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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

Clifton B. Newman, Circuit Court Judge

Case No.: 2013-000634

PHTS Risk Management Services, (Carrier), and Spartanburg
Regional Healthcare System (Employer),..... Respondents,

v.

South Carolina Second Injury Fund,..... Appellant.

(In Re: Sarah Jones v. Spartanburg Regional Healthcare System)

RECORD ON APPEAL

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AND

Jared M. Pretulak, Esquire
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ATTORNEY FOR APPELLANT

ATTORNEY FOR RESPONDENTS

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STATE OF SOUTH CAROLINA)
)
 COUNTY OF SPARTANBURG)
)
 Sarah L. Jones, Employee,)
)
 Claimant,)
)
 -vs-)
)
 Spartanburg Regional Medical)
 Center,)
)
 Employer,)
 and)
)
 Palmetto Hospital Trust)
 Services,)
 Carrier,)
)
)
 Defendants.)

BEFORE THE SOUTH CAROLINA
 WORKERS' COMPENSATION COMMISSION

ORDER
 Settlement Agreement & Release
 WCC FILE NOS. 0607833 & 0626337

APPROVED

APR / 2008

S. C. Workers' Comp. Comm.

This matter now comes before the South Carolina Workers' Compensation Commission upon the petition of the Claimant, Sarah L. Jones. The Claimant is represented by Kathryn Williams, Attorney of Anderson, South Carolina. The Defendants, Spartanburg Regional Medical Center and Palmetto Hospital Trust Services represented by Messrs. Turner Padgett Graham & Laney P.A., attorneys of Greenville, South Carolina. The South Carolina Workers' Compensation Commission has jurisdiction.

It appears the Claimant became an employee of Spartanburg Regional Medical Center beginning on or about May 22, 2000. During the period of such employment, the Claimant contends that she suffered an injury to her right upper extremity and a second injury to her left upper extremity. Specifically, on or about April 17, 2006, Claimant contends that she suffered an injury to her left upper extremity as a result of lifting a patient on the job. The Claimant also contends that on August 10, 2006 she sustained injury to her right upper extremity while holding down a patient trying to prevent him from pulling out his tracheotomy tube. As a result of her injuries

claimant received medical treatment from Dr. Michael Alday and from Dr. James Essman. Dr. Essman released the claimant with a 15% rating to her left hand and no rating to her right hand on May 9, 2007. Defendants have agreed to pay for all medical treatment authorized and approved by the carrier in amounts approved by the South Carolina Workers' Compensation Commission through March 6, 2008. Defendants specifically deny payment of any medical treatment provided after this date and specifically deny payment for any unauthorized medical treatment claimant has received and are not making any payment therefore. Disputes have therefore arisen between the parties as to Claimant's entitlement to medical care benefits and the payment of temporary and permanent disability compensation benefits. Further disputes have arisen as to whether the Claimant suffered any other work related injuries during the period of her employment with Spartanburg Regional Medical Center.

The parties hereto now advise that in their opinion these matters are in bona fide dispute, and in view of such dispute an agreement has been reached to settle these matters in their entirety, subject to the approval of the South Carolina Workers' Compensation Commission. It is the expressed intent of the parties to fully and finally end not only the aforementioned claims, but also any and all workers' compensation claims the claimant might have as a result of her employment with Spartanburg Regional Medical Center.

Under the proposed settlement, the Defendants have agreed to pay, and Claimant has agreed to accept, the sum of Ninety Nine Thousand Eight Hundred and no/100ths (\$99,800.00) Dollars in full settlement and satisfaction of every liability of whatsoever nature or kind under the South Carolina Workers' Compensation Act growing out of, or in any way connected with, the aforesaid alleged injury by accident, injuries by accident, occupational disease as specifically set forth in paragraph two (2) hereinabove, as well as any and all other injuries by accident or occupational diseases sustained by the Claimant during the period of her employment with Spartanburg Regional

Medical Center. As an integral part of this settlement agreement, it is expressly understood and agreed that the Defendants are only responsible for ~~medical benefits approved and authorized by the carrier through March 6, 2008~~ at amounts to be approved by the South Carolina Workers' Compensation Commission.

WHEREAS, without in any way affecting the overall terms of this settlement insofar as the Defendants are concerned, and with the Claimant and the Claimant's attorney acknowledging that the Defendants make no representations as to the effect such allocation may have on the Claimant's receipt of other benefits, the Claimant and her attorney hereby request this Commission to approve the allocation of the aggregate proposed settlement sum of Ninety Nine Thousand, Eight Hundred and no/100ths (\$99,800.00) Dollars as noted below: The Claimant, who was born on November 23, 1968, and is presently 39 years of age and who, as provided in the mortality tables set forth in S.C. Code Ann. §19-1-150, has a life expectancy of 42.94 years, which is 515.28 months, hereby requests this Commission to approve the allocation of the aforementioned proposed settlement sum which is compensation for permanent impairment and that will affect the Claimant for life as follows: Thirty Six Thousand Three Hundred Forty and 73/100ths (\$36,340.73) Dollars as attorney's fees and costs in prosecuting this action, Four Thousand and 00/100ths (\$4,000.00) for future medical treatment and Fifty Nine Thousand Four Hundred Fifty Nine and 27/100ths (\$59,459.27) Dollars in compromise settlement of disputed future disability benefits at the rate of One Hundred Fifteen and 39/100ths (\$115.39) per month for a period of 515.28 months, pursuant to S.C. Code Ann. §42-9-10 as interpreted in Utica-Mohawk Mills v. Orr, 277 S.C. 226, 87 S.E. 2d 589 (1955). See also Sciarotta v. Bowen, 837 F.2d 135 (3d Cir. 1988); S.C. Code Ann. §19-1-150. (Fifty Nine Thousand Four Hundred Fifty Nine and 27/100ths (\$59,459.27)

Dollars divided by 515.28 months equals One Hundred Fifteen and 39/100ths (\$115.39) per month).

Claimant hereby asserts that she has been fully advised by her attorney of record of all of her rights under the South Carolina Workers' Compensation Act, and the Claimant is of the opinion that the proposed settlement is reasonable and fair and in this opinion the Claimant's attorney concurs and asserts that she has fully advised the Claimant of all of her rights under the South Carolina Workers' Compensation Act and they respectfully request that this Commission do approve the settlement as set forth above. The Claimant hereby asserts that she recognizes that her consent to, and the approval of, this Order is a final determination and adjudication of all benefits under the South Carolina Workers' Compensation Act growing out of, or in any way connected with, the aforesaid alleged injury by accident, injuries by accident or occupational diseases specifically set forth in paragraph two (2) hereinabove, as well as any and all other injuries by accident or occupational diseases sustained by the Claimant during the period of her employment with Spartanburg Regional Medical Center.

It is not the intention of the defendant or the claimant in this case to shift the responsibility for paying future medical expenses related to the claimant's injuries to the Federal government. The parties have considered and protected Medicare's interests in this case, however, this settlement does not meet the current criteria for review and approval by the Centers for Medicare and Medicaid Services.

As evidence of the employer and claimant's intent not to shift the burden of payment for future medical expenses to the federal government, the amount of Four Thousand and No/100ths (\$4,000.00) Dollars is being allocated from the total settlement proceeds in this case to pay for the claimant's future medical expenses related to the injuries described herein.

The parties hereto acknowledge that the South Carolina Workers' Compensation Commission relies upon the representation of the attorney for the Claimant and Claimant has been apprised fully of all of her rights under the South Carolina Workers' Compensation Act.

This Commission is of the opinion that the allocation of the proposed settlement sum as set forth above is reasonable and proper and should be approved.

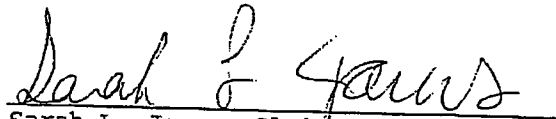
NOW, THEREFORE, IT IS ORDERED that upon payment of the sum of Ninety Nine Thousand Eight Hundred and no/100ths (\$99,800.00) Dollars by Defendants, and the acceptance of said sum by the Claimant, Defendants, Spartanburg Regional Medical Center and Palmetto Hospital Trust Services, be and hereby are, fully and forever discharged of all liability of whatsoever nature and kind under the South Carolina Workers' Compensation Act growing out of, or in any way connected with, the aforesaid alleged injury by accident, injuries by accident or occupational diseases specifically set forth in Paragraph Two (2) hereinabove, as well as any and all other injuries by accident or occupational diseases sustained by the Claimant during the period of her employment with Spartanburg Regional Medical Center, so that upon such payment, and the acceptance as aforesaid, this matter be, and the same hereby is, res judicata and not subject to review under any conditions.

IT IS FURTHER ORDERED that the allocation of the settlement sum and the agreement as to attorney fees as set forth hereinabove be, and the same hereby are, approved.

AND IT IS SO ORDERED.

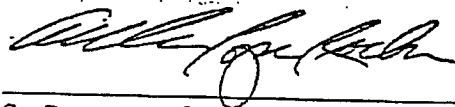
DATED: _____


WE CONSENT TO THE
FOREGOING ORDER:




Sarah L. Jones, Claimant

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


By: _____
G. Bryan Lyndon, Commissioner

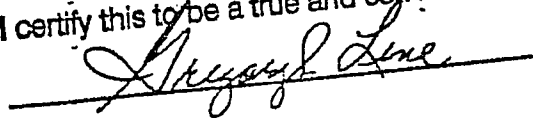


Kathryn Williams, Esquire
Attorney for Claimant



O. Shayne Williams
Attorneys for Defendants

I certify this to be a true and correct copy.



Raymond Lane

FEE SUBJECT TO FORM 61

DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
SCWCC NO. 0607833; SCSIF NO. 132738
PALMETTO HOSPITAL TRUST
V.
SOUTH CAROLINA SECOND INJURY FUND

[In Re: Sarah Jones, Employee v. Spartanburg Regional Healthcare System, Employer]

HEARING: August 22, 2011 in Spartanburg, South Carolina.

APPEARANCES: Spartanburg Regional Healthcare System, Employer, and Palmetto Hospital Trust, Carrier, represented by , T.J. Hadley, Esquire, of Gallivan White & Boyd, P.A., Greenville, South Carolina.

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

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

OPINION AND AWARD: By Derrick L. Williams, Commissioner

FILED: October 11, 2011

ADMINISTRATIVE PROCEDURE ACT (APA) SUBMISSIONS

<u>APA NO.</u>	<u>ITEM</u>	<u>DATE</u>	<u>PAGES</u>
1	Spartanburg Regional Healthcare System (Occupational Health)	04/20/06 - 03/01/07	1-38
2	Spartanburg Regional Healthcare System (Center for Rehabilitation)	05/03/06 - 02/26/07	39-48
3	Carolina Hand Center	07/20/06- 05/09/07	49-68
4	Regional Physiatry, P.A.	10/31/06 - 01/19/07	69-76
5	Greenville Psychiatry	06/21/07	77-82
6	Dr. Robert A. Wilson	07/09/07	83-84
7	Post Trauma Resources	01/30/08	85-90
8	Kathleen Brady, M.Ed., Ph.D.	02/14/08	91-102

EXHIBITS

A	Notice of Possible Second Injury Fund Claim Form	06/01/11	103
B	Employee Occupational Health Services Medical History Form	05/12/00 - 11/07/05	104-108
C	Medical Certificates of Dr. Robert Wilson	05/17/11	109-110
D	Medical Certificates of Dr. Michael Alday	06/17/11	111-112

STIPULATIONS

The parties stipulated to the following:

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

STATEMENT OF THE CASE

This is a claim for partial reimbursement from the South Carolina Second Injury Fund (the "Fund") by Spartanburg Regional Healthcare System, Employer, and Palmetto Hospital Trust, Carrier (collectively "Carrier") pursuant to S.C. Code Ann. § 42-9-400. Carrier alleged that they incurred substantially greater liability for compensation and medical benefits when employee Sarah Jones' (the "Claimant") preexisting anxiety and prior right wrist injury were either aggravated by or combined with her April 17, 2006 left wrist injury. Carrier further alleged that Claimant's preexisting anxiety and right wrist injury were permanent and serious enough to constitute a hindrance or obstacle to employment. The Fund argued that Claimant did not have a preexisting left wrist problem, that Claimant's prior right wrist injury and alleged anxiety did not constitute a hindrance to employment and that Carrier was not entitled to reimbursement pursuant to S.C. Code Ann. § 42-9-400.

EVIDENCE OF THE CASE

On April 17, 2006, Claimant sustained an injury by accident to her left wrist during the course of her employment with Spartanburg Regional Healthcare System. Prior to this work injury, Claimant completed annual medical history questionnaires from May 2000 to November 7, 2005. Carrier APA pp.104-108.

On April 20, 2006, Claimant presented to Spartanburg Regional Healthcare System and was diagnosed with a left wrist sprain, released to sedentary work duty with lifting restrictions and instructed to follow up on April 25, 2006. Carrier APA p.1. On April 25, 2006, Claimant's examination revealed mild to moderate left wrist swelling, stable ligaments, pain and slightly reduced grip strength. Carrier APA p.2. Claimant's treatment plan included a wrist brace, medication, sedentary work and a follow up upon completion of a left wrist x-ray. Carrier APA pp.2-4.

On May 2, 2006, Claimant presented to Spartanburg Regional Healthcare System for reevaluation of her left wrist sprain. Carrier APA p.5-6. Claimant reported continued pain and tenderness in her left wrist radiating upward into her upper arm. Carrier APA p.5. Claimant's treatment plan included physical therapy, modified duty with a wrist splint, prescription medication, applying ice for swelling and follow up in two (2) weeks. Carrier APA pp.5-6, 39-40. On May 23, 2006, a left wrist MRI was ordered to rule out ligament damage. Carrier APA p.9. On May 30, 2006, Claimant's left wrist MRI was negative with no torn ligaments or tendons. Carrier APA p.10. Claimant's treatment plan included hand therapy, continuation of modified duty and reevaluation in two (2) weeks. Carrier APA pp.10-11.

On June 13, 2006, Claimant presented for reevaluation of her left wrist pain. Carrier APA p.12. Claimant noted that she was feeling much better but still having difficulty. Carrier APA p.12. Claimant's treatment plan included additional hand therapy sessions, modified duty with an increase in her light duty work from twenty (20) pounds to thirty (30) pounds, and a two (2) week follow up. Carrier APA p.12.

On July 13, 2006, Claimant's left wrist examination revealed significant swelling and some tenderness. Carrier APA pp.15-16. Claimant's treatment plan included a referral for further evaluation, light to medium duty work and a two (2) week follow up. Carrier APA pp.15-16. On July 20, 2006, when Claimant presented to the Carolina Hand Center complaining of left wrist and hand pain, aggressive hand therapy was recommended. Carrier APA pp.41-43 and 49-50.

On August 10, 2006, Claimant's normal left wrist x-ray and MRI studies were noted and her treatment plan included physical therapy, and evaluation with a hand surgeon. Carrier APA p.19. On August 17, 2006, Claimant returned to Spartanburg Regional Healthcare System for follow up of her left wrist pain. Carrier APA p.20. Claimant also complained of right hand pain. However, an examination of Claimant's right hand revealed "no obvious deformities", excellent range of motion with good wrist function, good grip strength and no swelling. Carrier APA p.20. The treating physician indicated that Claimant "has suffered no acute injury to the right hand or wrist" but noted that the right wrist would be monitored for returning symptoms. Carrier APA p.20. For several months, Claimant received continued care of her left hand and wrist pain with the Carolina Hand Center while on restricted duty. Carrier APA pp.51-56.

Claimant continued to experience pain in the left hand and was prescribed medication and sedentary work. Carrier APA pp.21-24. On September 26, 2006, Claimant was released to full duty with prescription medication and instructions to follow up in four (4) weeks. Carrier APA pp.25-26. On October 26, 2006, a nerve conduction study was ordered and revealed carpal tunnel syndrome of the left wrist. Carrier APA pp. 27-29, 57, 69-74. On November 7, 2006, left carpal tunnel release surgery was recommended. Carrier APA p.58.

On January 11, 2007, the treating physician recommended a nerve conduction study on the right wrist after Claimant reported increasing right hand pain. Carrier APA pp.32-33. Claimant's right hand nerve conduction study was "completely normal in the right hand" and did not reveal carpal tunnel or peripheral neuropathy. Carrier APA p.34, 75. Claimant displayed excellent range of motion with good grip strength in the right hand with no obvious swelling or deformities. Carrier APA p.34. On February 14, 2007, Claimant underwent a left carpal tunnel release with post surgical instructions to do light range of motion, continue using the wrist brace, no use of the left upper extremity and a one (1) week follow up. Carrier APA p.36, 63.

On March 1, 2007, Claimant presented for post operative removal of sutures and the examination revealed a well healed surgical scar, no swelling or deformities, excellent range of motion and good grip strength. Carrier APA pp.37-38. Claimant continued to follow up with the Carolina Hand Center post left carpal tunnel release. Carrier APAp.67. Claimant's examination revealed scar tenderness, full range of motion and physical therapy was continued. Carrier APA p.67. On May 9, 2007, Claimant was

discharged from care with a zero (0%) percent impairment to the right hand and a fifteen (15%) percent impairment to the left hand. Carrier APA p.68.

On June 21, 2007, Claimant underwent an independent medical evaluation which diagnosed pain disorder with psychological factors, anxiety disorder with “no functional impairment . . . until after the work injury,” depressive disorder, obsessive compulsive personality traits and left hand carpal tunnel syndrome. Carrier APA pp.77-82. Claimant’s treatment recommendations were medication, cognitive behavioral therapy, and vocational rehabilitation if she experiences relief from interventions. Carrier APA p.82.

On January 30, 2008, Claimant underwent another independent medical evaluation by Post Trauma Resources, which noted that she developed anxiety and depression “more likely than not due to the physical pain from her April 17, 2006 work injury” and she was deemed at maximum medical improvement with no restrictions from a mental health perspective. Carrier APA pp.89-90, 97.

On May 19, 2011, Dr. Robert Wilson, a plastic surgeon, completed medical certificates supporting reimbursement with respect to Claimant’s prior right wrist injury and anxiety. Carrier APA pp.109-110. On June 17, 2011, Dr. Michael Alday completed medical certificates supporting reimbursement with respect to Claimant’s prior right wrist injury and anxiety. Carrier APA pp.111-112.

FINDINGS OF FACT

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

1. On April 17, 2006, Claimant sustained an injury by accident to her left wrist during the course of her employment with Spartanburg Regional Healthcare System. Claimant did not have a prior left wrist injury. This finding is based upon the records and reports at Carrier APA pp. 2-6.

2. Approximately thirteen (13) years before the work injury, Claimant sustained a prior right wrist injury. I find that Claimant's prior right wrist injury, which occurred thirteen (13) years prior to this injury and did not present problems after its initial presentation in 1993, is compelling evidence that it was not serious enough to constitute a hindrance or obstacle to her employment. This finding is based on Carrier APA pp.83, 93.

3. Carrier obtained medical questionnaires from two (2) doctors who support reimbursement for prior anxiety and prior right wrist injury. The first set of medical questionnaires was completed by Dr. Robert A. Wilson, a plastic surgeon who treated Claimant for the first time on June 25, 2007, more than a year post injury. I do not find Dr. Wilson's certificates persuasive on issues of reimbursement. Dr. Wilson is a plastic surgeon who rendered limited treatment to Claimant more than a year after the work injury. In addition, Dr. Wilson's report noted that Claimant's prior right wrist injury thirteen (13) years prior to this injury "had been treated and had not given her any recent

problems.” Thus, if the undersigned Commissioner were so inclined to rely on Dr. Wilson’s medical record, it would support the Fund’s argument that the preexisting condition was not serious enough to constitute a hindrance to her employment. This finding is based upon Carrier APA pp.83-84, 109-112.

4. Dr. Michael Alday also completed medical questionnaires supporting reimbursement. Dr. Alday treated Claimant for approximately a year after the work injury. Though Dr. Alday’s medical questionnaires support reimbursement for Claimant’s prior anxiety, the medical records do not support his positive responses. The records indicate that Claimant’s anxiety and depression were “more likely than not due to the physical pain from her April 17, 2006 work related injury.” The medical evidence also reveals that Claimant denied having any prior mental problems. Thus, I give greater weight to the medical records in evidence that specifically address this issue than I give to Dr. Alday’s questionnaires. The medical records support a finding that Claimant did not have preexisting anxiety. This finding is based upon the evidence in its totality, especially Carrier APA pp.89, 105, 111-112.

5. Claimant’s prior right wrist injury was not permanent and serious enough to constitute a hindrance to employment or reemployment. On August 17, 2006, approximately four (4) months after the work injury, an examination of Claimant’s right hand revealed “no obvious deformities”, excellent range of motion with good wrist function, good grip strength and no swelling. The treating physician indicated that Claimant “has suffered no acute injury to the right hand or wrist.” In January 2007, approximately eight (8) months post injury, Claimant’s right hand nerve conduction study was “completely normal” and did not reveal carpal tunnel or peripheral neuropathy.

Claimant displayed excellent range of motion with good grip strength in the right hand with no obvious swelling or deformities. This finding is based upon Carrier APA pp.20, 34, 75.

6. Carrier argues that Claimant's concealment of her preexisting conditions means "that the condition is a defacto hindrance or obstacle to employment" because Claimant "thought it was serious enough to hide it from her employer." Hrg. Tr. pp.6 and 13 (emphasis added). Carrier cites Fredrick v. Wellman, Inc. to supports its argument. 682 S.E.2d 516 (S.C.App. 2009). In Wellman, the South Carolina Court of Appeals determined that Claimant was not entitled to benefits because she concealed her back problems from the company during the hiring process. Id. Carrier's reliance on Wellman is misplaced. First, Carrier is not qualified to testify to Claimant's "thoughts" during the application process. Moreover, Wellman does not address hindrance or any other reimbursement criterion. Further, Wellman allows a Carrier to refuse benefits upon a showing of fraud by the employee during the hiring process. On the contrary, in the statutory reimbursement scheme, concealment is not a bar to reimbursement. See S.C. Code Ann. § 42-9-400.

In the statutory reimbursement scheme, knowledge and hindrance are separate elements and the existence of one does not constitute the existence of the other. However, the evidence in the record indicates that Claimant did not have preexisting anxiety; and, as such, concealment is inapplicable. This is finding is based up Carrier APA pp.79,81,90, 97.

6. Even if we assume arguendo that Claimant had preexisting anxiety, which I specifically do not find, it was not serious enough to constitute a hindrance to

Claimant's employment based on the medical evidence in the record. On June 21, 2007, Claimant underwent an independent medical evaluation which revealed that she had "no history of psychiatric treatment, therapy or counseling" and she was diagnosed with pain disorder with psychological factors, anxiety disorder but "no functional impairment . . . until after the work injury." Claimant was released at maximum medical improvement with no restrictions from a mental health or psychological perspective. This finding is based upon Carrier APA p.79, 81, 90, 97.

7. Claimant's preexisting right wrist injury was not a hindrance or obstacle to her employment. Claimant denied any prior physical or mental problems and indicated that she did not know of any reason that would interfere with her safely performing her job. A vocational evaluator indicated that there were various positions open to Claimant based on her abilities, that she had no post injury limitations and could transition back into the labor market with additional training. This finding is based upon Carrier APA pp.99, 102, 105, 107-108.

8. The evidence in the record establishes that Carrier is not entitled to reimbursement pursuant to S.C. Code Ann. § 42-9-400.

CONCLUSIONS OF LAW

Based upon the totality of the evidence in the record, I conclude as a matter of law:

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

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

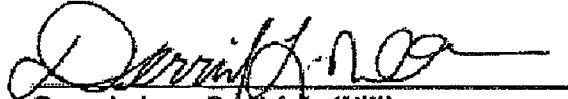
3. To qualify for reimbursement, Carrier had the burden to prove that Claimant had preexisting anxiety and that it was permanent and serious enough to be a hindrance or obstacle to Claimant's employment. The evidence in this case establishes the contrary; and, as such, Carrier failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400.

4. To qualify for reimbursement, Carrier had the burden to prove that Claimant's preexisting right wrist injury was permanent and serious enough to constitute a hindrance or obstacle to Claimant's employment. The evidence in the record establishes the contrary; and as such, Carrier failed to meet the requirement for reimbursement pursuant to S.C. Code Ann. § 42-9-400.

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

AWARD

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


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.

October 11, 2011

By: Renee Smith, Administrative Assistant to Commissioner Williams

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 0607833**

PHTS RISK MANAGEMENT, CARRIER/APPELLANT,

- v -

SC SECOND INJURY FUND, DEFENDANT/RESPONDENT.

[IN RE: Sarah Jones v. Spartanburg Regional Healthcare System
and PHTS Risk Management]

Appellate Panel Review held in Columbia,
South Carolina on March 19, 2012 per notices
timely and properly served on all parties.

Appellate Panel Decision and Order filed
6/6, 2012.

APPEARANCES: Carrier/Appellant represented by Robert C. Rogers, Esquire, Gallivan White & Boyd, P.A., Greenville, South Carolina.

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

STATEMENT OF CASE

On August 22, 2011, Commissioner Derrick L. Williams held a hearing on this matter in Spartanburg, South Carolina and issued the following Order:

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

Within the statutory period, counsel for the Employer and Carrier filed a Request for Commission Review setting forth twenty-one (21) grounds for appeal, with copies furnished to all interested parties prior to being presented to the Appellate Panel on March 19, 2012. All proffered testimony has been taken and together with all documentary evidence has been delivered to the individual members of the Full Commission and has since been under advisement and consideration.

In accordance with S.C. Code Ann. § 42-17-50, the Appellate Panel shall review the award, and if good and proper grounds are shown, may reconsider evidence, receive further evidence, rehear the parties and amend the award. Furthermore, the Appellate Panel may make its own findings of fact and conclusions of law. Lowe v. Am-Can Transport Services, Inc., 283 S.C. 534, 324 S.E.2d 87 (S.C.App. 1984). After careful review in the instant case, the Commission has determined that all of the Hearing Commissioner’s Findings of Fact and Conclusions of Law are correct as stated. Accordingly, they shall become the law of the case, and are sustained in their entirety.

FINDINGS OF FACT

After hearing argument of the parties and reviewing the evidence, we make the following findings of fact:

1. On April 17, 2006, Claimant sustained an injury by accident to her left wrist during the course of her employment with Spartanburg Regional Healthcare System. Claimant did not have a prior left wrist injury.
2. Approximately thirteen (13) years before the work injury, Claimant sustained a prior right wrist injury. We find that Claimant's prior right wrist injury, which occurred thirteen (13) years prior to this injury and did not present problems after its initial presentation in 1993, is compelling evidence that it was not serious enough to constitute a hindrance or obstacle to her employment.
3. Carrier obtained medical questionnaires from two (2) doctors who supported reimbursement for prior anxiety and prior right wrist injury. The first set of medical questionnaires was completed by Dr. Robert A. Wilson, a plastic surgeon who treated Claimant for the first time on June 25, 2007, more than a year post injury. We do not find Dr. Wilson's certificates persuasive on issues of reimbursement. Dr. Wilson is a plastic surgeon who rendered limited treatment to Claimant more than a year after the work injury. In addition, Dr. Wilson's medical report noted that Claimant's prior right wrist injury thirteen (13) years prior to this injury "had been treated and had not given her any recent problems." Thus, if we were so inclined to rely on Dr. Wilson's medical record, it would support the Fund's argument that the preexisting condition was not serious enough to constitute a hindrance to her employment.
4. Dr. Michael Alday also completed medical questionnaires which supported reimbursement. Dr. Alday treated Claimant for approximately a year after the work injury.

Though Dr. Alday's medical questionnaires supported reimbursement for Claimant's prior anxiety, the medical records did not support his positive responses. The records indicated that Claimant's anxiety and depression were "more likely than not due to the physical pain from her April 17, 2006 work related injury." The medical evidence also revealed that Claimant denied having any prior mental problems. Thus, we give greater weight to the medical records in evidence that specifically address this issue than we give to Dr. Alday's questionnaires. The medical records support a finding that Claimant did not have preexisting anxiety.

5. Claimant's prior right wrist injury was not permanent and serious enough to constitute a hindrance to employment or reemployment. On August 17, 2006, approximately four (4) months after the work injury, an examination of Claimant's right hand revealed "no obvious deformities", excellent range of motion with good wrist function, good grip strength and no swelling. The treating physician indicated that Claimant "has suffered no acute injury to the right hand or wrist." In January 2007, approximately eight (8) months post injury, Claimant's right hand nerve conduction study was "completely normal" and did not reveal carpal tunnel or peripheral neuropathy. Claimant displayed excellent range of motion with good grip strength in the right hand, with no obvious swelling or deformities.

6. Carrier argued that Claimant's concealment of her preexisting conditions meant "that the condition is a defacto hindrance or obstacle to employment" because Claimant "thought it was serious enough to hide it from her employer." Hrg. Tr. pp.6 and 13. Carrier cited Fredrick v. Wellman, Inc. to support its argument. 682 S.E.2d 516 (S.C.App. 2009). In Wellman, the South Carolina Court of Appeals determined that Claimant was not entitled to benefits because she concealed her back problems from the company during the hiring process. Id. Carrier's reliance on Wellman is misplaced. First, Carrier is not qualified to testify to Claimant's

“thoughts” during the application process. Moreover, Wellman does not address hindrance or any other reimbursement criterion. Further, Wellman allows a Carrier to refuse benefits upon a showing of fraud by the employee during the hiring process. On the contrary, in the statutory reimbursement scheme, concealment is not a bar to reimbursement. See S.C. Code Ann. § 42-9-400.

In the statutory reimbursement scheme, knowledge and hindrance are separate elements and the existence of one does not constitute the existence of the other. However, the evidence in the record indicated that Claimant did not have preexisting anxiety; and, as such, concealment is inapplicable.

7. Even if we assumed *arguendo* that Claimant had preexisting anxiety, which we specifically do not find, it was not serious enough to constitute a hindrance to Claimant’s employment based on the medical evidence in the record. On June 21, 2007, Claimant underwent an independent medical evaluation which revealed that she had “no history of psychiatric treatment, therapy or counseling”, she was diagnosed with a pain disorder with psychological factors, and an anxiety disorder but “no functional impairment . . . until after the work injury.” Claimant was released at maximum medical improvement with no restrictions from a mental health or psychological perspective.

8. Claimant’s preexisting right wrist injury was not a hindrance or obstacle to her employment. Claimant denied any prior physical or mental problems and indicated that she did not know of any reason that would interfere with her safely performing her job. A vocational evaluator indicated that there were various positions open to Claimant based on her abilities, that she had no post injury limitations and could transition back into the labor market with additional training.

9. The evidence in the record established that Carrier is not entitled to reimbursement pursuant to S.C. Code Ann. § 42-9-400.

CONCLUSIONS OF LAW

Based upon the totality of the evidence in the record, we conclude as a matter of law:

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

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

3. To qualify for reimbursement, Carrier had the burden to prove that Claimant had preexisting anxiety and that it was permanent and serious enough to be a hindrance or obstacle to Claimant's employment. The evidence in this case established the contrary; and, as such, Carrier failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400.

4. To qualify for reimbursement, Carrier had the burden to prove that Claimant's preexisting right wrist injury was permanent and serious enough to constitute a hindrance or obstacle to Claimant's employment. The evidence in the record established the contrary; and as such, Carrier failed to meet the requirement for reimbursement pursuant to S.C. Code Ann. § 42-9-400.

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

ORDER

IT IS THEREFORE ORDERED that the Order of the Single Commissioner filed on October 11, 2011, is hereby affirmed by the Appellate Panel, and constitutes the Decision and Order of the Full Commission.

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


S.C. WORKERS' COMPENSATION COMMISSION




Andrea C. Roche, Commissioner

FULL AFFIRMATION

CONCUR:



Avery B. Wilkerson, Jr., Commissioner



T. Scott Beck, 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 in this cause by depositing a copy hereof, postage paid, in the United State mail addressed to the attorney or attorneys for said parties.

This 6 day of June, 2012
By Valerie D. Peller
Administrative Assistant to the Commissioner

Latonya Edwards
O. Sharpe Williams
Jared M. Pretulato

Chadwick D. Pye
Kathryn Williams

STATE OF SOUTH CAROLINA)
)
 COUNTY OF SPARTANBURG)
)
 PHTS Risk Management Services,)
 (Carrier) and Spartanburg Regional)
 Healthcare System (Employer),)
)
 Plaintiffs/Appellants,)
)
 vs.)
)
 South Carolina Second Injury Fund,)
)
 Defendant/Respondent,)
)
 (In Re: Sarah Jones v. Spartanburg)
 Regional Healthcare System))

IN THE COURT OF COMMON PLEAS

**ORDER REVERSING DECISION OF
 THE APPELLATE PANEL OF THE
 SOUTH CAROLINA WORKERS'
 COMPENSTION COMMISSION**

W.C.C. FILE NO. 0607833

C.A. No.: 2012-CP-42-285

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ORDER

This matter is before the Court on the motion of PHTS Risk Management Services (Carrier) and Spartanburg Regional Healthcare System (Employer), collectively Plaintiffs/Appellants, wherein they appeal from the decision of the Appellate Panel of the South Carolina Workers' Compensation Commission ("Appellate Panel") denying them full Second Injury Fund reimbursement for benefits paid or to be paid to the injured employee, Sarah Jones, on the underlying workers' compensation claim stemming from Ms. Jones' April 17, 2006 work accident.

The parties submitted briefs to the Court and appeared for oral arguments on December 13, 2012, at the Spartanburg County Judicial Center. After hearing the arguments of counsel, reviewing the memoranda and other documents submitted to the Court, and the applicable authority, the Court hereby reverses the decision of the Appellate Panel insofar as it denies Plaintiffs/Appellants full Second Injury Fund reimbursement pursuant to S.C. Code § 42-9-400.

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FACTS OF THE CLAIM

Ms. Jones injured her left upper extremity on April 17, 2006 in a work-related accident while employed by Spartanburg Regional Healthcare System. PHTS Risk Management Services admitted the claim and authorized appropriate medical treatment. Prior to this incident, in 1993, Ms. Jones had sustained another work-related accident affecting her right wrist while working for a different employer. In addition, Ms. Jones suffered from anxiety prior to her April 17, 2006 work accident.

Plaintiffs/Appellants sought Second Injury Fund reimbursement pursuant to S.C. Code § 42-9-400, contending that Ms. Jones' right wrist injury and anxiety predated her April 17, 2006 work accident, that the conditions were permanent and serious enough so as to constitute a hindrance or obstacle to her employment, that the preexisting conditions were concealed from Spartanburg Regional Healthcare System, and that they incurred substantially greater liability for medical costs, disability, and compensation based upon Ms. Jones' preexisting conditions combining with or being aggravated by her April 17, 2006 work accident. In so contending, Plaintiffs/Appellants relied upon medical evidence and medical questionnaires completed by physicians, including Ms. Jones' authorized treating physician, establishing the elements of reimbursement under S.C. Code § 42-9-400.

PROCEDURAL HISTORY

Commissioner Derrick L. Williams held a hearing on August 22, 2011, in Spartanburg, South Carolina. The Commissioner's Decision and Order, filed October 11, 2011, denied Plaintiffs/Appellants reimbursement pursuant to S.C. Code § 42-9-400. On October 24, 2011, Plaintiffs/Appellants filed an Application for Full Commission Review of the Hearing Commissioner's Decision & Order. The parties submitted briefs in support of their respective

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position and appeared before the Appellate Panel on March 19, 2012 for oral argument. On June 6, 2012, the Appellate Panel issued its Decision and Order denying Plaintiffs/Appellants full reimbursement from the Fund and affirming the Decision and Order of the Hearing Commissioner.

Plaintiffs/Appellants submitted a Notice of Appeal and Petition for Judicial Review by the Court on July 3, 2012, listing fifty-seven (57) Grounds for Review and Exceptions to the Decision and Order of the Appellate Panel.

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STANDARD OF REVIEW

The South Carolina Administrative Procedures Act (APA) establishes the standard for judicial review of decisions by the Appellate Panel of the Workers' Compensation Commission. *Fredrick v. Wellman, Inc.*, 385 S.C. 8, 15–16, 682 S.E.2d 516, 519 (Ct. App. 2009); *see Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 134–35, 276 S.E.2d 304, 306 (1981). Under the scope of review established by the APA, the Court may not substitute its judgment for that of the Appellate Panel as to the weight of the evidence on questions of fact, but may reverse or modify the Appellate Panel's decision if the appellant's substantial rights have been prejudiced because the decision is affected by an error of law or is clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record. *Carolinas Recycling Group v. South Carolina Second Injury Fund*, 398 S.C. 480, 483, 730 S.E.2d 324, 326 (Ct. App. 2012); *see S.C. Code § 1-23-380*. Substantial evidence is defined as evidence that, in viewing the record as a whole, would allow reasonable minds to reach the same conclusion as the Appellate Panel. *Carolinas Recycling Group*, 398 S.C. at 483, 730 S.E.2d at 326 (citing *Lark*, 276 S.C. at 135, 276 S.E.2d at 306). More specifically, substantial evidence is not a mere scintilla of evidence nor evidence viewed from one side, but such evidence, when the whole record is considered, as would allow

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reasonable minds to reach the conclusion that the Appellate Panel reached. *Bazen v. Badger R. Bazen Co., Inc.*, 388 S.C. 58, 62, 693 S.E.2d 436, 438 (Ct. App. 2010) (citing *Shealy v. Aiken County*, 341 S.C. 448, 455, 535 S.E.2d 438, 442 (2000)).

ANALYSIS

Plaintiffs/Appellants contended to the Court that the Decision and Order of the Appellate Panel was affected by other error of law insofar as the Appellate Panel's decision denying Plaintiffs/Appellants reimbursement was not supported by substantial evidence in the record. More specifically, Plaintiffs/Appellants explained that they submitted medical evidence and uncontroverted expert medical opinions from physicians, including Ms. Jones' authorized treating physician, establishing each of the requisite elements of reimbursement as provided for in S.C. Code § 42-9-400. In contrast, the Second Injury Fund/Respondent did not submit any evidence of its own, and instead, pointed to isolated medical records submitted by Plaintiffs/Appellants and contended that said medical records did not support the opinions of the experts finding that the elements of reimbursement had been met in this instance.

Plaintiffs/Appellants submitted evidence in the form of medical records and medical questionnaires completed by physicians, including Ms. Jones' authorized treating physician, establishing that Ms. Jones suffered from anxiety and a prior right wrist injury before her April 17, 2006 work accident (ROA pp. 121, 128-29, 138, 140, 143, 150, 155-59). The same evidence also establishes that these preexisting conditions were permanent and serious enough to constitute a hindrance or obstacle to Ms. Jones employment or reemployment (ROA pp. 155-59). In fact, Ms. Jones missed approximately one year of work as a result of her 1993 right wrist injury (ROA pp. 128, 138, 140, 143). Plaintiffs/Appellants also pointed to medical records and questionnaires supporting that Ms. Jones' preexisting anxiety and right wrist injury combined

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with or were aggravated by her April 17, 2006 work injury to result in substantially greater liability for medical costs, disability, and compensation, than would have resulted from her April 17, 2006 alone (ROA 56, 68, 70, 72, 121, 125, 135, 155-59). In sum, Plaintiffs/Appellants satisfied each and every requirement for Second Injury Fund reimbursement pursuant to S.C. Code § 42-9-400 via expert medical opinions and supporting medical records. As noted previously, the Second Injury Fund did not submit any medical opinions or evidence contradicting that submitted by Plaintiffs/Appellants.

The South Carolina Court of Appeals recently weighed in on what evidence the Appellate Panel may rely upon in rendering a decision on entitlement to Second Injury Fund reimbursement. In *Carolinas Recycling Group v. South Carolina Second Injury Fund*, 398 S.C. 480, 730 S.E.2d 324 (Ct. App. 2012), the South Carolina Court of Appeals found that the record was “replete with expert medical testimony” supporting reimbursement and “the Fund failed to present any expert medical testimony . . . to discredit the overwhelming medical testimony and evidence [the carrier] presented to the Appellate Panel.” *Id.* at 485, 730 S.E.2d at 327. As such, the court found that the decision of the Appellate Panel denying reimbursement was not supported by substantial evidence; correspondingly, the court reversed the Order of the circuit court affirming the Decision and Order of the Appellate Panel. *See id.* at 486, 730 S.E.2d at 328.

