

THE STATE OF SOUTH CAROLINA

In the Court of Appeals

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

T. Scott Beck, Commissioner
Melody L. James, Commissioner
Mike Campbell, Commissioner

WCC File No. 1202328

Appellate Case No. 2017-001518

RECEIVED
DEC 21 2018
SC Court of Appeals

James Smith Harrison, Jr., Employee, Appellant,

v.

SC Wind and Hail Underwriting Association, Employer, and Liberty Mutual Fire Insurance Company,
Carrier, Respondents.

RECORD ON APPEAL

William L. Smith, II, Esquire
2801 Devine Street, Suite 300
Columbia, South Carolina 29205
PH: (803) 929-3600
bsmith@csa-law.com
ATTORNEY FOR APPELLANT

J. Gabriel Coggiola, Esquire
W. Strat Stavrou, Jr., Esquire
3600 Forest Dr., Suite 204
PH: (803) 227-2889
jgcoggiola@wjlsaw.net
ATTORNEY FOR RESPONDENT

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APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1202328

James Smith Harrison, Jr.,

APPELLANT,
CLAIMANT,

vs.

SC Wind and Hail Underwriting Assn.,

EMPLOYER,

AND

Liberty Mutual Fire Insurance Company,

CARRIER,
DEFENDANTS/RESPONDENTS

Appellate Panel Review held in Columbia, South Carolina,
on November 10, 2015 per notices timely and properly served
upon all parties of interest.

Appellate Panel Decision and Order filed
June 13, 2017

APPEARANCES:

Appellant James Smith Harrison, Jr., Claimant of Columbia,
South Carolina represented by William Smith, Esquire of
Chappell, Smith, & Arden, P.A.

Defendants/Respondents represented by W. Strat Stavrou,
Jr., Esquire of Willson Jones Carter & Baxley, P.A. in
Columbia, South Carolina.

STATEMENT OF THE CASE

The parties were heard by Commissioner Aisha G. Taylor, on November 15, 2015, in Columbia, South Carolina. On August 22, 2016, she issued the following Order:

IT IS, HEREBY, ORDERED that Claimant's request for modifications to his retirement home is denied.

IT IS SO ORDERED.

In her Decision and Order, dated August 22, 2016, Commissioner Taylor made the following specific Findings of Fact and Conclusions of Law:

Findings of Fact

IT IS FOUND AS A FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with James Smith Harrison, Jr. as Employee-Claimant and SC Wind and Hail Underwriting Assn. as Employer and Liberty Mutual Fire Insurance Company as Carrier, Defendants.
2. That the present case is distinguishable from Thompson v. South Carolina Steel Erectors, 369 S.C. 606, 632 S.E.2d 874 (ct. App. 2006). In Thompson, Claimant received modifications to a rental home that was temporary and was then awarded modifications to a new permanent primary home that he was going to build. The Thompson court noted Defendants knew at the time of the uplift to the rental home that the Claimant and his family "could not be expected to remain there for the rest of their lives."
3. In the present case, Claimant currently resides in his permanent primary home, which he has owned for several years.
4. At the time of the hearing, Defendants had already agreed to the recommended uplift and modifications of his primary residence as requested by the Claimant.
5. Claimant testified he plans to retire in a few years and move to his retirement home.

which will need to be uplifted and modified to accommodate his restrictions.

6. Modifications to Claimant's retirement home would be unfair and unduly burdensome on defendants when Claimant currently has a permanent primary residence in which he resides.

Conclusions of Law

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.
2. Under § 42-15-60, modifications to Claimant's retirement home is not a reasonable and necessary medical cost.

On August 23, 2016, within the statutory period, Counsel for Claimant filed an application for review in the case setting forth his grounds for review, copies of which were furnished to all interested parties prior to oral arguments presented to the Appellate Panel on November 15, 2016. By appeal, counsel for Claimant submitted the following grounds for review:

1. Did the Single Commissioner err in her finding of Fact No. 2 in finding that the present case was distinguishable from Thomas v. SC Steel Erectors when the greater weight and preponderance of the evidence showed that this case was not distinguishable and Claimant was entitled to modifications to his second home?
2. Did the Single Commissioner err in her Finding of Fact No. 6 in finding that modifications to Claimant's retirement home would be unfair and unduly burdensome on Defendants when the greater weight and preponderance of evidence showed that Claimant had two homes prior to his

accident and disability prevents him from using the second home and Claimant is entitled to modifications to that home?

3. Did the Single Commissioner err in her Conclusion of Law No. 2 in finding that Claimant was not entitled to modification of a second home as a reasonable and necessary medical cost when the greater weight and preponderance of evidence showed that Claimant used both of his homes prior to his accident and his accident prevents him from being able to use his second home?

4. Did the Single Commissioner err in her Order in denying Claimant's request for modification to his retirement/second home when the greater weight and preponderance of evidence showed that Claimant was entitled to modifications to this home?

In an appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. Section 42-17-50 (1985), review the Award, weigh the evidence as presented at the initial hearing, and, if good grounds be shown therefore, make its own Findings of Fact and reach its own conclusions of Law consistent with or inconsistent with those of the Single Commissioner.

All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Appellate Panel and has since been under study and consideration. After careful review in the instant case, the Appellate Panel, by unanimous vote, has determined that the Single Commissioner's Findings of Fact and Conclusions of Law are Affirmed with Amendments.

FINDINGS OF FACT

Based upon the documentary evidence submitted by the respective parties, pursuant to the Administrative Procedures Act, and the Commission's file relative to this claim, WE, THE APPELLATE PANEL, FIND THE FOLLOWING AS FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with James Smith

Harrison, Jr. as Employee-Claimant and SC Wind and Hail Underwriting Assn. as Employer and Liberty Mutual Fire Insurance Company as Carrier, Defendants.

2. That the present case is distinguishable from Thompson v. South Carolina Steel Erectors, 369 S.C. 606, 632 S.E.2d 874 (ct. App. 2006). In Thompson, Claimant received modifications to a rental home that was temporary and was then awarded modifications to a new permanent primary home that he was going to build. The Thompson court noted Defendants knew at the time of the uplift to the rental home that the Claimant and his family "could not be expected to remain there for the rest of their lives."

3. In the present case, Claimant currently resides in his permanent primary home, which he has owned for several years.

4. At the time of the hearing, Defendants had already agreed to the recommended uplift and modifications of his primary residence as requested by the Claimant.

5. Claimant testified he plans to retire in a few years and move to his retirement home, which will need to be uplifted and modified to accommodate his restrictions.

6. Modifications to Claimant's retirement home would be unfair and unduly burdensome on Defendants when Claimant currently has a permanent primary residence in which he resides.

7. Claimant's request for modifications to his vacation home is speculative.

8. At such time as Claimant converts the vacation home into his primary residence, nothing in this Order precludes Claimant from seeking benefits to up fit the residence at that time.

CONCLUSIONS OF LAW

In view of those Findings of Fact, and as provided in the South Carolina Code of Laws, WE, THE APPELLATE PANEL, CONCLUDE THE FOLLOWING AS MATTERS OF LAW:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and

under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Under §42-15-60, modifications to Claimant's retirement home is not a reasonable and necessary medical cost.

ORDER

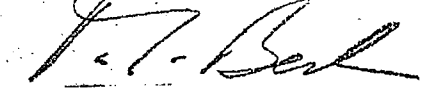
Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS, THEREFORE, ORDERED that Claimant's request for modifications to his retirement home is denied.

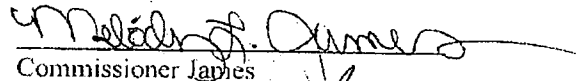
AND IT IS SO ORDERED.

**AFFIRMED WITH
AMENDMENT:**

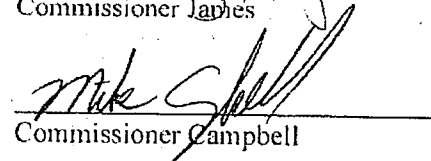
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



Commissioner Beck



Commissioner James



Commissioner Campbell

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on June 13, 2017

DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1202328

James Smith Harrison, Jr.,
Employee,
Claimant,

vs.

SC Wind and Hail Underwriting Assn.,

Employer,

and

Liberty Mutual Fire Insurance Company,

Carrier,
Defendants.

DECISION AND ORDER

HEARING:

Held in Columbia, South Carolina on November 10, 2015.

APPEARANCES:

Claimant represented by William L. Smith, II,
Esquire of Columbia, South Carolina.

Defendants represented by W. Strat Stavrou, Jr.,
Esquire of Willson Jones Carter & Baxley, P.A.,
Columbia, South Carolina.

PURPOSE OF HEARING:

To determine the issues as set forth on the Forms 50
and 51.

DECISION AND ORDER:

By Aisha G. Taylor, Commissioner

FILED:

August 22, 2016

I. APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence at the time of the hearing:

- APA #1: Records of Coleman Fowble, MD dated 9/24/2014 – 3/1/2012, consisting of pages 1-124.
- APA #2: Records of HealthSouth Rehabilitation Hospital, dated 3/6/2012 – 3/20/12, consisting of pages 125-166.
- APA #3: Records of Palmetto Health Baptist Hospital, dated 5/2/2012 -2/27/2012, consisting of pages 167 - 198.

II. STIPULATIONS

Counsel for the respective parties stipulated at the time of the hearing to the following issues:

1. The purpose of the hearing is to determine the issues as set forth in the Forms 50 and 51 and any other issues which may timely come before the Commission;
2. That the Claimant's accident occurred on February 27, 2012;
3. Notices were timely and properly served upon all parties of interest;
4. Venue, set in Columbia, South Carolina is proper as agreed by all parties;
5. That the South Carolina Workers' Compensation Commission has jurisdiction over the parties and issues involved;
6. The issue for determination is whether Claimant was entitled to modifications of his retirement home.

Without objection, the Commission's file was made a part of the record in this matter with the exception of any self-serving declaration or unstipulated medical reports.

III. STATEMENT OF THE CASE

This matter was heard on November 10, 2015. Prior pled issues of disability and

modifications of Claimant's primary home were resolved prior to a hearing and a resulting settlement has been filed with the Commission. Claimant seeks modifications to his secondary retirement home to accommodate his restrictions. Defendants contend Claimant is not entitled to modifications because it is not his primary residence.

IV. EVIDENCE OF THE CASE

Claimant was the only witness to testify at the hearing. He described the extent of his disability as a result of his injury. He also explained that the house in which he seeks modifications is a vacation home and not his primary residence. Claimant testified that he plans to move to this second home upon retirement. This second home is located near Litchfield beach in South Carolina and not in Columbia, SC where he currently resides. He is currently still working for the employer in the same position as he was pre-injury.

A record such as was necessary for a decision was made of the proceeding and after careful consideration and study of all the evidence, the following findings of fact are accordingly made.

V. FINDINGS OF FACT

IT IS FOUND AS A FACT:

1. That Employee, Employer, and Carrier are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with James Smith Harrison, Jr. as Employee-Claimant and SC Wind and Hail Underwriting Assn. as Employer and Liberty Mutual Fire Insurance Company as Carrier, Defendants.

2. That the present case is distinguishable from Thompson v. South Carolina Steel

Erectors, 369 S.C. 606, 632 S.E.2d 874 (ct. App. 2006). In Thompson, Claimant received modifications to a rental home that was temporary and was then awarded modifications to a new permanent primary home that he was going to build. The Thompson court noted Defendants knew at the time of the uplift to the rental home that the Claimant and his family "could not be expected to remain there for the rest of their lives."

3. In the present case, Claimant currently resides in his permanent primary home, which he has owned for several years.

4. At the time of the hearing, Defendants had already agreed to the recommended uplift and modifications of his primary residence as requested by the Claimant.

5. Claimant testified he plans to retire in a few years and move to his retirement home, which will need to be uplifted and modified to accommodate his restrictions.

6. Modifications to Claimant's retirement home would be unfair and unduly burdensome on defendants when Claimant currently has a permanent primary residence in which he resides.

VI. CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Under §42-15-60, modifications to Claimant's retirement home is not a reasonable and necessary medical cost.

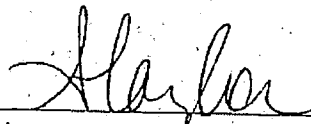
VII. ORDER/AWARD

IT IS HEREBY ORDERED that Claimant's request for modifications to his retirement home is denied.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**



Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).
August 22, 2016

By: Renee Smith, Administrative Assistant to Commissioner Taylor

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: 1202328
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: James Smith Harrison, Jr. SSN: [REDACTED] Employer's Name: SC Wind and Hail Underwriting Assn.
Address: 704 East Springs Road Address: PO Box 107
City: Columbia State: SC Zip: 29223 City: Columbia State: SC Zip: 29202
Home Phone: (803) 736-5935 Work Phone: _____ Insurance Carrier: Liberty Mutual Fire Insurance Company
Preparer's Name: William L. Smith II Law Firm: Chappell, Smith and Arden, PA Preparer's Phone #: 803-929-3600

- A claim for workers' compensation benefits is made based on the following grounds:
- ☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction Date of Injury or Illness: 2/27/2012
1. The claimant sustained an injury to Right leg/ whole person (Part(s) of Body Injured) on 2/27/2012 (Month/Day/Year) in Richland county, state of SC. Body part(s) affected are: Right leg/ whole person
2. Briefly describe how the accident occurred: Slipped off a stool and shattered right leg. Also developed MRSA infection.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 2/27/2012 (Month/Day/Year) in the following manner:
Notified supervisor
- ☒ 7. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: Right leg/ whole person. Reimbursement for home modifications to primary and secondary homes.
- ☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
TTD has been paid.
- ☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ Partial ☒ (2) Specific Disability: ☐ Total ☒ Partial ☐ (3) Wage Loss
- ☐ 9a. ☐ A determination of permanent disability is premature at this time.
- ☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
- 10a. At the time of the injury, the Claimant was paid weekly wages of Form 20, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
SC Wind and Hail Underwriting Assn.
11. Further grounds or unusual aspects of claim:
Claimant reserves the right to amend the form 50. Reimbursement for home modifications and provisions of additional modifications.
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Coleman Fowble, MD; Healthsouth; Carolina Spine & Sports Rehab; Palmetto Baptist Medical Center
- 11b. To the best of your knowledge, did you have any prior permanent disability?
If yes, describe:
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: 30 minutes
- ☐ Mediation
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
- Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Liberty Mutual Fire Insurance Company
address PO Box 49000, Charlotte, NC 28277 on the 20 day of June 20 15, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature: [Signature] Attorney: bsmith@csa-law.com
Title: _____ Email: _____ Date: 6-9-15

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

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

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675 www.wcc.sc.gov



WCC File #: 1202328
Carrier File #: WC550-A27407
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: James Smith Harrison, Jr. SSN: [REDACTED] Employer's Name: SC Wind and Hail Underwriting Assn.
Address: 704 East Spring Road Address: P.O. Box 107
City: Columbia State: SC Zip: 29223 City: Columbia State: SC Zip: 29202
Home Phone: (803) 736-5935 Work Phone: () Insurance Carrier: Liberty Mutual Fire Insurance Company
Preparer's Name: W. Strat Stavrou, Jr. Law Firm: Wilson Jones Carter & Baxley, P.A. Preparer's Phone #: (803) 227-2895

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

Date of Injury or Illness: 2/27/2012

1. It is ☒ Admitted ☐ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants admit only injury to the right leg. All other alleged injuries and extent of injuries are denied.
2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See #1.
3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are: See #1.
4. It is ☒ Admitted ☐ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: See #1.
5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are: See #1.
6. It is ☐ Admitted ☒ Denied the employee ☒ Needs ☒ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are: Claimant has reached Maximum Medical Improvement.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of : Any period(s) of time beyond what has been already been paid prior to MMI.
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are: No evidence to substantiate.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement
10. It is contended that an average weekly wage of \$4,022.48 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: Defendants reserve the right to amend and to assert defenses as they become aware of them.

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: William L. Smith, II, 1510 Calhoun St., P.O. Box 12330

Columbia, SC 29211 and Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 8th day of July, 2015 by ☒ first class mail ☐ personal service ☐ certified mail.

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

Preparer's Signature

Attorney for the Employer/Insurer
Title

wsstavrou@wjlaw.net
Email

07/08/2015
Date

Certifier, Mary Jo Lawry

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or jud@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51

51

Employer's Answer to Request for Hearing

State of South Carolina

J. Keith Roberts
General Counsel
1333 Main Street, 5th Floor
P.O. Box 1713
Columbia, S.C. 29202-1713



TEL: (803) 737-3701
FAX: (803) 737-5764
KeRoberts@wcc.sc.gov

Workers' Compensation Commission

August 1, 2018

William L. Smith, II, Esquire
Chappell, Smith & Arden
PO Box 12330
Columbia, SC 29211-2330

Re: James Harrison, Jr., v. SC Wind & Hail Underwriting Assoc.
WCC File No. 1202328

Dear Mr. Smith:

The enclosed represents a true and correct copy of the transcript of the November 15th, 2016 Full Commission Hearing as it is contained in the Commission's file.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Keith Roberts", written over a horizontal line.

J. Keith Roberts, Esquire
S.C. Workers' Compensation Commission

Cc: W. Strat Stavrou, Jr., Esquire

111516HARRISON

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

JAMES S. HARRISON,)
 Claimant,) Claim No. 1202328
 -vs-)
 SC Wind and Hail)
 Association,)
 Employer,)
 and)
 Liberty Mutual Insurance)
 Company,)
 Carrier/)
 Defendants.)

FULL COMMISSION PANEL HEARING

☆☆☆☆☆☆☆☆

Tuesday, November 15, 2016
10:34 a.m. 10:58 a.m.

The full commission panel hearing held before the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina, on the 15th day of November, 2016 before Jill H. Vickers, Court Reporter and Notary Public in and for the State of South Carolina

2

COMMISSION PANEL;
R. Michael Campbell, II, Chair
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2 111516HARRISON
3 Melody L. James
4 T. Scott Beck

5 APPEARANCES:

6 William L. Smith, III, Esquire.
7 Chappell, Smith & Arden, P.A.
8 2801 Devine Street, Suite 300
9 Columbia, South Carolina 29205
10 Attorney for the Claimant/Appellant
11
12 W. Strat Stavrou, Jr., Esquire.
13 Willson, Jones, Carter & Baxley, P.A.
14 3600 Forest Drive, Suite 204
15 Columbia, South Carolina 29204
16 Attorney for the Defendants/Respondent

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22 Mr. Smith	15

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25

2

3

1 COURT REPORTER: Today is November 15, 2016. This
2 is South Carolina Workers' Compensation Case
3 Number 1202328. This is the case of James S.
4 Harrison, Claimant, versus, South Carolina wind
5 and Hail Association, Employer, and Liberty Mutual

Page 2

6 111516HARRISON
Insurance Company is the Carrier.

7 ARGUMENT BY MR. SMITH:

8 MR. SMITH: If it may please the Commission, and I
9 have, as usual, a couple of handouts, if I may
10 approach. I represent Smitty Harrison in this
11 case. Smitty is the Executive Director of the
12 South Carolina Wind and Hail Association which is
13 also the Guaranty Association here in South
14 Carolina, so he is involved in workers'
15 compensation to some degree. Smitty, at the time
16 of this accident was 64 years old, and he was
17 two-and-a-half hours into his wife's retirement at
18 the time that this accident happened. He was at
19 his office. He got up on a stepladder trying to
20 reach something, fell and suffered an extremely
21 severe comminuted tib/fib fracture to his right
22 leg. It didn't stop there, unfortunately. He had
23 a pretty significant surgery, but it developed
24 into a peroneal nerve injury, and he developed
25 MRSA. He had six skin grafts, and he will require

4

1 into the future multiple surgeries on that leg.
2 He was treated by Dr. Fowble at Midlands
3 Orthopaedics, and he has significant limitations.
4 And I've handed up to you a report from
5 Dr. Fowble. It's APA Page 6. The day that this
6 case actually got tried, we resolved the other
7 issues, and that was we resolved indemnity, and we
8 resolved the modifications to his primary
9 residence. This case was tried over one issue,

Page 3

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10 and that is the modifications to his beach house
11 that he plans to live in, but right now, or until
12 this accident, he used on a regular basis. As you
13 can see, Dr. Fowble recommended a stair lift for
14 his homes, because he's unable to climb stairs and
15 bathroom modifications needed for all bathrooms
16 for handicapped accessibilities. He cannot climb
17 stairs. This is an unusual case. Smitty is not
18 your typical Workers' Compensation Claimant. He
19 is more the fluent than most workers' Comp
20 Claimants. He owned two homes at the time of this
21 accident. He owned his primary home here in
22 Columbia, and he owned a home at Litchfield Beach.
23 As a direct result of this accident, he can no
24 longer access his beach house, the house that he
25 intends to retire to in just a couple of years.

