N D E X

(There was no testimony taken or exhibits marked during this hearing.)

P R O C E E D I N G S

THE COURT: Roopra v. Spartan Automotive and others. I don't know if everyone's present for that.

Is that---

MR. SAMMATARO: I think we're here, Your Honor.

MR. SMITH: This is it.

THE COURT: All right. Come on up. Let me know when you're ready.

(Pause.)

THE COURT: All right. It is an appeal, but my docket doesn't indicate who's appealing. So, if you could -- it looks like maybe it is Spartanburg Automotive and Specialty Risk.

MR. SAMMATARO: That's correct, Your Honor.

THE COURT: Yes, sir, I'll be happy to hear from you.

MR. SAMMATARO: And those are our clients, and, Your Honor, it's actually a very straightforward issue that we're here on today. If I could just briefly give Your Honor a recitation of the facts---

THE COURT: Please do.

MR. SAMMATARO: ---of the case.

Mr. Daljit Roopra, at all times relevant to these proceedings, has been employed by Spartanburg Automotive, Incorporated and its carrier in this case, Speciality Risk

Services. On November the 14th, 2003, while in the course of his employment as a dye caster, he put the big, big blocks into the machine that makes the press metal forms --

THE COURT: Uh-huh. (Affirmative).

MR. SAMMATARO: -- Mr. Roopra sustained an admitted injury to his left shoulder as well as to his neck. He was deemed to be at maximum medical improvement on August the 2nd, 2011, and his treating pain management physician indicated the only continuing care that he needed would be pain management. In other words, he was released with no need for further medical treatment or surgical procedures. There are Forms 14-B by Doctors Mourtada and Esce, if I'm pronouncing that correctly, that are part of the record, Your Honor.

But if you back up just a bit to 1996, also while employed with my client, Mr. Roopra sustained a preceding left shoulder injury while engaged in his employment. He had surgical revisions on March the 4th, 1999, as well as on June the 20th of 1997. That claim was in litigation for a period of time before it was settled. Mr. Roopra was awarded 20 percent impairment to the left upper extremity and returned to his former employment as a dye caster at Spartanburg Automotive, Incorporated.

Coming back to the November of 2003 injury, on June the 1st, 2005, a physician by the name of Doctor Kana performed

surgery to the left shoulder, and later, in August of 2006, readjusted the impairment rating from that injury to 18 percent. He also was treating with Doctor Esce who assigned a two percent impairment rating to the whole person relating to the neck injury that Mr. Roopra had claimed.

Doctor Esce also limited Mr. Roopra to no overhead lifting or exertions exceeding two pounds. So, he had a work restriction. He was out of work for I believe it was 34 weeks, and in March of 2011 he was released by Doctor Mourtada again with a 21 percent impairment rating to the left shoulder and neck. As I mentioned earlier, he's had no further course of medical treatment relating to that injury.

So, the matter was -- it proceeded to a hearing in front of the commission. The only contested issue, at this point, is the impairment ratings that were assigned by Commissioner Williams. At the hearing of the case and in his published decision and order, excuse me, Commissioner Williams assigned 39 percent impairment to the left upper extremity related to the shoulder injury as well as a four percent impairment rating relating to the injury to the neck. In dollar, in dollar amounts, the 39 impairment, 39 percent impairment to the left shoulder amounts to $39,561.21. The impairment rating of four percent to the neck equates to an award of $6,762.60.

Now, I mentioned earlier that Mr. Roopra was out of

work for a period of time following the November of 2003 injury and the surgical repair. He returned to work for my client, Spartanburg Automotive, Incorporated, and was elevated to a management position. He is working approximately 55 to 60 hours a week, and is actually making more money than he was at the time of the November 2003 injury.

And, so, the two arguments that we have on appeal, the reason that we believe that the commission's order, which was, by the way, affirmed by the full commission, is inconsistent with the record evidence in this case given the impairment ratings that were assigned by Mr. Roopra's own treating physicians, the maximum of which was a 21 percent impairment rating to the left shoulder, and also given the fact that Mr. Roopra's ability to earn income has not been diminished. In fact, he is making more money and is able to engage in any number of activities that would be inconsistent with the combined impairment rating of 39 percent if you count the 1996 injury and impairment rating, and the impairment ratings stemming from the November of 2003 accident.

Your Honor, if you look at the definition of disability under South Carolina Code Section 42-1-120, that section divide, defines disability as an incapacity because of injury to earn the wages which the employee was receiving at

the time of the injury in the same or any other employment.

Now, as I mentioned, Mr. Roopra is working approximately 55 to 60 hours a week, a lot of overtime. There's been no time out away from work because of the shoulder injury. He is managing 14 people on three different machines for the employer. He's able to travel. He's able to walk. He's able to stand. He's able to engage in playful activity with his children. And, so, just the physical evidence and the medical records don't indicate that he has that level of impairment as found by the single commissioner.

Also, again, backing up to the impairment ratings that were assigned by his own treating physicians, neither of those even come close to the 39 percent stemming only from the 2003 injury and certainly don't come close to the combined rating of 59 percent taking into account both of the injuries.

THE COURT: Now, he changed jobs between -- you said he was doing something with a press.

MR. SAMMATARO: That's right, Your Honor.

THE COURT: And now he's in a supervisory position?

MR. SAMMATARO: That's right. When he was working -- back in 1996---

THE COURT: Right.

MR. SAMMATARO: -- when he had his first injury, he was

basically lifting 45 to 50 pounds -- I can't remember what they're called. But they're the blocks that you put into these dye casting machines, and they program, program in a formula, and then the, the press comes down and it shapes these pieces of metal to whatever specification was needed.

He was doing that, moving chains, and very physical labor.

THE COURT: Uh-huh. (Affirmative).

MR. SAMMATARO: He sustained his injury in '96. He was doing the same type of work for the employer in 2003 when he, I think, slipped on some grease on the floor, and as he fell he went to brace himself, and sustained the further repeated injury to the---

THE COURT: To the same shoulder. But then later on you said, and I noticed in your brief it refers to his new job, and that's what---

MR. SAMMATARO: Well, he's -- right. Yes, Your Honor. He's -- he's in with the same employer, but with different duties. He was actually elevated to the management position, supervisory position, and I think the record will bear out that sometimes he, he assists with the type of labor that he did formerly, but primarily his duties now are the management of other employees, and operations of these three machines---

THE COURT: Okay.

MR. SAMMATARO: ---over which he has---

THE COURT: I didn't mean to interrupt. I just wanted to get that clear in my mind.

MR. SAMMATARO: No, and I apologize if I was unclear. The same, same employer. Different job duties.

THE COURT: I understand. Go ahead.

MR. SAMMATARO: All right. Your Honor, basically I think I've already said this. The argument in our appeal is that the single commissioner, his, his impairment ratings that he assigned in his order are inconsistent with the medical records, the impairment ratings that were assigned, his duties, and also there's been no evidence in this case that his earnings were or his earning capacity is diminished.

In fact, his earnings have gone up. Mr. Roopra's fluent in at least three languages. He had a functional equivalency test that rates him for medium level work. And, so, the -- we would argue that the single commissioner abused his discretion in coming up with such a high rating. And, so, these orders should be reversed and the matter remanded for reconsideration of the impairment rating assigned by the single commissioner.

THE COURT: All right. Thank you, sir.

MR. SAMMATARO: Thank you, Your Honor.

THE COURT: Yes, Mr. Smith.

MR. SMITH: Your Honor please?

THE COURT: Yes, sir.

MR. SMITH: Obviously we, we consider this is a substantial evidence case. We certainly agree with the standard of review cases listed by the appellate in the first part of the brief. We also handed up a brief. I assume---

THE COURT: I have it.

MR. SMITH: I assume you have it.

THE COURT: Uh-huh. (Affirmative.)

MR. SMITH: The defendants aren't, were not happy with the single commissioner's analysis of the evidence. And, so, they took full advantage of their rights, and appealed to the appellate panel of the worker's compensation commission, which, as we all know, is the final and ultimate fact finder in such a case.

The appellate, the appellate panel, having heard exactly the same argument about the single commissioner's abuse of discretion and what the, what the gentleman did before, what he did after, fully affirmed the single commissioner's decision. So, four out of the seven worker's compensation commissioners for the State of South Carolina have determined that this award is appropriate based on the evidence of record.

Just by way of further explanation, the gentleman was

doing a job pre-accident. It required him to lift 40 to 50 pounds on a fairly consistent basis. Post-accident, ultimately he was able to be retrained and do something else, but there's a very good reason why he had to be retrained, and to, to look at the nature and extent of his final functional limitations, we'd point out the A.P.A. references we had in our brief from Doctor Steve Kana, the authorized treating orthopedist.

In addition to the 18 percent impairment rating, which is only one part of the analysis that the Worker's Compensation Commission has to make in terms of loss of use under Section 30 because that's the real test, Doctor Kana found that A.P.A. 118, permanent restrictions of no lifting, pulling, or pushing greater than two pounds to the left arm. Doctor Kana, at A.P.A. 26, says, and this would of been back in '07, I think he would probably do some kind of lighter work or some type of computer work. He probably should consider going to voc rehab.

Doctor Kana, in '06, at A.P.A. 23, says my guess is there's really nothing at his current job he can handle. He's gonna have to find some other kind of work and on and on. A.P.A. 27 and A.P.A. 121 are duplicates of the, of the ultimate restrictions, and I would submit to Your Honor that's exactly what was argued, and really basically considered by the single commissioner and the appellate

panel, and there's certainly ample evidence to support the finding.

We don't have a lot of cases to add to that. We listed two or three cases that deal with the issue of the fact that earnings and the ability to earn, which I think is a public policy the State of South Carolina wants to encourage people to be able to go back after they have a debilitating injury and try to earn as much as they can, ability to earn is not the issue, and we cited those cases in our brief. I left out one or actually the young man that wrote the brief for me left out one and that's the Wigfall case decided in 2003, and in the Wigfall case, that was a case where in that case the claimant was trying to expand the test for disability to say it's to one body part could, could cause it -- could be -- you could be entitled to 10-B.

They lost, but some of the language in that case the Supreme Court noted a claimant may obtain disability for a scheduled physical injury under 42-9-30. The claimant is not required to show lost earning capacity because the compensation is based on the character of the injury and lost earning capacity is conclusively presumed, and also that section says loss of use.

So, there's no error in law. There's ample substantial evidence to support the single commissioner's finding as fully affirmed by the appellate panel. We ask that the

appeal be dismissed.

Thank you.

THE COURT: Anything further?

MR. SAMMATARO: Just briefly, Your Honor.

THE COURT: Yes, sir.

MR. SAMMATARO: Just distinguishing this case from some of the cases relied upon by the respondents, the injury -- at the time this injury occurred the shoulder was not a scheduled member under the Worker's Comp Act. And, so, I think the claimant was required to at least make some deminimus showing about loss of earning potential. In this case he hasn't done that. In fact, he's gone the other way. He's actually been able to earn more. So, there's been no diminishment in his capacity to earn income.

I wanted to also point out that the single commissioner's order is erroneous in that it does take into account that he already received a 20 percent impairment rating and payment for that impairment rating from the 1996 injuries. So, the 39 percent which was referred to in the order is conflated or, or overly expanded and over compensates this individual for the left upper extremity injury that he sustained.

And, so, for all of these reasons, we would urge the Court to take a look at the A.P.A. records and the other materials and the record on appeal and to agree with us

essentially that he's being over compensated in this case. The commissioners exceeded the scope of his discretion on that act. And, so, these orders should be reversed and the matter remanded to the commission.

THE COURT: Well, let me be sure I understand because you're throwing around some percentages of disability.

Mr. Smith, he got a, he got a 20 percent earlier.

MR. SMITH: He had a 20 -- he had a 20 percent---

THE COURT: Is that to the---

MR. SMITH: ---in 1996.

THE COURT: That was to the shoulder?

MR. SMITH: I believe -- well, it probably would of been to the upper extremity back then.

THE COURT: Upper extremity.

MR. SMITH: I don't have that in front of me, and, and then went back to full duty lifting the 40 to 50 pound objects.

THE COURT: Uh-huh. (Affirmative).

MR. SMITH: And then got another 18 percent as a, as a result of this impairment rating from the authorized treating physician, Doctor Kana.

THE COURT: All right. Somebody keeps throwing out 39 percent.

Is that adding those two together?

MR. SMITH: No, sir. No, sir, 39 percent is the

finding of the single commissioner. It was affirmed by the panel that that is, that is the amount of loss of use or disability he has from this injury.

THE COURT: Okay. So, the ratings---

MR. SMITH: It's our position they took all that into account.

THE COURT: So, the ratings, the ratings by the doctors were 20 and 18 in the first case, and 18 in the second.

Is that what I'm hearing?

MR. SMITH: I know it was 18 percent in the second, and I'll be honest with you, Your Honor, I'd have to look and see if the 20 percent is the impairment rating or the 20 percent was the award. I, I don't know.

MR. SAMMATARO: Your Honor, if I, if I could clarify that for the Court and the record. I'm reading from the appellate panel decision and order---

THE COURT: All right.

MR. SAMMATARO: ---which basically recapitulates the full commissioner's finding of fact, and this is on Page 3 of that order, and it says that the claimant received 20 percent permanent partial disability to his left upper extremity as a result of that accident, and that's making reference to the injury---

MR. SMITH: So, that's---

MR. SAMMATARO: ---sustained in 1996. Now---

MR. SMITH: So, that's the award.

MR. SAMMATARO: That's the, that's the award. The '96 injury award was 20 percent permanent partial disability to the left upper extremity.

Now, if you fast forward to the 2003 injury, you have one physician saying 18 percent. You have one physician -- actually it started out a little bit higher and reduced it down to 18 percent. You have a pain management doctor saying 21 percent, and then you have the commissioner saying 39 percent or essentially doubled what the treating physicians were talking about in their records.

THE COURT: Well, I understand that. But I, I'll take a look at it. I mean it got down to the point he couldn't -- they wouldn't let him pick up or lift more than two pounds?

MR. SAMMATARO: Well, that's, that's what the restriction is, Your Honor.

THE COURT: That means he, he couldn't pick up this pitcher.

MR. SAMMATARO: He's able to pick up his two year old son and play with him. So, you have a doctor saying one thing, and, and---

THE COURT: I understand that. I mean that's a fairly significant injury if that's his limitation. I mean that's -- I bet that pitcher weighs more than two pounds

with water in it. So, anyway.

MR. SMITH: Well, I know argument's over with, but with all due respect, there's one thing I needed to reply to, and that is counsel seems to of brought up an issue of whether or not the claimant had to prove a wage loss, and the parties both stipulated it was under the Section 30.

THE COURT: Okay.

MR. SMITH: One of them -- the defense said they could be, it could only be a hundred -- a maximum of 180 weeks. The claimant said 220 under the arm. So, they actually won the only legal battle they had. The commission, single commission and full commission said 180 weeks was the standard, but it was never raised that at, at any level in the appeal, I do not believe, that the claimant had to show---

THE COURT: Show a wage loss.

MR. SMITH: ---prove a wage loss.

THE COURT: Thank you.

MR. SMITH: Thank you.

THE COURT: All right. I'll take a look at it, gentlemen. Thank you.

MR. SAMMATARO: Thank you, Your Honor.

* * *END OF REQUESTED TRANSCRIPT OF RECORD* * *

C E R T I F I C A T E

I, Pamela E. Green, Official Court Reporter for the Seventh Judicial Circuit of the State of South Carolina, do hereby certify that the foregoing is a true, accurate and complete Transcript of Record of the proceedings had and evidence introduced in the trial of the captioned case, relative to appeal, in the Court of Common Pleas Nonjury for Spartanburg County, South Carolina, on the 12th day of September, 2012.

I do further certify that I am neither of kin, counsel nor interest to any party hereto.

February 18th, 2013

Pamela E. Green

PAMELA E. GREEN, Court Reporter

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 0326068

EMPLOYEE/CLAIMANT: DALJIT ROOPRA

EMPLOYER: SPARTANBURG AUTOMOTIVE, INC.

INSURER: SPARTANBURG STEEL PRODUCTS, INC.

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION HEARING, THE WITHIN HEARING WAS TAKEN ON THE 5TH DAY OF OCTOBER, 2011, COMMENCING AT THE HOUR OF 11:48 A.M., IN SPARTANBURG, SOUTH CAROLINA, BEFORE THE HONORABLE DERRICK L. WILLIAMS, ATTENDED BY COUNSEL AS FOLLOWS:

SHEILA ROBISON
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376

APPEARANCES

BEN C. HARRISON, ESQUIRE, OF THE FIRM
HARRISON WHITE SMITH & COGGINS, P.C.
P.O. BOX 3547
178 WEST MAIN STREET
SPARTANBURG, SOUTH CAROLINA 29304

ATTORNEY FOR THE EMPLOYEE,

O. SHAYNE WILLIAMS, ESQUIRE, OF THE FIRM
TURNER PADGET GRAHAM & LANEY, P.A.
P.O. BOX 1509
200 EAST BROAD STREET, STE. 250
GREENVILLE, SOUTH CAROLINA 29602

ATTORNEY FOR THE EMPLOYER/INSURER.

I N D E X

PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN SPARTANBURG, SOUTH CAROLINA.

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THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE MATTER HEREIN:

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DALJIT ROOPRA

BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:

BY COMMISSIONER WILLIAMS:

ALL RIGHT. TODAY'S DATE IS OCTOBER 5TH, 2011. THIS IS A WORKERS' COMPENSATION CASE, AND I APOLOGIZE IF I MISPRONOUNCE IT WRONG IF I DO, DALJIT ROOPRA VERSES SPARTANBURG AUTOMOTIVE, INC.; ARE THEY SELF-INSURED?

BY SHAYNE WILLIAMS:

YES.

BY COMMISSIONER WILLIAMS:

ALL RIGHT, THEY ARE SELF-INSURED. WCC FILE NUMBER 0326068. THE HEARING IS SET ON THE FORMS 50 AND 51. DATE OF ACCIDENT NOVEMBER 14TH OF 2003. MAX COMP RATE OF 403 OF $563.55. ATTORNEY BEN HARRISON FOR THE CLAIMANT. ATTORNEY SHAYNE WILLIAMS

FOR THE EMPLOYER AND CARRIER. I HAVE APA SUBMISSIONS FROM THE PARTIES. ANY OBJECTS TO JURISDICTION, VENUE, OR THE APA SUBMISSIONS?

BY MR. HARRISON:

NONE FOR THE CLAIMANT.

BY COMMISSIONER WILLIAMS:

ALL RIGHT. MR. WILLIAMS?

BY MR. WILLIAMS:

NONE FOR THE DEFENDANT, YOUR HONOR.

BY MR. HARRISON:

COMMISSION, I WOULD NOTE THAT WE ALSO HAVE THE TWO PRIOR OPERATIVE NOTES.

BY COMMISSIONER WILLIAMS:

YEAH. I DO HAVE HANDED UP TWO PRIOR SURGICAL NOTES; ONE FROM JUNE 20TH OF '97, THE OTHER FROM MARCH 4TH OF 1999. THEY HAVE BEEN HANDED UP, AND THE COMMISSION FILE IS PART OF THE RECORD WITH EXCEPTION OF ANY SELF-SERVING DECLARATIONS OR ANY UNSTIPULATED MEDICAL REPORTS. ADMITTED INJURY, CLAIMANT SUSTAINED AN INJURY TO HIS LEFT SHOULDER. ALSO AN INJURY WAS FOUND BY THE DOCTOR TO HIS NECK IN THIS CLAIM. PARTIES WOULD AGREE HE HAS REACHED M.M.I., AND THE SOLE ISSUE I BELIEVE IS PERMANENCY AND ANY FUTURE MEDICAL TREATMENT AS NOTED ON THE FORM 14-B, WHICH I THINK WOULD BE PAIN MANAGEMENT.

THAT BEING STATED, ANYTHING ELSE THE PARTIES WANT TO STATE FOR THE RECORD. MR. HARRISON?

BY MR. HARRISON:

THAT'S ALL.

BY COMMISSIONER WILLIAMS:

MR. WILLIAMS?

BY MR. WILLIAMS:

I BELIEVE THAT'S ALL AS WELL, YOUR HONOR.

BY COMMISSIONER WILLIAMS:

ALL RIGHT. MR. ROOPRA HAS BEEN SWORN IN. ANYTIME YOU'RE READY, MR. HARRISON.

DIRECT EXAMINATION BY MR. HARRISON:

Q. SIR, I BELIEVE IN 1996 YOU SUFFERED AN INJURY TO THIS SAME SHOULDER WHILE WORKING AT SPARTANBURG STEEL; IS THAT RIGHT?

A. YES.

Q. OKAY. AND YOU EVENTUALLY SETTLED THAT ON A FORM 16 FOR 20 PERCENT PERMANENT PARTIAL DISABILITY; IS THAT RIGHT?

A. YES.

Q. OKAY. AND YOU HAD TWO SURGERIES IN REGARD TO THAT INJURY; IS THAT CORRECT?

A. YES.

Q. ONE WAS BY DR. BLACK AND ONE BY DR. SEASTRUNK?

A. YES.

Q. OKAY. SINCE THEN, YOU -- YOU WENT BACK TO WORK DOING BASICALLY THE SAME JOB I BELIEVE; IS THAT CORRECT?

A. YES.

Q. AND WHAT TYPE WORK -- JUST -- WAS THAT HEAVY WORK THAT YOU WERE DOING UP UNTIL THE DATE OF THIS INJURY, OR WHAT TYPE WORK; DESCRIBE THAT WORK FOR THE COMMISSIONER BRIEFLY.

A. I WAS A DIE SETTER. AND A MONTH OR TWO BEFORE THE -- - THIS LAST ACCIDENT HAPPENED, I WAS MOVED TO PRODUCTION TECH ASSISTANT ON THE LINE.

Q. OKAY.

A. AND I WAS WORKING -- AND THAT JOB WAS PRETTY HEAVY JOB -- IT WAS A HEAVY JOB.

Q. OKAY.

A. DIES AND LOADING PARTS AND ---

Q. WHAT -- WHAT IN TERMS OF WEIGHT, WHAT TYPE WEIGHT PARTS AND THINGS WOULD YOU HAVE TO LIFT AND MOVE APPROXIMATELY?

A. FORTY-FIVE, FIFTY POUNDS.

Q. OKAY. AND DID YOU HAVE TO DO THAT A GOOD BIT?

A. YES.

Q. ALL RIGHT. NOW, I BELIEVE THAT YOU WERE INJURED IN AN AUTOMOBILE -- OR HAD AN AUTOMOBILE ACCIDENT IN '91 OR '92 BUT YOU HAD NO INJURIES AND GOT NO

TREATMENT AS A RESULT OF IT; IS THAT RIGHT?

A. NO, SIR.

Q. ALL RIGHT. AND THEN YOU WERE IN A MOTOR VEHICLE ACCIDENT IN 2000; YOU JUST HAD SOME SUTURES I BELIEVE TO YOUR HEAD?

A. ONE WAS RIGHT HERE (INDICATING) AND ONE WAS ---

Q. AND IT GOT WELL AND NO OTHER TREATMENT; IS THAT RIGHT?

A. NO, SIR.

Q. ALL RIGHT. AND YOU HADN'T HAD ANY OTHER ACCIDENTS; NEVER HAD A BROKEN BONE, YOU NEVER BEEN IN ANY LAWSUITS; IS THAT RIGHT?

A. YES, THAT'S CORRECT.

Q. OKAY. AND I BELIEVE HEALTH WISE YOU'VE BEEN IN EXCELLENT HEALTH; YOU WEREN'T ON ANY MEDICATIONS AT THE TIME OF THIS INJURY, OR YOU WERE NOT ON HIGH BLOOD PRESSURE OR CHOLESTEROL OR ANY KIND OF MEDICATION THEN?

A. NO.

Q. AND I BELIEVE THE ONLY CURRENT MEDICATION YOU'RE ON IS NAPROXEN, WHICH HAS BEEN PRESCRIBED BY YOUR FAMILY DOCTOR. AND I BELIEVE IT'S BEING PROVIDED BY SPARTANBURG STEEL; IS THAT RIGHT?

A. IT WAS AT THAT -- ONE TIME, BUT THEN NOW IT'S PRIMARILY BY MY FAMILY DOCTOR.

Q. OKAY. NOW, WHO'S PAYING FOR IT?
A. I AM.
Q. OKAY. ALL RIGHT. NOW, I BELIEVE THAT YOU WERE UNDER THE CARE OF DR. MOURTADA FOR PAIN MANAGEMENT; IS THAT RIGHT?
A. YES, SIR, I WAS.
Q. I'M GOING TO GET THIS OUT OF THE WAY RIGHT NOW; WHY ARE YOU NOT UNDER HIS CARE NOW?
A. I MADE A MISTAKE AND TOOK A VACATION. WENT TO CALIFORNIA AND ARIZONA. AND A BUNCH OF BUDDIES THERE, OLD FRIENDS, MY BROTHER'S FRIENDS, AND GOT TOGETHER AND -- THIS WAS A BIG TIME MISTAKE. I SMOKED MARIJUANA THERE, AND COME BACK IN MARCH 3RD TO GO SEE DR. MOURTADA, AND THEY FOUND THE MARIJUANA IN MY SYSTEM.
Q. ANS SO, HE DISCHARGED YOU FROM HIS PRACTICE?
A. YES.
Q. AND HAVE YOU SMOKED ANY MARIJUANA SINCE THEN?
A. NO.
Q. OKAY. ARE YOU REQUESTING THAT YOU BE ALLOWED TO SEE ANOTHER PAIN MANAGEMENT DOCTOR, AND DO YOU PROMISE TO AGREE TO NOT USE ANY MARIJUANA OR ANYTHING LIKE THAT -- ANY ILLEGAL SUBSTANCE?
A. YES.
Q. OR ANY -- OR A LEGAL SUBSTANCE THAT'S NOT PRESCRIBED

BY A PHYSICIAN?

A. NO, I WON'T.

Q. OKAY. IN OTHER WORDS, YOU WILL COMPLY WITH WHATEVER THEY ASK YOU TO DO?

A. YES, SIR.

Q. OKAY. AND ARE YOU SORRY FOR THAT?

A. YES, SIR. GREAT AMOUNT OF SORRY.

Q. ALL RIGHT. NOW, DESCRIBE THE TYPE OF PROBLEMS THAT YOU'RE HAVING, FIRST WITH YOUR LEFT ARM AND LEFT SHOULDER.

A. BASICALLY, IT'S PAINFUL ALL THE TIME; PAIN IS NEVER GONE AWAY. IT'S EVEN GREATER WHEN I LIKE TRY TO RELAX, SIT DOWN, SLEEP. VERY LIMITED MOTION. CAN'T MOVE, REACH FARTHER, LIFT LIKE...

Q. WHAT RESTRICTION ARE YOU ON BY DR. KANA, THE ORTHOPAEDIC SURGEON?

A. TWO AND A HALF POUNDS IS THE LIMIT ON THE LEFT SHOULDER. NO BELOW KNEE LEVEL. NO ABOVE MID-CHEST. NO REACHING, NO PULLING, NO PUSHING, NO REPETITIVE MOTION WORK. THAT'S PERMANENT RESTRICTIONS.

Q. ALL RIGHT. NOW, I WANT YOU TO STAND UP IF YOU DON'T MIND, AND I WANT YOU TO SHOW THE COMMISSIONER THE TYPE MOVEMENT YOU HAVE WITH THAT LEFT ARM.