In another case, *Burnette v. City of Greenville*, No. 5059, 2012 WL 6028904 (S.C. Ct. App. Dec. 5, 2012), released the week before the parties presented oral arguments to the Court, the South Carolina Court of Appeals once again reversed a circuit court affirming the decision of the Appellate Panel, on the ground that the Appellate Panel’s decision was not supported by substantial evidence. While *Burnette* does not involve reimbursement from the Second Injury Fund, the standard of substantial evidence articulated by the South Carolina Court of Appeals in

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that case is applicable to the instant action. In *Burnette*, the Appellate Panel had affirmed the decision of the Hearing Commissioner denying compensability. *Id.* at *1. The South Carolina Court of Appeals pointed out that the record contained medical evidence and opinions from the employee's physicians that the employee had sustained a compensable injury to her lumbar spine and there was no evidence in the record challenging the conclusions of the medical experts. Despite this, the Hearing Commissioner and Appellate Panel found against compensability for the lumbar spine, in spite of what the court of appeals considered to be a lack of medical evidence supporting their decision. The South Carolina Court of Appeals reversed the Order of the circuit court affirming the decision of the Appellate Panel, holding that the record provided "little or no support for the findings of the Commission." *Id.* at *6. In so holding, the court of appeals noted that "particularly disturbing" was that the opinion regarding the significance of medical evidence (an MRI) did not originate from a medical provider, but was simply the opinion of the Hearing Commissioner based upon her interpretation of the medical evidence. *Id.* at *6. The court of appeals remanded the case to the Commission with specific instructions to reconsider the issues and enter findings of fact concerning compensability of the lumbar spine that are supported by substantial evidence in the record. *Id.*

Under the authority of *Carolinas Recycling*, once Plaintiffs/Appellants submitted expert medical opinions and supporting medical evidence establishing each and every element of reimbursement under S.C. Code § 42-9-400, the South Carolina Second Injury Fund was required to submit some form of reliable, probative, and substantial medical evidence of its own contradicting that submitted by Plaintiffs/Appellants. In this instance, the South Carolina Second Injury Fund did not submit any such evidence. As such, the decision of the Appellate Panel was not supported by substantial evidence and constituted an error of law.

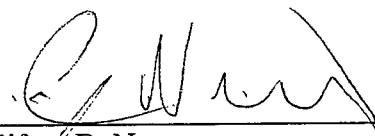
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While the authority of *Carolinas Recycling* alone supports reversing the decision of the Appellate Panel, the recent *Burnette* case provides additional support as well. The Court finds *Burnette* to be consistent with *Carolinas Recycling* in illustrating that the South Carolina Court of Appeals has held that the Appellate Panel is not entitled to reach its own medical opinions when faced with uncontroverted expert medical opinions favoring one party. When the Appellate Panel disregards such uncontroverted expert medical opinions, its decision is not supported by substantial evidence.

CONCLUSION

The Decision and Order of the Appellate Panel is not supported by substantial evidence in the record and is affected by other error of law. For these reasons, the decision of the Appellate Panel is reversed insofar as it denies Plaintiffs/Appellants full Second Injury Fund reimbursement. The Second Injury Fund shall immediately and fully reimburse Plaintiffs/Appellants as provided for under S.C. Code § 42-9-400.



Clifton B. Newman
Presiding Judge

Walter, South Carolina

Feb 13, 2013

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 0607833

PALMETTO HOSPITAL TRUST *
CLAIMANT, *
*
VERSUS *
*
SOUTH CAROLINA SECOND *
INJURY FUND, *
DEFENDANT. *
*
IN RE: *
*
SARAH JONES, *
CLAIMANT, *
*
VERSUS *
*
SPARTANBURG REGIONAL, *
EMPLOYER, *
PALMETTO HOSPITAL TRUST *
CARRIER. *

 COPY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION HEARING, THE WITHIN HEARING WAS TAKEN ON THE 22ND DAY OF AUGUST, 2011, COMMENCING AT THE HOUR OF 1:24 P.M., IN SPARTANBURG, SOUTH CAROLINA, BEFORE THE HONORABLE DERRICK WILLIAMS, ATTENDED BY COUNSEL AS FOLLOWS:

JAN L. WHITWORTH, VERBATIM REPORTER
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, SC 29376

APPEARANCES

T.J. HADLEY, ESQUIRE, OF THE FIRM
GALLIVAN, WHITE & BOYD, P.A.
POST OFFICE BOX 10589
GREENVILLE, SOUTH CAROLINA 29603

ATTORNEY FOR AMERICAN HOME ASSURANCE COMPANY,

LATONYA D. EDWARDS, ESQUIRE
SOUTH CAROLINA SECOND INJURY FUND
100 EXECUTIVE CENTER DRIVE, SUITE 101
COLUMBIA, SOUTH CAROLINA 29210

ATTORNEY FOR THE SOUTH CAROLINA SECOND
INJURY FUND.

ALSO ATTENDING: DEBORAH CASEY BROWN

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

4 * * * * * * * * * * * * * * * *

5 BY COMMISSIONER WILLIAMS:

6 TODAY'S DATE IS AUGUST THE 22ND, 2011. THIS IS
7 THE WORKERS' COMPENSATION CASE OF MS. SARAH JONES
8 VERSUS SPARTANBURG REGIONAL. PALMETTO HOSPITAL
9 TRUST IS THE CARRIER. W.C.C. FILE NUMBER 0607833.
10 THIS IS A SECOND INJURY FUND REIMBURSEMENT CASE OF
11 SARAH JONES. THE DATE OF ACCIDENT APRIL 17TH OF
12 2006. ATTORNEY T.J. HADLEY HERE FOR THE CARRIER.
13 ATTORNEY DEBBIE BROWN IS ALSO PRESENT IN THE HEARING
14 ROOM. ATTORNEY LATONYA EDWARDS FOR THE EMPLOYER AND
15 CARRIER. THE HEARING IS SET ON THE FORMS 54 AND 55.
16 I DO HAVE APA SUBMISSIONS HANDED UP.

17 ANY OBJECTIONS TO JURISDICTION, VENUE, OR THE
18 APA SUBMISSIONS - MS. HADLEY?

19 BY MS. HADLEY:

20 NONE, YOUR HONOR.

21 BY COMMISSIONER WILLIAMS:

22 ALL RIGHT. MS. EDWARDS?

23 BY MS. EDWARDS:

24 NONE, YOUR HONOR.

25 BY COMMISSIONER WILLIAMS:

1 THEN THE COMMISSION FILE IS A PART OF THE
2 RECORD WITH THE EXCEPTION OF ANY SELF-SERVING
3 DECLARATIONS AND UNSTIPULATED MEDICAL REPORTS.

4 MS. HADLEY, WHENEVER YOU'RE READY.

5 **BY MS. HADLEY:**

6 WE ARE SEEKING REIMBURSEMENT FROM THE SOUTH
7 CAROLINA SECOND INJURY FUND ON BEHALF OF THE
8 EMPLOYER AND THE CARRIER. WE'VE MET THE STATUTORY
9 REQUIREMENTS FOR EMPLOYER KNOWLEDGE, PREEXISTING
10 PERMANENT IMPAIRMENT, HINDRANCE OR OBSTACLE TO
11 EMPLOYMENT OR RE-EMPLOYMENT. SHE HAD A COMPENSABLE
12 WORK INJURY ON FEBRUARY 19TH, 2007, AND SUBSEQUENT
13 TO THAT, SHE HAD A PREEXISTING -- A PRIOR INJURY TO
14 HER UPPER EXTREMITY, WHICH WAS NOT REPORTED TO HER
15 EMPLOYER. WE MEET THE EMPLOYER KNOWLEDGE
16 REQUIREMENT BASED ON CONCEALMENT. SHE DID NOT
17 REVEAL THAT SHE HAD HAD A PRIOR WORK INJURY. THAT'S
18 APA EXHIBIT "B" PAGES 104 TO 108, WHICH ARE HER
19 HEALTH QUESTIONNAIRES, AND SHE FIRST INJURES HER
20 RIGHT WRIST IN 1994, WHICH IS APA EIGHT, PAGE 95.
21 AND THIS -- IT WAS A WORKERS' COMPENSATION INJURY.
22 SHE WAS NOT WORKING FOR SPARTANBURG REGIONAL
23 HEALTHCARE BUT RATHER SHE WAS WORKING FOR
24 SPARTANBURG CONVALESCENT HOME, AND SHE WAS LATER
25 TERMINATED FROM THIS JOB, AND THAT'S INDICATED ON

1 APA EIGHT, PAGE 97. SHE DOES NOT DISCLOSE THIS
2 INFORMATION WHEN ASKED IF SHE HAS ANY PRIOR INJURIES
3 WHEN ORIGINALLY GETTING -- TRYING TO GET THE JOB
4 WITH SPARTANBURG REGIONAL, AND WE WOULD SAY THAT'S
5 ENOUGH TO MEET EMPLOYER KNOWLEDGE BASED ON
6 CONCEALMENT UNDER 42-9-400-C. AS FOR A PREEXISTING
7 PERMANENT IMPAIRMENT, ACCORDING TO 42-9-400-A, THE
8 IMPAIRMENT CAN BE FROM ANY CAUSE OR ORIGIN, AND IT'S
9 FURTHER CLARIFIED UNDER 42-9-D THAT ANY PERMANENT
10 CONDITION WHETHER CONGENITAL, DUE TO INJURY OR
11 DISEASE. MS. JONES' PERMANENT IMPAIRMENTS
12 PREEXISTED HER COMPENSABLE WORK INJURY. THE MEDICAL
13 QUESTIONNAIRES WHICH ARE ASSIGNED BY BOTH DR. WILSON
14 AND DR. ALDAY, ONE IS A TREATING PHYSICIAN, AND ONE
15 IS AN I.M.E. WHO TREATED HER AT THE TIME OF THE WORK
16 INJURY, ARE EXHIBITS "C" AND "D" PAGES 109 THROUGH
17 112, WHICH INDICATE THAT BOTH HER RIGHT WRIST INJURY
18 AND HER ANXIETY PREEXISTED AND ARE PERMANENT
19 CONDITIONS, AND HER MEDICAL RECORDS INDICATE THAT
20 SHE HAD PRIOR RIGHT WRIST INJURIES, WHICH ARE IN APA
21 EIGHT. AS TO THE HINDRANCE, MS. JONES' PREEXISTING
22 IMPAIRMENTS WERE A HINDRANCE OR OBSTACLE TO
23 EMPLOYMENT OR RE-EMPLOYMENT WERE SHE TO BECOME
24 UNEMPLOYED. WE FIRST ARGUE THAT THE FACT THAT SHE
25 CONCEALED THE CONDITION AND DID NOT REPORT THAT SHE

1 HAD A PRIOR WORKERS' COMPENSATION INJURY TO HER
2 RIGHT WRIST WOULD MEAN THAT THE EMPLOYER -- THAT THE
3 CONDITION IS A DEFACTO HINDRANCE OR OBSTACLE TO
4 EMPLOYMENT. THE EMPLOYER DOESN'T GET TO MAKE THE
5 RATIONAL DECISION THAT THIS IS OR IS NOT GOING TO
6 KEEP YOU FROM GETTING THE JOB. THE FACT THAT MS.
7 JONES THOUGHT IT WAS SERIOUS ENOUGH TO HIDE IT FROM
8 HER EMPLOYER WOULD MEAN THAT IT SHOULD BE GIVEN
9 GREATER WEIGHT. ALSO, THE *FREDRICK VERSUS WELLMAN*
10 DECISION THAT THE COURT OF APPEALS DECIDED THAT THE
11 EMPLOYERS RELY ON THE HEALTH QUESTIONNAIRE WHEN
12 DETERMINING WHETHER OR NOT AN EMPLOYEE GETS A JOB OR
13 WHETHER OR NOT THE EMPLOYEE CAN COMPLETE THE
14 ASSIGNED JOB DUTIES OR WHETHER THEY WILL GIVE THEM A
15 DIFFERENT JOB IS VERY IMPORTANT. THEY FOUND THAT
16 THE HEALTH FORM WAS A SUBSTANTIAL FACTOR, AND WHEN
17 AN EMPLOYEE DOES NOT COMPLETE IT TRUTHFULLY THAT IT
18 MAKES A DIFFERENCE IN DETERMINING WHETHER OR NOT THE
19 EMPLOYEE GETS THE JOB OR NOT.

20 **BY COMMISSIONER WILLIAMS:**

21 HANG ON A SECOND. LET'S GO OFF THE RECORD ONE
22 MOMENT.

23 (OFF THE RECORD)

24 **BY COMMISSIONER WILLIAMS:**

25 WE'RE BACK ON THE RECORD. GO AHEAD.

1 **BY MS. HADLEY:**

2 ALSO, BASED ON THE PURPOSE OF THE STATUTE,
3 WHICH IS TO HIRE A HANDICAPPED PERSON OR A PERSON
4 WITH A PREEXISTING IMPAIRMENT THAT THE FACT THAT SHE
5 CONCEALED IT MEANS THAT THE EMPLOYER DOESN'T GET TO
6 DO A RATIONAL ANALYSIS. IN ADDITION, THE MEDICAL
7 CERTIFICATES FROM DR. WILSON, WHICH IS EXHIBIT "C"
8 PAGES 109 AND 110 AND THE MEDICAL CERTIFICATES FROM
9 DR. MICHAEL ALDAY, WHICH IS EXHIBIT "D" PAGES 111
10 AND 112 INDICATE THAT THE PREEXISTING RIGHT WRIST
11 INJURY COMBINED WITH THE SUBSEQUENT LEFT WRIST
12 INJURY TO CREATE A HINDRANCE OR OBSTACLE TO
13 EMPLOYMENT OR RE-EMPLOYMENT WERE SHE TO BECOME
14 UNEMPLOYED, AND THE DOCTORS INDICATE THAT THESE
15 CONDITIONS ARE A HINDRANCE OR OBSTACLE TO EMPLOYMENT
16 OR RE-EMPLOYMENT. IN ADDITION, AFTER HER LEFT WRIST
17 INJURY, SHE SUBSEQUENTLY THEN HAS SOME COMPLAINTS
18 WITH HER RIGHT WRIST INJURY, WHICH ARE ILLUSTRATED
19 IN APA THREE, PAGES 49 THROUGH 68 WHERE SHE
20 INDICATES THAT SHE IS HAVING SOME PROBLEMS WITH HER
21 RIGHT WRIST AND BECAUSE SHE IS HAVING TO USE IT MORE
22 BECAUSE THEY PUT HER ON ONE-HANDED DUTY DUE TO HER
23 LEFT WRIST. SHE DOES RECEIVE A ZERO PERCENT
24 IMPAIRMENT RATING AS SUBSEQUENT TO THE LEFT WRIST
25 INJURY TO THE RIGHT WRIST AND RECEIVES AN 18-PERCENT

1 IMPAIRMENT RATING TO THE LEFT WRIST. SO, THE
2 DOCTORS DON'T NECESSARILY THINK THAT THE -- THE PAIN
3 THAT SHE EXPERIENCES IS DUE TO A NEW INJURY TO THE
4 RIGHT WRIST BUT RATHER AN AGGRAVATION FROM HAVING TO
5 BE ONE HANDED DUE TO THE LEFT HANDED WRIST -- OR
6 LEFT HAND INJURY. THE GREATER WEIGHT OF THE
7 EVIDENCE SUPPORTS THAT THE CARRIER HAS INCURRED
8 SUBSTANTIALLY GREATER LIABILITY FOR COMPENSATION AND
9 MEDICAL EXPENSES AND DISABILITY BY REASON OF
10 AGGRAVATION AND A COMBINATION OF THE PREEXISTING
11 IMPAIRMENTS WITH THE SUBSEQUENT INJURY ALONE UNDER
12 42-9-400-A. THE MEDICAL QUESTIONNAIRES AND THE
13 MEDICAL RECORDS ALL SUPPORT THIS, AND THERE'S NOT
14 ANYTHING ON POINT OTHER THAN THE MEDICAL
15 QUESTIONNAIRES THAT INDICATE THAT THERE WAS NOT AN
16 INCREASE IN LIABILITY. THE TREATING PHYSICIANS FELT
17 THAT HAD MS. JONES NOT HAD HER PREEXISTING RIGHT
18 WRIST INJURY OR ANXIETY THAT THE MEDICAL COSTS AND
19 LOST TIME FROM WORK AND PERMANENT DISABILITY WOULD
20 NOT HAVE BEEN INCREASED AND THE CARRIER WOULDN'T
21 MEET THE REQUIREMENTS UNDER 42-9-400 TO GRANT
22 REIMBURSEMENT FROM THE SECOND INJURY FUND. WE
23 PRESENT ALL OUR EVIDENCE IN GOOD FAITH AND REQUEST
24 REIMBURSEMENT PURSUANT TO THE STATUTE.

25 **BY COMMISSIONER WILLIAMS:**

1 ALL RIGHT. MS. EDWARDS.

2 **BY MS. EDWARDS:**

3 YES. THE SECOND INJURY FUND IS DENYING THIS
4 CLAIM, BUT FIRST, LET ME ADDRESS SOMETHING THAT MS.
5 HADLEY SAID. I THINK THE CARRIER IS ARGUING THAT
6 BECAUSE THE CLAIMANT CONCEALED THE CONDITION, THEN
7 IT'S A DEFACTO HINDRANCE TO EMPLOYMENT. I THINK
8 THAT IS A MISSTATEMENT OF THE STATUTE. CONCEALMENT
9 GOES TO KNOWLEDGE. HINDRANCE AND KNOWLEDGE ARE TWO
10 SEPARATE ELEMENTS. THERE IS NOTHING IN THE STATUTE
11 OR THE CASE LAW THAT ADDRESSES CARRIER'S ABILITY TO
12 MAKE A RATIONED ANALYSIS OR THAT BECAUSE SOMEBODY
13 CONCEALED THE CONDITION, THAT IT'S A DEFACTO
14 HINDRANCE TO EMPLOYMENT. THAT'S ABSOLUTELY NOT IN
15 THE STATUTE OR IN ANY CASE LAW ADDRESSING THE SECOND
16 INJURY FUND REIMBURSEMENT. AT CARRIER APA PAGE --
17 FIRST, LET ME INDICATE THAT THE -- THERE IS A
18 PREEXISTING RIGHT WRIST INJURY AND A SUBSEQUENT LEFT
19 WRIST INJURY. SO, I THINK EVEN IN CARRIER'S
20 ARGUMENTS, THEY ADMIT THAT THERE'S NO PREEXISTING
21 LEFT WRIST PROBLEM. CARRIER APA PAGES TWO THROUGH
22 SIX, THE CLAIMANT SUSTAINED A LEFT WRIST INJURY, WAS
23 DIAGNOSED WITH A LEFT WRIST SPRAIN, INSTRUCTED TO
24 APPLY ICE FOR SWELLING AND PLACED ON MODIFIED DUTY.
25 CARRIER APA PAGE 92, THIS NOTES THE PRIOR RIGHT

1 WRIST INJURY FROM 1993. CARRIER APA PAGE 83 ALSO
2 NOTES THE PRIOR RIGHT WRIST INJURY, WHICH IT
3 INDICATES 13 YEARS BEFORE THIS INJURY AND NOTES THAT
4 THERE WERE NO ADDITIONAL PROBLEMS AFTER BEING
5 TREATED. CARRIER APA PAGE 13, THIS RECORD IS DATED
6 JUNE 29TH, 2006. SHE HAD A NORMAL LEFT WRIST M.R.I.
7 CARRIER APA PAGE 19, IT NOTES X-RAY AND M.R.I. TO
8 THE LEFT WRIST WERE NORMAL. CLAIMANT ALSO SUSTAINED
9 APPARENTLY ANOTHER SUBSEQUENT INJURY ON AUGUST 10TH,
10 2006, TO THE RIGHT WRIST, IN WHICH CARRIER IS NOT
11 ENTITLED TO REIMBURSEMENT, BECAUSE THEY HAVEN'T
12 ATTEMPTED TO PURSUE REIMBURSEMENT ON THAT INJURY.
13 NO FORM 54 HAS BEEN FILED WITH REGARD TO THE AUGUST
14 10TH, 2006, RIGHT WRIST INJURY. CARRIER APA PAGE 86
15 NOTES THIS INJURY, WHICH IS THE APRIL 2006 INJURY TO
16 THE LEFT HAND AND ALSO THE AUGUST 2006 INJURY TO THE
17 RIGHT. WE ALSO DENY THAT THE PRIOR WRIST INJURY WAS
18 A HINDRANCE. CARRIER APA PAGE 105, CLAIMANT DENIED
19 ANY PRIOR PHYSICAL OR MENTAL PROBLEM, AND I HAVE TO
20 MENTION THAT BECAUSE I THINK THEY'RE REQUESTING SOME
21 REIMBURSEMENT FOR MENTAL PROBLEMS OR PSYCHOLOGICAL
22 PROBLEMS AS WELL. CARRIER APA PAGES 107 THROUGH
23 108, CLAIMANT INDICATED IN HER RESPONSES THAT SHE
24 DID NOT KNOW ANY REASON THAT WOULD INTERFERE WITH
25 HER SAFELY PERFORMING HER JOB. SHE WAS A CERTIFIED

1 NURSING ASSISTANT. CARRIER APA PAGE 102, THE
2 EVALUATOR INDICATED THAT SHE COULD TRANSITION BACK
3 INTO THE LABOR MARKET WITH SOME VOC REHAB TRAINING.
4 CARRIER APA PAGE 99 NOTES THAT THERE WERE VARIOUS
5 POSITIONS THAT WERE OPEN TO HER BASED ON HER
6 ABILITIES AND NOTED THAT SHE HAD NO POST INJURY
7 LIMITATIONS. CARRIER APA PAGE 97, SHE WAS DEEMED AT
8 MAXIMUM MEDICAL IMPROVEMENT FROM A PSYCHOLOGICAL
9 PERSPECTIVE WITH NO RESTRICTIONS. CARRIER APA PAGE
10 89, IT NOTES THAT THE CLAIMANT DEVELOPED ANXIETY AND
11 DEPRESSION MORE LIKELY THAN NOT DUE TO THE PHYSICAL
12 PAIN FROM HER APRIL 17, 2006, WORK INJURY. CARRIER
13 APA PAGE 90, AGAIN NO RESTRICTIONS FROM A MENTAL
14 HEALTH STANDPOINT. CARRIER APA PAGE 84, IT TALKS
15 ABOUT THE PREVIOUS INJURY WHERE IT INDICATES THAT
16 THERE WERE NO SCARS OR PREVIOUS SURGERY TO THE RIGHT
17 UPPER EXTREMITY, AND IT NOTES THE -- IT SAYS
18 "SEPTEMBER 2006." I'M NOT CERTAIN IF IT WAS A
19 MISPRINT AND IS REFERENCING THE AUGUST 2006 INJURY,
20 WHICH I HAVE ARGUED THE CARRIER IS NOT ENTITLED TO
21 REIMBURSEMENT, BECAUSE THAT INJURY HAS NOT BEEN
22 PURSUED. AS IT RELATES TO ANXIETY, CLAIMANT DID NOT
23 HAVE -- BASED ON CARRIER APA PAGE 89, WE ASSERT THAT
24 THE ANXIETY AND DEPRESSION PER THAT DOCUMENT STEMS
25 FROM THE PHYSICAL PAIN FROM THE APRIL 17TH, 2006,

1 WORK INJURY. ALSO, I WOULD LIKE TO MENTION THAT THE
2 CLAIM APPARENTLY WAS CLINCHERED BASED ON TWO
3 INJURIES: THE APRIL 2006 INJURY, WHICH IS THE
4 SUBJECT OF THIS CLAIM, AND THE AUGUST 2006 INJURY,
5 WHICH WE ALLEGE CARRIER IS NOT ENTITLED TO
6 REIMBURSEMENT. BASED ON OUR INFORMATION, IT WAS
7 CLINCHERED FOR \$99,800 AT A COMP RATE OF \$323.53,
8 WHICH WOULD MEAN THAT THE CLINCHER IS WORTH
9 APPROXIMATELY 308 WEEKS, AND SO WE CERTAINLY DENY
10 THAT WE ARE RESPONSIBLE FOR ANY REIMBURSEMENT IN
11 THIS CASE. BUT IN THE EVENT THAT WE ARE NOT
12 SUCCESSFUL IN PREVAILING IN THIS CASE, WE WOULD
13 ASSERT THAT WE DO NOT OWE THE ENTIRE CLINCHER,
14 BECAUSE IT'S BASED ON TWO SEPARATE INJURIES, ONE OF
15 WHICH HAS NOT BEEN PURSUED, AND LET'S SEE -- I JUST
16 NEED TO MAKE SURE I'VE GOTTEN EVERYTHING I NEED TO
17 SAY. AND IF WE ARE REQUIRED TO REIMBURSE, WE WOULD
18 BE REQUESTING THAT THE STATUTORY DEDUCTION OF 78
19 WEEKS BASED ON THAT CLINCHER BE TAKEN OUT TWICE,
20 BECAUSE THERE ARE TWO SEPARATE DATES OF INJURY, AND
21 I THINK THAT'S JUST TO REITERATE -- I THINK THAT'S
22 IT. I'M NOT GOING TO GO OVER EVERYTHING AGAIN,
23 BECAUSE I THINK EVERYBODY UNDERSTANDS WHERE I'M
24 COMING FROM ON THOSE. AND SO, THOSE ARE THE BASES
25 FOR OUR DENIAL, AND WE WOULD REQUEST THAT THIS CLAIM

1 IS DENIED.

2 **BY COMMISSIONER WILLIAMS:**

3 ALL RIGHT. MS. HADLEY, ANYTHING ELSE?

4 **BY MS. HADLEY:**

5 BRIEFLY, I JUST WANT TO -- SHE MENTIONS THAT --
6 SHE SAYS THAT SHE DOESN'T HAVE ANY PRIOR PROBLEMS
7 WITH HER RIGHT WRIST INJURY; HOWEVER, SHE DOES NOT
8 DISCLOSE THAT SHE HAS A RIGHT WRIST INJURY, AND THAT
9 DISCLOSURE IN AND OF ITSELF MEANS THAT THE CLAIMANT
10 HERSELF THINKS THAT IT PROBABLY IS GOING TO BE SOME
11 KIND OF OBSTACLE OR HINDRANCE ON HER ABILITY TO GET
12 A JOB, AND SO SHE DOESN'T DISCLOSE THAT. I POINT
13 YOU TO THE *FREDRICK VERSUS WELLMAN* DECISION, WHICH
14 SAYS THAT THE EMPLOYER DOES RELY ON THE HEALTH
15 INFORMATION THAT THE EMPLOYEE PROVIDES TO AN
16 EMPLOYER FOR MAKING A DECISION ON EMPLOYMENT. SO,
17 IT IS IN THE CASE LAW THAT CONCEALING A CONDITION
18 WOULD MAKE A DIFFERENCE ON WHETHER OR NOT A PERSON
19 COULD OR COULD NOT GET A JOB, WHICH IS THE BASIS FOR
20 HINDRANCE. AND ALSO AS FOR THE CLINCHER BASED
21 OFF TWO INJURIES, WE WOULD SAY THAT THE LEFT WRIST
22 IS GIVEN AN IMPAIRMENT, AND THE RIGHT WRIST IS NOT
23 GIVEN AN IMPAIRMENT RATING. THE CLINCHER IS BASED
24 OFF OF THE -- MAJORITY BASED OFF OF THE LEFT WRIST
25 INJURY, WHICH IS WHAT WE ARE ASKING FOR

1 REIMBURSEMENT FOR, AND IT WOULD NOT BE APPROPRIATE
2 TO TAKE 78 WEEKS -- TO HAVE THE CARRIER PAY 78 WEEKS
3 TWICE, BECAUSE THE STATUTE REQUIRES THAT THE CARRIER
4 REMOVE 78 WEEKS ONLY ONCE. IT'S NOT ANYWHERE IN THE
5 STATUTE, AND WE ASK THAT WE GET REIMBURSEMENT.

6 THANK YOU.

7 **BY MS. EDWARDS:**

8 JUST BRIEFLY.

9 **BY COMMISSIONER WILLIAMS:**

10 OKAY.

11 **BY MS. EDWARDS:**

12 THE STATUTE BASES IT PER INJURY. SO, IF THERE
13 ARE TWO SEPARATE DATES OF INJURY, WE ASSERT THAT
14 THERE ARE TWO SEPARATE STATUTORY DEDUCTIONS.
15 BECAUSE FIRST, WE DENY WE OWE FOR THE AUGUST '06
16 INJURY ANYWAY, AND AS IT RELATES TO WHAT THE
17 CLAIMANT MEANT WHEN SHE CHECKED -- WHEN SHE DIDN'T
18 DISCLOSE, CERTAINLY I DON'T THINK CARRIER IS IN THE
19 POSITION TO DETERMINE WHAT THE CLAIMANT MEANT OR WHY
20 THE CLAIMANT DID NOT DISCLOSE THAT CONDITION. BUT
21 CERTAINLY, I WOULD ASSERT THAT IF ONE OF THE REASONS
22 SHE WOULD NOT DISCLOSE THE CONDITION IS BECAUSE SHE
23 THOUGHT IT WOULD BE A HINDRANCE, SHE ALSO COULD HAVE
24 NOT DISCLOSED IT BECAUSE SHE DIDN'T THINK IT WAS
25 SERIOUS ENOUGH TO BE A HINDRANCE. SO, YOU KNOW,

1 THAT COULD WEIGH BOTH WAYS. SO, NEITHER OF US KNOWS
2 WHY THE CLAIMANT DIDN'T DISCLOSE IT, BUT I WOULD
3 SUBMIT THAT IT DOESN'T EVEN MATTER, BECAUSE WE'RE
4 NOT ARGUING THAT KNOWLEDGE IS AN ISSUE. KNOWLEDGE
5 IS NOT AN ISSUE FOR THIS ONE. THE FACT THAT IT'S A
6 HINDRANCE IS AN ISSUE AND UNLESS THAT QUESTIONNAIRE
7 ASKS THE CLAIMANT WHETHER SOMETHING IS A HINDRANCE
8 AND SHE CHECKED YES OR NO, I CERTAINLY DON'T THINK
9 THAT YOU CAN IMPUTE SOMEBODY'S LEAVING OFF KNOWLEDGE
10 OF A CONDITION TO THAT BEING THEIR INTERPRETATION
11 THAT IT'S A HINDRANCE. SO, I DISPUTE THAT. SO, NOT
12 TO BELABOR THE POINT BUT I JUST WANTED TO RESPOND TO
13 THOSE, AND WE REQUEST DENIAL.

14 **BY COMMISSIONER WILLIAMS:**

15 OKAY. THAT WILL CONCLUDE THE HEARING.
16 (THERE BEING NO FURTHER STATEMENTS, THIS HEARING WAS
17 CONCLUDED AT THE HOUR OF 1:42 P.M.)

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #0607833

PHTS RISK MANAGEMENT)	
) APPELLANT)	
VS.))	SC WORKERS' COMPENSATION COMMISSION
))	FULL BOARD HEARING OF
SC SECOND INJURY FUND))	PALMETTO HOSPITAL TRUST RISK MGT.
) RESPONDENT)	
))	VS
IN RE: SARAH JONES))	SOUTH CAROLINA SECOND INJURY FUND
VS.))	
))	IN RE: SARAH JONES VS.
<u>SPARTANBURG REGIONAL</u>))	SPARTANBURG REGIONAL

This is the Transcript of the South Carolina workers' Compensation Hearing of Palmetto Hospital Trust Risk Management versus South Carolina Second Injury Fund, In Re: Sarah Jones versus Spartanburg Regional, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 2:00 P.M., Monday, March 29, 2012, at South Carolina workers' Compensation Commission, 1333 Main Street Columbia, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

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APPEARANCES

FOR THE APPELLANT:

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Greenville, SC 29601-2170

FOR THE RESPONDENT:

Latonya D. Edwards, Esquire
Dilligard Edwards, LLC
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Columbia, SC 29210

COMMISSIONERS PRESENT:

T. Scott Beck, Chair
Andrea Pope Roche
Avery Wilkerson

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

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STIPULATIONS

Court Reporter: Okay. Today is Monday, March the 19th, 2012. This is South Carolina Workers' Compensation case number 0607833. This is the case of Palmetto Hospital Trust Risk Management, the Carrier, versus South Carolina Second Injury Fund, In Re: Sarah Jones versus Spartanburg Regional. The Appellant is the Defendant represented by Robert C. Rogers. The Respondent is represented by Latonya Edwards. Each side is allowed ten (10) minutes for oral argument and the Appellant three (3) minutes in reply. You are requested to argue the grounds of exception and stay within the record. The single Hearing Commissioner was Commissioner Williams.

Commissioner Beck: Mr. Rogers?

ARGUMENT FOR THE APPELLANT

By Mr. Rogers:

May it please the Court. Appellants respectfully request that the Appellant Panel of the workers' -- South Carolina Workers' Compensation Commission reverse the decision and order of the Hearing Commissioner filed on October 11th, 2011. For one (1), we presented reliable, probative, and substantial evidence that was

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uncontradicted by The Fund that supports reimbursement on each and every element under 42-9-400. Additionally, we are the only party to submit this medical evidence addressing the requirements. Expect medical evidence and testimony supported reimbursement and should have been given conclusive effect by the Hearing Commissioner. The Appellants have presented the reliable, probative and substantial evidence for each and every element. With regard to the pre-existing impairment through the medical questionnaires from Dr. Wilson and Dr. Alday both confirming pre-existing anxiety in the prior wrist injury. They reached this conclusion after speaking with the Claimant and examining her pertinent medical records; as such, they were in the ideal and best position to speak to the issue. The medical records from Dr. Kathleen Braley -- Brady likewise confirm that the Claimant suffered a previous right injury -- right wrist injury in 1993, which resulted in her being out of work for one (1) year. Other evidence going to pre-existing impairment: Dr. Robert Richards, after reviewing her medical records, determined that she suffered from a long history of anxious

1 temperament. Additional medical records from Post
2 Trauma Resources and, of course, these are
3 post-accident but they indicate that she -- that
4 the Claimant, herself, told the physician that she
5 experienced stress and panic prior to the April
6 17th, 2006 work injury. The fact that there were
7 limited medical records and she had formal
8 treatment related to the psychiatric issues we do
9 not think is determinative on the issue.
10 Particularly with psychiatric issues many people
11 try to self-cope rather than seeking formal
12 treatment; in this instance there is indication
13 that Ms. Jones, in fact, did exactly that.
14 There's statements from Ms. Jones where she said
15 she tries to -- tries not to take medication,
16 engages what she refers to as natural stress
17 management; that's Carrier APA number seven (7),
18 page 87. Additionally, she manages her anxiety by
19 working very hard, putting pressure on herself to
20 do a good job; that's APA five (5), page 81.
21 Again, Ms. Jones stated, herself, that she
22 controlled her stress before the injuries by
23 pacing herself; therefore, while there may not be
24 indication of formal treatment with regard to the
25 psychiatric issues, she was trying to self-cope as

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many people do with this sort of condition. With regard to employer knowledge, in this instance it is based upon concealment. Ms. Jones knew that she had -- Ms. -- she knew that she suffered from anxiety prior to this incident, as just mentioned she tried to cope with it; however, she failed to indicate that on the employer medical questionnaire or employee medical history, that's Exhibit B, page 104, 105, even though question number eight (8) specifically asks about her prior work injuries. Very briefly, with regard to that -- that prior right wrist injury, it was serious enough for her to be out of work for almost and entire year. Question number eight (8) on that questionnaire specifically asks about those prior work injuries and she failed to include that. So, she failed to include the right -- prior right wrist injury, even though she was out for a year, and she also failed to indicate that she suffered from anxiety to the extent that she had to pace herself and deal with these self-coping mechanisms to deal with. So, for those reasons we believe that employer knowledge is met based upon concealment under 42-9-400 (C). With regard to hindrance, we have the medical questionnaires

1 supporting that it was serious enough to
2 constitute a hindrance. Again, hindrance is not
3 the inability to do the job but that the Claimant
4 may not be able to do the job to her full
5 capabilities. As I just mentioned a minute ago,
6 she, herself, said that prior to her work accident
7 she dealt with her anxiety by pacing herself;
8 presumably this also applied to her work. She had
9 to pace herself in order to control her anxiety;
10 that constitutes a hindrance in our mind.
11 Additionally, again, the medical questionnaires
12 speak directly to the issue of hindrance. With
13 regard to the prior right wrist injury, she missed
14 work for approximately one (1) year, that's
15 significant enough to constitute a hindrance; she
16 was out for almost an entire year based upon that
17 right wrist injury. With regard to the increased
18 liability, with support to our -- our -- with
19 regard to aggravation, Dr. Alday and Dr. Wilson
20 both indicated that the pre-existing right wrist
21 injury was aggravated due to the increased wrist
22 -- increased use following her work related injury
23 to the left wrist; those are at Carrier APA number
24 one (1), page 20, 32, 34, 36 and 37, as well as
25 Carrier APA number six (6), page 83. Again, Dr.

1 Robert Richards noted that to a reasonable degree
2 of medical certainty that the work accident
3 aggravated her pre-existing anxiety. Records from
4 Post Trauma Resources indicate that the April 17th
5 accident made her stress out more than she had
6 prior to the injury; all of this goes to the
7 aggravation of those pre-existing conditions.
8 With regard to increased medical costs, she
9 underwent no less than two (2) nerve conduction
10 studies related to the right hand. We understand
11 that she injured her left hand in the April
12 accident; however, due to the increased use and
13 continued complaints of pain related to the right
14 wrist she actually went under -- underwent
15 additional medical treatment for the right wrist
16 injury. She also -- APA number one (1), page 32,
17 34 and 36 document the numerous physician visits
18 that she went where -- that she attended wherein
19 her primary complaint was related to the right
20 wrist, not the left wrist. With regard to the
21 increased disability, as a result of the
22 increasing pain in her right wrist she was placed
23 on work restrictions with regard to both of her
24 upper extremities; so, it's not just the left one
25 that was injured in the April, 2000 -- April

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accident but she also, as a result of the overuse of the right hand, she was placed on work limitations for both of those. The Fund emphasizes the medical records state that Ms. Jones suffered no acute injury to her right hand. Well, we tend to agree that she suffered no acute injury; in fact, the injury or the pain and the complications related thereto are from the overuse. There was not an acute injury but just from the overuse that's what resulted in the increased pain resulting in increased medical treatment and increased disability. The Fund also argues that the right hand no -- had no obvious deformities and an excellent range of motion. Well, the physicians themselves thought that it was serious enough and impaired enough that they placed her on work restrictions. And, real briefly, I'd just like to point out that the Appellants are the only party in this instant action to submit medical evidence on the issues pertinent to reimbursement. We have satisfied our burden under SC Code 42-9-400 to establish via -- via medical evidence, expert medical evidence, that she had pre-existing impairments. The pre-existing impairments were permanent in such

1 seriousness they constituted hindrance and that
2 the pre-existing impairments combined were
3 aggravated by her subsequent work injury to result
4 in increased liability for care. One the one hand
5 you have the Appellants who submitted extensive
6 medical records supporting reimbursement; on the
7 other hand you have The Fund who simply uses the
8 Carrier's evidence, argues it piece-mill,
9 interprets it piece-mill, to say that it doesn't
10 substitute. Had The Fund gone out and obtained
11 one (1) contrary, one (1) -- one (1) medical
12 record, one (1) medical opinion that contradicted
13 our evidence we may be in a different situation
14 but we're not; we're in a situation now where the
15 Appellants have submitted all of the medical
16 evidence on point with -- with regard to each and
17 every of the requirements. As such we ask that
18 it's given a conclusive effect.

19 Commissioner Beck: Thank you, sir.

20 Commissioner Wilkerson: Thank you.

21 Commissioner Beck: Ms. Edwards?

22 Mr. Rogers: Any -- any questions from the
23 panel?

24 Commissioner Wilkerson: Thank you.

25 Ms. Edwards: Good afternoon.

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Commissioner Wilkerson: Good afternoon.