5

1 That house is your typical beach house that you
2 drive under, and you climb stairs to get to.
3 There is no first floor, or the first floor is
4 elevated. That beach house is absolutely
5 worthless to him now. We tried the case over the
6 issue of modifications to the home. And make no
7 mistake, they're going to argue that they don't
8 have to modify two homes. This is about cost.
9 They sent a contractor to that beach house to give
10 them an estimate as to what it was going to cost
11 to do that. The only reason they're denying that
12 because they didn't like the price that the
13 contract came back at, but it was their

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14 contractor. But despite that, I think the
15 controlling case in this is Thompson versus South
16 Caroline Steel Erectors. Now, I will tell you,
17 we've researched the heck out of this. Not in
18 Larson's, not in any other state have I seen a
19 case that directly addresses this issue. But in
20 the Thompson case, which I handed up to you, Page
21 6 is where it deals with the issue of making
22 accommodations to the homes. In the Thompson
23 case, the gentleman was paraplegic, and in that
24 case, they upfitted -- he was staying at a house
25 his uncle was letting him stay at. His uncle was

6

1 giving him reduced rent. The carrier came in and
2 they made modifications to that house. The
3 claimant then wanted to purchase his own house.
4 He had saved up \$8,000.00 to do that. He asked
5 for a partial lump sum to pay for buying the
6 house, and then he wanted the carrier to upfit the
7 home. The carrier in that case said, "No, we
8 don't have to upfit two homes". The court
9 disagreed.

10 COMMISSIONER JAMES: Well, wasn't that going to be
11 his residence in this case?

12 MR. SMITH: Yes.

13 COMMISSIONER JAMES: I understand this is still a
14 retirement home and will be for at least
15 two-and-a-half more years ---

16 MR. SMITH: That's correct.

17 COMMISSIONER JAMES: -- according to the

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18 111516HARRISON
claimant's testimony?
19 MR. SMITH: That is correct.
20 COMMISSIONER JAMES: So, how would this not be, I
21 mean, a perspective?
22 MR. SMITH: Well, it's not a perspective in that
23 he owned this home prior to this accident. He
24 used this home regularly prior to this accident.
25 But for this injury, he would still be using this

7

1 home on a regular basis, and he cannot use it now.
2 COMMISSIONER BECK: Where would it stop if we were
3 to cross that line here today? What if he owned
4 five homes? Would the Defendant's be responsible
5 for upfitting all five of them?
6 MR. SMITH: I think it would be a reasonable
7 standard to be. You know, I hadn't considered,
8 "Okay. What if he owns five homes?" You know, if
9 he's Donald Trump or somebody that he owns that
10 many homes -- you know, is it reasonable to make
11 them upfit five homes, probably not, but by the
12 same token ---
13 COMMISSIONER BECK: So, where do I draw that line?
14 MR. SMITH: I think it's a case by case basis, you
15 know, I really do.
16 COMMISSIONER JAMES: But see, they've upfitted his
17 residence.
18 MR. SMITH: Finally, on the day of litigation,
19 yes, they reimbursed him for upfitting it, yes,
20 ma'am.
21 COMMISSIONER JAMES: And the home, he's intending

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22 for it to be his residence, but it is not now?
23 MR. SMITH: It is not yet his full time residence.
24 But I think the language is -- you know, the Court
25 said, "They can have to upfit duplicative homes".

8

1 There's no question about that, and there's no
2 question, but for -- that the only reason that
3 this home needs to be upfitted is because of his
4 injury, but for his injury this does not need to
5 occur. Based on that, it absolutely makes sense
6 for them to have to upfit this home.
7 COMMISSIONER JAMES: What if he had two cars?
8 would we have to upfit two cars? I mean, you
9 know, Commissioner Beck is saying, "where do you
10 ..." -- I mean, they have to upfit the primary
11 residence. In Thompson, the move was going to
12 occur for that to become his primary residence.
13 MR. SMITH: You know, there's interesting language
14 in the Thompson case, and that says "The
15 devastating blow of Thompson's paraplegia should
16 not be compounded by a legal decree that would
17 effectively preclude the dream of home ownership".
18 why in this case should the legal decree preclude
19 the dream of having a beach home and having a
20 retirement home? It's the same principle. If you
21 disagree with me on this, the order definitely
22 needs to be modified, because they could take this
23 argument -- this thing two-and-a-half years from
24 now when it does become his permanent residence
25 and say, "You know what, we don't have to upfit

Page 7

1 that", and that's certainly not fair to him,
2 because the statute says they can have to modify
3 more than one home. If he's going to retire -- I
4 mean, you know, his wife was two-and-a-half hours
5 into retirement when this happened, and he's going
6 to move to the beach on a permanent basis. Why in
7 the world should he not be allowed to do so? So,
8 first of all, I think that under the caselaw and
9 as a direct result of this accident, this home has
10 to be modified. I think they're responsible for
11 that. But even if you disagree with me on that,
12 this order should not be allowed to be used
13 perspectively from two-and-a-half years from now
14 when he actually does live in that home on a
15 permanent basis. So, I would ask you to reverse.
16 Thank you.

17 COMMISSIONER CAMPBELL: Mr. Stavrou.

18 ARGUMENT BY MR. STAVROU:

19 MR. STAVROU: May it please the Commission: I'm
20 here on behalf of the defendants in this matter,
21 the South Carolina Wind and Hail Association and
22 Liberty Mutual. I'm going to address the
23 arguments addressed by the claimant in this case.
24 The defendants would maintain that there's no
25 legal authority, be it statute, regulation or

1 caselaw, that would allow the relief being sought
2 to be ordered by the Commission. You know, I
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3 think the Thompson case is actually a case that
4 favors the defendants in this action for several
5 reasons. It's very distinguishable from this
6 case, because the claimant in the Thompson case
7 was a paraplegic that was entitled to lifetime
8 indemnity benefits. And the carrier in this case
9 contradict the argument made by the claimant. The
10 carrier was not ordered to upfit two of the
11 defendant's homes in this case. The claimant
12 actually paid for the upfit of the second home in
13 this case. This was an advance of a partial lump
14 sum out of the indemnity benefit to the claimant
15 regarding being -- to be entitled to. This was
16 the claimant's money, not the carrier's money that
17 was used to upfit this second home.

18 COMMISSIONER BECK: To Mr. Smith's earlier point,
19 would it be your position that should he make that
20 vacation home his primary residence that you would
21 not be responsible for it at that time? Are you
22 asserting that here today?

23 MR. STAVROU: I would assert that here today.

24 COMMISSIONER BECK: Why?

25 MR. STAVROU: Because the only authority in this

11

1 case for such relief that's being sought today is
2 the Thompson case. In the Thompson case, this
3 relief was paid for out of the indemnity benefits.
4 The indemnity benefits in this have been settled
5 on a clincher. The relief being sought on these
6 modification -- the claimant would describe this
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7 as a retirement home. It's not a retirement home,
8 because he hasn't retired yet. It's a beach
9 house.

10 COMMISSIONER BECK: No. I think you're missing my
11 point, or maybe you're missing my point.

12 MR. STAVROU: I think I'm going to get to it, but
13 ...

14 COMMISSIONER BECK: Okay. Go ahead then.

15 MR. STAVROU: If we were to argue that this was a
16 medical benefit and not something to be paid for
17 out of an indemnity -- the indemnity in this case
18 is resolved. I don't think there is any
19 precedence to argue these benefits. But if you're
20 going to say it's a medical benefit, the carrier
21 ---

22 COMMISSIONER BECK: How would you classify the
23 benefits when you paid for upfitting his current
24 residence?

25 MR. STAVROU: I believe -- I mean, it's up for

12

1 debate. I would probably say it was medical
2 benefits.

3 COMMISSIONER BECK: I would probably say that,
4 too. How does that change if he changes his
5 residence? You're certainly implying that he has
6 to live in that house forever?

7 MR. STAVROU: This would be my responsibility and
8 my client's responsibility. The carrier in
9 workers' Comp benefits in South Carolina is
10 responsible for ongoing or future medical

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11 treatment that would tend to lessen a period of
12 disability or maintain a level of functioning.
13 The fact that this is going to be used as a
14 retirement home necessarily means that it's not
15 going to lessen any period of disability or
16 maintain a level of functioning because he's not
17 going to live in this house until he exits the
18 workforce. So, you know, Workers' Compensation is
19 designed to be provided to keep people able to
20 work. He returned to work. You know, the
21 workers' Comp Act was enacted to provide people
22 with a no-fault system, designed to give people
23 timely medical treatment so they can return to
24 work. That happened in this case. I think this
25 is a good example of how the workers' Comp. Act

13

1 should work. He was earning \$225,000.00 a year
2 before this accident, and he's earning \$264,000.00
3 doing the same job now. So, I don't think that
4 this can be labeled or classified as tending to
5 lessen any period of disability or maintain any
6 level of functioning when his stated purpose for
7 this benefit would be that he can retire. Also,
8 with respect to the medical note that's been
9 submitted, the MMI note -- you know, if you look
10 up in the Assessment Plan section of the work
11 note, right in the middle, Dr. Fowble says, "I'm
12 trying to get a lift installed in his house and
13 modifications to his bathroom because he has
14 difficulty getting up the stairs". And if you'll

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15 look just above that, it also says "He will need a
16 wheelchair and valet parking, et cetera for his
17 travel to work". I don't think Dr. Fowble meant
18 that he needed to participate in the valet. I
19 think he meant valet -- it was a typo of one word
20 or one letter essentially, and that can just tell
21 you how a simple typo can be misconstrued, and I
22 don't think Dr. Fowble was intending for this to
23 be done for multiple homes, and I also, again,
24 don't think that that's necessarily material,
25 because I don't think this is a contemplated

14

1 benefit under the Act for the reasons that I
2 stated about lessening his period of disability.
3 Additionally, there's nothing preventing -- the
4 carrier was ordered to provide this payment. I
5 did object to the estimate from the contractor
6 being submitted, because I thought it was
7 irrelevant, but it was admitted over my objection.
8 If we're going to talk about the amount of the
9 improvements to be made to the house, this is
10 \$111,000.00 on a beach condo. There's nothing to
11 prevent Mr. Harrison from turning around, taking
12 that improvement and selling this house and
13 profiting from it, which goes to, how many times
14 are we going to do this? Every time that he
15 moves, are we go to have to do a perpetuity? So,
16 I think that would be a substantial improvement to
17 the beach house and would result in a massive
18 windfall to the claimant, and where does it end?

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19 Does the carrier get a lien on the increase in the
20 value of the property? I just don't think that
21 this type of benefit is something that is
22 compensated under the workers' Compensation Act.
23 And if we don't think that that is a concern that
24 he could potentially sell the house and profit off
25 the improvements made. I think counsel said that

15

1 this beach house has been worthless or that he has
2 no more access to his beach house, but the
3 claimant testified under oath at the hearing that
4 he still visits the beach house and still spends
5 the night there. To say that he's no longer able
6 to use his beach house, I don't think that that's
7 accurate based on the claimant's own testimony. I
8 think that's all I have.

9 ARGUMENT IN REPLY BY MR. SMITH:

10 MR. SMITH: Very briefly. Defense quite honestly
11 misreads the Thompson case. In the Thompson case,
12 indemnity benefits were not used to make the
13 modification. In fact, that that's discussed on
14 Page 6 in the top paragraph. The Commission
15 looked at it that way, but the Court of Appeals
16 reversed that and said that this is not part of
17 the partial lump sum award and this is
18 modifications for the home and they ordered them
19 to reverse them or to provide modifications for
20 the home?

21 COMMISSIONER JAMES: It was for the base purchase,
22 right?

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23 MR. SMITH: Right. Where he requested the lump
24 sum was so he could make the base purchase, but
25 the modification payments came from the carrier,

16

1 not out of the lump sum award in this case. So,
2 it has nothing to do with indemnity benefits.
3 Regard to the increase in the value of the
4 property, you know, I'm no real estate agent, and
5 I'm not going to sit here and make arguments to
6 you beyond the record, but the truth of the matter
7 is, handicap improvements of a home to a
8 subsequent purchaser only appeal to someone who's
9 handicapped, and that is a very small market.
10 Also, with regard to the speech that Mr. Harrison
11 made, and I think we introduced that whole speech,
12 he spoke at random. They said, "You're a workers'
13 Compensation professional. You're also a claimant
14 now. Give us some perspective on this." And he
15 tried to make a humorous speech. The title of it
16 was "Being a Workers' Comp claimant for fun and
17 profit" or something like that, but his speech was
18 about how fun it's not to be injured on the job
19 and to have all the problems that are associated
20 with that. That speech is part of the record, but
21 it certainly doesn't have anything to do with
22 showing that he's greedy or anything like that.
23 It was an educational speech. He did testify that
24 in four years since this injury, he's been to that
25 house three times really just to kind of check on

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1 things, but it is incredibly unsafe for him to
2 attempt to climb those steps in his condition with
3 a quad cane as shown by Dr. Fowble. You know, he
4 can't use that house. It's got to have handicap
5 accessibility for him to use that house. And the
6 only reason that that needs to be done is a direct
7 result of his on-the-job injury. The caselaw says
8 they can be made to upfit more than one home based
9 on the Thompson case, and we're asking you to
10 reverse the order. Thank you.

11 COMMISSIONER CAMPBELL: That concludes this
12 proceeding.

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1202328

EMPLOYEE/CLAIMANT: JAMES SMITH HARRISON, JR.
EMPLOYER: SOUTH CAROLINA WIND & HAIL UNDERWRITING
ASSOCIATION
INSURER: LIBERTY MUTUAL FIRE INSURANCE COMPANY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION HEARING, THE
WITHIN HEARING WAS TAKEN ON THE 10TH DAY OF NOVEMBER, 2015,
COMMENCING AT THE HOUR OF 12:42 P.M., IN COLUMBIA, SOUTH
CAROLINA, BEFORE THE HONORABLE AISHA TAYLOR, ATTENDED BY COUNSEL
AS FOLLOWS:

SALLYE DEANNE NELSON
VERBATIM REPORTER

copy

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

APPEARANCES

WILLIAM L. SMITH, II, ESQUIRE, OF THE FIRM,
CHAPPELL SMITH & ARDEN, ATTORNEYS AT LAW
1510 CALHOUN STREET
POST OFFICE BOX 12330 (29211)
COLUMBIA, SOUTH CAROLINA 29201
bsmith@sca-law.com

ATTORNEY FOR THE CLAIMANT,

W. STRAT STAVROU, JR., ESQUIRE, OF THE FIRM,
WILLSON JONES CARTER & BAXLEY, P.A.
4500 FORT JACKSON BOULEVARD
COLUMBIA, SOUTH CAROLINA 29209
wstavrou@wjlaw.net
803-227-2895

ATTORNEY FOR THE EMPLOYER/INSURER,

JOHN PAUL SIMKOVICH, ESQUIRE, OF THE FIRM,
WILLSON JONES CARTER & BAXLEY, P.A.
4500 FORT JACKSON BOULEVARD
COLUMBIA, SOUTH CAROLINA 29209
jpsimkovich@wjlaw.net
803-227-2893

ATTORNEY FOR THE EMPLOYER/INSURER.

ATTENDING:

JAMES SMITH HARRISON, JR.

I N D E X

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JAMES SMITH HARRISON, JR.:

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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, IN COLUMBIA,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * * * *

6 BY COMMISSIONER TAYLOR:

7 TODAY IS NOVEMBER 10TH, 2015. WE ARE HERE ON
8 WORKERS' COMP FILE NUMBER 1202328. THIS IS THE
9 CLAIM OF MR. JAMES SMITH HARRISON, JR., WHO IS
10 PRESENT HERE TODAY AND REPRESENTED BY MR. WILLIAM L.
11 SMITH, II. THE EMPLOYER IS THE SOUTH CAROLINA WIND
12 & HAIL UNDERWRITING ASSOCIATION, OTHERWISE KNOWN AS
13 THE SOUTH CAROLINA GUARANTEE ASSOCIATION. THE
14 CARRIER IS LIBERTY MUTUAL FIRE INSURANCE COMPANY.
15 BOTH THE EMPLOYER AND CARRIER ARE REPRESENTED TODAY
16 BY MR. W. STRAT STAVROU, JUNIOR. I HAVE AN ORIGINAL
17 DATE OF INJURY OF FEBRUARY 27TH, 2012. THE CLAIMANT
18 IS AT THE MAXIMUM COMPENSATION RATE FOR 2012 OF
19 \$725.47. WE ARE HERE ON THE CLAIMANT'S FORM 50
20 REQUEST FOR HEARING.

21 I WILL ALLOW THE PARTIES TO PUT DETAILED
22 POSITION STATEMENTS ON THE RECORD; HOWEVER, PRIOR TO
23 DOING SO, ARE THERE ANY OBJECTIONS TO APAs,
24 JURISDICTION, VENUE, OR ANY OTHER ITEMS? MR. SMITH?

25 BY MR. SMITH:

1 NONE FROM THE CLAIMANT, YOUR HONOR.

2 BY COMMISSIONER TAYLOR:

3 OKAY. MR. STAVROU?

4 BY MR. STAVROU:

5 NONE FROM THE DEFENSE, YOUR HONOR.

6 BY COMMISSIONER TAYLOR:

7 THANK YOU. WITHOUT OBJECTION, THE COMMISSION
8 FILE BECOMES A PART OF THE RECORD WITH THE EXCEPTION
9 OF SELF-SERVING DECLARATIONS AND UNSTIPULATED
10 MEDICAL REPORTS. MR. SMITH.

11 BY MR. SMITH:

12 THANK YOU, YOUR HONOR. AS WE -- AS I STATED IN
13 THE PREHEARING CONFERENCE, WE ORIGINALLY WERE COMING
14 BEFORE YOU TODAY ON THREE ISSUES. THOSE ISSUES
15 BEING EXTENT OF DISABILITY, MODIFICATIONS TO
16 CLAIMANT'S PRIMARY RESIDENCE, AS WELL AS
17 MODIFICATIONS TO ANOTHER RESIDENCE HE HAS THAT HAS
18 BEEN A VACATION HOME AND WILL BE HIS RETIREMENT
19 HOME. THE -- THE -- WE HAVE RESOLVED THE FIRST TWO
20 ISSUES, THAT BEING THE EXTENT OF DISABILITY ISSUE.
21 WE'RE ENTERING INTO AN INDEMNITY CLINCHER, LEAVING
22 MEDICAL CARE OPEN. WE ARE -- WE'VE ALSO RESOLVED
23 THE ISSUE OF REIMBURSEMENT TO HIM FOR MODIFICATIONS
24 OF HIS PRIMARY RESIDENCE. SO THE -- THE SOLE ISSUE
25 BEFORE YOU TODAY IS AN AWARD OR AN ORDER THAT WOULD

1 -- THAT WOULD REQUIRE THE DEFENDANT TO PROVIDE
2 MODIFICATIONS TO HIS RETIREMENT HOME. WE'RE SEEKING
3 THAT AWARD UNDER 42-15-60, WHICH IS THE MEDICAL
4 STATUTE. IN SUPPORT OF THAT, WE'VE HANDED UP TO YOU
5 THE *THOMPSON VERSUS SOUTH CAROLINA STEEL ERECTORS*
6 CASE, AND THAT ESSENTIALLY STANDS FOR THE FACT THAT
7 JUST BECAUSE THE CARRIER'S HAD TO MODIFY A HOME,
8 THAT THEY NEVER HAVE TO MODIFY ANOTHER HOME. IN
9 THAT CASE, THE CLAIMANT WAS LIVING IN A RENTAL HOME
10 THAT THEY CAME IN AND MODIFIED, BUT CLAIMANT NEEDED
11 TO, WANTED TO, AND HAD PLANNED TO LIVE IN A
12 PERMANENT RESIDENCE, BOUGHT A PERMANENT RESIDENCE,
13 AND THE -- AND IN THAT CASE, THE COURT REQUIRED THEM
14 TO MODIFY THAT PERMANENT RESIDENCE FOR HIM. SO THE
15 FACT THAT THERE WAS DUPLICATION DOES NOT ABSOLVE
16 THEM OF THE FACT OF HAVING TO MODIFY A SECOND HOME.
17 IN THAT CASE, THEY TALKED ABOUT THAT THE ONLY REASON
18 FOR THE NEED FOR THE MODIFICATION WAS THE ON-THE-JOB
19 INJURY, AND THAT IS THE CASE HERE. THE ONLY NEED
20 FOR THE MODIFICA -- THE ONLY REASON FOR THE NEED FOR
21 THE MODIFICATION IS THE ON-THE-JOB INJURY, AND
22 THEREFORE, IT SHOULD BE AWARDED. JUST QUICKLY, JUST
23 TO -- TO GIVE YOU AN IDEA, MR. HARRISON SUFFERED A -
24 - A TERRIBLE INJURY TO HIS RIGHT LEG. HE HAD A TIB,
25 FIB FRACTURE THAT -- THAT REQUIRED EXTENSIVE

1 SURGERY. IT WAS ACCOMMODATED -- EXCUSE ME --
2 COMMINUTED FRACTURE. HE'S HAD PERONEAL NERVE INJURY
3 ASSOCIATED WITH THAT. HE DEVELOPED A MRSA
4 INFECTION. HE'S HAD -- IT'S -- IT'S JUST -- HE'S
5 DEVELOPED ARTHRITIS AS A RESULT. HE'S GOING TO HAVE
6 TO HAVE MORE SURGERIES DOWN THE LINE. BUT AT THIS
7 POINT IN TIME, THE DOCTORS SAY HE'S AT MAXIMUM
8 MEDICAL IMPROVEMENT. AND DR. FOWBLE, THE TREATING
9 PHYSICIAN, AND ON APA PAGE 6, HE OUTLINES THE NEEDS
10 FOR THE HOME MODIFICATIONS. SO THAT'S -- THAT'S OUR
11 POSITION. WE'RE REQUESTING AN ORDER THAT THEY BE
12 RESPONSIBLE TO PROVIDE THOSE MODIFICATIONS SO THAT
13 HE CAN ENJOY HIS HOME AND -- AND RETIRE TO THAT
14 HOME.