A. IT'S -- AS LONG AS I'M CLOSE TO MY BODY -- THIS SHOULDER IS TO MY BODY, I CAN MOVE (DEMONSTRATES)

PRETTY MUCH. IT'S -- IT'S HARD TO LIFT HAND DOWN LIKE THIS ALL DAY (DEMONSTRATES); IT HURTS. IT STARTS LIKE PULLING. ESPECIALLY DOING REACHING FORWARD, THIS IS PRETTY MUCH IT (DEMONSTRATES). CAN'T ABOVE LIKE THIS OR IF I WANT TO SCRATCH MY HEAD, I HAVE TO GO DOWN LIKE THIS (DEMONSTRATES) AND DO LIKE THIS. AND GOING BACKWARDS, IT'S -- IT'S PRETTY MUCH IT. GOING THIS WAY... (DEMONSTRATES)

Q. HOW ABOUT GOING UP; CAN YOU RAISE YOUR ARM; HOW HIGH CAN YOU RAISE YOUR ARM? DON'T -- DON'T HURT YOURSELF, BUT HOW...

A. WELL, HOLDING IT THIS WAY, IT'S NOT -- PROBABLY GO ABOUT THIS HIGH (DEMONSTRATES). BUT IF I WANT TO GO LIKE THIS, I -- THIS IS ABOUT IT (DEMONSTRATES).

Q. OKAY. ALL RIGHT. HAVE A SEAT. NOW, I BELIEVE YOU HAD A SURGERY BY DR. KANA?

A. YES.

Q. OKAY. AND HAVE YOU -- DO YOU HAVE -- TELL -- DESCRIBE TO THE COMMISSIONER WHAT YOUR JOB IS NOW AND WHAT KIND OF WORK YOU DO NOW.

A. I'M AN AUTOMATION TECHNICIAN LEAD MAN. I BASICALLY PROGRAM -- IT'S -- IT'S NOT WRITING A PROGRAM LIKE FOR THE COMPUTER OR ANYTHING. IT'S A PRESET PROGRAM. I CHOOSE A JOB -- CHOOSE THE DIMENSIONS -- WHAT I NEED TO PUT IN FOR THE SPECIFIC JOB. AND

BEING THE LEAD MAN, I HAVE SIX OTHER EMPLOYEES I HAVE TO LOOK AFTER, WATCH AND MAKE SURE THE PRODUCTION IS DOING WELL -- PRODUCING QUALITY PARTS. BASICALLY MAKE SURE EVERYTHING'S GOING WELL AT THE TIME WE NEED TO GET DONE.

Q. SO, THIS IS -- THIS IS BASICALLY A SEDENTARY -YPE JOB IN THE SENSE OF LIFTING, PUSHING, PULLING?

A. I -- BASICALLY I HAVE TO DO LIFTING A LITTLE BIT, BUT NOT -- NOT MUCH.

Q. ARE YOU ABLE TO DO WHAT LIFTING YOU NEED TO DO WITH YOUR RIGHT HAND AND MAYBE JUST A BALANCING WITH THE LEFT?

A. YES, SIR, THAT'S WHAT I DO. I PRIMARILY USE MY RIGHT HAND AND JUST USE THE LEFT HAND AS A HELPER HAND AND JUST MOVE THINGS AROUND IF -- WHATEVER IT TAKES TO GET THE JOB DONE.

Q. NOW, HAS SPARTANBURG STEEL BEEN VERY GOOD TO YOU?

A. YES, THEY ARE VERY, VERY NICE TO ME.

Q. AND I BELIEVE YOU ACTUALLY ARE EARNING MORE MONEY NOW?

A. YES. SINCE THEY ARE NICE TO ME, I TRY TO GO BACK AS A NICE PERSON.

Q. OKAY. AND ARE -- YOU ACTUALLY ARE WORKING -- I DON'T THINK YOU'VE WORKED OVERTIME IN THE LAST COUPLE OF WEEKS, BUT YOU HAVE WORKED SIGNIFICANT

OVERTIME IN THE PAST?

A. YES, I HAVE.

Q. OKAY. AND YOU -- YOU WISH TO CONTINUE WITH YOUR JOB -- YOU ENJOY YOUR JOB, LIKE THE PEOPLE YOU'RE WORKING WITH?

A. YES, THEY'RE FINE PEOPLE AND THE JOB THAT I -- I LIKE DOING WHAT I DO.

Q. AND ARE YOU DOING IT TO THE BEST OF YOUR KNOWLEDGE, OR ARE YOU DOING A GOOD JOB?

A. YES, AS FAR AS I KNOW I'M SATISFYING THEM, AND THEY ARE PRETTY NICE TO ME TOO.

Q. AND YOU'RE TRYING TO SATISFY THEM THE BEST YOU CAN?

A. YES, SIR, I DO MY BEST TO SATISFY THEM.

Q. OKAY. NOW, LET'S TALK A LITTLE BIT ABOUT WHAT -- COULD YOU DO YOUR OLD JOB AT ALL?

A. NO, SIR. NOT AT FULL CAPACITY BY MYSELF, I CAN'T. IF SOMEBODY ELSE IS THERE WHO COULD HELP, MOVING CHAINS AND STUFF AROUND, I MIGHT BE ABLE TO DO WITH ONE HAND SOME. BUT, NO, SIR, I CAN'T PERFORM THE WHOLE DUTY.

Q. OKAY. WHAT ABOUT THE LIFTING AT HOME, DO YOU HAVE -- - ARE YOU RESTRICTED IN WHAT YOU CAN LIFT THERE AT HOME; IS IT DIFFICULT FOR YOU TO DO A LOT OF TASKS THAT YOU USED TO DO AT YOUR HOME?

A. YES, SIR. AT -- AT HOME, IT'S PRETTY MUCH BASICALLY

WHAT I DO AT SPARTANBURG STEEL; I CAN'T LIFT TOO MUCH. I HAVE A TWO -- TWO AND A HALF YEAR OLD LITTLE BOY. IT'S HARD FOR ME TO PICK HIM UP, HOLD HIM UP, FOR MORE THAN FIVE, SEVEN MINUTES -- ONLY THINK I CAN DO WITH THIS HAND. AND HE WANTS TO JUMP AROUND AND THIS AND THAT. LITTLE STUFF LIKE HANGING A PICTURE ON THE WALL IS, YOU KNOW, -- YOU HAVE TO MAKE IT AND DO -- PUT THE NAILS IN THE WALL AND STUFF LIKE THAT. IT'S -- IT'S DIFFICULT.

Q. HOW ABOUT YOUR YARD MAINTENANCE, ARE YOU ABLE TO CUT THE GRASS?

A. I HAVE SMALL YARD. BUT I BOUGHT A RIDING MOWER. I USE IT. I DON'T DO NO PUSHING OR PULLING WITH IT. I -- I DO CUT MY OWN YARD WITH THE RIDING MOWER.

Q. YOU CAN'T USE A WEED EATER, CAN YOU?

A. NO, SIR. I USE THE WEED-BE-GONE SPRAY.

Q. OKAY. WHAT ABOUT -- DID YOU USE TO DO AUTOMOBILE MAINTENANCE AND HOME MAINTENANCE AROUND THE HOUSE?

A. YES, SIR. I USED TO DO ALL THAT MYSELF, BUT NOW I HAVE TO WAIT AND SAVE MONEY AND TRY TO GET SOMEBODY WHO CAN COME -- COME THERE AND DO IT FOR ME.

Q. WHAT ABOUT GOING SHOPPING, DO YOU DO MUCH SHOPPING NOW; DO YOU HELP YOUR WIFE GROCERY SHOP AND THAT TYPE THING?

A. NO, SIR. GROCERY SHOPPING, I DON'T DO. WIFE DOES

DO THAT. BUT MOST SHOPPING I DON'T -- I DON'T GO FOR.

Q. WHAT ABOUT DRESSING, BATHING, THOSE TYPE THINGS, PERSONAL HYGIENE; DO YOU HAVE ANY DIFFICULTY DOING THAT?

A. YES, I HAVE TROUBLE WITH WASHING MY HEAD WITH THIS HAND (INDICATES), WASHING MY BACK, PUTTING A SHIRT ON, PUTTING A JACKET ON IS -- IT'S -- IT'S DIFFICULT.

Q. I NOTICED YOU TOOK A JACKET OFF BEFORE YOU CAME IN; WHAT -- DESCRIBE FOR THE COMMISSIONER HOW YOU HAVE TO DO THAT.

A. WELL, I HAVE TO TAKE OFF THIS HAND FIRST (DEMONSTRATES); SHAKE IT OFF. AND THEN WITH THIS HAND JUST PULL IT OFF WITH THE RIGHT HAND.

Q. OKAY. DID YOU USED TO EXERCISE?

A. YES, SIR.

Q. ARE YOU ABLE TO DO THAT NOW OTHER THAN PERHAPS WALKING?

A. YES. WALK A LITTLE BIT NOT -- NOTHING UPPER BODY -- NOTHING MAJOR MOVING. NOTHING LIKE THAT.

Q. DID YOU USED TO RUN?

A. YES, I USED TO RUN.

Q. DOES IT BOTHER YOU TO RUN NOW?

A. YES, IT'S -- WHEN YOU RUN, THE IMPACT FROM THE...

Q. JUST A COUPLE MORE THINGS. WHAT ABOUT LIKE IF YOU GO TO OPEN THE TRUNK ON YOUR CAR OR THE HOOD ON THE CAR OF THE VEHICLE, WHAT DO YOU HAVE TO DO WITH THAT?

A. BASICALLY USE THE RIGHT HAND. LEFT HAND IS HARD FOR ME TO LIFT.

Q. WHAT ABOUT SLEEPING?

A. THAT'S -- THAT'S A MAJOR PROBLEM I HAVE. I CAN'T REST. SIT DOWN FOR A WHILE, TRY TO REST. JUST GETS TO TINGLING, GETS NUMB. JUST -- JUST ALL AROUND THE NECK HERE (INDICATING), ALL THAT GETS TO HURTING. I HAVE TO MOVE AROUND, GET UP, WALK AROUND. MOVE MY HAND WITH THE OTHER HAND OR PUT A PILLOW UNDER. I GO GET THE PILLOW OUT. IT'S -- IT'S -- IT'S VERY DIFFICULT.

Q. WHAT ABOUT NECK PAIN; DO YOU HAVE PAIN IN YOUR NECK?

A. YES, SIR. NECK PAIN STAYS THERE AS WELL AS THE SHOULDER PAIN. IT'S -- IT'S THERE TWENTY-FOUR/SEVEN.

Q. NOW, WHERE DOES THE PAIN GO -- WHERE DO YOU HAVE PAIN?

A. IT'S -- WELL, IN THIS HAND (INDICATING), THE PAIN IS RIGHT IN THIS AREA AND RIGHT UNDER ON BOTH SIDES.

Q. DOES IT RUN DOWN INTO YOUR ARM SOME?

A. YES, IT GOES DOWN TO MY ARM. ELBOW HURTS. MY

FINGERS GET NUMB, HURT. EVEN THOUGH THE FINGERS ARE NUMB NOW, BUT STILL THERE FOR A WHILE. AND THE PAIN GOES INTO THE NECK RIGHT AROUND HERE (INDICATING) THIS WAY, AND IT GOES BACK INTO THE SHOULDER BLADE (INDICATING).

Q. OKAY. HAVE YOU LOST STRENGTH IN YOUR LEFT HAND, THE GRIP?

A. YES, SIR.

Q. IS IT DIFFICULT FOR YOU TO EAT NOW, SAY CUTTING MEAT, THAT TYPE THING?

A. YES. HOLDING SOMETHING AND CUTTING -- CHOPPING MEAT OR -- I DON'T -- WE DON'T EAT MUCH MEAT. BUT A LITTLE BIT WE DO IS -- IS DIFFICULT FOR ME TO PERFORM IT -- DO WHAT I WANT TO DO.

Q. I BELIEVE YOU DID USED TO LOVE TO COOK; IS THAT RIGHT?

A. YES.

Q. HAS IT AFFECTED YOUR SKILL IN THAT?

A. A LITTLE BIT, BUT NOT MUCH.

Q. OKAY.

A. IT'S BASICALLY RIGHT HAND I -- I USE.

Q. AND TELL THE COMMISSIONER HOW MUCH LOSS OF USE YOU FEEL YOU HAVE TO YOUR ARM.

A. TO MY LEFT ARM, I FEEL LIKE I LOST AT LEAST TWO-THIRDS OF MY ARM.

Q. AND WHAT ABOUT YOUR NECK?
A. NECK IS SAY AT LEAST PRETTY CLOSE TO THE ARM CAUSE THEY BOTH ARE RELATED. THEY'RE -- ONE HURTS THE OTHER HURTS; THIS HURTS, THIS HURTS.

BY MR. HARRISON:

ALL RIGHT. ANSWER ANY QUESTIONS MY GOOD FRIEND HERE MIGHT HAVE.

BY COMMISSIONER WILLIAMS:

ALL RIGHT. MR. WILLIAMS?

BY MR. WILLIAMS:

THANK YOU, YOUR HONOR.

CROSS-EXAMINATION BY MR. WILLIAMS:

Q. SIR, YOU HAD PRETTY SIGNIFICANT LIMITATIONS WITH YOUR LEFT SHOULDER AFTER YOUR FIRST INJURY, DIDN'T YOU?
A. AFTER THE FIRST INJURY BY THE DR. BLACK AND THE DR. SEASTRUNK, I WAS RETURNED BACK TO THE JOB PRETTY MUCH WITH -- NOT TO -- HAD SOME PROBLEMS, BUT NOT -- NOT MUCH.
Q. YOU DESCRIBED YOUR SHOULDER AS IT WAS BEFORE THIS INJURY WE'RE HERE ABOUT TODAY AS BEING "DECENTLY FUNCTIONABLE."
A. RIGHT, THAT'S PRIOR TO THE ---
Q. PRIOR TO THE INJURY WE'RE HERE ABOUT TODAY?
A. RIGHT. YES, SIR.

Q. OKAY. NOW, YOU MENTIONED EARLIER WITH YOUR LAWYER THAT YOU HAD A MOTOR VEHICLE ACCIDENT IN 2000. I BELIEVE HE MAY HAVE INADVERTENTLY CUT YOU OFF. IN ADDITION TO THE CUT THAT YOU HAD ON YOUR EYE, YOU ALSO HAD A CUT TO YOUR NECK -- IN THE BACK OF YOUR NECK?

A. YEAH, RIGHT HERE (INDICATING), IT'S SMALL. YES.

Q. ALL RIGHT. AND YOU HAD X-RAYS TO YOUR NECK AT THAT TIME AS A RESULT OF THAT MOTOR VEHICLE ACCIDENT, CORRECT?

A. I DON'T THINK THEY TOOK ANY X-RAYS OF THAT.

Q. IF THE MEDICAL RECORDS SAID OTHERWISE, WOULD YOU DISPUTE THEM?

A. YOU CAN GET THE MEDICAL RECORDS FROM THE REGIONAL -- I THINK I WENT TO -- CARRIED TO REGIONAL HOSPITAL.

BY MR. WILLIAMS:

PAGE FOUR OF THE APAs, YOUR HONOR.

CROSS EXAMINATION RESUMED BY MR. WILLIAMS:

Q. NOW, AFTER THIS ACCIDENT WE'RE HERE ABOUT TODAY, YOU WERE INITIALLY SEEN BY DR. KANA?

A. YES, SIR.

Q. ALL RIGHT. DR. KANA DID AN ARTHROSCOPIC SURGERY TO YOUR LEFT SHOULDER IN JUNE OF '05?

A. YES, SIR.

Q. AND YOU LAST SAW HIM NOVEMBER 14, 2007; IS THAT

CORRECT?

A. APPROXIMATELY, I -- I DON'T KNOW THE EXACT DATE.

Q. SO, APPROXIMATELY FOUR YEARS AGO, FAIR STATEMENT?

A. YES.

Q. OKAY. YOU ALSO SAW DR. ESCE?

A. YES.

Q. YOUR LAST VISIT WITH DR. ESCE WAS IN FEBRUARY OF 2008. AGAIN, APPROXIMATELY THREE AND A HALF YEARS AGO; ISN'T THAT RIGHT?

A. YES.

Q. OKAY. NOW, YOU DID SEE DR. MOURTADA. YOU WERE RELEASED BY HIM MARCH OF 2011 AFTER THE FAILED DRUG TEST?

A. RIGHT.

Q. BUT SIR, CORRECT ME IF I'M WRONG, BUT YOU MADE IT SOUND LIKE THIS WAS A ONE TIME THING, THIS MARIJUANA THAT YOU HAD IN MARCH OF 2011; THAT'S NOT TRUE, IS IT?

A. YES. WELL, IN -- IN THE PAST...

Q. WELL, LET'S TALK ABOUT THE PAST THEN SINCE YOU BRING IT UP. WHEN YOU FIRST SAW DR. MOURTADA, JANUARY 29, 2009, AT THAT TIME ---

BY MR. WILLIAMS:

THIS IS PAGE 68, YOUR HONOR, AT THE BOTTOM.

CROSS EXAMINATION RESUMED BY MR. WILLIAMS:

Q. "IMPRESSIONS AND RECOMMENDATION OF SHOULDER PAIN." AND IT SAYS SPECIFICALLY, AND YOU TELL ME IF I'M WRONG HERE, "I WANTED TO TRY A LONG ACTING ANALGESICS AND DO U.D.S., BUT HE ADMITTED USING MARIJUANA. SO WE WILL NOT USE ANY NARCOTICS."

A. WELL, HE SAID THAT -- I SAID, "IT'S IN THE PAST." I DIDN'T SAY I WAS USING IN THE -- AT THE POINT. I DIDN'T SAY THAT.

Q. OKAY.

A. I DIDN'T SAY THAT.

Q. OKAY.

A. HE SAID, "OKAY, SINCE YOU ADMITTED THIS, YOU CAN'T USE NARCOTIC."

Q. AND THE NAPROXEN THAT YOU TAKE NOW, THAT YOU'VE BEEN GETTING FROM YOUR FAMILY DOCTOR, DR. YOST?

A. DR. STEPHEN YOST.

Q. STEPHEN YOST, OKAY.

A. YES.

Q. ALL RIGHT. NOW, AFTER YOUR INJURY IN NOVEMBER OF 2003, YOU MISSED APPROXIMATELY 34 WEEKS OF WORK; THAT SOUND RIGHT?

A. YES.

Q. THEN YOU CAME BACK TO WORK, AND YOU'VE BEEN BACK TO WORK EVER SINCE?

A. YES.

Q. AND YOU'VE BEEN WORKING ABOUT 55 TO 60 HOURS PER WEEK ON AVERAGE?
A. YES.
Q. OKAY. NOW, YOU HAVE MISSED NO OTHER TIME AS IT PERTAINS TO YOUR SHOULDER OTHER THAN THE ORIGINAL 34 WEEKS YOU MISSED BACK IN '04; IS THAT RIGHT?
A. YES, THAT'S PRETTY MUCH CORRECT.
Q. AND YOUR CURRENT SUPERVISOR IS MR. JOE BUFF WHO'S HERE TO MY RIGHT?
A. YES.
Q. OKAY. AND YOU SEE HIM ABOUT TEN TO FIFTEEN TIMES IN AN AVERAGE TEN-HOUR SHIFT?
A. YES.
Q. AND SINCE 2003, YOU HAVEN'T BEEN WRITTEN UP FOR POOR PERFORMANCE OR ANYTHING LIKE THAT AS IT PERTAINS TO YOUR SHOULDER; IS THAT CORRECT?
A. NO, SIR.
Q. OKAY. TELL US ABOUT THAT THEN; WHEN'S THE LAST TIME YOU WERE WRITTEN UP FOR POOR PERFORMANCE?
A. NO, I DON'T THINK I WAS WRITTEN UP OF -- ON -- THAT I -- I DIDN'T DO MY JOB.
Q. GOTCHA. SO, I PROBABLY JUST ASKED THE QUESTION IMPROPERLY, AND I APOLOGIZE. TO MAKE IT CLEAR FOR THE RECORD, YOU HAVE NOT BEEN DISCIPLINED FOR POOR PERFORMANCE SINCE COMING BACK TO WORK FROM YOUR

INJURY; IS THAT CORRECT?

A. YES.

Q. OKAY. SORRY ABOUT THAT. THAT'S MY IMPROPER QUESTION. NOW, YOU MENTIONED A LITTLE BIT ABOUT YOUR JOB DUTIES OVER AT SPARTANBURG STEEL. BUT LET'S MAKE SURE WE'RE CLEAR WHAT THIS LEAD MAN AUTOMATION JOB DOES. NOW YOU LINEUP THE PRODUCTION SHEETS FOR THE GUYS ON THE LINE, CORRECT?

A. YES.

Q. OKAY. YOU SCHEDULE THE NEXT FIVE JOBS?

A. AFTER IT'S INSPECTED WITH JOE BUFF, YES, I DID.

Q. OKAY. YOU MAKE SURE THE JOB'S RUNNING AND PRODUCE QUALITY PARTS?

A. YES, SIR.

Q. OKAY. YOU SUPERVISE APPROXIMATELY 14 PEOPLE AND THREE DIFFERENT MACHINES?

A. AT TIMES, YES, I DO.

Q. OKAY. NOW, YOU RECALL SEEING ME OVER AT YOUR LAWYER'S OFFICE FOR A DEPOSITION, RIGHT?

A. YES.

Q. AT THAT TIME YOU INDICATED THAT AT YOUR CURRENT JOB -- WHAT YOU DO NOW, YOU DON'T HAVE TO LIFT ANY PARTS; ISN'T THAT RIGHT?

A. THAT'S NOT MY JOB. BUT AT TIMES DURING OUR JOB TO PRODUCE PARTS -- DURING THE BREAK TIME OR SOMETHING

LIKE THAT, THEN I -- THEN I DO HELP THE -- RELIEVE THE OTHER EMPLOYEES AND KEEP THE JOB RUNNING.

Q. AND ONE OTHER THING I WANT TO MAKE CLEAR -- NOW, THIS INJURY WAS TO YOUR LEFT SHOULDER, CORRECT?

A. YES, SIR.

Q. OKAY. YOUR RIGHT-HANDED, CORRECT?

A. YES.

Q. OKAY. AND YOU TOLD YOUR DOCTORS -- AND I KNOW YOU HAVEN'T SEEN THEM SINCE ABOUT THREE AND A HALF YEARS AGO, BUT YOU TOLD YOUR DOCTORS ABOUT ALL THE PROBLEMS YOU HAD THAT YOU THOUGHT WERE ATTRIBUTABLE TO YOUR WORK ACCIDENT, CORRECT?

A. YES.

Q. IN ADDITION TO -- WELL, SINCE NOVEMBER 2003, IN ADDITION TO WORKING ABOUT 50, 60 HOURS A WEEK, YOU'VE BEEN TO INDIA FOR SIX WEEKS?

A. ONE TIME, YES.

Q. OKAY. YOU MENTIONED GOING OUT TO SEE YOUR BROTHER IN PHOENIX?

A. THAT WAS IN THIS YEAR, FEBRUARY 2008 -- 2011.

Q. AND WHILE YOU WERE DOWN THERE YOU DROVE FROM PHOENIX TO THE GRAND CANYON?

A. YES. HE DROVE, I JUST SAT ALONG WITH HIM.

Q. NOW, JUST TO TALK A LITTLE BIT ABOUT YOUR BACKGROUND, I BELIEVE THAT YOUR LAWYER SUBMITTED AN

INFORMATION SHEET THAT DESCRIBES YOUR DEMOGRAPHICS. BUT JUST A COUPLE OF OTHER THINGS; IN ADDITION TO ENGLISH, YOU SPEAK PUNJABI AND HINDU?

A. YES.

Q. AND YOU ALSO ARE PASSABLE IN URDU?

A. URDU, WHICH IS BASICALLY PUNJABI.

Q. OKAY. NOW, DO YOU EVER EXCEED YOUR TWO-POUND RESTRICTIONS?

A. I TRY NOT TO, BUT AT -- I MIGHT HAVE HERE AND THERE.

Q. OKAY. WELL, I'M TALKING -- LETS TALK ABOUT NOT AT WORK. LET'S TALK ABOUT AT HOME; DO YOU EVER LIFT MORE THAN TWO POUNDS?

A. NO, I TRY NOT TO.

Q. OKAY.

A. BESIDES THE TWO-YEAR-OLD BOY.

Q. SURE. BESIDES THE TWO YEAR OLD. NOW, IN ADDITION TO YOUR TWO YEAR OLD, HOW MANY OTHER KIDS DO YOU HAVE?

A. TWO OTHER KIDS. I HAVE TWO OLDER THAN HIM; ONE IS ELEVEN, ONE IS FOUR.

Q. YOU MENTIONED RUNNING; WHEN'S THE LAST TIME YOU WENT RUNNING?

A. IT'S BEEN A WHILE.

Q. HOW LONG APPROXIMATELY?

A. AT LEAST SIX YEARS. SIX -- SEVEN YEARS.

Q. SO, IT'S BEEN A LONG TIME?

A. YES.

BY MR. WILLIAMS:

ALL RIGHT. SIR, I BELIEVE THOSE ARE ALL MY QUESTIONS. THANK YOU.

BY COMMISSIONER WILLIAMS:

ALL RIGHT. MR. HARRISON, ANY RE-DIRECT?

BY MR. HARRISON:

I DON'T THINK I'VE GOT ANYTHING.

BY COMMISSIONER WILLIAMS:

ALL RIGHT. I DON'T HAVE ANY QUESTIONS. ANYTHING ELSE FROM THE CLAIMANT?

BY MR. HARRISON:

THAT'S OUR CASE.

BY COMMISSIONER WILLIAMS:

MR. WILLIAMS, ANY WITNESSES?

BY MR. WILLIAMS:

NOTHING FROM THE DEFENSE.

BY COMMISSIONER WILLIAMS:

OKAY. THAT BEING THE CASE, THAT WILL CONCLUDE THIS HEARING.

(THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS CONCLUDED AT THE HOUR OF 12:13 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 0326068

EMPLOYEE/CLAIMANT: **DALJIT ROOPRA**

EMPLOYER: **SPARTANBURG AUTOMOTIVE, INC.**

INSURER: **SPARTANBURG STEEL PRODUCTS, INC.**

I, SHEILA ROBISON, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING **26** PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF **DALJIT ROOPRA** TAKEN ON THE 5TH DAY OF OCTOBER, 2011.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND AND OFFICIAL SEAL THIS 17TH DAY OF OCTOBER, 2011.

_____
SHEILA ROBISON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 4-20-2019

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. #0326068

DALJIT ROOPRA,
Claimant,

COPY

vs.

SPARTANBURG STEEL PRODUCTS, INC.,
SPECIALTY RISK SERVICES, INC.,
Employer-Insurer.

DEPOSITION OF DALJIT SINGH ROOPRA

DATE TAKEN:	August 18, 2011
TIME BEGAN:	11:00 a.m.
TIME ENDED:	11:35 a.m.
LOCATION:	Harrison, White, Smith & Coggins, PC 178 West Main Street Spartanburg, South Carolina 29304

REPORTED BY:	Kathleen M. Gula Gallagher Court Reporting 864-234-5744

APPEARANCES:

BEN C. HARRISON, ESQUIRE
Harrison, White, Smith & Coggins, PC
178 West Main Street
Post Office Box 3547
Spartanburg, South Carolina 29304
.....On behalf of the Claimant

O. SHAYNE WILLIAMS, ESQUIRE
Turner Padget Graham & Laney, PA
200 East Broad Street, Suite 250
Post Office Box 1509
Greenville, South Carolina 29602
.....On behalf of the Employer-Insurer

ALSO ATTENDING: (None)

STIPULATIONS: The within deposition was taken pursuant to the South Carolina Rules of Civil Procedure.