ARGUMENT FOR THE RESPONDENT

By Ms. Edwards:

I am Latonya Edwards for The Fund. And there is a really good reason -- like I said, there is a really good reason why we didn't go out and get additional evidences because the ones that they had in there support our case; they were contradictory. Certainly the Commission can give what weight to the evidence that it chose -- chooses and in this case the Commissioner gave greater weight to the evidence that spoke to the pre-existing condition not being a hindrance to employment and let me point to the APA's. First, let me say, that there is a pre-existing left wrist problem. The pre -- I'm sorry; the pre-existing condition is to the left wrist, not the right. So, what you have is a prior right wrist injury and a subsequent left wrist injury. At Carrier APA, pages 2 through 6, the Claimant sustained the left wrist injury, was diagnosed with a left wrist sprain, instructed to apply ice for swelling and placed on modified duty. At Carrier APA, page 92, it notes the prior right wrist hand surgery from 1993, and the reason I --

1 its thirteen (13) years before this injury. So,
2 while the Claimant might have been out of work for
3 a period of time, it was thirteen (13) years
4 before this injury. And there -- there is -- at
5 Carrier APA, page 83, it also notes the prior
6 right wrist injury thirteen (13) years before and
7 it notes that there were no additional problems
8 after Claimant was treated. At Carrier APA, page
9 13, this is a June, 2006, post-injury medical
10 record, showed a normal left wrist MRI. At
11 Carrier APA, page 19, notes a normal x-ray and MRI
12 of the left wrist. Claimant also sustained
13 another right wrist injury but that is not the
14 subject of this reimbursement claim. At Carrier
15 -- as it relates to the prior right wrist injury
16 as well and -- I'm sorry; as it relates to the
17 physical and -- mental problems, I'm sorry. I'm
18 getting confused; this is my fourth hearing today.
19 At Carrier APA, page 105, Claimant --

20 Commissioner Wilkerson: You know how we feel
21 every day now.

22 Ms. Edwards: -- I'm sorry. I'm sorry.
23 That's right. I'm talking to the wrong people.
24 That's right. I'm sorry. At Carrier APA, page
25 105, Claimant denied any prior mental problem. At

1 Carrier APA, pages 107 through 108, she indicated
2 in her responses to her questions that she did not
3 know of any reason that would interfere with her
4 safely performing the job. At Carrier APA, page
5 102, the Evaluator indicates that she could
6 transition back into labor -- into the labor
7 market with some Voc Rehab training. At Carrier
8 APA, page 99, it notes that there are various
9 positions that were open based on her abilities
10 and it notes that she had no post-injury
11 limitations. At Carrier APA, page 97, Claimant
12 was deemed at MMI from a psychological perspective
13 with no restrictions. At Carrier APA, page 89, it
14 notes that Claimant developed anxiety and
15 depression, more likely than not, due to the
16 physical pain from her April 17th, 2006 work
17 injury. And therefore, we would assert that any
18 severity with depression, as has been asserted, we
19 would assert that there was no severe depression
20 that pre-existed or that was a hindrance or
21 obstacle to employment before this injury. At
22 Carrier APA, page 90, no restrictions from a
23 mental health perspective. At Carrier APA, page
24 84, this is talking about the prior right upper
25 extremity surgery and it notes that were -- there

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were no scars and it notes that -- I'm sorry; scratch that -- as it relates to the anxiety as well. We would just sum up by saying that the medical evidence indicates that the pre-existing anxiety was not a hindrance to employment. The prior left wrist injury, while she did -- I'm sorry; the prior right wrist injury, while she did stay out of work for a period of time, it was thirteen (13) years that had passed with no additional problems with the wrist. Also, we would assert that -- I think Mr. Rogers noted about the Commission giving conclusive effect to the medical reports; certainly we would argue that Wynn versus Peoples Natural Gas argues that the conclusive effect is given to the Commission's decision, not to the medical reports. There is nothing that requires that the Commission give greater weight to any piece of evidence than another and, like I said, in this particular case the Commissioner gave greater weight to the evidence showing, that I've cited, that the pre-existing conditions were not a hindrance to employment and, of course, we would request that that decision be affirmed. Are there any questions?

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Commissioner Beck: Thank you.

Ms. Edwards: Thank you, Your Honors.

Commissioner Beck: Mr. Rogers?

Mr. Rogers: Just very briefly.

REPLY FOR THE APPELLANT

By Mr. Rogers:

The Fund points to -- or The Fund argues that -- that it should not be given conclusive effect. For one (1) we've submitted enough evidence, in and of itself, to meet every single requirement under 42-9-400. They also argued that the Claimant's denial that she had any prior mental issues which would have affected her work, clearly the Legislature has realized that not always are employees forthcoming; that's why we have built into 42-9-400 (C) the concealment aspect. They understand that especially with psychiatric issues anything that may affect their employment they're not forthcoming. So, by no means are we saying that Ms. Jones, in this instance, intended to lie but we are saying that the Legislature has realized that they are not always forthcoming. Therefore her denial, her simple denial, is not in itself indicative that it wasn't severe enough to constitute a hindrance. Again, the -- with regard

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to the -- with regard to the psych I, again, point you to the fact that she, by her own admission, admitted that she had the pre-existing conditions, that she had to pace herself, which we argue constitute a hindrance. There are medical records we've cited to extensively in the brief which go to aggravation. With regard to the right and left wrist injury, again, we -- we -- we agree that there was not an acute injury to the right wrist; it was a pre-existing injury from 1993. However, when we had that subsequent work injury to the left wrist, based on the overuse of the right wrist because of the impairment to the left wrist, that's what the -- where the aggravation lied. She had to then go under substantial medical treatment with regard to the right wrist. She was placed on work restrictions for both upper extremities. So, we argue that, yes, while the -- the pre-existing injury was to the right wrist, subsequent injury to the left, it still constitutes pre-existing aggravate -- and aggravation in this instance. Any questions?

Commissioner Beck: Okay. Thank you all.

Mr. Rogers: Thank you, Commissioner.

Commissioner Beck: That will conclude this

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proceeding.

(There being no further arguments, the hearing concluded at
2:17 P.M.)

PHTS Risk Management Services,)
)
Plaintiff,)
)
-vs-)
)
South Carolina Second Injury Fund,)
)
Defendant.)

TRANSCRIPT OF RECORD

December 13, 2012
Spartanburg, South Carolina

Ordered: March 22, 2013

Delivered: May 10, 2013

B E F O R E:

THE HONORABLE CLIFTON NEWMAN, Presiding Judge.

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

MR. JARED M. PRETULAK, Esquire
MR. ROBERT C. ROGERS, Esquire
Attorneys Appearing for the Plaintiff

MS. LATONYA DILLIGARD EDWARDS, Esquire
Attorney Appearing for the Defendant

Pamela Faucette
Circuit Court Reporter

1 December 13, 2012

4:10 p.m.

2 (Off-The-Record Comments)

3 THE COURT: All right. What do we have?

4 MR. PRETULAK: Your Honor, I'm -- I'm Jared Pretulak. I'm down
5 from -- with Gallivan, White, and Boyd. We are representing the
6 Spartanburg Regional Healthcare and PHTS in a Second Injury Fund appeal.
7 I've got some cases that -- that I would like to pass up --

8 THE COURT: All right.

9 MR. PRETULAK: -- if that's okay.

10 THE COURT: Sure.

11 (Documents handed up.)

12 (Off-The-Record Comments)

13 MR. PRETULAK: I was going to give you all a copy of the statute as
14 well.

15 THE COURT: All right.

16 (Off-the-Record Comments)

17 MR. PRETULAK: Here, Your Honor, the statute as well. It's
18 changed.

19 (Documents handed up.)

20 MR. PRETULAK: We're still operating under the old statute. It
21 changed in 2007. I'm ready whenever you all are ready.

22 THE COURT: All right.

23 MR. PRETULAK: All right. Your Honor, as I mentioned a moment
24 ago, I'm Jared Pretulak. I'm an attorney over at Gallivan, White and Boyd.
25 We've been retained to represent the interests of Spartanburg Regional

1 Healthcare and PHTS in a Second Injury Fund claim.

2 We have appealed an order from the full Commission to the Circuit
3 Court. And because this is a 2006 claim, it has to come to Circuit Court first
4 before it can potentially go to the Court of Appeals.

5 The second -- or the -- the full Commission has denied our request for
6 Second Injury Fund reimbursement. And so that's why we are here on the
7 appeal.

8 With regards to these appeals, the standard of review is that an order
9 of the Commission can be reversed where the decision is affected by an error
10 of law or not supported by substantial evidence.

11 And the *Carolina Recycling* case, which is one of the cases that I -- I
12 just handed up a moment ago, deals with substantial evidence and
13 specifically in Second Injury Fund matters.

14 So they define substantial evidence as, "...when viewed in light of the
15 whole record it would leave reasonable minds to a certain conclusion."

16 The *Carolina Recycling* case establishes that, when a party submits
17 expert medical evidence with supporting medical records, that the burden
18 then shifts to the opposition to contradict the evidence that's been presented
19 with their own expert medical evidence.

20 I've also handed up another case, the *Burnett* (phonetic) case. And
21 that's a case that just came out this week. And it too elaborates on this
22 substantial evidence standard in workers' compensation claims.

23 We would say that -- that both of those cases are very consistent and
24 it sets this very high standard for substantial evidence. And in both of those
25 cases, especially the new case, the *Burnett* case, the Court was -- the Court

1 of Appeals was -- was very critical of the Commission for rendering
2 essentially medical opinions without supporting documentation.

3 And, in that particular case, a back injury had been denied. And there
4 was expert medical evidence that determined that it was causally related to
5 the work accident itself.

6 And the -- the Court of Appeals was very critical of -- of that
7 determination without any substantial evidence supporting the -- the
8 determination.

9 So the case that we have at hand today, we're the only party that --
10 that submitted any expert medical evidence that satisfy the elements for
11 Second Injury Fund reimbursement. And I'll go over those in the moment.

12 And so we would contend that, according to *Carolina* and this new
13 *Burnett* case that we should be entitled to full reimbursement because the full
14 Commission order is not supported by substantial evidence.

15 So, with regards to the underlying claims, I want to talk about the
16 actual accident, not necessarily the Second Injury Fund because I want to
17 keep you some background on what we're talking about.

18 This is a -- a lady who was injured on April 17th of 2006. She injured
19 her left upper extremity. And treatment was authorized by the carrier for that
20 injury.

21 And -- and, due to her injury, she was required to use her other hand.
22 And this resulted in an aggravation of a prior wrist condition. In fact, there
23 was -- there is an opinion that we've submitted that indicates because of this
24 aggravation, the claimant sustained 25% impairment to her right upper
25 extremity as a result of the aggravation of that right wrist.

1 The doctors for the underlying claim also found that her work accident
2 aggravated a pre-existing anxiety. And that is -- that is -- that actually
3 precipitated in some depression. And that is included in the -- in the record
4 on appeal at Page 121.

5 So all of -- all of the aggravation of these pre-existing conditions
6 resulted in essentially greater liability to the carrier because they had to pay
7 for these conditions as a result of that accident.

8 Second Injury Fund, the statute is 42-9-400. And I've handed that up
9 as well. And we're operating under the -- the older version. It changed in
10 2007. But it lays out very specific elements for reimbursement.

11 And, if you satisfy -- if the carrier can satisfy those elements, they're
12 entitled to reimbursement for monies that they paid with regards to the
13 underlying claim.

14 And -- and the first element is that there must be a pre-existing
15 impairment. You, then, must show that, that pre-existing impairment was a
16 hindrance or obstacle to employment or re-employment if that person were to
17 be unemployed.

18 That pre-existing impairment must, then, combine with or be
19 aggravated by the subsequent injury and the result of that aggravation, in
20 combination, should be greater liability to the employer and the carrier.
21 Finally, there's got to be employer knowledge of the pre-existing impairment.

22 So, if you satisfy all those elements for reimbursement, the carrier
23 should be entitled to full Second Injury Fund reimbursement pursuant to 42-9-
24 400.

25 So what I would like to do is I would like to point out the evidence, the

1 substantial evidence, that we think we've submitted that shows that we
2 should be entitled to full Second Injury Fund reimbursement.

3 So, in regards to element number one, that pre-existing impairment,
4 first of all we mentioned that there is a right wrist pre-existing impairment.
5 The record states that Ms. Jones had a pre-existing right -- right wrist
6 workers' compensation claim sometime around 1993.

7 This resulted in her absence from work for about a year. And she was
8 also paid compensation for that 1993 injury.

9 And reference to that can be found on Pages 128, 138, 140, 143, and
10 150 for the record on appeal.

11 Furthermore, Dr. Adelaide (phonetic), who was the authorized treating
12 physician for Miss -- for the claimant's April 17th, 2006 incident, as well as Dr.
13 Wilson confirmed that there was a prior right wrist impairment. They clearly
14 state that on Pages 155 and 158 on the record on appeal.

15 So we say that we -- we satisfied that pre-existing impairment with
16 regards to the right rest. Now we turn to the anxiety. And Dr. Lynn (phonetic)
17 and Dr. Richards both note that there is a history of anxiety that existed prior
18 to the work accident. It can be found on Pages 121 and 129.

19 Once again, Dr. Adelaide, that authorized treating physician that was
20 paid for by the employer and carrier for the underlying claim, and Dr. Wilson
21 confirmed the anxiety preexisted the date of accident on April the 17th of
22 2006; to be found on Pages 156 and 159.

23 So we feel that we've -- we've -- we've satisfied that first element of a
24 pre -- a pre-existing impairment in this particular case, two of them.

25 So we move to the next one, which is hindrance or obstacle. Dr. Lynn

1 and Dr. Brady noted that there was a prior right wrist injury that required the
2 the claimant to miss about a year from work. I mentioned that earlier.

3 We would say that is indicative of being a hindrance to employment or
4 re-employment. That can be found on 128, 138, 140, and 143.

5 But Dr. Adalaide and Dr. Willis, having had the opportunity to review all
6 the records, clearly agree with that and they say, "Well, yes, it was absolutely
7 right wrist and anxiety prior conditions; they're impairments, the hindrance or
8 obstacle to employment or re-employment.

9 Which moves us to the next element: Did it combine with or was it
10 aggravated by the subsequent accident? And, once again, the medical
11 records and the expert medical opinions say yes. Dr. Wilson noted that,
12 "...an aggravation of the claimant's right wrist injury that resulted in a 25%
13 impairment rating to the right upper extremity," found on Page 125.

14 Dr. Richards noted that, "The work accident aggravated the claimant's
15 pre-existing anxiety and precipitated her depression," found on Page 156.
16 And, once again, Dr. Brady agrees that "...the claimant's pre-existing anxiety
17 was aggravated." That's found on Page 135.

18 Finally, expert medical opinions of Adelaide and Wilson, once again,
19 agree there's a — there's a pre-existing right impairment. There was pre-
20 existing anxiety, it was combined with or was aggravated by the accident of
21 April the 17th, 2006. And that's found on Pages 155 to 159.

22 So did that, then, result in greater liability? And was this aggravation in
23 combination that resulted in greater liability to the carrier? We state, again,
24 that it did.

25 Of course, there was a payment for this particular case. And the

1 doctors, who reviewed all of this, agreed. They said -- Dr. Adelaide and Dr.
2 Wilson once again agreed that, "...the combination and aggravation of the
3 pre-existing anxiety and pre-existing right wrist impairment resulted in greater
4 liability to the employer/carrier."

5 Finally, with regards to the employer knowledge, there is a document
6 that is submitted on Page 150 and it is a -- it is a personnel document that
7 was completed when the claimant began working for Spartanburg Regional.

8 She did not mention the prior workers' compensation claim when she
9 had the opportunity to do that. And did not mention anything about the
10 anxiety, although once this claim was admitted, the record is -- is full of
11 references to these pre-existing problems that she had and how she dealt
12 with those problems.

13 So we would contend that, that we've pro -- we satisfied all of the
14 elements; that we've provided substantial evidence regarding our position.
15 We say we've done this pursuant to the case law that's out there and
16 acknowledges and, of course, supported by the Court of Appeals.

17 The question we would say now becomes did the Second Injury Fund
18 provide any evidence to rebut our evidence? And there's nothing -- there's
19 nothing out there.

20 They did not submit any -- any evidence, any expert medical evidence,
21 to contradict ours. They didn't depose any doctors. They didn't go get any
22 expert opinions.

23 There were no depositions that were taken whatsoever. They simply
24 rely on isolated medical notes and a piecemeal and interpretation of those
25 medical records, which is exactly what the Court of Appeals criticizes in the

1 Carolina and in that new *Burnett* case.

2 So we would say that the only party that has substantial evidence here
3 is us. We've provided the substantial evidence and it supports
4 reimbursement under the -- the current law.

5 Finally, I would like to -- to bring up something that I think is really
6 interesting. One of the reasons why we believe at least reimbursement was
7 denied is because the Commission and Second Injury Fund disregarded
8 these medical opinions that we -- or these medical questionnaires that were
9 submitted into evidence and signed by, in one case, the authorized treating
10 physician.

11 Interestingly enough, okay, the Second Injury Fund has a -- this is put
12 out -- it's a publication that's put it out. And it's a step-by-step approach for
13 handling a Second Injury Fund claim.

14 And in this -- in this booklet here, it references the very questionnaires
15 that we've submitted into evidence as a means for satisfying the elements of
16 reimbursement.

17 We simply followed the steps that they provided for us. And now we
18 find it kind of interesting that we're being denied reimbursement and we've
19 done nothing more than do what they've asked us to do.

20 So we think that it's actually unfair that -- that -- that a reimbursement
21 has been denied in this particular case, especially since there has been, in
22 fact, been substantial evidence supporting reimbursement.

23 So, for those reasons, I would ask that you, please, overturn the -- the
24 denial of Second Injury Fund benefits or reimbursement rather that was
25 awarded -- or sorry, not awarded, by the full Commission and award the

1 employer here a full Second Injury Fund reimbursement.

2 **THE COURT:** All right.

3 **MR. PRETULAK:** Thank you.

4 **MS. EDWARDS:** Thank you, Your Honor. I'm Latonya Dillard

5 Edwards. And, if it's okay with the two attorneys here, I'm going to submit

6 you all the original hearing (phonetic) here simply because the — many of the

7 opinions cited were from this and not from the new record.

8 **MR. PRETULAK:** And I hear you and that's fine. It's the same
9 doctors?

10 **MS. EDWARDS:** Yes, it's the same ---

11 **MR. PRETULAK:** Then, that's fine.

12 **MS. EDWARDS:** It's the same doctors.

13 **MR. PRETULAK:** That's fine.

14 **MS. EDWARDS:** I'm going to submit that —

15 **MR. PRETULAK:** I'm have a problem with that.

16 **MS. EDWARDS:** ---- just so the pages will be consistent because I
17 know ---

18 **MR. PRETULAK:** That's fine.

19 **MS. EDWARDS:** --- some pages are not the same. Okay. Your

20 Honor, first, I'm Latonya Edwards. I represent the Second Injury Fund as the
21 respondent.

22 And let me address a few things that Mr. Pretulak indicated when he
23 passed up two cases, neither of which are applicable to this case. And let me
24 tell you why:

25 Carolina recycling is a case that was decided based on — the Court of

1 Appeals decided that the IME (phonetic) doctor, who provided an
2 Independent Medical Evaluations, that decision should not have supported
3 the basis of the denial of reimbursement.

4 This is totally separate, okay? This has nothing to do with an IME
5 physician's statement. These statements are from treating physicians.

6 The second case that was — was handed up has absolutely nothing to
7 do with Second Injury Fund reimbursement as well. It's on the underlying
8 claim between the employee and the carrier and the claimant.

9 There are two separate standards -- and now not the standard of the
10 -- of the workers' comp decisions, but there are two that are separate criteria
11 required for proving the underlying case, which is what this *Burnett versus*
12 *City of Greenville* case is about that was just decided back on — on
13 December 5th, 2012, and *Carolina Recycling*, which I argue and was decided
14 earlier this year.

15 Now let me back up because I want to just say what the standard is.
16 And I know Your — Your Honor knows that, but the standard is not because
17 we disagree with the decision we're entitled to reimbursement. That's not
18 what the standard is.

19 And even if reasonable minds differ -- because I'm sure if another
20 hearing Commissioner had heard -- I'm not sure, but if another hearing
21 Commissioner had heard Mr. Pretulak's case and had decided differently,
22 that doesn't mean that this case is not decided by substantial evidence.

23 And let me point to the substantial evidence. And I apologize for the
24 raspy voice. I'm just getting my voice back. I sound 100% better than I did
25 yesterday.

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But let me just reference the substantial evidence. And one of the things that Mr. Pretulak says is that we have to go out and get separate medical opinions.

Well, if the medical evidence that they submitted does not support reimbursement, we don't have to go out and get separate evidence that says something different.

If their medical evidence is not supported by the questionnaire -- because certainly there is a checklist questionnaire that the doctors checked off, "yes," "yes," "yes." Now that medical evidence -- and this is what the Commission determined and I'm going to cite those opinions as well -- the medical evidence that the Commission relied on was their evidence, but it did not support reimbursement.

And let me just point to a few of them. First, this is a prior right wrist injury from 1993 as Mr. Pretulak said; thirteen (13) years prior to this injury, okay?

One of the elements under 42-9-400 is that the pre-existing condition has to be permanent and serious enough to be a hindrance or obstacle to employment. That's 42-9-400 (d).

That's one of the elements that the single and full Commission found that this carrier did not prove. And they based it on several things. Let me cite those.

First, the fact that there were no problems for thirteen (13) years between this prior right wrist injury and the work injury in 2006. Carrier indicated Page 20 that, "Claimant presented ---" and that's E(7) AP (phonetic) I passed up to you. That's carrier's AP, not mine. It's the one that was part

1 of the record, nothing new, just that my -- the citations in my brief correspond
2 with that one and I do not want the Court to be confused about my -- my
3 numerical citations.

4 Carrier AP (phonetic) on Page 20, "When claimant presented for
5 treatment four months post injury, for her right wrist problem...' -- this is the
6 final injury -- "...She had excellent range of motion, good wrist function, good
7 wrist strength, no swelling, no obvious deformities, no acute injury to the right
8 wrist or hand." Okay.

9 Carrier in AP at Page 75, "When claimant presented for treatment nine
10 months post injury, she had nerve conduction studies and an MEG
11 (phonetic). Both -- both were normal. No evidence of carpal tunnel
12 syndrome or peripheral neuropathy."

13 At Carrier AP at Page 34 -- this is claimant's January 2007 doctor visit
14 -- "Confirm no wrist -- wrist swelling, excellent range of motion, good wrist
15 strength."

16 So I beg to differ when Carrier says that they are citing isolated
17 incidents. These are three separate occasions.

18 The decision below also reversed. And so, based on that, the
19 Commission determined that the prior right wrist problem was not a hindrance
20 or obstacle to employment.

21 Also the decision below addressed the concealment argument based
22 on the pre-existing anxiety.

23 Now Carrier argued that the concealment -- the claimant concealed
24 pre-existing psychological problems and therefore they have established
25 knowledge pursuant to 42-9-400. And in -- in the year that this injury

1 occurred, concealment is one of the ways that you can prove -- and it still is;

2 They have eliminated an unknown condition, but in the year that this
3 case was heard, 2006, the injury, you can show knowledge by showing
4 concealment; that you asked and claimant denied or lied about it or whatever.
5 And that went for their character in reimbursement.

6 In this particular case, Carrier asserted concealment. The decision
7 was determined -- determined that the concealment was inapplicable
8 because the record did not indicate pre-existing anxiety.

9 In other words, in proving conceal -- concealment they would have to
10 have something to conceal. In this particular case, no prior history of
11 psychiatric treatment or counseling. Claimant denied prior psychological
12 problems.

13 But, even if this Court finds that she did have a psychological problem,
14 the decisions below also denied that based on the pre-existing psychological
15 condition was not a hindrance to employment. And they based that on the
16 following:

17 At 42-9 -- I'm sorry. Claimant's treating physician at Carrier AP at
18 Page 81 indicates that "Claimant was managing her stress, no significant
19 impairment based on anxiety." I think this is also at Carrier AP on Page 81

20 "And claimant had no restrictions." No restrictions from a mental
21 health perspective. That's that Carrier AP at Page 90. Okay?

22 Now, once again, we disagree with Carrier's assessment that it was
23 isolated. But certainly -- and -- and we're not even here arguing about a
24 questionnaire because the questionnaire doesn't mean anything because the
25 evidence outside of the questionnaire does not support the questionnaire.

1 And obviously that's what the Commission found.

2 There's a checklist response at — I think the set -- I sent you one 109
3 through 112. You have a checklist "yes," "yes," "yes," "yes," "yes." However,
4 the Commission looked at the record in its totality and determined that the
5 medical evidence did not support reimbursement based on permanent
6 hindrance. And, with all due respect, the reimbursement criteria, you have to
7 meet all of them; it's not just some.

8 And so, in this particular case, the -- both the hearing Commissioner
9 and the full Commission determined that Carrier did not meet the
10 requirements for reimbursement on the hindrance issue, for pre-existing
11 anxiety, and for the prior injury.

12 The substantial evidence is there. The fact that Carrier doesn't agree
13 with it doesn't mean that they're entitled to have the case reversed.

14 Once again, just because reasonable minds differ does not entitle
15 them to a reversal.

16 The full Commission did not disregard the medical opinion of the
17 treating physicians. The full Commission simply evaluated all of the evidence
18 and determined that the evidence outside of the questionnaire did not support
19 reimbursement.

20 And certainly we would request that you affirm that decision below.
21 Thank you, Your Honor. If you have any questions, I'd be happy to answer
22 them for you.

23 **THE COURT:** Thank you. Any response?

24 **MR. PRETULAK:** Yes, sir. Just to — to start out, the — the two
25 cases I've handed up are completely applicable. The *Carolina* case very

1 much is because it is a Second Injury Fund case.

2 But what both of those stand for is -- and I think that it's unfortunate,
3 but the Court of Appeals has decided that there are opinions that are being
4 rendered by the Second Injury Fund and in just general underlying workers'
5 compensation claims that aren't supported by medical evidence.

6 And the interesting part about both of those cases is that each side
7 was able to point to isolated incidents in the record that supported their
8 position. But only one side was able to connect all the dots.

9 And that's really the question here today. Who connected all the dots?
10 And the Courts came down on -- on they came down on the side of the party
11 that was able to connect the dots in both of those cases.

12 You know, the new case of *Burnett* I find very interesting. It's going to
13 change the way that I do things for underlying cases -- underlying claims
14 because this is not -- Second Injury Fund is not what I handle most of the
15 time. I handle the underlying claim. It's going to change the way that I
16 handle things.

17 And, you know, in these Second Injury Fund cases, we have -- we
18 have made it a point to connect those dots. We have gone out and we have
19 had doctors address issues that frankly are not addressed during the
20 underlying claim.

21 When you handle an underlying claim, okay, that -- that underlying
22 injury, you're not necessarily thinking about the Second Injury Fund.

23 So you're not asking doctors questions like, "Hey, was that pre-existing
24 impairment a hindrance or obstacle to employment?" "Was that pre-existing
25 impairment -- you know, did it -- you know, go on and on and on?" "I mean,

1 did it increase liability?"

2 We don't look at those kinds of things. It's after the fact when we
3 address those issues. So you have to have someone come in and connect
4 the dots.

5 And I will tell you that sometimes you can't connect those dots.
6 Sometimes the experts frankly will not agree with you.

7 And, in this particular case, we got two experts to agree with us. And
8 they looked at the entire record. And, of course, there is medical notes in
9 there that -- that -- that don't agree necessarily with their opinion.

10 But, at the end of the day, there is expert medical evidence that does
11 agree with Second Injury Fund reimbursement. And, on the other side, you
12 just can't point to that. You just simply cannot point to that. And I think that is
13 exactly what *Carolina* says.

14 And the interesting part about *Carolina* is, there's actually more
15 evidence supporting the Second Injury Fund's position in that case than there
16 is in this particular case. And I would ask you to -- to take a look at that if you
17 would.

18 Point -- and -- and it's interesting that both sides have done exactly
19 what I just said, pointed to certain parts of the medical -- the medical
20 evidence and said, "This supports our opinion. This supports our position.
21 This supports our position." But, once again, okay, there is expert evidence
22 connecting all those dots.

23 And when those dots are connected, it shows that we're entitled to
24 Second Injury Fund reimbursement under 42-9-400 and the substantial
25 evidence standard, which is set out in the case law that I've handed up.

1 Thank you. And I'll be happy to answer any questions you have too.

2 (Brief Pause)

3 THE COURT: Are you saying that the substantial evidence
4 standard cannot be met, where the claimant affirmed — your side has
5 medical evidence -- unless they have medical evidence or expert evidence to
6 — to contradict it?

7 MR. PRETULAK: I -- I think if you look at -- if you look at especially
8 the *Burnett* case, the *Burnett* case was very harsh on the -- on the
9 Commission. They -- and the language, I've got it underlined here
10 somewhere. I mean, they -- they came down on the Commission very hard.

11 THE COURT: Were they hard on them based on the facts of that
12 particular case —

13 MR. PRETULAK: Well —

14 THE COURT: --- or in setting a new standard of review?

15 MR. PRETULAK: No. I think -- I don't think they're setting a new
16 standard of review. I think they're trying to -- I think they're trying to deal with
17 a problem that has not been dealt with that should have been dealt with a
18 long time ago.

19 And what happened in that *Burnett* case -- and I'm familiar with the
20 Commissioner, so I know how she rules on -- on particular cases. She relied
21 very heavily on her first-hand account of the witness and the witness'
22 testimony. And she didn't believe the witness.

23 THE COURT: The credibility of witnesses?

24 MR. PRETULAK: Credibility played a very large role in her decision.

25 And so what she ends up doing is, she ends up making a decision with

1 regards to the -- to the low back where she looks at an MRI.

2 She compares MRIs essentially, according to my reading, and makes
3 this medical opinion if you will. And kind of connects the dots by herself.

4 And what the Court is telling us is we're not, as lawyers and
5 commissioners, in that position. We are in the position of proving our case.
6 And if you've got someone, who has connected the dots for you, and the --
7 the -- that expert medical evidence that really you need to have something
8 on the other side in order to get over that standard.

9 And I just don't know -- I just don't feel like -- I don't feel like the
10 Second Injury Fund has -- has -- has ---

11 **THE COURT:** Refuted?

12 **MR. PRETULAK:** -- refuted the evidence that we've -- that we've put
13 up.

14 **THE COURT:** What do you say about it, Ms. Edwards?

15 **MS. EDWARDS:** Well -- well, Your Honor, let me tell you what I say
16 about it. It sounds like -- once again, I think Mr. Pretulak clearly indicates that
17 there's evidence on both sides to support his side and to support mine.

18 What that sounds like is, he just wants to win because the -- the
19 standard is not if -- you know, if reasonable minds could have decided it
20 another way.

21 The standard is, if there's substantial evidence to support both sides.
22 And that's absolutely possible.

23 **THE COURT:** You're saying that reasonable minds can not differ
24 unless you have an expert opinion to help bolster your ---

25 **MS. EDWARDS:** Well ---

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THE COURT: — reasonable mind because —

MS. EDWARDS: And Your Honor, I disagree with that. But, even if that were the case, the medical evidence submitted by their experts is where that evidence came from for the Commission to deny. It's not some far out of space —

THE COURT: The medical evidence as interpreted by the Commission or ----

MS. EDWARDS: No, as stated, as stated.

THE COURT: As stated?

MS. EDWARDS: No, sir, this -- this -- this is totally a different case. There's -- there's no -- this Commission did not render a medical opinion. Those citations that I cited to you were straight from those documents. There was no linking up of MRIs or x-rays or anything of the sort.

What I cited to you was what their medical expert had in those documents. So it's not any creation of fact, creation of medical record, creation of anything.

So that the case that he cited, once again, with all due respect, that case is totally different from -- both of those cases are totally different.

The one that just was decided, *City of Greenville* last week, that case is on the underlying case. And according to his interpretation on this -- and I don't necessarily agree with it, but the -- based on his interpretation, the Commission had a problem with the Commissioner creating a medical conclusion.

But that did not happen in this case. And quite frankly I think that this case was strong -- this case is stronger than *Carolina Recycling*, which is the

1 case that I argued at the Court of Appeals.

2 And the reason that it is, is because in *Carolina Recycling*, the
3 decision was the lower Court decision — the lower decision by the
4 Commission has decided based on an IME doctor who the claimant had only
5 seen once. It was not the treating physician.

6 That's the difference. These medical records that I've cited in here are
7 from their treating physician.

8 Now they happened to say things that they don't agree with or that
9 support my position, but that does not prevent it from being substantial
10 evidence. All of it is from their doctor, all of it. There is no creation of any
11 conclusions, any medical conclusions at all, Your Honor.

12 **THE COURT:** Mr. Pretulak?

13 **MR. PRETULAK:** Well, and -- and -- and once again this goes back
14 to, you know, both sides are able to point to isolated medical records where
15 there's these little references. And -- and they don't -- those medical notes do
16 not address the elements for Second Injury Fund reimbursement.

17 And there's only -- there are two individuals, okay, that are in there.
18 And that's -- one of them is the authorized treating physician for the left wrist.

19 And those individuals, who are medical experts on this, address every
20 single element of the Second Injury Fund reimbursement. And, I mean, they
21 simply can't point to that.

22 I mean, the Commissioner would, then, have to interpret medical
23 records by himself or herself in order to come up with a conclusion. And
24 we've already done that.

25 We got the experts to address those issues for us without any type of

1 evidence that rebuts what we've presented. That's -- that's all I have, Your
2 Honor. I appreciate it.

3 **THE COURT:** I see you're packed up. I guess you're finished?

4 **MS. EDWARDS:** No. I'm -- I'm packed up because -- I mean, I'm
5 not through. I know this case very, very well, Your Honor. Trust me I don't
6 need to -- I don't need to open up my -- my file to -- to answer your question.

7 **THE COURT:** All right.

8 **MS. EDWARDS:** I'm very familiar with it. I've been with it from the
9 beginning so I'm very familiar with it.

10 **THE COURT:** Well, it -- you know, it clearly appears that both of
11 you are on the top of your games as far as the area of the law as well as the
12 arguments that I'm going to have to consider.

13 The -- this file I saw for the first time this morning. And we've been in
14 hearings all that time. When I leave here tomorrow, I will leave the file.

15 So, I -- I need -- we need for you all to submit to me proposed
16 readings, whatever you think I need to read in addition to what you've handed
17 me today.

18 If you could -- could you can duplicate whatever it is or agree on what
19 to send, as far as the single Commissioner's decision, the full Commission's
20 decision, the case law, et cetera, transcripts --

21 **MR. PRETULAK:** Just submit whatever to you or - - -

22 **THE COURT:** Yeah, to me --

23 **MR. PRETULAK:** Okay.

24 **THE COURT:** -- directly because I don't -- I don't want to take
25 Spartanburg County's file.

1 MS. EDWARDS: I got you. Okay.

2 MR. PRETULAK: Okay.

3 THE COURT: You know, if you can send them to me. And
4 actually the best place to send them to me -- to me from the -- through the
5 clerk of court's office --

6 MS. EDWARDS: Okay.

7 THE COURT: --- in Richland County.

8 MS. EDWARDS: Okay. Do you want me to take that stack of
9 documents back that I gave you or do you want to keep them?

10 THE COURT: Well, I want to review them in the interim --

11 MS. EDWARDS: Okay. That's fine. That's fine.

12 THE COURT: -- so I'll be ahead of you.

13 MS. EDWARDS: That's fine.

14 THE COURT: So I will have reviewed it -- instantly reviewed what
15 you all given to me ---

16 MS. EDWARDS: Okay.

17 THE COURT: --- as opposed to forgetting about it and receiving
18 it as if I've never had them before.

19 MS. EDWARDS: All right.

20 MR. PRETULAK: Do you want -- do you want me to just resubmit
21 basically what we submitted on the -- for the record on appeal? Or is that too
22 much information? Because it's -- this is basically my -- this is --

23 THE COURT: Well I don't need all of it, I just need the -- the
24 highlights --

25 MS. EDWARDS: The highlights?

1 **MR. PRETULAK:** Okay.

2 **THE COURT:** --- that you put before me in your arguments.

3 **MS. EDWARDS:** Yes, sir.

4 **MR. PRETULAK:** Okay. I can do that.

5 **THE COURT:** Yeah, yeah. And that'll be -- say, if you all can
6 submit that to me within a week ---

7 **MR. PRETULAK:** I can do that.

8 **MS. EDWARDS:** Sure.

9 **THE COURT:** --- and then -- and then pro --- submit proposed
10 orders ---

11 **MS. EDWARDS:** Sure.

12 **THE COURT:** --- say within thirty (30) days.

13 **MS. EDWARDS:** Sure.

14 **THE COURT:** By that time I will have had an opportunity to
15 review what you have submitted and think about it and consider what you've
16 argued. I think I'm mispronouncing this. Is it Mr. Pretrule?

17 **MR. PRETULAK:** Pretulak -- yeah, Pretulak --- sorry, yes.

18 **THE COURT:** Pretulak?

19 **MR. PRETULAK:** Yes.

20 **THE COURT:** When I heard him, he's winning. And, then, I
21 heard you and you're winning. And, so, you know, I've got ---

22 **MR. PRETULAK:** Back-and-forth?

23 **THE COURT:** Back-and-forth just like you all are, yes. So I need
24 to -- I need to study it all. And then ---

25 **MS. EDWARDS:** I understand, Your Honor.

1 **MR. PRETULAK:** I understand.

2 **THE COURT:** This is like my second Second Injury case. And
3 the other one --- that one was I guess more technical, very technical.

4 **MS. EDWARDS:** Yes.

5 **THE COURT:** And it's probably on -- on appeal now. In fact, I
6 know it is.

7 **MR. PRETULAK:** Lucky for you, they probably don't have many of
8 these left.

9 **MS. EDWARDS:** Yeah, the Second Injury Fund is going out of
10 business next year.

11 **THE COURT:** Yeah, it's another reimbursement argument.

12 **MS. EDWARDS:** Yes, sir.

13 **THE COURT:** Well the Second -- the argument between the
14 Second Injury Fund and the Guaranty --

15 **MS. EDWARDS:** The Guaranty Association?

16 **THE COURT:** The Guaranty Association.

17 **MS. EDWARDS:** Oh, oh, wow, I'm familiar with those.

18 **THE COURT:** There were some other issues there.

19 **MS. EDWARDS:** Yes, sir.

20 **THE COURT:** But, you know, we'll -- we'll take this that you will
21 have gotten and send the other stuff next week to Richland.

22 **MR. PRETULAK:** We can do that.

23 **THE COURT:** And submit proposed orders. And you can submit
24 those by email.

25 **MS. EDWARDS:** Okay.

1 **MR. PRETULAK:** Okay.

2 **MS. EDWARDS:** And that would be the proposed orders you're

3 requesting within thirty (30) days from —

4 **THE COURT:** In thirty (30) days from ---

5 **MS. EDWARDS:** --- next week or from today?

6 **THE COURT:** Well, when --- you know, I don't want to stress you

7 out unduly. When do you want to submit them?

8 **MS. EDWARDS:** Our — our thirty (30) days is going to run ---

9 **MR. PRETULAK:** As I say, you're probably -- you're — it's real easy

10 for you. You've already drafted an order on this one, so...

11 **MS. EDWARDS:** Well, I mean, I —

12 **MR. PRETULAK:** No, we can get it together. It won't be — it won't

13 be too hard.

14 **MS. EDWARDS:** It probably won't be the exact same stuff

15 (phonetic).

16 **MR. PRETULAK:** Yeah.

17 **THE COURT:** And, of course, anything that you email rather than

18 hard mail, that's — that's good as well.

19 **MR. PRETULAK:** I can — I can probably email everything to you.

20 **MS. EDWARDS:** Right. And I — I can too. I can scan in the

21 documents and —

22 **THE COURT:** Well, that's — that's the best scenario.

23 **MS. EDWARDS:** Okay.

24 **THE COURT:** I guess email them.

25 **MR. PRETULAK:** We'll do that.

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THE COURT: Okay.

MR. ROGERS: Real briefly, Your Honor?

THE COURT: Yes, sir?

MR. ROGERS: There was a — the page numbers are a little bit different ---

MS. EDWARDS: Yes.

MR. ROGERS: — from our different submissions. And I wanted to see how you would like for us to handle that as far as what we submit to you pursuant to your — to your request.

THE COURT: Well, if I'm reading yours I'd refer to your page submission ----

MR. ROGERS: My —

MS. EDWARDS: This is what I'll do, Your Honor, just to make it simple: Since — since we have more opportunity to — to submit documents, I'll change my citations to conform with the ones ----

MR. PRETULAK: Okay.

MS. EDWARDS: ---- that you — the — the new one that they're going to submit.

THE COURT: Okay.

MS. EDWARDS: So — so that you won't have to refer to that separate stack.

THE COURT: Okay.

MS. EDWARDS: But — so I'll do that for the next submission next week then that will be sent to you.

MR. PRETULAK: And we — we sent you the full copy.

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MS. EDWARDS: Yes, I do.

MR. PRETULAK: You have a full copy of all of this ----

MS. EDWARDS: Uh-huh (affirmative).

MR. PRETULAK: ---- so that'll -- that'll give you that. Okay. That's simple enough.

THE COURT: Okay.

MR. PRETULAK: Thank you, Your Honor. We appreciate it.

THE COURT: Very good.

MR. PRETULAK: Thanks for taking care of us today.

(Off-The-Record Comments)

(Whereupon, the proceeding concluded at 4:45 p.m.)

**NOTICE OF POSSIBLE
SECOND INJURY FUND
CLAIM**

W.C.C No. 0607833

Carrier Code S867

Employer Code 57-6000934

Carrier File No. WC2006072414

S.I.F. No. 132738

Employee: Sarah Jones	Social Security No.:
Address: 142 George Washington Carver Dr.	Date of Accident: 4/17/2006
Employer: Spartanburg Regional Healthcare System	Carrier: Palmetto Hospital Trust
Location: Spartanburg Regional Healthcare System	Address: P.O. Box 21099 Columbia, SC 29221
Employee's Attorney: Chadwick Pye	Carrier's Attorney:
Address: PO Box 18328 Spartanburg, SC 29318	Address:

SUBSEQUENT INJURY:

Nature of Second Injury: Ms. Jones was giving a patient a bath and as she was in the middle of turning the patient she heard a pop in her left wrist.