15 BY COMMISSIONER TAYLOR:

16 OKAY. ALL RIGHT.

17 BY MR. SMITH:

18 THANK YOU.

19 BY COMMISSIONER TAYLOR:

20 THANK YOU. MR. STAVROU.

21 BY MR. STAVROU:

22 THANK YOU, COMMISSIONER TAYLOR. I APPRECIATE
23 IT. I AM REPRESENTING THE DEFENDANTS IN THIS
24 MATTER, AND IT'S DEFENDANTS' CONTENTION IN THIS CASE
25 THAT THERE IS NOTHING IN THE WORKERS' COMPENSATION

1 ACT THAT ALLOWS THE TYPE OF RELIEF BEING SOUGHT AT
2 THE HEARING TODAY TO BE AWARDED. THE HOME THAT IS
3 BEING SOUGHT TO BE MODIFIED IS A VACATION HOME.
4 IT'S A SECONDARY RESIDENCE. MR. HARRISON RESIDES
5 HERE IN COLUMBIA, SOUTH CAROLINA. THIS IS OVER A --
6 A -- A CONDO. I BELIEVE THAT'S IN PAWLEYS ISLAND,
7 IF I'M NOT MISTAKEN. ADDITIONALLY, NO -- NO
8 STATUTES, REGULATIONS, OR ANYTHING WERE CITED BY THE
9 CLAIMANT. THE ONLY LEGAL AUTHORITY CITED BY THE
10 CLAIMANT THAT I'VE SEEN IS THIS CASE *THOMPSON VERSUS*
11 *SOUTH CAROLINA STEEL ERECTORS*, AND JUST FROM A QUICK
12 GLANCE AT THIS CASE, BEING HANDED IT HERE AND WHEN I
13 GOT HERE, THIS IS CLEARLY DISTINGUISHABLE FROM THE
14 CURRENT CASE AT HAND. THE CLAIMANT IN THIS THOMPSON
15 CASE WAS PARALYZED IN A WORK ACCIDENT AND WAS
16 ENTITLED TO LIFETIME BENEFITS. THEY REQUESTED A
17 PARTIAL LUMP SUM FROM HIS LIFETIME BENEFITS. THAT'S
18 NOT EVEN AN ISSUE IN THIS CASE. HE'S NOT -- MR.
19 HARRISON'S NOT TOTALLY DISABLED AND NOT PLEADING
20 TOTALLY DISABLED. HE'S STILL EMPLOYED IN THE SAME
21 JOB THAT HE HELD PRIOR TO THIS ACCIDENT, EARNING THE
22 SAME WAGES WITH THE SAME BENEFITS. IT'S THE
23 DEFENDANTS' CONTENTION THAT THIS CASE IS NOT
24 APPLICABLE IN THE SLIGHTEST, AND THERE IS ABSOLUTELY
25 NO BASIS FOR THE AWARD BEING SOUGHT IN IT.

1 BY COMMISSIONER TAYLOR:

2 ALL RIGHT. THANK YOU. MADAM COURT REPORTER --

3 I'M SORRY. MR. SMITH?

4 BY MR. SMITH:

5 I -- I KNOW YOU'LL READ THE CASE, YOUR HONOR.

6 BY COMMISSIONER TAYLOR:

7 SURE.

8 BY MR. SMITH:

9 BUT THE -- THE LUMP SUM PART OF IT REALLY HAS
10 NOTHING TO DO WITH THE -- WITH THE HOUSING PART OF
11 THE CASE.

12 BY COMMISSIONER TAYLOR:

13 CORRECT. OKAY. ALL RIGHT. MADAM COURT
14 REPORTER, WILL YOU PLEASE SWEAR MR. HARRISON?

15 BY THE COURT REPORTER:

16 MR. HARRISON, RAISE YOUR RIGHT HAND, PLEASE.

17 * * * * *

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

21 JAMES SMITH HARRISON, JR.,

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

24 BY COMMISSIONER TAYLOR:

25 MR. SMITH.

DIRECT EXAMINATION BY MR. SMITH:

Q. MR. HARRISON, STATE YOUR FULL NAME FOR ME, PLEASE.

A. JAMES SMITH HARRISON, JUNIOR.

Q. HOW OLD ARE YOU, SIR?

A. SIXTY-THREE.

Q. AND ARE YOU MARRIED?

A. YES.

Q. AND DO YOU HAVE CHILDREN?

A. YES.

Q. AND HOW OLD ARE YOUR KIDS?

A. MY SON IS 22. MY DAUGHTER'S 31.

Q. HOW FAR DID YOU GO IN SCHOOL?

A. GRADUATE SCHOOL. COMPLETED A GRADUATE DEGREE.

Q. WHERE ARE YOU EMPLOYED?

A. SOUTH CAROLINA WIND & HAIL UNDERWRITING ASSOCIATION
AND SOUTH CAROLINA PROPERTY AND CASUALTY INSURANCE
GUARANTEE ASSOCIATION.

Q. AND WHAT IS YOUR POSITION THERE?

A. EXECUTIVE DIRECTOR.

Q. YOU -- THIS IS AN ADMITTED INJURY. SO WE DON'T HAVE
TO GO INTO A -- A WHOLE LOT OF DETAIL, ESPECIALLY IN
LIGHT OF THE ISSUE THAT WE'RE -- WE'RE DISCUSSING,
BUT I -- I WANT THE COMMISSIONER TO HAVE AN IDEA OF
YOUR PROBLEMS AND THE NEED FOR MODIFICATIONS. CAN
YOU JUST VERY BRIEFLY TELL ME HOW YOU GOT HURT?

1 A. I WENT INTO THE STOREROOM OF THE OFFICE TO GET
2 SOMETHING OFF A SHELF I COULDN'T REACH AND WENT UP
3 ON A TWO-STEP STOOL AND SLIPPED, FELL, PASSED OUT,
4 SOMETHING AND HIT THE CONCRETE FLOOR EXACTLY WRONG
5 AND SHATTERED MY LEG.

6 Q. OKAY. YOU HAVE HAD QUITE A BIT OF MEDICAL ATTENTION
7 SINCE THAT DAY?

8 A. YES.

9 Q. JUST VERY BRIEFLY, TELL ME WHAT ALL YOU'VE BEEN
10 THROUGH.

11 A. I WAS TAKEN TO BAPTIST HOSPITAL. I SPENT A WEEK
12 THERE WHILE THEY TRIED TO BRING DOWN THE SWELLING IN
13 MY LEG. I THEN HAD SURGERY, STAYED A COUPLE OF DAYS
14 AFTER THAT. THEN WENT TO HEALTHSOUTH FOR TWO WEEKS.
15 THEN HOME FOR HOME CARE, MEDICAL CARE, AND
16 -- AND PHYSICAL THERAPY. DURING A ROUTINE VISIT TO
17 THE DOCTOR, TO THE SURGEON DR. FOWBLE, THEY FOUND
18 MRSA. I WAS RUSHED TO EMERGENCY SURGERY. THEN
19 SPENT JUST OVER TWO MONTHS WITH A WOUND VAC AND
20 INTRAVENOUS ANTIBIOTICS. WHEN I FINISHED THAT, I
21 HAD I THINK IT WAS SIX SKIN GRAFTS TO CLOSE THE
22 WOUND AND THEN DID, I THINK, ABOUT TWO-AND-A-HALF
23 YEARS OF OUTPATIENT PHYSICAL THERAPY.

24 Q. OKAY. YOU STILL HAVE HARDWARE IN YOUR LEG?

25 A. YES.

- 1 Q. OKAY. AND YOU -- YOU, AS YOU UNDERSTAND IT, YOU MAY
2 WELL HAVE TO HAVE SURGERY IN THE FUTURE?
- 3 A. DR. FOWBLE TOLD ME SHORTLY AFTER THE ORIGINAL
4 SURGERY, IN THREE TO FIVE YEARS, I'D NEED A KNEE
5 REPLACEMENT.
- 6 Q. OKAY. DO YOU WALK WITH A FOUR-PRONG CANE?
- 7 A. YES, SIR.
- 8 Q. AND HAVE YOU BEEN -- AND IS THAT EXPECTED TO BE
9 PERMANENT?
- 10 A. AS FAR AS I KNOW. I -- I DO WALK AROUND THE OFFICE
11 AND HOME WITHOUT IT, WHERE I KNOW THE AREA, BUT WHEN
12 I'M OUTSIDE WITH PEOPLE, ON UNEVEN FLOORS, NEW
13 SURFACES, I HAVE TO USE THE CANE.
- 14 Q. OKAY. YOU ARE WORKING, CORRECT?
- 15 A. YES.
- 16 Q. OKAY. AND DO YOU -- HOW DO YOU DO AT WORK?
- 17 A. I THINK I DO OKAY. I MEAN, I -- I DON'T WORK THE 60
18 TO 70 HOURS A WEEK THAT I USED TO. PROBABLY WORK
19 JUST UNDER 40. I'M ABLE TO DO A LOT OF MY JOB,
20 WHICH INVOLVES TRAVELING, BECAUSE MY EMPLOYER IS
21 VERY GENEROUS. I MEAN, THEY -- THEY PAY FOR THE
22 WHEELCHAIRS IN THE AIRPORTS AND, YOU KNOW, VALET
23 PARKING, YOU KNOW, WHATEVER I NEED TO DO TO GET TO
24 WHERE I NEED TO GO TO DO MY JOB.
- 25 Q. OKAY. YOU'VE HAD MODIFICATIONS DONE TO YOUR HOME.

1 A. YES.

2 Q. YOUR PRIMARY RESIDENCE IN COLUMBIA, SOUTH CAROLINA?

3 A. YES.

4 Q. IS THAT CORRECT? OKAY. IS -- IS YOUR WIFE RETIRED?

5 A. YES. SHE RETIRED TWO-AND-A-HALF HOURS BEFORE I
6 SHATTERED MY LEG.

7 Q. WHAT WERE YOUR PLANS THREE HOURS BEFORE YOU
8 SHATTERED YOUR LEG?

9 BY MR. STAVROU:

10 I OBJECT. IT CALLS FOR SPECULATION.

11 BY MR. SMITH:

12 ASKING?

13 BY COMMISSIONER TAYLOR:

14 OVERRULED.

15 DIRECT EXAMINATION RESUMED BY MR. SMITH:

16 Q. YOU CAN ANSWER.

17 A. WELL, I WAS GOING TO KEEP WORKING. WE WERE GOING TO
18 TAKE A LOT OF TIME OFF, START OUR TRANSITION TO
19 SPENDING OVER HALF THE YEAR AT THE BEACH WHEN I
20 RETIRE.

21 Q. OKAY. YOU HAVE A HOME AT THE BEACH?

22 A. YES.

23 Q. OKAY. AND WHERE IS THAT HOME?

24 A. IT'S AT -- IN LITCHFIELD, WHICH IS IN THE PAWLEYS
25 ISLAND POST OFFICE AREA, BUT LITCHFIELD BEACH.

- 1 Q. OKAY. HOW LONG HAVE YOU HAD THAT HOME?
- 2 A. IT HAS BEEN IN VARIOUS PARTS OF THE FAMILY PROBABLY
- 3 SINCE 1987. I THINK I'VE OWNED IT -- MY WIFE AND I
- 4 HAVE OWNED IT 100 PERCENT SINCE I BELIEVE 1994.
- 5 Q. OKAY. BEFORE YOUR INJURY, HOW MUCH TIME WERE YOU
- 6 ABLE TO SPEND AT THE HOME, AT THE HOME AT THE BEACH?
- 7 EXCUSE ME.
- 8 A. WE SPENT, TRADITIONALLY SPENT THANKSGIVING THERE.
- 9 WE WERE ABLE TO SPEND OUR SUMMER VACATIONS THERE.
- 10 SPENT A LOT OF WEEKENDS WHEN MY SON WAS YOUNGER.
- 11 AND BEFORE HE HAD A GIRLFRIEND, WE USED TO GO DOWN
- 12 THERE LIKE EVERY OTHER WEEKEND.
- 13 Q. OKAY. SINCE YOUR INJURY, HAVE YOU BEEN ABLE TO USE
- 14 YOUR HOME?
- 15 A. VERY LIMITED. IT IS DIFFICULT FOR ME TO GO UP THE
- 16 STEPS. IT -- IT HURTS. IT HURTS AT NIGHT AFTER I
- 17 WALK UP AND DOWN ANY STEPS. I REALLY CAN'T CARRY A
- 18 WHOLE LOT UP THE STEPS, AND I WORRY ABOUT FALLING.
- 19 Q. ARE YOU SUPPOSED TO BE CLIMBING STEPS?
- 20 A. NO.
- 21 Q. SO SINCE YOUR INJURY, HOW MANY TIMES HAVE YOU BEEN
- 22 THERE?
- 23 A. I WOULD GUESS FOUR OR FIVE.
- 24 Q. AND WHEN YOU HAVE GONE THERE FOR -- ON THOSE FOUR OR
- 25 FIVE OCCASIONS IN THE LAST THREE YEARS, THREE-AND-A-

1 HALF YEARS, WHAT WAS THE PURPOSE OF YOU BEING THERE?

2 A. GENERALLY WAS DOWN THERE ON BUSINESS AND JUST LIKE
3 TO STAY IN MY OWN BED.

4 Q. OKAY.

5 A. LAST TIME I WAS DOWN THERE, I WAS THERE FOR A
6 HOMEOWNERS ASSOCIATION MEETING.

7 Q. OKAY. WELL, HOW MUCH -- DID YOU HAVE A GOAL OR A
8 PLAN AS TO WHEN YOU WERE GOING TO RETIRE BEFORE YOU
9 GOT HURT?

10 A. I HAVE A -- A GENERAL PLAN. MY SON IS IN SCHOOL AND
11 WILL COMPLETE SCHOOL IN TWO-AND-A-HALF YEARS, AND
12 WHEN HE DOES, THAT OPENS THE DOOR FOR ME TO RETIRE.

13 Q. OKAY.

14 A. WHETHER I'LL RETIRE THAT DAY OR NOT, I DON'T KNOW,
15 BUT THAT'S -- I KNOW I NEED TO WORK AT LEAST THROUGH
16 THEN AND PROBABLY A LITTLE AFTER.

17 Q. OKAY. AND WHEN THAT DAY ARRIVES, HOW MUCH TIME --
18 IF -- ASSUMING MODIFICATIONS ARE MADE, HOW MUCH TIME
19 WOULD YOU SPEND AT THAT HOME?

20 A. PROBABLY, WELL, DEFINITELY WELL OVER HALF THE YEAR
21 I'D SAY.

22 Q. DO ---

23 A. MORE TOWARDS EIGHT OR NINE MONTHS.

24 Q. DID -- DID -- DID YOU HAVE DISCUSSIONS WITH THE
25 INSURANCE CARRIER ABOUT MODIFYING THAT HOME?

1 A. YES.

2 Q. DID -- DID YOU ACTUALLY MEET A CONTRACTOR OF THEIR
3 CHOICE DOWN THERE TO SHOW HIM THE HOME?

4 A. YES.

5 Q. BEFORE TODAY, HAD YOU EVER SEEN THE ESTIMATE ON
6 THAT?

7 A. I'D HEARD THE DOLLAR AMOUNT BUT NEVER SEEN THE
8 ESTIMATE.

9 Q. OKAY.

10 BY MR. STAVROU:

11 AND YOU CAN -- YEAH, I'M NOT -- HE'S SUBMITTING
12 THE ESTIMATE. I'M GOING TO OBJECT TO RELEVANCE. I
13 DON'T THINK THE COST IS MATERIAL TO WHETHER OR NOT
14 HE'S ENTITLED TO IT.

15 BY MR. SMITH:

16 YOUR HONOR, THE COST IS NOT -- I -- I DON'T
17 DISAGREE THAT THE COST IS NOT NECESSARILY
18 DISPOSITIVE OF THE ISSUE. IN FACT, I DON'T THINK
19 IT'S DISPOSITIVE OF THE ISSUE, BUT I THINK IT'S
20 RELEVANT FOR YOU TO -- TO KNOW THE -- THE AMOUNT OF
21 THE MODIFICATIONS.

22 BY COMMISSIONER TAYLOR:

23 OKAY. ALL RIGHT. I'LL ALLOW IT.

24 DIRECT EXAMINATION RESUMED BY MR. SMITH:

25 Q. THE -- WHEN YOU MET THE CONTRACTOR FOR LIBERTY OR

1 THE PERSON THAT LIBERTY SENT DOWN THERE FOR
2 MODIFICATIONS, DID YOU DISCUSS WITH HIM JUST THE
3 ELEVATOR ISSUE?

4 A. NO. I DISCUSSED THE FIRST FLOOR BATHROOM, AND BY
5 THE FIRST FLOOR, IT'S AN ELEVATED FIRST FLOOR. SO
6 IT'S ACTUALLY ONE STORY UP THAT I NEEDED ACCESSIBLE.
7 HE ASKED ABOUT THE MASTER BATHROOM.

8 BY MR. STAVROU:

9 OBJECT ---

10 BY THE WITNESS:

11 AND OTHER BATH ---

12 BY MR. STAVROU:

13 --- TO HEARSAY.

14 BY COMMISSIONER TAYLOR:

15 SUSTAINED.

16 DIRECT EXAMINATION RESUMED BY MR. SMITH:

17 Q. WITHOUT TELLING ME WHAT HE SAID ---

18 A. UH-HUH.

19 Q. --- TO YOU, DID YOU DISCUSS MODIFICATIONS OTHER THAN
20 THE ELEVATOR?

21 A. YES.

22 Q. AND IF YOU WILL, I THINK WE ALL HAVE AN IDEA OF WHAT
23 WE THINK A BEACH HOUSE LOOKS LIKE, BUT I DON'T
24 PRESUME TO KNOW WHAT YOUR BEACH HOUSE LOOKS LIKE.
25 IS IT YOUR -- THE BEACH HOUSE THAT -- THAT BASICALLY

1 THE BOTTOM FLOOR HAS NOTHING BUT PARKING OR STORAGE
2 UNDER IT?

3 A. YES.

4 Q. AND THEN THERE'S STEPS UP TO A MAIN FLOOR?

5 A. YES.

6 Q. OKAY. AND THEN PERHAPS A FLOOR ON TOP OF THAT?

7 A. YES.

8 Q. OKAY. SO THERE'S NO WAY FOR YOU TO ACCESS THE HOUSE
9 EXCEPT CLIMBING STEPS?

10 A. CORRECT.

11 Q. OKAY. I DON'T KNOW THAT YOU'VE COUNTED THEM, BUT DO
12 YOU KNOW HOW MANY STEPS YOU WOULD HAVE TO CLIMB TO
13 GET INTO THE HOUSE?