NONWAIVER: Examination and reading of the deposition are not waived by the witness and by the parties.

INDEX

(No exhibits introduced)

DALJIT SINGH ROOPRA, being duly sworn, testified as follows:

EXAMINATION BY MR. WILLIAMS:

Q. Hi, Mr. Roopra. My name is Shayne Williams. We met just a few moments ago. I'm the attorney that represents your employer and their workers' compensation carrier in a workers' compensation claim that you've filed. I've called you here today for a deposition where I'm simply going to ask you some questions about yourself, your background, and your workers' compensation claim, okay?

A. Okay.

Q. Have you ever been through a deposition before?

A. Yes.

Q. Was it for a workers' compensation claim or for something else?

A. Workers' compensation.

Q. Okay. Well, you know the rules, but I have to go over them anyway for the record. The person to my right, your left, is the court reporter. She is literally reading every word we say today into that mask, so it's important that we speak loudly and clearly and that we avoid words such as uh-huh, huh-uh, head nods and bobs, okay?

A. Okay.
Q. If I catch you on that, I'm just trying to get a good transcript, okay?
A. That's fine.
Q. Also, if you don't mind, let me finish my question before you give me an answer, and I will do my absolute best to let you finish your answer completely before I ask you another question, all right?
A. All right. Thank you, sir.
Q. I'm not here today to trick you. I'm not here today to confuse you. I'm not here today to get you to say something you don't want to say. But I am here today to rely on the answers that you give me to my questions, okay?
A. All right.
Q. When you give me an answer to a question, I will assume two things. Number one, you understood my question. Number two, that you're telling the truth. Okay?
A. Yes.
Q. All right. We're going to start off today with some general information questions. These are questions I ask absolutely everyone I depose. They're not meant to offend you or hurt your

feelings. Your lawyer has given me a little bio-information sheet which will help me somewhat, and we'll cruise right through this, okay?

A. All right.

Q. All right, sir. I have your full name as Daljit Singh Roopra; is that correct?

A. Yes.

Q. I have your address as - actually I can't read my writing. What is your address?

A.

Q. Spartanburg, 29301?

A. Yes.

Q. All right. I have your phone number down as ; is that correct?

A. No, that number went changed.

Q. What is your phone number?

A. Do you want the home number, or do you want me to give you my cell number?

Q. Home number is fine. I'm not going to call you.

A.

Q. All right, sir. Now, according to this bio-information sheet, you have three children; is that correct?

A. Yes.

Q. How old are they?

A. Ten, four, and two.
Q. And your wife, does she work outside of the home?
A. No.
Q. Does anyone other than your three children and your wife and yourself depend upon you for support?
A. When my parents are here in Spartanburg, then they are.
Q. When are they here?
A. At least three months a year.
Q. But they live in India?
A. No, family lives in United States, but they are with my young brother and sister there.
Q. So basically three months out of the year they're with you?
A. Sometimes more than three months, sometimes less.
Q. Anyone else depend upon you for support?
A. No.
Q. All right, sir. I have your Social Security number down as is that correct?
A. That's correct.
Q. And I have your date of birth down as ?
A. That's correct.
Q. So you're 38?

A. I'm 39. The big four-oh won't be too long.
Q. All right. You'll be 39 on ; is that correct?
A. Yes, sir.
Q. So you're 38 now?
A. Yes.
Q. Do you have a valid South Carolina driver's license?
A. Yes.
Q. Do you hold any other state-issued licenses?
A. No.
Q. Do you smoke?
A. Occasionally, yes.
Q. About how often might you smoke?
A. A pack for five, six days.
Q. Got you. All right. Do you drink alcohol?
A. Yes.
Q. How often do you do that?
A. I drink maybe a beer every other day or so.
Q. A beer every other day?
A. Beer, yes, but every day after work.
Q. Okay. No problem. And according to this you're six foot tall?
A. Yes.
Q. And you weigh about 194 pounds?

A. Yes.
Q. Have you only been married one time?
A. Yes.
Q. Any other children that you have other than these three?
A. No.
Q. Tell me a little bit about your education. You graduated from high school in India?
A. Yes.
Q. Any other education that you've had in your adult lifetime?
A. No. A few courses just in the Spartanburg Steel, nothing at any school or anything, just with the job.
Q. So work-related courses?
A. Yes. Well, it's not really courses. Like a small basic classes is what you would call it.
Q. I got you. Do you have any difficulty reading or writing?
A. That I do a little bit, but it's seldom.
Q. What difficulty do you have reading or writing?
A. Basically I'm not as fluent as you are, so some technical things I don't understand, and I might have to ask you a couple times or something.
Q. If you do at any point, let me know.

A. Okay.
Q. How long have you been in the United States?
A. Twenty-two years.
Q. And have you worked in the United States for 22 years?
A. For 21 years.
Q. Do you have a checking account?
A. Yes.
Q. Do you pay the bills?
A. Yes.
Q. Do you have any difficulty reading and paying your bills?
A. No.
Q. Have you ever served in the military?
A. No.
Q. Do you have any criminal convictions, guilty pleas, or arrests?
A. No.
Q. And other than English, what languages do you speak?
A. Panjabi, Hindi. A good understanding of Urdu, but can't speak well.
Q. Okay. Any other languages that you speak?
A. No.
Q. Tell me a little bit about your work history, if

you don't mind. When did you go to work for Spartanburg Steel, approximately?

A. I started in temporary in February 1992 and become a full-time employee on July 20th, 1992.

Q. So let's chat about the work you did there before there. According to this work-history form that your attorney provided to me, it looks like you did some work at Inman Mills?

A. Yes. I worked there for about a year.

Q. What did you do at Inman Mills?

A. It was a cloth-doffing job.

Q. And were you ever a supervisor, lead person, or trainer there?

A. Not at Inman Mills, no.

Q. And why did you leave there?

A. Didn't like the atmosphere. Didn't want to be a cotton-mill worker.

Q. It says here that you also worked at Whitestone Manufacturing?

A. Yes. That was where guys make a little jackets and stuff.

Q. What did you do there?

A. I put the snap buttons on the jackets.

Q. Were you ever a supervisor, lead person, or trainer there?

A. No.
Q. Okay. And any other employer that you had other than Inman Mills and Whitestone Manufacturing before you went to work for Spartanburg Steel?
A. No.
Q. Tell me about Spartanburg Steel. Have you always done the same thing there?
A. No. I start up as a die setter.
Q. All right. How long were you a die setter, approximately?
A. For six years.
Q. And then you moved to something different?
A. Yes. Then I moved into automation. I worked there as an automation technician for about two years. Then I moved up to a lead man automation.
Q. And are you a lead man now?
A. Yes, I am.
Q. How long have you been a lead man, approximately?
A. About nine years.
Q. All right. As a die setter, what did you do?
A. It's a big stamping dies for -- at that time we was working for mainly Ford Motor Company. You picked the dies up on, it's called a bolster plate, like run the bolster plate and roll into the press and line that up with a big stamping

machine and then die the bolts and set up for the production.

Q. And then as an automation tech, what did you do?

A. Automation technician is a robotic thing. It's a robotic that moves parts from one place to another in production line.

Q. So what did you do in the process?

A. I programmed the machine and troubleshoot any problem and fix.

Q. And when you say program a machine, we're talking about entering data into a computer?

A. Right. Right. It's like a preset data. It's not -- it's not like rewriting the whole program.

Q. I understand. For part X, you have to enter data Y, and it works every time that way?

A. Right.

Q. Got you. All right. And as a lead man for the last nine years, what generally do you do?

A. I line up the production sheets for the guys to work on my line. I schedule the next five jobs, make sure the job runs and produces quality parts.

Q. When you say line up the production sheets, what does that mean?

A. Production, like say I've got five guys that are going to work end of the line, I have to give them

like a log-book-type deal. They go by that and what they're supposed to do and what they're supposed to be checking.

Q. So in other words, you tell them what they're supposed to do?

A. Right.

Q. And you give them an outline of what they're supposed to do that day?

A. Yes.

Q. And then you say you schedule the next five days. Is that part of giving them what they're supposed to do?

A. Yes. I have to meet in with the scheduling guys, go to the meeting and get the permission from them, bring it to the line and make sure the people that are responsible for production, that they follow that.

Q. If they're not doing what they're supposed to do, do you have any role in disciplining them?

A. Yes. I can call them into the office with my supervisor, the guy above me.

Q. Typically how many people do you supervise? How many people on your line, approximately?

A. Six guys are responsible for this one machine, but I also have other three machines I look over.

Q. So approximately nine?
A. About 14 people.
Q. Got you. You mentioned the supervisor above you. Who is that?
A. His name is Joe Buff.
Q. And how long has Joe Buff been your supervisor?
A. About four years.
Q. Now, do you typically work 40 hours a week or more?
A. More. Sometimes more. Sometimes 40.
Q. Does it average to 40 or so?
A. No. It averages around to 55, 60 hours a week.
Q. Okay. And since going to work at Spartanburg Steel back in, I think you said '92?
A. Yes.
Q. Have you worked for anyone other than Spartanburg Steel? Any jobs on the side? Any other kind of work?
A. Yes. I have worked for Sears for a little while.
Q. When was that, approximately?
A. '95, '96.
Q. What did you do for Sears?
A. Salesman in hardware department.
Q. Anywhere else?
A. Belk's in clothing department. Same as in

salesman.
Q. And when did you last do that?
A. I did that in '99.
Q. So no other jobs outside of Spartanburg Steel since the '90s?
A. No.
Q. Is that correct?
A. Yes.
Q. All right. Anything else you do at your job other than what we've just discussed?
A. No.
Q. Do you have to do any lifting of parts?
A. No, I don't do that because of my restrictions. Otherwise, if I was able to, I would have to.
Q. But you don't have to?
A. No. I can't, so I don't do that.
Q. Have you been disciplined at all, let's say -- your injury was in '03; is that correct?
A. Yes.
Q. Have you received any kind of disciplinary actions in the last seven, eight years?
A. Yes.
Q. When is the last time you were disciplined for any reason? How long has it been?
A. 2008.

Q. So no disciplinary actions since 2008?
A. No.
Q. And what was it for in 2008?
A. Just they had a misunderstanding with an employee.
Q. With a co-employee?
A. A co-employee, yes. Taking too long break.
Q. You were taking too long of a break or he was?
A. They was. Then I think I said hey, guys, you need to get up and go to work. They didn't like that.
Q. No other disciplinary actions?
A. No.
Q. Okay. Tell me, if you don't mind, a little bit about your medical history. Now, you mentioned earlier that you have been to a deposition before about a prior workers' compensation claim?
A. Yes.
Q. How many workers' compensation claims have you had in your life other than the one we're here about now?
A. The one, you know, prior to this, the deposition before, that's the only one and this.
Q. Okay. I guess I'm a little confused about what you're saying, so let me clarify it, if you don't mind.
A. All right.

Q. I just want to know how many workers' compensation claims that you've had? Two?
A. Yes, two.
Q. Okay. And the other one, you were also working for Spartanburg Steel?
A. Yes.
Q. Was that an injury to your shoulder as well?
A. Yes.
Q. And as result of that injury, did you have to have surgery?
A. Yes.
Q. Two surgeries or one surgery?
A. Two surgeries before.
Q. Two surgeries before your accident of November of 2003?
A. Yes.
Q. Okay. Any other workers' compensation claims you've had in your life?
A. No.
Q. Have you had any injuries since or after November 14, 2003?
A. No.
Q. Now, on November 14, 2003, what part of your body did you hurt?
A. Left shoulder, neck.

Q. Prior to November 14, 2003, you had had a prior left shoulder problem?
A. Yes.
Q. Before then had you ever had any problems with your left shoulder?
A. There was a little bit of a problem, but it was functionable, decently functionable.
Q. Anything that required you to get medical treatment before your first injury at Spartanburg Steel with your left shoulder?
A. With my first injury?
Q. Yes, sir.
A. No.
Q. And after your first injury, up until your injury of November of 2003, were you having any problems with the shoulder?
A. Yes.
Q. And that's what were you just describing to me, it was functionable?
A. Right.
Q. Were you seeing anyone for medical treatment before November of 2003 relative to your shoulder?
A. No.
Q. Who is your family doctor? Who do you go to if you get sick, have the flu, don't feel well?

A. Dr. Yost. Stephen Yost.
Q. And how long has Dr. Yost been your family doctor, approximately?
A. Five years, six years.
Q. Who was your family doctor before Dr. Yost?
A. Dr. Mittal.
Q. Dr. Mitchell?
A. Right.
Q. And how long approximately was Dr. Mitchell your family doctor?
MR. HARRISON:
You've got it wrong. It's M-I-T-T-A-L, I believe.
MR. WILLIAMS:
Thank you.
EXAMINATION RESUMED BY MR. WILLIAMS:
Q. Dr. Mittal, M-I-T-T-A-L?
A. Right. I'm sorry.
Q. That's all right. How long was Dr. Mittal your family doctor, approximately?
A. About four years.
Q. Four years, okay. So within the last ten years, the doctors that you've seen for your family-doctor purposes have been Dr. Yost and Dr. Mittal?
A. Yes.

Q. Okay. Now, this note that your lawyer gave me indicates that the medication you take now is Naproxen; is that correct?
A. Yes.
Q. Do you take any other medications for any reason other than Naproxen?
A. No.
Q. Any nonprescription strength medication?
A. No.
Q. Who prescribes your Naproxen?
A. Dr. Yost.
Q. Now, you mentioned your neck earlier. Had you ever had any problems with your neck before November of 2003?
A. Yes, related to the prior surgeries I had. I did have trouble with it before 2003, and it's gotten worse after this.
Q. Before the accident you had in the past while working for Spartanburg Steel Mill where you hurt your shoulder and it also involved your neck, had you ever had any problems with your neck?
A. No.
Q. Have you ever been involved in a motor vehicle accident where you were a driver, passenger, pedestrian? Any kind of motor vehicle accident?

A. Yes. I was driver.
Q. When was this, approximately?
A. Probably around 1991.
Q. I'm not holding you to dates, so approximations are fine.
A. Yeah, '91, '92, something like that.
Q. As a result of that accident, did you sustain any injuries?
A. No.
Q. Did you seek any medical treatment?
A. No.
Q. Chiropractor, hospital, emergency room, anything?
A. No.
Q. Was a lawsuit filed as a result of that motor vehicle accident?
A. No.
Q. Any other motor vehicle accidents you've been involved in in your lifetime?
A. Yes.
Q. Tell me about that. When was it, approximately?
A. It was in 2000. Weather conditions, slip on ice.
Q. As a result of that motor vehicle accident, did you receive any medical treatment whatsoever?
A. Yes. I had a little cut here.
Q. On the right side of the back of your neck?

A. Right here and this. That was it.
Q. Did you have to have stitches?
A. Yes.
Q. How many stitches did you have to have?
A. I really don't know.
Q. That's okay. Did you go to the hospital?
A. Yes.
Q. Which hospital did you go to?
A. Regional.
Q. I'm sorry?
A. Spartanburg Regional.
Q. Regional, got you. Okay. Did you see anyone for treatment relative to that motor vehicle accident other than the doctors at Spartanburg Regional?
A. No.
Q. Did you hurt anything other than the cut on the back of your neck?
A. No.
Q. Did they give you any X-rays for your neck, MRI, anything like that that you can recall?
A. No.
Q. Any other motor vehicle accidents you've been involved in in your lifetime either before or after November of 2003?
A. No.

Q. Have you had any accidents, and I may have asked you this. If I did, I apologize. I didn't write down the answer. Have you had any accidents, slips, trips, or falls since November 14, 2003?
A. No
Q. Not necessarily work related, but any kind of accident, slip, trip, or fall?
A. No.
Q. Okay. Other than the current workers' compensation claim that we're here about today, are you involved in any other lawsuits?
A. No.
Q. I know you had two prior surgeries to your left shoulder, and by prior I mean before November of 2003?
A. Yes.
Q. Any other surgeries you've had in your life other than to your left shoulder?
A. No.
Q. Have you ever been diagnosed with a chronic medical condition such as high blood pressure, diabetes, lupus, arthritis, anything like that?
A. No. Diabetes runs in the family, but right now I have no problem.
Q. Good. Tell me, if you don't mind, sir, how you

hurt yourself on November 14, 2003.
A. I was going to my toolbox, going to get some tools, and I stepped into a pile of grease that had fallen off the machine to the die and onto the floor. My left foot slipped, and I fall this way.
Q. On the side to your left shoulder?
A. Yes. I grabbed the die on the way down is when my arm got stretched up like this way and that way and all this hurt.
Q. Your left arm stretched up?
A. Right.
Q. Is that correct?
A. Yes.
Q. All right, sir. Let's talk a little bit about the treatment you've received since then. I think I have a pretty good list of the doctors you've seen, but I want to make sure it's all inclusive, okay?
A. Yes.
Q. After your injury, who was the first doctor you saw? Would it have been over at Spartanburg Regional?
A. It was Dr. Kana.
Q. Dr. Kana?
A. Yes.

Q. All right. I have down that Dr. Kana did an arthroscopic surgery on the shoulder June of 2005?
A. Yes.
Q. I have down that you also saw Dr. Esce?
A. Yes.
Q. The last visit with Dr. Esce would have been in February of 2008; does that sound about right? About three years ago, approximately?
A. I don't remember exact date.
Q. No problem.
A. It sounds right.
Q. It's been a while?
A. Yes.
Q. I also have down that you saw Dr. Mourtada?
A. Yes.
Q. And I have down that Dr. Mourtada last saw you, it looks like in March of 2011?
A. Yes.
Q. Any other doctors that you've seen relative to your left shoulder problems?
A. No.
Q. And you mentioned earlier that you see Dr. Yost?
A. Right.
Q. And Dr. Yost is prescribing Naproxen for you?
A. Yes.

Q. What is that Naproxen for?
A. I go there for a physical checkup, a yearly checkup, and I tell him about this pain I'm having in my shoulder and stuff and a little bit of stiffness after working long hours, so that's what he give me for it, just for relaxation, I believe.
Q. Did you see him recently?
A. About a month and a half ago.
Q. And have you been released from Dr. Mourtada?
A. Yes.
Q. Do you have any follow-up appointments scheduled with any doctors for any reason relative to your shoulder?
A. No.
Q. All right. And it mentions that you take Naproxen twice daily?
A. Yes.
Q. And you saw your doctor how long ago?
A. A month and a half ago.
Q. Did he give you refills?
A. Yes.
Q. How many refills did he give you?
A. Five.
Q. Five refills, okay. So you're set until you go back to see him?

A. Yes, see him or call him.
Q. Any other doctors that you've seen relative to your shoulder other than Dr. Kana, Dr. Esce, Dr. Mourtada, and this recent visit to Dr. Yost?
A. No.
Q. Has your lawyer sent you to any doctors?
A. No.
Q. Do you have any appointments now scheduled with any doctor for any reason whatsoever?
A. No.
Q. Now, since November of 2003 -- now, did you miss some time from work after this accident?
A. After the surgery, yes, I did.
Q. About how much time did you miss from work?
A. It was around nine, ten months.
Q. I have down that you missed about 34 weeks; does that sound right?
A. Yes.
Q. And then you returned to work?
A. Yes.
Q. And have you been back to work ever since?
A. Yes. I took a vacation. I've been to India in 2007.
Q. And we'll talk a little about that in a minute, if you don't mind. But besides that, have you missed

any time from work relative to your shoulder since after your surgery?

A. No.

Q. Any difficulty doing your lead man job now?

A. Yes, there's a lot of difficulties if I have to get on the computer and add this and that, you know. I can't sit for long time to do that work. It's hard. Right now I'm not taking any pain medication. When I was taking this, it impairs my ability to perform my duties properly.

Q. All right. Have you been written up for not performing your duties properly at any time since November of 2003?

A. No.

Q. And you mentioned earlier your supervisor, and I don't remember his name.

A. Joe Buff.

Q. Job Buff. What a great name. How often do you actually see Joe Buff?

A. About at least fifteen times in a ten-hour shift.

Q. So you see him a lot?

A. Yes.

Q. And you see him every day?

A. Yes.

Q. All right. You mentioned that you have some

difficulty sitting. Let's talk about the difficulties you have that you attribute to November 14, 2003, okay?

A. Okay.

Q. First of all, tell me where you're having pain, where you're having problems that you attribute to November 14, 2003.

A. Shoulder from the AC joint all the way to the labrum going into the neck, hand.

Q. Your hand?

A. My hand, fingers, elbow.

Q. On your left side?

A. Left hand, yes. Especially going into the neck, can't move much, and I have very limited mobility.

Q. Have you told your doctors about these problems?

A. Yes.

Q. Are you right-handed or left-handed?

A. Right-handed.

Q. Do you have any difficulty standing?

A. For a long time, yes.

Q. What's a long time to you? I mean, it's different for different people.

A. Right. Standing in one spot just looking at something, 35, 40 minutes.

Q. After 35, 40 minutes, what happens?

A. This arm hurts, and like to move around, neck. Can't stand straight.
Q. How about walking; do you have any difficulty walking?
A. Not much.
Q. How about sitting; do you have any difficulty sitting?
A. Yeah. I have to be constantly moving or doing something with the left hand or neck, move. It becomes painful after sitting 15, 20 minutes.
Q. Now, you mentioned that you had been to India since November of 2003. Any other vacations you've been on?
A. Yes. I take a vacation this year in February. I went to see my brother in Phoenix.
Q. So other than going to Phoenix in 2011 and India in 2007, any other vacations or trips that you've been on?
A. No.
Q. How many weeks' vacation do you get a year?
A. Are you talking about paid vacation from the company?
Q. Yes, sir.
A. Four weeks.
Q. Do you take those four weeks vacation?

A. Usually take one or two weeks of the vacation. The rest of it is just cash money.
Q. Oh, okay. So if you don't use it, you get money?
A. Yes.
(Discussion held off the record.)
EXAMINATION RESUMED BY MR. WILLIAMS:
Q. All right, sir. How long were you all in India in '07?
A. Six weeks.
Q. What did you all do when you all were there?
A. Went for my brother-in-law's wedding. Since we don't get together very much, we just take the time to just enjoy it for a little while.
Q. I understand. What did you all do in Phoenix in February?
A. Visit my brother.
Q. Did you all go anywhere while there?
A. Yeah. We went to see Grand Canyon.
Q. While you were at the Grand Canyon, did you do any hiking or anything like that?
A. Wanted to really bad, but I can't. Can't go from place to place knowing that I can't protect myself properly with the one hand.
Q. So what did you do at the Grand Canyon?
A. Just stand at the outlook and looked.

Q. Stood and looked at it, okay. Sounds like fun. What do you like to do when you're not working? What do you do for fun?
A. Just home, play around with the kids a little bit, as much as I can.
Q. Your kids, are they in sports?
A. No. My daughter is into singing a little bit, but no sports.
Q. No sports?
A. No.
Q. When you play around with the kids, what do you all like to do?
A. Daughter likes to go out and play with the dog and stuff. The little kids, they're small. They're just happy, I guess, just happy to be around me.
Q. I assume the smaller ones are the boys, the two- and the four-year-old?
A. Yes.
Q. And the daughter is the ten-year-old?
A. Yes.
Q. Got you. All right. Any other hobbies? Anything you like to do for fun?
A. Yes. I like to go for hiking, play a little basketball, and I like to cook on grill.
Q. When is the last time you grilled out?

A. Last night.
Q. How about playing basketball; when is the last time you did that?
A. It's been a while.
Q. Approximately?
A. Seven, eight years.
Q. Have you done it at all since November of '03?
A. Tried but couldn't do it.
Q. When is last the time you tried, approximately?
A. I don't remember.
Q. Hiking, when is the last time you went hiking?
A. The last time I've been hiking was 2002, 2003, somewhere in there.
Q. So it's been a while?
A. Yes. I used to love that stuff.
Q. Sure. Anything else you like to do for fun?
A. No.
Q. Do you drive?
A. Yes.
Q. What kind of vehicles do you own?
A. I own a F-150 Ford pickup.
Q. Anything else?
A. A Nissan Armada.
Q. Any difficulty driving?
A. Yes.

Q. What difficulty do you have driving?
A. Especially yielding into the highway or something, looking over my left shoulder, neck, it bothers me. I can't sit for long time, hand gets numb.
Q. Go ahead, please. I'm sorry. I didn't mean to interrupt you.
A. Go ahead. I'm done.
Q. What is the farthest distance you've driven or ridden since your surgery?
A. I think it was from Phoenix to Grand Canyon. I don't know exact how many miles.
Q. Sure. I understand. If you'll give me just a second and let me look at something here.
A. Okay.
(Whereupon there was a pause in the proceedings.)
EXAMINATION RESUMED BY MR. WILLIAMS:
Q. This shoulder now, do you have any pain in it?
A. Yes.
Q. Can you describe it for me? It is like a stabbing pain?
A. At times it be like a pinching here.
Q. Like near the shoulder blade?
A. Right, near the shoulder blade up in the joints, especially under labrum here, under the arm. It's not a very sharp pain. It's dull throbbing type

deal. It's like 24/7. It never goes away.
Q. Do you find anything that makes it feel better?
A. A little bit of pain medication and just move around a little bit, stretch, try to.
Q. Sir, those are all my questions. If your lawyer has any questions, please answer them. If not, I appreciate your time.
MR. HARRISON:
No questions.
(DEPOSITION CONCLUDED AT 11:35 A.M.)

C E R T I F I C A T E

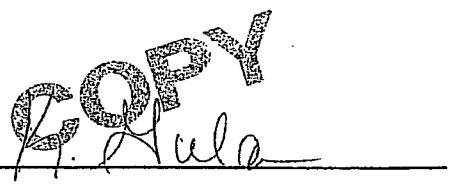
I, the undersigned, Kathleen M. Gula, Notary Public in and for the State of South Carolina, do hereby certify that the foregoing deposition of Daljit Singh Roopra was taken on the 18th day of August, 2011;

That the within deponent was sworn to tell the truth, and that the foregoing is an accurate transcription of the testimony taken under oath;

That all exhibits entered herein are attached hereto (if requested by counsel) and made a part of this statement under oath.

I further certify that I am neither counsel nor solicitor to any of the parties in said suit, nor interested in the event of the cause.

In witness whereof, I have hereunto set my hand and seal on August 27, 2011.



Kathleen M. Gula
Notary Public for South Carolina
My Commission Expires: 1/10/20

STATE OF SOUTH CAROLINA
BEFORE THE
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0326068

Daljit Roopra)
)
Claimant,)
)
v.)
) **NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF**
Spartanburg Steel) Daljit Roopra
)
Employer,)
)
Specialty Risk Services)
)
Carrier,)
)
Defendants.)