Current Status: Still treating

Treating Physicians: Dr. Alday, Dr. Falcon, Dr. Essman, and other phys. to be determined

Average Weekly Wage: <u>\$485.26</u>	Compensation Rate: <u>\$323.52</u>
Date of First Temporary Total: <u>02/14/2007</u>	Date Returned to Work: <u>02/20/2007</u>
Weeks of All Benefits Paid: <u>TBD</u>	Medical Costs to Date: <u>\$12,658.90</u>

NATURE OF PRIOR IMPAIRMENT: Refer to Section 42-9-400. Paragraph (d)

List Impairment (1-33): hand/carpal tunnel, severely obese, other cond. to be determined

Other (34 a or b): _____

KNOWLEDGE REQUIREMENT:

Employer knew about the pre-existing condition. (Please attach affidavit, application, etc.)

Employee withheld existence of pre-existing condition from employer. (Please attach application, pre-employment physical, etc.)

Employee was unaware of existence of pre-existing condition. (Please attach affidavit)

THESE FORMS MUST BE PROVIDED BEFORE CLAIMS CAN BE PROCESSED.

(1) All narrative medical reports
(2) Form 12 A
(3) Form 15
(4) Current Form 18
(5) Any W C C Order

Signature: Sandra Oxenncw Date of Claim: 04/12/2007

Mailing Address: P.O. Box 21099 Columbia, SC 29221

In support of such notice and without precluding the right to establish further facts as may be developed, the preceding allegations are set forth subject to proof at a Hearing.

PLEASE RETURN THIS FORM AND ATTACHMENTS WITHIN 14 DAYS OF RECEIPT. SEND A COPY TO THE WORKERS' COMPENSATION COMMISSION.

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 06078333 & 0626337
Carrier File # WC2006072414 & WC2006074117
Carrier Code # S-867
Employer FEIN 57-6000934

Sarah Jones Claimant's Name		SSN		Spartanburg Regional Healthcare System Employer's Name		
142 George Washington Carver Dr. Spartanburg, SC 29306 Address		City		101 East Wood Street Spartanburg SC 29301 Address		Zip
(864) 583-3769 Home Phone #		(864) 560-6380 Ext: Work Phone #		Palmetto Hospital Trust Insurance Carrier		
Ashley Hartin/Mattie Mitchum, AIC, AIS, AIM Preparer's Name				803-731-5300 Phone #		

Compensation Paid:	Number of Weeks	From	To	Amount
1. Number of weeks T.T. _____	_____	_____	_____	\$0.00
2. Number of weeks T.P. _____	_____	_____	_____	\$0.00
3. Number of weeks P.P. _____	_____	_____	_____	\$0.00
4. Disfigurement _____	_____	_____	_____	\$0.00
5. Agreement and Final Release	CLINCHER **SETTLED WITH COMPANION CLAIM # 0626337			\$99,800.00
Total Compensation Paid _____				\$99,800.00
6. Total Medical Benefits Paid _____				\$18,974.34
7. Funeral Benefits _____				\$0.00

Case Denied

Date of Injury: 4/17/2006
month day year

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: Sarah L James
Claimant

By: Mattie Mitchum
Employer's Representative

Date: 3/25/08

Print or type the name of the person, other than the claimant, receiving benefits and sign below.

By: _____

Report of additional Fees and Recoupment

A. Carrier Reimbursement by Third Party _____

B. Attorney's Fee Paid by Employer _____

C. Attorney's Fee Paid by Claimant (Non contingent fees, only) _____

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. *Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within sixteen days of final payment of compensation. Form 19 must be filed when a claim is denied.



Claimant's Name: Sarah Jones SSN: _____
Address: 142 George Washington Carver Drive
City: Spartanburg State: SC Zip: 29306
Home Phone: (864) 583-3769 Work Phone: () -
Preparer's Name: T. J. Hadley

Employer's Name: Spartanburg Regional Healthcare System
Address: 101 E. Wood Street
City: Spartanburg State: SC Zip: 29303
Carrier: PHTS Risk Management Services
Preparer's Phone #: (864) 271-5382

Check applicable claims and complete all blanks.

1. The employee sustained a compensable accidental injury to the Left upper extremity (part of the body) on 4/17/2006 (date) in SPARTANBURG (county), State of South Carolina (state).
2. That the Second Injury Fund was put on notice of the claim on 3/21/2007 (date).
3. That the carrier concluded the disability claim by Award Agreement on 4/1/2008 (date).
4. That the subsequent injury combined with or was aggravated by the below-named permanent impairment under S.C. Code Section 42-9-400(d):
 - a. Listed Impairment – (1) – (33) _____
 - b. (34) (a) _____
 - c. (34) (b) _____
 - d. 42-9-400(a) Prior right wrist injury and pre-existing anxiety
5. a. That the impairment preexisted;
 b. That the impairment was permanent; and
 c. That the impairment is a physical condition.
6. That the prior impairment combined with or was aggravated by the subsequent injury.
7. That the combination/aggravation substantially increased the liability of the carrier for: disability medical or both.
8. That the impairment was a hindrance or obstacle to employment or re-employment.
9. a. That the employer has knowledge of the prior impairment;
 b. That the impairment was unknown to the employee and the employer; or
 c. That the employee concealed the prior impairment from the employer.
10. That the subsequent injury would not have occurred "but for" the prior impairment.
11. That the above claim qualifies for reimbursement under S.C. Code Section 42-9-410 because: N/A
12. Other grounds for claim: Any and all bases for a claim against the South Carolina Second Injury Fund as set forth in the S.C. Code of Laws, South Carolina Workers' Compensation Commission Regulations, and South Carolina case laws.

T. J. Hadley  _____
Signature Date June 1, 2011



Claimant's Name: Sarah Jones SSN: _____ Employer's Name: Spartanburg Regional Healthcare System
Address: 142 George Washington Carver Drive Address: 101 E. Wood Street
City: Spartanburg State: SC Zip: 29306 City: Spartanburg State: SC Zip: 29303
Home Phone: (864) 583-3769 Work Phone: () - Insurance Carrier: PHTS Risk Management Services
Preparer's Name: Latonya D. Edwards Law Firm: Boykin & Davis, LLC Preparer's Phone #: (803) 254-0707

The Second Injury, in answer to the claim, respectfully shows:

1. It is acknowledged denied that the employee sustained a compensable accident; The claim is being investigated.
2. It is acknowledged denied that the notice was given to the Second Injury Fund; _____
3. It is acknowledged denied that the disability claim has been concluded.
4. It is acknowledged denied that the impairment is: As alleged or any permanent physical impairment serious enough to be a hindrance or obstacle to employment.
5. a. It is admitted denied that the impairment pre-existed.
b. It is admitted denied that the impairment was permanent.
c. It is admitted denied the impairment is physical.
6. It is admitted denied that the impairment combined with or was aggravated by the subsequent injury.
7. It is admitted denied that the combination/aggravation substantially increased the carrier's liability for disability medical or both: _____
8. It is admitted denied that the impairment was a hindrance or obstacle to employment or re-employment.
9. a. It is admitted denied that the employer had knowledge of the impairment.
b. It is admitted denied that the impairment was unknown to the employee and employer.
c. It is admitted denied that the employee concealed the impairment.
10. It is admitted denied that the subsequent injury would not have occurred "but for" the prior impairment.
11. It is admitted denied that the claim qualifies for reimbursement under S.C. Code Section 42-9-410;
12. The Carrier's claim is barred by the Statute of Limitations pursuant to S.C. Code Section 42-15-40;
13. Other grounds for denial: All affirmative defenses including estoppels, statute of limitations per 15-3-600, intervening trauma, laches, fraud, negligence, injuries not work related and not compensable, intoxication; and if mental injury, it didn't arise from unusual or extraordinary circumstances of employment; failed to pay its assessment per § 42-7-310.

Signature on behalf of the Second Injury Fund

June 30, 2011
Date (m/d/yyyy)



File #: 0607833
Carrier File #: WC2006072414
Carrier Code #: S-867
Employer FEIN #: 57-6000934

Claimant's Name: Sarah Jones SSN: _____ Employer's Name: Spartanburg Regional Healthcare System
Address: 142 George Washington Carver Drive Address: 101 E. Wood Street
City: Spartanburg State: SC Zip: 29306 City: Spartanburg State: SC Zip: 29303
Home Phone: (864) 583-3769 Work Phone: () - Insurance Carrier: PHTS Risk Management Services
Preparer's Name: T. J. Hadley Law Firm: Gallivan, White, & Boyd, P.A. Preparer's Phone #: (864) 271-5382

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by claimant carrier (check one) Date of injury: 4/17/2006 (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).

SEE ATTACHED EXCEPTIONS.

(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:
Latonya Edwards, Esq., Attorney for the S.C. Second Injury Fund, Boykin & Davis, P. O. Box 11844, Columbia, SC 29211

on the 24th day of October, 2011 by first class mail personal service certified mail.

Preparer's Signature *T. J. Hadley* Attorney at Law _____ Title _____ Date October 24, 2011

Check this box if you are not represented by an attorney

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 4 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.

EXCEPTIONS

1. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 2) that the Claimant's prior right wrist injury did not present problems after its initial presentation in 1993, the error being that reliable, probative, and substantial evidence of the case does not support such a finding.
2. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 2) that the Claimant's prior right wrist injury was not serious enough to constitute a hindrance or obstacle to her employment, the error being that reliable, probative, and substantial evidence of the case does not support such a finding.
3. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 3) that Dr. Wilson's medical record would support the Fund's argument that the preexisting condition was not serious enough to constitute a hindrance to claimant's employment, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
4. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 4) that Dr. Alday's medical records do not support his positive responses on the submitted medical questionnaires, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
5. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 4) that Dr. Alday's medical records support a finding that Claimant did not have preexisting anxiety, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
6. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 5) that Claimant's prior right wrist injury was not permanent and serious enough to constitute a hindrance or obstacle to employment or reemployment, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
7. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 6) that Carrier's reliance on *Frederick v. Welman* is misplaced, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
8. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 6) that the evidence in the record indicates that Claimant did not have preexisting anxiety; and as such, concealment is inapplicable, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
9. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 6) that Claimant's preexisting anxiety was not serious enough to constitute a hindrance to Claimant's employment based on the medical evidence in the record, the error being that

the reliable, probative, and substantial evidence of the case does not support such a finding.

10. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 7) Claimant's preexisting right wrist injury was not a hindrance or obstacle to her employment, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.

11. The Hearing Commissioner erred in finding as a fact (Finding of Fact No. 8) that Carrier is not entitled to reimbursement pursuant to S.C. Code Ann. § 42-9-400, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.

12. The Hearing Commissioner erred in concluding as a matter of law that Carrier failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400, when the reliable, probative, and substantial evidence of the case does not support such a conclusion.

13. The Hearing Commissioner erred in concluding as a matter of law that Carrier failed to meet the requirement for reimbursement pursuant to S.C. Code Ann. § 42-9-400, when the reliable, probative, and substantial evidence of the case does not support such a conclusion.

14. The Hearing Commissioner erred in concluding as a matter of law under S.C. Code Ann. § 42-9-400 that Carrier is not entitled to reimbursement from the South Carolina Second Injury Fund, when the reliable, probative, and substantial evidence of the case does not support such a conclusion.

15. The Hearing Commissioner erred in concluding as a matter of law that Carrier's claim for reimbursement pursuant to S.C. Code Ann. § 42-9-400 is denied and dismissed with prejudice subject to its statutory right to appeal, when the reliable, probative, and substantial evidence of the case does not support such a conclusion.

16. The Hearing Commissioner erred in ordering that Carrier's claim for reimbursement pursuant to S.C. Code Ann. § 42-9-400 is denied and dismissed with prejudice subject to its statutory right to appeal, when the reliable, probative, and substantial evidence of the case supports an order that the carrier is entitled to reimbursement from the South Carolina Second Injury Fund.

17. The Hearing Commissioner erred in failing to find as a fact that the prior right wrist injury preexisted the April 17, 2006 injury when the reliable, probative, and substantial evidence supports such a finding.

18. The Hearing Commissioner erred in failing to find as a fact that the Second Injury Fund failed to present any evidence that the Claimant's prior right wrist injury was not a permanent condition of such seriousness to constitute a hindrance or obstacle to

employment or re-employment, the error being that the reliable, probative, and substantial evidence of the case supports such a finding.

19. The Hearing Commissioner erred in failing to find as a fact that the Second Injury Fund failed to present any evidence that the claimant's prior right wrist injury did not combine with or was not aggravated by her April 17, 2006 injury to substantially increase the overall liability of the Employer and Carrier, the error being that the reliable, probative, and substantial evidence of the case supports such a finding.

20. The Hearing Commissioner erred in failing to find as a fact that the evidence in the medical record supports the Carrier's claim for Second Injury Fund recovery, the error being that the reliable, probative, and substantial evidence of the case supports such a finding.

21. The Hearing Commissioner erred in not concluding as a matter of law under S.C. Code Ann. § 42-9-400(c) that the Employer established knowledge of the prior right wrist injury prior to the April 17, 2006 work injury, the error being that the reliable, probative, and substantial evidence of the case supports such a conclusion.

STATE OF SOUTH CAROLINA)
)
 COUNTY OF SPARTANBURG)
)
 PHTS Risk Management Services,)
 Carrier,)
)
 And)
)
 Spartanburg Regional Healthcare)
 System,)
 Employer,)
)
 vs.)
)
 South Carolina Second Injury Fund,)
 Defendants.)
)
 (In Re: Sarah Jones v. Spartanburg)
 Regional Healthcare System))

IN THE COURT OF COMMON PLEAS

**NOTICE OF APPEAL AND PETITION
 FOR JUDICIAL REVIEW**

W.C.C. FILE NO. 0607833

C.A. No.: _____

TO: HOPE BLACKLEY, CLERK OF COURT, SPARTANBURG COUNTY, SOUTH CAROLINA; MS. VIRGINIA L. CROCKER, JUDICIAL DIRECTOR, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND MS. LATONYA EDWARDS, ATTORNEY FOR THE SECOND INJURY FUND.

YOU WILL PLEASE TAKE NOTICE that Spartanburg Regional Healthcare System and PHTS Risk Management Services [hereinafter "Appellants"], pursuant to § 42-17-60 (as applied to injuries before July 1, 2007) and § 1-23-380 (1976), of the Code of Laws of the State of South Carolina (1976) as amended, and Pee Dee Regional Transp. v. S.C. Second Injury Fund, 650 S.E.2d 464, 375 S.C. 60 (S.C. 2007) (holding that jurisdiction for appeals concerning injuries before July 1, 2007 lies in the Court of Common Pleas), by and through their undersigned attorneys, do appeal from the Order of the South Carolina Workers' Compensation Commission filed and received by Appellant on June 6, 2012 and petition this Court for an Order reversing the Findings of Fact, Conclusions of Law, and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission upon the following grounds and exceptions:

Exceptions

1. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 2) that Claimant's prior right wrist injury did not present problems after its initial presentation in 1993, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
2. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 2) that Claimant's prior right wrist injury did not present problems after its initial presentation in 1993, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
3. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 2) that Claimant's prior right wrist injury did not present problems after its initial presentation in 1993, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
4. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 3) that the certificates completed by Dr. Wilson were not persuasive on issues of reimbursement, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
5. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 3) that the certificates completed by Dr. Wilson were not persuasive on issues of reimbursement, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
6. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 3) that the certificates completed by Dr. Wilson were not persuasive on issues of reimbursement, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
7. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 3) that Claimant's prior right wrist injury was not serious enough to constitute a hindrance to her employment, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
8. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 3) that Claimant's prior right wrist injury was not serious enough to constitute a hindrance to her employment, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
9. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 3) that Claimant's prior right wrist injury was not serious enough to constitute a hindrance to her employment, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.

10. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the medical records did not support Dr. Alday's medical questionnaires, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
11. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the medical records did not support Dr. Alday's medical questionnaires, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
12. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the medical records did not support Dr. Alday's medical questionnaires, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
13. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that Claimant's anxiety and depression were due to the physical pain from her April 17, 2006 work-related injury, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
14. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that Claimant's anxiety and depression were due to the physical pain from her April 17, 2006 work-related injury, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
15. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that Claimant's anxiety and depression were due to the physical pain from her April 17, 2006 work-related injury, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
16. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the medical evidence revealed that Claimant denied having any prior mental problems, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
17. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the medical evidence revealed that Claimant denied having any prior mental problems, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
18. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the medical evidence revealed that Claimant denied having any prior mental problems, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
19. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the Fund's cited medical evidence should be given greater weight than the questionnaires completed by Dr. Alday,

the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.

20. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the Fund's cited medical evidence should be given greater weight than the questionnaires completed by Dr. Alday, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
21. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the Fund's cited medical evidence should be given greater weight than the questionnaires completed by Dr. Alday, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
22. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the medical records support a finding that Claimant did not have preexisting anxiety, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
23. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the medical records support a finding that Claimant did not have preexisting anxiety, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
24. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 4) that the medical records support a finding that Claimant did not have preexisting anxiety, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
25. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 5) that Claimant's prior right wrist injury was not permanent and serious enough to constitute a hindrance to employment and reemployment, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
26. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 5) that Claimant's prior right wrist injury was not permanent and serious enough to constitute a hindrance to employment and reemployment, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
27. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 5) that Claimant's prior right wrist injury was not permanent and serious enough to constitute a hindrance to employment and reemployment, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
28. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 7) that assuming arguendo that Claimant did have preexisting anxiety, it was not serious enough to constitute a hindrance to Claimant's employment based on the medical evidence, the error being that

- the reliable, probative, and substantial evidence of the case does not support such a finding.
29. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 7) that assuming arguendo that Claimant did have preexisting anxiety, it was not serious enough to constitute a hindrance to Claimant's employment based on the medical evidence, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
 30. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 7) that assuming arguendo that Claimant did have preexisting anxiety, it was not serious enough to constitute a hindrance to Claimant's employment based on the medical evidence, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
 31. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 8) that Claimant's preexisting right wrist injury was not a hindrance or obstacle to her employment, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
 32. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 8) that Claimant's preexisting right wrist injury was not a hindrance or obstacle to her employment, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
 33. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 8) that Claimant's preexisting right wrist injury was not a hindrance or obstacle to her employment, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
 34. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 9) that the evidence in the record established that Carrier is not entitled to reimbursement pursuant to S.C. Code § 42-9-400, the error being that the reliable, probative, and substantial evidence of the case does not support such a finding.
 35. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 9) that the evidence in the record established that Carrier is not entitled to reimbursement pursuant to S.C. Code § 42-9-400, the error being that the finding was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a finding.
 36. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in finding as a fact (Finding of Fact No. 9) that the evidence in the record established that Carrier is not entitled to reimbursement pursuant to S.C. Code § 42-9-400, the error being that the finding was affected by other error of law given that the expert medical evidence did not support such a finding.
 37. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in concluding as a matter of law (Conclusion of Law No. 3) that

- Appellants did not satisfy their burden to prove that Claimant had preexisting anxiety and that it was permanent and serious enough to be a hindrance or obstacle to her employment, that the evidence supported the contrary, and therefore Appellants failed to meet the requirement for reimbursement pursuant to S.C. Code § 42-9-400, the error being that the reliable, probative, and substantial evidence of the case does not support such a conclusion.
38. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in concluding as a matter of law (Conclusion of Law No. 3) that Appellants did not satisfy their burden to prove that Claimant had preexisting anxiety and that it was permanent and serious enough to be a hindrance or obstacle to her employment, that the evidence supported the contrary, and therefore Appellants failed to meet the requirement for reimbursement pursuant to S.C. Code § 42-9-400, the error being that the conclusion was arbitrary or capricious or characterized by abuse of discretion or a clearly unwarranted exercise of discretion given that the expert medical evidence did not support such a conclusion.
 39. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in concluding as a matter of law (Conclusion of Law No. 3) that Appellants did not satisfy their burden to prove that Claimant had preexisting anxiety and that it was permanent and serious enough to be a hindrance or obstacle to her employment, that the evidence supported the contrary, and therefore Appellants failed to meet the requirement for reimbursement pursuant to S.C. Code § 42-9-400, the error being that the conclusion was affected by other error of law given that the expert medical evidence did not support such a conclusion.
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43. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in concluding as a matter of law (Conclusion of Law No. 5) that Appellants did not meet all requirements for reimbursement pursuant to S.C. Code § 42-9-400, and therefore are not entitled to reimbursement from the South Carolina Second Injury Fund, the error being that the reliable, probative, and substantial evidence of the case does not support such a conclusion.
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46. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in failing to find as a fact that Appellant's uncontroverted expert medical testimony supporting reimbursement from the South Carolina Second Injury Fund should be determinative of the issue, where the South Carolina Second Injury Fund failed to present any contrary expert testimony to discredit the overwhelming medical testimony and evidence presented by the Appellants, the error being that the failure to find as a fact is in contravention of recent law on the issue, see Carolinas Recycling Group v. South Carolina Second Injury Fund, No. 4987 (S.C. Ct. App. June 13, 2012), and accordingly is not supported by the reliable, probative, and substantial evidence of the case.
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49. The Appellate Panel of the South Carolina Workers' Compensation Commission erred as a matter of law in failing to find as a fact that the instant action is a medically complex

- case, and as such, Appellants' uncontroverted medical evidence should be given conclusive effect under the holdings of McLeod v. Piggly Wiggly Co., 280 S.C. 466, 313 S.E.2d 38 (Ct. App. 1984); Wynn v. People's Natural Gas Co., 238 S.C. 1, 118 S.E.2d 812 (1961); Ballenger v. Southern Worsted Corp., 209 S.C. 463, 40 S.E.2d 681 (1946); Poston v. Southeastern Construction Co., 208 S.C. 35, 36 S.E.2d 858 (1946); and Baker v. Graniteville Co., 197 S.C. 21, 14 S.E.2d 367 (1941), the error being that the reliable, probative, and substantial evidence of the case supports such a finding.
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[SIGNATURE ON FOLLOWING PAGE]

Respectfully Submitted,

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and

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Attorneys for Appellants

July 3, 2012

Greenville, SC

SECOND INJURY FUND CLAIMS
FOR HANDLING
A STEP-BY-STEP APPROACH



SECOND INJURY FUND
SOUTH CAROLINA

INTRODUCTION

The mission of the South Carolina Second Injury Fund is to protect employers by limiting the cost of a workers' compensation claim when a disabled employee is injured on the job and encourage employment of the disabled. The degree of the Fund's utilization attests to its success.

While there has always been a great deal of interest in the perfection of Second Injury Fund claims by carriers and self-insured employers, the passage of Americans With Disabilities Act in 1990 has placed renewed emphasis on Second Injury Fund claims. We are providing this manual to people who are responsible for the administration of Second Injury Fund files. This is a "how to" manual. It attempts to break down the basic elements of the claims handling process and outline the major factors to consider as you go from first notice of a claim to final reimbursement, but we must emphasize there are no shortcuts. Each claim stands on its own merits.

This written material and oral presentation are intended to provide those involved in administering workers' compensation general information regarding the South Carolina Second Injury Fund. They are provided with the understanding that the presenters are not engaged in rendering legal, accounting, or other professional services. The material, written and oral, should not be used as a substitute for professional service in specific circumstances dealing with a specific claim, client or legal matter. Users should research original sources of authority and/or obtain the services of a professional.

CONTENTS

SECTION I -- CLAIM PROCEDURES

SECTION II -- ASSESSMENT AND REIMBURSEMENT PROCEDURES

SECTION III -- LEGAL PROCEDURES

CLAIM PROCEDURES

This section contains procedures and examples of the requirements needed in the processing of your Second Injury Fund claims.

Notice to the Second Injury Fund and a sample letter.

Explanation of the notice of possible Second Injury Fund claim and sample of form.

How to meet the knowledge requirement and examples.

Medical questionnaire and examples.

Acceptance package with examples.

Examples of denials.

Second Injury Fund adjuster and county information list.

RE:

1. Did the patient have _____ prior to _____?
YES _____ NO _____
COMMENT:

2. Is the _____ permanent?
YES _____ NO _____

3. Was the _____ serious enough to constitute a hindrance or obstacle to employment before the injury of _____?
YES _____ NO _____

If yes, please explain!

4. Did the injury of _____ aggravate or combine with the pre-existing _____?
YES _____ NO _____
COMMENT:

5. Did the fact that the patient had _____ cause him/her to lose substantially more time from work than he/she would have had from the _____ injury alone?
YES _____ NO _____
COMMENT:

6. Did the fact that the patient had _____ cause him/her to have a substantially higher percentage of permanent disability than he/she would have had from the _____ injury alone?
YES _____ NO _____
COMMENT:

7. Have the medical costs in this case been substantially increased due to the existence of _____?
YES _____ NO _____
COMMENT:

Physician Signature

Date

MODIFI

- | | | |
|---|---|---|
| <input type="checkbox"/> Regional Occ. Health | <input type="checkbox"/> Eastside Family Physicians | <input type="checkbox"/> Family Medicine C... |
| <input type="checkbox"/> Inman Family Practice | <input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley | <input type="checkbox"/> RPHC - Southside |
| <input type="checkbox"/> RPHC - Chesnee | <input type="checkbox"/> RPHC - 290 | <input type="checkbox"/> RPHC - Boiling Springs |
| <input type="checkbox"/> SRMC ED/Prompt Care | <input type="checkbox"/> Wellford Family Practice | <input type="checkbox"/> RPHC - Pacolet |
| <input type="checkbox"/> Westgate Family Physicians | <input type="checkbox"/> Forest City Family Medicine | <input type="checkbox"/> Drs. Whitney, Bridges, Walter & Snipes |

EMPLOYEE: Jones Sarah L
LAST FIRST MIDDLE
 Date: 4/17/06 Employer: Same Job Title: PLT SSN: _____
 Injury Date: 4/17/06

This portion to be completed by attending physician.

have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: Sprain @ wrist

Medications: Ibuprofen, 600 mg. 4 times a day # 20

NOTE: Medications circled may cause sedation, therefore, use with caution at work, while driving, etc.

- WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- | | |
|--|---|
| <input checked="" type="checkbox"/> Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as dockets, ledgers and small tools. | <input type="checkbox"/> No fine finger manipulation |
| <input type="checkbox"/> Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. | <input type="checkbox"/> No grasping |
| <input type="checkbox"/> Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds. | <input type="checkbox"/> Desk/sitting duty only |
| <input type="checkbox"/> Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds. | <input type="checkbox"/> No repetitive _____ movement |
| <input type="checkbox"/> Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds. | <input checked="" type="checkbox"/> Limited use of upper extremity: Right <u>Left</u> |
| <input type="checkbox"/> Maximum lifting heights/weights: | Limitations: <u>No lifting with left arm > 10 pounds</u> |
| _____ Floor to waist: _____ pounds | <input type="checkbox"/> Limited use of lower extremity: Right Left |
| _____ Waist to shoulder: _____ pounds | Limitations: _____ |
| _____ Shoulder to overhead: _____ pounds | <input type="checkbox"/> No climbing |
| | <input type="checkbox"/> Must avoid exposure to _____ |
| | <input type="checkbox"/> Other (see below) |

These restrictions are in effect until _____ DATE or until employee is reevaluated on 4/25/06 DATE

Referral to: Consultant _____ on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

REFERRAL INSTRUCTIONS/REFERRALS

Follow-Up/Return Appointment: 5 Days _____ Weeks For suture removal

T W T H F

Used on: _____ DATE

Margaret A. ... NP
(PHYSICIAN, P.A., N.P.)

Report faxed to Employer by: _____

CA

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509**

Sarah Jones
Patient Name

Patient SS#

Record#

11/23/68
DOB

SRHS
Company

DATE OF INJURY: 04/17/06

DATE OF EXAM: 04/25/06

INITIAL WORKERS COMP EXAM

S: This is initial evaluation for an injury sustained on 4/17/06. She is a PCT and she was working pulling and turning a patient when she felt a pop in the left wrist. Now, she complains of increasing pain. She was seen by the Employee Health nurse practitioner who placed her on light duty and gave her some Ultracet for pain. She still complains of pain and swelling. She has been using an Ace wrap.

O: The left wrist does show some mild to moderate swelling especially over the radial aspect of the wrist. Radial and ulnar deviation is painful as well as extension of the wrist. There is no crepitation. All ligaments appear to be stable. Grip strength is slightly reduced.

A: Left wrist strain rule out chip fracture.

P: We will go ahead and order an x-ray of the left wrist. We will place her in a deluxe wrap around wrist brace for better support. We will increase her Ultracet to Ultram 50 mg one po q six hours pm pain, #21. Sedentary work—no lifting over 10 pounds, no forceful grasping with the left hand, no patient transfers. Recheck in two days to go over the x-ray results.

DD: 04/25/06

DT: 04/27/06

BY: gb



Michael Alday, MD

MODIFIED DUTY REPORT

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Regional Occ. Health | <input type="checkbox"/> Eastside Family Physicians | <input type="checkbox"/> Family Medicine Center | <input type="checkbox"/> OSSM |
| <input type="checkbox"/> Inman Family Practice | <input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley | <input type="checkbox"/> RPHC - Southside | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> RPHC - Chesnee | <input type="checkbox"/> RPHC - 290 | <input type="checkbox"/> RPHC - Boiling Springs | |
| <input type="checkbox"/> SRMC ED/Prompt Care | <input type="checkbox"/> Wellford Family Practice | <input type="checkbox"/> RPHC - Pacolet | |
| <input type="checkbox"/> Westgate Family Physicians | <input type="checkbox"/> Forest City Family Medicine | <input type="checkbox"/> Drs. Whitney, Bridges, Walter & Snipes | |

EMPLOYEE: Jones Sarah
LAST FIRST MIDDLE
 Date: 4-25-06 Employer: SRHS Job Title: PCT Injury Date: 4-17-06
SSN

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:
 Diagnosis/Condition: Sprain (L) wrist
 Medications: Ultram 50 (2x1)
 NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as docket, ledgers and small tools.
 - Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
 - Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
 - Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
 - Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
 - Maximum lifting heights/weights:
 _____ Floor to waist: _____ pounds
 _____ Waist to shoulder: _____ pounds
 _____ Shoulder to overhead: _____ pounds
- No fine finger manipulation
 - No grasping forceful hand
 - Desk/sitting duty only
 - No repetitive _____ movement
 - Limited use of upper extremity: Right Left
 - Limitations: _____
 - Limited use of lower extremity: Right Left
 - Limitations: _____
 - No climbing
 - Must avoid exposure to _____
 - Other (see below) No pt. transfer

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE
 Referral to: Consultant _____ on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE IS AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS Wear splint X-ray

Follow-Up/Return Appointment: 2 Days _____ Weeks For suture removal
 I T W T H F
 Released on: _____ DATE _____
PHYSICIAN, P.A., M.D.

Report faxed to Employer by: _____
IF E.R./PROMPT CARE TREATMENT RENDERED, THEN REFER TO REGIONAL OCCUPATIONAL HEALTH FOR FOLLOW UP

MODIFIED DUTY REPORT

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Regional Occ. Health | <input type="checkbox"/> Eastside Family Physicians | <input type="checkbox"/> Family Medicine Center | <input type="checkbox"/> OSSM |
| <input type="checkbox"/> Inman Family Practice | <input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley | <input type="checkbox"/> RPHC - Southside | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> RPHC - Chesnee | <input type="checkbox"/> RPHC - 290 | <input type="checkbox"/> RPHC - Boiling Springs | |
| <input type="checkbox"/> SRMC ED/Prompt Care | <input type="checkbox"/> Wellford Family Practice | <input type="checkbox"/> RPHC - Pacolet | |
| <input type="checkbox"/> Westgate Family Physicians | <input type="checkbox"/> Forest City Family Medicine | <input type="checkbox"/> Drs. Whitney, Bridges, Walter & Snipes | |

EMPLOYEE: Jones Sarah
LAST FIRST MIDDLE
 Date: 4-27-06 Employer: SRHS Job Title: PCT SSN: _____ Injury Date: 4-17-06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: Spinal Stenosis

Medications: Duricep 10-100 #2

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as docket, ledgers and small tools.
- Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:
 - Floor to waist: _____ pounds
 - Waist to shoulder: _____ pounds
 - Shoulder to overhead: _____ pounds

- No fine finger manipulation
- No grasping finger
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right Left
Limitations: _____
- Limited use of lower extremity: Right Left
Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below) No pt transfer

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE

Referral to: Consultant _____ on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE IS AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS

Start PT limits

Follow-Up/Return Appointment:

M T W T H F

Released on: _____ DATE

5 Days

_____ Weeks

For suture removal

[Signature]
PHYSICIAN, P.A., N.P.

Report faxed to Employer by: _____

IF E.R./PROMPT CARE TREATMENT RENDERED

OCCUPATIONAL HEALTH FOR FOLLOW UP

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name

Patient SS#

Record#

11/23/68
DOB

SRHS
Company

DATE OF INJURY: 04/17/06

DATE OF EXAM: 05/02/06

RECHECK WORKERS COMP EXAM

S: The client is in for reevaluation of left wrist sprain. She states there has been no relief or no changes since her last visit. She is still continuing to have pain with tenderness of her left wrist which radiates upward to approximately her mid upper arm. She states that the only thing that has helped alleviate the pain is the Darvocet which she is only taking at night so she can get a restful sleep. Otherwise, she has been taking ibuprofen with little to no relief. She has been wearing her wrist splint along with applying ice to her wrist for swelling with little to no relief. She also states that she is feeling some tingling in her fingers periodically.

O: The client sits on the examination table alert and oriented x three and in no acute distress. After removal of the left wrist splint, the left wrist compared to the right reveals some swelling and tenderness to palpation on the radial aspect of her left wrist. There is tenderness to palpation medially of the left forearm up to the mid humeral aspect of her left arm. No discoloration is noted. The left hand strength is approximately 75% compared to the right. Flexion of the left hand is at 75 degree angle before subjective complaint and at a negative 60 degree angle before subjective complaint at extension. Full range of motion of all five digits and brisk capillary refill is noted as well as intact sensibility to light touch, warmth and vibration.

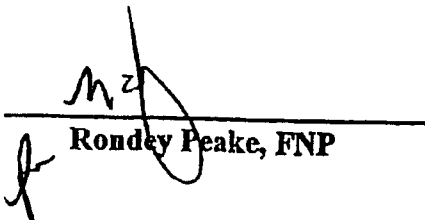
A: Left wrist sprain.

P: She is to begin physical therapy on the 3rd of May 2006. She is to remain on same modified duty which is no forceful grasping with the left hand, no patient transfers and 10 pound max lifting. She is to continue to take Darvocet-N 100 one tablet three times a day as needed for pain along with the ibuprofen. She is to continue to wear the wrist splint at work and apply ice for the swelling. She is to follow up in two weeks for reevaluation.

DD: 05/02/06

DT: 05/06/06

BY: gb



Rondey Peake, FNP

MODIFIED DUTY REPORT

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Regional Occ. Health | <input type="checkbox"/> Eastside Family Physicians | <input type="checkbox"/> Family Medicine Center | <input type="checkbox"/> OSSM |
| <input type="checkbox"/> Inman Family Practice | <input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley | <input type="checkbox"/> RPHC - Southside | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> RPHC - Chesnee | <input type="checkbox"/> RPHC - 290 | <input type="checkbox"/> RPHC - Boiling Springs | |
| <input type="checkbox"/> SRMC ED/Prompt Care | <input type="checkbox"/> Wellford Family Practice | <input type="checkbox"/> RPHC - Pacolet | |
| <input type="checkbox"/> Westgate Family Physicians | <input type="checkbox"/> Forest City Family Medicine | <input type="checkbox"/> Drs. Whitney, Bridges, Walter & Snipes | |

EMPLOYEE: Jones Sarah
LAST FIRST MIDDLE
 Date: 5-2-06 Employer: SRHS Job Title: PCT Injury Date: 4-17-06
SSN

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: Left wrist sprain
 Medications: Cycloset N-100 #17

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as dockets, ledgers and small tools.
- Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:
 - _____ Floor to waist: _____ pounds
 - _____ Waist to shoulder: _____ pounds
 - _____ Shoulder to overhead: _____ pounds

- No fine finger manipulation
- No grasping forceful hand
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right Left
- Limitations: _____
- Limited use of lower extremity: Right Left
- Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below) no pt transfer

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE

Referral to: Consultant _____ ON _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE IS AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS cont PT /elce /wrist splint

Follow-Up/Return Appointment: _____ Days 2 Weeks For suture removal

M T W T H F

Released on: _____ DATE

Ronney B. Perle JNP
PHYSICIAN, P.A., N.P.J.

Report faxed to Employer by: _____

IF E.R./PROMPT CARE TREATMENT RENDERED T

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name

Patient SS#

22642
Record#

11/23/68
DOB

SRHS
Company

DATE OF INJURY: _____

DATE OF EXAM: 05/16/06

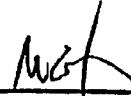
RECHECK WORKERS COMP EXAM

- S:** The client is returning to clinic for reevaluation of left wrist sprain. She states that the hand therapy has been beneficial. However, she is still having pain in her left arm radiating from her wrist up to her elbow. She states that she has to take her Darvocet three times a day for the pain and she describes this pain as a constant nagging and throbbing pain which is very achy. She also states that she continues to have swelling in this area. She denies any numbness or tingling, however.
- O:** The client sits on the examination table alert and oriented x three and in no acute distress wearing the left wrist splint. After removing the splint, the left arm appears normal compared to the right with no swelling noted and no discoloration. The skin is intact. The area is very tender to palpation from the right radial head up to the medial epicondyle. Range of motion with flexion is approximately 45 degree angle before subjective complaint and extension is to approximately 45 degree angle with subjective complaint. She does have full range of motion in all five digits. Brisk capillary refill is noted and intact sensibility to light touch, warmth and vibration.
- A:** Left wrist sprain.
- P:** We are going to keep her on the same modified duty as follows: 10 pound max lifting, no grasping forcefully with the left hand and no patient transfers. She will finish up her physical therapy sessions which she has two more to go. After discussing the potential dependency of Darvocet, we decided to prescribe her Mobic 7.5 mg one tablet twice a day as needed with meals. She is to continue to wear the wrist splint, apply ice to her wrist as needed, keep her arm elevated and to do home therapy. She is to follow up in one week for reevaluation.

DD: 05/16/06

DT: 05/21/06

BY: gb



Rondey Peake, FNP

MODIFIED DUTY REPORT

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Regional Occ. Health | <input type="checkbox"/> Eastside Family Physicians | <input type="checkbox"/> Family Medicine Center | <input type="checkbox"/> OSSM |
| <input type="checkbox"/> Inman Family Practice | <input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley | <input type="checkbox"/> RPHC - Southside | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> RPHC - Chesnee | <input type="checkbox"/> RPHC - 290 | <input type="checkbox"/> RPHC - Boiling Springs | |
| <input type="checkbox"/> SRMC ED/Prompt Care | <input type="checkbox"/> Wellford Family Practice | <input type="checkbox"/> RPHC - Pacolet | |
| <input type="checkbox"/> Westgate Family Physicians | <input type="checkbox"/> Forest City Family Medicine | <input type="checkbox"/> Drs. Whitney, Bridges, Walter & Stipes | |

EMPLOYEE: Jones, Sarah
 Date: 5/16/06 Employer: SRHS Job Title: PCT/Swest Injury Date: 4/17/06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: Left wrist sprain

Medications: Mobic 7.5mg

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- Sedentary work.** Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as dockets, ledgers and small tools.
- Light work.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:**
 - _____ Floor to waist: _____ pounds
 - _____ Waist to shoulder: _____ pounds
 - _____ Shoulder to overhead: _____ pounds

- No fine finger manipulation
- No grasping forceful left hand
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right Left
- Limitations: _____
- Limited use of lower extremity: Right Left
- Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below) no patient transfer

These restrictions are in effect until _____ or until employee is reevaluated on _____

Referral to: Consultant _____ on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE IS AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS

Follow-Up/Return Appointment: _____ Days 1 Weeks For suture removal

M T W T H F

Released on: _____ DATE

Randey B. Clark, Jr. MD
PHYSICIAN, P.A., N.P.

Report faxed to Employer by: _____

IF E.R./PROMPT CARE TREATMENT RENDERED THEN REFER TO REGIONAL OCCUPATIONAL HEALTH FOR FOLLOW UP

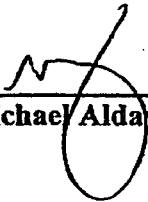
SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name Patient SS# Record# 11/23/68 DOB SRHS Company

DATE OF INJURY: 04/17/06
DATE OF EXAM: 05/23/06
RECHECK WORKERS COMP EXAM

- S: The patient is here for recheck of left wrist strain. She is still having a lot of pain and feels like it is tight with spasm. The physical therapy has not really helped that much. The Mobic did not help as well.
- O: The left wrist still shows some tenderness over the volar aspect of the wrist. She has very good range of motion and grip strength is adequate. She has negative Phalen's and negative Tinel's.
- A: Left wrist strain. Rule out TFCC damage or scapholunate ligament damage.
- P: We will go ahead and schedule for a left wrist MRI. I will also give her some Flexeril 5 mg one to two po t.i.d., #30. In the meantime, no lifting over ten pounds, no forceful grasp with the left hand and no patient transfers. Recheck in one week.