14 A. I'VE NEVER COUNTED THEM, BUT IT'S A STORY UP.

15 Q. ALL RIGHT. ON THE OCCASIONS WHERE YOU HAVE ACTUALLY
16 GONE UP THOSE STEPS, HOW DO YOU DO THAT?

17 A. THE SAME WAY I -- I DO ANY STEPS. IT'S A -- A
18 MECHANICAL PROCESS. YOU -- YOU GRASP A RAIL. YOU
19 PUT ONE FOOT UP. YOU LIFT THE OTHER FOOT UP. YOU
20 STOP, MOVE YOUR HAND. I REALLY HAVE TO FOCUS THAT
21 WAY, BECAUSE I KNOW IF I'M THINKING ABOUT SOMETHING
22 OR TALKING TO SOMEBODY, IT'S NOT SAFE.

23 Q. IS THAT SOMETHING THAT YOU HAVE TO DO WITH BOTH
24 HANDS ON THE RAIL, OR DO YOU HAVE TO USE THE QUAD
25 CANE?

- 1 A. I TRY TO USE THE -- THE CANE WHEN I CAN.
- 2 Q. OKAY. ALL RIGHT, SIR. THE -- THE HOME ITSELF, DOES
- 3 IT ALSO HAVE -- OR IF YOU -- ONCE YOU GET UP INTO
- 4 THE HOME, CAN YOU USE THE -- THE -- THE TUB OR
- 5 SHOWER OR WHATEVER IS IN THERE?
- 6 A. I HAVE USED IT, BUT BY GRASPING THE WALL TO CLIMB
- 7 IN, CLIMB OUT.
- 8 Q. IT HAS NOT BEEN MODIFIED ---
- 9 A. NO.
- 10 Q. --- LIKE YOUR HOME IN COLUMBIA?
- 11 A. NO.
- 12 Q. OKAY. IF YOU HAD NOT HAD YOUR ON-THE-JOB INJURY,
- 13 WOULD YOU NEED THAT HOME MODIFIED?
- 14 A. NO.
- 15 Q. ALL RIGHT, SIR. LET ME ASK YOU A QUESTION. THE
- 16 DEFENDANTS IN THEIR APA PACKAGE OFFERED AN EXHIBIT
- 17 FOR A TALK YOU GAVE IN SEPTEMBER OF 2015. THE
- 18 PROGRAM IS CALLED BEING A WORKERS' COMPENSATION
- 19 CLAIMANT FOR FUN AND PROFIT. CAN YOU TELL ME WHAT
- 20 THAT PROGRAM IS?
- 21 A. SURE. A NUMBER OF YEARS AGO, I WAS ASKED BY THE
- 22 PENNSYLVANIA GUARANTEE ASSOCIATION'S CLAIMS MANAGER
- 23 TO TALK TO A GROUP ABOUT MY EXPERIENCES AS A
- 24 WORKERS' COMP CLAIMANT, AS SOMEONE WHO'S IN THE
- 25 INSURANCE INDUSTRY, WHAT MY PERSPECTIVE IS. SO I

1 DEVELOPED A -- A TALK WITH A TEASER TITLE AND SOME
2 HUMOR THAT FOCUSED ON ABOUT FIVE KEY POINTS THAT I
3 SAW AS CONCERNS ABOUT WORKERS' COMP. I WAS ASKED TO
4 GIVE THAT TO THE REMS COMP -- TO THE REMS CHAPTER,
5 AND I DID IN SEPTEMBER.

6 Q. OKAY. WHAT -- WHAT WERE THE -- THE -- THE POINTS
7 YOU WERE MAKING IN THAT?

8 A. YOU NEED SOMEBODY WITH YOU. I GAVE AN EXAMPLE OF
9 HOW A NURSE TRIED TO GET ME OUT OF BED TO WALK FOR
10 PHYSICAL THERAPY WHEN I HAD A SHATTERED LEG AND HAD
11 NOT HAD SURGERY. THEY DIDN'T KNOW THAT I WAS --
12 HADN'T HAD ANYTHING YET. I TALKED ABOUT THE ROLE OF
13 THE CASE WORKER, SOMETIMES HELPS, SOMETIMES HURTS.
14 I THOUGHT SOMETIMES SHE WAS AN OBSTACLE TO GETTING
15 THINGS DONE. I DESCRIBED, IN FACT, IT WAS A LONELY
16 TIME, AND I UNDERSTOOD WHY A LOT OF WORKERS' COMP
17 CLAIMANTS, I THINK THE TERM I'VE USED, WENT CRAZY,
18 BECAUSE THEY SIT THERE 18 HOURS A DAY NOT KNOWING
19 WHAT'S GOING ON AND NO ONE COMMUNICATING TO THEM. I
20 TALKED ABOUT THERE'S A NEED TO TRAIN OTHER PEOPLE IN
21 WORKERS' COMPENSATION, AND I TALKED ABOUT THE NUMBER
22 OF PAST DUE BILLS THAT I RECEIVED AND BILL
23 COLLECTORS CALLING AND EVEN RICHLAND COUNTY SAYING
24 THAT I OWED THE DEDUCTIBLE OR COPAYMENTS, AND I KEPT
25 TRYING TO EXPLAIN TO THEM IT WAS WORKERS' COMP AND

1 COULDN'T MAKE ANY PROGRESS, AND THE LAST ISSUE I
2 THINK I HAD, I'D -- I TALKED ABOUT THE DRUGS, HOW I
3 HAD ACCESS TO MORPHINE, HYDROCODEINE, OXYCODEINE.
4 IT WAS OBVIOUSLY VERY EASY TO GET IT, AND NO ONE
5 EVER TALKED TO ME ABOUT PAIN MANAGEMENT OR
6 ALTERNATIVES, AND I THINK THAT'S A REAL PROBLEM FOR
7 WORKERS' COMPENSATION.

8 Q. OKAY. YOU WEREN'T TALKING ABOUT HOW TO MAKE MONEY
9 ON WORKERS' COMPENSATION?

10 A. NO. I DON'T THINK ANYONE BELIEVES THAT I HAD FUN OR
11 MADE ANY MONEY OR WANTED TO BE ME. I CAN TELL YOU
12 THAT.

13 Q. OKAY. THANK YOU, SIR.

14 A. YES, SIR.

15 BY MR. SMITH:

16 NO FURTHER QUESTIONS.

17 BY COMMISSIONER TAYLOR:

18 THANK YOU. MR. STAVROU.

19 BY MR. STAVROU:

20 ALL RIGHT. THANK YOU, COMMISSIONER.

21 CROSS-EXAMINATION BY MR. STAVROU:

22 Q. MR. HARRISON, WHAT WAS YOUR JOB TITLE, AGAIN, AT THE
23 TIME OF THIS ACCIDENT?

24 A. EXECUTIVE DIRECTOR.

25 Q. OKAY. FOR THE WIND & HAIL ASSOCIATION?

- 1 A. YES. AND THE GUARANTEE ASSOCIATION.
- 2 Q. AND THE GUARANTEE ASSOCIATION. OKAY. AND WHAT IS
- 3 YOUR JOB TITLE NOW?
- 4 A. THE SAME THING.
- 5 Q. OKAY. AND WHAT WAS YOUR PAY AT THE TIME OF THE
- 6 ACCIDENT? HOW MUCH DID YOU MAKE?
- 7 A. I DON'T RECALL.
- 8 Q. OKAY. HOW MUCH DO YOU MAKE NOW?
- 9 A. ABOUT 264,000 A YEAR.
- 10 Q. OKAY. WELL, IF YOUR AVERAGE WEEKLY WAGE IN THIS
- 11 CASE IS \$4,326.92, AND YOU CARRY THAT OVER 52 WEEKS,
- 12 THAT'S \$225,000. DO YOU THINK THAT COULD HAVE BEEN
- 13 WHAT YOU WERE MAKING AROUND THE TIME OF ---
- 14 A. THAT COULD HAVE BEEN.
- 15 Q. --- 2012? OKAY. SO YOU'RE MAKING MORE MONEY NOW
- 16 THAN YOU DID THEN?
- 17 A. YES.
- 18 Q. OKAY. AND YOUR JOB INVOLVES YOU TRAVELING?
- 19 A. YES.
- 20 Q. AND GIVING SPEECHES?
- 21 A. AND GOING TO MEETINGS. I NEGOTIATE REINSURANCE
- 22 WORLDWIDE.
- 23 Q. OKAY. AND STILL TO THIS DAY, YOU'RE DOING THOSE
- 24 ACTIVITIES?
- 25 A. YES.

1 Q. AND IN YOUR PREHEARING BRIEF SUBMITTED BY YOUR
2 ATTORNEY, DR. FOWBLE WAS YOUR AUTHORIZED-TREATING
3 PHYSICIAN; IS THAT CORRECT?

4 A. YES.

5 Q. AND HE ISSUED YOU SOME WORK RESTRICTIONS; IS THAT
6 RIGHT?

7 A. YES.

8 Q. AND HIS WORK RESTRICTIONS ACCORDING TO PAGE 9 OF
9 YOUR APA SUBMISSIONS AND THE FORM 14B ARE NO
10 PROLONGED STANDING AND NO KNEELING, SQUATTING, OR
11 CRAWLING; IS THAT CORRECT?

12 A. YES.

13 Q. AND YOU PRESENTLY RESIDE IN COLUMBIA; IS THAT RIGHT?

14 A. YES, SIR.

15 Q. AND THE HOME THAT YOU'RE SEEKING TO BE MODIFIED
16 TODAY IS AT LITCHFIELD?

17 A. YES, SIR.

18 Q. AND IS YOUR JOB LOCATED HERE? DO YOU HAVE AN OFFICE
19 HERE IN COLUMBIA?

20 A. YES, SIR.

21 Q. DOES THAT REQUIRE YOU TO BE IN COLUMBIA MORE OFTEN
22 THAN NOT?

23 A. YES.

24 BY MR. STAVROU:

25 I DON'T HAVE ANY MORE QUESTIONS FOR YOU, MR.

1 HARRISON. THANK YOU.

2 BY THE WITNESS:

3 THANK YOU.

4 BY COMMISSIONER TAYLOR:

5 OKAY. MR. SMITH, ANY REDIRECT?

6 BY MR. SMITH:

7 NO FURTHER QUESTIONS, YOUR HONOR.

8 BY COMMISSIONER TAYLOR:

9 AND ANY OTHER WITNESSES ON BEHALF OF THE
10 CLAIMANT?

11 BY MR. SMITH:

12 NO, MA'AM.

13 BY COMMISSIONER TAYLOR:

14 OKAY. ANY WITNESS ON BEHALF OF THE DEFENDANTS?

15 BY MR. STAVROU:

16 NONE FROM THE DEFENDANTS.

17 BY COMMISSIONER TAYLOR:

18 ALL RIGHT. ALL RIGHT. MR. HARRISON, THANK
19 YOU FOR BEING HERE TODAY. I THINK WHEN THIS WAS
20 ORIGINALLY SET THERE WERE SOME OTHER ISSUES.

21 BY THE WITNESS:

22 UH-HUH.

23 BY COMMISSIONER TAYLOR:

24 BUT IT LOOKS LIKE THE ONLY ISSUE REALLY BEFORE
25 ME IS MORE OF A LEGAL ISSUE.

1 BY THE WITNESS:

2 YEAH.

3 BY COMMISSIONER TAYLOR:

4 SO I DO APPRECIATE YOUR TESTIMONY AND TIME FOR
5 BEING HERE TODAY, BUT I'LL HAVE SOME COMPLEX LEGAL
6 ISSUES TO WRESTLE WITH FOR A WHILE, AND I'LL BE IN
7 TOUCH WITH YOUR ATTORNEYS.

8 BY THE WITNESS:

9 THANK YOU FOR YOUR CONSIDERATION.

10 BY COMMISSIONER TAYLOR:

11 THANK YOU. ALL RIGHT. VERY GOOD. THANK Y'ALL
12 FOR BEING HERE.

13 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
14 CONCLUDED AT THE HOUR OF 1:06 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1202328

EMPLOYEE/CLAIMANT: JAMES SMITH HARRISON, JR.

EMPLOYER: SOUTH CAROLINA WIND & HAIL
UNDERWRITING ASSOCIATION

INSURER: LIBERTY MUTUAL FIRE INSURANCE COMPANY

I, SALLYE DEANNE NELSON, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 25 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF JAMES SMITH HARRISON, JR., TAKEN ON THE 10TH DAY OF NOVEMBER, 2015.

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

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

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 13TH DAY OF SEPTEMBER, 2016.

Sallye Deanne Nelson

SALLYE DEANNE NELSON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 5-08-2022

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

Licensed to practice
in South Carolina,
North Carolina,
Georgia and the
District of Columbia



Part of the



PO Box 12330
Columbia, SC 29211
803.929.3600
Fax 803.929.3604
800.531.9780
www.CSA-LAW.com

August 24, 2015

Commissioner Wilkerson
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Via E-Case

RE: James Smith Harrison, Jr. v. SC Wind and Hail Underwriting Assn.
SCWCC File No. 1202328

Dear Commissioner Wilkerson:

Enclosed is a Notice of Witnesses and Written Medical Reports in regard to the above captioned matter. I have also enclosed our Pre-Hearing Brief in regard to the above-referenced matter.

By copy of this letter, I am hereby serving W. S. Stavrou, Jr., Esq., representative for the defendant.

Very truly yours,

A handwritten signature in black ink, appearing to read "William L. Smith II", is written over the typed name and contact information.

William L. Smith II
wsmith@csa-law.com
Direct Dial: 803-509-5839

WLS/MC
Enclosures

cc: W. S. Stavrou, Jr., Esq.

AIKEN | CHARLESTON | COLUMBIA | FLORENCE | ROCK HILL | SUMTER

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803)-737-5739 www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 1202328

Claimant's Name: James Smith Harrison, Jr.

Address: 704 East Springs Road

City: Columbia

State: SC Zip: 29223

Home Phone: (803) 736-5935

Work Phone: _____

Preparer's Name: _____

William L. Smith II

Employer's Name: SC Wind and Hail Underwriting Assn.

Address: PO Box 107

City: Columbia

State: SC Zip: 29202

Carrier: _____

Preparer's Phone #: _____

803-509-5839

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 725.47

2. AWW: \$ 4326.92

Date of Injury: 2/27/2012

3. Type of injury and body part(s): Displaced tibial plateau fracture with peroneal nerve injury. Severely comminuted fracture and MRSA infection

4. Facts in controversy:

Extent of permanent disability; future medical care; reimbursement/provision of modification to claimant's personal residence and vacation home.

5. Legal issues involved:

Same as above

6. Unusual aspects: Extensive future medical care required as per form 14B

7. Witnesses (designate if expert):*

Claimant; His spouse; Barry Amick

8. Exhibits:

Receipts for work done as well as estimates obtained by carrier

9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):

See attached APA

10. Name, address, and specialty, if any, of the treating physician:

Dr. Coleman Fowble - Midlands Orthopedics

11. Impairment rating(s); body part(s); physician and date of opinion: Dr. Coleman Fowble 57% lower extremity - 6/16/14

12. I am amending my Form 50/51 in the following manner:

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to

address Wilson Jones Carter & Baxley 4500 Fort Jackson Blvd, Columbia, SC 29209 on the _____ day of _____ 20 15

by first class postage

Signature: _____

Email: bsmith@csa-law.com

Date of hearing: 9/09/2015

Time needed for hearing: 8-24-15

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58
Revised 7/13

58

PRE-HEARING BRIEF

HARRISON, JAMES

Surgical History

Reviewed Surgical History

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right ORIF bicondylar tibial plateau fracture - work related injury
- Other - 1994 - EYE

Social History

Reviewed Social History

Smoking Status: Never smoker.
Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: Insurance.

Patient's Pharmacies

CVS/PHARMACY #2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Patient's Care Team

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: 2318 SUNSET BLVD, COLUMBIA, SC 29169, Ph (803) 454-3510, Fax (803) 454-2368

Referring Provider (Worker's Comp): HOOK, JEFFREY D: 2318 SUNSET BLVD, COLUMBIA, SC 29169, Ph (803) 454-3510, Fax (803) 454-2368

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 61-year-old male.

Patient is alert and oriented x 3 with an antalgic gait, and he continues to use a 4 pronged cane. Cranial nerves II-XII are intact. On inspection, the knee is normal. There is a minimal effusion. ROM is 5-125°. There is no obvious instability to valgus or varus stress. Anterior drawer and Lachman's both show good strong endpoints when compared to the other side. Hip flexors, hip abductors, adductors, knee flexors, knee extensor, plantar and dorsiflexors of the ankle are all 5/5 and symmetric. Hip and ankle ROM is normal. There is no clonus and patella and achilles reflexes are intact. Patient has palpable dorsalis pedis pulses bilaterally. Nail beds are pink with less than 2 second capillary refill.

Results / Interpretations

X-RAY; KNEE

• Possibility of Pregnancy?: N, Side: RIGHT, Views (X-RAY, KNEE): AP, Lateral and Sunrise, Weighted/Unweighted: Weighted
Three-view standing of the right knee show no significant malalignment. There is some early degenerative changes in the lateral compartment. He was missing some of the articular cartilage from the severe comminution of the fracture. It appears to be mainly posterior laterally in the lateral compartment.

Assessment / Plan

Overall, I think he is improved. I'm going to get an EMG nerve conduction study to assess the damage to the peroneal nerve as he did have a footdrop. He had some improvement but I would like to repeat the nerve test to see how much it has changed. I have addressed his work issues on the work sheet.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

James Smith Harrison, Jr.,

Claimant,

vs.

SC Wind and Hail Underwriting Assn.,

Employer,

Carrier/Defendants.

WCC FILE NO: 1202328

NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS
TO BE INTRODUCED AS
DIRECT EVIDENCE
ON BEHALF OF
James Smith Harrison, Jr.

TO: South Carolina Workers' Compensation Commission and W. S. Stavrou, Jr., Esq., attorney for
the defendants

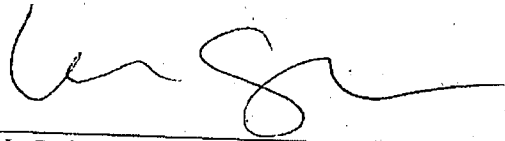
YOU ARE HEREBY NOTIFIED THAT THE Employee/Claimant, pursuant to the
provisions of the SC Workers' Compensation Act and SC Code §1-23-330, (1976, as amended),
herewith submits the following medical reports as direct evidence on behalf of the Claimant, to wit:

	<i>Provider</i>	<i>Date of Service</i>	<i>Page Nos.</i>
APA 1	Coleman D. Fowble, M.D.	2/27/12 - 9/24/14	1-124
APA 2	HealthSouth - Columbia	3/06/12 - 3/20/12	125-166
APA 3	Palmetto Baptist Medical Center	2/28/12 - 5/02/12	167-198

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

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

Workers' Compensation Commission and inclusion into evidence on behalf of the employee-claimant.



William L. Smith II
CHAPPELL, SMITH & ARDEN, P.A.
Post Office Box 12330
Columbia, South Carolina 29211
(803)929-3600
Attorney for Employee/Claimant

Dated: August 24, 2015

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

James Smith Harrison, Jr.,

Claimant,

vs.

SC Wind and Hail Underwriting Assn.,

Employer,

Carrier/Defendants.

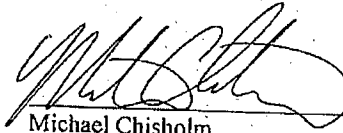
WCC FILE NO: 1202328

CERTIFICATE OF SERVICE

Michael Chisholm, being first duly sworn, says that he is the paralegal for the Claimant's/Employee's attorney of Chappell, Smith & Arden located at 1510 Calhoun Street, Columbia, South Carolina; and, that on August 24, 2015, he forwarded a copy of the attached **Notice of Witnesses** and **Written Medical Reports** to:

Via First Class US Mail:

W. S. Stavrou, Jr., Esq.
Willson Jones Carter & Baxley
4500 Fort Jackson Blvd.
Columbia, SC 29209



Michael Chisholm
Paralegal to William L. Smith II
Chappell, Smith & Arden
PO Box 12330, Columbia, SC, 29211
803-929-3600

Midlands Orthopaedics PA - 1910 Blanding Street, COLUMBIA SC 29201-3520

HARRISON, JAMES [REDACTED] dob: 07/17/1952

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 09/24/2014

Patient

Name

HARRISON, JAMES (62, M) [REDACTED]

Appt. Date/Time

09/24/2014 08:40AM

DOB

Provider

COLEMAN FOWBLE, MD

Service Dept.

MOPA_Blanding

Insurance

Med Worker's Comp: LIBERTY MUTUAL

Policy/Group # [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

Prescription: CMX - Member is eligible. details

Prescription: CMX - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details

Chief Complaint

Right Knee problem

Right Knee problem

HPI

F/U7388

Reported by patient.