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND SHAYNE WILLIAMS, ATTORNEY FOR DEFENDANTS

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

	PHYSICIAN	PROVIDER	DATES	PAGES
1	Dr. Stephen Kana	Orthopaedic Specialties of Spartanburg	9/9/04-11/14/07	1-31
2	Dr. Stephen Kana	Piedmont Imaging: **MRI of the left shoulder**	9/18/04	32-33
3	Dr. Stephen Kana	Piedmont Imaging: **MRI of the cervical spine**	11/4/04	34-35
4	Dr. Phillip Esce	Upstate Spine and Neurosurgery Center	12/2/04-2/21/08	36-42
5	Dr. Stephen Kana	Ambulatory Surgery Center of Sptbg: **Surgery: Left shoulder arthroscopy**	6/1/05	43-44
6		Spartanburg Regional Healthcare: **FCE**	3/2/06	45-55
7	Dr. Phillip Esce	Piedmont Imaging: **MRI of the cervical spine**	10/14/06	56-57
8	Dr. Thomas Fox	Carolina Neurology Associates: **EMG**	10/16/06	58-59

9	Dr. Stephen Kana	Piedmont Imaging: **MRI of the left shoulder**	3/2/07	60-61
10	Dr. Stephen Kana	Piedmont Imaging: **MRI of the cervical spine**	2/8/08	62-63
11	Dr. Husam Mourtada	Regional Spine and Pain Management	12/31/08-7/25/11	64-108
	EXHIBIT(S)			
A	Biographical Information			

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

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the claimant: **Daljit Roopra.**

Ben C. Harrison
Harrison, White, Smith & Coggins, P.C.
Post Office Box 3547
Spartanburg, South Carolina 29304

ATTORNEY FOR CLAIMANT

8/26, 2011

Spartanburg, South Carolina

Orthopedic Specialties

HISTORY AND PHYSICAL

NAME: **ROOPRA, DALJIT**

CHIEF COMPLAINT: Left Shoulder Pain

HX OF PRESENT ILLNESS: Patient is a 32 year old male with history of approximately 10 months of shoulder pain. He has had some problems with the shoulder dating back to 1997. He had a surgery at that time by Mary Joan Black and did not get better. In 2000 he had surgery by Sam Seastrunk. Both of these were arthroscopic and she did well after that surgery. He had done well until November 17, 2003 when he had a fall. He landed directly on his shoulder. He has been complaining of pain at night, pain with overhead activities and weakness with overhead activities. He has not had any treatment to date.

PAST MEDICAL HISTORY: Negative.
PAST SURGICAL HISTORY: As above.
CURRENT MEDICATIONS: None.
ALLERGIES: None.
SOCIAL HISTORY: He is married. He is an automation technician at Spartanburg Automotive. Does not smoke; drinks socially.
FAMILY HISTORY: Positive for coronary artery disease, diabetes and hypertension.
REVIEW OF SYSTEMS: Negative.

ORTHOPEDIC EXAM: Examination of the shoulder shows no obvious deformity. He has well healed incisions from his previous arthroscopy. He can take his arm through a full range of motion but it is painful to raise it above the level of the shoulder. Neer and Hawkins impingement tests are positive. Apprehension test is a little bothersome just because of the stretching but basically negative. Sulcus signs negative. He has slight weakness in the supraspinatus portion of the rotator cuff. He has normal sensation and normal pulses.

X-RAY: X-rays show changes consistent with his previous surgery. No arthritis.

IMPRESSION: It is certainly possible with his history that the fall caused a tear of his rotator cuff.

PLAN: Surgical intervention.
Stephen M. Kana, M.D.
(SMK:teg)

Jan H. Postma, M.D.
Mark D. Visk, M.D.
John E. Keith, Jr., M.D.
Stephen M. Kana, M.D.
Peter J. Buchanan, Administrator
Anthony A. Sanchez, M.D.
Melanie D. DeCock, P.A.-C

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9/9/04

ROOPRA, DALJIT
DOB:

CHIEF COMPLAINT: Left Shoulder Pain

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X-RAY: X-rays show changes consistent with his previous surgery. No arthritis.

IMPRESSION: It is certainly possible with his history that the fall caused a tear of his rotator cuff.

PLAN: I think that it would be reasonable to get an MRI scan before considering any further intervention. He is in agreement with this and will schedule that and see him back after that is done.
Stephen M. Kana, M.D.
(SMK:teg)

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Stephen M. Kana, M.D. Anthony A. Sanchez, M.D.
Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C

PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 09/28/2004

This is follow-up for a gentleman with a left shoulder injury. He was sent for an MRI scan and there was no evidence of tears of the rotator cuff or the labrum. Basically he has an impingement syndrome. He has had two previous surgeries and I have told him that I would probably do another injection and rehab before considering further surgery. He is in agreement with this. He is injected with 2 ccs of .5% marcaine and 40 mgs Depo Medrol under sterile conditions. Will check him back in one month. (SMK:teg)

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Stephen M. Kana, M.D. Anthony A. Sanchez, M.D.
Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C

PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 10/27/2004

This is follow-up for a gentleman who had shoulder pain. I injected him last time and really did not help him at all. We questioned him a little bit more about things. He has had some pain all the way down the arm and numbness in the middle, ring and little finger. He does have a history of a motor vehicle accident years ago and had x-rays of the neck but has not had any further work up. On exam he does have a little bit of reproduction of his pain with flexion and extension of the neck and with his Spurling's maneuver. I think for completeness sake it would be reasonable to get a scan prior to considering any surgical intervention. He will go ahead and do that and then we will see him back. If the scan is negative his options for his shoulder are just to continue to live with it the way it is or do a decompression. He seems to understand this and he is comfortable with it. Will see him back after the MRI scan is done.

(SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 11/11/2004

This is follow-up for a gentleman who had left shoulder pain. Last time I was concerned about his neck and he was sent for an MRI scan. It showed degenerative changes at multiple levels. He is still having numbness and pain all the way down the arm. I think it would behoove us to get a second opinion from neurosurgeons to see if there is anything that needs to be done with regards to that. If not, we will consider further intervention of the shoulder. Referral is made to neurosurgeon and will see him back after that is done. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 03/31/2005

This is follow-up for a gentleman who has had two previous arthroscopies of his shoulder, done at outside institutions. He continues to have pain in the shoulder and some numbness down the arm. I sent him for evaluation by the neurosurgeons and they felt that this was not neurosurgically related and it was not coming from his neck. He continues to have numbness in the arm. I think that it would be reasonable to an EMG study to evaluate for nerve compression and we will see him back after this is done and proceed from there. (SMK:teg)

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PatientID: WC29240
Patient Name: [illegible]
Patient SS#:
Date of Birth

Physician: STEPHEN M KANA MD

Date of Service: 05/24/2005

This is follow-up for a gentleman who we have been following for a considerable amount of time with left shoulder pain. I was not 100% convinced from his shoulder. We did EMG study which was normal and did not show any cervical radiculopathy and MRI scan of his neck which was inconclusive for any neurologic deficits. I have had a long discussion with him about where we should go with this. I think that his options are to live with it the way it is or do an arthroscopy, decompression and evaluation. I have told him that if there is anything wrong we will fix it. I have also told him that there is no guarantee that this will fix the shoulder. He is comfortable proceeding. I have gone over the risks and potential complications. Will schedule this at his convenience. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 06/01/2005

OP NOTE
Patient had arthroscopy of the shoulder and was noted to have an anterior labral tear. This was repaired using a Bioknotless anchor system. He had a subacromial debridement and AC joint resection. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#
Date of Birth:

Physician: ROXANNE DINGMAN
Date of Service: 06/08/2005

Patient is in today for postop left shoulder arthroscopy, anterior labral repair. Wounds are clean and dry. Neurovascularly he is intact. Sutures are removed and patient is given a script for physical therapy. He is to remain in his sling for the next three weeks and he is not allowed to do any external rotation for four weeks. He is to follow-up with Dr. Kana in the office in three weeks or contact the office before then if he has any complications. He should remain out of work until his follow-up appointment. Roxanne Dingman:teg

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 08/05/2005

This is follow-up for a gentleman who had anterior labral repair two months ago. He seems to be coming along fairly well. He has a little bit of tightness anteriorly as would be expected. Other than that, he seems to be doing very well. Plan for right now is to just continue him on rehab program, he can start anterior stretching and will check him back in one month. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth.

Physician: STEPHEN M KANA MD
Date of Service: 07/01/2005

Follow up for the above surgery. Seems to be doing very well. He is not having any complaints of pain or problems. He is handling therapy very well. We are going to continue his therapy, continue rehab and will check him back in one month. Hopefully we can get him back to work somewhere around three months out. He has to be able to do pretty strenuous stuff at work and I think that it is going to take that long to get him ready to do that. Will see him back in one month. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth

Physician: STEPHEN M KANA MD

Date of Service: 09/01/2005

This is follow-up for a gentleman who had anterior labral repair. He is three months, he has good range of motion, just a little bit of tightness in external rotation but all in all seems to be doing pretty well. He still has a fair amount of weakness in the rotator cuff in all portions. I think that he needs at least another month of exercise before he is ready to go back to strenuous work. We will see him back in one month and should be able to clear him at that point. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD

Date of Service: 09/29/2005

This is follow-up for an anterior labral repair. He is four months out and still struggling a little bit with strength in the supraspinatus. He had two previous operations before I saw him and I think that this is probably part of the problem. I want him to continue his therapy. We are going to start him in work hardening. I have talked with the workman's comp nurse and I think, in two weeks, he will probably be ready for four hours of light duty per day and then progress after two weeks to six hours and then after another two weeks to eight hours and then progress back to regular duty. Will see him back in one month. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birt

Physician: STEPHEN M KANA MD

Date of Service: 10/31/2005

This is follow-up for a gentleman who had an anterior labral repair. He continues to make good progress. He still has a little bit of tightness in external rotation and weakness in the supraspinatus portion of the rotator cuff. I am going to start him in a work hardening program at Spartanburg Regional. His plant closed down for November and December and I think that he should be fine to return to work at the beginning of January. Will see him back in one month. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 11/28/2005

This is follow-up for a gentleman who had arthroscopy of the shoulder, decompression and labral repair. He seems to be coming along very well. Work hardening is working okay. His plant is scheduled to reopen in the beginning of January and he is going to start regular work at that point. Will see him back in two months. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth

Physician: STEPHEN M KANA MD
Date of Service: 01/04/2006

This is follow-up for a gentleman who had arthroscopic labral repair. We put him in work hardening and this maybe was a little bit more than he could handle. He seemed to have problems with some of the heavier overhead lifting. He does want to try to go back to work and I have suggested that we just limit his overhead lifting and repetitive stuff. He is in agreement with this and will see him back in one month. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth

Physician: STEPHEN M KANA MD
Date of Service: 02/02/2006

This is a follow-up for a gentleman who had an anterior capsular repair, and he continues to have difficulty when he starts doing heavier-type work. I have had a long discussion with him, and I think it would be reasonable to try just one more month of work hardening, four times a day. If at that point, he cannot handle heavier loads, then I would probably do an FCE and rate him. He is comfortable with that. We will check him back in one month.
(SMK: acw)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birt

Physician: STEPHEN M KANA MD
Date of Service: 03/08/2006

This is a follow-up for a gentleman who had an arthroscopy of the shoulder, labral repair, and subacromial decompression. He continues to have pain in the shoulder, particularly with strenuous activities. He has good range of motion but has a fair amount of pain with any kind of strenuous work. He is out of surgery eight months now, and I do not think that he is going to get any better. It is reasonable at this point to do a rating and release him. He is in agreement with this. He has a 21% impairment to the left upper extremity with this injury. We will see him back as needed.
(SMK: acw)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 04/25/2006

This is follow-up for a gentleman who has a shoulder arthroscopy, labral repair and subacromial decompression. Basically every time we have tried to put him back in any type of work he has continued pain in the arm. He has pain in the neck and radiating down the arm. We have evaluated his neck and everything looked fine there according the neurosurgeons. We evaluated his shoulder arthroscopically and repaired a labral tear but he continues to have pain. I think that it would be reasonable, for completeness sake before we completely discharge him, to scan this and make sure that everything looks okay and determine any further intervention. (SMK:teg)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth

Physician: STEPHEN M KANA MD
Date of Service: 05/17/2006

This is a follow-up for a gentleman who had labral repair. He is still complaining of some pain in the supraspinatus muscle belly and I think it would be reasonable to try deep tissue massage for this. He is also to be evaluated by the neurosurgeons, but that is not until next week. Continue him on his work restrictions and check him in four to six weeks.
(SMK:aws)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birt

Physician: STEPHEN M KANA MD
Date of Service: 07/03/2006

This is a follow-up for a gentleman who has had a decompression of his shoulder. He definitely got benefit from deep tissue massage, and we will continue this. There is really no change in his shoulder. I did send him to a neurosurgeon to evaluate his neck and make sure his arm problems are not coming from this, and apparently he has not gotten in to see him. We would be glad to see him back if there are any problems. Otherwise, we will see him back as needed.
(SMK: acw)

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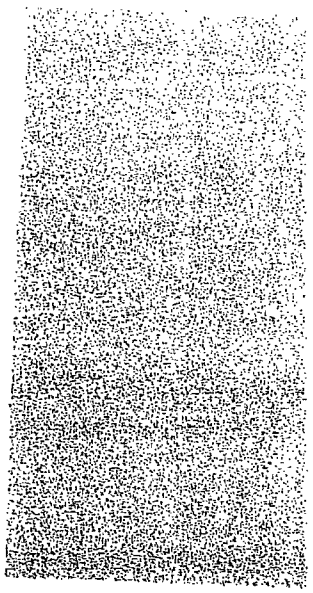
PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#
Date of Birth

Physician: STEPHEN M KANA MD
Date of Service: 08/14/2006

This is a follow-up for a gentleman who had a shoulder decompression and an anterior labral tear that was repaired. He continues to work but have problems with heavier stuff at work. With light stuff, he does pretty well with, but the heavier equipment, pulling and pushing, and overhead is more difficult and causes him more arm pain. He continues to have neurologic symptoms consistent with his MRI. From my standpoint, I think the shoulder is as good as we are going to get it. I think we can rate and release him for that. With regard to the neck, I still think for completeness sake, I think it would be beneficial to have the neurosurgeons evaluate him and give their input. Apparently, this is not going to be permitted by Workman's Comp. I have suggested to him that he do this through his primary insurance, but he is a little bit hesitant to do that. At this point, I think we can release him. Using the AMA guidelines, he has an 18% impairment to the upper extremity from this injury.
(SMK: acw)



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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 10/05/2006

This is a follow-up for a gentleman who had a shoulder arthroscopy and labral repair. He has been back at work and basically states that he can not tolerate the discomfort in his shoulder. He states that they have tried to change his job and every time he does any type of repetitive work, no matter how light it is he has intolerable shoulder pain. I don't really think he is going to continue working at this job.. I have basically put restrictions that he can not do any repetitive work with the left arm. My guess is that there really is nothing at his current job that he can handle and he is going to need to find some other type of work. We would be glad to see him back as needed.
(SMK : aws)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 02/15/2007

This is a follow-up for a gentleman who had an arthroscopy of the shoulder and a labral repair back in 2005. He has continued to have problems, which I think are primarily from his neck. He has pain all the way down the arm to the fingers, and it is kind of an electrical shock-type feeling. We have had a long discussion about treating this. He has been to see the neurosurgeons who sent him for an EMG study but have not followed up with him. I have called them, and he is going to have a follow-up for that. Just for completeness' sake, I am going to get an MRI scan of his shoulder to make sure he does not have any problems. We will check him back after that is done.
(SMK: acw)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 03/07/2007

This is a follow-up for a gentleman who had an anterior labral repair. He continues to have pain which I really think is coming from his neck, not his shoulder. I repeated his MRI scan which basically shows evidence of a repair of an anterior glenoid labral tear. There is no other pathology noted. The only thing that would be somewhat beneficial would be to do a arthrogram but I really would not do that at this point. We will see him back after he is seen by a neurosurgeon.
(SMK:aws)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#: 6
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 05/10/2007

This is a follow-up for a gentleman with shoulder problems. He has had a couple of operations and really is not going to be able to tolerate the level of work that he was doing prior to his surgery. He has been trying to go back to work, but he just is not able to do it. I think that he is capable of doing other jobs. I think he could probably do some type of lighter duty or some type of computer work. He probably should consider going to vocational rehab for re-training. He is going to try this. We will see him back as needed.
(SMK: acw)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth.

Physician: STEPHEN M KANA MD
Date of Service: 04/10/2007

This is a follow-up for a gentleman who had shoulder pain. He has been evaluated by neurosurgery, and they did not feel the changes on her MRI scan are consistent with any of the symptoms in his arm. He has had three previous operations on the shoulder and has just not gotten any better. I do not know that there is anything that is going to make his shoulder get any better than it is. I would not recommend any further surgery. We can try some massage therapy and have him use his TENS unit and see how he does. From a work standpoint, I do not ever see him getting back to doing what he was doing before. He will still have restrictions, as I said at previous visits. We will see him back in a month.
(SMK: acw)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#: 5
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 05/10/2007

This is a follow-up for a gentleman with shoulder problems. He has had a couple of operations and really is not going to be able to tolerate the level of work that he was doing prior to his surgery. He has been trying to go back to work, but he just is not able to do it. I think that he is capable of doing other jobs. I think he could probably do some type of lighter duty or some type of computer work. He probably should consider going to vocational rehab for re-training. He is going to try this. We will see him back as needed.
(SMK: acw)

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PatientID: WC29240
Patient Name: DALBIT ROOPRA
Patient SS#: 6
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 08/15/2007

This is a follow-up for a shoulder arthroscopy and labral repair. Still having some pain in the biceps tendon and some impingement particularly at work. We have tried a number of different things including medication with no improvement. I think it would be reasonable to try a cortisone injection. He was injected in the subacromial space and the biceps tendon sheath with 2 cc of 0.5% Marcaine and 40 mg of Depo-Medrol under sterile conditions. We will check him back in one month or on a prn basis.
(SMK:aws)

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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 11/14/2007

This is a follow-up for a gentleman who had a left shoulder labral repair. All in all, that seems to be doing fairly well. His big complaint right now is neck pain with pain radiating to the posterior aspect of his shoulder and all the way down the arm. He does not recall any specific injury; he just kind of woke up with it. On exam, he holds his neck in a forward flexed position. He really is unable to extend past neutral without having pain into the shoulder blade region. I am unable to do a Spurling's maneuver on him. Grossly, he has normal motor exam and normal sensory exam in the upper extremity. No x-rays are obtained.

IMPRESSION: Cervical radiculopathy.

PLAN: He has had problems with the neck dating back to his initial injury. He had an MRI scan in 2004, which did show some cervical disc disease. I think this needs to be repeated and then refer him back to Dr. Esse for evaluation and treatment. He is given a prescription for Percocet as needed for pain and is also given Flexeril.
(SMK: acw)

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PATIENT: ROOPRA, DALJIT
DATE OF BIRTH:
REFERRING PHYSICIAN: Dr. Kana
DATE OF EXAMINATION: 09/18/04
PATIENT ACCOUNT #: 304277

MRI OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: 32-year-old male status post left shoulder surgery in 1997 and 2000. Work injury 11/14/03. Rule out rotator cuff tear.

TECHNIQUE: The following sequences were obtained using a Marconi 1.0 Tesla unit. Multiple oblique sagittal T1 weighted, fast-spin echo fat saturation T2 weighted, axial and coronal fat saturation dual echo images.

FINDINGS: Magnetic susceptibility artifact is present along the inferior aspect of the acromion, precluding adequate assessment of the underlying and adjacent structures. There is flattening of the undersurface of the acromion, compatible with a type I acromion. No definite fluid seen in the subacromial – subdeltoid bursa.

The tendons of the rotator cuff appear normal in signal intensity and morphology without evidence of tendinosis or tear.

The glenohumeral joint is well maintained without overt arthropathy. No joint effusion seen. No chondromalacia, chondral or osteochondral lesions apparent. No loose bodies identified. No subluxation or dislocation noted. The glenoid labrum and biceps – labral complex are normal in signal intensity and morphology without evidence of tear. The tendon of the long head of the biceps muscle is normal in signal intensity and morphology without evidence of tear, tenosynovitis or dislocation. No ligamentous tear is identified.

Normal bone marrow signal intensity is noted throughout. No muscle strain, contusion or atrophy apparent. No soft tissue masses present.

IMPRESSION

1. Magnetic susceptibility artifact along the inferior acromion consistent with metallic clips or staples or microscopic metallic debris from prior instrumentation.

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2. No abnormalities recognized. Specifically, no rotator cuff tear is evident.

Raul Ceballos Jr., M.D.
Radiologist

RC/wz989pm
D: 09/20/04 / T: 09/20/04
Job#590126

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PATIENT: ROOPRA, DALJIT
DATE OF BIRTH:
REFERRING PHYSICIAN: Dr. Kana
DATE OF EXAMINATION: 11/04/04
PATIENT ACCOUNT #: 304277

MRI OF CERVICAL SPINE WITHOUT CONTRAST

HISTORY: A 32-year-old male with left arm pain.

TECHNIQUE: The following sequences were obtained using a Marconi 1.0 Tesla MRI unit. Multiple axial gradient-echo and sagittal fast-spin echo T1 and T2-weighted images.

FINDINGS: Decreased signal intensity is seen from the C2-3 through the C6-7 level consistent with early disk desiccation. Subtle decreased disk height is also apparent at the C2-3, C3-4, and C4-5 levels.

There is questionable neural foraminal encroachment at the C2-3 level on the left due to possible uncovertebral joint hypertrophy.

There is subtle right and mild left neural foraminal encroachment at the C3-4 level due to uncovertebral joint hypertrophy or disk/spur complex.

Very subtle broad posterior central disk protrusions are apparent at the C4-5, C5-6, and C6-7 levels causing very subtle compression upon the anterior thecal sac.

The remaining spinal canal and neural foramina are patent without spinal cord or nerve root compromise evident. The spinal cord is normal signal intensity morphology without focal lesions seen.

No compression fractures evident. No spondylolisthesis seen. The posterior elements, craniovertebral junction, and C1-2 complex are unremarkable. Normal bone marrow signal intensity is noted throughout. No paraspinal soft tissue pathology evident.

IMPRESSION:

1. Mild multilevel degenerative disk disease.
2. Questionable bony neural foraminal encroachment at the C2-3 level on the left.

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ROOPRA, DALJIT
Page 2 of 2
MRI OF CERVICAL SPINE

3. Subtle right and mild left neural foraminal encroachment at the C3-4 level due to uncovertebral joint hypertrophy or disk/spur complex.
4. Very subtle broad posterior disk protrusions at the C4-5, C5-6, and C6-7 levels causing compression upon the anterior thecal sac without spinal cord or nerve root compromise apparent.

Raul Ceballos Jr., M.D.
Radiologist

RC/wz922ph
D: 11/05/04 / T: 11/05/04
Job#660739

Daljit Roopra
December 2, 2004

49737

CHIEF COMPLAINT: Left shoulder pain and tingling sensation radiating down into the last three digits of her left hand.

HISTORY OF PRESENT ILLNESS: This is a 33 year-old Middle Eastern male seen at the request of Dr. Kana. Patient reports that the symptoms started back in 1996 where he used to have a job that required him to push and pull very heavy objects and at that time he ended up with a left rotator cuff tear which was repaired by Dr. Kana. Last year patient slipped and landed on his left shoulder at work on November 2003. He states that he has gotten some better but still has pain and tingling sensation at all times. Tingling sensation runs down into his fingers. He has pain in the bicep regions on the left arm. He states that the arm feels like somebody has been pulling on it at all times. He denies any pain, numbness, tingling sensation or paresthesias in his right arm. He does report that he has some pain at the base of his neck but this is very minimal and not a complaint at this time. He reports that his arm does get better with movement but otherwise has constant pain and numbness. He does report that he gets relief in the supine position and his arm is propped up on a pillow.

Please refer to patient history and questionnaire which I reviewed with the patient including past medical history, past surgical history, allergies, medications, social history, family history and review of systems.

PHYSICAL EXAM:

CONSTITUTIONAL: Well-developed, well-nourished, 33 year-old male who is in a mild amount of distress at this time secondary to his pain.

EYES: Conjunctiva and lids are pink and moist. Pupils are equal, round and reactive to light and accommodation. Sclera is clear.

ENT: Hearing is intact. Oropharynx is pink and moist. He has normal dentition. External inspection of his ears and nose reveals no deformities.

NECK: Normal alignment. Trachea is midline. Thyroid examination reveals no masses, nodules or enlargements.

CHEST: Respirations are clear to auscultation bilaterally. He has normal respiratory effort.

HEART: Auscultation reveals regular rate and rhythm without murmurs, gallops or rubs noted. Carotid arteries reveal no bruits.

EXTREMITIES: No cyanosis, clubbing or edema in his extremities.

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36

MUSCULOSKELETAL: Examination of station and gait is normal. He has fluid movement. Head/neck - he has full range of motion of the cervical spine. However, he has a pulling sensation with right lateral flexion which causes a pulling sensation and pain down the left arm. Motor exam is 5/5 bilateral of the upper extremities.

NEUROLOGIC: There is decrease in pin prick sensation over the second through fourth digits on the left hand and diffusely over the lateral portion of his left arm. There is also decrease in sensation over the fifth digit on the right arm as well as anterior chest wall and shoulder on the right. DTR's are equal and symmetric. He has negative Romberg sign.

PSYCH: Patient is awake, alert and oriented to person, place and time. He has normal judgement and insight.

MEDICAL DECISION MAKING: After reviewing MRI scan as well as old records and MR report there is no herniated disc, no fractures. He has normal lordotic curvature of the cervical spine. He has mild degenerative disc disease but this is consistent with patient's normal age related changes.

IMPRESSION: 1) Cervicalgia with neuropathy without radiculopathy

PLAN: Would recommend an EMG and nerve conduction study to rule out a peripheral nerve injury. Otherwise no surgical recommendation for the cervical spine at this time. Would recommend complete workup of his left shoulder as possible generator of his pain as well as peripheral nerve injury.

I personally discussed this case with Dr. Esce. He has reviewed the images as well as physical examination. He agrees with the assessment and plan on this patient at this time. (TSO:pag)

Timothy S. Odell, PA-C/Dr. Phillip G. Esce

cc: Dr. Stephen Kana

Mailed 12/27/04

T. Odell pa
12-27-04

PE 12/27/04

CHIEF COMPLAINT: Left arm and shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a 34-year-old male seen at the request of Dr. Kana. Mr. Roopra states that his symptoms have been actually increasing in severity and intensity since 2004. After his last visit on December 2, 2004, he was sent away for EMG and nerve conduction studies to evaluate for a peripheral nerve injury. No surgical recommendations were made at that time after reviewing MRI scans. He is now having shocking pain and sensation radiating down into his left arm. Pain runs down the medial and lateral portion of his left arm down into the first through third digits. He is having difficulty sleeping at nighttime due to increase in numbness and tingling sensation at nighttime, which he wakes up in the middle of the night and shakes his hand which does alleviate some of his symptoms. He has also been seeing Dr. Kana for left shoulder pain which is aggravated by movement. He also has pain radiating down his arm with rotation, flexion and extension of is neck as well. So far he still has not had an EMG and nerve conduction study since his last visit. He, however, did try physical therapy which did not get him any significant relief and therapist actually stopped the therapy until after a visit here in the office today.

Please refer to the patient's history and questionnaire, which I have gone over in detail with the patient. New changes to his history form includes repair two left labrum and biceps tendon in 2005 by Dr. Kana. Remainder of history is unchanged.

PHYSICAL EXAMINATION:

CONSTITUTIONAL: This is well-developed, well-nourished 34-year-old male in no apparent distress on today's visit.

VITAL SIGNS: Blood pressure 110/70, pulse 72, respirations 15. Patient reports his height and weight as being 6 foot tall and 187 pounds.

HEENT: Patient is normocephalic. He does have a traumatic injury in 1999 after motor vehicle accident. No significant neurological sequelae otherwise.

ENT: Hearing is intact. He has normal dentition.

NECK: Soft and supple. Trachea is midline. No masses, nodules or enlargements over the thyroid are appreciated.