DD: 05/23/06
DT: 05/27/06
BY: gb



Michael Alday, MD

MM

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name

Patient SS#

Record#

11/23/68
DOB

SRHS
Company

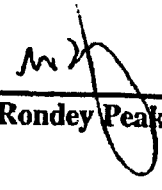
DATE OF INJURY: 04/17/06

DATE OF EXAM: 05/30/06

RECHECK WORKERS COMP EXAM

- S: She states that she is still in pain in her left wrist. Although she is feeling slightly better, the pain is still intense according to her. She describes the pain as a constant throbbing with intermittent sharp pain along with spasms in her left wrist that radiates slightly up to her mid forearm. She is also having some numbness and tingling intermittently in her fingertips. She is also here to find out the report of the MRI which states that there are no torn ligaments or tendons. The impression is a negative MRI.
- O: The client sits on the examination table alert and oriented x three and in no acute distress. After removal of the wrist splint from the left arm, the left arm/wrist compared to the right arm/wrist appears slightly swollen. No discoloration is noted and skin is intact. Range of motion: Flexion at 45 degree angle with objective complaint and hyperextension at 45 degree angle with subjective complaint. There is tenderness to palpation at the radial head of the left wrist. Brisk capillary refills are noted and intact sensibility to light touch, warmth and vibration
- A: Left wrist strain.
- P: We are going to continue her hand therapy for another six sessions three times weekly. She is to remain on the same modified duty as follows—10 pound max lifting, no forceful grasping with the left hand and no patient transfers. We are going to reevaluate her in two weeks.,

DD: 05/30/06
DT: 06/03/06
BY: gb



Rondey Peake, FNP

RECEIVED BY

TRANSITIONAL DUTY REPORT

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE.

Transitional Duty is available at SRHS for all employees at any level of restrictions

Please refer Transitional Duty questions to EOH @ 864-560-6512

Referrals for additional services shall be made to SRHS facilities-ex: MRI, Rehab., X-rays

EMPLOYEE: Jones Sarah
 Date: 5/30/06 Employer: SRHS Job Title: PCT Injury Date: 4/17/06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: Left wrist strain

Medications: Florfen 5mg

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of transitional duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as dockets, ledgers and small tools.
- Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:
 _____ Floor to waist: _____ pounds
 _____ Waist to shoulder: _____ pounds
 _____ Shoulder to overhead: _____ pounds

- No fine finger manipulation
- No grasping forceful hand
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right Left
 Limitations: _____
- Limited use of lower extremity: Right Left
 Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below) no patient transfer

These restrictions are in effect until _____ or until employee is reevaluated on _____

OTHER INSTRUCTIONS:

Follow-Up/Return Appointment: _____ Days 2 Weeks For suture removal

1 T W T H F

Released on: _____ DATE

Randy D. Proff JWP
 PHYSICIAN, P.O. #112

Please fax report to 864-560-6509 after every visit- and give a copy to the patient.

AMI reached, Yes No Estimated Date: _____

Refer to Specialist: _____

11/11/06

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509**

<u>Sarah Jones</u>			<u>11/23/68</u>	<u>EHS</u>
Patient Name	Patient SS#	Record#	DOB	Company

DATE OF INJURY: 04/17/06

DATE OF EXAM: 06/29/06

RECHECK WORKERS COMP EXAM

- S:** The patient is here for recheck of left wrist sprain. It seems that the wrist brace that she wears causes some increasing swelling. She has been increasing her activity. She is finishing out on her physical therapy. The MRI was read as normal.
- O:** The left wrist and hand show some slight edema in the digits. This may be from the compression of the wrist brace. She has good range of motion. There is still some volar tenderness to the wrist. Negative Phalen's. Negative Tinel's.
- A:** Left wrist sprain—improving slightly.
- P:** Continue restrictions. No lifting over 30 pounds, no forceful grasp with the left hand and no patient transfers. We will discontinue the use of the brace and also order no more physical therapy at the present time. We will see if her edema and pain will calm down. Recheck in two weeks. If not, we will have to consider sending her to Drs. Essman or Falcon for evaluation.

DD: 06/29/06

DT: 07/02/06

BY: gb



Michael Alday, MD

10-06-06-011

MODIFIED DUTY REPORT

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Regional Occ. Health | <input type="checkbox"/> Eastside Family Physicians | <input type="checkbox"/> Family Medicine Center | <input type="checkbox"/> OSSM |
| <input type="checkbox"/> Inman Family Practice | <input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley | <input type="checkbox"/> RPHC - Southside | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> RPHC - Chesnee | <input type="checkbox"/> RPHC - 290 | <input type="checkbox"/> RPHC - Boiling Springs | |
| <input type="checkbox"/> SRMC ED/Prompt Care | <input type="checkbox"/> Wellford Family Practice | <input type="checkbox"/> RPHC - Pacolet | |
| <input type="checkbox"/> Westgate Family Physicians | <input type="checkbox"/> Forest City Family Medicine | <input type="checkbox"/> Drs. Whitney, Bridges, Walter & Snipes | |

EMPLOYEE: Jones Sarah
 Date: 6/29/06 Employer: SRHS Job Title: PCT/SW Injury Date: 4/17/06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: Lowest sprain

Medications: _____
 NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as docket, ledgers and small tools.
- Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:
 _____ Floor to waist: _____ pounds
 _____ Waist to shoulder: _____ pounds
 _____ Shoulder to overhead: _____ pounds

- No fine finger manipulation
- No grasping carefully
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right Left
- Limitations: _____
- Limited use of lower extremity: Right Left
- Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below) No patient transfer

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE
 Referral to: Consultant _____ on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE IS AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS

Follow-Up/Return Appointment: _____ Days 2 Weeks For suture removal
 A T W T H F
 Released on: _____ DATE
 Report faxed to Employer by: _____
 _____ (PHYSICIAN, P.A., N.P.)

F.E.R./PROMPT CARE TREATMENT RENDERED THE

MODIFIED DUTY REPORT

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Regional Occ. Health | <input type="checkbox"/> Eastside Family Physicians | <input type="checkbox"/> Family Medicine Center | <input type="checkbox"/> OSSM |
| <input type="checkbox"/> Inman Family Practice | <input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley | <input type="checkbox"/> RPHC - Southside | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> RPHC - Chesnee | <input type="checkbox"/> RPHC - 290 | <input type="checkbox"/> RPHC - Boiling Springs | |
| <input type="checkbox"/> SRMC ED/Prompt Care | <input type="checkbox"/> Wellford Family Practice | <input type="checkbox"/> RPHC - Pacolet | |
| <input type="checkbox"/> Westgate Family Physicians | <input type="checkbox"/> Forest City Family Medicine | <input type="checkbox"/> Drs. Whitney, Bridges, Walter & Snipes | |

EMPLOYEE: Jones, Sarah
LAST FIRST MIDDLE
 Date: 7/13/06 Employer: SRHS Job Title: PCT/SW Injury Date: 4/17/06
SSN

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: Low back strain, no injury

Medications: _____

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- | | |
|--|---|
| <input type="checkbox"/> Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as docket, ledgers and small tools. | <input type="checkbox"/> No fine finger manipulation |
| <input type="checkbox"/> Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. | <input checked="" type="checkbox"/> No grasping <u>finger/hand</u> |
| <input checked="" type="checkbox"/> Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds. | <input type="checkbox"/> Desk/sitting duty only |
| <input type="checkbox"/> Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds. | <input type="checkbox"/> No repetitive _____ movement |
| <input type="checkbox"/> Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds. | <input type="checkbox"/> Limited use of upper extremity: Right Left |
| <input type="checkbox"/> Maximum lifting heights/weights:
_____ Floor to waist: _____ pounds
_____ Waist to shoulder: _____ pounds
_____ Shoulder to overhead: _____ pounds | Limitations: _____ |
| | <input type="checkbox"/> Limited use of lower extremity: Right Left |
| | Limitations: _____ |
| | <input type="checkbox"/> No climbing |
| | <input type="checkbox"/> Must avoid exposure to _____ |
| | <input type="checkbox"/> Other (see below) |

These restrictions are in effect until _____ or until employee is reevaluated on _____

Referral to: Consultant Dr. Casson/Edler on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE IS AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS

Follow-Up/Return Appointment: _____ Days 2 Weeks For suture removal

Released on: _____ DATE

[Signature]
 (PHYSICIAN, P.A., N.P.)

Report faxed to Employer by: _____

PROMPT CARE TREATMENT RENDERED TO:

OCCUPATIONAL HEALTH FOR FOLLOW UP

MODIFIED DUTY REPORT

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Regional Occ. Health | <input type="checkbox"/> Eastside Family Physicians | <input type="checkbox"/> Family Medicine Center | <input type="checkbox"/> OSSM |
| <input type="checkbox"/> Inman Family Practice | <input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley | <input type="checkbox"/> RPHC - Southside | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> RPHC - Chesnee | <input type="checkbox"/> RPHC - 290 | <input type="checkbox"/> RPHC - Boiling Springs | |
| <input type="checkbox"/> SRMC ED/Prompt Care | <input type="checkbox"/> Wellford Family Practice | <input type="checkbox"/> RPHC - Pacolet | |
| <input type="checkbox"/> Westgate Family Physicians | <input type="checkbox"/> Forest City Family Medicine | <input type="checkbox"/> Drs. Whitney, Bridges, Walter & Snipes | |

EMPLOYEE: Jones Sarah
 Date: 7-27-06 Employer: SRMC Job Title: _____ Injury Date: 4-17-06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: Dorsal strain, neck

Medications: _____

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- Sedentary work.** Lifting 5 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as dockets, ledgers and small tools.
- Light work.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:**
 - Floor to waist: _____ pounds
 - Waist to shoulder: _____ pounds
 - Shoulder to overhead: _____ pounds

- No fine finger manipulation
- No grasping forearm/shoulder
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right Left
- Limitations: _____
- Limited use of lower extremity: Right Left
- Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below)

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE

Referral to: Consultant _____ on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS

cast PT

Follow-Up/Return Appointment: _____ Days 2 Weeks For suture removal

RECEIVED BY _____
 based on: _____ DATE

Report faxed to Employer by: _____

MM

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name

Patient SS#

22642
Record#

11/23/68
DOB

SRHS
Company

DATE OF INJURY: 04/17/06

DATE OF EXAM: 08/10/06

RECHECK WORKERS COMP EXAM

S: The patient is here for recheck of left wrist strain. She is seeing Dr. Falcon next week. She is still going to physical therapy. She still complains of pain and swelling.

O: The left wrist and hand does not appear to be significantly swollen compared to the normal right hand. She is tender throughout the hand particularly at the volar aspect of the wrist near the palmar crease. She has good range of motion of the wrist with normal extension and flexion at the wrist. Grip strength is reduced secondary to pain.

A: Left wrist strain. However, she has normal x-ray and MRI studies.

P: I will continue to encourage this lady to move her hand with range of motion exercises. She is continuing to work with the physical therapist. She has an appointment with the hand surgeon next week. We will follow along and recheck in two weeks. In the meantime, no lifting over five pounds and no forceful grasping with the left hand.

DD: 08/10/06

DT: 08/12/06

BY: gb



Michael Alday, MD

RECEIVED BY

SEP 11 2006

nm

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

<u>Sarah Jones</u>			<u>11/23/68</u>	<u>SRHS</u>
Patient Name	Patient SS#	Record#	DOB	Company

DATE OF INJURY: 04/20/06

DATE OF EXAM: 08/31/06

RECHECK WORKERS COMP EXAM

S: The patient is here for recheck of left hand pain. She is continuing to see Dr. Falcon. She does request some Flexeril which does help her condition at night when she does take this during the day. She does get relief from the Flexeril. She also supplements with Advil and Tylenol for the pain. She is working several times a week with the hand therapist at Dr. Falcon's office.

O: The left hand shows no obvious deformities at the present time. She complains of diffuse pain especially around the knuckle regions. However, she does have full range of motion and function of the left hand. There are no areas of acute tenderness. Grip strength is adequate.

A: Left hand pain.

P: I will give her some Flexeril 10 mg one po t.i.d., #40. Continue sedentary work—no lifting over five pounds. Recheck in two weeks.

DD: 08/31/06

DT: 09/02/06

BY: gb



 Michael Alday, MD



MM

REGIONAL OCCUPATIONAL HEALTH
REGIONAL PHYSICIAN NETWORK

MODIFIED DUTY REPORT

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Regional Occ. Health | <input type="checkbox"/> Eastside Family Physicians | <input type="checkbox"/> Family Medicine Center | <input type="checkbox"/> OSSM |
| <input type="checkbox"/> Inman Family Practice | <input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley | <input type="checkbox"/> RPHC - Southside | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> RPHC - Cheşnee | <input type="checkbox"/> RPHC - 290 | <input type="checkbox"/> RPHC - Boiling Springs | |
| <input type="checkbox"/> SRMC ED/Prompt Care | <input type="checkbox"/> Wellford Family Practice | <input type="checkbox"/> RPHC - Pacolet | |
| <input type="checkbox"/> Westgate Family Physicians | <input type="checkbox"/> Forest City Family Medicine | <input type="checkbox"/> Drs. Whitney, Bridges, Walter & Snipes | |

EMPLOYEE: Jones, Sarah
 Date: 8/31/06 Employer: SRHS Job Title: PCT Injury Date: 4/20/06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:
 Diagnosis/Condition: Shoulder pain
 Medications: Fluorid/12mg (H2)
 NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- Sedentary work. Lifting 5 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as dockets, ledgers and small tools.
- Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:
 _____ Floor to waist: _____ pounds
 _____ Waist to shoulder: _____ pounds
 _____ Shoulder to overhead: _____ pounds
- No fine finger manipulation
- No grasping
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right Left
 Limitations: _____
- Limited use of lower extremity: Right Left
 Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below)

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE

Referral to: Consultant _____ on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS

Follow-Up/Return Appointment: 2 Days For suture removal

Released on: _____ DATE P. Alday (PHYSICIAN, P.A., N.P.)

mm

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name

Patient SS#

Record#

11/23/68
DOB

SRHS
Company

DATE OF INJURY: _____

DATE OF EXAM: 09/14/06

RECHECK WORKERS COMP EXAM

- S:** The patient is here for recheck of left hand pain. She is making excellent and steady progress with the hand therapist. She is progressing with the therapy as recommended by Dr. Falcon. She will be seeing Dr. Falcon next Thursday morning. She states that most all of her swelling has dissipated and she only rarely gets swelling at the present time. The Flexeril is helping.
- O:** The left hand shows no obvious swelling today. There is no difference as compared to the right hand. She has good grip strength. Neurologically intact.
- A:** Left hand pain—improving with therapy.
- P:** Continue Flexeril. Continue sedentary work—no lifting over five pounds. Recheck in seven days. At next visit we will go over possible change in her work modifications by Dr. Falcon.
- DD:** 09/14/06
DT: 09/15/06
BY: gb



Michael Alday, MD

MODIFIED DUTY REPORT

<input type="checkbox"/> Regional Occ. Health	<input type="checkbox"/> Eastside Family Physicians	<input type="checkbox"/> Family Medicine Center	<input type="checkbox"/> OSSM
<input type="checkbox"/> Inman Family Practice	<input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley	<input type="checkbox"/> RPHC - Southside	<input type="checkbox"/> Other _____
<input type="checkbox"/> RPHC - Chesnee	<input type="checkbox"/> RPHC - 290	<input type="checkbox"/> RPHC - Boiling Springs	
<input type="checkbox"/> SRMC ED/Prompt Care	<input type="checkbox"/> Wellford Family Practice	<input type="checkbox"/> RPHC - Pacolet	
<input type="checkbox"/> Westgate Family Physicians	<input type="checkbox"/> Forest City Family Medicine	<input type="checkbox"/> Drs. Whitney, Bridges, Walter & Snipes	

EMPLOYEE: Jones, Sarah
LAST FIRST MIDDLE

Date: 9/14/06 Employer: SRHS Job Title: PCT/5W Injury Date: 4/20/06
SSN

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: Hand pain

Medications: Aspirin

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____

Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

<input checked="" type="checkbox"/> Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as docket, ledgers and small tools.	<input type="checkbox"/> No fine finger manipulation
<input type="checkbox"/> Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.	<input type="checkbox"/> No grasping
<input type="checkbox"/> Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.	<input type="checkbox"/> Desk/sitting duty only
<input type="checkbox"/> Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.	<input type="checkbox"/> No repetitive _____ movement
<input type="checkbox"/> Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.	<input type="checkbox"/> Limited use of upper extremity: Right Left
<input type="checkbox"/> Maximum lifting heights/weights:	Limitations: _____
_____ Floor to waist: _____ pounds	<input type="checkbox"/> Limited use of lower extremity: Right Left
_____ Waist to shoulder: _____ pounds	Limitations: _____
_____ Shoulder to overhead: _____ pounds	<input type="checkbox"/> No climbing
	<input type="checkbox"/> Must avoid exposure to _____
	<input type="checkbox"/> Other (see below)

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE

Referral to: Consultant _____ on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS

Follow-Up/Return Appointment: 2 Days _____ Weeks For suture removal

T W T H F

Released on: _____ DATE

Report faxed to Employer by: _____

[Signature]
(PHYSICIAN, P.A., N.P.)

MM

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name Patient SS# Record# 11/23/68 DOB SRHS Company

DATE OF INJURY: 04/20/06
DATE OF EXAM: 09/26/06
RECHECK WORKERS COMP EXAM

- S:** The patient is here for recheck of left hand pain. It has been advised by Dr. Falcon to go to full duties starting on 9/21/06. He has discontinued therapy at the present time. She states that she still has swelling and pain.
- O:** The left hand shows no obvious swelling today. I cannot see any difference from the right hand versus the left hand. She has very good grip strength compared to the right.
- A:** Left hand pain. She has now been released to full duty.
- P:** We will release to full duty today. I will also refill her prescription of Flexeril 10 mg one po t.i.d., #50 and also gave her some Motrin 600 mg one po t.i.d., #60. Return to full duty. Recheck in four weeks.

DD: 09/26/06
DT: 09/27/06
BY: gb



Michael Alday, MD

mm

MODIFIED DUTY REPORT

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Regional Occ. Health | <input type="checkbox"/> Eastside Family Physicians | <input type="checkbox"/> Family Medicine Center | <input type="checkbox"/> OSSM |
| <input type="checkbox"/> Inman Family Practice | <input type="checkbox"/> Drs. Taylor, Westmoreland, Hicklin & Coley | <input type="checkbox"/> RPHC - Southside | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> RPHC - Chesnee | <input type="checkbox"/> RPHC - 290 | <input type="checkbox"/> RPHC - Boiling Springs | |
| <input type="checkbox"/> SRMC ED/Prompt Care | <input type="checkbox"/> Wellford Family Practice | <input type="checkbox"/> RPHC - Pacolet | |
| <input type="checkbox"/> Westgate Family Physicians | <input type="checkbox"/> Forest City Family Medicine | <input type="checkbox"/> Drs. Whitney, Bridges, Walter & Snipes | |

EMPLOYEE: Jones, Sarah
LAST FIRST MIDDLE
 Date: 9/26/06 Employer: SRHS Job Title: PCT/5W Injury Date: 4/26/06
SSN

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: Shoulder pain
 Medications: Flexal 120 (50) Motrin 600 (60)
 NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- | | |
|--|---|
| <input type="checkbox"/> Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as docket, ledgers and small tools. | <input type="checkbox"/> No fine finger manipulation |
| <input type="checkbox"/> Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. | <input type="checkbox"/> No grasping |
| <input type="checkbox"/> Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds. | <input type="checkbox"/> Desk/sitting duty only |
| <input type="checkbox"/> Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds. | <input type="checkbox"/> No repetitive _____ movement |
| <input type="checkbox"/> Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds. | <input type="checkbox"/> Limited use of upper extremity: Right Left |
| <input type="checkbox"/> Maximum lifting heights/weights:
_____ Floor to waist: _____ pounds
_____ Waist to shoulder: _____ pounds
_____ Shoulder to overhead: _____ pounds | Limitations: _____ |
| | <input type="checkbox"/> Limited use of lower extremity: Right Left |
| | Limitations: _____ |
| | <input type="checkbox"/> No climbing |
| | <input type="checkbox"/> Must avoid exposure to _____ |
| | <input type="checkbox"/> Other (see below) |

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE

Referral to: Consultant _____ on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE IS AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS

Follow-Up/Return Appointment: _____ Days 4 Weeks For suture removal
T W T H F
 Released on: _____ DATE
 Report faxed to Employer by: _____
 _____ (PHYSICIAN, P.A., N.P.)

MM

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name

Patient SS#

Record#

11/23/68
DOB

SRHS
Company

DATE OF INJURY: _____

DATE OF EXAM: 10/26/06

RECHECK WORKERS COMP EXAM

- S: The patient is here for recheck of persistent left hand pain. Dr. Falcon has ordered a nerve conduction study to entirely exclude carpal tunnel. She still has some pain that shoots into her fingers. She has noted some swelling at times as well. She is working, however.
- O: The left hand shows no obvious deformities and no swelling today. She has good grip strength. She has negative Tinel's and negative Phalen's.
- A: Left hand pain—rule out carpal tunnel.
- P: She is scheduled for a nerve conduction study. I will recheck her in three to four weeks after she has the nerve conduction study and has a recheck with Dr. Falcon.
- DD: 10/26/06
- DT: 10/27/06
- BY: gb



Michael Alday, MD



REGIONAL OCCUPATIONAL HEALTH
REGIONAL PHYSICIAN NETWORK

MODIFIED DUTY REPORT

- Regional Occ. Health
- Inman Family Practice
- RPHC - Chesnee
- SRMC ED/Prompt Care
- Westgate Family Physicians
- Eastside Family Physicians
- Drs. Taylor, Westmoreland, Hicklin & Coley
- RPHC - 290
- Wellford Family Practice
- Forest City Family Medicine
- Family Medicine Center
- RPHC - Southside
- RPHC - Boiling Springs
- RPHC - Pacolet
- Drs. Whitney, Bridges, Walter & Snipes
- OSSM
- Other _____

EMPLOYEE: Jones, Sarah
LAST FIRST MIDDLE
 Date: 10/26/06 Employer: SRHS Job Title: PCT/SW SSN Injury Date: 4/20/66

This portion to be completed by attending physician.

have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: ① Hand pain

Medications: _____

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as docket, ledgers and small tools.
 - Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
 - Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
 - Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
 - Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
 - Maximum lifting heights/weights:
 _____ Floor to waist: _____ pounds
 _____ Waist to shoulder: _____ pounds
 _____ Shoulder to overhead: _____ pounds
 - No fine finger manipulation
 - No grasping
 - Desk/sitting duty only
 - No repetitive _____ movement
 - Limited use of upper extremity: Right Left
 Limitations: _____
 - Limited use of lower extremity: Right Left
 Limitations: _____
 - No climbing
 - Must avoid exposure to _____
 - Other (see below)
- These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE
- Referral to: Consultant _____ on _____ at _____ am/pm.

WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS

As per NCV schedule

Follow-Up/Return Appointment: _____ Days 3-4 Weeks For suture removal

Initiated on: _____ DATE

[Signature]
(PHYSICIAN, M.D., N.P.)

Report faxed to Employer by: _____

JW

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name

Patient SS#

Record#

11/23/68
DOB

SRHS
Company

DATE OF INJURY: 04/17/06
DATE OF EXAM: 12/07/06
RECHECK WORKERS COMP EXAM

- S: The patient is here for recheck of left hand carpal tunnel syndrome. She preferred not to go through with the surgery with Dr. Falcon. Therefore, we have elected to refer her to Dr. Essman for a second opinion and reassessment of the case. She has agreed with this. She still complains of hand pain.
- O: She is wearing a splint on the left hand. Her hand was not examined today.
- A: History of left hand carpal tunnel syndrome confirmed by nerve conduction studies.
- P: We will refer her to Dr. Essman for further evaluation and reassessment for the possibility of surgery. In the meantime, she may return to full duties.
- DD: 12/07/06
- DT: 12/09/06
- BY: gb



Michael Alday, MD



REGIONAL OCCUPATIONAL HEALTH
REGIONAL PHYSICIAN NETWORK

MODIFIED DUTY REPORT

- Regional Occ. Health
- Inman Family Practice
- RPHC - Chesnee
- SRMC ED/Prompt Care
- Westgate Family Physicians
- Eastside Family Physicians
- Drs. Taylor, Westmoreland, Hicklin & Coley
- RPHC - 290
- Wellford Family Practice
- Forest City Family Medicine
- Family Medicine Center
- RPHC - Southside
- RPHC - Boiling Springs
- RPHC - Pacolet
- Drs. Whitney, Bridges, Walter & Snipes
- OSSM
- Other _____

EMPLOYEE: Jones Sarah L.
LAST FIRST MIDDLE

Date: 12-7-06 Employer: SRMC Job Title: PCT SSN: _____
 Injury Date: 4-17-06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: ① hand CTS

Medications: _____

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____

Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of modified duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as docket, ledgers and small tools.
- Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:
 - _____ Floor to waist: _____ pounds
 - _____ Waist to shoulder: _____ pounds
 - _____ Shoulder to overhead: _____ pounds
- No fine finger manipulation
- No grasping
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right _____ Left _____
Limitations: _____
- Limited use of lower extremity: Right _____ Left _____
Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below)

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE

Referral to: Consultant _____ on _____ at _____ am/pm.

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE. IF NO MODIFIED DUTY IS AVAILABLE, EMPLOYEE IS AUTHORIZED TO BE SENT HOME UNTIL REEVALUATION OR EXPIRATION OF MODIFIED DUTY.

OTHER INSTRUCTIONS/REFERRALS

Dr. Essman

Follow-Up/Return Appointment: _____ Days _____ Weeks For suture removal

M T W T H F

Released on: _____ DATE

[Signature]
PHYSICIAN, P.A., N.P.

Report faxed to Employer by: _____



SW

22642

EMPLOYER OCCUPATIONAL HEALTH
PHONE 864-560-6192
FAX 864-560-6509

Michael Alday, MD, Medical Director

TRANSITIONAL DUTY REPORT

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE.

Transitional Duty is available at SRHS for all employees at any level of restrictions
Please refer Transitional Duty questions to EOH @ 864-560-6512
Referrals for additional services shall be made to SRHS facilities-ex: MRI, Rehab., X-rays

EMPLOYEE: Jones Sarah L.
LAST FIRST MIDDLE
Date: 1-11-07 Employer: SRHS/SRMC Job Title: W. Pool Injury Date: 4-17-06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: ⓪ CTS, R hand pain

Medications: _____

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of transitional duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as docket, ledgers and small tools.
- Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:
 - Floor to waist: _____ pounds
 - Waist to shoulder: _____ pounds
 - Shoulder to overhead: _____ pounds

- No fine finger manipulation
- No grasping
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right Left
Limitations: No lifting > 15 lbs
- Limited use of lower extremity: Right Left
Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below)

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE

OTHER INSTRUCTIONS: NEV R limit

Follow-Up/Return Appointment: _____ Days 2 Weeks For suture removal
T W TH F
Released on: _____ DATE _____ (PHYSICIAN, P.A., N.P.)

Please fax report to 864-560-6509 after every visit- and give a copy to the patient.

MI reached. Yes No Estimated Date: _____
Referral to Specialist: _____

JW

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name

Patient SS#

Record#

DOB

SRHS
Company

DATE OF INJURY: 04/17/06

DATE OF EXAM: 01/11/07

RECHECK WORKERS COMP EXAM

S: The patient is here for recheck of left carpal tunnel syndrome. She is now having increasing pain in her right hand. She did have a nerve conduction study of the right hand back in October when the left hand was performed. The right hand showed no obvious carpal tunnel or nerve conduction delay. However, she is complaining of increasing pain to the right hand because of increasing use since she cannot use her left hand. She is being considered for surgery for the left hand.

O: The right hand shows no obvious swelling or deformities. She has excellent range of motion with good grip strength. She has negative Phalen's and negative Tinel's.

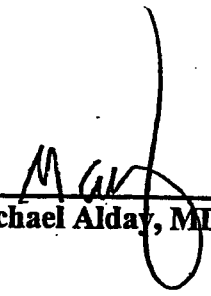
A: History of right hand pain with some paresthesias.

P: We will go ahead and repeat the nerve conduction study to make sure that there is no increase or delay of the nerve conduction in the right hand as compared to the October nerve conduction studies. In the meantime, no lifting over 20 pounds, no excessive grip with either right or left hands greater than 15 pounds of force. Recheck in two weeks.

DD: 01/11/07

DT: 01/13/07

BY: gb



Michael Alday, MD



EMPLOYEE OCCUPATIONAL HEALTH

PHONE 864-560-6192

FAX 864-560-6509

Michael Alday, MD, Medical Director

TRANSITIONAL DUTY REPORT

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE.

Transitional Duty is available at SRHS for all employees at any level of restrictions

Please refer Transitional Duty questions to EOH @ 864-560-6512

Referrals for additional services shall be made to SRHS facilities-ex: MRI, Rehab., X-rays

EMPLOYEE: Jones, Sarah L. Employee: SRHS/SRMC Job Title: Injury Date: 8-10-06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: (B) ETS

Medications:

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: [] Yes: full duty, no limitations [X] Yes: Modified duty, see below [] No, date expected to return to work: [] Transitional Duty: Limit to ___ hours per work shift. During work shift, rotate ___ hours of full duty followed by ___ hours of transitional duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as docket, ledgers and small tools.
Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
Maximum lifting heights/weights:
Floor to waist: ___ pounds
Waist to shoulder: ___ pounds
Shoulder to overhead: ___ pounds

- No fine finger manipulation
No grasping
Desk/sitting duty only
No repetitive ___ movement
[X] Limited use of upper extremity: Right Left
Limitations: No grip 15 lbs force
Limited use of lower extremity: Right Left
Limitations:
No climbing
Must avoid exposure to
Other (see below)

These restrictions are in effect until ___ DATE or until employee is reevaluated on ___ DATE

PHYSICIAN INSTRUCTIONS:

Handwritten notes: Surgery Reul 12

Follow-Up/Return Appointment: ___ Days [4] Weeks [] For suture removal

DATE

Physician Signature: Alday (PHYSICIAN (M.D. OR N.P.))

Please fax report to 864-560-6509 after every visit- and give a copy to the patient.

I reached. [] Yes [] No Estimated Date: ___

Referral to Specialist: ___

JW

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509

Sarah Jones
Patient Name

Patient SS#

22642
Record#

11/23/68
DOB

SRHS
Company

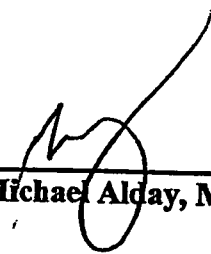
DATE OF INJURY: 04/17/06

DATE OF EXAM: 01/25/07

RECHECK WORKERS COMP EXAM

- S: The patient is here for recheck of history of right hand pain with paresthesias. She is also scheduled for carpal tunnel surgery by Dr. Essman. This will be performed on February 12th. She did undergo a nerve conduction study of the right hand by Dr. Mourtada, which showed no evidence of carpal tunnel syndrome or peripheral neuropathy. This study was completely normal in the right hand.
- O: The right hand shows no obvious swelling or deformities. She has excellent range of motion with good grip strength.
- A: History of right hand pain with some paresthesias.
- P: She is scheduled for surgery on February 12th. Therefore, we will check her back in a month to see what type of limited duty status that we can place her on. In the meantime, we will continue her restrictions of no lifting over 20 pounds and no excessive grip with either hand greater than 15 pounds of force.

DD: 01/25/07
DT: 01/28/07
BY: gb



Michael Alday, MD



JW 22642
 EMPLOYEE OCCUPATIONAL HEALTH
 PHONE 864-560-6192
 FAX 864-560-6509

Michael Alday, MD, Medical Director

TRANSITIONAL DUTY REPORT

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE.

Transitional Duty is available at SRHS for all employees at any level of restrictions
Please refer Transitional Duty questions to EOH @ 864-560-6512
 Referrals for additional services shall be made to SRHS facilities-ex: MRI, Rehab., X-rays

EMPLOYEE: Jones Sarah
LAST FIRST MIDDLE
 Date: 2-22-07 Employer: SRHS Job Title: PCT SSN
 Injury Date: 4-17-06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: R hand pain et Dorsal Drags

Medications: _____

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of transitional duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as dockets, ledgers and small tools.
- Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:
 - _____ Floor to waist: _____ pounds
 - _____ Waist to shoulder: _____ pounds
 - _____ Shoulder to overhead: _____ pounds
- No fine finger manipulation
- No grasping
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right Left
- Limitations: No heavy lift
- Limited use of lower extremity: Right Left
- Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below)

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE

OTHER INSTRUCTIONS:

PT R hand only

Follow-Up/Return Appointment: _____ Days 2 Weeks For suture removal

T W TH F

Discontinued on: _____ DATE [Signature] (PHYSICIAN, P.A., N.P.)

Please fax report to 864-560-6509 after every visit- and give a copy to the patient.

MI reached. Yes No Estimated Date: _____

Referral to Specialist: _____

JW

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509**

Sarah Jones
Patient Name

Patient SS#

21847
Record#

11/23/68
DOB

SRHS
Company

DATE OF INJURY: 04/17/06

DATE OF EXAM: 02/22/07

RECHECK WORKERS COMP EXAM

S: The patient is here for recheck of right hand pain with paresthesias as well as status post left carpal tunnel release of the left hand. She did undergo the left carpal tunnel release by Dr. Essman. This occurred on Wednesday of last week. She did quite well post-op. However, she does not want to go see the surgeon again and would elect to have us follow her post-op care here at Employee Health. I did ask her if that was her wishes to have us follow her for suture removal and post-op care and she agreed. She still complains of some pain in the left hand and wrist. She has been wearing the elastic wrist brace. She also complains of right hand pain especially with increased use because of the disability of her left hand.

O: The right hand shows no obvious swelling or deformities. She has excellent range of motion with good grip strength. The left hand shows the surgical scar that is healing well. There is no evidence of infection or induration. She has good range of motion of the wrist. She has good range of motion of the digits as well.

A: Right hand pain. Also status post carpal tunnel release of the left hand—doing well.

P: We will plan on removing her sutures next week. She is to do some very light range of motion of the digits. She is to continue use of her wrist brace and we will recheck her in one week. In the meantime, she will have restrictions of no lifting over ten pounds maximum and no use of the left upper extremity.

DD: 02/22/07

DT: 02/24/07

BY: gb



Michael Alday, MD

50

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH
101 E. WOOD STREET
SPARTANBURG, SOUTH CAROLINA 29303
(864) 560-9272 FAX (864) 560-6509**

<u>Sarah Jones</u> Patient Name	_____	<u>22642</u> Record#	<u>11/23/68</u> DOB	<u>SRHS</u> Company
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DATE OF INJURY: 04/17/06
DATE OF EXAM: 03/01/07
RECHECK WORKERS COMP EXAM

- S:** The patient is here for recheck of right hand pain as well as status post carpal tunnel release. She is here to have sutures removed from the left hand where she had the carpal tunnel release surgery. She states that she is displeased and she feels that the System may be trying to hide things from her. She tried to go down to get some of the operative reports and, according to her, they could not accommodate her wishes. She is worried that we do not have her best interest in mind.
- O:** The right hand shows no obvious swelling or deformities that I can tell today. She has excellent range of motion with good grip strength. The left hand shows the surgical scar that is very well healed. There are no signs of erythema, redness or any induration. She has good range of motion of the left wrist as well.
- A:** Right hand pain as well as status post carpal tunnel release of the left hand.
- P:** Sutures were removed today per the instruction sheet given by the hand surgeon. She will start some scar massage on a daily basis for at least one hour through the day. We will continue to restrict her to no lifting over ten pounds, no use of the left upper extremity, continue and finish out the hand therapy for the right hand. Recheck in one week. However, I am very concerned about this individual having no confidence in my ability to treat her. I will see her in follow up to make sure that there is no sign or evidence of infection post-op with one more visit.

DD: 03/01/07
DT: 03/02/07
BY: gb



Michael Alday, MD



22642
 EMPLOYEE OCCUPATIONAL HEALTH
 PHONE 864-560-6192 JW
 FAX 864-560-6509

Michael Alday, MD, Medical Director

TRANSITIONAL DUTY REPORT

ALL WORK RESTRICTIONS APPLY TO HOME AS WELL AS THE WORKPLACE.

Transitional Duty is available at SRHS for all employees at any level of restrictions
 Please refer Transitional Duty questions to EOH @ 864-560-6512
 Referrals for additional services shall be made to SRHS facilities-ex: MRI, Rehab., X-rays

EMPLOYEE: Jones, Sarah L. L.
LAST FIRST MIDDLE

Date: 3-1-07 Employer: SRHS Job Title: PCT

SSN
 Injury Date: 3-1-07
 (L) 4-17-06
 (R) 8-10-06

This portion to be completed by attending physician.

I have evaluated this patient on the above date and recommend the following:

Diagnosis/Condition: R hand pain - CTS release of hand

Medications: _____

NOTE: Medications circled may cause sedation; therefore, use with caution at work, while driving, etc.

WORK STATUS: Yes: full duty, no limitations Yes: Modified duty, see below No, date expected to return to work: _____
 Transitional Duty: Limit to _____ hours per work shift. During work shift, rotate _____ hours of full duty followed by _____ hours of transitional duty.

WORK MODIFICATION

- Sedentary work. Lifting 10 pounds maximum and occasionally lifting and occasionally lifting and carrying such articles as dockets, ledgers and small tools.
- Light work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.
- Light/medium work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- Medium work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- Light heavy work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- Maximum lifting heights/weights:
 _____ Floor to waist: _____ pounds
 _____ Waist to shoulder: _____ pounds
 _____ Shoulder to overhead: _____ pounds

- No fine finger manipulation
- No grasping
- Desk/sitting duty only
- No repetitive _____ movement
- Limited use of upper extremity: Right (L) Left (R)
 Limitations: No use of LUL
- Limited use of lower extremity: Right Left
 Limitations: _____
- No climbing
- Must avoid exposure to _____
- Other (see below)

These restrictions are in effect until _____ DATE or until employee is reevaluated on _____ DATE

OTHER INSTRUCTIONS:

cont. hand therapy for R hand

Follow-Up/Return Appointment: _____ Days (2) Weeks For suture removal

Discontinued on: _____ DATE (Signature)
PHYSICIAN, P.A., N.P.

Please fax report to 864-560-6509 after every visit- and give a copy to the patient.

MI reached. Yes No Estimated Date: _____

Referral to Specialist: _____

**INITIAL EVALUATION AND PLAN OF CARE
 HAND AND OCCUPATIONAL THERAPY**

PATIENT: Sarah Jones	DATE: 05/03/06
MED. REC.#: 9411	DATE OF BIRTH: 11/23/68
DIAGNOSIS: Left Wrist Strain	DATE OF INCIDENT/INJURY: April 2006
EMPLOYER: SRMC	DATE OF SURGERIES: N/A
THERAPIST: Mitzie Derrick, OTR/L	CLINIC: SRMC Hand Therapy
PHYSICIAN: Michael A. Alday, M.D. Occupational Health 8311 Warren Abernathy Hwy. Spartanburg, SC 29301	

PAST MEDICAL HISTORY/CURRENT MEDICATIONS: Patient's past medical history has been uneventful. She is currently taking Lortab.

Involved Side: Left.

Dominant Side: Right.

SUBJECTIVE: Patient relates she was working with a patient and as she turned the patient, she felt a pop. It did decrease for a day or two, but then got much worse.

Prior Level of Function: Independent with all skills.

Patient Goals: "To use my left hand normally without pain."

OBSERVATION: Patient is a 37-year-old black female appearing in our clinic today.

OBJECTIVE FINDINGS:

Visual Inspection/Wound Status: Edema in patient's left forearm.

Sensibility: Patient relates she has tingling, especially after she moves it or when she is trying to sleep.

Function: Patient relates she has difficulty holding anything with her left hand. She also has difficulty pulling up her pants.

MEASUREMENTS:

Edema: Mild edema noted in patient's left forearm.

CIRCUMFERENTIAL	RIGHT	LEFT
Wrist – proximal to ulnar styloid	21.5 cm	22.0 cm

Pain: Patient reports a pain level of 5/10 at rest and a level 10/10 with activity.

Strength: Not tested.

Range of Motion: Range of motion measurements for bilateral forearms and wrists are as follows:

		<u>RIGHT</u>	<u>LEFT</u>
Forearm	Pronation/Supination	55°/88°	55°/82°
Wrist	Extension/Flexion	62°/58°	44°/22°
	Radial Deviation/Ulnar Deviation	20°/36°	14°/16°

Range of motion is within normal limits in digits of the right hand. Patient with approximately 80% full flexion of the digits of the left hand.

ASSESSMENT: Patient has signs and symptoms consistent with her diagnosis. I feel that this patient will benefit from Hand Therapy intervention.