Athletics: no participation

How are you feeling? same

Previous PT: helped significantly

Previous Injections: none

Change in symptoms: no

Do you need a work excuse? no

Do you need a prescription renewal? no

Mr. Harrison is about the same. He continues to have limited mobility, range of motion, and pain. He is using a 4-prong cane full time.

Vitals

Ht:	5 ft 7 in 09/24/2014 08:37 am	Wt:	260 lbs 09/24/2014 08:37 am	BMI:	40.7 09/24/2014 08:37 am
BP:	113/73 09/24/2014 08:43 am	Pulse:	72 bpm 09/24/2014 08:43 am	Pain Scale:	4 09/24/2014 08:37 am

Medications

Reviewed Medications

Name	Date
atenolol 50 mg tablet	07/30/14 filled
B12 1000MG DAILY	02/27/14 entered
Bayer Aspirin 325MG DAILY	03/19/12 entered
Calcium 500 BID	02/27/14 entered
ergocalciferol (vitamin D2) 50,000 unit capsule	09/15/14 filled
Farxiga 5 mg tablet	09/10/14 filled
fluticasone 50 mcg/actuation nasal spray,suspension	03/08/14 filled
Janumet XR 100 mg-1,000 mg tablet,extended release	03/08/14 filled

Midlands Orthopaedics PA - 1910 Landing Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Janumet XR 50 mg-1,000 mg tablet, extended release	09/03/14 filled
losartan 50 mg tablet	08/26/14 filled
ondansetron 4 mg disintegrating tablet	03/08/14 filled
pravastatin 40 mg tablet	08/04/14 filled
Ultra Flora Plus DAILY	02/27/14 entered

Allergies

Reviewed Allergies
ACE INHIBITORS
PENICILLINS

Problems

Problems not reviewed (last reviewed 02/19/2014)

- Knee pain
- Closed fracture of upper end of tibia
- Closed fracture of upper end of lower leg, Right
- Peroneal nerve injury
- Dehiscence of surgical wound, Right

Past Medical History

Reviewed Past Medical History

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Family History

Reviewed Family History

Mother - Diabetes mellitus
- previously recorded as Diabetes
- Malignant neoplastic disease
- previously recorded as Cancer
Father - Malignant neoplastic disease

Surgical History

Reviewed Surgical History

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right ORIF bicondylar tibial plateau fracture - work related injury
- Other - 1994 - EYE

Social History

Reviewed Social History

Smoking Status: Never smoker.
Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Work History: Disabled.
Are you currently employed?: Y.
Occupation: exec. dir..
Type of Work: insurance.

Patient's Pharmacies

CVS/PHARMACY #2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Patient's Care Team

Insurance Adjuster (Worker's Comp): LIZ DERDH: Ph (800) 532-7706 EXT 24439, Fax (603) 422-6836
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: 2318 SUNSET BLVD, COLUMBIA, SC 29169, Ph (803) 454-3510, Fax

HARRISON, JAMES

(803) 454-2368

Referring Provider (Worker's Comp): HOOK, JEFFREY D: 2318 SUNSET BLVD, COLUMBIA, SC 29169, Ph (803) 454-3510, Fax (803) 454-2368

ROS

Patient reports nose/sinus problems but reports no frequent nosebleeds. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 62-year-old male.

Patient is alert and oriented x 3 with a relatively painless limp. He is using a cane as noted above. Cranial nerves II-XII are intact. On inspection, the knee is normal. There is a mild right knee effusion. ROM is probably about 5° to 125°. There is no obvious instability to valgus or varus stress. Anterior drawer and Lachman's both show good strong endpoints when compared to the other side. However, he does have slight valgus alignment. Hip flexors, hip abductors, adductors, knee flexors, knee extensor, plantar and dorsiflexors of the ankle are all 5/5 and symmetric. Hip and ankle ROM is normal. There is no clonus and patella and achilles reflexes are intact. Patient has palpable dorsalis pedis pulses bilaterally. Nail beds are pink with less than 2 second capillary refill.

Assessment / Plan

Overall, nothing has really changed. He is to have significant limitations on his ambulation. He cannot kneel even for a few seconds without significant pain. He has pretty significant lateral compartment of back arthritis radiographically already. He actually does better functionally and clinically than his progress would suggest. There is no change in his partial permanent impairment rating. I will be glad to see him back at any time. At some point, he would probably need a knee replacement with his brother complicated reconstruction as he may need 2 procedures one to remove the hardware and one to do the reconstruction. I'm not sure these can both be done at one sitting.

1. Closed fracture of upper end of lower leg
823.02: Closed fracture of upper end of fibula with tibia
2. Dehiscence of surgical wound
998.32: Disruption of external operation (surgical) wound
• OPENED CUT AFTER SURGERY: AFTER YOUR VISIT
3. Peroneal nerve injury
956.3: Injury to peroneal nerve

Return to Office
None recorded.

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 09/24/2014.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 09/24/2014 at 9:06am.

Encounter Date: 06/11/2014

Patient

Name

HARRISON, JAMES (61, M)

Appt. Date/Time

06/11/2014 08:55AM

DOB

Service Dept.

MOPA_Blanding

Provider

COLEMAN FOWBLE, MD

Insurance

Med Worker's Comp: LIBERTY MUTUAL

Policy/Group #

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #

Case Injury Date: 02/27/2012

HARRISON, JAMES

Prescription: check now

Chief Complaint

Right Knee problem

Right Knee problem
Post EMG/NCS RT LE

HPI

Mr. Harrison returns after his repeat EMG. At this point, I think he is plateaued in his recovery is he is about 2 and half weeks. Functionally, the knee has done better than I would have anticipated based on the severe comminution of the fracture. The peroneal nerve injury has made his functional worse.

Vitals

Ht:	5 ft 7 in 06/11/2014 08:53 am	Wt:	265 lbs 06/11/2014 08:53 am	BMI:	41.5 06/11/2014 08:53 am
BP:	148/81 06/11/2014 09:01 am	Pulse:	71 bpm 06/11/2014 09:01 am		

Medications

Reviewed Medications	
Name	Date
atenolol 50 mg tablet	05/30/14 filled
B12 1000MG DAILY	02/27/14 entered
Bayer Aspirin 325MG DAILY	03/19/12 entered
Calcium 500 BID	02/27/14 entered
cephalexin 500 mg capsule	04/07/14 filled
ergocalciferol (vitamin D2) 50,000 unit capsule	06/02/14 filled
fluticasone 50 mcg/actuation nasal spray,suspension	03/08/14 filled
hydrocodone-homatropine 5 mg-1.5 mg/5 mL syrup	03/08/14 filled
Janumet XR 100 mg-1,000 mg tablet,extended release	03/08/14 filled
Janumet XR 50 mg-1,000 mg tablet,extended release	06/05/14 filled
losartan 50 mg tablet	05/27/14 filled
ondansetron 4 mg disintegrating tablet	03/08/14 filled
pravastatin 40 mg tablet	06/07/14 filled
Tamiflu 75 mg capsule	03/08/14 filled
Ultra Flora Plus DAILY	02/27/14 entered
Vitamin D2 1.25MG WEEKLY	02/27/14 entered

Allergies

Reviewed Allergies
ACE INHIBITORS
PENICILLINS

Problems

HARRISON, JAMES

Problems not reviewed (last reviewed 02/19/2014)

- Knee pain
- Closed fracture of upper end of tibia
- Closed fracture of upper end of lower leg, Right
- Peroneal nerve injury
- Dehiscence of surgical wound, Right

Past Medical History

Reviewed Past Medical History

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Family History

Reviewed Family History

Mother - Diabetes mellitus
- previously recorded as Diabetes
- Malignant neoplastic disease
- previously recorded as Cancer
Father - Malignant neoplastic disease

Surgical History

Reviewed Surgical History

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right ORIF bicondylar tibial plateau fracture - work related injury
- Other - 1994 - EYE

Social History

Reviewed Social History

Smoking Status: Never smoker.
Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Patient's Pharmacies

CVS/PHARMACY #2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Patient's Care Team

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (803) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: 2318 SUNSET BLVD, COLUMBIA, SC 29169, Ph (803) 454-3510, Fax (803) 454-2368

Referring Provider (Worker's Comp): HOOK, JEFFREY D: 2318 SUNSET BLVD, COLUMBIA, SC 29169, Ph (803) 454-3510, Fax (803) 454-2368

ROS

None recorded.

Physical Exam

Patient is a 61-year-old male.

Patient is alert and oriented x 3 with a normal nonantalgic gait. He continues to use a 4 prong cane. Cranial nerves II-XII are intact. On inspection, the knee is normal. There is a mild effusion. ROM is about 5-125°. There is no instability to valgus or varus stress. Anterior drawer and Lachman's both show good strong endpoints when compared to the other side. Hip flexors, hip abductors, adductors, knee flexors, knee extensor, plantar and of the ankle are all 5/5 and symmetric. And the dorsiflexors are probably 3-4/5. Hip and ankle ROM is normal. There is no clonus and patella and achilles reflexes are intact. Patient has palpable dorsalis pedis pulses bilaterally. Nail beds are pink with less than 2 second capillary refill.

HARRISON, JAMES [REDACTED]

Results / Interpretations

EXTERNAL RESULT

The repeat EMG nerve conduction study shows a partial peroneal nerve injury. I don't think he is making more improvement at this point.

Assessment / Plan

He is now about 2-1/2 years out from his injury. He continues to use a cane and complain of swelling in the leg and foot. He has numbness and weakness secondary to the peroneal nerve injury. He is unable to stand for long periods of time and he does not at the dynamic balance to reciprocally climbs stairs. Quite frankly, he has done better in terms of the function of the knee than I would've imagine based off the severity of the fracture. The peroneal nerve injury has further complicated the injury. At this point, I think he is at maximum medical improvement. He will need a 40 hour work weeks with limited standing. He will need a wheelchair and ballet parking etc. for his travel for work. I'm try to get a lift installed in his house and modifications to his bathroom because he has difficulty getting up the stairs and getting in and out of the tub or shower. In fact, he has been sleeping down stairs since his injury. I will be glad to see him back in about 3 months. At some point, he will probably need a knee replacement because of the posttraumatic arthritis in the right knee. Based on the AMA guidelines of permanent impairment table 17-33 for a displaced tibial plateau fracture he will have 25% impairment of the lower extremity. Additionally, he will have 42% impairment to the lower extremity for the common peroneal nerve injury. Using the combined values chart, he will have 57% impairment of the lower extremity. This is to a reasonable degree of medical certainty.

1. Closed fracture of upper end of tibia

823.00: Closed fracture of upper end of tibia alone

• MISCELLANEOUS MEDICAL SUPPLY MISC - Stair lift for homes Due to unable to climb stairs Qty: 1 Unit Refills: 0
Supplier: N/A

• MISCELLANEOUS MEDICAL SUPPLY KIT - Bathroom modification needed for all bathrooms for handicap Accessibilities Qty: 1
Unit Refills: 0 Supplier: N/A

Return to Office

• Coleman Fowble, MD for Return Office Visit at MOPA_Blanding on 09/24/2014 at 08:40 AM

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 06/16/2014.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 06/16/2014 at 8:50am

Encounter Date: 02/19/2014

Patient

Name

HARRISON, JAMES (61, M) [REDACTED]

Appt. Date/Time

02/19/2014 10:05AM

DOB

Provider

COLEMAN FOWBLE, MD

Service Dept.

MOPA_Blanding

Insurance

Med Worker's Comp: LIBERTY MUTUAL

Policy/Group #: [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

Prescription: No check performed in the last 72 hrs.

Chief Complaint

Right Knee problem

5 month ROV Right Knee s/p right ORIF bicondylar tibial plateau fracture, DOS 3/1/2012
WC - Case Injury Date: 02/27/2012

HPI

F/U7388

Reported by patient.

Athletics: no participation

How are you feeling? improving

Previous PT: helped significantly

Change in symptoms: no

Do you need a work excuse? no

Do you need a prescription renewal? no

Midlands Orthopaedics PA - 1910 Landing Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Mr. Harrison comes in for his followup. He is at his annual check. Therapy seems to have helped. However, he continues to use a cane and have decreased endurance.

Vitals

Ht:	5 ft 7 in 02/19/2014 10:14 am	Wt:	265 lbs 02/19/2014 10:14 am	BMI:	41.5 02/19/2014 10:14 am
BP:	118/80 02/19/2014 10:19 am	Pulse:	76 bpm 02/19/2014 10:19 am	Pain Scale:	3 02/19/2014 10:14 am

Medications

Reviewed Medications	
Name	Date
atenolol 50 mg tablet	02/06/14 filled
B12 1000MG DAILY	02/27/14 entered
Bayer Aspirin 325MG DAILY	03/19/12 entered
Calcium 500 BID	02/27/14 entered
ergocalciferol (vitamin D2) 50,000 unit capsule	01/26/14 filled
Janumet XR 100 mg-1,000 mg tablet, extended release	02/06/14 filled
losartan 50 mg tablet	01/25/14 filled
pravastatin 40 mg tablet	01/22/14 filled
Ultra Flora Plus DAILY	02/27/14 entered
Vitamin D2 1.25MG WEEKLY	02/27/14 entered

Allergies

Reviewed Allergies
ACE INHIBITORS
PENICILLINS

Problems

Reviewed Problems

- Knee pain
- Closed fracture of upper end of tibia
- Closed fracture of upper end of lower leg, Right
- Peroneal nerve injury
- Dehiscence of surgical wound, Right

Past Medical History

Reviewed Past Medical History

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Family History

Reviewed Family History

Mother - Diabetes mellitus
- previously recorded as Diabetes
- Malignant neoplastic disease
- previously recorded as Cancer

Father - Malignant neoplastic disease

LMG

7/15/2013

11:58:43 AM

PAGE

2/002

Fax Server

South Carolina Workers' Compensation Commission
 1612 Marion Street • Post Office Box 1715
 Columbia, South Carolina 29202-1715
 (803) 737-5723
 WWW.WCC.SC.GOV



Physician's Statement

Claimant's Name: James Harrison Jr.

Physician's Name: Dr. Fowble

Practice/Clinic: Midlands Ortho.

Preparer's Name: Shaun Hamill

Phone: (800) 532-7706 ext 24508

Employer's Name: SC Wind & Hall

Insurance Carrier: Liberty Mutual Insurance

SCWC File No: 1202328

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

Date of Injury or Illness: 2-27-2012

Date of first office visit: 3-1-2012

Date of last visit: 3-27-2013

Diagnosis or nature of injury or illness:

Body part(s) injured: 3/1/12 (s) affected: 3/27/13

Date of Maximum Medical Improvement: 3/27/13

Based on the AMA Guidelines, the claimant has sustained a 25 % medical impairment to the injured body part(s) and a % medical impairment to other affected body part(s).

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

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

Light duty: NO prolonged standing, NO kneeling, squatting or crawling.

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

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

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

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

most likely require staged reconstruction with hardware removal + staged total knee replacement due to post-traumatic arthritis.
 need X-rays annually.

Treating Physician

Date

7/22/2013

9/07

14B

Physician's Statement

HARRISON, JAMES [REDACTED]

1. Knee pain

719.46: Pain in joint, lower leg

- X-RAY, KNEE

Possibility of Pregnancy?: N

Side: RIGHT

Views (X-RAY, KNEE): AP, Lateral and Sunrise Weighted/Unweighted: Weighted

- KNEE PAIN: AFTER YOUR VISIT

- NERVE CONDUCTION STUDY/EMG, LOWER EXTREMITY (PROC) - Priority: STAT

Note to Provider:

awaiting wcomp approval

EMG/NCS RT LE

2. Dehiscence of surgical wound

998.32: Disruption of external operation (surgical) wound

3. Peroneal nerve injury

956.3: Injury to peroneal nerve

4. Closed fracture of upper end of tibia

823.00: Closed fracture of upper end of tibia alone

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 03/13/2014.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 03/13/2014 at 9:37am

Encounter Date: 09/19/2013

Patient

Name

HARRISON, JAMES (61, M) [REDACTED]

Appt. Date/Time

09/19/2013 10:55AM

DOB

[REDACTED]

Service Dept.

Blanding Street

Provider

COLEMAN FOWBLE, MD

Insurance

Med Worker's Comp: LIBERTY MUTUAL

Policy/Group #: [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

Prescription: CMX - Member is eligible.

Prescription: CMX - Member is eligible.

Chief Complaint

Right Knee Pain

RLE ROV - WC - Case Injury Date: 02/27/2012

Problems

Reviewed Problems

- Peroneal nerve injury
- Dehiscence of surgical wound, Right
- Knee pain
- Closed fracture of upper end of lower leg, Right
- Closed fracture of upper end of tibia

Patient's Providers

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: 2318 SUNSET BLVD, COLUMBIA, SC 29169, Ph (803) 454-3510, Fax 803-699-1474

Midlands Orthopaedics PA • 1910 Blanding Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Referring Provider (Worker's Comp): HOOK, JEFFREY D: 2318 SUNSET BLVD, COLUMBIA, SC 29169, Ph (803) 454-3510, Fax 803-699-1474

Patient's Pharmacies

CVS/PHARMACY #2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed Medications	
Name	Date
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered
ATENOLOL 50 MG TABLET	09/13/13 filled
BAYER ASPIRIN	03/19/12 entered
ERGOCALCIFEROL (VITAMIN D2) 50,000 UNIT CAPSULE	08/26/13 filled
FENOFIBRATE NANOCRYSTALLIZED 145 MG TABLET	08/25/13 filled
FLUTICASONE 50 MCG/ACTUATION NASAL SPRAY, SUSP	08/07/13 filled
LOSARTAN 50 MG TABLET	08/30/13 filled
PIOGLITAZONE 15 MG-METFORMIN 500 MG TABLET	09/13/13 filled
PRAVASTATIN 40 MG TABLET	09/01/13 filled

Allergies

Reviewed Allergies
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed Past Medical History
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed Surgical History
- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right ORIF bicondylar tibial plateau fracture - work related injury

Patient History - Other

Patient History - Other not reviewed (last reviewed 10/24/2012)

Family History

Reviewed Family History
Mother
- Blood coagulation disorder
- previously recorded as Bleeding Disorders
- Diabetes mellitus
- previously recorded as Diabetes
- Malignant neoplastic disease
- previously recorded as Cancer
Father
- Blood coagulation disorder
- previously recorded as Bleeding Disorders

Social History

Reviewed Social History
Ortho
Smoking Status: Never smoker.
Alcohol intake: Occasional.

HARRISON, JAMES

Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

BP:	132/82 09/19/2013 10:56 am	Ht:	5 ft 7 in 09/19/2013 10:52 am	Wt:	265 lbs 09/19/2013 10:52 am
BMI:	41.5 09/19/2013 10:52 am	Pulse:	62 bpm 09/19/2013 10:56 am		

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? same

Change in symptoms: no

Pain pain 1/10

How are you alleviating the pain? rest

Previous PT: helped significantly

Previous injections: none

Athletics: no participation

Mr. Harrison comes in today for reevaluation of his right leg. He is much better in terms of his pain. He still has some issues with the function of the leg. Complains of 3 significant weakness and easy fatigability in the knee area in terms of his quadriceps and hamstrings. He is unable to reciprocally climb stairs. He also complains of some difficulty because of the peroneal nerve injury to his foot. He continues to sleep down stairs and a hospital bed.

ROS

Patient reports muscle weakness, arthralgias/joint pain, and swelling in the extremities but reports no muscle aches and no back pain. He reports numbness (foot - top of right) but reports no loss of consciousness, no weakness, no seizures, no dizziness, and no headaches. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 61-year-old male.

Patient is alert and oriented x 3 with an antalgic gait. also, he continues to use a 4 prong cane. Cranial nerves II-XII are intact. On inspection, the knee is normal. There is a mild effusion. ROM is probably less than 5° of lacking extension to 125°. There is no obvious instability to valgus or varus stress. Anterior drawer and Lachman's both show good strong endpoints when compared to the other side. Hip flexors, hip abductors, adductors, plantar and dorsiflexors of the ankle are all 5/5 and symmetric. His quadriceps and hamstrings are not as strong as the right. Also, his strength is good in his foot now but he has some obvious stiffness with ankle dorsiflexion. I think this is related to the fact that the nerve palsy did not allow ankle the boot for so long he has gotten some stiffness. Hip and ankle ROM is normal. There is no clonus and patella and achilles reflexes are intact. Patient has palpable dorsalis pedis pulses bilaterally. Nail beds are pink with less than 2 second capillary refill.