PULMONARY: Lungs are clear to auscultation bilaterally. He has normal respiratory effort.

CARDIOVASCULAR: Regular rate and rhythm without murmurs, gallops or rubs detected. Auscultation of the carotid arteries reveals no abnormal sounds.

EXTREMITIES: No clubbing, cyanosis or edema is appreciated in the upper extremities.

MUSCULOSKELETAL: Patient has full range of motion of the cervical spine but does have pain with flexion extension as well as rotation. He is tender over the paraspinous muscles greater on the left

49737

shoulder. Motor examination, deltoids and biceps are decreased 4/5, triceps 5/5 on the left, grip 4/5, wrist flexion, extension and brachioradialis are all 5/5 on the left. Right upper extremity is 5/5 throughout. He has normal musculature. No deformities are noted.

NEUROLOGICAL: Deep tendon reflexes are 2+ over the bilateral brachioradialis, 1+ over bilateral triceps and biceps. Sensation is intact throughout the right upper extremity. There is decrease in pinprick and tactile sensation over the lateral portion of his forearm as well as down in the first through third digits.

PSYCHIATRIC: Patient is awake, alert and oriented to person, place and time. He has normal insight and judgement.

GI: Abdomen is soft, nontender, nondistended.

LYMPHATICS: No supraclavicular or cervical adenopathy is appreciated.

INTEGUMENTARY: There is scar over the left shoulder from prior rotator cuff repair.

IMAGING STUDIES: No MRI scan of the cervical spine is noted on today's visit. He has not had an EMG or nerve conduction study.

RECOMMENDATIONS: Do recommend him following up with a repeat MRI scan to be compared with MRI from 11/2004 over at Piedmont Imaging. We will follow him up after his MRI scan and EMG studies have been completed.

Tim Odell, PA-C/Dr. Phillip Esce

Mailed 9/28/06 EBH

cc: Dr. Stephen Kana

TP 10-4-06

Daljit S. Roopra #49737
March 22, 2007

Patient is here today for a followup after his MRI scan of the cervical spine as well as EMG/nerve conduction study of the upper extremity. Patient was actually last seen on August 30, 2006, at which time, he was recommended for MRI scan of the cervical and EMG/nerve conduction studies. Patient is just now coming in today with continued complaint of his left shoulder pain and pain radiating down his left arm. He states his pain and numbness is same as it was on his last visit. He has actually been following up with Dr. Kana for shoulder pain with history of three previous shoulder surgeries. Patient reports that his pain radiates all the way around the shoulder, anterolateral and posterior. It is very tender to palpation. He does have pain with active range of motion of the left shoulder. On physical examination, he does have breakaway weakness of the left shoulder with deltoid with abduction as well as over the anterior deltoid muscles. Also has breakaway weakness 4/5 again over the biceps and triceps secondary to muscle guarding. Since sensory and deep tendon reflexes are unchanged from his last visit.

MRI scan of the cervical spine shows no interval changes from his MRI scan from 2004. He does have some multilevel degenerative disk disease consistent with his age. There is a very subtle right and mild left neuroforaminal encroachment at the C3-4 level, however, ~~nerve roots are patent throughout the neuroforamen at this level. There is also very subtle~~ broad-based posterior central disk protrusion at the C4-5, 5-6, and 6-7 levels, however, there is no spinal cord or nerve root impingement as well. EMG/nerve conduction study shows no electrical evidence of focal, multifocal, or diffuse peripheral neuropathies. Even EMG study of left upper extremity does not reveal any evidence for any cervical radiculopathy.

ASSESSMENT AND PLAN: Left shoulder pain most consistent with patient's previous surgeries. We would recommend continued followup with Dr. Kana. No surgical recommendations are made for his cervical spine at this time.

Dictated by: Timothy S. Odell, PA-C

Phillip G Esco
T. Odell

TSO/rbs/arv

Mailed 4/12/07 RBS

cc: Dr. Kana's office

SPARTANBURG NEUROSURGICAL INSTITUTE, P.A.
1075 BOILING SPRINGS ROAD
SPARTANBURG, SOUTH CAROLINA 20305-2297

TELEPHONE (864) 583-7265 FAX (864) 591-0422
NEUROLOGICAL SURGERY BY REFERRAL

DARWIN W. KELLER, M.D., F.A.C.S.
CAVERT K. McCORKLE, M.D., P.A., F.A.C.S.
ROBERT E. FLANDRY, JR., M.D., F.A.C.S.
PHILLIP G. ESCE, M.D.
CHRISTOPHER J. CHITTUM, M.D.

CHALMERS A. MILLS, PA-C
TIMOTHY S. ODELL, PA-C
CHRISTOPHER A. PRASUN, PA-C
CHARLES C. DAVIS, ADMINISTRATOR

Daljit Ruopra
~~Delgit Roopra~~ #49737
KLb 2/22/08) Feb 21, 2008

This patient comes in for a followup visit. It has almost been a year since we have seen him. On prior visits, we had noted he had multilevel degenerative disk disease, but at that point was getting along okay. Now with neck pain into the left arm down to the hand. Also with a history of left shoulder problems. He has received a new scan at Piedmont Imaging, but however, was not brought to our office. At this point, what I would like to do is wait and get that scan. Then I will call him back with the plan.

PHYSICAL EXAMINATION: Examination shows some weakness of biceps flexion on the left. Remainder intact. Sensory intact.

Phillip G. Esce, M.D.
PGE/shb/arv

Phillip G Esce

cc Dr. Stephen Kana

Mailed 2/26/08 KLb

Addn:

MRI reviewed. No HNP, No Stenosis,
+ multilevel DDD

Rec:

Pain medicine, Pain Management

)uth Carolina Workers' Compensation Commission
133 Main Street, Suite 500 • Post Office Box 1715
)lumbia, South Carolina 29202-1715
03) 737-5723
.wcc.sc.gov

Physician's Statement

unt's Name: Daljit Roopra

Employer's Name: Spartanburg Steel

'hysician's Name: Dr. Phillip Esce

Insurance Carrier:

'ractice/Clinic: Upstate Spine and Neurosurgery

SCWCC File No: 0326068

'reparer's Name:

'hone: ( ) -

ıe undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident ırsuant to§§**42-15-60, 42-1-172 or 42-11-10.**

Date of Injury or Illness: 11/14/03

ıte of first office visit: Date of last visit: 2/21/2007

agnosis or nature of injury or illness: Cervical Spine

part(s) injured: cervical spine Body part(s) affected: cervical spine , left shoulder and left upper extremity

ıte of **Maximum Medical Improvement:** 2/21/07

ısed on the **AMA Guidelines**, the claimant has sustained a 2 **% medical impairment** to whole injured Body ırt(s) and a **% medical impairment** to other affected body part(s).

The claimant is **able to return to work** without restriction.

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

No overhead work

No lifting > 30 lbs

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

; 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 edical 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 :gree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Pain management

:ating Physician

8/21/07

Date

Ambulatory Surgery Center of Spartanburg
720 North Pine Street
Spartanburg, SC 29303

WC 29240

OPERATIVE REPORT

PATIENT NAME: ROOPRA, DALJIT
PATIENT ID NO.: 32262
DICTATING PHYSICIAN: Stephen M. Kana, M.D.
DATE OF PROCEDURE: 06/01/05

PREOPERATIVE DIAGNOSIS: Impingement syndrome of left shoulder.

POSTOPERATIVE DIAGNOSIS:
1. Anterior labral tear of left shoulder.
2. Impingement syndrome.
3. Partial tear of rotator cuff.

OPERATIVE PROCEDURE: Left shoulder arthroscopy, anterior labral repair using BioKnotless anchor system, debridement of partial tear of rotator cuff and subacromial debridement/decompression.

SURGEON: Stephen M. Kana, M.D.

ASSISTANT: Karen Babish, PA-C.

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: Minimal.

FLUID REPLACEMENT: Crystalloids.

DRAINS: None.

COMPLICATIONS: None.

INDICATIONS: The patient is a 32-year-old male whose had two previous shoulder arthroscopies at an outside institution. He continued to have pain and was seen in our office with workup for cervical pathology. This was negative. He has elected at this time for surgical intervention. The risks and potential complications were explained to him and he accepted this.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room suite and placed on the operating room table in a supine position. General anesthetic was administered. After adequate anesthesia had been obtained, an endotracheal tube was placed without difficulty. The patient was then placed in the lateral decubitus position. The upper extremity was suspended and prepped with Betadine scrubbing solution in the usual fashion. The limb was sterilely draped and the procedure was begun.

ROOPRA, DALJIT
PATIENT ID NO.: 32262
DATE OF PROCEDURE: 06/01/05

The standard posterior portal was made and the arthroscope was introduced in the glenohumeral joint. The joint was examined in a sequential fashion. The glenohumeral joint articular cartilage looked normal. The anterior labrum was obviously torn. The superior labrum, posterior labrum, and biceps anchor were all normal. There was partial tearing of the rotator cuff. The rotator cuff was debrided. There was no evidence of a full thickness tear. This was marked for evaluation from the subacromial space.

Attention was then directed to the anterior labrum. A second portal was created and three 0 Prolene sutures were placed through the anterior labrum for reattachment. Three drill holes were then placed in the anterior labrum. Using the sutures to pull the BioKnotless anchors in, all three anchors were placed in a standard fashion. This gave good anterior repair. The scope was then taken in the subacromial space. A subacromial bursectomy was performed. The previously placed suture from the rotator cuff, which showed no evidence of a full tear. Subacromial decompression was performed.

The arthroscopic equipment was removed from the shoulder. The portals were closed with 3-0 nylon. A sterile dressing was applied. General anesthetic was reversed. The patient was extubated and tolerated the procedure well with no complications.

Stephen M. Kana, M.D.

SMK/SPS186/3906
D: 06/16/05
T: 06/17/05

SPARTANBURG Regional Healthcare System

REGIONAL REHABILITATION SERVICES

FUNCTIONAL CAPACITY EVALUATION

SUMMARY REPORT

SRMC Rehabilitation Services
631 North Church Street
Spartanburg, SC 29307
(864) 560-5100

Following is a summary of the complete Functional Capacity Evaluation. Included are functional test results, client history, physical examination results and comprehensive functional capacity form. Additional detailed information is available in client's chart.

NAME: Daljit Roopra

ADDRESS:

TEST DATES: 3/2/06

DATE OF BIRTH:

PHYSICIAN: Stephen Kana, MD

REFERRAL SOURCE: MD

DIAGNOSIS: Left Shoulder Pain

DESCRIPTION OF TEST DONE: Daljit Roopra participated in a standardized One-Day IWS Functional Capacity Evaluation. The results of this FCE have been quantified through 12-point consistency checklist. A One-Day FCE was performed at the specific request of the referring physician.

__X__ The client gave maximum, consistent effort.
_____ The client did not give maximum consistent effort in tests.

THERAPIST OBSERVATIONS

COOPERATION: The client demonstrated cooperative behavior and was willing to work to maximum ability with all tasks.

CONSISTENCY OF PERFORMANCE:

This was indicated in the following 3 ways:

- among FCE items
- functional limitations consistent with physical findings of musculoskeletal exam
- perceived abilities consistent with FCE

PAIN BEHAVIOR: The client did not display any overt pain behaviors but had reports of pain during testing about left shoulder particularly with heavier resistance.

SAFETY: The client demonstrated safe performance with all test items including correct body mechanics and appropriate pacing.

QUALITY OF MOVEMENT: The client demonstrated smooth and coordinated movements with appropriate body mechanics and changes in muscle recruitment.

SIGNIFICANT ABILITIES:

The client demonstrated significant abilities with the following activities:

- Lifting floor to waist
- Lifting overhead
- Lifting horizontal
- Push/pull
- 2 hand carry
- Left hand carry
- Right hand carry
- Trunk flexion sitting
- Trunk flexion standing
- Rotation standing
- Rotation sitting
- Crawl
- Kneel
- Sustained crouch
- Repetitive squat
- Sitting tolerance
- Gripping
- Hand coordination
- Standing tolerance
- Walking tolerance
- Stairs
- Step ladder
- Balance

SIGNIFICANT DEFICITS: Elevated work.

JOB DESCRIPTION EXPLORED: Tandem Press

The patient demonstrated abilities that are consistent with a medium level job (per Dictionary of Occupational Titles Revised 4th Edition 1991).

SUMMARY: The client's physical examination revealed deficits in active range of motion and strength deficits about left upper extremity. These deficits were also noted during functional testing. The client's subjective complaints were consistent with also during functional testing. This PT cannot make a job match with current job description secondary to lack of specific information. Client states that this is not an accurate description of his job duties. However, the client does demonstrate medium level abilities.

Thank you for the referral of this FCE. Please do not hesitate to contact me with any questions.

Regards,

James H. Storch, M.S.P.T, Cert. MDT
SC#: 3246

CLIENT HISTORY FORM

SRMC Rehabilitation Services
631 North Church Street
Spartanburg, SC 29307
(864) 560-5100

HISTORY

1.	FACILITY NAME:	Regional Rehab Services – Church Street
2.	CLIENT NAME:	Daljit Roopra
3.	CLIENT ID NUMBER:	0616
4.	AGE:	33
5.	GENDER:	Male
6.	ADDRESS:	
7.	PHONE NUMBER:	
8.	DATE OF FCE :	3/2/06
9.	DATE OF BIRTH:	
10.	REFERRAL SOURCE:	MD
11.	PHYSICIAN:	Stephen Kana, MD
12.	EMPLOYER:	Spartanburg Steel
13.	REHABILITATION CONSULTANT:	Julie Goss
14.	PRIMARY DIAGNOSIS:	Left Shoulder Pain
15.	PRIMARY DIAGNOSIS CODE:	719.41
16.	TYPE OF INJURY:	Fall
17.	DATE OF INJURY:	11/14/03
18.	PERTINENT SURGERY:	Most recent 6/1/05 to repair labrum; (2) previous surgeries also reported.

WORK STATUS

19. TIME OFF WORK (months): 9 Months

20. PREVIOUS TREATMENT: PT for work conditioning.

21. IS THIS CLIENT IN THE RETURN TO WORK PROCESS WHEN REFERRED FOR FCE?
- ___√___1. Yes, there is a target job identified and it is currently available.
- _____2. Yes, there is a target job identified and it is no currently available.
- _____3. Yes, but there is no targeted job.
- _____4. Yes, this referral will serve as an entry point to a treatment program.
- _____5. No, the client was referred for settlement/disability or medical-legal reasons.
- _____6. No, other.

CLIENT REPORT

22. FUNCTIONAL LEVEL:. Decreased ability to perform overhead activities, difficulty turning door knob.

23. PAIN LEVEL: 6/10.

24. GOALS: Full ADL's without pain.

Evaluator

3/2/06
Date

PHYSICAL EXAMINATION FORM

SRMC Rehabilitation Services
631 North Church Street
Spartanburg, SC 29307
(864) 560-5100

NAME: Daljit Roopra

BLOOD PRESSURE: 130/80

PULSE: 59

WEIGHT: 192

HEIGHT: 6'1"

GAIT:
1) Within normal limits.

POSTURE:
1) Neutral.

COORDINATION:
_X_ Within Normal Limits
____ Other (explain)

MOVEMENT CHARACTERISTICS (speed, smoothness, posturing):
_X_ Within Normal Limits
____ Other (explain)

		RANGE OF MOTION			MUSCLE STRENGTH		
NECK	NORMAL	RIGHT		LEFT	RIGHT		LEFT
Flexion	45°		WFL			WFL	
Extension	45°		WFL			WFL	
Lateral Flexion	45°	25°		30°	WFL *		WFL *
Rotation	90°	WFL			WFL		WFL

* Within available range.

		RANGE OF MOTION			MUSCLE STRENGTH		
TRUNK	NORMAL	RIGHT		LEFT	RIGHT		LEFT
Flexion	80°		WFL			WFL	
Extension	30°		WFL			WFL	
Lateral Flexion	35°	WFL		WFL	WFL		WFL
Rotation	45°	WFL		WFL	WFL		WFL

		RANGE OF MOTION		MUSCLE STRENGTH	
SHOULDER	NORMAL	RIGHT	LEFT	RIGHT	LEFT
Forward Flexion	180°	WFL	130°	WFL	* 4/5 within available range
Extension	60°	WFL	WFL	WFL	* 4/5 within available range
Abduction	180°	WFL	120°	WFL	* 4-/5 within available range
Internal Rotation	70°	WFL	WFL	WFL	* 4-/5 within available range
External Rotation	90°	WFL	60°	WFL	4/5 within available range

* Increased pain reported.

		RANGE OF MOTION		MUSCLE STRENGTH	
ELBOW	NORMAL	RIGHT	LEFT	RIGHT	LEFT
Flexion	150°	WFL	WFL	WFL	* 4+/5
Extension	0°	WFL	WFL	WFL	WFL

* Increased pain reported.

		RANGE OF MOTION		MUSCLE STRENGTH	
FOREARM	NORMAL	RIGHT	LEFT	RIGHT	LEFT
Pronation	80°	WFL	WFL	WFL	WFL
Supination	80°	WFL	WFL	WFL	* 4/5

* Increased pain reported.

		RANGE OF MOTION		MUSCLE STRENGTH	
WRIST	NORMAL	RIGHT	LEFT	RIGHT	LEFT
Flexion	80°	WFL	WFL	WFL	WFL
Extension	70°	WFL	WFL	WFL	WFL
Ulnar Deviation	30°	WFL	WFL	WFL	WFL
Radial Deviation	20°	WFL	WFL	WFL	WFL

	RIGHT	LEFT	RIGHT	LEFT
GROSS HAND MOTION:	_X_ WNL	___ Not WNL	_X_ WNL	___ Not WNL

COMMENTS:

HIP	NORMAL	RIGHT	LEFT	RIGHT	LEFT
Flexion (K.ext.)	90°	WFL	WFL	WFL	WFL
Flexion (K.flex.)	120°	WFL	WFL	WFL	WFL
Abduction	45°	WFL	WFL	WFL	WFL
Adduction	30°	WFL	WFL	WFL	WFL
Extension	30°	WFL	WFL	WFL	WFL
Internal Rotation	45°	WFL	WFL	WFL	WFL
External Rotation	45°	WFL	WFL	WFL	WFL

KNEE	NORMAL	RIGHT	LEFT	RIGHT	LEFT
Flexion	135°	WFL	WFL	WFL	WFL
Extension	0°	WFL	WFL	WFL	WFL

ANKLE	NORMAL	RIGHT	LEFT	RIGHT	LEFT
Plantar Flexion	50°	WFL	WFL	WFL	WFL
Dorsiflexion	20°	WFL	WFL	WFL	WFL
Inversion	35°	WFL	WFL	WFL	WFL
Eversion	15°	WFL	WFL	WFL	WFL

TOE RISES (10) - 10 Reps Right 10 Reps Left
KNEE SQUATS (5) - 5 Reps

COMMENTS:

***Reference: American Academy of Orthopedic Surgeons

WNL = within normal limits
WFL = within functional limits

ATROPHY/EDEMA:
____ No deficiency noted
_X_ Deficiency noted – Decreased muscle firmness about left upper quarter.

MUSCLE TONE/SPASMS: Decreased muscle firmness about left upper quarter versus right.

NEUROLOGICAL TESTING:

Sensory Testing:
____ No obvious reports or problems.
_X_ Other (explain) – Paresthesia reported about left posterior shoulder, bicipital and forearm (radial distribution) region versus right.

Reflex Testing:
__X__ No obvious problems

Balance:

Right Foot (10 seconds)	Left Foot (10 seconds)
__X__ No obvious problems	__X__ No obvious problems
____ Other (explain)	____ Other (explain)

FIRST DAY SUMMARY OF PHYSICAL ASSESSMENT:

1. Left upper extremity/shoulder range of motion and strength deficits.

Evaluator

3/2/06
Date

SPARTANBURG
Regional Healthcare System

FCE Form
SRHS Rehabilitation Services
631 N. Church Street
Spartanburg, S. C. 29307
Phone: 864-560-5100
Fax: 864-560-5100

Hours Distributed Throughout Workday

0.0 hr.	=	Never (N)
.5 hr.	=	Rarely (R)
3.0 hr.	=	Occasionally (O)
5.5 hr.	=	Frequently (F)
8.0 hr.	=	Continuously (C)

Daljit Roopra
Client Name
3/2/06
Date

"THESE SCORES ASSUME THAT THE WORKPLACE IS ERGONOMICALLY CORRECT AND SAFE"

Item:	Percent of 8 Hour Workday					Restrictions	Recommendations
	0	1-5	6-33	34-66	67-100		
WEIGHT CAPACITY IN LBS.	-	-	-	-	-		
Floor to waist lift	-	X	50	25	15	Decreased ability to maintain lumbar lordosis secondary to guarding of left upper extremity. Decreased elbow flexion, increased left shoulder abduction, and decrease external rotation. Not in control.	Limit floor to waist lift to 50# occasionally.
Waist to overhead lift	-	35	30	15	10		
Horizontal lift	-	60	55	25	15		
Waist to 15" from floor with 24" reach	-	X	X	15	10	Pronounced winging of left scapula; decreased scapula support.	Limit lift with anterior reach to 15#.
Push (Static)	-	112	84	56	28		
ull (Static)	-	133	100	66	33		
Right carry	-	70	60	15	10		
Left carry	-	X	40	15	10	Unable to counter balance secondary to poor scapular stabilization and progressive intensity of "pinch".	Limit left carry to 40# over 50 feet.
Front carry	-	X	50	15	10	Unable to counter balance secondary to poor scapular stabilization and progressive intensity of "pinch".	Limit front carry to 50# over 50 feet.
Right hand grip (Static)	-	120	90	60	30		
Left hand grip (Static)	-	112	84	56	28		

Daljit Roopra
3/2/06

Item	0	1-5	6-33	34-66	67-100	Restrictions	Recommendations
FLEXIBILITY/POSITIONAL	-	-	-	-	-		
Elevated work	-		X			Decrease left shoulder active range of motion and strength and endurance.	Limit overhead work to occasional.
Forward bending/sitting	-				X		
Forward bending/standing	-				X		
Station sitting	-				X		
Rotation standing	-				X		
Crawl	-				X		
Kneel	-				X		
Crouch – deep static	-			X		Bilateral quad fatigue.	Exercise – aerobic and strength conditioning.
Repetitive squat	-				X		
STATIC WORK	-	-	-	-	-		
Sitting tolerance	-				X		
Standing tolerance	-				X		
AMBULATION	-	-	-	-	-		
Walking	-				X		
Stair climbing	-				X		
Step ladder climbing	-				X		
Balance	-				X		

5H

R-168

Item	0	1-5	6-33	34-66	67-100	Restrictions	Recommendations
COORDINATION	-	-	-	-	-		
Right upper extremity	-				X		
Left upper extremity	-				X		

Evaluator

3/2/06
Date

PIEDMONT IMAGING

Your Choice for MRI & CT Scans

PATIENT: Roopra, Daljit
DOB:
MRN: 304277
PHYSICIAN: Phillip Esce, MD
DATE: 10/14/2006

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

HISTORY: 34-year-old male with left shoulder pain.

TECHNIQUE: The following sequences were obtained using a Marconi 1.0 Tesla MRI unit: Multiple axial gradient echo and sagittal fast spin echo T1 and T2 weighted images.

FINDINGS: Comparison to the previous MRI dated 11/04/04 reveals no apparent interval change except for interval increased signal within the C3-4 intervertebral disc on the sagittal T2 weighted image compatible with probable interval calcification. In addition, no Schmorl's nodes are apparent in the inferior and superior endplates of the C3 and C4 vertebral bodies. The remainder of the study is otherwise unchanged. Again seen is mild multilevel degenerative disc disease. Subtle right and mild left neural foraminal encroachment are again noted at the C3-4 level due to uncovertebral joint hypertrophy or disc/spur complex. Again seen is very subtle broad posterior disc protrusions at the C4-5, C5-6 and C6-7 levels causing compression of the anterior thecal sac without spinal or nerve root compromise apparent. The remaining levels are unremarkable without disc herniations or bulges. The remaining spinal canal and neural foramina are patent. The spinal cord is normal in signal intensity and morphology without focal lesions seen. No compression fractures evident. No spondylolisthesis seen. The posterior elements, craniovertebral junction and C1-2 complex are unremarkable. Subtle discogenic endplate signal changes are apparent about the Schmorl's node in the C3 vertebral body. There is focal type discogenic endplate signal changes versus benign cavernous hemangiomas or fat island in the T1, T2 and T3 vertebral bodies. There is mild degenerative disc disease at the T2-3 level. The remaining bone marrow signal intensity is unremarkable. No perispinal soft tissue pathology evident.

IMPRESSION:

1. Interval increased signal within the C3-4 disc on the T2 weighted images consistent with new calcification.
2. New Schmorl's nodes in the inferior and superior endplates of the C3 and C4 vertebral bodies.
3. The remainder of the study is unchanged.
4. Mild multilevel degenerative disc disease.
5. Subtle right and mild left neural foraminal encroachment at the C3-4 level due to uncovertebral joint hypertrophy or disc/spur complex.
6. Very subtle broad posterior central disc protrusions at the C4-5, C5-6 and C6-7 levels without spinal cord or nerve root compromise apparent.

Raul Ceballos Jr., M.D.

ACCREDITED FACILITY

684 North Pine Street • Spartanburg, SC 29303 • Telephone (864) 542-0033 • Fax (864) 542-0025

PIEDMONT IMAGING

Your Choice for MRI & CT Scans

Patient: Roopra, Daljit MRN: 304277

RC / cr

DD: 10/16/2006
DT: 10/17/2006
Job: 3516495

This report has been electronically reviewed and signed.

684 North Pine Street • Spartanburg, SC 29303 • Telephone (864) 542-0033 • Fax (864) 542-0025

Nerve Conduction and Electromyography Report

Neurologic Care of Spartanburg, P.A.
324 North Pine Street
Spartanburg, SC 29302
(864) 582-2000

Date: May 24, 2005

Name: Daljit Rooprai
SSN:

Referring Physician: Dr. Kane

Muscle	Fib	Fascic	MUP
L. Deltoid	0	0	normal
L. Biceps	0	0	normal
L. Triceps	0	0	normal
L. Extensor digitorum communis	0	0	normal
L. First dorsal interossei	0	0	normal
L. Abductor pollicis brevis	0	0	normal
L. Cervical paraspinus	0	0	normal
L. Supraspinatus	0	0	normal

Results:
Nerve conduction studies shows normal left median, ulnar and radial CMAPs with normal CVs and F-waves, normal left median, ulnar and radial SNAPs. Insertion studies of the left upper extremity were normal.

Clinical Impression:
Normal study
A left cervical radiculopathy or ulnar neuropathy was not demonstrated.

Thomas A. Collings, Jr. M.D.
RB

05/24/2005 16:15 8645826363 NEUROLOGIC CARE PAGE 02

#855763

CAROLINA NEUROLOGY ASSOCIATES

Thomas J. Fox, Jr., MD

Board Certified in Neurology
Added Qualifications in Clinical Neurophysiology
Board Certified in Internal Medicine

Test Date: 10/16/2006

Patient:	Dalgit Roopra	**DOB:**		**Physician:**	Thomas J. Fox, Jr., MD
Sex:	Male	**Height:**		**Ref Phys:**	Phillip Esce, MD
ID#:		**Weight:**		**Technician:**	Greta Meehan

Patient Complaints:
Patient is a 34 year-old male who presents with neck pain that radiates down the left arm to the hand, numbness in the 1st, 2nd and 3rd digits. Patient states pain got worse after his 3rd shoulder surgery which was in June of 2005.