Treatment: Today's visit consisted of initial evaluation and history taking. Provided patient with therapeutic exercises with training in a home exercise program. She then received fluidotherapy for the hand and wrist, followed by ice to the upper forearm.

Rehab Potential: Rehab potential is good.

No need for social or vocational services has been identified at present. Patient is aware of diagnosis and possible prognosis. The above goals were developed following discussion with the patient and reflect the patient's stated goals. The following plan was reviewed with the patient and/or family if necessary.

Evaluation Time: 20 minutes.

Treatment Time Per Modality:

Therapeutic Exercise: 10 minutes.

Fluidotherapy: 15 minutes.

Total Treatment Time: 45 minutes.

Thank you for this referral. We look forward to working with this patient.

Respectfully,

Mitzie Derrick, OTR/L
Mitzie Derrick, OTR/L
SC License# 420

5/3/06
05/03/06

118-05174-0000-000

06261501490391



**INITIAL EVALUATION AND PLAN OF CARE
HAND AND OCCUPATIONAL THERAPY**

PATIENT: Sara Jones	DATE: 07/21/06
MED. REC.#: 9411	SS OR MEDICARE#:
DIAGNOSIS: Left Wrist Strain	DATE OF INCIDENT/INJURY: April 2006
EMPLOYER: SRMC	DATE OF SURGERIES:
THERAPIST: Darcy Craven, OTR/L-CHT	CLINIC: SRMC Hand Therapy
PHYSICIAN: Michael A. Alday, M.D. Occupational Health 8311 Warren Abernathy Hwy. Spartanburg, SC 29301	

PAST MEDICAL HISTORY/CURRENT MEDICATIONS: Reviewed on history form. Patient reports no current prescriptions.

Involved Side: Left.

Dominant Side: Right.

SUBJECTIVE: This patient is a 37-year-old female who has been referred back to Hand Therapy secondary to a longstanding left wrist strain. She was last seen on 06/29/06 prior to follow-up with Occupational Medicine.

Prior Level of Function: Independent.

Patient Goals: To regain full use of her hand.

OBSERVATION: Patient is a 37-year-old black female appearing in our clinic today.

OBJECTIVE FINDINGS:

Visual Inspection/Wound Status: Some edema observable in the palm and digits.

MEASUREMENTS:

Range of Motion: Active range of motion measurements for the left wrist are as follows:

Wrist	Extension/Flexion	56°/42°
	Ulnar Deviation/Radial Deviation	13°/13°

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RECEIVED SEP 15 2006

Sara Jones
Initial Evaluation and Plan of Care

Page 2
07/21/06

Active range of motion measurements for digits of the left hand are as follows:

	<u>Index</u>	<u>Middle</u>	<u>Ring</u>	<u>Small</u>	<u>Thumb</u>
MCP	0°/55°	0°/44°	0°/42°	0°/32°	
PIP	11°/77°	20°/77°	0°/75°	0°/75°	
DIP	0°/48°	0°/32°	0°/22°	0°/27°	
TAM	169°	133°	139°	134°	

Strength: Dynamometer readings (lbs) are as follows:

<u>Position</u>	<u>Left</u>			<u>Average</u>	<u>CV%</u>	<u>Right</u>			<u>Average</u>	<u>CV%</u>
Position 1										
Position 2	13.3	13.8	11.5	12.9	9.4	33.8	42.5	30.7	35.7	17.2
Position 3										
Position 4										
Position 5										

Dynamometer Rapid Exchange Test readings (lbs) are as follows:

<u>1.5s Interval</u>	<u>Left</u>				<u>Right</u>				
Position 2	63.5	57.5	57.3	54.1	60.3	35.3	22.4	45.8	
	60.3	56.6	52.1	61.6	29.7	17.7	23.6	13.8	
		<u>Average</u>	<u>CV%</u>	<u>AC%</u>		<u>Average</u>	<u>CV%</u>	<u>AC%</u>	
		57.9	6.6	-349		31.1	50.1	13	

ASSESSMENT: Patient has signs and symptoms consistent with her diagnosis. However, she has questionable RET testing. I feel that this patient will benefit from Hand Therapy intervention.

Treatment: Today's visit consisted of initial evaluation and history taking. Provided patient with fluidotherapy, followed by therapeutic exercises times ten minutes.

Rehab Potential: Rehab potential is good.

No need for social or vocational services has been identified at present. Patient is aware of diagnosis and possible prognosis. The above goals were developed following discussion with the patient and reflect the patient's stated goals. The following plan was reviewed with the patient and/or family if necessary.

STARTED SEP 15 2006

06261501490391

Sara Jones
Initial Evaluation and Plan of Care

Page 3
07/21/06

Evaluation Time: 30 minutes.

Treatment Time Per Modality:

Fluidotherapy: 15 minutes.

Therapeutic Exercise: 10 minutes.


Total Treatment Time: 55 minutes.

Thank you for this referral. We look forward to working with this patient.

Respectfully,



Darcy Craven, OTR/L-CHT



SC License# 2518

07/21/06

SHIPPED SEP 11 5 28 06



**Summary of Occupational Therapy treatment for
Sarah Jones**

Sarah Jones was seen for an Occupational Therapy evaluation for her left wrist on 5/3/06. Her diagnosis was wrist strain. The evaluation revealed a high level of pain especially in the center of her wrist joint at a level of 10/10 with use. She also complained of pain radiating up the volar and dorsal aspects of her forearm. She had impaired strength and range of motion. She received training in gentle exercises for home and fluidotherapy that same day to aid in decreasing her pain.

The prescription from Dr. Alday was for Occupational Therapy for 6 visits. She was seen: 5/3/06, 5/9/06, 5/11/06, 5/15/06, 5/17/06, and 5/19/06. During those visits, she received fluidotherapy and ultrasound to help decrease the pain and therapeutic exercises to improve her mobility and function in the hand and wrist. By the 6th visit, she was showing mild decrease in pain but had periods of muscle spasms. Provided massage for this which proved beneficial. She did tolerate increased activity and exercise by the 6th visit. She was instructed in massage and stretches for muscles to complete at home.

She returned to the doctor and received a prescription to return to therapy for 6 additional visits. She was seen 6/5/06, 6/7/06, 6/9/06, 6/12/06, 6/15/06—she canceled one treatment due to a family emergency. When she returned, she was having increased pain again. Continued with fluidotherapy for pain relief since it was beneficial in her previous treatments and worked with her on exercises for strengthening and improving range of motion. Provided Sarah with electrical stimulation to her forearm to try to relieve the pain in this portion of her arm. She again returned to the physician who wanted to try one more session of therapy to increase function of her left arm. She was showing a decrease in pain but it was not eliminated.

She was given a new prescription for 6 visits. She attended therapy 6/21/06, 6/23/06, 6/26/06, 6/28/06, 6/29/06 and then returned to the physician. During this she continued on the same regimen of therapy with some relief of the pain but not a lot. Dr. Alday, sent her to see a Hand Surgeon, Dr. Falcon who sent her back for therapy. She received a reassessment with decision to continue fluidotherapy for pain relief and therapeutic exercises to increase the strength and functional use of her hand. She began to increase the modified duty at work at this time. She was seen 7/21/06, 7/26/06, 7/28/06, 7/31/06, and 8/1/06, with an increase in strengthening exercises, but she had difficulties with these. She returned to see Dr. Falcon who wanted to strongly increase the amount of

SEP 15 2006

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REGIONAL REHABILITATION SERVICES

treatment provided to the patient. She began therapy 5 days per week at his request for a minimum of 1 hour. She was seen 8/8/06, 8/9/06, 8/10/06, and 8/11/06. He then decided to have the patient seen for therapy in his office.

Therapy was completed per physician's request. Her overall regimen of therapy yielded moderate improvement of use of her left hand. She began to work without the use of the wrist splint and was beginning to work with patients more. Her strength improved and she did have some relief of pain but this was not consistently at a lower level.

Respectfully submitted,

Mitzie Derrick, OTR/L 4200

[Handwritten signature] OTR/L #2518

Mitzie Derrick, OTR/L
Darcy Craven, OTR/L, CHT

SHIPPED SEP 15 2006

THE REGIONAL CENTER FOR REHABILITATION AND SPORTS MEDICINE

Prescription and Plan of Care

Physical Therapy Occupational Therapy
 Hand Therapy Speech Therapy
 Athletic Training Services Pediatric Services

Certification
 Recertification

Name Josh Jones Diagnosis R hand primarily
 Pertinent Test Results _____
 Problem _____
 Frequency 5x/wk 3x/wk 2x/wk NEV - W/M - No insurance 215
 Duration _____ Next MD Appointment Q or wk Other _____

Objectives:

- Improve ROM
- Improve Strength
- Improve functional skills
- Improve conditioning
- Patient education
- Decrease edema
- Decrease pain
- Wound Healing
- Other _____

Rehabilitation Potential: Excellent Good Fair Poor
 Is patient aware of diagnosis and possible prognosis? Yes No
 Does patient need vocational assessment? Yes No

EVALUATE AND TREAT

OTHER

- Isokinetic Testing
- Job Analysis*
- Functional/Work Capacity Evaluation
- Physical Reconditioning Assessment (PRA)
- Aerobic Index Test
- Preplacement/Post Offer Employment Screen
- Ergonomic Assessment

THE FOLLOWING MODALITIES AND PROCEDURES ARE AVAILABLE FOR TREATMENT:

* means Multidiscipline (PT, OT, SLP) Referrals If multidisciplinary, please check appropriate services.

PROTOCOLS/PROGRAMS:

THERAPEUTIC EXERCISE:

MODALITIES:

SPEECH THERAPY ASSESSMENT:

- Spine Management Program
- Post Laminectomy Protocol
- Physical Reconditioning Program (PRP)
- Work Hardening Program
- Flexor/Extensor Tendon Protocol
- MCP Arthroplasty Protocol
- Pediatric Evaluation/Rehab*
- Amputee Program*
- Cognitive Rehab*
- Hand Rehab*
- Incontinence Program (RN)*
- Stroke Rehab*
- Head Injury Rehab*
- Aquatic/Pool Therapy

- Manual Mobilization
- Myofascial Release
- Massage
- Passive Exercise
- Active Assistive Exercise
- Active Exercise
- Resistive Exercise
- Isokinetic Exercise
- Flexibility
- Isotonic Circuit
- Gait Training
- WB Status
- Edema Management
- Neuro Rehabilitation
- Home Program Instruction
- Greenleaf Hand UE Workset
- LIDO Workset

- Hot Packs
- Cold Packs
- Ultrasound
- Phonophoresis
- Hydrocortisone
- Iontophoresis
- Decadron
- US/Electrical Simulation
- Electrical Stimulation
- TENS
- Muscle Stimulator
- Home
- Clinic
- Cervical Traction
- Pelvic Traction
- Fluidotherapy
- Whirlpool
- Paraffin
- Biofeedback

- Speech (Adult, Pediatrics)
- Dysphagia
- Voice
- Articulation
- Fluency
- Accent Reduction
- Aural Reduction
- Speech-Reading
- Reading Comprehension
- Dementia Assessment
- Memory Cognition
- Communication ADL
- Modified Barium Swallow
- Laryngectomy Program

ACTIVITIES OF DAILY LIVING:

- Back School*
- Physical Conditioning/Exercise*
- Functional Skills
- Scar Management
- Joint Protection
- Wound Care
- Work Simulation*
- Work Reconditioning*

ORTHOTICS/PROSTHETICS:

- Fabrication Static Dynamic
- Foot Orthotics
- Function of Splint
- CPM Instruction
- Provision/Instruction
- Adjustment
- Total Contact Casting

Main Campus
 Monday
 2-26-07
 1:00pm

Precautions/Special Instructions:

Do not treat L hand

VERBAL ORDER

Date

Signature

CONTINUE THERAPY

I certify this Rehabilitation Therapy is medically necessary. The Plan of Care is established and will be reviewed every 30 days or more often if the condition warrants.

Signature: [Signature]

Date: 22 Feb 07

**INITIAL EVALUATION AND PLAN OF CARE
 HAND AND OCCUPATIONAL THERAPY**

PATIENT: Sara Jones	DATE: 02/26/07
MED. REC.#:	SS OR MEDICARE#:
DIAGNOSIS: Right Hand Pain	DATE OF INCIDENT/INJURY:
EMPLOYER:	DATE OF SURGERIES:
THERAPIST: Darcy Craven, OTR/L-CHT	CLINIC: SRMC Hand Therapy
PHYSICIAN: Michael A. Alday, M.D. Occupational Health 8311 Warren Abernathy Hwy. Spartanburg, SC 29301	

PAST MEDICAL HISTORY/CURRENT MEDICATIONS: Reviewed on history form.

Involved Side: Right

Dominant Side: Right

SUBJECTIVE: Patient reports pain in her dorsal forearm and dorso-radial hand. Patient states it "feels weak," and "it hurts when I write and pull doors open."

Prior Level of Function: Patient had pain for a long time.

Patient Goals:

1. To decrease her pain.
2. To increase her strength.

OBSERVATION: Patient is a 38-year-old black female appearing in our clinic today.

OBJECTIVE FINDINGS:

Visual Inspection/Wound Status: Unremarkable.

Function: Patient denies any tenderness with palpation.

MEASUREMENTS:

Range of Motion: Range of motion is within normal limits in the right elbow, forearm, wrist, and digits.

Pain: Patient reports a pain level of 4/10 to 5/10 at rest.

Strength:

	<u>RIGHT</u>	<u>LEFT</u>
Grasp	62 pounds	
Lateral Pinch	16 pounds	
Three Jaw Chuck Pinch	13 pounds	

ASSESSMENT: Patient has signs and symptoms consistent with her diagnosis. I feel that this patient will benefit from Hand Therapy intervention.

Treatment: Today's visit consisted of initial evaluation and history taking. See ChartLink for today's treatment.

Rehab Potential: Rehab potential is good.

No need for social or vocational services has been identified at present. Patient is aware of diagnosis and possible prognosis. The above goals were developed following discussion with the patient and reflect the patient's stated goals. The following plan was reviewed with the patient and/or family if necessary.

Evaluation Time: 20 minutes.

Treatment Time Per Modality: 30 minutes.

Total Treatment Time: 50 minutes.

Thank you for this referral. We look forward to working with this patient.

Respectfully,


Darcy Craven OTR/L-CHT

SC License# 2518

2/26/07
02/26/07

DC:qts-063

T: 03/01/07

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SUITE 440
SPARTANBURG, SC 29303
TELEPHONE: 864-585-4263
FAX: 864-585-9712



JAMES A. ESSMAN, M.D.
DANIEL A. FALCON, M.D.

PATIENT: Sarah L. Jones 17579
SSN:
EMPLOYER: Spartanburg Regional Health Care System
REFERRING PHYSICIAN: Dr. Alday
DATE: 7/20/06

CHIEF COMPLAINT: Left wrist pain, left hand pain

HISTORY OF PRESENT ILLNESS: This is a 36-year-old female patient who reports pain in her left hand and wrist since describing an incident on 5/17/06 when she was assisting a patient with a transfer in the hospital. She said she heard or felt a pop at that time, and since then has had discomfort. The patient is now here for evaluation and treatment.

PAST MEDICAL HISTORY: Noncontributory

PAST SURGICAL HISTORY: Noncontributory

ALLERGIES: As listed

MEDICATIONS: As listed

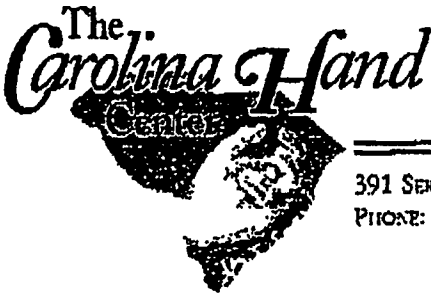
EXAMINATION: Exam shows a left upper extremity, which has full range of motion at the shoulder and elbow. The wrist had limitation of motion because of pain. There was some mild tenderness to palpation along the radial aspect of the wrist, a negative Finkelstein's test, and no pain in the scaphoid. The hand was a bit swollen as compared to the opposite side. She held her fingers and thumb in a curved or slightly flexed posture. On attempt at flexion of all the digits, it was difficult for her to bring her fingertips into the palm. The fingers were swollen as compared to the opposite side. There was no redness and no evidence of infection in the hand. Cap refill was present and appeared normal. Radial pulse was normal. There was no triggering on exam. In summary, it looks like she has a synovitis involving the left hand and wrist. She had an x-ray, and the report is negative. She had a left wrist MRI and it is negative as well. Considering the time frame of the injury, which is now about two months out, there is more stiffness and swelling than I would expect for a similarly minor injury. She said she had a course of therapy and had pain medication, both without lasting improvement.

DIAGNOSIS: Left hand and wrist synovitis

TREATMENT/PROGNOSIS: My recommendation would be to have her see the hand therapist here for aggressive course of hand therapy and range of motion exercises. I am going to keep her on restricted use of that hand. This will be a five-pound limit. The rationale for this is that the hand does remain swollen and remains painful on examination today. Follow up in two weeks.

DAF/gb
cc: W/C

ADDENDUM: Her diagnosis and recommendations were discussed with Lisa Kerrigan, nurse case manager
DAF/gb



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RHA 8-3-04

**WORKERS COMPENSATION FORM
 STATEMENT OF PHYSICAL CAPACITY**

Barak Jones (patient's name) was seen today *7/20/06* (date)

at The Carolina Hand Center for treatment of a work-related injury.

Diagnosis: *Hand injury*

Treatment: _____

Tests/Surgery Scheduled: _____

Work Status: _____ May return to work without restrictions, _____ (date).
 _____ May not return to work until _____
 May return to work with restrictions as described below.

Restrictions: _____ May not lift greater than _____ lbs.
 _____ May return to one-handed duty.
 _____ May return to one-handed duty using injured hand as an assisting hand.
 _____ May return to one-handed duty in a clean environment.
 _____ If no light duty is available, employee may be sent home by supervisor.
 Other *5 pound limit L hand*

Next Appointment: _____

[Signature]
 James A. Essman, M.D.
 Daniel A. Falcon, M.D.

Date *7/20/06*

PATIENT:

Sarah Jones 17579

FOLLOW UP VISIT:

08/03/06

The patient is seen for follow up of left hand stiffness and synovitis. She reports that she thinks therapy makes her hand worse specifically resistance and weights. The examination shows that her left hand is still swollen. She does have better flexion in the fingers into the palm. Now most of the fingers get close to the palm except for the ring finger. Throughout the interview she holds her hand in a slightly flexed posture and does not really move it at all including minimal use with gesturing or motion during the exam. I reviewed the progress notes from hand therapy at Regional Hospital and the comments say that she appears to be progressing. Strength measurements are noted. I think there is some increase in her active flexion but she still has quite a stiff hand. Review of the studies are negative. My recommendation would be to increase the duration and frequency of hand therapy concentrating on passive and active range of motion with less emphasis on weights and strength. Follow up in two weeks. Nurse case manager was present for the exam, recommendations and treatment plan.

nt
DAF/pas
Cc: WC



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WORKERS COMPENSATION FORM STATEMENT OF PHYSICAL CAPACITY

Sarah Jones (patient's name) was seen today 8/3/06 (date)

at The Carolina Hand Center for treatment of a work-related injury.

Diagnosis: L hand pain

Treatment: _____

Tests/Surgery Scheduled: _____

- Work Status:**
- May return to work without restrictions, _____ (date).
 - May not return to work until _____
 - May return to work with restrictions as described below.

- Restrictions:**
- May not lift greater than _____ lbs.
 - May return to one-handed duty.
 - May return to one-handed duty using injured hand as an assisting hand.
 - May return to one-handed duty in a clean environment.
 - If no light duty is available, employee may be sent home by supervisor.
 - Other 5 pound limit L hand

Next Appointment: _____

[Signature]
James A. Essman, M.D.
Daniel A. Faloon, M.D.

Date 8/3/06

PATIENT:

Sarah Jones 17579

FOLLOW UP VISIT:

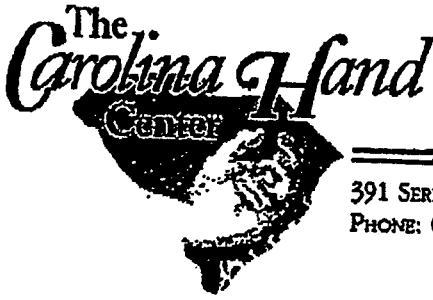
08/24/06

The patient is seen for continued care of her left hand condition. She still reports discomfort swelling and weakness. The examination shows that the hand is still swollen but less so than on her first presentation. Her range of motion is better and all of the fingertips are able to touch the palm. Sensation of the median and ulnar nerve distributions are good. The hand was warm with cap refill present. She has improved on daily hand therapy. I think that we can cut this down to two or three times a week. She will continue with her exercises. Follow up with me in one month. Her progress and condition and recommendations were reviewed with case manager.

^{nk}
DAF/pas

Cc: WC

RECEIVED BY



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WORKERS COMPENSATION FORM STATEMENT OF PHYSICAL CAPACITY

Sarah Jones (patient's name) was seen today 8-24-06 (date)

at The Carolina Hand Center for treatment of a work-related injury.

Diagnosis: L Hand injury

Treatment: _____

Tests/Surgery Scheduled: _____

- Work Status:** _____ May return to work without restrictions, _____ (date).
 _____ May not return to work until _____
 May return to work with restrictions as described below.

- Restrictions:** _____ May not lift greater than _____ lbs.
 _____ May return to one-handed duty.
 _____ May return to one-handed duty using injured hand as an assisting hand.
 _____ May return to one-handed duty in a clean environment.
 _____ If no light duty is available, employee may be sent home by supervisor.
 Other 5 foot 11 inch L hand

Next Appointment: _____

[Signature]
James A. Zisman, M.D.
Daniel A. Faloon, M.D.

Date _____

PATIENT:

Sarah Jones 17579

FOLLOW UP VISIT:

09/21/06

The patient is seen for continued care of her left hand and wrist pain. She is now six months out from the injury. She still reports that she has intermittent discomfort and swelling in the hand. The examination shows that there is really minimal swelling as compared to the opposite side. No pitting edema. Her motion has improved and she is able to bring all of the fingers into the palm. Tinel sign was negative. She did report slight decrease in sensation across all of her fingers and thumb. I reviewed her progress in hand therapy and she certainly has improved. Her latest grip strength is approximately 40 pounds. Considering that she has demonstrated improvement with tolerance for grip and activities and has improved her range of motion, my recommendation would be for her to return to work without restrictions and follow up in one month. Her course and prognosis were reviewed with the case manager.

DAF/pas

Cc: WC



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WORKERS COMPENSATION FORM STATEMENT OF PHYSICAL CAPACITY

Sarah Jones (patient's name) was seen today 9/21/06 (date)

at The Carolina Hand Center for treatment of a work-related injury.

Diagnosis: L hand injury

Treatment: _____

Tests/Surgery Scheduled: _____

Work Status: May return to work without restrictions, 9/21/06 (date).
 May not return to work until _____
 May return to work with restrictions as described below.

Restrictions: _____ May not lift greater than _____ lbs.
_____ May return to one-handed duty.
_____ May return to one-handed duty using injured hand as an assisting hand.
_____ May return to one-handed duty in a clean environment.
_____ If no light duty is available, employee may be sent home by supervisor.
_____ Other _____

Next Appointment: 10-19-06 @ 8:30 AM

D Falcon

James A. Essman, M.D.
Daniel A. Falcon, M.D.

Date 9/21/06
174

PATIENT:

Sarah Jones 17579

FOLLOW UP VISIT:

10/19/06

The patient is seen for continued care of the hand discomfort. She reports continued discomfort in the hand, intermittent swelling and weakness. The examination shows that sensation is present. There is no significant swelling as compared to the opposite side. I measured both sides with a tape measure. She has good range of motion in the fingers. It appears there is some weakness in grip. Considering her persistent symptoms, I would like to get a nerve conduction study. This would be looking at the median and ulnar nerves in her left hand and this will be set up. I will see her again to review the results. The case was discussed and reviewed with the case manager.

DAF/pas

Cc: WC

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JAMES A. ESSMAN, M.D.
DANIEL A. FALCON, M.D.

PATIENT: Sarah Jones 17579
FOLLOW UP VISIT: 11/7/06

The patient is seen for continued care of her left hand and upper extremity. She had a nerve conduction study. She reports that she has continued discomfort, numbness, and paresthesias in her left hand. She also points to pain over the volar aspect of the wrist. The exam is unchanged. Review of the nerve conduction study shows changes at the median nerve conduction consistent with moderate carpal tunnel syndrome. I think that this is related to her initial injury. Considering her persistent symptoms and the findings on nerve conduction study, my recommendation is left carpal tunnel release. She would like to have this done and this will be scheduled. The case was reviewed with the case manager.

Of
DAF/pas
Cc: WC

PATIENT: Sarah Jones 17579
FOLLOW UP VISIT: 12/4/06

The patient is seen in preop. She is scheduled for a left carpal tunnel release. Her condition has been unchanged since her last visit. We went over the operation rationale for surgery and discussed risks and benefits. She would like to proceed. She is also here with her the case manager and we spoke about her postop instructions and return to work expectations.

Of
DAF/pas
Cc: WC

PATIENT: Sarah Jones 17579
FOLLOW UP VISIT: 12/14/06

The patient is still having a lot of numbness and pain in her left hand. She also complains of pain in her wrist and upper forearm. Examination does show that she has mostly carpal tunnel symptoms. She has pain on the volar aspect of her hand. She is wearing a wrist splint. I did inject her carpal tunnel today to see if this would get rid of her pain. I will see her again in a few weeks.

JAE/gbr
Cc: WC

PROCEDURE NOTE: 12/14/06

After antiseptic prep, I injected the left carpal tunnel with 1 cc of Celestone and 1 cc of



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WORKERS COMPENSATION FORM STATEMENT OF PHYSICAL CAPACITY

Sarah Jones (patient's name) was seen today 12/14/06 (date)

at The Carolina Hand Center for treatment of a work-related injury.

Diagnosis: _____

Treatment: _____

Tests/Surgery Scheduled: _____

Work Status: _____ May return to work without restrictions, _____ (date).

_____ May not return to work until _____

May return to work with restrictions as described below.

Restrictions: _____ May not lift greater than _____ lbs.

_____ May return to one-handed duty.

_____ May return to one-handed duty using injured hand as an assisting hand.

_____ May return to one-handed duty in a clean environment.

_____ If no light duty is available, employee may be sent home by supervisor.

Other Continue next day

Next Appointment: _____

James A. Essman, M.D.
Daniel A. Falcon, M.D.

Date 12/14/06

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The
Carolina Hand

JAMES A. ESSMAN, M.D.
DANIEL A. FALCON, M.D.

PATIENT: Sarah Jones 17579
FOLLOW UP VISIT: 01/04/07

The patient said the injection did not help her carpal tunnel. She still has pain and numbness. I told her the only other option is surgery but I did caution her that she has had no relief from her injection and has also had no relief from the splints. She wants to go ahead with the surgery for the left carpal tunnel release and we will schedule that to be done as an outpatient.

JAE/gb
Cc: WC

PATIENT: Sarah Jones 17579
FOLLOW UP VISIT: 02/07/07

The patient is a pre-op today for a left carpal tunnel release. The risks and complications were explained. She understands. She is scheduled to have this done next week as an outpatient.

JAF/gb
Cc: WC

u



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WORKERS COMPENSATION FORM STATEMENT OF PHYSICAL CAPACITY

Sarah Jones (patient's name) was seen today 2/7/07 (date)

at The Carolina Hand Center for treatment of a work-related injury.

Diagnosis: _____

Treatment: _____

Tests/Surgery Scheduled: _____

Work Status: _____ May return to work without restrictions, _____ (date).
 May not return to work until _____
 May return to work with restrictions as described below.

Restrictions: _____ May not lift greater than _____ lbs. *off*
 May return to one-handed duty. *sub*
_____ May return to one-handed duty using injured hand as an assisting hand.
_____ May return to one-handed duty in a clean environment.
_____ If no light duty is available, employee may be sent home by supervisor.
_____ Other _____

Next Appointment: _____

E

James A. Essman, M.D.
Daniel A. Falcon, M.D.
180

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

175A
WC

OP REPORTS

PATIENT NAME: JONES, SARAH L
DOB: 11/23/1968
MEDICAL RECORD #: 46246
PROCEDURE DATE: 02/14/2007
ACCOUNT NUMBER: 703300126
ROOM:

PREOPERATIVE DIAGNOSIS: Left carpal tunnel syndrome.

POSTOPERATIVE DIAGNOSIS: Same.

PROCEDURE: Left carpal tunnel release.

ANESTHESIA: Bier block anesthesia.

HOSPITAL COURSE: The patient is a 38-year-old black female who has been having increasing numbness and tingling in her left hand and she is admitted for surgery.

OPERATION: The patient was brought to the operating room and prepped and draped in the usual sterile manner under Bier block anesthesia. Longitudinal skin incision was made in line with the ring finger down through the skin and subcutaneous tissue. The palmar fascia was incised to identify the transverse carpal ligament. Transverse carpal ligament was released in its entirety on the ulnar aspect of the carpal tunnel. Median nerve was identified. It was noted to be stenotic in the mid portion. The floor of the carpal tunnel was identified and no other abnormalities were noted. At this point, the wound was thoroughly irrigated. Sutures were placed in the skin and dry sterile dressing was applied. She was then placed in a volar splint. She was taken back to the recovery room in stable condition. She tolerated the procedure well.

DICTATED BY: JAMES A ESSMAN, M.D.

D:02/14/2007 13:40:06
T:02/15/2007 08:33:14/pl
467812/434795

cc:

OP REPORTS
JONES, SARAH L
46246
PHYSICIAN COPY

Page 1 of 1

DICTATING

PATIENT: Sarah Jones 17579
FOLLOW UP VISIT: 02/21/07

The patient is one week from her carpal tunnel release. Her dressing was removed. Her wound looks good. I instructed her on wound care and range of motion. We will see her again next week for suture removal.

JAE/pas.
Cc: WC



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WORKERS COMPENSATION FORM STATEMENT OF PHYSICAL CAPACITY

Sarah Jones (patient's name) was seen today 2/21/07 (date)

at The Carolina Hand Center for treatment of a work-related injury.

Diagnosis: _____

Treatment: _____

Tests/Surgery Scheduled: _____

Work Status: _____ May return to work without restrictions, _____ (date).

_____ May not return to work until _____

May return to work with restrictions as described below.

Restrictions: _____ May not lift greater than _____ lbs.

May return to one-handed duty.

_____ May return to one-handed duty using injured hand as an assisting hand.

_____ May return to one-handed duty in a clean environment.

_____ If no light duty is available, employee may be sent home by supervisor.

_____ Other _____

Next Appointment: _____


James A. Essman, M.D.

Daniel A. Falcon, M.D.

Sara Jones

HAND CENTER → 2921818

175 19

The Carolina Hand Center, P.C.

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(864) 585-4263

JAMES A. ESMAN, M.D.
DANIEL A. FALCON, M.D.

MEDICAL NECESSITY

Name *Larsh*

Diagnosis/Procedures and Date of Onset

① C.T.R

Functional Limitations Prior to Injury _____

Treatment Plan Effective from _____ to _____

Frequency of Treatment _____

Anticipated Goals _____

Estimated Length of Time Therapy Needed _____

Evaluate and treat

My Patient is to receive the following:
Upper extremity testing, hot and cold packs,
paraffin bath, whirlpool, fluidotherapy, therapeutic
exercises, functional activities, kinetic activities,
activities of daily living, contrast bath, massage,
wound care, orthotics and education.

Referred for upper extremity testing and orthotics.

Referred for electrical stimulation.

Referred for pre-vocational and physical capacity
evaluation.

To _____

*Appt schedule
3/22
@ 9:30
Am.*

I certify that I have examined the above patient on _____ (date)
and rehab services are necessary on an outpatient basis.

Esman 3/15/07
Signature of Physician Date

I hereby certify that the treatment shown will be carried out by a
registered therapist or under his/her direction while physically on the
premises.

Signature of Registered Therapist Date

391 SERPENTINE DRIVE
 SUITE 440
 SPARTANBURG, SC 29303
 TELEPHONE: 864-585-4263
 FAX: 864-585-9712

The Carolina Hand



JAMES A. ESSMAN, M.D.
 DANIEL A. FALCON, M.D.

PATIENT: Sarah Jones 17579
FOLLOW UP VISIT: 03/15/07

The patient comes back today. She is now a month from her carpal tunnel release. I saw her one-week after her carpal tunnel. She did not show up for the following three weeks. She had her sutures taken out at Spartanburg Regional, at Occupational Health. She also apparently got fired last week from her job. Examination in the office today does show that her sutures are taken out and she has a full range of motion of her hand. She has some scar tenderness. She was also complaining of some tenderness along the volar aspect of her forearm. She says that her hand really is unchanged from before the surgery and she is still having the numbness and pain in her hand. I think it would be best to go ahead and send her to therapy. It has been a month from her carpal tunnel release. She was made an appointment for therapy and I will see her again in two weeks.

JAE/gb
 Cc: WC

PATIENT: Sarah Jones 17579
FOLLOW UP VISIT: 04/18/07

The patient is having therapy at Regional. She is now a little over eight weeks from her surgery. She still has a little bit of scar tenderness. She has a full range of motion of her hand. She says she is still having pain that runs up her arm and now into the left side of her neck. She has a full range of motion of her left upper extremity. I have instructed her to continue with her therapy. I will see her again in a few weeks.

JAE/gb
 Cc: WC

PATIENT: Sarah Jones 17579
FOLLOW UP VISIT: 04/26/07

The patient just walks into the office today. She did not have an appointment. She actually had an appointment in a couple of weeks. She was seen in the office. I asked her to take her splint off but she did not want to take her splint off. She was really not concerned about her hand today at all. She spent her time being concerned about my wearing a nametag, also my qualifications, and about her being able to read her work slip. The patient was very belligerent during her entire office visit and stated she was really not concerned about her hand at all. The patient wanted to be referred to pain management, but I do not feel that it is necessary. I will see her again one more time in a few weeks.

JAE/gb
 Cc: WC

391 SCARLETTINE DRIVE
SUITE 440
Spartanburg, SC 29303
TELEPHONE: 864-585-4263
FAX: 864-585-9712

The
Carolina Hand

JAMES A. HESMAN, M.D.
DANIEL A. FALLON, M.D.

PATIENT: Sarah Jones 17579
FOLLOW UP VISIT: 05/09/07

The patient comes in today. She is now three months from her surgery. Examination of her left hand shows she still has a little bit of scar tenderness. She has a full range of motion of her hand. She is almost done with therapy concerning her left hand. I think at this point, she has reached maximum medical improvement. She has a full range of motion of her right hand and right upper extremity. She had a normal nerve conduction study of the right hand and I would give her a 0 impairment on the right and as far as her left hand is concerned, she still has some scar tenderness and some discomfort. I would give her a 15% impairment to her left hand and we will discharge her from care at this time.

JAE/gb
Cc: WC

REGIONAL PHYSIATRY
Husam Mourtada, MD, FAAPMR
 Electrodiagnostics/ EMG
 Pain Medicine/ Physical Medicine & Rehabilitation
 8311 Warren H. Abernathy Hwy, Spartanburg, SC 29301
 864-562-5150 Fax: 864-562-5127

Test Date: 10/31/2006

Patient: Sarah Jones	DOB: 11/23/1968	Physician: Husam Mourtada, MD, FAAPMR
Sex: Female		Ref Phys: Daniel Falcon, MD
ID#: 248187		

CHIEF COMPLAINTS:

Patient is a 37 year-old female who presents with bilateral hand pain tingling and numbness with muscle wasting in the right hand

EMG & NCV FINDINGS:

Evaluation of the Left Median Motor nerve showed reduced amplitude (1.3 mV) and decreased conduction velocity (Elbow-Wrist, 25.6 m/s). The Left Median Anti Sensory nerve showed prolonged distal peak latency (3.8 ms) and decreased conduction velocity (Wrist-2nd Digit, 36.8 m/s). The Left Palmar Ortho Sensory nerve showed prolonged distal peak latency (2.2 ms). All remaining nerves (as indicated in the following tables) were within normal limits. Left vs. Right side comparison data for the Median Motor nerve indicates abnormal L-R amplitude difference (87.1 %) and abnormal L-R velocity difference (Elbow-Wrist, 34.1 m/s). The Ulnar Motor nerve indicates abnormal L-R amplitude difference (28.6 %). The Median Anti Sensory nerve indicates abnormal L-R latency difference (0.6 ms). All remaining left vs. right side differences were within normal limits.