Previous Assessment / Plan

Date of Service

03/27/2013

At this point, he is doing better than I could have predicted. At some point, I can almost guarantee he will develop posttraumatic arthritis in the knee because of the severity of the fracture specifically the severe comminution of the lateral plateau with missing bone. I will continue to x-ray him annually. My feeling is he will need a staged reconstruction with a hardware removal operation as an outpatient procedure followed by a staged total knee replacement. Hopefully, this will be many years down the road. Right now, but knee looks good

HARRISON, JAMES

radiographically in terms of the alignment and stability of the joint. Based on AMA guidelines of permanent impairment with a bicondylar tibial plateau fracture in the bony defect left in the lateral compartment of the tibia he will have a 25% impairment rating to the lower extremity. That is to a reasonable degree of medical certainty.

1. 719.46: Pain in joint, lower leg

• X-RAY, KNEE

View: AP, Lateral and Sunrise Side: RIGHT

• PHYSICAL THERAPY REFERRAL -

Note to Provider:

Continue PT for Right LE

** WC must approve **

Continue aggressive ROM and Strengthening

2xweek/3 months

2. 823.00: Closed fracture of upper end of tibia alone

Assessment / Plan

At this point, there are really any changes. I will let him increase to 30 hours of work. I would like him to continue therapy for strengthening of the hamstrings and quadriceps. I would also like them to work aggressively on dorsiflexion of the ankle. If this can be improved, I think this would help his gait and maybe even allow him to reciprocally climb stairs. I'll see him back around February which will be the annual check. If he continues to have been slacking dorsiflexion, I will probably give him some permanent restrictions in terms of stairs. At that point, he may need to have some modifications to his home to allow him to get up stairs so that he will not have to have a hospital bed downstairs. Also, he is in a twin bed now and would probably benefit from a larger. Followup in February as noted above. I will get an AP, lateral, and sunrise view of the right knee. I would like these weightbearing.

1. Closed fracture of upper end of tibia

823.00: Closed fracture of upper end of tibia alone

• PHYSICAL THERAPY REFERRAL -

Note to Provider:

PT ankle knee

** WC must approve **

2xweek/4-6 weeks

• COMPRESSION HOSE - Jobst Sports Stockings Qty: 1 Unit Refills: 0 Supplier: CERTIFIED PEDORTHIC ORTHOTICS (CPO)

2. Dehiscence of surgical wound

998.32: Disruption of external operation (surgical) wound

3. Peroneal nerve injury

956.3: Injury to peroneal nerve

Return to Office

- Coleman Fowble, MD for Return Office Visit at Blanding Street on 02/19/2014

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 09/20/2013.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 09/20/2013 at 9:29am

Encounter Date: 03/27/2013

Patient

Name

HARRISON, JAMES (60, M)

Appt. Date/Time

03/27/2013 10:30AM

DOB

Service Dept.

Blanding Street

Provider

COLEMAN FOWBLE, MD

Insurance

Med Worker's Comp: LIBERTY MUTUAL

Policy/Group #

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM

AND HAIL UNDERWRITERS ASSOC.

Case #:

Case Injury Date: 02/27/2012

Prescription: CMX - Member is eligible.

Midlands Orthopaedics PA • 1910 Landing Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Chief Complaint

Right Knee Pain, Leg Pain

Annual ROV s/p ORIF Right Bicondylar Tibial Plateau Fracture, DOS 3/1/2012
DOI: 2/27/12 . work-related fall

Problems

Reviewed Problems

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), RIGHT
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), RIGHT

Patient's Providers

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, SC 29223, Ph (803) 454-3510, Fax (803) 699-1474
Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, SC 29223, Ph (803) 454-3510, Fax (803) 699-1474

Patient's Pharmacies

CVS/PHARMACY #2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed Medications

Name	Date
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered
BAYER ASPIRIN	03/19/12 entered
BENZONATATE 200 MG CAPSULE	03/26/13 filled
FENOFIBRATE NANOCRYSTALLIZED 145 MG TABLET	03/12/13 filled
FLUTICASONE 50 MCG/ACTUATION NASAL SPRAY, SUSP	03/26/13 filled
LOSARTAN 50 MG TABLET	03/12/13 filled
PIOGLITAZONE 15 MG-METFORMIN 500 MG TABLET	02/26/13 filled
TRICOR	03/19/12 entered

Allergies

Reviewed Allergies

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed Past Medical History

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed Surgical History

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right ORIF bicondylar tibial plateau fracture - work related injury

Patient History - Other

Patient History - Other not reviewed (last reviewed 10/24/2012)

HARRISON, JAMES

Family History

Reviewed Family History

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History

Ortho

Alcohol intake: Occasional.

Number of children: 2.

Marital status: Married.

Diet: Regular.

Chewing tobacco: none.

Cigar/Pipe Use: N.

Non-smoker.

Smoking Status: Never smoker.

Work History: Disabled.

Are you currently employed?: Y.

Hand Dominance: Right.

Occupation: exec. dir..

Type of Work: Insurance.

Vitals

BP: 125/70 Ht: 5 ft 7 in Wt: 265 lbs BMI: 41.5 Pulse: 75 bpm

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? same; pt is ambulating w/ a single crutch

Change in symptoms: no

Pain pain 1/10

How are you alleviating the pain? rest

Athletics: no participation

Mr. Harrison is now a year out from his right severe tibial plateau fracture. Overall, he is doing pretty well. He has very little pain but still uses a crutch or cane for ambulation when going long distances or on uneven ground.

ROS

Patient reports nose/sinus problems but reports no frequent nosebleeds. He reports sore throat but reports no bleeding gums, no snoring, no dry mouth, no mouth ulcers, and no teeth problems. He reports cough but reports no wheezing, no shortness of breath, and no coughing up blood. He reports muscle weakness but reports no muscle aches, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 60-year-old male.

Patient is alert and oriented x 3 with a normal nonantalgic gait. Cranial nerves II-XII are intact. On inspection, the knee is normal. There is a mild right knee effusion. ROM is 5-125°. There is no obvious instability to valgus or varus stress. Anterior drawer and Lachman's both show good strong endpoints when compared to the other side. Hip flexors, hip abductors, adductors, knee flexors, knee extensor, plantar and dorsiflexors of the ankle are all 5/5 and symmetric. Hip and ankle ROM is normal. There is no clonus and patella and achilles reflexes are intact. Patient has palpable dorsalis pedis pulses bilaterally. Nail beds are pink with less than 2 second capillary refill.

Results / Interpretations

X-RAY, KNEE.

• View: AP, Lateral and Sunrise, Side: RIGHT

Standing 3 views of the right knee show very good alignment. However, he has obvious missing bone in the lateral tibial compartment.

HARRISON, JAMES [REDACTED]

Previous Assessment / Plan

Date of Service

01/23/2013

He continues to have some numbness and weakness in the foot but it is getting better. I suspect he will have moderate posttraumatic arthritis with the amount of comminution and depression of the lateral tibial plateau. I'll let him continue therapy as this seems to be helping his progress. I renewed his handicap placard. Followup in 2 months which will be his one year anniversary. I will get 3 standing views of the right knee.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)
2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)
3. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Assessment / Plan

At this point, he is doing better than I could have predicted. At some point, I can almost guarantee he will develop posttraumatic arthritis in the knee because of the severity of the fracture specifically the severe comminution of the lateral plateau with missing bone. I will continue to x-ray him annually. My feeling is he will need a staged reconstruction with a hardware removal operation as an outpatient procedure followed by a staged total knee replacement. Hopefully, this will be many years down the road. Right now, but knee looks good radiographically in terms of the alignment and stability of the joint. Based on AMA guidelines of permanent impairment with a bicondylar tibial plateau fracture in the bony defect left in the lateral compartment of the tibia he will have a 25% impairment rating to the lower extremity. That is to a reasonable degree of medical certainty.

1. PAIN IN JOINT; LOWER LEG (719.46)

- X-RAY, KNEE

View: AP, Lateral and Sunrise Side: RIGHT

- PHYSICAL THERAPY REFERRAL -

Note to Provider:

Continue PT for Right LE

** WC must approve **

Continue aggressive ROM and Strengthening
2xweek/3 months

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 03/28/2013.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 03/28/2013 at 8:45am

Encounter Date: 01/23/2013

Patient

Name

HARRISON, JAMES (60, M) [REDACTED]

Appt. Date/Time

01/23/2013 08:40AM

DOB

[REDACTED]

Service Dept.

Blanding Street

Provider

COLEMAN FOWBLE, MD

Insurance

Med Worker's Comp: LIBERTY MUTUAL

Policy/Group #: [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK,
JEFFREY D

Employer Name: SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

Med Worker's Comp: ONE CALL MEDICAL
INC - WORKERS COMP

Employer Name: SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 04/27/2012

Prescription: CMX - Member is eligible.

Chief Complaint

Midlands Orthopaedics PA - 1910 Blanding Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Right Knee Pain

Problems

Reviewed Problems

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, SC 29223, Ph (803) 454-3510, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, SC 29223, Ph (803) 454-3510, Fax (803) 699-1474

Patient's Pharmacies

CVS/PHARMACY #2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed Medications

Name	Date
SILVADENE 1 % TOPICAL CREAM Apply topically to wound QD with dressing	07/31/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed Allergies

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed Past Medical History

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed Surgical History

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Patient History - Other not reviewed (last reviewed 10/24/2012)

Family History

Reviewed Family History

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

HARRISON, JAMES

Reviewed Social History

Ortho

Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

BP: 112/65 Ht: 5 ft 7 in Wt: 265 lbs BMI: 41.5 Pulse: 68 bpm

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain pain 1/10

How are you alleviating the pain? changing position; rest

Previous PT: helped significantly

Previous Injections: none

Athletics: no participation

Mr. Harrison comes in for his routine check on his right knee. He has very little pain. He continues to use one crutch when he's out and about on unfamiliar ground. Around the house and the office he does not. He continues to complain of a good bit of morning stiffness and pain.

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 60-year-old male.

Patient is alert and oriented x 3 with a normal nonantalgic gait. Cranial nerves II-XII are intact. On inspection, the knee is normal. There is a mild to moderate right knee effusion. ROM is 5-115°. There is no instability to valgus or varus stress. Anterior drawer and Lachman's both show good strong endpoints when compared to the other side. Hip flexors, hip abductors, adductors, knee flexors, knee extensor, plantar and of the ankle are all 5/5 and symmetric. He still has some weakness in the dorsiflexion but it is improved. Hip and ankle ROM is normal. There is no clonus and patella and achilles reflexes are intact. Patient has palpable dorsalis pedis pulses bilaterally. Nail beds are pink with less than 2 second capillary refill.

Results / Interpretations

EXTERNAL RESULT

he had an EMG nerve conduction study late September which shows improvement in the anterior tib and EHL.

Previous Assessment / Plan

Date of Service

10/24/2012

He does continue to improve slowly. I will let him increase his work hours to 20 hours a week. He has a desk job. I'll see him back in 3 months. At his one year followup, will probably give him a partial permanent impairment rating based on the severity of his tibial plateau fracture and concomitant peroneal nerve injury.

HARRISON, JAMES [REDACTED]

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)
2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Assessment / Plan

He continues to have some numbness and weakness in the foot but it is getting better. I suspect he will have moderate posttraumatic arthritis with the amount of comminution and depression of the lateral tibial plateau. I'll let him continue therapy as this seems to be helping his progress. I renewed his handicap placard. Followup in 2 months which will be his one year anniversary. I will get 3 standing views of the right knee.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)
2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)
3. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Return to Office
None recorded.

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 01/23/2013.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 01/23/2013 at 9:02am

Encounter Date: 10/24/2012

Patient

Name	HARRISON, JAMES (60, M) [REDACTED]	Appt. Date/Time	10/24/2012 08:55AM
DOB	[REDACTED]	Service Dept.	Blanding Street

Provider

COLEMAN FOWBLE, MD

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group #: [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

Med 0: ONE CALL MEDICAL INC - WORKERS COMP

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 04/27/2012

Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

Lower Leg Pain

ROV - right lower leg - post EMG f/u
symptoms: ongoing
s/p I&D, leg wound - DOS: 4/12/12

Problems

Reviewed patient problem history (as of 06/14/2012) without changes

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

HARRISON, JAMES

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL
Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (803) 422-6847
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, SC 29223, Ph (803) 462-9200, Fax (803) 699-1474
Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, SC 29223, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS/PHARMACY #2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history & made changes

Name	Date
SILVADENE 1 % TOPICAL CREAM Apply topically to wound QD with dressing	07/31/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Reviewed patient's history (no data recorded) without changes

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.

HARRISON, JAMES

Work History: Disabled.

Are you currently employed?: Y.

Hand Dominance: Right.

Occupation: exec. dir..

Type of Work: insurance.

Vitals

BP: 114/63 sitting Ht: 5 ft 7 in Wt: 258 lbs BMI: 40.4 Pulse: 69 bpm

HPI

Follow-Up

Reported by patient.

Change in symptoms: no

Pain no pain

How are you alleviating the pain? changing position; rest

Previous PT: helped significantly

Previous Injections: none

Athletics: no participation

Mr. Harrison is slowly improving. He uses one crutch intermittently and at other times he uses no aids. He saw Dr. Yeon yesterday who released him.

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 60-year-old male.

He is alert and oriented x3. Cranial nerves II through XII are intact grossly. He is ambulating pretty well. He does have one crutch with him today. There is some moderate swelling in the right knee. His range of motion is 5-110°. There is no obvious ligamentous instability although he does have some slight valgus. The dorsalis pedis pulse is palpable, and the peroneal and tibial nerves are intact although there is some deficit in the peroneal as he has obvious weakness with dorsiflexion of the ankle. He states this is improving.

Previous Assessment / Plan

Date of Service

09/12/2012

I'm going to repeat the EMG nerve conduction study. He can continue aggressive range of motion and strengthening. He is working light duty which I think is fine. I'll see him back after the EMG.

1. PAIN IN JOINT; LOWER LEG (719.46)

• X-RAY, KNEE

View: AP, Lateral and Sunrise Side: RIGHT

Possibility of Pregnancy?: N Weighted/Unweighted: Weighted

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)

3. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Assessment / Plan

He does continue to improve slowly. I will let him increase his work hours to 20 hours a week. He has a desk job. I'll see him back in 3 months. At his one year followup, will probably give him a partial permanent impairment rating based on the severity of his tibial plateau fracture and concomitant peroneal nerve injury.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)

2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Midlands Orthopaedics PA - 1910 Blanding Street, COLUMBIA SC 29201-3526

HARRISON, JAMES

Return to Office

- Coleman Fowble, MD for Return Office Visit at Blanding Street on 01/23/2013

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 10/24/2012.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 10/24/2012 at 9:30am

Encounter Date: 09/26/2012 (Last amended by M David Redmond, MD on 09/26/2012 at 12:40pm)

Procedure Documentation

EMG/NCS:

EMG/NCS

MIDLANDS ORTHOPAEDICS, P.A.
1910 BLANDING STREET
COLUMBIA, SC 29201
TELEPHONE 803-256-4107 EXT. 6213 FAX 803-988-8115
PHYSICAL MEDICINE SERVICE
ELECTROMYOGRAPHY REPORT

Patient: Harrison James

MOFILE #: [REDACTED]

Sex: Male

Date of Birth: [REDACTED]

Age: 60 Years 2 Months

Referring Phy: Coleman D. Fowble, M.D. (ONE CALL MEDICAL)

Date of Service: 09/26/2012

Technologist: Kathleen Emette, R NCS T

Notes: Recheck right common peroneal nerve injury. Previous study 5/9/12.

Hx: Now about 7 months post injury. Continues with PT and notices slight DF

PE: Some ankle DF and eversion noted

Sensory NCS

Nerve / Sites	Rec. Site	Amp. 2-3 µV	Lat. 2 ms	Dist cm
R SUP PERONEAL				
Lat Leg	Foot	NR	NR	10

EMG Summary Table									
	Spontaneous					MUAP			Recruitment Pattern
	IA	Fib	PSW	Fasc	CRD	Amp	Dur.	PPP	
R. TIB ANTERIOR	Decreased	2+	2+	None	None	N	N	2+	Decreased
R. PERON LONGUS	Increased	1+	1+	None	None	N	N	1+	Decreased
R. EXT DIG LONG	Increased	2+	2+	None	None	N	N	1+	1-3 Units
R. EXT HALL LONG	Increased	2+	2+	None	None	N	N	N	0 Units

Summary: Various abnormalities noted on EMG exam right common peroneal distribution. No superficial peroneal sensory response found.

IMPRESSION: Improvement in a right common peroneal distribution. Evidence of reinnervation particularly in the Tibialis Anterior, EDL, or PL. No motor units seen in the distal EHL muscle.

Thank you for requesting this study.

HARRISON, JAMES [REDACTED]

M. David Redmond, M.D.

Amendment Sign-Off

Encounter signed-off by M David Redmond, MD, 09/26/2012.

Encounter performed and documented by M David Redmond, MD

Encounter reviewed & signed by M David Redmond, MD on 09/26/2012 at 12:40pm

Encounter Date: 09/12/2012

Patient

Name	HARRISON, JAMES (60, M) [REDACTED]	Appt. Date/Time	09/12/2012 10:15AM
DOB	[REDACTED]	Service Dept.	Blanding Street
Provider	COLEMAN FOWBLE, MD		

Insurance

Med 0: LIBERTY MUTUAL
Policy/Group #: [REDACTED]
PCP : HOOK, JEFFREY D
Referring Provider Name : HOOK,
JEFFREY D
Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.
Case #: [REDACTED]
Case Injury Date : 02/27/2012
Med 0: ONE CALL MEDICAL INC -
WORKERS COMP
Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.
Case #: [REDACTED]
Case Injury Date : 04/27/2012
Prescription: SURESCRIPTS LLC - This
patient could not be found on the payor's
files. Either the patient is ineligible or
demographic information included in the
inquiry (e.g., member ID) does not match
the payor's files.

Chief Complaint

Lower Leg Pain

Patient comes in today for follow up on right lower leg DOS: 3/1/2012

Problems

Reviewed patient problem history (as of 06/14/2012) without changes

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL
Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200,
Fax (803) 699-1474
Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax
(803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

HARRISON, JAMES

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
SILVADENE 1 % TOPICAL CREAM Apply topically to wound QD with dressing	07/31/12 prescribed
NORCO 5 MG-325 MG TABLET Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history:

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

• Irrigation and debridement, infection - 04/12/2012 - RLE
• Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 07/26/2012

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

HARRISON, JAMES

Vitals

BP: 113/86 Ht: 5 ft 7 in Wt: 250 lbs BMI: 39.2 Pulse: 82 bpm

HPI

Mr. Harrison seems to be doing much better. He is ambulating today with a walker. He states he is having very little pain.

ROS

Patient reports arthralgias/joint pain and swelling in the extremities but reports no muscle aches, no muscle weakness, and no back pain. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 60-year-old male.

Patient is alert and oriented x 3 with a normal nonantalgic gait. Cranial nerves II-XII are intact. On inspection, the knee is normal. There is a mild right knee effusion. The wound looks great now. There is one small eschared area probably 3-4 mm. ROM is 0-125°. There is no instability to valgus or varus stress. Anterior drawer and Lachman's both show good strong endpoints when compared to the other side. Hip flexors, hip abductors, adductors, knee flexors, knee extensor, plantarflexors of the ankle are all 5/5 and symmetric. The peroneal nerve has recovered as he does have active dorsiflexion and. It is still weak but certainly significantly improved from his last visit. Hip and ankle ROM is normal. There is no clonus and patella and achilles reflexes are intact. Patient has palpable dorsalis pedis pulses bilaterally. Nail beds are pink with less than 2 second capillary refill.

Results / Interpretations

X-RAY, KNEE

View: AP, Lateral and Sunrise. Side: RIGHT. Possibility of Pregnancy?: N. Weighted/Unweighted: Weighted
Standing AP, lateral, and sunrise views of the right knee show excellent alignment on the lateral. On the AP, you can see a slight step off indicative of some early post-traumatic arthritis.

Previous Assessment / Plan

Date of Service

07/31/2012

1. No diagnosis

SILVADENE 1 % TOPICAL CREAM - Apply topically to wound QD with dressing Qty: 1 20 gm tube(s) Refills: 0 Pharmacy:
CVS PHARMACY # 2250

2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION
(SURGICAL) WOUND (998.32)

Discussion: Silvadene will be used for the wound. I will discharge him from our clinic today. I have asked for them to make a f/u in 2 weeks if small skin tear is still present.

Assessment / Plan

I'm going to repeat the EMG nerve conduction study. He can continue aggressive range of motion and strengthening. He is working light duty which I think is fine. I'll see him back after the EMG.