EMG & NCV Findings:
All nerve conduction studies (as indicated in the following tables) were within normal limits.

All F Wave latencies were within normal limits

All examined muscles (as indicated in the following table) showed no evidence of electrical instability.

Impression:
This is a normal study with no electrical evidence of focal, multifocal or diffuse peripheral neuropathy in the upper extremities. Needle electromyographic examination of the left upper extremity does not reveal evidence of superimposed cervical radiculopathy.

Thanks for your kind referral,

Thomas J. Fox, Jr., MD

138 Milestone Way, Suite A ▪ Greenville, South Carolina 29615 ▪ Phone (864) 288-9936 ▪ Fax (864) 288-9937

PIEDMONT IMAGING

Your Choice for MRI & CT Scans

PATIENT: Roopra, Daljit
DOB:
MRN: 304277
PHYSICIAN: Steven Kana, MD
DATE: 3/2/2007

MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

HISTORY: 34-year-old male with left shoulder pain. Previous left shoulder surgery in June 2005.

TECHNIQUE: The following sequences were obtained on a Siemens Symphony 1.5 Tesla MRI unit: Multiple oblique sagittal T1 weighted, axial, coronal and sagittal turbo-spin echo fat saturation T2 weighted images.

FINDINGS: Comparison to the previous MRI dated 9/18/04 reveals no apparent interval change. Magnetic susceptibility artifact is again noted in the inferior aspect of the acromion consistent with residual microscopic metallic debris and/or surgical clips or staples in this region. The acromioclavicular joint is unremarkable. There is flattening of the undersurface of the acromion consistent with a type I acromion. No subacromial-subdeltoid bursal fluid apparent. The tendons of the rotator cuff are normal in signal intensity and morphology without evidence of tendinosis or tear. The glenohumeral joint is well maintained without overt arthropathy. No joint effusions seen. No chondral or osteochondral lesions apparent. No loose bodies identified.

A least three elongated hypointensity defects are now present in the anterior bony glenoid indicative of presumed prior anterior glenoid labral repair. Focal increased signal intensity is present in the anterior glenoid labrum. The biceps-labral complex is unremarkable without discrete tears apparent. The tendon of the long head of the biceps muscle is unremarkable without evidence of tear, tenosynovitis or dislocation. No ligamentous tears identified. The remaining bone marrow signal intensity is unremarkable. No muscle strain, contusion or atrophy apparent. No soft tissue masses seen.

IMPRESSION:

1. Presumed interval anterior glenoid labral repair. New increased signal intensity is apparent in the anterior glenoid labrum. While this may be due to postop changes, an anterior glenoid labral tear cannot be excluded.
2. The remainder of the study is otherwise unchanged.
3. No other abnormalities recognized. Specifically, no rotator cuff tears apparent.
4. See comments above for details.

Raul Ceballos Jr., M.D.
RC / fl

DD: 3/2/2007

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PIEDMONT IMAGING

Your Choice for MRI & CT Scans

Patient: Roopra, Daljit MRN: 304277

DT: 3/2/2007
Job: 3943288

This report has been electronically reviewed and signed.

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01

PIEDMONT IMAGING

Your Choice for MRI & CT Scans

PATIENT:	Roopra, Daljit
DOB:	2
MRN:	304277
PHYSICIAN:	Steven Kana, MD
EXAM DATE:	2/8/2008

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

HISTORY: 35-year-old male with left shoulder pain, tingling and numbness. No known injury. Rule out HNP.

TECHNIQUE: The following sequences were obtained using a Siemens Symphony 1.5 Tesla MRI unit: Multiple axial gradient echo, sagittal turbo spin echo T2-weighted, axial and sagittal T1-weighted images.

FINDINGS: Comparison to the previous MRI of the cervical spine dated 10/14/2006 reveals no overall interval change except for progressive worsening of the degenerative disc disease at the C3-C4 level. This is evidenced by interval decreased disc signal intensity, worsening of the decreased disc height and new diskogenic endplate signal changes at this level. Again, there is subtle canal, subtle right and mild left neural foraminal encroachment at this level due to combined uncovertebral joint hypertrophy and shallow broad posterior disc/per complex without spinal cord or nerve root compression or impingement apparent. The remainder of the study is unchanged. Decreased disc height and signal intensity are again noted at the C2-C3 and from the C4-C5 through the C6-C7 levels compatible with mild degenerative disc disease. Very subtle shallow posterior central disc protrusion are again noted at the C4-C5, C5-C6 and C6-C7 levels causing flattening of the anterior thecal sac without underlying spinal cord or nerve root compression or impingement apparent. No new disc herniations or bulges evident. The spinal canal and remaining neural foramina are patent. The spinal cord is normal in signal intensity and morphology without focal lesions seen. No compression fractures evident. No spondylolisthesis seen. The posterior elements are unremarkable. The craniovertebral junction and C1-C2 complex are unremarkable as well. Again seen is early degenerative disc disease at the T1-T2 and T2-T3 levels. Again seen are focal type II diskogenic endplate signal changes versus bilateral cavernous hemangiomas or fat islands in the T1, T2 and T3 vertebral bodies. Aside from the above-mentioned diskogenic endplate signal change, the remaining bone marrow signal intensity is unremarkable. No paraspinal soft tissue pathology.

IMPRESSION:

1. Mild multilevel degenerative disc disease with interval progressive worsening of the degenerative changes at the C3-C4 level.
2. Again seen is canal and bilateral neural foraminal encroachment at the C3-C4 level due to combined uncovertebral joint hypertrophy and shallow broad posterior disc/per complex causing impression upon the anterior thecal sac and slightly worse neural foraminal encroachment on the left.
3. Very subtle posterior focal central disc protrusions at the C4-C5, C5-C6 and C6-C7 levels without spinal cord or nerve root compromise apparent. These remain stable since the previous study.
4. No new findings apparent at this time.

PATIENT: Roopra, Daljit
MRN: 304277
EXAM: MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

ADDENDUM: Orbital radiographs were obtained prior to the MRI demonstrating no metallic foreign bodies of concern. Incidentally noted is a mucous retention cyst in the right maxillary sinus.

Raul Ceballos Jr., M.D.
RC / lb

DD: 2/11/2008
DT: 2/11/2008
Job: 5561965

This report has been electronically reviewed and signed.

ALJIT ROOPRA
Female DOB: [redacted] : 469416
Home:
Office: (864)585-5211
Ins: BC/BS OF (21) Grp: NONE

12/31/2008 - Office Visit: neck and shoulder pain RM 10
Provider: Husam Mourtada, MD
Location of Care: Regional Spine and Pain Management

Referred by: Phillip Esce

History of Present Illness:
36 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
IRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
only pain med is Naproxen helps some only

Acute Visit History:
Other comments include: Patient identified using two identifiers,DOB and picture ID,red rules apply

Past Medical History:
Reviewed history and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history and no changes required:
diabetes
heart disease

Social History:
Reviewed history and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

Risk Factors:

Tobacco use: current
Cigarettes: Yes
Drug use: no
Alcohol use: yes
Drinks per day: 1

ALJIT ROOPRA
Female DOB: .469416

Home:
Ins: BC/BS OF (21) Grp: NONE

Office: (864)585-5211

Review of Systems

See HPI

General

L shoulder pain as above denies chest pain, shortness of breath or abdominal pain. Review of other systems are done as above, the rest are negative

Vital Signs:

Patient Profile:	36 Years Old Female
Pulse rate:	64 / minute
Resp:	15 per minute
BP sitting:	103 / 68 (left arm)
Cuff size:	regular
Pt. in pain?	yes
Location:	shoulder,neck
Intensity:	5
Type:	dull

Vitals Entered By: Regina Heathcote, CMA (December 31, 2008 11:19 AM)

Physical Exam

General:

Pt. AAO X3 NAD , HEENT : pupils RRE, Nose Ear and Pharynx are clear
Neck supple no masses or bruits.
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:

very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles

Neurologic:

motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

ALJIT ROOPRA Home: Office:
Female DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

Problem # 1: SHOULDER PAIN (ICD-719.41)
left shoulder , with h/o 3 surgeries

1--try PT to work on more ROM/stretching
2--try Ultram ER 200mg q day (given 8 pills sample)
3--Zanaflex caps 2mg qhs (given 12 caps sample)
Thanks for allowing me to participate in the car of Mr. Roopra
f/u 1 month
Her updated medication list for this problem includes:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain
Naproxen 500 Mg Tabs (Naproxen)

Medications Added to Medication List This Visit:
; Naproxen 500 Mg Tabs (Naproxen)

Signed by Husam Mourtada, MD on 12/31/2008 at 12:01 PM

VALJIT ROOPRA Home: ( ) / Office: ( )
male DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

01/29/2009 - Office Visit: follow up room 11
Provider: Husam Mourtada, MD
Location of Care: Regional Physiatry

Visit Type: Follow-up Visit
Referred by: Phillip Esce

History of Present Illness:
started PT , ROM is better , still with with pain in the L shoulder 5/10
Ultram ER 200 did not help / zanaflex helps some
no CP/SOB or abdominal pain also c/o insomnia LUE with some tingling with prolonged rest

53 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
daily pain med is Naproxen helps some only

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

Risk Factors:
Tobacco use: current
Cigarettes: Yes
Drug use: no
Alcohol use: yes
Drinks per day: 1

LJIT ROOPRA Home: Office:
Female DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

Review of Systems

See HPI

Vital Signs:

Patient Profile:	36 Years Old Female
Pulse rate:	70 / minute
Pulse rhythm:	regular
Resp:	16 per minute
BP sitting:	112 / 72 (right arm)
Pt. in pain?	yes
Location:	shoulder
Intensity:	4
Type:	aching

Vitals Entered By: Michele Schiraldi,LPN (January 29, 2009 10:34 AM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

Problem # 1: SHOULDER PAIN (ICD-719.41)
left shoulder , with h/o 3 surgeries

I wanted to try long acting analgesic and do UDS but he admitted using Marijuana
SO WE WILL NOT USE ANY NARCOTICS

ALJIT ROOPRA Home Office:
Female DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

1--continue PT to work on more ROM / stretching
2--D/C Ultram ER 200mg q day (given 8 pills sample)
3--Zanaflex caps 2mg qhs
4-GABAPENTIN 5% AND KETOPROFEN 4% CREAM qid

f/u 1 month
Her updated medication list for this problem includes:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain
Naproxen 500 Mg Tabs (Naproxen)
Zanaflex 2 Mg Caps (Tizanidine hcl) ..... One po q hs with food

Orders:
Office visit est detailed (99214) (CPT-99214)

Medications Added to Medication List This Visit:
1) Gabapentin 5% and Ketoprofen 4% Cream .... Apply to shoulder qid
2) Zanaflex 2 Mg Caps (Tizanidine hcl) .... One po q hs with food

Prescriptions:
ZANAFLEX 2 MG CAPS (TIZANIDINE HCL) one po q hs with food #30 x 0
Entered and Authorized by: Husam Mourtada, MD
Signed by: Husam Mourtada, MD on 01/29/2009
Method used: Print then Give to Patient
RxID: 1548846408371080
GABAPENTIN 5% AND KETOPROFEN 4% CREAM apply to shoulder qid #30gr x 0
Entered and Authorized by: Husam Mourtada, MD
Signed by: Husam Mourtada, MD on 01/29/2009
Method used: Print then Give to Patient
RxID: 1548846408171080

Signed by Husam Mourtada, MD on 01/29/2009 at 11:11 AM

ALJIT ROOPRA
emale DOB 469416 Home: / Office
Ins: BC/BS OF (21) Grp: NONE

02/26/2009 - Office Visit: followup room 11
Provider: Husam Mourtada, MD
Location of Care: Regional Spine and Pain Management

Visit Type: Follow-up Visit
Referred by: Phillip Esce

History of Present Illness:
PT is helping ROM is better , still with with pain in the L shoulder 4/10
no CP/SOB or abdominal pain also c/o insomnia LUE with some tingling with prolonged rest

6 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
only pain med is Naproxen helps some only

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

Review of Systems
See HPI

Vital Signs:

ALJIT ROOPRA Home Office
Female DOB 469416 Ins: BC/BS OF (21) Grp: NONE

Patient Profile: 36 Years Old Female
Pulse rate: 78 / minute
Pulse rhythm: regular
Resp: 16 per minute
BP sitting: 132 / 90 (right arm)

Pt. in pain? yes
Location: lower back
Intensity: 7
Type: aching

Vitals Entered By: Michele Schiraldi,LPN (February 26, 2009 11:35 AM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries

I wanted to try long acting analgesic and do UDS but he admitted using Marijuana
SO WE WILL NOT USE ANY NARCOTICS
1--continue PT to work on more ROM / stretching
2--increase Zanaflex caps to 4mg qhs
3--GABAPENTIN 5% AND KETOPROFEN 4% CREAM qid did not help
4--Naproxen 500mg bid
5--try IBUPROFEN 10% AND GUAIFENESIN 10% gel qid
f/u 3 months
Her updated medication list for this problem includes:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain
Naproxen 500 Mg Tabs (Naproxen)

)ALJIT ROOPRA Home: Office: 1
-emale DOB: !469416 Ins: BC/BS OF (21) Grp: NONE

Zanaflex 4 Mg Caps (Tizanidine hcl) ..... One po qhs with food

Orders:
Office visit est detailed.(99214) (CPT-99214)

Medications Added to Medication List This Visit:
1) Zanaflex 4 Mg Caps (Tizanidine hcl) .... One po qhs with food
2) Naproxen 500 Mg .... One po bid
3) Ibuprofen 10% and Guaifenesin 10% .... Apply to painfull area qid

Prescriptions:
IBUPROFEN 10% AND GUAIFENESIN 10% apply to painfull area qid #30gr x 2
Entered and Authorized by: Husam Mourtada, MD
Signed by: Husam Mourtada, MD on 02/26/2009
Method used: Print then Give to Patient
RxID: 1551268854370990

NAPROXEN 500 MG one po bid #60 x 2
Entered and Authorized by: Husam Mourtada, MD
Signed by: Husam Mourtada, MD on 02/26/2009
Method used: Print then Give to Patient
RxID: 1551268854170990

ZANAFLEX 4 MG CAPS (TIZANIDINE HCL) one po qhs with food #30 x 2
Entered and Authorized by: Husam Mourtada, MD
Signed by: Husam Mourtada, MD on 02/26/2009
Method used: Print then Give to Patient
RxID: 1551268734170990

Signed by Husam Mourtada, MD on 02/26/2009 at 12:02 PM

DALJIT ROOPRA
Female DOB: 469416

Home: (864)587-2027 Office: (864)585-5211
Ins: BC/BS OF (21) Grp: NONE

05/21/2009 - Office Visit: follow up rm 11
Provider: Husam Mourtada, MD
Location of Care: Regional Spine and Pain Management

Referred by: Phillip Esce

PT is helping ROM is better he finished pT & doing HEP , still with with pain in the L shoulder 4/10
no CP/SOB or abdominal pain also c/o insomnia LUE with some tingling with prolonged rest

36 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
only pain med is Naproxen helps some only

Acute Visit History:
Other comments include: Patient identified using two identifiers,DOB and picture ID,red rules apply

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

Risk Factors:
Tobacco use: current
Cigarettes: Yes
Drug use: no

DALJIT ROOPRA
Female DOB: 469416

Home: (864)587-2027 Office: (864)585-5211
Ins: BC/BS OF (21) Grp: NONE

Alcohol use: yes
Drinks per day: 1

Review of Systems

See HPI

Vital Signs:

Patient Profile:	36 Years Old Female
Pulse rate:	80 / minute
Resp:	16 per minute
BP sitting:	108 / 72 (left arm)
Cuff size:	regular
Pt. in pain?	yes
Location:	shoulder
Intensity:	4

Vitals Entered By: Regina Heathcote, CMA (May 21, 2009 9:58 AM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles

Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries

I wanted to try long acting analgesic and do UDS but he admitted using Marijuana

ALJIT ROOPRA Home: Office
Female DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

SO WE WILL NOT USE ANY NARCOTICS
1--continue HEP ROM / stretching
2-- Zanaflex caps to 4mg qhs
3--Naproxen 500mg bid
4--D/C IBUPROFEN 10% AND GUAIFENESIN 10% gel qid
try Lidoderm patches (gave him 8 patches to try
f/u PRN

Her updated medication list for this problem includes:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain
Naproxen 500 Mg Tabs (Naproxen)
Zanaflex 4 Mg Caps (Tizanidine hcl) ..... One po qhs with food

Orders:
Office visit est exp prob (99213) (CPT-99213)

Medications Added to Medication List This Visit:
1) Lidoderm 5 % Ptch (Lidocaine) .... Apply to most painfull area 12hrs on 12 hrs off may use 2 patches at same time

Prescriptions:
LIDODERM 5 % PTCH (LIDOCAINE) apply to most painfull area 12hrs on 12 hrs off may use 2 patches at same time #8 x 0

Entered and Authorized by: Husam Mourtada, MD
Signed by: Husam Mourtada, MD on 05/21/2009
Method used: Samples Given
RxID: 1558520459171090

Signed by Husam Mourtada, MD on 05/21/2009 at 10:21 AM

DALJIT ROOPRA Home: Office:
Female 469416 Ins: BC/BS OF (21) Grp: NONE

01/18/2010 - Office Visit: follow up rm 11
Provider: Husam Mourtada MD
Location of Care: Regional Spine and Pain Management

Referred by: Phillip Esce

History of Present Illness:
c/o increasing left shoulder & neck pain 5/10 radiates sometimes to the elbow / throbbing
no CP/SOB or abdominal pain also c/o insomnia LUE with some tingling with prolonged rest
PT helped / ROM is better

36 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
only pain med is Naproxen helps some only

Acute Visit History:
Other comments include: Patient identified using two identifiers,DOB and picture ID,red rules apply

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

Risk Factors:
Tobacco use: current
Cigarettes: Yes

DALJIT ROOPRA Home: Office:
emale DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

Drug use: no
Alcohol use: yes
Drinks per day: 1

Review of Systems
See HPI

Vital Signs:

Patient Profile: 37 Years Old Female
Pulse rate: 72 / minute
Resp: 13 per minute
BP sitting: 129 / 80 (left arm)
Cuff size: regular

Pt. in pain? yes
Location: shoulder
Intensity: 4-5

Vitals Entered By: Regina Heathcote CMA (January 18, 2010 11:29 AM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries

ALJIT ROOPRA Home: (Office:
Female DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

he stated he did not use any illicit drugs for long time and wants analgesic , so will do UDS today
--I explained to the patient that our goal is to reduce the pain and improve the function
--patient was given a copy of our pain contract after I discussed that with patient and agreed on it.
--next visit will switch to long acting analgesic
--will need to do left shoulder steroid injection
--continue HEP ROM / stretching
--Zanaflex caps 2mg qhs
--Naproxen 500mg bid
-- Lidoderm patches (gave him 5 patches)
f/u 2 weeks

Her updated medication list for this problem includes:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain
Naproxen 500 Mg Tabs (Naproxen)
Zanaflex 2 Mg Caps (Tizanidine hcl) ..... One po q hs with food

Orders:
Office visit est detailed (99214) (CPT-99214)

Medications Added to Medication List This Visit:
1) Zanaflex 2 Mg Caps (Tizanidine hcl) .... One po q hs with food
2) Lidoderm 5 % Ptch (Lidocaine) .... Apply to most painfull area 12hrs on 12 hrs off may use 2 patches at same time

Prescriptions:
LIDODERM 5 % PTCH (LIDOCAINE) apply to most painfull area 12hrs on 12 hrs off may use 2 patches at same time #5 x 0
Entered and Authorized by: Husam Mourtada MD
Signed by: Husam Mourtada MD on 01/18/2010
Method used: Samples Given
RxID: 1579434561426100
LIDODERM 5 % PTCH (LIDOCAINE) apply to most painfull area 12hrs on 12 hrs off may use 2 patches at same time #60 x 1
Entered and Authorized by: Husam Mourtada MD
Signed by: Husam Mourtada MD on 01/18/2010
Method used: Print then Give to Patient
RxID: 1579434531326100
ZANAFLEX 2 MG CAPS (TIZANIDINE HCL) one po q hs with food #12 x 0
Entered and Authorized by: Husam Mourtada MD
Signed by: Husam Mourtada MD on 01/18/2010
Method used: Samples Given
RxID: 1579434501176100

Signed by Husam Mourtada MD on 01/18/2010 at 11:50 AM

DALJIT ROOPRA Home / Office
Female DOB 469416 Ins: BC/BS OF (21) Grp: NONE

01/18/2010 - Phone Note: lm requesting inj
Provider: Regina Heathcote CMA
Location of Care: Regional Spine and Pain Management

Phone Note

Initial Intake:
Concerns/Comments: needs auth for left shoulder inj.....Regina Heathcote CMA January 18, 2010 3:59 PM

Called SRS 800-541-0139 (deb johnson)------office closed due to holiday.....Regina Heathcote CMA January 18, 2010 4:02 PM

Called SRS 800-541-0139 Belinda Mckay is new adjuster, lm for her requesting auth for inj.....Regina Heathcote CMA January 19, 2010 4:09 PM

Clinical Lists Changes

Signed by Regina Heathcote CMA on 01/19/2010 at 4:09 PM

ALJIT ROOPRA
Female DOB: [redacted] 469416

Home:
Office: [redacted]
Ins: BC/BS OF (21) Grp: NONE

02/01/2010 - Office Visit: FOLLOWUP rm 11
Provider: Husam Mourtada MD
Location of Care: Regional Spine and Pain Management

Referred by: Phillip Esce

History of Present Illness:
UDS 1-18-10 negative
c/o increasing left shoulder & neck pain 4/10 radiates sometimes to the elbow / throbbing
no CP/SOB or abdominal pain also c/o insomnia LUE with some tingling with prolonged rest
PT helped / ROM is better

36 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
only pain med is Naproxen helps some only

Acute Visit History:
Other comments include: Patient identified using two identifiers,DOB and picture ID,red rules apply

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

Risk Factors:
Tobacco use: current

DALJIT ROOPRA Home 7 Office:
Female DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

Cigarettes: Yes
Drug use: no
Alcohol use: yes
Drinks per day: 1

Review of Systems

See HPI

Vital Signs:

Patient Profile:	37 Years Old Female
Pulse rate:	92 / minute
Resp:	14 per minute
BP sitting:	152 / 82 (left arm)
Cuff size:	regular
Pt. in pain?	yes
Location:	shoulder
Intensity:	4

Vitals Entered By: Regina Heathcote CMA (February 1, 2010 11:22 AM)

Physical Exam

General:
, Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries

DALJIT ROOPRA Home Office: 1
Female DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

he stated he did not use any illicit drugs for long time and wants analgesic , so will do UDS today
--I explained to the patient that our goal is to reduce the pain and improve the function
--try Embeda 20/ 0.8 mg q day
Patient was informed that these medication can cuase drowsiness & should avoid driving or operating machinary, other possible side effects were discussed including not limited to stopping breathing/ death /allergy / constipation/ interaction with other medication etc., patient understands & agreed to proceed.
--will need to do left shoulder steroid injection when approved
--continue HEP ROM / stretching
--Zanaflex caps 2mg qhs
--Naproxen 500mg bid
-- Lidoderm patches (gave him 5 patches)
f/u 2 weeks
Her updated medication list for this problem includes:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain
Naproxen 500 Mg Tabs (Naproxen)
Zanaflex 2 Mg Caps (Tizanidine hcl) ..... One po q hs with food

Orders:
Office visit est exp prob (99213) (CPT-99213)

Medications Added to Medication List This Visit:
1) Embeda 20/ 0.8 Mg .... One po q day

Prescriptions:
EMBEDA 20/ 0.8 MG one po q day #15 x 0
Entered and Authorized by: Husam Mourtada MD
Signed by: Husam Mourtada MD on 02/01/2010
Method used: Print then Give to Patient
RxID: 1580643245676020

Signed by Husam Mourtada MD on 02/01/2010 at 11:39 AM

DALJIT ROOPRA Home: Office
Female DOB: 69416 Ins: BC/BS OF (21) Grp: NONE

02/15/2010 - Office Visit: FOLLOWUP rm 10
Provider: Husam Mourtada MD
Location of Care: Regional Spine and Pain Management

Referred by: Phillip Esce

History of Present Illness:
UDS 1-18-10 negative
Embeda did not help the pain
still c/o left shoulder & neck pain 4/10 radiates sometimes to the elbow / throbbing
no CP/SOB or abdominal pain also c/o insomnia LUE with some tingling with prolonged rest
PT helped / ROM is better

36 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
He had one injection L shoulder helped for 1-2 months
PT did not help
only pain med is Naproxen helps some only

Acute Visit History:
Other comments include: Patient identified using two identifiers,DOB and picture ID,red rules apply

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no.