IMPRESSIONS:

1. The above electrodiagnostic study reveals evidence of a moderate left carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components.
2. The above electrodiagnostic study reveals no evidence of right carpal tunnel syndrome or peripheral neuropathy.
3. Thank you for referring Mrs. Jones

[Handwritten Signature]
 Husam Mourtada, MD, FAAPMR

Patient: Jones, Sarah

DATE: 10/10/88

Page 2

**Nerve Conduction Studies
Anti Sensory Summary Table**

Wrist	3.2	3.6	80.5	110	Wrist	3.6	18.0	59.7	>50
Elbow	7.0	9.2	104.1	119.0	Elbow	3.6	21.5	59.7	>50

Wrist	2.3	0.9							
Elbow	1.7	9.2							

Motor Summary Table

Right Median Motor (Abd Polli Brev)									
Wrist	2.3	0.9							
Wrist	3.4	<4.2	10.1	>5	Elbow	Wrist	3.6	21.5	59.7 >50
Elbow	7.0	9.2							
Left Ulnar Motor (Abd Dig Minimal)									
Wrist	2.7	<4.2	8.4	>2.34	B Elbow	Wrist	3.4	21.0	61.8 >53
B Elbow	6.1	8.9			A Elbow	B Elbow	2.2	12.0	54.5 >53
A Elbow	8.3	6.1							
Right Ulnar Motor (Abd Dig Minimal)									
Wrist	2.8	<4.2	6.0	>2.34	B Elbow	Wrist	3.6	23.0	63.9 >53
B Elbow	6.4	5.7			A Elbow	B Elbow	1.6	10.5	65.6 >53
A Elbow	8.0	5.3							

**Nerve Conduction Studies
Anti Sensory Left/Right Comparison**

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)	Lat	Lat	L-R Lat (ms)	R Vel (m/s)	L-R Vel (m/s)
Median Anti Sensory (2nd Digit)											
Wrist	3.8	3.2	0.6	43.7	80.5	45.7	Wrist	2nd Digit	36.8	43.8	7.0
Ulnar Anti Sensory (5th Digit)											
Wrist	3.1	3.0	0.1	104.1	82.9	20.4	Wrist	5th Digit	45.2	46.7	1.5

Ortho Sensory Left/Right Comparison

Patient: Jones, Sarah

Test Date: 10/31/2006

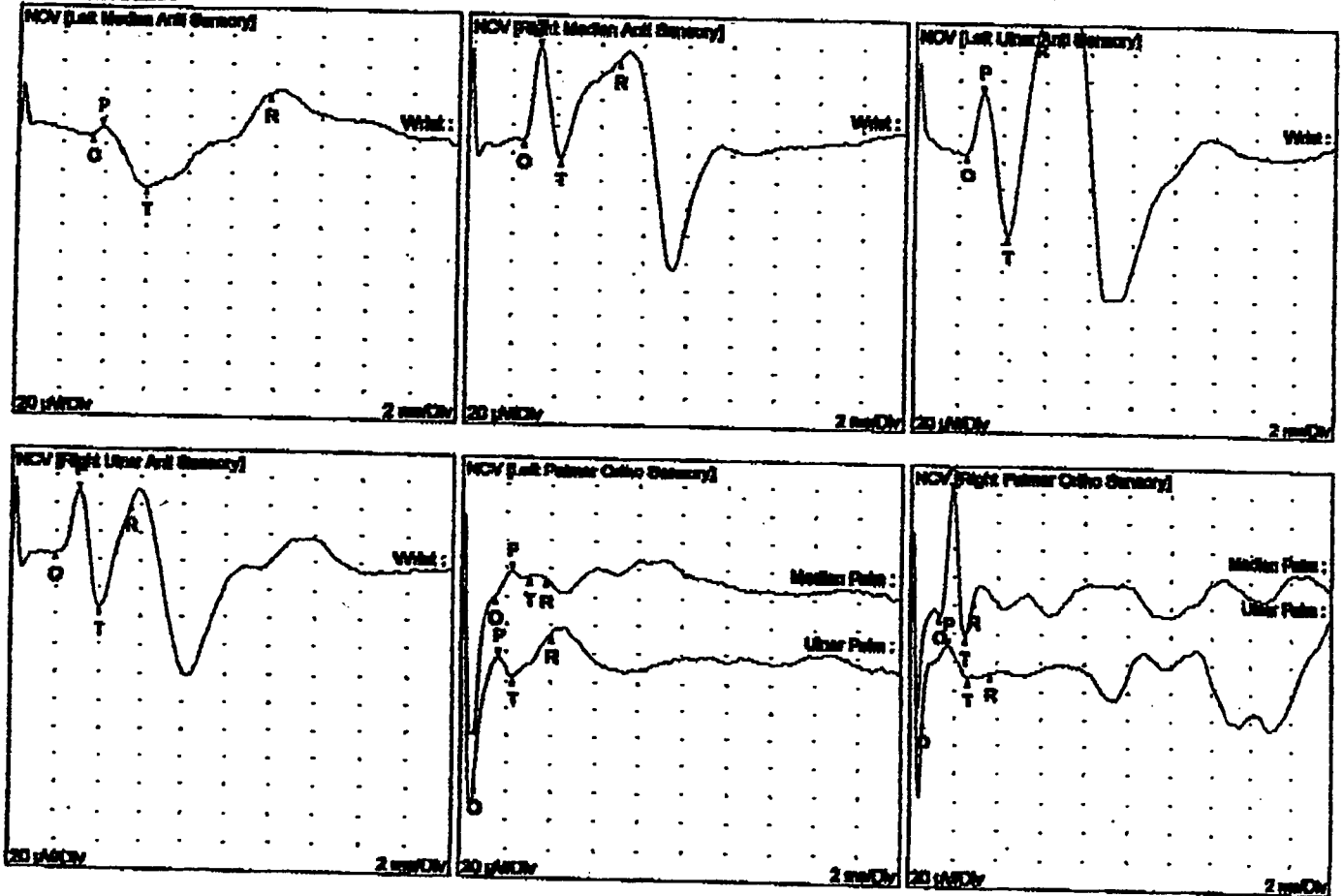
Page 3

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (µV)	R Amp (µV)	L-R Amp (µV)	Site1	Site2	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)
Palmar Ortho Sensory (Wrist)											
Median Palm	2.2	1.8	0.4	3.1	104.2	97.0	Median Palm	Wrist	36.4	44.4	8.0
Ulnar Palm	1.6	1.7	0.1	12.6	21.5	41.4	Ulnar Palm	Wrist	50.0	47.1	2.9
							Median Palm	Ulnar Palm			

Motor Left/Right Comparison

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (µV)	R Amp (µV)	L-R Amp (µV)	Site1	Site2	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)
Median Motor (Abd Polli Brev)											
Wrist	3.9	3.4	0.5	1.3	10.1	87.1	Elbow	Wrist	25.6	59.7	34.1
Elbow	12.3	7.0	5.3	0.9	9.2	90.2					
Ulnar Motor (Abd Dig Minimi)											
Wrist	2.7	2.8	0.1	8.4	6.0	28.6	B Elbow	Wrist	61.8	63.9	2.1
B Elbow	6.1	6.4	0.3	8.9	5.7	36.0	A Elbow	B Elbow	54.5	63.6	11.1
A Elbow	8.3	8.0	0.3	6.1	5.3	13.1					

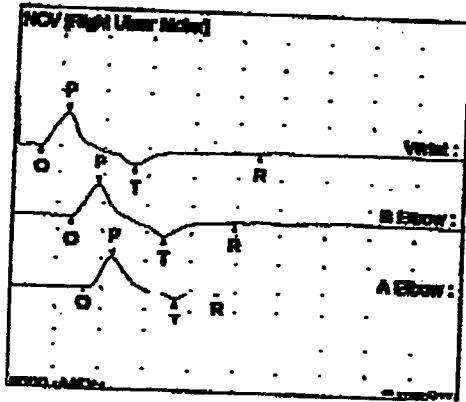
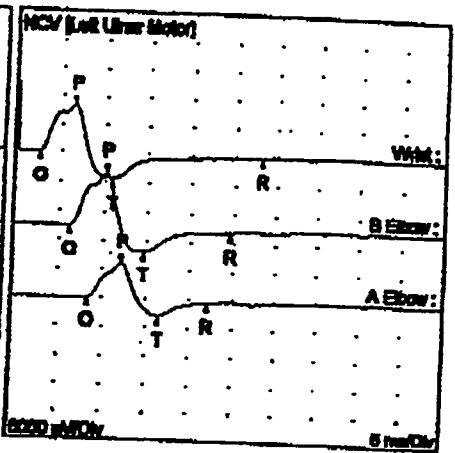
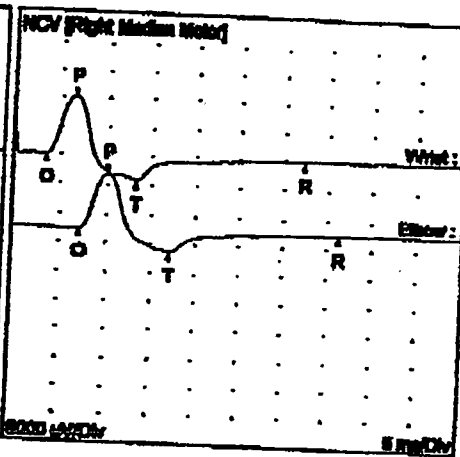
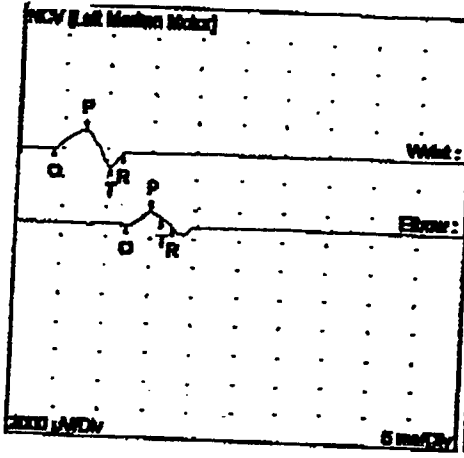
Waveforms:



Patient: Jones, Sarah

Test Date: 10/31/2006

Page 4



Patient: Jones, Sarah

Test Date: 1/19/2007

Page 2

Nerve Conduction Studies
Anti Sensory Summary Table

Site	NERV	Conductance (m/s)	Amplitude (µV)	Velocity (m/s)	Distance (m)	Latency (ms)	Amplitude (µV)	Velocity (m/s)	Distance (m)	Latency (ms)	Amplitude (µV)	Velocity (m/s)
Wrist	Right Median Anti Sensory (2nd Digit)	3.2	<3.6	89.4	>10	Wrist	2nd Digit	3.2	14.0	43.8	>39	
Wrist	Right Radial Anti Sensory (Base 1st Digit)	2.2	<2.7	23.0		Wrist	Base 1st Digit	2.2	0.0			
Wrist	Right Ulnar Anti Sensory (5th Digit)	3.1	<3.7	21.2	>15.0	Wrist	5th Digit	3.1	14.0	45.2	>38	

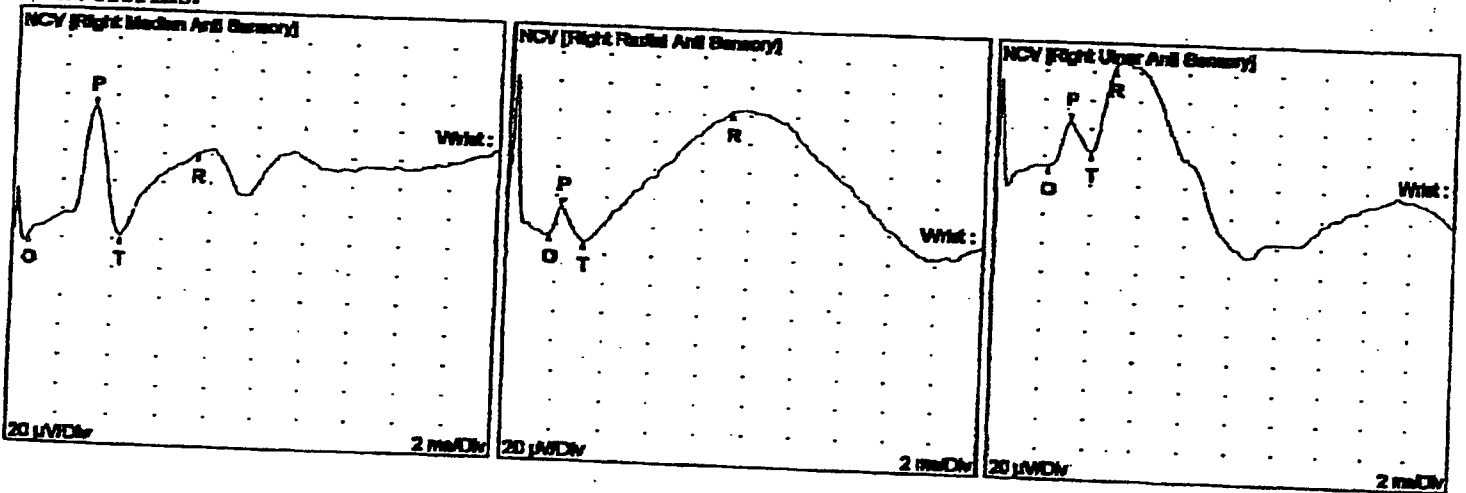
Ortho Sensory Summary Table

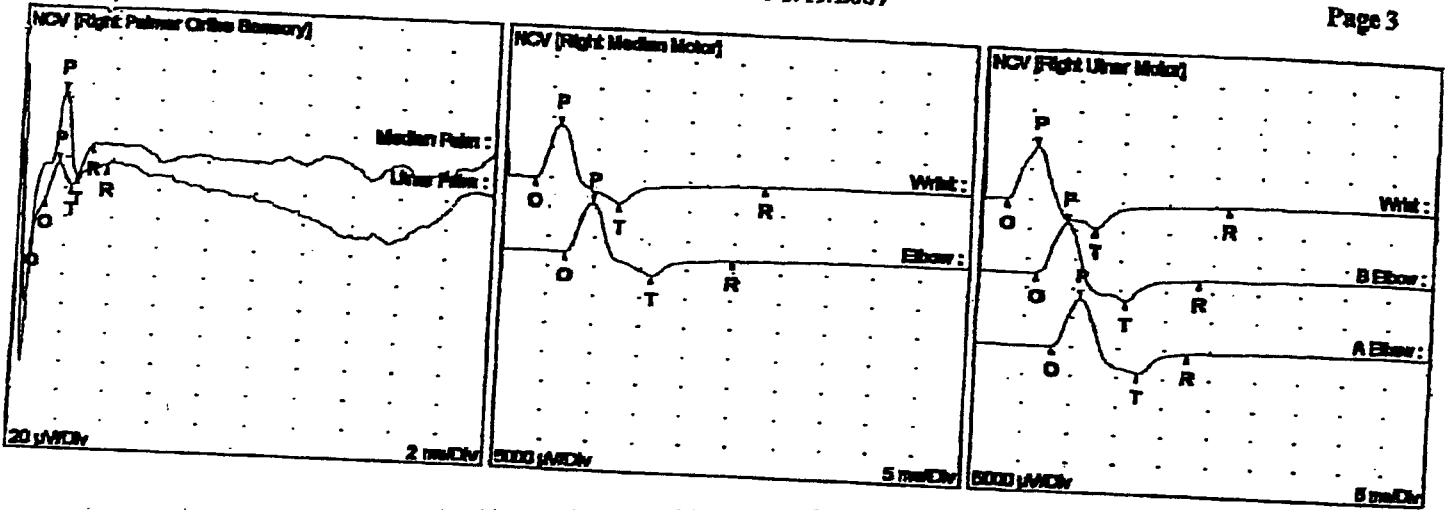
Site	NERV	Conductance (m/s)	Amplitude (µV)	Velocity (m/s)	Distance (m)	Latency (ms)	Amplitude (µV)	Velocity (m/s)	Distance (m)	Latency (ms)	Amplitude (µV)	Velocity (m/s)
Median Palm	Right Palmar Ortho Sensory (Wrist)	1.8	<2.2	54.9		Median Palm	Wrist	1.8	8.0	44.4		
Ulnar Palm		1.7		15.0		Ulnar Palm	Wrist	1.7	8.0	47.1		
Median Palm						Median Palm	Ulnar Palm	0.1	0.0			

Motor Summary Table

Site	NERV	Conductance (m/s)	Amplitude (µV)	Velocity (m/s)	Distance (m)	Latency (ms)	Amplitude (µV)	Velocity (m/s)	Distance (m)	Latency (ms)	Amplitude (µV)	Velocity (m/s)
Wrist	Right Median Motor (Abd Polli Brev)	3.3	<4.2	8.6	>5	Elbow	Wrist	3.6	21.0	58.3	>50	
Elbow		6.9		8.4								
Wrist	Right Ulnar Motor (Abd Dig Minimi)	2.5	<4.2	8.8	>2.34	B Elbow	Wrist	3.4	0.0		>53	
B Elbow		5.9		8.8		A Elbow	B Elbow	1.9	21.0	110.5	>53	
A Elbow		7.8		8.3								

Waveforms:





JW

REGIONAL PHYSIATRY
Husam Mourtada, MD, FAAPMR
 Electrodiagnostics/ EMG
 Pain Medicine/ Physical Medicine & Rehabilitation
 8311 Warren H. Abernathy Hwy, Spartanburg, SC 29301
 864-562-5150 Fax: 864-562-5127

Test Date: 1/19/2001

Patient: Sarah Jones	DOB: 11/23/1968	Physician: Husam Mourtada, MD, FAAPMR
Sex: Female		Ref Phys: Michael Alday, MD
ID#: 248187		

CHIEF COMPLAINTS:

Patient is a 38 year-old female who presents with right hand pain and tingling

EMG & NCV FINDINGS:

All nerve conduction studies (as indicated in the following tables) were within normal limits.

IMPRESSIONS:

The above electrodiagnostic study reveals no evidence of carpal tunnel syndrome and peripheral neuropathy.

Thank you for referring Mrs. Jones


 Husam Mourtada, MD, FAAPMR

Regional Physiatry
8311 Warren Abernathy Highway Suite 101 Spartanburg, SC 29301
864-562-5150 Fax:

February 5, 2007
Page 1
Chart Document

SARAH L. JONES

Female DOB: 11/23/1968 248187

Home: (864)583-3669 Office: (864)576-8910

01/19/2007 - Office Visit: EMG- right upper extremity
Provider: Husam Mourtada, MD
Location of Care: Regional Physiatry

Acute Visit History:

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

Signed by Husam Mourtada, MD on 01/19/2007 at 3:09 PM

Greenville Psychiatry, P.A.

Robert W. Richards, M.D.

246 Adley Way Greenville, SC 29607

(864) 288-0330 Fax (864) 288-0350

INDEPENDENT MEDICAL EVALUATION

Date of Evaluation: 06/21/07

Date of Injury: 04/17/06 and 08/10/06

Sarah L. Jones

DOB: 11/23/68

IDENTIFYING INFORMATION: Ms. Jones is a 38 year old single black female who lives with her daughter in Spartanburg South Carolina. She receives primary care through Family Medicine at Spartanburg Regional Hospital. She was referred for this medical evaluation by her attorney Ms. Kathryn Williams. Ms. Williams requested an opinion about the psychiatric problems which may have been caused and/or aggravated by her work injuries. She also requested treatment recommendations.

INFORMED CONSENT: I explained to Ms. Jones that this was an Independent Medical Evaluation. The information that she provides would not be confidential. It would be summarized along with information from her medical records in a report to Ms. Kathryn Williams. I also explained that I would not be providing prescriptions, therapy, or any form of treatment. Ms. Jones expressed an understanding and gave informed consent.

REVIEW OF MEDICAL RECORDS: The following records were reviewed:

- 1.) Spartanburg Regional Healthcare System – Regional Rehabilitation Services.
- 2.) The Carolina Hand Center, PC
- 3.) Husam Mourtada, M.D., at Regional Psychiatry.

NOTE: Barbara Jones, Ms. Jones' daughter, participated in the evaluation.

HISTORY OF PSYCHIATRIC ILLNESS: Ms. Jones' work related injuries on 4/17/06 and 8/10/06 are well described in the medical records. In summary she injured her left wrist and hand while trying to turn a patient. "My wrist popped". The subsequent evaluations and treatment are well outlined in the medical records. Ms. Jones has been out of work since March 7, 2007. She continues to experience pain and swelling in her hand and wrist. The pain radiates up her arm into her neck.

Ms. Jones is aware of pain nearly 100% of her waking hours. She does experience some relief from pain medications. The pain is worsened by any activity involving use

Greenville Psychiatry, P.A.

Sarah L. Jones
Continued ...

of her hands. Reports that she has difficulties dressing, combing her hair, bathing, cleaning house, or working outside.

She describes worries about pain and limitations due to pain more than 50% of her waking hours. These worries are associated with an irritable and anxious mood. Barbara Jones, Ms. Jones' daughter, reports that her mom has been more "agitated". Physiologic symptoms of anxiety include muscle tension, tremor, subjective increase in heart rate, shortness of breath, a lump in her throat, and gastrointestinal upset.

Reports limited symptom panic attacks since her injury. The first panic attack occurred when she requested but was denied access to certain medical records. Subsequent panic attacks have been cued by healthcare providers or aspects of the legal system. "It happens when I don't understand or I don't agree". No significant anticipatory anxiety or avoidant behavior associated with limited symptoms of panic attacks.

While Ms. Jones does experience time periods of sadness, agitation and decreased pleasure she reports that the primary symptoms have been anxiety. During time periods with decreased pain or church activities (Jehovah's Witness) she is able to feel pleasure, interest, and motivation.

Pain and anxiety are associated with impaired sleep. Sleep latency ranges from one to two hours to all night. She does not take naps. Her sleep problems decreased after she started Elavil on May 17, 2007. Continues to experience significantly impaired sleep during times periods of stress and worry about visits to the doctor. She does snore but no evidence of obstructive sleep apnea. Denies symptoms of restless leg syndrome.

Reports decreased appetite for four to six weeks. "My daughter makes me eat". Believes that her weight has decreased from approximately 200lbs. to 187lbs.

Describes a long history of a compulsive urge to buy notebooks. Has high levels of stress with response prevention. Realizes that the urge to buy notebooks is excessive. Has accumulated 30-40 unused notebooks at home.

Greenville Psychiatry, P.A.

Sarah L. Jones
Continued ...

No change in this symptom with the work related injury. No other signs of obsessive compulsive disorder.

Denies a history of hypomania. Occasionally drinks a can of beer. Otherwise no drug or alcohol use.

CURRENT MEDICATIONS:

1. Elavil 10mg at bedtime for management of sleep and pain.
2. Lisinopril – Hydrochlorothiazide 20-25 for management of hypertension.

PAST MEDICAL HISTORY:

1. Postpartum complications described above.
2. Status post tubal ligation.
3. Repair of carpal tunnel syndrome in February 2007.
4. Hypertension.

Last physical exam one year ago.

PAST PSYCHIATRIC HISTORY: Has been taking the Elavil 10mg at bedtime as described above. Otherwise no history of psychiatric treatment, therapy, or counseling.

FAMILY PSYCHIATRIC HISTORY: Reports that she may have a sister with schizophrenia. Also her father may have a history of alcohol dependence. Denies other family psychiatric history.

SOCIAL HISTORY: Lives in an apartment in Spartanburg with her 18 year old daughter. Has been there for six to seven years. Was never married. Has been a practicing Jehovah's Witness for sixteen years. Since loosing her job has spent her day with light cleaning, shopping, and field service. Explained that field service is traveling around the community and "talking about the Bible". Describes a strong social network through the Jehovah's Witness. Essentially no drugs or alcohol "maybe one beer a year".

Greenville Psychiatry, P.A.

Sarah L. Jones
Continued ...

DEVELOPMENTAL HISTORY: Grew up in Boiling Springs South Carolina. Has two brothers and two sisters with whom she feels close. Mom and dad are living in Spartanburg. Describes shyness and mild social phobia in elementary school. Otherwise received good grades and had no significant problems. No problems in Middle School or High School. Good grades and "perfect attendance". Attended a junior college which closed. Transferred to Spartanburg Methodist University where she completed the training for her certified nursing assistant license.

WORK HISTORY: She began working in her early twenties. First job involved nursing homes. Lost one nursing home job due to a work related injury that responded to physical therapy. Left one job due to transportation problems. Left a third job due to being insulted by a coworker who had allegedly incorrectly signed Ms. Jones' name to a medication sheet.

Worked at Spartanburg Regional Hospital for six years without incident until she experienced her work related injuries above.

MENTAL STATUS EXAM: Casually dressed, polite black female. Used a device to augment her hearing. Normal psychomotor activity and good eye contact. Speech was normal rate. Volume clear and easy to understand. Mood anxious, irritable. Affect full range with time periods of sadness. On one occasion cried during the interview. Associations tight. No disorder of thought content or perception.

Alert and oriented in all spheres. Had a hard time maintaining and shifting sets when she attempted the *go-no-go* task (this may have been due to anxiety rather than a cognitive disorder). Able to spell *WORLD* forward and backwards. Short term memory one out of three. Difficulty with abstraction as she was not able to interpret the proverb "is the glass half empty or half full". Discussions about her history and situation are suggestive of good judgment and insight.

Greenville Psychiatry, P.A.

Sarah L. Jones
Continued ...

Denies thoughts of suicide, hurting herself or hurting others. No history of aggressive behavior towards self or others. No access to guns and no thoughts of revenge. Is protected by her spiritual belief system. "I love life".

FORMULATION: Ms. Jones is a 38 year old black female with a long history of anxious temperament. She manages her anxiety by working very hard and putting pressure on herself to do a good job. ~~There was no significant impairment due to her anxiety until after her work related injury when she lost her job and her ability to work was limited due to pain.~~ In my opinion to a reasonable degree of medical certainty the work related injury aggravated her pre-existing anxiety. Moreover, the stressors associated with sustained anxiety are precipitating a subsyndromal depression.

DIAGNOSIS:

- AXIS I. 307.89 Pain disorder associated with both psychological factors and general medical condition.
300.00 Anxiety disorder not otherwise specified (no functional impairment due to anxiety until after the work related injury).
311 Depressive disorder not otherwise specified.
- AXIS II. Obsessive Compulsive personality traits.
- AXIS III. Carpal tunnel syndrome left hand and wrist synovitis.
- AXIS IV. Moderate to severe. Occupation, economics, work with the legal system/ workman's compensation, and limited activities.
- AXIS V. GAF 55-60.

Greenville Psychiatry, P.A.

Sarah L. Jones
Continued ...

RECOMMENDATIONS:

1. Consider a trial of Cymbalta up to 60mg per day. Target symptoms would be anxiety and subsyndromal depression. In addition Cymbalta may provide relief of neuropathic pain.
2. Elavil is a reasonable medication for management of sleep associated with pain. If a higher dose is needed or side effects are problematic would consider replacing the Elavil with either Lyrica or Neurontin. These medications might also treat combined anxiety, insomnia and neuropathic pain.
3. Supportive cognitive behavioral therapy for management of anxiety, pain and depressive symptoms.
4. Should Ms. Jones experience relief from the above interventions would consider job retraining or vocational rehabilitation.

Respectfully Submitted,



Robert W. Richards, M.D.

RWR/dc

ROBERT ALEXANDER WILSON, M.D.
4200 E. NORTH ST. #16
GREENVILLE, SOUTH CAROLINA 29615
TELEPHONE: (864) 292-2800

General Plastic Surgery
Ear, Nose & Throat
Hand Surgery
Allergy

1011 Tiger Blvd. #100
Clemson, SC 29631
864-654-9231

July 9, 2007

Ms. Kathryn Williams
Attorney at Law
P.O. Box 10693
Greenville, SC 29603

Dear Ms. Williams:

Ms. Sarah L. Jones is a pleasant 36 year old black lady in otherwise good health whom I saw in my office for the first time on June 25, 2007. According to her and the records that were provided to me, this lady was working as a nursing technician at Spartanburg Regional Hospital in the spring of 2006 helping position and pull a patient out of bed. She had been working at the hospital for some time. She has a high school education with technical school training. When she was initially helping this individual she felt a sharp snap or pop in the volar surface of her left wrist associated with severe pain. She noted that any type of pulling activity seemed to make the discomfort worse. It was also associated with swelling in her hand and her wrist along with decreased sensation involving the thumb, index, long, and ring finger. She consulted the hospital physician who evaluated her and treated her conservatively. She was placed on anti-inflammatory medications and a splint for her wrist. She later underwent a steroid injection to her left wrist which helped little. A nerve conduction test was eventually performed that revealed moderate carpal tunnel syndrome on the left wrist. When conservative measures did not result in any improvement she underwent surgical decompression of her left media nerve in February of 2007. Following the surgery she had little change in her symptoms. She still had numbness involving the thumb, index, long, and ring finger. She still had nighttime pain requiring that she get up and shake her hand vigorously. The swelling of her hand and wrist were still present. She continued to have marked sensitivity to cool damp weather causing increasing pain and increasing swelling in the extremity. Her symptoms have changed very little in the last four months.

She also had a second injury to her right upper extremity at the same workplace. Historically, she had a twisting injury to her right wrist at work 13 years earlier that had been treated and had not given her any recent problems. Then suddenly in September 2006 when she attempted to control a patient who was unruly, she felt a popping sensation again on the volar surface of her right wrist. Associated with this was shooting pain approximately into her forearm and swelling on the dorsum of her hand. She has continued to have the same type of problem which is made worse with exertion since the onset of this initial problem. She has been on anti-inflammatory medications for this and a splint. Both of which have been of some value but do not control the pain when she exerts herself even with minimal workplace activities. She comes in today for evaluation.


Ms. Kathryn Williams
Attorney at Law
Re: Sarah L. Jones

page 2

On examination today, this lady is in no acute distress. She has a healed scar on the volar surface at the base of the thenar eminence. She has decreased sensation by 2 point testing involving the thumb, index, long and ring finger. She has a positive Tinel's and a Phalen's test. She has good flexibility of her wrist, inflection and extension. She has marked sensitivity to the extremity with exposure to cool damp weather. On examination of her grip, she has only about 10 kg of grip strength in her non-dominant left hand or about 62% strength loss index or 30% impairment to the upper extremity from grip strength loss alone. Considering the loss of grip strength, the evidence of sympathetic dystrophy with generalized swelling and puffiness of her extremity made worse with cool damp weather, the loss of sensation, and the loss of grip strength, she has impairment to her left upper extremity of about 40%. In addition, she has obvious dysfunction of the left ulnar nerve with numbness involving the volar surface of the left little finger tip. This contributes to the overall impairment and is considered along with the other factors mentioned above. This ulnar nerve dysfunction is apparently arising at the elbows since she has marked tenderness on the inner aspect of her left elbow where the ulnar nerve typically passes beneath epicondyle.

Regarding the right upper extremity, she has no scars on this extremity obviously, no previous surgery. She has some mild loss of sensation on the finger tips of the right upper extremity. She has about 19 kg of grip strength in her dominant right hand or 39% strength loss index or 20% impairment to the upper extremity from grip strength loss alone. She also has some pain on the volar surface of this wrist and puffiness of the wrist generally. In my opinion she has about 25% impairment to the right upper extremity because of the above mentioned factors.

Sincerely yours,


Robert A. Wilson, M.D.

RAW:dw



Post Trauma Resources

Lawrence H. Bergmann, Ph.D., LPC, LPC/S, CTS
President
Roger W. Deal, M.D.
Medical Director

30 January 2008

Turner Padgett Graham & Laney PA
PO Box 1509
Greenville, SC 29602
Fax: 864-552-4620

Attention: O. Shayne Williams

Re: Sarah Jones, WC20060724414

Date of Injury: 17 April 2006

An independent medical examination was requested by O. Shayne Williams, counsel for the defendant. My responsibilities were to review medical records, conduct psychological testing, clinically interview Ms. Jones and consult with psychiatrist Roger Deal in order to offer an opinion concerning the following referral questions:

Did Ms. Jones develop psychological consequences subsequent to her work-related injury?

What ongoing treatment and/or duty restrictions would be appropriate?

This evaluation included a 90-minute differential diagnostic interview with the undersigned, review of medical records, selected psychological testing and psychiatric interview with Dr. Roger Deal, with whom I consulted in writing this report. I met with Ms. Jones on 8 January 2008 and informed her of the nature of the examination and that a report would be shared with the referral source. She articulated understanding. The American Board of Independent Medical Examination guidelines were followed.

Patient Demographics

Ms. Sarah Jones is a 39-year-old African-American female who currently lives in Spartanburg, SC.

Laurel Street
Columbia SC 29201

Phone 803.765.0700
Fax 800.459.6780
803.765.1607

Written Documentation Reviewed

Records from the following sources were reviewed prior to the 8 January 2008 evaluation:

1. Family Medicine Associates
2. Abbeville County Memorial Hospital
3. Industrial Rehabilitation Optimum Life Center
4. Western Carolina Psychiatric Associates of Self Memorial Hospital
5. Intracorp Case Management Notes
6. Carolina Rehabilitation Specialists of Self Regional Healthcare
7. Carolina Neurosurgery and Spine Center
8. Worker's Compensation Deposition Transcript

History of Illness

Ms. Jones reported that, on 17 April 2006, she was working as a CNA attempting to turn a patient with a coworker. "I pulled the draw strap and heard my left wrist pop," she said, "I kept working but, the next day, my wrist hurt and my fingers were swelled up." On 10 August 2006, Ms. Jones said that she reinjured her right hand. "The original injury was around 1993," she said, "I was working for Spartanburg Convalescent Center. . . I was holding hands with a patient and, when the nurse lifted him our hands locked, he twisted and ended up twisting my wrist." Ms. Jones said that she received payment from Workers' Compensation while she was out of work for approximately one year but eventually learned how to work around her right hand injury.

Ms. Jones reported that she experiences pain in her left wrist at the average intensity of "5"/10. The most intense the pain has gotten is a "10," she said, which reportedly occurs after she has lifted something such as groceries. She reported the average pain in her right hand to be "0"/10. While she reportedly has a long history of headaches, she said that they increased in intensity since her recent injuries. She said that they can reach "10"/10 until she goes to sleep. They occur one to two times per week, which is reportedly the same frequency at which they occurred prior to 17 April 2006.

Ms. Jones said that she has experienced a decrease in sleep since her injuries. She reportedly sleeps ten hours with the help of medication. While she gets seven to eight hours without medications (compared to the eight hours she typically achieved prior to the 17 April and 10 August 2006 injuries), she said that the sleep does not seem to be as restful because of her pain. She said that she has less ability to engage in previously enjoyed activities, such as drawing and reading, but this is due to physical rather than psychological limitations; she wants to engage in such activities, she said, but must stop because of the pain. She denied feelings of guilt. She said that she has experienced an increase in irritability and a decrease in energy, ability to concentrate and appetite. She has reportedly lost approximately twenty pounds since her injuries. She denied any noticeable difference in sex drive. She acknowledged buying several notebooks, but denied this to be a ritual to help curb her anxiety. "I just use them to keep notes in," she said, "I like to journal and just keep track of stuff."

Ms. Jones reported experiencing "stress and panic" before 17 April 2006, but said this experience intensified after the injury. She described the emotion as frustration with not being able to cope with the pain. While she describes feeling anxious when she is anticipating medical appointments, she has reportedly not experienced panic-like symptoms since she stopped working. "I would control my pain and stress before the injuries by pacing myself," Ms. Jones said, "but then it was like no one would listen to me about my pain unless I got panicky."

Ms. Jones said that she tries not to take medication and is not interested in talk therapy. She engages in what she referred to as natural stress management; engaging in relaxation, taking warm baths and listening to soothing music. In or around 1998, she said, she got through the death of her infant daughter without the help of medical intervention. While she reportedly went blind, she denied this experience to be traumatic for her. She said that she coped with that event as she is coping with her current stressors; by participating in church and being around supportive people. While she is not as active in the door-to-door outreach activities as she would like because of her pain, she typically attends church functions three to four times per week. This participation, she said, is the best therapy for her.

She denied previous attempts to commit suicide and said that she has never had suicidal thoughts. She said, "I love life; I just have to deal with it." Current risk factors for suicide include reported symptoms of pain, anxiety and depression. Protective factors include her religious beliefs and strong support system. Based on Rudd et al's 2001 criteria for determining suicide risk assessment, Ms. Jones is currently at minimal risk for self-harm. The corresponding level of appropriate care is outpatient medical care with recurrent risk assessment.

Mental Status

Ms. Jones appears stated age. She is oriented in all spheres. Regarding level of consciousness, she appears alert. Reported mood is "fine," which is consistent with her affect. She presented herself in a casually dressed and appropriate fashion. Eye contact can be described as good. Her speech is logical and coherent. Recent memory appears unimpaired. She reported difficulty remembering the dates of injuries, but no further problems are noted regarding remote memory. She reported hearing impairment in both ears, which was evident during the interview; many questions needed to be repeated. Psychomotor activity is normal. There is a negligible degree of conceptual disorganization evident. Her thought content is characterized by no significant preoccupations. Regarding perceptual functioning, the patient denies hallucinations and none are evident. Attitude can be described as cooperative and interested. As far as insight is concerned, the patient verbalizes awareness of problems and sees consequences. Judgment appears good. Attention/Concentration is characterized by no noticeable difficulties. Regarding impulse control the patient is reflective and able to resist urges.

Quality of Historian. The quality of Ms. Jones's self-reporting of symptoms appeared consistent with her affect, presentation, psychological testing and medical documentation.

Others Present/Collateral Information. Ms. Jone's daughter accompanied her mother but did not participate in the interview.

Work Status

Ms. Jones reported that she has been out of work since 7 March 2007.

Current Medical Treatment

Ms. Jones reported that she is currently taking the following medications:

1. Tylenol PM
2. Elavil, 10 mg
3. Lisinopril, 20 mg

Psychiatric Impairment

Ms. Jones reported that she is able to live independently and look after herself adequately, although she misses a meal occasionally. She denied difficulties with her social activities and said that, in fact, she is more social now than before her injuries. "Everyone is worried about me so I make an effort to go places when they ask me," she said. She eats out with friends and attends baby showers. She reported that she never had a driver's license, so experiences no difference in her ability to travel. No apparent psychological reasons for travel restrictions. She acknowledged that friends have told her she is "more argumentative," but denied any significant impact on her relationships. She noted minor difficulties concentrating. Her ability to read and write reportedly "depends on the lighting more than anything." She can read for more than 30 minutes at a time, she said, depending on the light conditions. This ability is reportedly no different than prior to her injury. Her potential adaptation to a work environment appears to be restricted by her physical pain but not by her emotional functioning.

Results of Psychological Testing

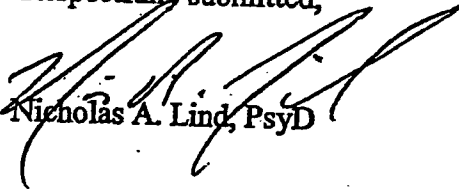
The following assessment measures were used:

1. Minnesota Multiphasic Personality Inventory-Second Edition (MMPI-2)
2. Patent Pain Profile (P3)
3. Beck Depression Inventory-Second Edition (BDI-II)
4. Beck Anxiety Inventory (BAI)

Ms. Jones articulated understanding of each instrument and the results of each test were determined to be valid. Her responses appeared to be consistent both within and among tests. On the MMPI-2, Ms. Jones responded in a manner that suggests that she has the propensity to experience a number of her emotional symptoms physically, thereby accentuating existing physical health problems. Sleep disturbance, perplexity and feelings of hopelessness can occur. Individuals with similar profiles are in conflict between dependency and self-assertion, and they often keep people at an emotional distance. They tend to have low energy and to lack sex drive. Similar persons have been found to have good work and marital adjustments but rarely take risks in their lives.

Ms. Jones' current psychological symptoms are secondary to her reported physical limitations and pain. I defer any duty restrictions to the medical providers assessing her physical impairments. There are no restrictions from a mental health perspective.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'N. A. Lind', written over the typed name.

Nicholas A. Lind, PsyD

COPY

**PRELIMINARY
EMPLOYABILITY ANALYSIS
AND
LABOR MARKET SURVEY**

DATE: February 14, 2008
TO: KRoss@Turnerpadget.com
RE: SARAH L. JONES
143 George Washington Carver Rd.
Spartanburg, SC 29306
SSN:
DOI: 04/17/2006
DOB: 11/23/1968

REFERRAL INFORMATION: This file was referred to facilitate complete a Labor Market Survey on Ms. Jones to determine her current access to employment and expected earnings with respect to her physical capabilities, education, experience and age. Assessment and the resulting LMS are based on review of provided records in the absence of a clinical interview and complete vocational evaluation.

INJURY: Ms. Jones is a 39-year-old female who sustained an injury to her left wrist on 4/17/06 working as a Certified Nursing Assistant at Spartanburg Regional Medical Center. The incident occurred when she and a coworker attempted to turn a patient and she felt a "pop" in her left wrist. Ms. Jones worked the remainder of her shift but reported that, the next day, her wrist hurt and her fingers were swollen. Initially she was treated conservatively with medication, bracing and PT by Dr. Alday at Spartanburg Regional. When Ms. Jones continued to complain of swelling, pain and weakness, she was referred to Drs. Falcon and Essman for evaluation and treatment. Dr. Essman completed a left carpal tunnel release on 2/14/07. Records indicate that Ms. Jones felt the condition of her left hand was unchanged after surgery. On 3/15/07, she complained of numbness and pain in the hand. On 4/18/07, Ms. Jones complained of pain from her left arm to the side of her neck. She complained of problems in her right hand, but diagnostic testing revealed no evidence of carpal tunnel syndrome on the right. Ms. Jones attended OT after surgery but her complaints escalated and included her right leg which, she reported, "goes numb when she walks too much".

At the time of her injury, Ms. Jones netted approximately \$375.00/week. She worked restricted duty for approximately 12 weeks after her injury. Her duties included escorting patients and monitoring the number of visitors to the hospital. She escorted patients to different procedures, an assignment which, reportedly, caused her legs to cramp, pain to shoot through her hands when she opened doors, headaches and exhaustion. She believes these duties exacerbated her pain and she complained to her supervisor, becoming "panicky" and emotional so that the supervisor would listen to her. Ms. Jones was terminated from her employment at Spartanburg Regional Medical Center on 3/7/07 due to noncompliance with the transitional duty policy.

During her termination, Ms. Jones "had an attack in the office" and ran out. She refused to surrender her badge. Ms. Jones has not worked since her termination. She applied for unemployment compensation but was penalized because her termination was considered voluntary. In her deposition she stated that she does not believe she is able to maintain full time employment given her physical symptoms. The Job Service office referred her to the SC Vocational Rehabilitation Department. She completed paperwork at that agency but has contacted them.

Since she has been unemployed, Ms. Jones has been relying on child support payments and financial help from friends. She lives in subsidized housing. She has not applied for Social Security Disability or short term disability.

Post-surgery records note numerous incidents that question Ms. Jones' psychiatric status. Depression and anxiety symptoms are noted in numerous entries of her extensive medical records. Ms. Jones evidences some paranoid behaviors such as indicating that she did not receive adequate anesthesia during surgery, worrying about things that happened to her during surgery, beliefs that "the system" may be trying to hide things from her, refusal to take her splint off at the physician's request, significant concern about physicians wearing name tags, refusal to sign consent for treatment forms, questioning staff qualifications and refusal to be examined. Employee Health notes of 1/5/07 indicate that Ms. Jones was belligerent and accused providers of not helping her. At a 4/26/07 appointment with Dr. Essman, Ms. Jones was "very belligerent", not concerned about her hand and was concerned about Dr. Essman's nametag and qualifications. In the ER later that same day, Ms. Jones noted she was having "stroke-like symptoms" but nobody believed her. She was anxious, hostile and agitated and "very paranoid" about staff and the information inputted into the computer. A psychiatric liaison was called and he/she instructed Ms. Jones to obtain treatment at the Mental Health Center. She refused. She became aggressive, refused to sign forms and "snatched" paperwork.

There is indication in the records that Ms. Jones injured her right hand, wrist and arm on the job in 1993 when she was working at Spartanburg Convalescent Center. The incident occurred when a patient gripped and twisted her right hand. She was out of work for approximately 1 year, received Workers Compensation payments and was being treated by an orthopedist. She attended PT but did not have surgery. She reported she hurt her right hip, knee, leg and foot when she injured her wrist. She was terminated from this job. During this time, she went to the SC Department of Vocational Rehabilitation and worked in the Work Training Center/Civitan Workshop in various production jobs such as making buttons, using a heat seal machine and putting holes in CDs. She completed this work for 3 years before being placed in a job at Magnolia Manor Nursing Home. Ms. Jones claims to have reinjured her right wrist 8/10/06 holding a patient's hand in an effort to restrain him from removing her tracheotomy tube.

In her deposition, Ms. Jones reported "a lot of pain all over" and swelling in her face, back, hip, thigh, legs and feet. She attributed these problems to her left carpal tunnel injury, as her therapist told her that she had inflamed muscles. When she sits too long, her legs cramp. She takes Aleve for these symptoms. She has weakness in her right arm, cannot lift heavy items with both arms and pain in her head, back and leg. Her injury made her "stress out" more than she did before her injury and she has "panic attacks" interfering with her ability to work.