1. PAIN IN JOINT; LOWER LEG (719.46)

X-RAY, KNEE

View: AP, Lateral and Sunrise Side: RIGHT

Possibility of Pregnancy?: N Weighted/Unweighted: Weighted

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)

3. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION
(SURGICAL) WOUND (998.32)

Return to Office

Coleman Fowble, MD for Return Office Visit at Blanding Street on 12/12/2012

Encounter Sign-Off

Midlands Orthopaedics PA - 1910 Landing Street, COLUMBIA SC 29201-3526

HARRISON, JAMES

Encounter signed-off by Coleman Fowble, MD, 09/12/2012.

Encounter performed and documented by Coleman Fowble, MD
Encounter reviewed & signed by Coleman Fowble, MD on 09/12/2012 at 2:28pm

Encounter Date: 07/31/2012

Patient

Name

HARRISON, JAMES (60, M)

Appt. Date/Time

07/31/2012 09:50AM

DOB

Provider

LAUREN P LEANDER, PA-C

Service Dept.

Wound Center.

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group # :

PCP : HOOK, JEFFREY D

Referring Provider Name : HOOK,
JEFFREY D

Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.

Case # :

Case Injury Date : 02/27/2012

Med 0: ONE CALL MEDICAL INC -

WORKERS COMP

Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.

Case # :

Case Injury Date : 04/27/2012

Prescription: No check performed in the last
72 hrs.

Chief Complaint

Right Lower Extremity Wound

Problems

Reviewed patient problem history (as of 06/14/2012) without changes

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200,
Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax
(803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
SILVADENE 1 % TOPICAL CREAM Apply topically to wound QD with dressing	07/31/12 prescribed
NORCO 5 MG-325 MG TABLET Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed

HARRISON, JAMES

BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 07/26/2012

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec.dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain no pain

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: helping a lot

Previous PT: helped significantly

HARRISON, JAMES

Previous Injections: none

Athletics: no participation

FU right shin dehiscd wound. He has been using MediHoney at home. He denies new concerns.

ROS

Patient reports arthralgias/joint pain and swelling in the extremities but reports no muscle aches, no muscle weakness, and no back pain. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 60-year-old male.

The pt has a dehiscd incision to the anterior aspect of the right knee and leg. The wound is healed except for a skin tear noted proximal to the wound. There is no evidence of infection. No active drainage.

Previous Assessment / Plan

Date of Service

07/26/2012

I want him to work aggressively on range of motion and strengthening in outpatient PT. He can discontinue wound care once the wound is completely closed. He can return to work Monday part-time 3 days a week 4 hours a day. I will see him back in the office in 6 weeks. At that time, I may consider a repeat EMG. The caseworker was here for his visit and this was discussed with her as well.

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION.
(SURGICAL) WOUND (998.32)

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Assessment / Plan

1. No diagnosis

• SILVADENE 1 % TOPICAL CREAM - Apply topically to wound QD with dressing Qty: 1 20 gm tube(s) Refills: 0 Pharmacy: CVS PHARMACY # 2250

2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION
(SURGICAL) WOUND (998.32)

Discussion: Silvadene will be used for the wound. I will discharge him from our clinic today. I have asked for them to make a f/u in 2 weeks if small skin tear is still present.

Return to Office

• Coleman Fowble, MD for Return Office Visit at Blanding Street on 09/12/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 08/07/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 08/07/2012 at 6:08pm

Encounter Date: 07/26/2012

Patient

Name

HARRISON, JAMES (60, M)

Appt. Date/Time

07/26/2012 10:25AM

DOB

Service Dept.

Blanding Street

Provider

COLEMAN FOWBLE, MD

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group # :

PCP : HOOK, JEFFREY D

Referring Provider Name : HOOK, JEFFREY D

Employer Name : SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

HARRISON, JAMES

Case # : [REDACTED]
Case Injury Date : 02/27/2012
Med 0: ONE CALL MEDICAL INC -
WORKERS COMP
Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.
Case # : [REDACTED]
Case Injury Date : 04/27/2012
Prescription: SURESCRIPTS LLC - This
patient could not be found on the payor's
files. Either the patient is ineligible or
demographic information included in the
inquiry (e.g., member ID) does not match
the payor's files.

Chief Complaint

Patient reports as a 6 weeks follow up right leg

Problems

Reviewed patient problem history (as of 06/14/2012) without changes
• Pain in joint; lower leg (719.46)
• Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
• Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
• Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL
Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474
Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
NORCO 5 MG-325 MG TABLET Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y

HARRISON, JAMES

High Blood Pressure: Y

Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Reviewed patient's history (no data recorded) without changes

Family History

Reviewed family history (as of 03/19/2012) without changes

- Mother
- Bleeding Disorders
 - Cancer
 - Diabetes
- Father
- Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: Occasional.

Number of children: 2.

Marital status: Married.

Diet: Regular.

Chewing tobacco: none.

Cigar/Pipe Use: N.

Non-smoker.

Smoking Status: Never smoker.

Work History: Disabled.

Are you currently employed?: Y.

Hand Dominance: Right.

Occupation: exec. dir..

Type of Work: insurance.

Vitals

BP: 113/99 sitting Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7 Pulse: 107 bpm

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain no pain

Previous PT: helped temporarily

Previous Injections: none

Athletics: no participation

Mr. Harrison looks great. He is weightbearing as tolerated with a walker. He has his dynamic AFO.

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 60-year-old male.

HARRISON, JAMES

Patient is alert and oriented x3 with a normal nonantalgic gait. The wound looks almost completely closed now. I suspect in a week or so it will be completely resolved. He is using his walker as noted above. Cranial nerves II-XII are intact. On inspection, the knee is normal. There is a minimal right knee effusion. ROM is 10-125°. There is no instability to valgus or varus stress. Anterior drawer and Lachman's both show good strong endpoints when compared to the other side. Hip flexors, hip abductors, adductors, knee flexors, knee extensor, and plantar of the ankle are all 5/5 and symmetric. He still has the obvious foot drop. Hip and ankle ROM is normal. There is no clonus and patella and achilles reflexes are intact. Patient has palpable dorsalis pedis pulses bilaterally. Nail beds are pink with less than 2 second capillary refill.

Previous Assessment / Plan

Date of Service
07/17/2012

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION
(SURGICAL) WOUND (998.32)

Discussion: Medihoney applied to the wound. F/u in 1 week. He knows to return sooner if needed.

Assessment / Plan

I want him to work aggressively on range of motion and strengthening in outpatient PT. He can discontinue wound care once the wound is completely closed. He can return to work Monday part-time 3 days a week 4 hours a day. I will see him back in the office in 6 weeks. At that time, I may consider a repeat EMG. The caseworker was here for his visit and this was discussed with her as well.

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION
(SURGICAL) WOUND (998.32)

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Return to Office

- Midlands Orthopaedics, PA for Return Office Visit at Wound Center on 07/31/2012
- Coleman Fowble, MD for Return Office Visit at Blanding Street on 09/12/2012

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 07/26/2012.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 07/26/2012 at 2:23pm

Encounter Date: 07/24/2012

Patient

Name	HARRISON, JAMES (60, M)	Appt. Date/Time	07/24/2012 09:50AM
DOB		Service Dept.	Wound Center
Provider	LAUREN P LEANDER, PA-C		
Insurance	Med 0: LIBERTY MUTUAL Policy/Group #: PCP: HOOK, JEFFREY D Referring Provider Name: HOOK, JEFFREY D Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC. Case #: Case Injury Date: 02/27/2012 Med 0: ONE CALL MEDICAL INC - WORKERS COMP Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC. Case #: Case Injury Date: 04/27/2012 Prescription: No check performed in the last 72 hrs.		

Chief Complaint

Right shin wound.

Problems

Reviewed patient problem history (as of 06/14/2012) without changes

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right

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HARRISON, JAMES

• Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
SILVADENE 1 % TOPICAL CREAM Apply topically to wound QD with dressing	07/31/12 prescribed
NORCO 5 MG-325 MG TABLET Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y

Elevated Cholesterol: Y

High Blood Pressure: Y

Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

• Irrigation and debridement, infection - 04/12/2012 - RLE

• Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 06/14/2012

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders

- Cancer

- Diabetes

Father - Bleeding Disorders

Social History

HARRISON, JAMES

Reviewed Social History & made changes

Ortho

Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 250 lbs BMI: 39.2

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain no pain

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: helping a lot

Previous PT: helped significantly

Previous injections: none

Athletics: no participation

FU right shin dehisced wound. He has been using MediHoney alginate at home. He denies new concerns. He will be starting physical therapy this week per Dr. Fowble.

ROS

Patient reports swelling in the extremities but reports no muscle aches, no muscle weakness, no arthralgias/joint pain, and no back pain. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 60-year-old male.

The pt has a dehisced incision to the anterior aspect of the right knee and leg. The wound has decreased drastically in size. It is minimally open. There is no evidence of infection. No active drainage.

Previous Assessment / Plan

Date of Service

07/17/2012

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: MediHoney applied to the wound. F/U in 1 week. He knows to return sooner if needed.

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: MediHoney applied. F/U in 1 week.

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HARRISON, JAMES [REDACTED]

Return to Office

- Coleman Fowble, MD for Return Office Visit at Blanding Street on 09/12/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 08/08/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 08/08/2012 at 5:30pm

Encounter Date: 07/17/2012

Patient

Name

HARRISON, JAMES (60, M) [REDACTED]

Appt. Date/Time

07/17/2012 09:35AM

DOB

[REDACTED]

Service Dept.

Wound Center

Provider

LAUREN P LEANDER, PA-C

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group #: [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

Med 0: ONE CALL MEDICAL INC - WORKERS COMP

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 04/27/2012

Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

Right Lower Extremity Wound

Problems

Reviewed patient problem history (as of 06/14/2012) without changes

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
NORCO 5 MG-325 MG TABLET Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed

HARRISON, JAMES

TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
• Irrigation and debridement, infection - 04/12/2012 - RLE
• Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 06/14/2012

Family History

Reviewed family history (as of 03/19/2012) without changes
Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes
Ortho.
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 250 lbs BMI: 39.2

HPI

Follow-Up

Reported by patient.

HARRISON, JAMES [REDACTED]

In terms of your orthopaedic issue, how are you feeling? improving
Change in symptoms: no
Pain no pain
How are you alleviating the pain? changing position; distraction; medication; rest
Medications: helping a lot
Previous PT: helped significantly
Previous Injections: none
Athletics: no participation
FU right shin dehisced wound. He had another Dermagraft applied last week with an unna boot. No new concerns today, he is doing well.

ROS

Patient reports swelling in the extremities but reports no muscle aches, no muscle weakness, no arthralgias/joint pain, and no back pain. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 60-year-old male.

The pt has a dehisced incision to the anterior aspect of the right knee and leg. The wound has decreased drastically in size. It is just a sliver today. There is no evidence of infection. No active drainage.

Previous Assessment / Plan

Date of Service
07/10/2012

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION
(SURGICAL) WOUND (998.32)

Discussion: see procedure note.

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION
(SURGICAL) WOUND (998.32)

Discussion: Medihoney applied to the wound. F/u in 1 week. He knows to return sooner if needed.

Return to Office

- Midlands Orthopaedics, PA for Return Office Visit at Wound Center on 07/24/2012
- Coleman Fowble, MD for Return Office Visit at Blanding Street on 07/26/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 07/17/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 07/17/2012 at 4:15pm

Encounter Date: 07/13/2012

Patient

Name

HARRISON, JAMES (60, M) [REDACTED]

Appt. Date/Time

07/13/2012 09:00AM

DOB

[REDACTED]

Service Dept.

Wound Center

Provider

LAUREN P LEANDER, PA-C

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group #: [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK,
JEFFREY D

Employer Name: SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.

HARRISON, JAMES

Case # : [REDACTED]
Case Injury Date : 02/27/2012
Med 0: ONE CALL MEDICAL INC -
WORKERS COMP
Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.
Case # : [REDACTED]
Case Injury Date : 04/27/2012
Prescription: SURESCRIPTS LLC - This
patient could not be found on the payor's
files. Either the patient is ineligible or
demographic information included in the
inquiry (e.g., member ID) does not match
the payor's files.

Chief Complaint

Right Lower Extremity Wound

Problems

Reviewed patient problem history (as of 06/14/2012) without changes
• Pain in joint; lower leg (719.46)
• Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
• Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
• Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL
Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200,
Fax (803) 699-1474
Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax
(803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
NORCO 5 MG-325 MG TABLET Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y

HARRISON, JAMES

High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
• Irrigation and debridement, infection - 04/12/2012 - RLE
• Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 06/14/2012

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 250 lbs BMI: 39.2

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving
Change in symptoms: no
Pain no pain
How are you alleviating the pain? changing position; distraction; medication; rest
Medications: helping a lot
Previous PT: helped significantly
Previous Injections: none
Athletics: no participation
FU right shin dehiscd wound. He had another Dermagraft applied this week with an unna boot. He is here today for a dressing change.
No new concerns today.

ROS

Patient reports swelling in the extremities but reports no muscle aches, no muscle weakness, no arthralgias/joint pain, and no back pain. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

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HARRISON, JAMES

Patient is a 59-year-old male.

The pt is s/p dermagraft placement. I removed the bandages up to the point of the wound veil. I left the wound veil to avoid disrupting the graft. There was minimal serous drainage noted. No evidence of infection.

Previous Assessment / Plan

Date of Service

07/10/2012

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: see procedure note.

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: The pt is here for a dressing change. He will go back into an unnaboot. f/u on Tuesday.

Return to Office

- Coleman Fowble, MD for Return Office Visit at Blanding Street on 07/26/2012
- Midlands Orthopaedics, PA for Return Office Visit at Wound Center on 07/31/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 07/25/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 07/25/2012 at 8:28am

Encounter Date: 07/10/2012

Patient

Name

HARRISON, JAMES (59, M)

Appt. Date/Time

07/10/2012 11:40AM

DOB

Service Dept.

Wound Center

Provider

LAUREN P LEANDER, PA-C.

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group # :

PCP : HOOK, JEFFREY D

Referring Provider Name : HOOK, JEFFREY D

Employer Name : SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case # :

Case Injury Date : 02/27/2012

Med 0: ONE CALL MEDICAL INC - WORKERS COMP

Employer Name : SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case # :

Case Injury Date : 04/27/2012

Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

Right shin wound

Problems

Reviewed patient problem history (as of 06/14/2012) without changes

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

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HARRISON, JAMES

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL
Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474
Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes	
Name	Date
NORCO 5 MG-325 MG TABLET Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
• Irrigation and debridement, infection - 04/12/2012 - RLE
• Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 06/14/2012

Family History

Reviewed family history (as of 03/19/2012) without changes
Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes
Ortho
Alcohol intake: Occasional.
Number of children: 2.

HARRISON, JAMES

Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 255 lbs BMI: 39.9

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? same

Change in symptoms: no

Pain no pain

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: helping a lot

Previous PT: helped significantly

Previous Injections: none

Athletics: no participation

FU right shin dehiscd wound. He had another Dermagraft applied last week and we changed his unna boot 3 days ago. He denies new concerns today. His wound remains very small.

ROS

Patient reports swelling in the extremities but reports no muscle aches, no muscle weakness, no arthralgias/joint pain, and no back pain. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 59-year-old male.

see procedure note

Procedure Documentation

KB/LL Dermagraft Procedure:

PRE-PROCEDURE DIAGNOSIS:

COMORBIDITIES: No Serious illnesses reported and bleeding disorders.

POST PROCEDURE DIAGNOSIS: Placement of Dermagraft to the right lower extremity.

INDICATIONS FOR PROCEDURE: Patient has a diabetic wound which measures [1.8] x [0.3] x [0.1] to the [right] lower extremity. Conservative treatment has been tried and progressed slowly because of comorbidities. The patient has tried advanced wound healing methods for [greater than 6 weeks] without successful healing. The procedure risks and benefits were discussed with the patient prior to proceeding.

PREPARATION OF THE GRAFT: The graft was first soaked according to instructions and ready for placement. This is a clean procedure and a one time use application. The graft that was not able to be used on this patient has been appropriately disposed of.

DESCRIPTION OF PROCEDURE: The appropriate area was identified before proceeding. Using sharp and dull debridement the wound was debrided to healthy beached borders with bleeding base. a 4x4 was used to pressure the wound and slow the

HARRISON, JAMES [REDACTED]

bleeding. Once the wound was appropriately prepared the patient was then ready for placement of the graft. Using clean technique the graft was cut to the appropriate size of the wound the out plastic layer was remove and it was laid into the wound bed. Following this the outer plastic layer was removed and using a sterile Q-tip moistened with saline, the graft was secured into place by removing all air bubbles.

Following this a wound veil was placed to the extremity and covered by a silver dressing. Then a [unna boot] was placed.

DISPOSITION: The procedure was well tolerated and patient was sent home in stable condition.

FOLLOW-UP: The patient is to return to the office in [3] days for dressing change and are instructed to keep the limb and dressing dry.

Previous Assessment / Plan

Date of Service

06/27/2012

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: The pt is s/p dermagraft placement. He is here for a dressing change. F/u on Monday for another dermagraft if needed.

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: see procedure note.

Return to Office

- Midlands Orthopaedics, PA for Return Office Visit at Wound Center on 07/13/2012
- Midlands Orthopaedics, PA for Return Office Visit at Wound Center on 07/17/2012
- Coleman Fowble, MD for Return Office Visit at Blanding Street on 07/26/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 07/10/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 07/10/2012 at 12:42pm

Encounter Date: 06/27/2012

Patient

Name

HARRISON, JAMES (59, M) [REDACTED]

Appt. Date/Time

06/27/2012 02:25PM

DOB

[REDACTED]

Service Dept.

Wound Center

Provider

LAUREN P LEANDER, PA-C

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group # [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

Med 0: ONE CALL MEDICAL INC - WORKERS COMP

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 04/27/2012

Prescription: SURESCRIPTS, LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

Right shin wound

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HARRISON, JAMES

Problems

Reviewed patient problem history (as of 06/14/2012) without changes

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (803) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
NORCO 5 MG-325 MG TABLET Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 06/14/2012

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother

- Bleeding Disorders
- Cancer
- Diabetes

HARRISON, JAMES

Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: Occasional.

Number of children: 2.

Marital status: Married.

Diet: Regular.

Chewing tobacco: none.

Cigar/Pipe Use: N.

Non-smoker.

Smoking Status: Never smoker.

Work History: Disabled.

Are you currently employed?: Y.

Hand Dominance: Right.

Occupation: exec. dir.

Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 255 lbs BMI: 39.9

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? Improving

Change in symptoms: no

Pain: no pain

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: helping a lot

Previous PT: helped significantly

Previous Injections: none

Athletics: no participation

FU right shin dehiscent wound. On his last visit we applied a Dermagraft with an unna boot. He denies new concerns today. His wound continues to improve.

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 59-year-old male.

The pt is s/p dermagraft placement. I removed the bandages up to the point of the wound veil. I left the wound veil to avoid disrupting the graft. There was no drainage noted. No evidence of infection.

Previous Assessment / Plan

Date of Service

06/22/2012

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: Dermagraft today. Pt will come in on Wednesday for only a dressing change.

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Midlands Orthopaedics PA - 1910 Blanding Street, COLUMBIA SC 29201-3520

HARRISON, JAMES [REDACTED]

Discussion: The pt is s/p dermagraft placement. He is here for a dressing change. F/u on Monday for another dermagraft if needed.

Return to Office

- Midlands Orthopaedics, PA for Return Office Visit at Wound Center on 07/10/2012
- Coleman Fowble, MD for Return Office Visit at Blanding Street on 07/26/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 07/10/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 07/10/2012 at 8:14am

Encounter Date: 06/22/2012

Patient

Name

HARRISON, JAMES (59, M) [REDACTED]

Appt. Date/Time

06/22/2012 09:45AM

DOB

[REDACTED]

Service Dept.

Wound Center

Provider

LAUREN P LEANDER, PA-C

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group #: [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

Med 0: ONE CALL MEDICAL INC - WORKERS COMP

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 04/27/2012

Prescription: No check performed in the last 72 hrs.

Chief Complaint

Right Lower Extremity Wound

Problems

Reviewed patient problem history (as of 06/14/2012) without changes

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history & made changes

Name	Date
NORCO 5 MG-325 MG TABLET Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
TENDERSORB 8" X 10" BANDAGE	03/28/12 prescribed

HARRISON, JAMES

ABD pad. Apply with dressing.	
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 06/14/2012

Family History

Reviewed family history (as of 03/19/2012) without changes
Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes
Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 255 lbs BMI: 39.9

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving
Change in symptoms: no

HARRISON, JAMES

Pain pain 1/10

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: helping a lot

Previous PT: helped significantly

Previous injections: none

Athletics: no participation

FU right shin dehiscd wound. On his last visit we applied a Dermagraft with an unna boot. He denies new concerns today. His wound continues to improve.