Risk Factors:

ALJIT ROOPRA
Female DOB: : 469416

Home
Ins: BC/BS OF (21) Grp: NONE

Office:

Tobacco use: current
Cigarettes: Yes
Drug use: no
Alcohol use: yes
Drinks per day: 1

Review of Systems

See HPI

Vital Signs:

Patient Profile:	37 Years Old Female
Pulse rate:	78 / minute
Resp:	15 per minute
BP sitting:	139 / 86 (right arm)
Cuff size:	regular
Pt. in pain?	yes
Location:	shoulder
Intensity:	4

Vitals Entered By: Regina Heathcote CMA (February 15, 2010 11:31 AM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

PROCEDURE NOTE:

left shoulder steroid injection

After discussing risk and benefits of the procedure including but not limited to bleeding, infection, skin depigmentation, increased blood sugar...etc the patient agreed and signed formal consent. We proceeded by prepping the skin in a sterile

fashion, then a mixture of 5 cc of lidocaine 1% and 1 cc of Kenalog 40 mg per cc was used to inject the left shoulder using posteriolateral approach

Patient tolerated the procedure well without any complication

Impression & Recommendations:

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries

--I explained to the patient that our goal is to reduce the pain and improve the function

--((if not better with the injection will increase his Embeda to bid)) Embeda 20/ 0.8 mg q day

Patient was informed that these medication can cuase drowsiness & should avoid driving or operating machinary, other possible side effects were discussed including not limited to stopping breathing/ death /allergy / constipation/ interaction with other medication etc., patient understands & agreed to proceed.
--will do left shoulder steroid injection (procedure note is above)
--continue HEP ROM / stretching
--Zanaflex caps 2mg qhs
--Naproxen 500mg bid
-- Lidoderm patches (gave him 5 patches)
f/u 4 weeks
Her updated medication list for this problem includes:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain
Naproxen 500 Mg Tabs (Naproxen)
Zanaflex 2 Mg Caps (Tizanidine hcl) ..... One po q hs with food

Orders:
Office visit est detailed (99214) (CPT-99214)
Lidocaine (Xylocaine) Injection up to 10mg (HCPCS-J2001)
Triamcinolone (Kenalog) Injection per 10 mg (HCPCS-J3301)
Arthrocentesis major joint/bursa (CPT-20610)

Signed by Husam Mourtada MD on 02/15/2010 at 11:43 AM

VALJIT ROOPRA
Female DOB: 469416
Home: Office:
Ins: BC/BS OF (21) Grp: NONE

03/15/2010 - Office Visit: FOLLOWUP rm 10
Provider: Husam Mourtada MD
Location of Care: Regional Spine and Pain Management

Referred by: Phillip Esce

History of Present Illness:
UDS 1-18-10 negative
Feb 15-2010 left shoulder injection did not help
Embeda still not helping enough
still c/o left shoulder & neck pain 4/10 radiates sometimes to the elbow / throbbing
no CP/SOB or abdominal pain also c/o insomnia LUE with some tingling with prolonged rest
PT helped / ROM is better

36 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
only pain med is Naproxen helps some only

Acute Visit History:
Other comments include: Patient identified using two identifiers,DOB and picture ID,red rules apply

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

ALJIT ROOPRA
Female DOB: 469416 Home Office
Ins: BC/BS OF (21) Grp: NONE

Risk Factors:

Tobacco use: current
Cigarettes: Yes
Drug use: no
Alcohol use: yes
Drinks per day: 1

Review of Systems

See HPI

Vital Signs:

Patient Profile:	37 Years Old Female
Pulse rate:	84 / minute
Resp:	16 per minute
BP sitting:	136 / 82 (left arm)
Cuff size:	large
Pt. in pain?	yes
Location:	shoulder,neck
Intensity:	4
Type:	pins/needles

Vitals Entered By: Regina Heathcote CMA (March 15, 2010 11:32 AM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

DALJIT ROOPRA
Female DOB 469416 Home: ? Office:
Ins: BC/BS OF (21) Grp: NONE

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries

--I explained to the patient that our goal is to reduce the pain and improve the function
--continue HEP ROM / stretching
--Zanaflex caps 2mg qhs
--Naproxen 500mg bid
-- Lidoderm patches (gave him 5 patches)
-- increase Embeda 30/ 1.2 mg q 12hrs next refill

Patient was informed that these medication can cuase drowsiness & should avoid driving or operating machinary, other possible side effects were discussed including not limited to stopping breathing/ death /allergy / constipation/ interaction with other medication etc., patient understands & agreed to proceed.
--he feels he cannot do his work secondary to the shoulder pain ?
f/u 2 months
Her updated medication list for this problem includes:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain
Naproxen 500 Mg Tabs (Naproxen)
Zanaflex 2 Mg Caps (Tizanidine hcl) ..... One po q hs with food
Embeda 30-1.2 Mg Cr-caps (Morphine-naltrexone) ..... One po q 12 hrs

Orders:
Office visit est exp prob (99213) (CPT-99213)

Medications Added to Medication List This Visit:
1) Embeda 30-1.2 Mg Cr-caps (Morphine-naltrexone) .... One po q 12 hrs

Signed by Husam Mourtada MD on 03/15/2010 at 11:51 AM

Regional Spine and Pain Management
8311 Warren Abernathy Highway Suite 101 Spartanburg, SC 29301
864-562-5150 Fax: 864-560-9686

DALJIT ROOPRA Home. Office:
Female DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

05/10/2010 - Office Visit: follow up rm 11
Provider: Husam Mourtada MD
Location of Care: Regional Spine and Pain Management

Referred by: Phillip Esce

History of Present Illness:
Embeda helping but feels slightly drowsy
still c/o left shoulder & neck pain 4/10 radiates sometimes to the elbow / throbbing
no CP/SOB or abdominal pain also c/o insomnia LUE with some tingling with prolonged rest
PT helped / ROM is better

36 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
Only pain med is Naproxen helps some only

UDS 1-18-10 negative
Feb 15-2010 left shoulder injection did not help

Acute Visit History:
Other comments include: Patient identified using two identifiers,DOB and picture ID,red rules apply

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

ALJIT ROOPRA
Female DOB: 469416
Home. ... Office. ...
Ins: BC/BS OF (21) Grp: NONE

Risk Factors:

Tobacco use: current
Cigarettes: Yes
Drug use: no
Alcohol use: yes
Drinks per day: 1

Review of Systems

See HPI

Vital Signs:

Patient Profile:	37 Years Old Male
Pulse rate:	90 / minute
Resp:	14 per minute
BP sitting:	144 / 87 (left arm)
Cuff size:	regular
Pt. in pain?	yes
Location:	shoulder
Intensity:	4

Vitals Entered By: Regina Heathcote CMA (May 10, 2010 11:46 AM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

)ALJIT ROOPRA Home: Office
Female DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries

--I explained to the patient that our goal is to reduce the pain and improve the function
--continue HEP ROM / stretching
--d/c Zanaflex caps 2mg qhs not helping
--Naproxen 500mg bid
-- Lidoderm patches (gave him 5 patches)
-- Embeda 30/ 1.2 mg q 12hrs

Patient was informed that these medication can cuase drowsiness & should avoid driving or operating machinary, other possible side effects were discussed including not limited to stopping breathing/ death /allergy / constipation/ interaction with other medication etc., patient understands & agreed to proceed.
--he feels he cannot do his work secondary to the shoulder pain
f/u 3 months
The following medications were removed from the medication list:
Zanaflex 2 Mg Caps (Tizanidine hcl) ..... One po q hs with food

His updated medication list for this problem includes:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain
Naproxen 500 Mg Tabs (Naproxen)
Embeda 30-1.2 Mg Cr-caps (Morphine-naltrexone) ..... One po q 12 hrs

Orders:
Office visit est exp prob (99213) (CPT-99213)

Prescriptions:
LIDODERM 5 % PTCH (LIDOCAINE) apply to most painfull area 12hrs on 12 hrs off may use 2 patches at same time #60 x 1

Entered and Authorized by: Husam Mourtada MD
Signed by: Husam Mourtada MD on 05/10/2010
Method used: Print then Give to Patient
RxID: 1589111563327270

Signed by Husam Mourtada MD on 05/10/2010 at 11:55 AM

DALJIT ROOPRA Home 8 Office: (...)
'ale DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

09/01/2010 - Office Visit: Follow up rm 11
Provider: Husam Mourtada MD
Location of Care: Regional Spine and Pain Management

Referred by: Phillip Esce

History of Present Illness:
Embeda helping slightly but he is not satisfied since working increases his pain
still c/o left shoulder & neck pain 5/10 radiates sometimes to the elbow / throbbing
no CP/SOB or abdominal pain also c/o insomnia LUE with some tingling with prolonged rest
PT helped improve his ROM

36 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
only pain med is Naproxen helps some only

UDS 1-18-10 negative
Feb 15-2010 left shoulder injection did not help

Acute Visit History:
Other comments include: Patient identified using two identifiers,DOB and picture ID,red rules apply

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

DALJIT ROOPRA
Jale DOB : 469416

Hom Office:
Ins: BC/BS OF (21) Grp: NONE

Risk Factors:

Tobacco use: current
Cigarettes: Yes
Drug use: no
Alcohol use: yes
Drinks per day: 1

Review of Systems

See HPI

Vital Signs:

Patient Profile:	38 Years Old Male
Pulse rate:	75 / minute
Resp:	18 per minute
BP sitting:	154 / 95 (left arm)
Cuff size:	regular
Pt. in pain?	yes
Location:	shoulder
Intensity:	5

Vitals Entered By: Regina Heathcote CMA (September 1, 2010 1:51 PM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

DALJIT ROOPRA Home: Office:
Male DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries

--I explained to the patient that our goal is to reduce the pain and improve the function
--continue HEP ROM / stretching
--Naproxen 500mg bid
-- Lidoderm patches
-- Embeda 30/ 1.2 mg q 12hrs
Patient was informed that these medication can cuase drowsiness & should avoid driving or operating machinary, other possible side effects were discussed including not limited to stopping breathing/ death /allergy / constipation/ interaction with other medication etc., patient understands & agreed to proceed.
--continue restriction as per Dr. Kana
--he feels he cannot do his work secondary to the shoulder pain and wants to try stop working to reduce his pain
f/u 3 months
His updated medication list for this problem includes:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain
Naproxen 500 Mg Tabs (Naproxen) ..... One po bid
Embeda 30-1.2 Mg Cr-caps (Morphine-naltrexone) ..... One po q 12 hrs do not fill until 6/11/2010

Orders:
Office visit est exp prob (99213) (CPT-99213)

Signed by Husam Mourtada MD on 09/01/2010 at 2:16 PM

DALJIT ROOPRA Home Office
ale DOB: 469416 Ins: BC/BS OF (21) Grp: NONE

12/01/2010 - Office Visit: follwo up rm 10 WC
Provider: Husam Mourtada MD
Location of Care: Regional Spine and Pain Management

Referred by: Phillip Esce

History of Present Illness:
still c/o left shoulder & neck pain 4/10 radiates sometimes to the elbow / throbbing
no CP/SOB or abdominal pain also c/o insomnia LUE with some tingling with prolonged rest
PT helped improve his ROM
Embeda helping slightly but he is not satisfied since working increases his pain

36 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
ly pain med is Naproxen helps some only

UDS 1-18-10 negative
Feb 15-2010 left shoulder injection did not help

Acute Visit History:
Other comments include: Patient identified using two identifiers,DOB and picture ID,red rules apply

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

DALJIT ROOPRA Home Office
Male DOI 116 Ins: BC/BS OF (21) Grp: NONE

Risk Factors:

Tobacco use: current
Cigarettes: Yes
Drug use: no
Alcohol use: yes
Drinks per day: 1

Review of Systems

See HPI

Vital Signs:

Patient Profile:	38 Years Old Male
Pulse rate:	84 / minute
Resp:	17 per minute
BP sitting:	130 / 81 (left arm)
Cuff size:	regular
Pt. in pain?	yes
Location:	shoulder
Intensity:	4

Vitals Entered By: Regina Heathcote CMA (December 1, 2010 1:14 PM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

DALJIT ROOPRA
Male DOB: Home ? Offic
Ins: BC/BS OF (21) Grp: NONE

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries

--I explained to the patient that our goal is to reduce the pain and improve the function
--continue HEP -ROM /-stretching
--Naproxen 500mg bid (discussed CV & GI possible side effects)
-- Lidoderm patches
-- Embeda 30/ 1.2 mg q 12hrs
Patient was informed that these medication can cause drowsiness & should avoid driving or operating machinary, other possible side effects were discussed including not limited to stopping breathing/ death /allergy / constipation/ interaction with other medication/ Dependency etc., patient understands & agreed to proceed.

--continue restriction as per Dr. Kana

f/u 3 months
The following medications were removed from the medication list:
Darvocet-n 100 100-650 Mg Tab (Propoxyphene n-apap) ..... 1 every 4-6 hours as needed for pain

His updated medication list for this problem includes:
Naproxen 500 Mg Tabs (Naproxen) ..... One po bid
Embeda 30-1.2 Mg Cr-caps (Morphine-naltrexone) ..... One po q 12 hrs

Orders:
Office visit est exp prob (99213) (CPT-99213)

Prescriptions:
LIDODERM 5 % PTCH (LIDOCAINE) apply to most painfull area 12hrs on 12 hrs off may use 2 patches at same time #5 x 0

Entered and Authorized by: Husam Mourtada MD
Signed by: Husam Mourtada MD on 12/01/2010
Method used: Print then Give to Patient
RxID: 1606829500373940

Signed by Husam Mourtada MD on 12/01/2010 at 1:34 PM

Occupational Medicine / Minor Care
8311 Spartanburg Hwy Spartanburg, SC 29301
864-560-9696 Fax: 864-560-9636

DALJIT ROOPRA
Male DOB: ---

Home Office:
Ins: BC/BS OF (21) Grp: NONE

02/24/2011 - Office Visit: follow up rm 11
Provider: Husam Mourtada MD
Location of Care: Regional Spine and Pain Management

Referred by: Phillip Esce

History of Present Illness:
still c/o left shoulder & neck pain radiates sometimes to the elbow / throbbing
recently c/o more pain over the left trapezius muscle
no CP/SOB or abdominal pain also c/o insomnia, LUE with some tingling with prolonged rest
PT helped improve his ROM

56 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
he had one injection L shoulder helped for 1-2 months
PT did not help
daily pain med is Naproxen helps some only

UDS 1-18-10 negative
Feb 15-2010 left shoulder injection did not help

Acute Visit History:
Other comments include: Patient identified using two identifiers,DOB and picture ID,red rules apply

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Revlewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

98

ALJIT ROOPRA
Male DOB:

Home: Office:
Ins: BC/BS OF (21) Grp: NONE

Risk Factors:

Tobacco use: current
Cigarettes: Yes
Drug use: no
Alcohol use: yes
Drinks per day: 1

Review of Systems

See HPI

Vital Signs:

Patient Profile:	38 Years Old Male
Pulse rate:	82 / minute
Resp:	14 per minute
BP sitting:	150 / 83 (left arm)
Cuff size:	regular
Pt. in pain?	yes
Location:	shoulder
Intensity:	4

Vitals Entered By: Regina Healhcote CMA (February 24, 2011 1:16 PM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA.
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
very tender over the left trapezius
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Impression & Recommendations:

DALJIT ROOPRA
Male DOB:

Home Office
Ins: BC/BS OF (21) Grp: NONE

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries
2--myofascial pain left trapezius

--he will benefit from trigger point injection of the left trapezius
--I explained to the patient that our goal is to reduce the pain and improve the function
--continue HEP ROM / stretching
--Naproxen 500mg bid (discussed CV & GI possible side effects)
-- Lidoderm patches
-- Embeda 30/ 1.2 mg q 12hrs
Patient was informed that these medication can cause drowsiness & should avoid driving or operating machinary, other possible side effects were discussed including not limited to stopping breathing/ death /allergy / constipation/ interaction with other medication/ Dependency etc., patient understands & agreed to proceed.
-continue restriction as per Dr. Kana
Routine UDS (last embeda taken last night)

f/u 3 months
His updated medication list for this problem includes:
Naproxen 500 Mg Tabs (Naproxen) ..... One po bid
Embeda 30-1.2 Mg Cr-caps (Morphine-naltrexone) ..... One po q 12 hrs

Orders:
Office visit est exp prob (99213) (CPT-99213)

Prescriptions:

EMBEDA 30-1.2 MG CR-CAPS (MORPHINE-NALTREXONE) one po q 12 hrs #56 x 0
Entered and Authorized by: Husam Mourtada MD
Signed by: Husam Mourtada MD on 02/24/2011
Method used: Print then Give to Patient
RxID: 1614173120077380

LIDODERM 5 % PTCH (LIDOCAINE) apply to most painfull area 12hrs on 12 hrs off may use 2 patches at same time #60 x 1
Entered and Authorized by: Husam Mourtada MD
Signed by: Husam Mourtada MD on 02/24/2011
Method used: Print then Give to Patient
RxID: 1614173090527380

NAPROXEN 500 MG TABS (NAPROXEN) one po BID #60 x 1
Entered and Authorized by: Husam Mourtada MD
Signed by: Husam Mourtada MD on 02/24/2011
Method used: Print then Give to Patient
RxID: 1614173090327380

Signed by Husam Mourtada MD on 02/24/2011 at 1:30 PM

)ALJIT ROOPRA
Male DOB·

Home
Ins: BC/BS OF (21) Grp: NONE

Office

Ameritox™
Medication Monitoring Solutions

Rx Guardian™ Results Report

9930 W. Highway 80
Midland, TX 79706
Phone: (866) 287-7584
Fax: (432) 561-8450

CLINIC INFORMATION		PATIENT INFORMATION		SPECIMEN INFORMATION	
Name:	Regional Physiatry	Name:	ROOPRA, DALJIT	Requisition Number:	P4022824
Account:	RPSC01	DOB:		Lab Accession Number:	7110256917
Address:	8311 WARREN H ABERNATHY HWY SPARTANBURG, SC 29301	Height:	72 in.	Date Collected:	02/24/2011
		Weight:	190 lbs.	Date Received by Lab:	02/28/2011 10:53 AM
		Gender:	Male	Date Reported:	03/01/2011 3:58 PM
Fax:	864-562-5127	ID:		Report Version:	1
Provider:	Mourtada, Husam MD				

Test Performed	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Normalized Value	Expected Range Low	Expected Range High	Range Comparison	Medication Comparison
DRUGS OF ABUSE							
Cocaine Metabolite							
Benzoylecgonine (IA)	Negative	200					
Marijuana Metabolite							
THCA (IA)	Positive	30					See MS Results
THCA (MS)	657	10					Positive
RESULTS EXPLANATION	The presence of Marijuana metabolite has been confirmed. This is evidence of Marijuana use or taking a medication such as Marinol, which contains delta-9-THC (marijuana's active ingredient).*						
Phencyclidine							
Phencyclidine (IA)	Negative	25					
OPIATES							
Opiates							
Opiates (IA)	Positive	50					
Codeine (MS)	Negative	100					Consistent
Morphine (MS)	973	100	6300	16587	38703	REVIEW	
Hydrocodone (MS)	Negative	100					Consistent
Hydromorphone (MS)	Negative	100					Consistent
Oxycodone/Oxymorphone							
Oxycodone/Oxymorphone (IA)	Negative	100					
Oxycodone (MS)	Negative	100					Consistent
Oxymorphone (MS)	Negative	100					Consistent
Noroxycodone (MS)	Negative	100					Consistent
SYNTHETIC OPIOIDS							
Methadone							
Methadone (IA)	Negative	130					
EDDP (IA)	Negative	150					
Propoxyphene							
Propoxyphene (IA)	Negative	180					
SEDATIVES/HYPNOTICS							
Benzodiazepines							
Benzodiazepines (IA)	Negative	40					
Barbiturates							
Barbiturates (IA)	Negative	200					

Ameritox
Medication Monitoring Solutions

Rx Guardian® Results Report

9930 W. Highway 80
Midland, TX 79706
Phone: (866) 287-7584
Fax: (432) 561-8450

Test Performed	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Normalized Value	Expected Range Low	Expected Range High	Range Comparison	Medication Comparison
STIMULANTS							
Amphetamines							
Amphetamines (IA)	Negative	800					

Specimen Validity Testing	Value	Reference Range	
Specific Gravity	1.0114	1.0030	1.0350
pH	7.1	4.5	8.9
Creatinine (in mg/dL)	77.4	5.0	300.0

Prescribed Drug	Drug name	Drug Class	Dose (mg)	Frequency Low/High	Number Dose Low/High	PRN
Embeda	Morphine Naltrexone	Opiates	50	Q12H/Q12H	1.5/1.5	No

IA = Immunoassay
MS = Mass Spectrometry

* Disclaimer: The normalized values for drug and/or metabolites using quantitative mass spectrometry results are based on standard lean body mass calculations and specific properties of the drugs of interest. These normalized values are compared to ranges developed from known compliant patients. These comparative results are only meant to be used as a guide in conjunction with other clinical and behavioral information known to the treating physician. Due to many factors no single method can be accurate for all individuals.

Range Comparison REVIEW: Indicates that the normalized urine drug level is above or below range.

Medication Comparison REVIEW: Indicates that the drugs provided on the Requisition Form do not match the drugs or metabolites detected through our testing.

*** End of Report ***

DALJIT ROOPRA
Male DOB

Home Office:
Ins: BC/BS OF (21) Grp: NONE

03/03/2011 - Office Visit: ROUTINE RM#11
Provider: Husam Mourtada MD
Location of Care: Regional Spine and Pain Management

Visit Type: Follow-up Visit
Referred by: Phillip Esce

History of Present Illness:
UDS 02-24-11 + Morphine (appropriate) & THCA will discharge patient
still c/o left shoulder & neck pain radiates sometimes to the elbow / throbbing
recently c/o more pain over the left trapezius muscle
no CP/SOB or abdominal pain also c/o insomnia, LUE with some tingling with prolonged rest
PT helped improve his ROM

36 YOM with left shoulder & neck pain he had 3 surgeries to the L shoulder 1997--2005 (rotator cuff / AC joint and labrum repair , since with pain in the LUE / shoulder tightness worse after resting better when he moves it , with tingling & numbness & weakness (he is R handed) , no B&B dysfunction
pain 5-8/10 sharp & dull worse reaching up / lifting not sure what makes it better
was seen by Dr. Kana , & Dr. Esce does not think his pain is from the neck
MRI C spine 02-2008 multilevel DDD/ DJD
He had one injection L shoulder helped for 1-2 months
PT did not help
only pain med is Naproxen helps some only

UDS 1-18-10 negative
Feb 15-2010 left shoulder injection did not help

Past Medical History:
Reviewed history from 12/31/2008 and no changes required:
neck,shoulder pain

Past Surgical History:
Reviewed history from 12/31/2008 and no changes required:
3 shoulder sergeries (rotator cuff / AC joint / labrum)

Family History:
Reviewed history from 12/31/2008 and no changes required:
diabetes
heart disease

Social History:
Reviewed history from 12/31/2008 and no changes required:
Married
Year married:
Alcohol Use - yes
Drug Use - no

Risk Factors:

DALJIT ROOPRA
Male DOB:

Home Office:
Ins: BC/BS OF (21) Grp: NONE

Tobacco use: current
Cigarettes: Yes
Drug use: no
Alcohol use: yes
Drinks per day: 1

Review of Systems
See HPI

Vital Signs:

Patient Profile:	38 Years Old Male
Weight:	186 pounds
Pulse rate	118 / minute
Pulse rhythm:	regular
Resp:	18 per minute
BP sitting:	134 / 74 (right arm)
Cuff size:	large
Pt. in pain?	yes
Location	shoulder
Intensity	5

Vitals Entered By: Gwendolyn Owens, LPN (March 3, 2011 3:27 PM)

Physical Exam

General:
Pt. AAO X3 NAD
Lungs CTA
Heart RRR
Abdomen soft ,NT,ND, BS +

Msk:
very limited ROM of the L shoulder , scar tissue healed well, very tender over the L shoulder muscles , no scapular winging, less tenderness over the cervical muscles
very tender over the left trapezius
Neurologic:
motor strength is 5/5 for major muscles of RUE and 4/5 LUE
No focal sensory deficits in UE except around the left shoulder
DTR 1+/4 for both biceps , triceps and brachioradialis

Procedure:

DALJIT ROOPRA
Male DOB

Home: Office:
Ins: BC/BS OF (21) Grp: NONE

Trigger point injection: left upper medial trapezius
After discussing risks and benefits of the procedure with the patient including not limited to (bleeding, infection, pneumothorax, etc....) Patient agreed and signed formal consent.
We proceeded by prepping the skin in a sterile fashion using betadine and alcohol.
Lidocaine 1% 5 CC 1.5 inch 25 g needle was used to inject the left upper medial trapezius
Patient tolerated the procedure well without any complication.

Impression & Recommendations:

Problem # 1: SHOULDER PAIN, LEFT (ICD-719.41)
left shoulder , with h/o 3 surgeries
2--myofascial pain left trapezius

UDS 02-24--11 + Morphine (appropriate) & THCA will discharge patient

--will do trigger point injection of the left trapezius (procedure note above)

will stop all meds : (--Naproxen 500mg bid / Lidoderm patches / Embeda 30/ 1.2 mg q 12hrs)

discharge from clinic / no more narcotics
His updated medication list for this problem includes:
Naproxen 500 Mg Tabs (Naproxen) ..... One po bid
Embeda 30-1.2 Mg Cr-caps (Morphine-naltrexone) ..... One po q 12 hrs

Orders:
Office visit est detailed (99214) (CPT-99214)

Other Orders:
Injection trigger pt single or mult. (CPT-20552)
Lidocaine (Xylocaine) Injection up to 10mg (HCPCS-J2001)

Signed by Husam Mourtada MD on 03/03/2011 at 3:40 PM

Spartanburg Regional Healthcare System
101 East Wood Street
Spartanburg, SC 29303
Phone: 864-560-6000 Fax: 864-560-4685

03/04/2011

DALJIT ROOPRA

SPARTANBURG, SC 29301-3420

Dear Mr. DALJIT ROOPRA,

At this time you have been discharged from care at Regional Spine and Pain Management . Your ongoing medical care is important and we suggest you immediately seek another medical caregiver to manage your ongoing needs. You may inquire for referrals from friends, family or the local medical society. However, we will not appoint you with the physicians or practitioners of Regional Spine and Pain Management .

We will offer emergency only care for the next thirty days only.

Regional Spine and Pain Management

4694416

Carolina Workers' Compensation Commission
Main Street, Suite 500 • Post Office Box 1715
bia, South Carolina 29202-1715
803) 737-5723
.wcc.sc.gov

FN# 564-542-2994

Physician's Statement

nt's Name: Daljit Roopra

Employer's Name: Spartanburg Steel

Physician's Name: Dr. Husam Mourtada

Insurance Carrier:

Practice/Clinic: Regional Spine and Pain Management

SCWCC File No: 0326068

Preparer's Name:

Phone: ( ) -

he undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident ursuant to§§**42-15-60, 42-1-172 or 42-11-10.**

Date of Injury or Illness: 11/14/03

ate of first office visit: 12/3/08 Date of last visit: 3/3/11

-nosis or nature of injury or illness: left shoulder pain / Neck pain

dy part(s) injured: L. shoulder / Neck Body part(s) affected: L. shoulder / Neck

ate of **Maximum Medical Improvement:** 7/25/11

sed on the **AMA Guidelines,** the claimant has sustained a (21) **% medical impairment** to L. shoulder / Neck rt(s) and a _____ **% medical impairment** to _____ injured body 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:**

as per Dr. Kamal

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

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 edical 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 gree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Pain management.

H. Mourtada MD

g Physician

7/25/11

Date

07

Daljit Roopra
vs.

Spartanburg Steel

WC No. 0706796

D/I – 3/27/07

Age:	39
Height:	6'0"
Weight:	194 lbs.
Sex:	Male
Marital Status:	Married – Kirandeep Roopra
Children:	

Education: Graduated from High School in India in 1988

Work History: Approximately 3 to 6 months at Whitestone Manufacturing
1990-1992: Inman Mills
1992-present: Spartanburg Steel
- During the mid '90s worked part time at Sears and occasionally at Belks

Medications: Naproxen – 500 mg (twice daily)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0326068

DALJIT ROOPRA,

Employee,

Claimant,

vs.

SPARTANBURG STEEL PRODUCTS, INC.,

Employer,

AND

SPECIALTY RISK SERVICES INC.,

Carrier,

Defendants.

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANTS

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND BEN C. HARRISON, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	NUMBER OF PAGES	PAGE NOS.
12	Orthopedic Specialties of Spartanburg	12/16/04 – 04/10/07	13	109 - 121
13	Carolina Neurology Associates	10/16/06	5	122 - 126
14	Regional Spine and Pain Management	01/18/10	1	127

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Claimant; John Nelson – Spartanburg Steel Products, Inc – 1290 New Cut Road, Spartanburg, SC; Joe Buff – Spartanburg Steel Products, Inc – 1290 New Cut Road, Spartanburg, SC.

O. Shayne Williams, Esq.
TURNER PADGET GRAHAM & LANEY P.A.
P.O. Box 1509
Greenville, SC 29602
(864) 552-4621
Attorneys for the Employer/Carrier

Greenville, SC

September 23, 2011

DEFENDANT'S INDEX TO APA SUBMISSIONS

DALJIT ROOPRA VS. SPARTANBURG STEEL PRODUCTS, INC.