At her psychological evaluation on 1/30/08, Ms. Jones rated the average pain in her left wrist 5/10 and 0/10 in her right hand. She reported a history of headaches but that the intensity of these headaches increased due to her injury. She sleeps 8-10 hours/day as she did before her injury but her sleep does not seem to be as restful due to pain. Results of her psychological evaluation indicated that Ms. Jones has symptoms of depression, anxiety and a propensity to experience a number of emotional symptoms physically.

RECORDS REVIEWED:

- Post Trauma Resources – Nicholas A. Lind, PsyD
- Spartanburg Regional Healthcare System
- Regional Physiatry – Husam Mourtada, MD
- SRHC Employee Occupational Health
- The Carolina Hand Center - James Essman, MD and Daniel Falcon, MD
- Intracorp
- SRHS Hand and Occupational Therapy
- SRHS Employee Health
- Greenville Psychiatry – Robert Richards, MD
- Center for Family Medicine – Ginger Boyle, MD
- Robert Wilson, MD
- Sworn Deposition of Sarah L. Jones – August 21, 2007

BACKGROUND INFORMATION: A review of the records indicated the following:

- **Post Trauma Resources – Nicholas A. Lind, PsyD:** 01/30/08 IME requested by defendant attorney in consultation with Dr. Roger Deal. Valid exam and testing. No social, speech or memory impairments. Slight hearing impairment. Has never had a driver's license or driven. Refuses psychotropic medication or talk therapy. No sleep disturbance. Left wrist pain 5/10 average. Right hand pain 0/10 average. Long history of headaches, worse since injury. Testing profile indicates preoccupation with physical pain, overly reactive to pain, propensity to experience a number of emotional symptoms physically. Moderate levels of depression. Severe levels of anxiety. Diagnosis: Pain Disorder Associated with Both Psychological Factors and General Medical Condition. Opinion: current symptoms of anxiety and depression are likely due to physical pain associated with injury. No psychological intervention recommended. At MMI for psychological injury. No restrictions psychiatrically.
- **Spartanburg Regional Healthcare System:** Extensive records dating from 1984 for routine treatment, mostly at ER. Much illegible. Numerous visits for hypertension, sinus problems, childbirth X2. Of Significance: 4/25/06 X-Ray for left wrist pain after pulling an object. 5/24/06 MRI for pain in left wrist / swollen finger. ER visit for sinus headache, hypertension, myofascial pain syndrome. 2/14/07 operative notes for left carpal tunnel release. 4/26/07 behavioral health assessment – positive for anxiety, depression and paranoid delusions. Personal and financial stress and bilateral arm pain. Paranoid about staff and putting info in computer.
- **SRHS Regional Physicians Network / Regional Physiatry – Husam Mourtada, MD:** 10/31/06 11/10/06 EMG and NCV. Impression: moderate left carpal tunnel syndrome. No evidence of right carpal tunnel syndrome. 1/19/07 EMG and NCV. Impression: no evidence of right carpal tunnel syndrome and peripheral neuropathy.

- **SRHC Employee Occupational Health:** 4/20/06 Workers Comp eval for left wrist. Sprain. Saw hand specialist in Greenville in 1997 or 1998 for right wrist injury – torn ligaments. No lifting more than 10 lbs. 4/25/06 follow up. X-ray ordered - negative. Wrist wrap and brace. 4/27/06 follow up. 5/2/06 no relief. PT to begin. 5/16/06 some improvement with hand therapy. Continue PT, modified duty & wrist splint. 5/23/06 still having pain. Schedule MRI. 5/30/06 Pain continues according to claimant. MRI negative. 6/13/06 improvement reported with PT. Schedule 6 more sessions. 6/29/06 some swelling from brace. Discontinue PT, brace. 7/13/06 complaints of swelling and pain persist. Refer to Dr. Essman and Falcon for evaluation. 7/27/06 Dr. Essman recommended more PT. 8/10/06 encourage ROM exercises. Has appt with hand surgeon. 8/17/06 complaining of symptoms in right hand. 8/31/06 follow up. Continue sedentary work. 9/14/06 making excellent progress with hand therapist. 9/26/06 released to full duty by Dr. Falcon. Released here today. 10/26/06 recheck for persistent left hand pain. Nerve conduction study ordered. 12/07/06 did not want to go through with surgery. Send to Dr. Essman for second opinion. 1/11/07 studies showed no carpal tunnel or nerve conduction delay. Pain in right hand increasing. Repeat study in right hand. 1/25/07 studies in right hand negative. Scheduled for carpal tunnel release on left. 2/22/07 doing well status post op. 3/1/07 sutures removed. Displeased – worried that her best interests are not kept in mind, system may be trying to hide things from her. “Very concerned about this individual having no confidence in my ability to treat her”.
- **The Carolina Hand Center- James A. Essman, MD & Daniel Falcon, MD:** 7/20/06 Diagnosis: left hand and wrist synovitis. Recommend aggressive hand therapy. 8/3/06 claimant thinks therapy makes hand worse. Increase intensity and duration. 8/24/06 decreased swelling. 10/19/06 symptoms persist. Nerve conduction studies ordered. 11/7/06 studies showed moderate carpal tunnel syndrome. Will schedule left tunnel release. 12/4/06 pre op follow up. May return to work without restrictions. 12/14/06 injection in carpal tunnel. 1/4/07 injection did not help. Will proceed with surgery. 2/7/07 can return to duty one-handed after surgery. 2/21/07 seen after surgery. 3/15/07 claimant states hand no better after surgery. Will send to therapy. Fired last week. 4/18/07 full ROM. Continue in therapy. Complains of pain. 4/26/07 patient walked in without appt. Very belligerent during entire office visit. Not concerned about her hand. Concerned about name tag and MD qualifications. Wanted to be referred to pain management but not necessary. 5/9/07 released with 0% impairment of right hand, 15% impairment of left hand. At MMI. Full ROM right extremity.
- **Intracorp:** Case management records detailing medical, PT, OT visits. Of significance: 1/4/07 plaintiff attorney denied CM contact with medical providers. 2/21/07 IW not happy. Did not respond to case manager. Later stated that Dr. Essman hurt her during surgery. 7/25/07 blood pressure too high. 7/28/06 OT states claimant’s efforts are inconsistent.
- **SRHS Hand and Occupational Therapy:** summary of OT treatment (undated) June and August 2006. Overall therapy yielded moderated improvement of use of left hand.
- **SRHS Employee Health:** various char entries beginning 1/8/04. Of significance: 4/20/06 report of injury. Pain in hand, shoulder, left side under arm. 4/26/06 comes in crying. Medicine makes her sleepy, shoulder hurts. 7/24/06 in ER with elevated BP. Pain in middle of chest and headache since yesterday. 7/25/06 & 7/26/06 recheck with return to work. 8/11/06 right hand hurts – having to do everything with it and injured while restraining a patient. 12/19/06 right wrist hurting since 8/10. Has been sewing and using Game Boy at night. 1/5/07 complaints of swelling in both hands and pain in right wrist. “Can’t work”. Stated that “nobody in EH has tried to help” her. Corrected her – provider has listened when IW has been belligerent.

- **Greenville Psychiatry – Robert W. Richards, MD:** 6/21/07 IME. IW is aware of waking hours. Difficulties with ADLs. Worried, irritable and anxious mood. Panic attack injury. Compulsion to buy notebooks – has 30-40 unused at home. Sister may be schizophrenic. Father may be positive for alcohol dependence. Good judgment and insight. Diagnosis: Pain disorder associated with psychological factors and general medical condition, Anxiety disorder not otherwise specified, Depressive disorder not otherwise specified. Suggest Cymbalta, may consider replacing Elavil with Lyrica or Neurontin, cognitive behavioral therapy. Consider job retraining or vocational rehabilitation.
- **Robert Alexander Wilson, MD:** 11/9/07 evaluation. 40% impairment of left upper extremity and 25% impairment of right upper extremity.
- **Center for Family Medicine - Ginger Boyle, MD:** treatment notes from 2/16/05 to 7/20/07. Hypertension, allergic rhinitis, headaches, dyspnea with exertion, peripheral edema, joint pain and stiffness, depression & anxiety, short-term memory and recall problems,

MEDICATIONS: Ms. Jones takes Aleve, 2 different vitamins, a “blood cleaner” and a “colon cleanser”. She takes an antihypertensive medication prescribed by her family physician. She refused to take psychotropic medications several times but takes Elavil for sleep. There is documentation in the medical records that Ms. Jones was prescribed the following medications during the course of her treatment: Ultracet, Ultram, Darvocet, Diazepam, Loratadine, Valium, Flexeril, Tylenol, Elavil, Lisinopril and Mobic.

MEDICAL HISTORY: a car hit Ms. Jones in 1984 resulting in a thigh contusion. She had wrist and ankle injuries as a child and cuts to her hand and to her toe. Medical records note a number of visits to the emergency room for various problems, including Bell’s Palsy and conjunctivitis (1992), bruises and neck soreness secondary to a motor vehicle accident (1992), right ankle, leg and knee injury (1993), right wrist twist injury (1994), cold, bronchitis and right hand pain (1994), hypertension (1998), and acute sinusitis (2004). In 1998, Ms. Jones gave birth prematurely and the baby died resulting in her going blind for a time.

Post injury, there are numerous records of treatment at the Center for Family Medicine and the ER. Records indicate that Ms. Jones is being treated for hypertension and depression but refuses to take medication for depression or participate in talk therapy. She copes through relaxation efforts, going to church and being supported by friends.

Ms. Jones has some hearing impairment secondary to pneumonia at age 7. She wore an assistive device at her psychiatric evaluation. Her speech and memory are unimpaired. Her sister has paranoid schizophrenia and her father has a drinking problem.

Ms. Jones does not smoke or drink alcoholic beverages. She is 5’4” tall and weighs 187 pounds. She reported losing 20 pounds since her injury.

EDUCATIONAL BACKGROUND: Ms. Jones graduated from Spartanburg High School in 1988, attended Phillip Junior College and Spartanburg Methodist College where she obtained her Nursing Assistant certification. She held this certification for approximately 11 years but it is unclear whether it remains valid. She has no other formal education. She has no difficulty reading or writing.

MILITARY HISTORY: Ms. Jones denied having served in any branch of the military.

PREVIOUS CONVICTIONS: Ms. Jones denied having any criminal convictions or guilty pleas.

ACTIVITIES OF DAILY LIVING/ SOCIAL/RECREATIONAL: Ms. Jones lives independently and has a daughter, age 18 who lives with her and attends Spartanburg Community College. Ms. Jones denied difficulty with social activities and perceives herself to be more social than before her injury. She enjoys drawing and painting and is active in her Jehovah's Witness church. She goes to church every Sunday and to book study on Mondays and Wednesdays. She does "field service" on Saturdays, going door-to-door talking to people in neighborhoods about her religion.

Ms. Jones' daily activities consist of walking for exercise, doing household chores and studying her religion. She can wash, dry and fold laundry and shop for groceries. She regularly vacuums, sweeps, mops the floor, cleans the bathroom and dusts.

Ms. Jones has never obtained her driver's license and does not drive. She has a valid driving permit but need more practice before she can obtain her license.

WORK HISTORY: Ms. Jones reported the following work history in her deposition:

Employer: Spartanburg Regional Hospital
Location: Spartanburg, SC
Length: 5/22/00 – 3/7/07
Job Title: CNA in float pool
Duties: Patient care on various units, answer phone
Reason for Leaving: Injured. Eventual termination.

Employer: Winter House Retirement Home
Location: Spartanburg, SC
Length: 3 years
Job Title: CNA and Med Tech.
Duties: Patient care, distribute medications, supervise 2 individuals
Reason for Leaving: Did not like supervisor – quit

Employer: Magnolia Manor
Location: Spartanburg, SC
Length: 2 years
Job Title: CAN
Duties: Patient care in nursing home
Reason for Leaving: Problems getting to work on time. Quit.

Employer: SC Vocational Rehabilitation Department
Location: Spartanburg, SC
Length: 2-3 years
Job Title: Production Worker
Duties: Various production jobs, mostly assembly
Reason for Leaving: Placed in competitive employment at Magnolia Manor

Employer: Spartanburg Convalescent Center
Location: Spartanburg, SC
Length: 2 years
Job Title: CNA
Duties: Patient care in nursing home
Reason for Leaving: Injured right hand – out one year. Terminated

She worked during the summers in high school as a church daycare worker and as a clerk at Family Dollar Store. She did not work for 3 years after high school.

PHYSICAL RESTRICTIONS / RETURN TO WORK GUIDELINES: Dr. Essman placed Ms. Jones at MMI on 5/9/07 and assigned a 0% impairment rating to her right arm and a 15% impairment to the left hand. In his 11/9/07 IME, Dr. Wilson, a plastic surgeon, assigned a 40% impairment of left upper extremity and 25% impairment of right upper extremity. No work restrictions were assigned by either physician. Concerning her psychological issues, assessments on 6/21/07 and 1/30/08 resulted in the same diagnosis: Pain disorder associated with psychological factors and general medical condition. Dr. Lind indicated that Ms. Jones is at MMI psychiatrically and required no restrictions. Although Dr. Richards indicated additional diagnoses of Anxiety disorder not otherwise specified and Depressive disorder not otherwise specified, he did not indicate that Ms. Jones is disabled from work and suggested that she pursue vocational rehabilitation or retraining. These restrictions place Ms. Jones, conservatively, at the “medium” physical demand work capacity.

As a guideline, *The Dictionary of Occupational Titles, Revised Fourth Edition* describes work categories as follows:

Sedentary Work-Exerting up to 10 pounds of force occasionally (1/3 of time) and / or a negligible amount of force frequently (1/3 to 2/3 of time) to lift, carry, push or otherwise move objects. Involves sitting most of the time, but may involve walking or standing for brief periods.

Light Work-Exerting up to 20 pounds of force occasionally, and / or 10 pounds of force frequently and / or a negligible amount of force constantly (2/3rd or more of time) to move objects. Jobs are considered light work when they require walking or standing to a significant degree, sitting most of the time but entail pushing and/or pulling of arm or leg controls, and working at a production rate pace entailing constant pushing and / or pulling of materials even though the weight of materials is negligible.

Medium Work- Exerting 20 - 50 pounds of force occasionally, and / or 25-50 pounds of force frequently, and / or 10-20 pounds of force constantly to move objects.

Heavy Work- Exerting 50-100 pounds of force occasionally, and / or 20-50 pounds of force frequently and 10-20 pounds of force constantly to move objects.

For the purpose of the labor market survey, consideration will be made for positions in the medium physical demand category.

EMPLOYABILITY / VOCATIONAL ANALYSIS: An OASYS Transferability Skills Analysis (TSA) was conducted to review Ms. Jones's work history, aptitudes and worker traits. The resulting profile identified the following for her previous work history.

Ms. Jones' specific vocational preparation profile is 4. This reflects over 3 months and up to 6 months required time to learn the techniques, acquire the information and develop the facility needed for average job performance. General educational development levels reflect formal and informal education in her reasoning, language and mathematics skills. Ms. Jones's work history indicates her required language and reasoning skills are within the low average range and required mathematical skills are within the low range. In her jobs she has been able to apply common sense understanding to carry out instructions furnished in written, oral and diagrammatic form. She has been able to read a variety of materials and to write reports and essays. She has been able to add, subtract, multiply and divide all units of measure and to perform arithmetic operations involving all American monetary units.

Work history strengths required Ms. Jones to exert physical demand levels of medium work on average, requiring her to lift, carry, push and pull 20-50 pounds occasionally, 10-25 pounds frequently and up to 10 pounds constantly. Past work required her to stoop, reach, handle, finger, feel, talk, hear, and apply visual acuity frequently.

Aptitudes evident in Ms. Jones's work history include average aptitude in general learning ability, verbal aptitude, clerical aptitude, motor coordination, finger dexterity and manual dexterity. Specifically, work history reflected average ability to understand instructions and underlying principles, to reason and make judgments, to understand meanings of words and use them effectively, and to comprehend language. Further, history reflected average ability to perceive detail in verbal or tabular material, to avoid perceptual error in arithmetic computation, ability to coordinate eyes and hands and fingers rapidly, to move fingers and manipulate small objects rapidly and accurately, and to move hands easily and skillfully.

Based on Ms. Jones's work history, prior work situations included the following: performing repetitive or short-cycle work, performing a variety of duties, performing effectively under stress, working under specific instructions, and dealing with people. Her demonstrated work functions in terms of dealing with people include serving and taking instructions and helping. Her demonstrated work functions in terms of deal with data involve comparing. Her demonstrated work functions in terms of working with things include manipulating and handling.

Given Ms. Jones's work history, aptitudes and transferable skills, she should be able to return to several jobs consistent with her post-injury profile. Some jobs, which capitalize on her experience and educational level are listed below. These positions may require Ms. Jones to engage in a period of formal training, orientation and/or on-the-job preparation. Ms. Jones's preliminary vocational profile indicates that she possesses the ability to adapt to new tasks and to follow verbal instructions and can, therefore, adapt to new work situations.

LABOR MARKET SURVEY AND REVIEW: A labor market survey and review was completed for the Spartanburg SC and surrounding areas to determine whether jobs exist that Ms. Jones could perform given her educational level, physical status, and transferable skills. Because no interest testing was available, a variety of job types was investigated. An electronic search was conducted using the SC Job Bank, Monster.com, and Careerbuilder.com websites. The South Carolina Employment Security Commission (SCESC) was consulted and positions identified that match Ms. Jones's vocational profile. Employers were contacted directly to identify currently available, anticipated and/or recently filled positions.

The following positions were open and reflect Ms. Jones' assumed and demonstrated abilities. Since she indicated that she is a high school graduate and has no difficulty reading or writing, jobs at the high school level were investigated. Based on her lack of post injury physical limitations and return to work guidelines, consideration was made for positions in the medium physical demand category. Positions are located in Spartanburg, SC proper in consideration of the fact that Ms. Jones does not drive. These positions are representative but not inclusive, of potential positions for Ms. Jones's consideration.

General information pertaining to these occupations, including wage estimates and numbers of positions in the Spartanburg, SC area follows:

May, 2006 Metropolitan Area Occupational Employment and Wage Estimates
Spartanburg, SC MSA
US Department of Labor, Bureau of Labor Statistics

Occupation Title (number of positions)	Wage Estimates		
	Median Hourly	Mean Hourly	Mean Annual
Nursing Aides, Orderlies and Attendants (1,340)	\$10.06	\$9.95	\$20,700
Information and Record Clerks, All other (70)	\$12.64	\$14.05	\$29,220
Receptionists and Information Clerks (700)	\$10.95	\$11.10	\$23,090
Production Occupations (20,010)	\$14.42	\$15.47	\$32,180
Inspectors, sorters, testers, samplers and Weighers (1,070)	\$13.86	\$13.44	\$27,950
Customer Service Representative (1,570)	\$13.76	\$14.49	\$30,150
Security Guards (380)	\$8.80	\$11.06	\$23,010
File Clerks (170)	\$7.80	\$8.70	\$18,090

CONCLUSIONS: Sarah Jones is a 39-year-old female who sustained an injury to her left wrist on 4/17/06 during the course of her work duties as a Certified Nursing Assistant at Spartanburg Regional Medical Center. Initially, she was treated conservatively with medication, bracing and PT but when Ms. Jones continued to complain of swelling, pain and weakness she was referred to hand specialists for evaluation and treatment. She had a left carpal tunnel release on 2/14/07. Ms. Jones indicated that the condition of her left hand was unchanged after surgery and she had numbness and pain in the left hand and pain radiating up her left arm into the side of her neck. Although she claimed that she had problems in her right hand, diagnostic testing revealed no evidence of carpal tunnel syndrome on the right. There is indication in the records that Ms. Jones injured her right hand, wrist and arm on the job in 1993 working at Spartanburg Convalescent Center. She was out of work for approximately 1 year, received Workers Compensation payments and treated by an orthopedist. She attended PT but did not have surgery. Ms. Jones attended PT for her hands after surgery but her complaints escalated and included her right leg which, she reported, goes numb when she walks too much. She has "a lot of pain all over" and swelling in her face, back, hip, thigh, legs and feet. She attributed these problems to her left carpal tunnel injury. When sits too long, her legs cramp. She takes Aleve for these symptoms. She reports weakness in her right arm, cannot lift heavy items with either arm and pain in her head, back and leg.

At the time of her injury, Ms. Jones worked restricted duty for 12 weeks. Her duties included escorting patients and monitoring the number of visitors to the hospital. She believes these duties exacerbated her pain and she complained to her supervisor, becoming "panicky" and emotional so that the supervisor would listen to her.

Ms. Jones was terminated from her employment at Spartanburg Regional Medical Center on 3/7/07 due to noncompliance with the transitional duty policy. Ms. Jones has not worked since her termination. In her deposition, she stated that she does not believe she can maintain full time employment given her physical symptoms. She applied at the SC Vocational Rehabilitation Department but has not followed up, although she has received services from this agency before.

Since she has been unemployed, Ms. Jones has been subsisting on child support payments and financial help from friends. She lives in subsidized housing. She has not applied for Social Security Disability or short term disability. She was making \$375.00/week when she was terminated from her job.

Medical records note numerous incidents that call into question Ms. Jones' psychiatric status. Depression and anxiety symptoms are noted in numerous entries as are periods of belligerence and paranoia. She reports that her injury has made her "stress out" over things much worse than she did before her injury and she has "panic attacks" interfere with her ability to work.

In her psychological evaluation dated 1/30/08, Ms. Jones rated her average pain in her left wrist 5/10 and 0/10 in her right hand. She has a history of headaches but that the intensity of these headaches increased due to her injury. She sleeps 8-10 hours/day as she did before the injury but her sleep does not seem to be as restful due to pain. Results of her psychological evaluation indicated that Ms. Jones has symptoms of depression and anxiety and a propensity to experience a number of emotional symptoms physically. An earlier psychiatric evaluation reveals consistent findings.

Despite her perceived limitations, Ms. Jones can complete her ADL's, house chores including laundry, cooking, moping, scrubbing and vacuuming, visit friends, attend church 3x/week, visit strangers each Saturday in their homes to discuss religion, use her computer and study.

Given Ms. Jones's limitations, work history, education, transferable skills and worker traits, she qualifies for jobs in a number of occupational fields. She has no physical limitations and her psychiatric symptoms do not interfere with her ability to interact with friends or strangers. Ms. Jones makes it clear, as reported in her medical records, that she is unwilling to address any pre-existing mental health issues through medication or therapy, and this may cause her difficulties in any future employment, as it likely has in the past.

Unfortunately, Ms. Jones is focusing on her perceived vocational limitations, rather than her vocational assets such as her training in an in-demand occupation, her experience and her transferable skills. It is possible that she can utilize her experience in the healthcare field in another capacity and jobs have been identified to support this.

Assuming Ms. Jones is capable of engaging in medium duty employment, it is determined that she is employable in the Spartanburg, SC and surrounding area in a number of occupations. This assumes she is capable of engaging in part-time (20 hours) or full-time (40 hours) employment. Without the benefit of discussing her interests, it is difficult to pinpoint a specific area in which to focus the LMS; therefore multiple occupational areas were considered in keeping with Ms. Jones experience and physical abilities. In the jobs reported, Ms. Jones can reasonably anticipate earnings capacity of \$8.00 to \$12.00/hour. She can anticipate increases in wages with longevity and experience.

If Ms. Jones is interested in pursuing employment, she can pursue a self-directed job search and apply for the types of positions listed in this report. It is recommended that she register with the SC Employment Security Commission (SCESC) and visit her local One-Stop Center for the purpose of job placement assistance. She should follow up with these offices weekly as job order requests change frequently.

It is suggested that Ms. Jones contact the local office of the SC Vocational Rehabilitation Department where she applied for services upon her termination at Spartanburg Regional. Because she has had a successful case with SCVRD in the past, she understands that she will be provided direct placement assistance and counseling regarding the vocational impact of her disability. She could potentially benefit once again from a period of job readiness training offered through the SCVRD Work Training Center, as this would allow her a gradual transition into the working environment.

The above opinions are rendered within a reasonable degree of vocational certainty and are based upon my review of Ms. Jones's records, her education, training and experience, an employability analysis and labor market survey. The evaluation was completed without the benefit of an interview or testing. The above conclusions and opinions are based upon the information currently available to me. It is assumed that the information is factual and correct. Should any additional information become available later or should Ms. Jones be available to meet with me, a future addendum could be produced upon request.

Upon review, if you have any questions or I may be of any assistance, please do not hesitate to contact me at (864) 386-3923.

Respectfully submitted,

Kathleen Brady, MEd, PhD

(Signed electronically)

Vocational Rehabilitation Consultant

KathleenBrady@TheDirectionsGroup.com

**NOTICE OF POSSIBLE
SECOND INJURY FUND CLAIM**

W.C.C. No. 060
 Carrier Code S-86
 NCCI Ins. Code _____
 Carrier File No. WC20
 Carrier's Policy No. _____
 Policy Eff. Date _____
 SIF No. 132738 &

Employee: Sarah Jones

Social Security No.: _____

Address: 142 George Washington Carver Drive,
Spartanburg, SC 29306

Date of Accident: April 17, 2006

Employer: Spartanburg Regional Healthcare System

Carrier: PHTS Risk Management Services

Location: 101 E. Wood Street, Spartanburg, SC 29303

Address: P. O. Box 21099, Columbia, SC 29201-1099

Employee's Attorney Kathryn Williams

Carrier's Attorney: T. J. Hadley

Address: P.O. Box 10693 Greenville, SC 29603

Address: P.O. Box 10589, Greenville, SC 29603

SUBSEQUENT INJURY: Nature of Second Injury:
Injury to left upper extremity

Current Status:
Settled 4/1/2008

Treating Physicians:
Dr. Alday, Dr. Richards, Dr. Wilson

Average Weekly Wage: \$485.26
 Date of First Temporary Total: 4/11/2008
 Weeks of All Benefits Paid: 308.4817

Comp Rate: \$323.52
 Date Returned to Work: N/A
 Medical Cost to Date: \$18,974.34

NATURE OF IMPAIRMENT: Refer to Section 42-9-400, Paragraph (d)

- Listed Impairment (1-33; #4 arthritis D/A prior to 7/1/07): _____
 Other (34a or b; D/A prior to 7/1/07): _____
 Paragraph (a): _____

Prior right wrist injury; prior anxiety

KNOWLEDGE REQUIREMENT:

- Employer knew about the pre-existing condition. (Please attach affidavit, application, etc.)
 Employee withheld existence of pre-existing condition from employer. (Please attach application, post-employment physical, etc.)
 Employee was unaware of existence of pre-existing condition. (Please attach affidavit) (D/A prior to 06/25/03)

THESE FORMS MUST BE PROVIDED BEFORE CLAIMS CAN BE PROCESSED:		
	(1)	All narrative medical reports
	(2)	Form 12-A
	(3)	Form 15
	(4)	Current Form 18
	(5)	Any W.C.C. Order

Signature: [Signature]

Date of Claim: 6/1/2011

Mailing address: P.O. Box 10589, Greenville, SC

Effective July 1, 2007, notice requirements were changed per Section 42-9-400 (f). Failure to comply with the provisions of this subsection shall bar an employer or his carrier from recovery from the Fund.

**SPARTANBURG REGIONAL HEALTHCARE SYSTEM
EMPLOYEE OCCUPATIONAL HEALTH SERVICES - MEDICAL HIS**

Name: Jones Sarah Louise
Last First Middle

Address: 1426 Gibson St
Street
Spartanburg SC 29304
City State Zip

Date of Birth: Nov 23 68 Sex F Race _____ Marital Status _____

S.S.# _____ Telephone # 583-3769

Personal Physician _____

(Students Only)
 Health Insurance Carrier _____ Policy # _____

Health Care Worker Category

Employee
 Department: 6 To 1099 Part
 Position: CNA

Student/Instructor
 School: State

Program: _____

Other: _____

Yes No Have you been employed by SRHS in the past?

I consent to a pre-placement assessment, which will inquire into the past, or present existence of the conditions set forth below and understand that falsification of information contained on this form may result in termination. I further understand this is a confidential medical document and will be stored in Employee Occupational Health Services.

Do you have or have you ever had any of the following: Check the appropriate response column.

	Yes	No	Don't Know		Yes	No	Don't Know
1. Allergies: Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Hemophilia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Environmental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Amputations (any)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Kidney Conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Anemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. Latex Sensitivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Ankylosis (stiff/frozen joints)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Measles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Arteriosclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Mental Retardation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. Multiple Sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. Mumps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. AIDS (Acquired Immodeficiency Syndrome) or HIV positive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. Muscle, Joint, Bone Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Back Problems (back or neck)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. Muscular Dystrophy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Brain Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. Osteomyelitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Bronchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	41. Parkinson's Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	42. Peptic Ulcer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Carpal Tunnel Syndrome	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	43. Pneumonia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Cerebral Palsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	44. Poliomyelitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Cerebral Vascular Accident (stroke)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Psychological Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Chicken Pox	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Rheumatic Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Chronic Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	47. Sensitivity to Chemicals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Colds (frequently)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	48. Shortness of Breath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Colitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	49. Sinus Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Deafness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50. Skin Rash/Dryness/Infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	51. Sore Throats (frequently)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Ear Problems <u>w/ov</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Swelling of Legs & Ankles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Emphysema	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	53. Thrombophlebitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	54. Varicose Veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Fainting or Dizzy Spells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	55. Vision Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. Foot Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	56. Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. Headaches (frequently)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	57. Other (explain)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28. Heart Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	58. Other (explain)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				59. Other (explain)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. List any operation, serious illnesses or injuries that you have had _____

2. Are you receiving medical treatment at this time: Yes _____ No
If yes, give a reason _____
3. List all medications you are now taking _____

4. Do you have any drug allergies? Yes _____ No If yes, please list each _____
5. Have you taken any illegal drug(s) within the last 5 years? Yes _____ No
6. Have you received treatment or counseling for alcohol or drug abuse? Yes _____ No
7. Do you have any scars? Yes No If, yes describe _____

8. Have you ever been injured on your job? Yes _____ No _____ (a) Who was your employer and what is the approximate date of injury? _____
(b) Name and address of doctor _____
(c) What part of your body was injured? _____
(d) Did you receive Workers' Compensation Benefits? _____
(e) Did you receive any permanent disability? _____
9. Do you have now, or have you ever had any other physical or mental problem? Yes _____ No If yes, please explain _____

To the best of my knowledge this information is true and correct.

Sarah J. James 5/12/00
Signature Date

Ht. 5'3
Wt. 200
BP 139/94

Vision: Right Uncorrected 20/30 Right Corrected _____
Left Uncorrected 20/30 Left Corrected _____

Remarks: _____

Dolores J. Limer RN 5/12/00
Employee Occupational Health Nurse Date

A. Name Sarah Jones Department 6 Tower Position CNA

Family History: Has a member of your family had any of the following?
(State relationship) Tuberculosis _____ Diabetes _____ Cancer _____ High Blood Pressure _____
Heart Disease _____ Skin Disease _____ Mental Illness _____ Kidney Disease _____

B. Female Only: Menstrual History: Regular _____ Are you frequently disabled due to pain? _____ How long? _____
Number of Pregnancies 2 Ages of Children 11 Treated for female disorder? Yes _____ No

5/29/02

1. Date: Have you received medical treatment within the last year? Yes _____ No
If yes, give appropriate dates, reason for hospitalization and/or treatment. _____

Please review medical history form. Is the information still correct with the addition of the above? Yes No _____
Signature: Sarah Jones 5/29/02

11/6/02

2. Date: Have you received medical treatment within the last year? Yes _____ No
If yes, give appropriate dates, reason for hospitalization and/or treatment. _____

Please review medical history form. Is the information still correct with the addition of the above? Yes No _____
Signature: Sarah Jones 11/6/02

11-19-03

3. Date: Have you received medical treatment within the last year? Yes _____ No _____
If yes, give appropriate dates, reason for hospitalization and/or treatment. _____

Please review medical history form. Is the information still correct with the addition of the above? Yes _____ No _____
Signature: Sarah Jones

4. Date: Have you received medical treatment within the last year? Yes _____ No _____
If yes, give appropriate dates, reason for hospitalization and/or treatment. _____

Please review medical history form. Is the information still correct with the addition of the above? Yes _____ No _____
Signature: _____

Date: Have you received medical treatment within the last year? Yes _____ No _____
If yes, give appropriate dates, reason for hospitalization and/or treatment. _____

Please review medical history form. Is the information still correct with the addition of the above? Yes _____ No _____
Signature: _____



SPARTANBURG
Regional Healthcare System

Employee Occupational Health
Employee Annual Health History

Employee Name: Sarah L Jones Date: 11/12/04
Employee Number: 22642

Please indicate any CHANGES in the following information since your last visit to Employee Occupational Health.

1. Last name changed to: _____ Changed Department worked: _____
2. YES NO Do you have more than one job?
3. Average number of all hours worked per week: include secondary jobs 40
4. YES NO Have you been out of work for more than 3 days for medical reasons?
If yes, describe illness, injury etc.: _____
5. YES NO Have you had surgery?
If yes, list surgeries and dates: _____
6. YES NO Have you developed new allergies or other medical conditions?
If yes, describe: _____
7. YES NO Do you know of any reason that would interfere with your safely performing your job?
If yes, please describe: _____

Sarah L Jones
Employee Signature

Employee Occupational Health
Employee Annual Health History

Employee Name: _____ Date: _____
Employee Number: _____

Please indicate any CHANGES in the following information since your last visit to Employee Occupational Health.

1. Last name changed to: _____ Changed Department worked: _____
2. YES NO Do you have more than one job?
3. Average number of all hours worked per week: include secondary jobs _____
4. YES NO Have you been out of work for more than 3 days for medical reasons?
If yes, describe illness, injury etc.: _____
5. YES NO Have you had surgery?
If yes, list surgeries and dates: _____
6. YES NO Have you developed new allergies or other medical conditions?
If yes, describe: _____
7. YES NO Do you know of any reason that would interfere with your safely performing your job?
If yes, please describe: _____

Employee Signature

Employee Occupational Health
Employee Annual Health History

Employee Name: Sarah L Jones Date: 11/7/05
Employee Number: 22692

Please indicate any CHANGES in the following information since your last visit to Employee Occupational Health.

1. Last name changed to: _____ Changed Department worked: Fleet Post
2. YES NO Do you have more than one job?
3. Average number of all hours worked per week: include secondary jobs 40
4. YES NO Have you been out of work for more than 3 days for medical reasons?
If yes, describe illness, injury etc.: _____
5. YES NO Have you had surgery?
If yes, list surgeries and dates: _____
6. YES NO Have you developed new allergies or other medical conditions?
If yes, describe: _____
7. YES NO Do you know of any reason that would interfere with your safely performing your job?
If yes, please describe: _____

Sarah L Jones
Employee Signature

Employee Occupational Health
Employee Annual Health History

Employee Name: _____ Date: _____
Employee Number: _____

Please indicate any CHANGES in the following information since your last visit to Employee Occupational Health.

1. Last name changed to: _____ Changed Department worked: _____
2. YES NO Do you have more than one job?
3. Average number of all hours worked per week: include secondary jobs _____
4. YES NO Have you been out of work for more than 3 days for medical reasons?
If yes, describe illness, injury etc. _____
5. YES NO Have you had surgery?
If yes, list surgeries and dates: _____
6. YES NO Have you developed new allergies or other medical conditions?
If yes, describe: _____
7. YES NO Do you know of any reason that would interfere with your safely performing your job?
If yes, please describe: _____

Employee Signature

Re: SIF – Sarah Jones v. Spartanburg Regional Healthcare System

W.C.C. No.: 0607833

SIF File No.: 132738

Soc. Sec. No.:

Date of Injury: 4/17/2006

To the best of my knowledge and within a reasonable degree of medical certainty:

A. The patient had a right wrist injury prior to April 17, 2006.

Yes No

B. The pre-existing right wrist injury is permanent and serious enough to constitute a hindrance or obstacle to employment or re-employment.

Yes No

C. The injury of April 17, 2006 combined with or aggravated the pre-existing right wrist injury (i.e., had the patient had a previously healthy right wrist, it is likely this accident would have resulted in a less severe overall condition?)

Yes No

D. The aggravation or combination of the pre-existing right wrist with the injury of April 17, 2006 resulted in:

1. Substantially greater lost time from work (i.e., had the patient not had pre-existing right wrist, is it likely she would have lost less time from work?)

Yes No

2. Substantially greater permanent disability (i.e., had the patient not had pre-existing right wrist, is it likely she would have suffered less permanent disability?)

Yes No

3. Substantially greater medical costs (i.e., had the patient not had pre-existing right wrist, is it likely her overall medical costs would have been reduced?)

Yes No



Robert A. Wilson, M.D.

5/17/2011

Date

Re: SIF – Sarah Jones v. Spartanburg Regional Healthcare System
W.C.C. No.: 0607833
SIF File No.: 132738
Soc. Sec. No.:
Date of Injury: 4/17/2006

To the best of my knowledge and within a reasonable degree of medical certainty:

A. The patient had experienced anxiety prior to April 17, 2006.

Yes No

B. The pre-existing anxiety is permanent and serious enough to constitute a hindrance or obstacle to employment or re-employment.

Yes No

C. The injury of April 17, 2006 combined with or aggravated the pre-existing anxiety (i.e., had the patient had a previously healthy psyche, it is likely this accident would have resulted in a less severe overall condition?)

Yes No

D. The aggravation or combination of the pre-existing anxiety with the injury of April 17, 2006 resulted in:

1. Substantially greater lost time from work (i.e., had the patient not had pre-existing anxiety, is it likely she would have lost less time from work?)

Yes No

2. Substantially greater permanent disability (i.e., had the patient not had pre-existing anxiety, is it likely she would have suffered less permanent disability?)

Yes No

3. Substantially greater medical costs (i.e., had the patient not had pre-existing anxiety, is it likely she overall medical costs would have been reduced?)

Yes No



Robert A. Wilson, M.D.

Date

5/17/2011

Re: SIF – Sarah Jones v. Spartanburg Regional Healthcare System

W.C.C. No.: 0607833

SIF File No.: 132738

Soc. Sec. No.:

Date of Injury: 4/17/2006

To the best of my knowledge and within a reasonable degree of medical certainty:

A. The patient had a right wrist injury prior to April 17, 2006.

Yes No

B. The pre-existing right wrist injury is permanent and serious enough to constitute a hindrance or obstacle to employment or re-employment.

Yes No

C. The injury of April 17, 2006 combined with or aggravated the pre-existing right wrist injury (i.e., had the patient had a previously healthy right wrist, it is likely this accident would have resulted in a less severe overall condition?)

Yes No

D. The aggravation or combination of the pre-existing right wrist with the injury of April 17, 2006 resulted in:

1. Substantially greater lost time from work (i.e., had the patient not had pre-existing right wrist, is it likely she would have lost less time from work?)

Yes No

2. Substantially greater permanent disability (i.e., had the patient not had pre-existing right wrist, is it likely she would have suffered less permanent disability?)

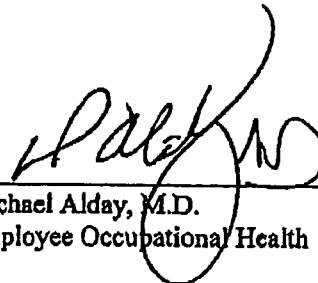
Yes No

3. Substantially greater medical costs (i.e., had the patient not had pre-existing right wrist, is it likely her overall medical costs would have been reduced?)

Yes No

6-17-11

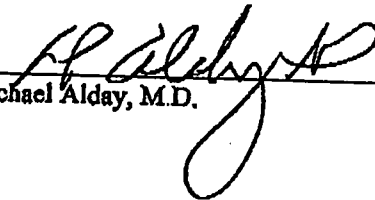
Date


Michael Alday, M.D.
Employee Occupational Health

Re: SIF – Sarah Jones v. Spartanburg Regional Healthcare System
W.C.C. No.: 0607833
SIF File No.: 132738
Soc. Sec. No.:
Date of Injury: 4/17/2006

To the best of my knowledge and within a reasonable degree of medical certainty:

- A. The patient had experienced anxiety prior to April 17, 2006.
Yes No
- B. The pre-existing anxiety is permanent and serious enough to constitute a hindrance or obstacle to employment or re-employment.
Yes No
- C. The injury of April 17, 2006 combined with or aggravated the pre-existing anxiety (i.e., had the patient had a previously healthy psyche, it is likely this accident would have resulted in a less severe overall condition?)
Yes No
- D. The aggravation or combination of the pre-existing anxiety with the injury of April 17, 2006 resulted in:
 - 1. Substantially greater lost time from work (i.e., had the patient not had pre-existing anxiety, is it likely she would have lost less time from work?)
Yes No
 - 2. Substantially greater permanent disability (i.e., had the patient not had pre-existing anxiety, is it likely she would have suffered less permanent disability?)
Yes No
 - 3. Substantially greater medical costs (i.e., had the patient not had pre-existing anxiety, is it likely she overall medical costs would have been reduced?)
Yes No


Michael Alday, M.D.

6-17-11
Date