WCC FILE NO. 0326068

HEARING DATE: OCTOBER 5, 2011

APA SUBMISSIONS

APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	NUMBER OF PAGES	PAGE NOS.
12	Orthopedic Specialties of Spartanburg	12/16/04 – 04/10/07	13	109 - 121
13	Carolina Neurology Associates	10/16/06	5	122 - 126
14	Regional Spine and Pain Management	01/18/10	1	127

Orthopedic Specialties of Spartanburg

Jan H. Postma, M.D. Mark D. Visk, M.D. John E. Keith, Jr., M.D.
Stephen M. Kana, M.D. Anthony A. Sanchez, M.D.
Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C

PatientID: WC29240
Patient Name: DALITT ROOPRA
Patient SS#: 5
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 12/16/2004

This is follow-up for a gentleman with left shoulder pain. We have been following him since September. He has had a couple of injections and has not gotten any long term relief. He has had MRI scans of his neck which had some degenerative changes. I sent him to Dr. Esce who did not feel that the arm pain that he was having was secondary to any of the problems in his neck. At this point I have basically told him that he can live with it the way it is or do an arthroscopy, evaluation of the cuff and the labrum and debridement of these areas and decompression. He would like to go ahead with this. I have gone over the risks and potential complications. He is comfortable proceeding and will schedule this at his convenience. (SMK:teg)

303 East Wood Street, Spartanburg, SC 29303, Phone: 864-560-4567, Fax: 864-560-4568
www.orthopedicspecialties.com

Jan H. Postma, M.D. Mark D. Visk, M.D. John E. Keith, Jr., M.D.
Stephen M. Kana, M.D. Anthony A. Sanchez, M.D.
Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C

PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: TONI PARHAM PT
Date of Service: 10/06/2005

PROGRESS NOTE:
TO: STEPHEN M KANA MD

DIAGNOSIS: left anterior labral tear
SUBJECTIVE: Patient complains of anterior shoulder pain. States ROM is WNL but painful.
OBJECTIVE MEASURES:
ROM:
SHOULDER ROM DEFICITS:
AROM (R) SHOULDER: WNL all planes
STRENGTH:
SHOULDER DEFICITS: (L) shoulder flexion 4/5, (L) shoulder abduction 4/5.
FUNCTION: Able to lift 21# box 20 times and able to carrying 21# box for 5 minutes.
TREATMENTS PERFORMED: Therapeutic exercise strength/ROM for 50 minutes. Cold pack for 10 minutes today.
TREATMENT TODAY: See clinic flow/exercise sheet for treatment specifics. Added lifting and carrying box.
GOALS: Long term goal able to perform all ADL's, long term goal able to perform all work duties without pain, long term goal ready to return to work. Short term goals.AROM WNL all planes without pain. Able to lift and carry 40# without pain.
OVERALL STATUS:
STRENGTH: Overall the patient demonstrates increased strength.
PAIN: Overall patient reports no change in their symptoms.
PLAN:
PLAN: Continue with current program.
EMPHASIS OF TREATMENT: pain control with modalities. AROM. PRE'S. work activities.

Electronically Signed by: Toni L. Parham, PT Lic#4578 on Thursday, October 06, 2005

Orthopedic Specialties of Spartanburg

Jan H. Postma, M.D. Mark D. Visk, M.D. John E. Keith, Jr., M.D.
Stephen M. Kana, M.D. Anthony A. Sanchez, M.D.
Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C

PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: LAURIE FERGUSON PTA
Date of Service: 10/11/2005

PROGRESS NOTE:
TO: STEPHEN M KANA MD

DIAGNOSIS: Left anterior labral tear
SUBJECTIVE: The patient reports no new complaints.
TREATMENTS PERFORMED: Cold pack for 10 minutes today. Therapeutic exercise strength/ROM for 60 minutes.Increased repetitions today.
TREATMENT TODAY: See clinic flow/exercise sheet for treatment specifics. Patient education included review of home exercise program. Today the patient responded well to treatment.
GOALS: Short term goal return to previous level of function, short term goal able to perform all work duties without pain.
PLAN:

PLAN: Continue with current program.

Electronically Signed by: Laurie M. Ferguson, PTA Lic#170 on Tuesday, October 11, 2005

303 East Wood Street, Spartanburg, SC 29303, Phone: 864-560-4567, Fax: 864-560-4568
www.orthopedicspecialties.com

Jan H. Postma, M.D. Mark D. Visk, M.D. John E. Keith, Jr., M.D.
Stephen M. Kana, M.D. Anthony A. Sanchez, M.D.
Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C

PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: TONI PARHAM PT
Date of Service: 10/13/2005

PROGRESS NOTE:
TO: STEPHEN M KANA MD

DIAGNOSIS: left labral tear
SUBJECTIVE: Pain in left shoulder with lifting and carrying.
OBJECTIVE MEASURES:

STRENGTH:

SHOULDER DEFICITS: (L) shoulder flexion 4/5, (L) shoulder abduction 4/5, (L) shoulder external rotation 4/5.

FUNCTION:

UE: Decreased tolerance to pushing due to pain/difficulty. Decreased lifting ability due to pain/difficulty. Unable to work due to pain/difficulty. U/a to pull due to pain/difficulty.

TREATMENTS PERFORMED: Therapeutic exercise strength/ROM for 60 minutes.
TREATMENT TODAY: See clinic flow/exercise sheet for treatment specifics. Added incline press, row and lift/carry 31 # box.
GOALS: Short term goal able to perform all ADL'S, short term goal return to previous level of function. Long term goal ready to return to work, long term goal able to perform all work duties without pain. 5/5 strength left UE. Able to lift and carry 75# without pain.

Electronically Signed by: Toni L. Parham, PT Lic#4578 on Thursday, October 13, 2005

Orthopedic Specialties of Spartanburg

Jan H. Postma, M.D. Mark D. Visk, M.D. John E. Keith, Jr., M.D.
Stephen M. Kana, M.D. Anthony A. Sanchez, M.D.
Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C

PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: ADAM KIRBY, PTA
Date-of-Service: 10/18/2005

PROGRESS NOTE:
TO: STEPHEN M KANA MD

DIAGNOSIS: L ant. Labral tear
SUBJECTIVE: The patient reports no new complaints.
TREATMENTS PERFORMED: Patient declined ice pack after todays treatment. Therapeutic exercise strength/ROM for 45 minutes.
TREATMENT TODAY: See clinic flow/exercise sheet for treatment specifics. Patient education included review of home exercise program. Today the patient responded well to treatment.
PLAN:

PLAN: Continue with current program.

Electronically Signed by: Adam M. Kirby, PTA Lic#1667 on Tuesday, October 18, 2005

303 East Wood Street, Spartanburg, SC 29303, Phone: 864-560-4567, Fax: 864-560-4568
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Orthopedic Specialties of Spartanburg

Jan H. Postma, M.D. Mark D. Visk, M.D. John E. Keith, Jr., M.D.
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Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C

PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth

Physician: ADAM KIRBY, PTA
Date of Service: 10/20/2005

PROGRESS NOTE:
TO: STEPHEN M KANA MD

DIAGNOSIS: L ant. labral tear
SUBJECTIVE: The patient reports no new complaints. States he is pretty sore today.
TREATMENTS PERFORMED: Patient declined ice pack after todays treatment. Therapeutic exercise strength/ROM for 60 minutes.
TREATMENT TODAY: See clinic flow/exercise sheet for treatment specifics. Patient education included review of home exercise program. Today the patient responded well to treatment.
PLAN:

PLAN: Continue with current program.

Electronically Signed by: Adam M. Kirby, PTA Lic#1667 on Thursday, October 20, 2005

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Stephen M. Kana, M.D. Anthony A. Sanchez, M.D.
Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C

PatientID: WC29240
Patient Name: DALIIT ROOPRA
Patient SS#:
Date of Birth

Physician: ADAM KIRBY, PTA
Date of Service: 10/25/2005

PROGRESS NOTE:
TO: STEPHEN M KANA MD

DIAGNOSIS: L ant. labral tear
SUBJECTIVE: The patient reports no new complaints. States he sees the Dr. Monday 10/31/05.
TREATMENTS PERFORMED: Patient declined ice pack after todays treatment. Therapeutic exercise strength/ROM for 60 minutes. Added the 6lb weight with AROM and 30lb weight with incline press and row.
TREATMENT TODAY: See clinic flow/exercise sheet for treatment specifics. Patient education included review of home exercise program. Today the patient responded well to treatment. Today's treatment additions:.
PLAN:

PLAN: Continue with current program.

Electronically Signed by: Adam M. Kirby, PTA Lic#1667 on Tuesday, October 25, 2005

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Orthopedic Specialties of Spartanburg

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Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C

PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: TONI PARHAM PT
Date of Service: 10/27/2005

PROGRESS NOTE:
TO: STEPHEN M KANA MD

DIAGNOSIS: left anterior labral tear
SUBJECTIVE: Patient complains of neck and bilateral UT pain.
OBJECTIVE MEASURES:

FUNCTION:

UE: U/a to reach to mid T-spine due to pain/difficulty, can reach hand/arm overhead fully but with pain/difficulty. Drives normally without pain. Unable to work due to pain/difficulty. Decreased lifting ability due to pain/difficulty. Decreased tolerance to pushing due to pain/difficulty. Decreased tolerance to pulling due to pain/difficulty.

TREATMENTS PERFORMED: Therapeutic exercise strength/ROM for 50 minutes. Electrical stimulation for 15 minutes. Heat for 15 minutes today.
TREATMENT TODAY: See clinic flow/exercise sheet for treatment specifics. Added IFC with MHP to UT's.
GOALS: Short term goal, patient will have 5/5 strength, short term goal able to perform all ADL'S with left UE. Long term goal ready to return to work, long term goal return to previous level of function, long term goal able to perform all work duties without pain.
OVERALL STATUS:

ROM: Overall the patient demonstrates increased ROM.
STRENGTH: Overall the patient demonstrates increased strength.

PLAN:

PLAN: Continue with current program
EMPHASIS OF TREATMENT: pain control with modalities. AROM. PRES. ADL activities.

Electronically Signed by: Toni L. Parham, PT Lic#4578 on Thursday, October 27, 2005

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Orthopedic Specialties of Spartanburg

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Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C

PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 10/05/2006

Document ID: 00138493 - I:\03\09\00138493.TIF
Image Desc: RELEASE WORK/SCHOOL
Scanned Date: 10/05/2006 3:13:30 PM by ram
Last Updated: 10/05/2006 3:13:30 PM by ram

Category: C-RELE W/S
Cabinet: CORRESPOND
Drawer: RELEASEWS

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WC29240

Orthopedic Specialties

10/5/00
Date

Re: Daljit Roopra

This patient has been under my care for Shoulder

from ____ to ____ and (may) may not) return to

☒ Regular Work ☒ Light Work ☐ School ☐ Physical Education ☐ Sports

until/on Permanent Restrictions

Special Instructions No lifting, pulling or pushing greater than two pounds with (L) arm

Stephen M. Kana, M.D. M.D.

Jan H. Postma, M.D.
Mark D. Visk, M.D.
John E. Keith, Jr., M.D.
Stephen M. Kana, M.D.
Anthony A. Sanchez, M.D
Thad C. Fricke, P.A.-C.
Karen L. Babish, P.A.-C.
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C. Brad Harrison, P.A.-C., ATC
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PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth:

Physician: STEPHEN M KANA MD
Date of Service: 10/16/2006

Document ID: 00169088 - I:\08\08\00169088.TIF
Image Desc: NERVE CONDUCTION
Scanned Date: 10/16/2006 3:19:51 PM by ram
Last Updated: 10/16/2006 3:19:51 PM by ram

Category: R-NERCOND
Cabinet: RADIOLOGY
Drawer: NERCONDUCT

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Thad C. Fricke, P.A.-C. Karen L. Babish, P.A.-C Marcus T. Cox, P.A.-C Jonathan E. York, P.A.-C

PatientID: WC29240
Patient Name: DALJIT ROOPRA
Patient SS#:
Date of Birth

Physician: STEPHEN M KANA MD
Date of Service: 03/02/2007

Document ID: 00167777 - I:\07\07\00167777.TIF
Image Desc: MRI
Scanned Date: 03/02/2007 3:04:02 PM by ram
Last Updated: 03/02/2007 3:04:02 PM by ram

Category: R-MRI
Cabinet: RADIOLOGY
Drawer: MRI

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WC29240

Orthopedic Specialties

4/10/07
Date

Re: Daljit Roopra

This patient has been under my care for Mud

from _____ to _____ and (may, may not) return to

☐ Regular Work ☑ Light Work ☐ School ☐ Physical Education ☐ Sports

until/on Permanent Restriction

Special Instructions No lifting, pulling or pushing greater than 2lbs with Left arm.

_____ M.D.

Mark D. Visk, M.D.
John F. Keith Jr., M.D.
Stephen M. Kana, M.D.
Anthony A. Sanchez, M.D.
Thad C. Fricke, P.A.-C.
Karen I. Babish, P.A.-C.
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ORSP 2016

CAROLINA NEUROLOGY ASSOCIATES

NOV 27 2006 1

Thomas J. Fox, Jr., MD
Board Certified in Neurology
Added Qualifications in Clinical Neurophysiology
Board Certified in Internal Medicine

Test Date: 10/16/2006

Patient:	Dalgit Roopra	DOB:	Physician: Thomas J. Fox, Jr., MD
Sex:	Male	Height:	Ref Phys: Phillip Esce, MD
ID#:		Weight:	Technician: Greta Meehan

Patient Complaints:
Patient is a 34 year-old male who presents with neck pain that radiates down the left arm to the hand, numbness in the 1st, 2nd and 3rd digits. Patient states pain got worse after his 3rd shoulder surgery which was in June of 2005.

EMG & NCV Findings:
All nerve conduction studies (as indicated in the following tables) were within normal limits.

All F Wave latencies were within normal limits

All examined muscles (as indicated in the following table) showed no evidence of electrical instability.

Impression:
This is a normal study with no electrical evidence of focal, multifocal or diffuse peripheral neuropathy in the upper extremities. Needle electromyographic examination of the left upper extremity does not reveal evidence of superimposed cervical radiculopathy.

Thanks for your kind referral,

Thomas J. Fox, Jr., MD

SCANNED

138 Milestone Way, Suite A • Greenville, South Carolina 29615 • Phone (864) 288-9936 • Fax (864) 288-9937

NOV 27 2006 1

Nerve Conduction Studies

Anti Sensory Summary Table

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (µV)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Radial Abd Sensory (Base 1st Digit)											
Wrist		1.8	<2.8	36.4	>23	Wrist	Base 1st Digit	1.8	10.0		

Ortho Sensory Summary Table

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (µV)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Median Ortho Sensory (Wrist)											
2nd Digit		2.9	<3.5	15.8	>10	2nd Digit	Wrist	2.9	13.0		
Palm		1.9	<2.2	44.5	>40	Palm	Wrist	1.9	8.0		
Right Median Ortho Sensory (Wrist)											
2nd Digit		2.8	<3.5	17.4	>10	2nd Digit	Wrist	2.8	13.0		
Palm		1.8	<2.2	47.4	>40	Palm	Wrist	1.8	8.0		
Left Ulnar Ortho Sensory (Wrist)											
5th Digit		2.1	<2.9	29.3	>5	5th Digit	Wrist	2.1	11.0		
Palm		1.7	<2.2	37.0	>20	Palm	Wrist	1.7	8.0		
Right Ulnar Ortho Sensory (Wrist)											
5th Digit		2.2	<2.9	18.2	>5	5th Digit	Wrist	2.2	11.0		
Palm		1.4	<2.2	24.9	>20	Palm	Wrist	1.4	8.0		

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Median Motor (Abd Poll Brev)											
Wrist		3.1	<4.4	13.2	>4.2	Wrist	Abd Poll Brev	3.1	0.0		
Elbow		7.8		13.4		Elbow	Wrist	4.7	26.2	55.7	>49
Right Median Motor (Abd Poll Brev)											
Wrist		3.1	<4.4	10.3	>4.2	Wrist	Abd Poll Brev	3.1	0.0		
Elbow		8.0		10.1		Elbow	Wrist	4.9	28.0	57.1	>49
Left Ulnar Motor (Abd Dig Minimi)											
Wrist		2.4	<3.5	10.9	>3.6	Wrist	Abd Dig Minimi	2.4	0.0		
B Elbow		6.6		10.4		B Elbow	Wrist	4.2	25.3	60.7	>49
A Elbow		8.4		10.0		A Elbow	Wrist	6.0	36.6	61.0	>49
Right Ulnar Motor (Abd Dig Minimi)											
Wrist		3.0	<3.5	10.6	>3.6	Wrist	Abd Dig Minimi	3.0	0.0		
B Elbow		8.0		9.0		B Elbow	Wrist	5.0	26.2	52.4	>49
A Elbow		9.6		8.9		A Elbow	Wrist	6.6	35.0	53.0	>49

F Wave Studies

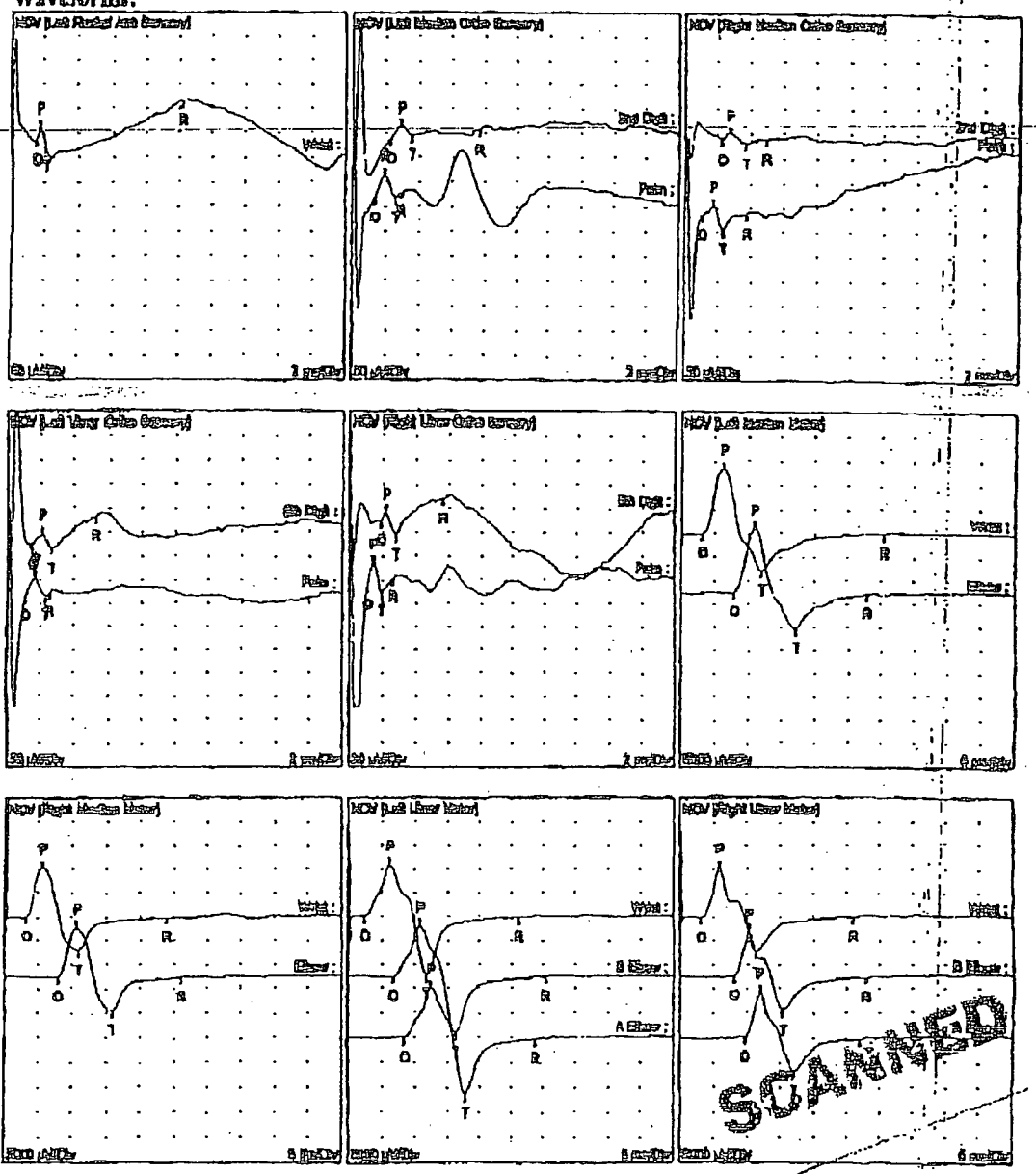
NR	F-Lat (ms)	Lat Norm (ms)	Contra F-Lat (ms)	L-R F-Lat (ms)	L-R Lat Norm	M-Lat (ms)	FLat-MLat (ms)
Left Median (Mrkrs) (Abd Poll Brev)							
28.67	<37		29.67	1.00		39.67	-11.00
Right Median (Mrkrs) (Abd Poll Brev)							
29.67	<37		28.67	1.00		39.89	-10.22
Left Ulnar (Mrkrs) (Abd Dig Min)							
29.56	<37		30.22	0.66		39.00	-9.45
Right Ulnar (Mrkrs) (Abd Dig Min)							
30.22	<37		29.56	0.66		39.67	-9.45

EMG

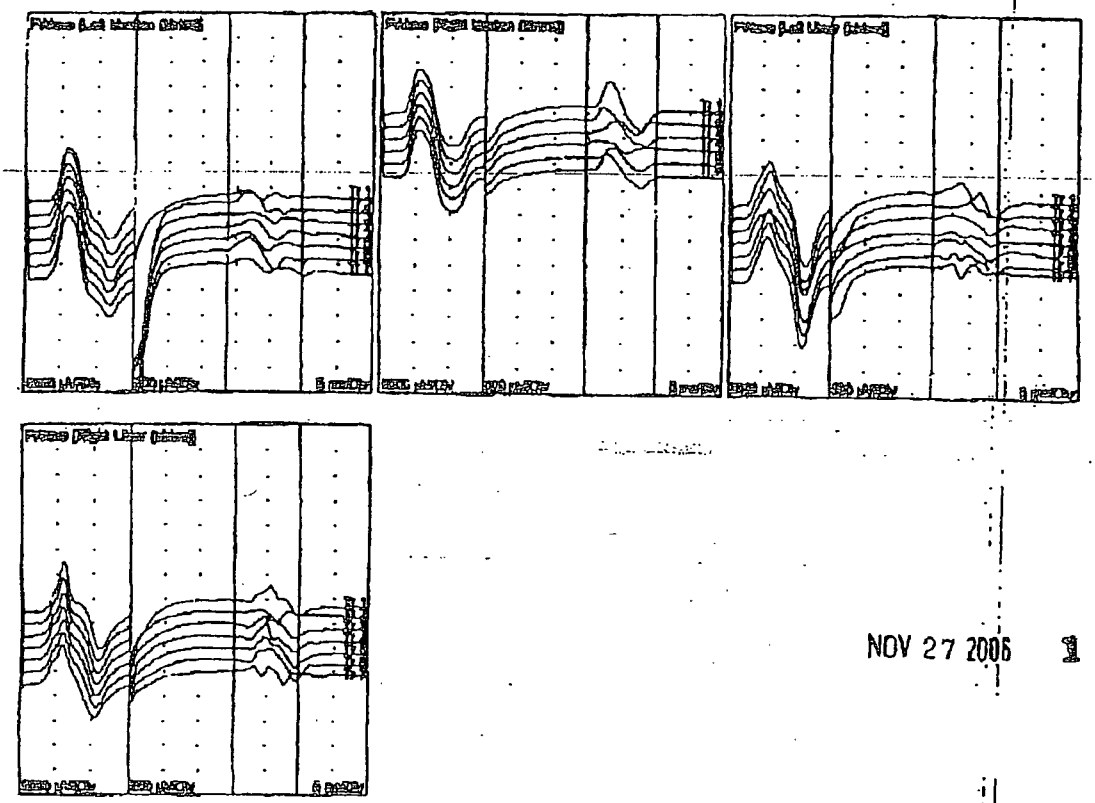
Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recr	Int Pat	FASC	Comment
Left	IntDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		
Left	PronatorTeres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		
Left	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		
Left	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		
Left	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		
Left	Infraspinatus	SupraScap	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		
Left	ExtCarRad	Radial	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml		

Patient: Roopra, Daljit Test Date: 10/16/2006 NOV 27 2006 1 Page 4

Waveforms:



Patient: Roopra, Dalgit Test Date: 10/16/2006 Page 5



NOV 27 2006 1

REGIONAL PHYSICIAN NETWORK

Husam Mourtada, M.D. 4694416

Contractual Agreement for Patients Receiving Opioid Treatment From the Regional Physiatry Clinic

I understand that the treatment I receive at the Regional Physiatry clinic, Spartanburg Regional Healthcare System, include opioid and/or sedative medications. I also understand and agree to the following while receiving these drugs:

- I understand that the goals of prescribing these medications are to increase my activities at home and/or work and decrease my pain symptoms and improve my ability to cope with my discomfort.
- I understand opioid medications are only one part of my therapy and agree to follow all other parts of my treatment program as prescribed.
- I will not attempt to obtain any opioid or sedative medications from any source other than the Regional Physiatry clinic. If I receive emergency treatment that includes any opioid or sedative medications, I will notify the staff of the Regional Physiatry clinic as soon as possible, preferably by the next working day.
- I agree to provide the Regional Physiatry clinic with the name and phone number of the pharmacy I will use.
- I agree to random urine drug screens to monitor drug usage. If substance abuse is an issue, a referral to a substance abuse counselor will be made.
- I agree to avoid alcohol on days in which I am taking narcotics. I agree to avoid all illicit drugs.
- I will not share my medications with anyone else.
- I will bring to every visit all of the unused pain medication I have been prescribed.
- If I feel tired or mentally foggy when taking these medications, I will not drive, operate heavy machinery, or serve in any capacity related to public safety.
- I understand that I must discuss any changes in dosage or frequency of my medication with my physician in the Regional Physiatry clinic before making adjustments. If, however, I develop an allergic reaction (hives, rash, shortness of breath, nausea, vomiting or other adverse effects) to an opioid or sedative, I will discontinue the medication and notify the Regional Physiatry clinic promptly.
- I will comply with my scheduled appointments.
- I understand that if I have problems such as unrelieved pain or if I have a question, I will contact the Regional Physiatry clinic.
- I understand that failure to follow these guidelines may result in cessation of my opioid and/or sedative medications therapy, referral to a substance abuse specialist or possible termination of my patient status at the Regional Physiatry clinic.

WOMEN: I understand taking opioids and/or sedatives during pregnancy can be harmful to developing babies. I am not currently pregnant.

REGIONAL PHYSIATRY CLINIC PRESCRIPTION POLICY

- I understand call-in prescriptions (new or refills) require 72-hour advance notice. Requests made on Friday will be issued on the following Monday.
- ~~I understand mail-out prescriptions (new or refills) require 5-day advance notice~~
- Prescriptions for refills will only be issued Monday through Friday during business hours.

My signature below confirms that I understand and agree to all of the above requirements to obtain opioid and/or sedative medications at the Regional Physiatry clinic.

Patient's Signature [signature] Date 1-12-10

Staff's Signature [signature] Date 1/12/10

Physician's Signature [signature] Date 1/18/10

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court Of Common Pleas

The Honorable Roger L. Couch, Circuit Court Judge

Appellate Case No.: 2013-000312
Case No: 2012-CP-42-2329

Daljit Roopra,.....Respondent,

v.

Spartanburg Automotive, Inc., and
Liberty Mutual Insurance Company, ... Appellants.

CERTIFICATE OF COUNSEL

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

(Signature page to follow.)

Respectfully submitted,

July 12, 2013 By: _____

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Carmelo B. Sammataro (Bar No. 69746)
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Columbia, SC 29202
Phone: (803) 254-2200
Fax: (803) 799-3957

ATTORNEYS FOR APPELLANTS[1]

[1] The carrier is mis-identifed via scrivener's error in the Order entered by Judge Roger L. Couch on January 16, 2013. Specialty Risk Services, Inc. is the actual carrier.