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 59-year-old male.

see procedure note.

Procedure Documentation

KB/LL Dermagraft Procedure:

PRE-PROCEDURE DIAGNOSIS: dehiscd incision

COMORBIDITIES: DM

POST PROCEDURE DIAGNOSIS: Placement of Dermagraft to the right lower extremity.

INDICATIONS FOR PROCEDURE: Patient has a diabetic wound which measures [4.8] x [0.4] x [0.2] to the [right] lower extremity. Conservative treatment has been tried and progressed slowly because of comorbidities. The patient has tried advanced wound healing methods for [greater than 6 weeks] without successful healing. The procedure risks and benefits were discussed with the patient prior to proceeding.

PREPARATION OF THE GRAFT: The graft was first soaked according to instructions and ready for placement. This is a clean procedure and a one time use application. The graft that was not able to be used on this patient has been appropriately disposed of.

DESCRIPTION OF PROCEDURE: The appropriate area was identified before proceeding. Using sharp and dull debridement the wound was debrided to healthy beached borders with bleeding base. a 4x4 was used to pressure the wound and slow the bleeding. Once the wound was appropriately prepared the patient was then ready for placement of the graft. Using clean technique the graft was cut to the appropriate size of the wound the out plastic layer was remove and it was laid into the wound bed. Following this the outer plastic layer was removed and using a sterile Q-tip moistened with saline, the graft was secured into place by removing all air bubbles.

Following this a wound veil was placed to the extremity and covered by a silver dressing. Then an unnaboot [] was placed.

DISPOSITION: The procedure was well tolerated and patient was sent home in stable condition.

FOLLOW-UP: The patient is to return to the office in [5] days for dressing change and are instructed to keep the limb and dressing dry.

Previous Assessment / Plan

Date of Service

06/18/2012

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: Dermagraft applied. F/u on Friday for dressing change. The pt will have new graft placed next Monday.

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HARRISON, JAMES [REDACTED]

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: Demograft today. Pt will come in on Wednesday for only a dressing change.

Return to Office

- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 06/27/2012
- Coleman Fowle, MD for Return Office Visit at Blanding Street on 07/26/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 06/26/2012.

Encounter performed and documented by Lauren P Cook, PA-C.

Encounter reviewed & signed by Lauren P Cook, PA-C on 06/26/2012 at 11:08am.

Encounter Date: 06/18/2012

Patient

Name	HARRISON, JAMES (59, M) [REDACTED]	Appt. Date/Time	06/18/2012 09:45AM
DOB	[REDACTED]	Service Dept.	Wound Center
Provider	LAUREN P LEANDER, PA-C		
Insurance	Med 0: LIBERTY MUTUAL Policy/Group #: [REDACTED] PCP: HOOK, JEFFREY D Referring Provider Name: HOOK, JEFFREY D Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC. Case #: [REDACTED] Case Injury Date: 02/27/2012 Med 0: ONE CALL MEDICAL INC - WORKERS COMP Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC. Case #: [REDACTED] Case Injury Date: 04/27/2012 Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.		

Chief Complaint

Right Lower Extremity Wound

Problems

Reviewed patient problem history (as of 06/14/2012) without changes

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

HARRISON, JAMES

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
NORCO 5 MG-325 MG TAB Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	05/16/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 06/14/2012

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir.
Type of Work: insurance.

HARRISON, JAMES

Vitals

Ht: 5 ft 7 in Wt: 255 lbs BMI: 39.9

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain pain 1/10

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: helping a lot

Previous PT: helped significantly

Previous Injections: none

Athletics: no participation

FU right shin dehiscd wound. On his last visit we applied a Dermagraft with an unna boot. He denies new concerns today.

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 59-year-old male.

see procedure note

Procedure Documentation

KB/LL Dermagraft Procedure:

PRE-PROCEDURE DIAGNOSIS: Dehiscd incision

COMORBIDITIES: Diabetes Mellitus

POST PROCEDURE DIAGNOSIS: Placement of Dermagraft to the right lower extremity.

INDICATIONS FOR PROCEDURE: Patient has a dehiscd incision which measures [3.1] x [0.7] x [0.3] to the [right] lower extremity. Conservative treatment has been tried and progressed slowly because of comorbidities. The patient has tried advanced wound healing methods for [greater than 6 weeks] without successful healing. The procedure risks and benefits were discussed with the patient prior to proceeding.

PREPARATION OF THE GRAFT: The graft was first soaked according to instructions and ready for placement. This is a clean procedure and a one time use application. The graft that was not able to be used on this patient has been appropriately disposed of.

DESCRIPTION OF PROCEDURE: The appropriate area was identified before proceeding. Using sharp and dull debridement the wound was debrided to healthy beached borders with bleeding base. a 4x4 was used to pressure the wound and slow the bleeding. Once the wound was appropriately prepared the patient was then ready for placement of the graft. Using clean technique the graft was cut to the appropriate size of the wound the out plastic layer was remove and it was laid into the wound bed. Following this the outer plastic layer was removed and using a sterile Q-tip moistened with saline, the graft was secured into place by removing all air bubbles.

Following this a wound veil was placed to the extremity and covered by a silver dressing. Then an unnaboot was placed.

DISPOSITION: The procedure was well tolerated and patient was sent home in stable condition.

FOLLOW-UP: The patient is to return to the office in [4] days for dressing change and are instructed to keep the limb and dressing dry.

HARRISON, JAMES

Previous Assessment / Plan

Date of Service
06/14/2012

I will let him continue with the wound center. He seems to be making excellent progress. I will let him begin outpatient physical therapy now with aggressive range of motion on the knee and ankle. He can be weightbearing as tolerated.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)
2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: Dermagraft applied. F/u on Friday for dressing change. The pt will have new graft placed next Monday.

Return to Office

- Midlands Orthopaedics, PA for Return Office Visit at Wound Center on 06/22/2012
- Coleman Fowble, MD for Return Office Visit at Blanding Street on 07/26/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 06/21/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 06/21/2012 at 8:58am

Encounter Date: 06/14/2012

Patient

Name

HARRISON, JAMES (59, M)

Appt. Date/Time

06/14/2012 11:40AM

DOB

Service Dept.

Wound Center

Provider

LAUREN P LEANDER, PA-C

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group #:

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #:

Case Injury Date: 02/27/2012

Med 0: ONE CALL MEDICAL INC - WORKERS COMP

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #:

Case Injury Date: 04/27/2012

Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

Followup: Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)
Dehiscd wound right shin

Problems

Reviewed patient problem history (as of 06/14/2012) without changes

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Midlands Orthopaedics PA • 1910 Blanding Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (803) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes	
Name	Date
NORCO 5 MG-325 MG TAB Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	05/16/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y

Elevated Cholesterol: Y

High Blood Pressure: Y

Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Reviewed patient's history (no data recorded) without changes

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders

- Cancer

- Diabetes

Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: Occasional.

HARRISON, JAMES

Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 255 lbs BMI: 39.9

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain pain 1/10

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: helping a lot

Previous PT: helped significantly

Previous injections: none

Athletics: no participation

FU right shin dehisced wound. On his last visit he was advised Iodosorb however home health told them this was still on back order so they have been using Santyl to the wound bed daily. Apparently home health is releasing him because he went into his office for a few hours with an emergency. Patient otherwise is doing well with no new c/o.

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 59-year-old male.

see procedure note

Procedure Documentation

KB/LL Dermagraft Procedure:

PRE-PROCEDURE DIAGNOSIS: dehisced incision of right knee

COMORBIDITIES: No Serious illnesses reported and bleeding disorders.

POST PROCEDURE DIAGNOSIS: Placement of Dermagraft to the right lower extremity.

INDICATIONS FOR PROCEDURE: Patient has a dehisced incision which measures [3.6] x [1.1] x [0.6 cm] to the [right] lower extremity. In addition, he has a small wound proximal to the dehisced incision measuring 1.0 X 0.2 cm. Conservative treatment has been tried and progressed slowly because of comorbidities. The patient has tried advanced wound healing methods for [greater than 6 weeks] without successful healing. The procedure risks and benefits were discussed with the patient prior to proceeding.

PREPARATION OF THE GRAFT: The graft was first soaked according to instructions and ready for placement. This is a clean procedure and a one time use application. The graft that was not able to be used on this patient has been appropriately disposed

HARRISON, JAMES
of.

DESCRIPTION OF PROCEDURE: The appropriate area was identified before proceeding. Using sharp and dull debridement the wound was debrided to healthy beached borders with bleeding base. a 4x4 was used to pressure the wound and slow the bleeding. Once the wound was appropriately prepared the patient was then ready for placement of the graft. Using clean technique the graft was cut to the appropriate size of the wound the out plastic layer was remove and it was laid into the wound bed. Following this the outer plastic layer was removed and using a sterile Q-tip moistened with saline, the graft was secured into place by removing all air bubbles.

Following this a wound veil was placed to the extremity and covered by a silver dressing. Then an unnaboot was placed.

DISPOSITION: The procedure was well tolerated and patient was sent home in stable condition.

FOLLOW-UP: The patient is to return to the office on Monday for dressing change and are instructed to keep the limb and dressing dry.

Previous Assessment / Plan

Date of Service
06/14/2012

I will let him continue with the wound center. He seems to be making excellent progress. I will let him begin outpatient physical therapy now with aggressive range of motion on the knee and ankle. He can be weightbearing as tolerated.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)
2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: Demagraft applied. F/u on Monday for unnaboot change. He knows to return sooner if needed.

Return to Office

- Midlands Orthopaedics, PA for Return Office Visit at Wound Center on 06/22/2012
- Coleman Fowble, MD for Return Office Visit at Blanding Street on 07/26/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 06/19/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 06/19/2012 at 2:41pm

Encounter Date: 06/14/2012

Patient

Name

HARRISON, JAMES (59, M)

Appt. Date/Time

06/14/2012 10:00AM

DOB

Service Dept.

Blanding Street

Provider

COLEMAN FOWBLE, MD

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group #:

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #:

Case Injury Date: 02/27/2012

Med 0: ONE CALL MEDICAL INC - WORKERS COMP

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #:

Case Injury Date: 04/27/2012

Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or

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HARRISON, JAMES

demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint:

Leg Pain

ROV RLE - DOS 04/12/2012 Irrigation and Debridement of Post-Op Wound - Right Lower Extremity
Also being seen by Leander in Wound Center

Problems

Last reviewed Problems 06/06/2012

- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
NORCO 5 MG-325 MG TAB Take 1 tablet(s) every 4-6 hours by oral route., MOSC dispensary	05/23/12 prescribed
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	05/16/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y

Elevated Cholesterol: Y

High Blood Pressure: Y

Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

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HARRISON, JAMES

- Irrigation and debridement, infection - 04/12/2012 - RLE
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 06/06/2012

Family History

Reviewed family history (as of 03/19/2012) without changes

- Mother
- Bleeding Disorders
 - Cancer
 - Diabetes
- Father
- Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: Insurance.

Vitals

BP: 123/80 Ht: 5 ft 7 in Wt: 255 lbs BMI: 39.9 Pulse: 111 bpm

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain pain 1/10

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: helping a lot

Previous PT: helped significantly

Previous Injections: none

Athletics: no participation

Mr. Harrison continues to slowly improve. He had to go to his office for about 2 hours the other day because of an emergency. He is weightbearing as tolerated with a walker. He is scheduled to get his dynamic AFO tomorrow.

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 59-year-old male.

He is alert and oriented x3. Cranial nerves II through XII are intact grossly. He has the obvious foot drop. There is moderate swelling in the knee. The wound looks fantastic. He is off the wound Vac now for about 2 weeks. The wound is about 2 centimeter long and closed proximally with about a distal 1 cm opening that is triple millimeters deep.

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HARRISON, JAMES [REDACTED]

Previous Assessment / Plan

Date of Service

06/06/2012

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

- HOME HEALTH REFERRAL - Note to Provider: Iodosorb qod to wound. If the order has not come in before it is time to change please call 93-6119.

Discussion: The pt never started using the Iodosorb. He is currently placing Santyl on the wound. I will have him d/c this and begin Iodosorb. I will write a letter to his insurance company to try to get dermagraft approved for his wound. F/u in 1 week. He knows to return sooner if needed.

Assessment / Plan

I will let him continue with the wound center. He seems to be making excellent progress. I will let him begin outpatient physical therapy now with aggressive range of motion on the knee and ankle. He can be weightbearing as tolerated.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)

2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Return to Office

- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 06/14/2012

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 06/14/2012.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 06/14/2012 at 11:00am

Encounter Date: 06/06/2012

Patient

Name

HARRISON, JAMES (59, M) [REDACTED]

Appt. Date/Time

06/06/2012 02:10PM

DOB

[REDACTED]

Service Dept.

Wound Center

Provider

LAUREN P LEANDER, PA-C

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group # [REDACTED]

PCP : HOOK, JEFFREY D

Referring Provider Name : HOOK, JEFFREY D

Employer Name : SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case # : [REDACTED]

Case Injury Date : 02/27/2012

Med 0: ONE CALL MEDICAL INC - WORKERS COMP

Employer Name : SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case # : [REDACTED]

Case Injury Date : 04/27/2012

Prescription: No check performed in the last 72 hrs.

Chief Complaint

Followup: Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)
Dehiscd wound

Problems

Reviewed patient problem history (as of 04/30/2012) without changes

- Pressure ulcer, unspecified stage (707.20)
- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Midlands Orthopaedics PA - 1910 blanding Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
NORCO 5 MG-325 MG TAB Take 1 tablet(s) every 4-6 hours by oral route., MOSC dispensary	05/23/12 prescribed
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	05/16/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y

Elevated Cholesterol: Y

High Blood Pressure: Y

Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Irrigation and debridement, infection - 04/12/2012
- Irrigation and debridement, infection - 04/12/2012
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Reviewed patient's history (no data recorded) without changes

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders

- Cancer

- Diabetes

Father - Bleeding Disorders

Social History

Reviewed Social History & made changes.
Ortho

HARRISON, JAMES

Alcohol Intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving
Change in symptoms: no

Pain pain 2/10

How are you alleviating the pain? changing position; medication

Medications: helping a lot

Athletics: no participation

Notes: FU s/p I&D right lower leg with vac placement. On his last visit he was placed on a vac holiday and was dressed in Iodosorb which was to be changed qod. Home health was notified however it is on order so in the interim they have been using Santyl qd. Patient is doing well with no new c/o.

ROS

None recorded.

Physical Exam

Patient is a 59-year-old male.

The pt is s/p incision and drainage to the leg incision. There is 10% slough noted throughout the wound bed. Dimensions: 4.0 X 1.0 X 0.5 at 6 o'clock. There is no evidence of infection noted today. There is some serous drainage noted. This is minimal in nature.

Previous Assessment / Plan

Date of Service

05/30/2012

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION
(SURGICAL) WOUND (998.32)

- HOME HEALTH ORDER - Note to Provider: Apply Iodosorb to wound QOD.

Discussion: I am going to have the pt go on a wound vac holiday. Iodosorb applied. I will apply for a dermagraft as well. F/u in 1 week. He knows to return sooner if needed.

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION
(SURGICAL) WOUND (998.32)

- HOME HEALTH REFERRAL - Note to Provider: Iodosorb qod to wound. If the order has not come in before it is time to change please call 93-6119.

Discussion: The pt never started using the Iodosorb. He is currently placing Santyl on the wound. I will have him d/c this and begin Iodosorb. I will write a letter to his insurance company to try to get dermagraft approved for his wound. F/u in 1 week. He knows to return sooner if needed.

Return to Office

- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 06/14/2012
- Coleman Fowble, MD for Triage at Blanding Street on 06/14/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 06/12/2012.

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HARRISON, JAMES

Encounter performed and documented by Lauren P Cook, PA-C
Encounter reviewed & signed by Lauren P Cook, PA-C on 06/12/2012 at 9:01am

Encounter Date: 05/30/2012

Patient

Name

HARRISON, JAMES (59; M)

Appt. Date/Time

05/30/2012 02:00PM

DOB

Service Dept.

Wound Center

Provider

LAUREN P LEANDER, PA-C

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group # :

PCP : HOOK, JEFFREY D

Referring Provider Name : HOOK,
JEFFREY D

Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.

Case # :

Case Injury Date : 02/27/2012

Med 0: ONE CALL MEDICAL INC -
WORKERS COMP

Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.

Case # :

Case Injury Date : 04/27/2012

Prescription: RXHUB - This patient could not
be found on the payor's files. Either the
patient is ineligible or demographic
information included in the inquiry (e.g.,
member ID) does not match the payor's
files.

Chief Complaint

Right shin wound

Problems

Reviewed patient problem history (as of 04/30/2012) without changes

- Pressure ulcer, unspecified stage (707.20)
- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200,
Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax
(803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
NORCO 5 MG-325 MG TAB Take 1 tablet(s) every 4-6 hours by oral route., MOSC dispensary	05/23/12 prescribed
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	05/16/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed

HARRISON, JAMES

FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
- Irrigation and debridement, infection - 04/12/2012
- Irrigation and debridement, infection - 04/12/2012
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Reviewed patient's history (no data recorded) without changes

Family History

Reviewed family history (as of 03/19/2012) without changes
Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes
Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving
Change in symptoms: no
Pain pain 2/10

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HARRISON, JAMES

How are you alleviating the pain? changing position; medication
Medications: helping a lot

Athletics: no participation

Notes: FU s/p I&D right lower leg with vac placement. He was evaluated by Dr. Arroyo today and had his pic line pulled and was placed on Doxycycline and Rifampin orally. Patient states he is doing well with no new c/o. His sacral wound remains healed.

ROS

None recorded.

Physical Exam

Patient is a 59-year-old male.

The pt is s/p incision and drainage to the leg incision. There is 20% slough noted throughout the wound bed with 40% noted distally. Dimensions: 5.0 X 1.4 X 0.5 at 6 o'clock. There is slightly less depth. There is no evidence of infection noted today. There is some serous drainage noted. This is minimal in nature.

Previous Assessment / Plan

Date of Service

05/23/2012

I will continue with the current modalities. I will have him fitted with a dynamic AFO as he goes to full weightbearing next week. He can go to outpatient physical therapy once he is off the wound VAC. He will finish is IV antibiotics next week and I would as soon he will take 2-3 months of oral antibiotics for suppression. I'll see him back in 3 or 4 weeks.

1. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)
2. PAIN IN JOINT; LOWER LEG (719.46)
3. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)
4. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)
5. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)
 - HOME HEALTH ORDER - Note to Provider: Apply Iodosorb to wound QOD.

Discussion: I am going to have the pt go on a wound vac holiday. Iodosorb applied. I will apply for a dermagraft as well. F/u in 1 week. He knows to return sooner if needed.

Return to Office

- Midlands Orthopaedics, PA for New Patient at Wound Center on 06/06/2012
- Coleman Fowble, MD for Triage at Blanding Street on 06/14/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 05/31/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 05/31/2012 at 12:13pm

Encounter Date: 05/23/2012

Patient

Name

HARRISON, JAMES (59, M)

Appt. Date/Time

05/23/2012 10:35AM

DOB

[REDACTED]

Service Dept.

Blanding Street

Provider

COLEMAN FOWBLE, MD

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group # [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

HARRISON, JAMES

Med 0: ONE CALL MEDICAL INC -
WORKERS COMP

Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.

Case # :

Case Injury Date : 04/27/2012

Prescription: RXHUB - This patient could not
be found on the payor's files. Either the
patient is ineligible or demographic
information included in the inquiry (e.g.,
member ID) does not match the payor's
files.

Chief Complaint

Followup: Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02)
Followup: Pain in joint; lower leg (719.46)
Followup: Pressure ulcer, unspecified stage (707.20)
Followup: Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
Followup: Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)

DOS 04/12/2012 Irrigation and Debridement of Post-Op Wound - Right Lower Extremity

PATIENT IS HERE TO FOLLOW UP ON HIS RIGHT LEG - HE HAS BEEN FOLLOWED IN THE WOUND CLINIC HERE AT MOPA

Problems

Reviewed patient problem history (as of 04/30/2012) without changes

- Pressure ulcer, unspecified stage (707.20)
- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200,
Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax
(803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history & made changes

Name	Date
NORCO 5 MG-325 MG TAB Take 1 tablet(s) every 4-6 hours by oral route, MOSC dispensary	05/23/12 prescribed
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	05/16/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Midlands Orthopaedics PA • 1910 Landing Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS

PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y

Elevated Cholesterol: Y

High Blood Pressure: Y

Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Irrigation and debridement, infection - 04/12/2012

- Irrigation and debridement, infection - 04/12/2012

- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 05/02/2012

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders

- Cancer

- Diabetes

Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: Occasional.

Number of children: 2.

Marital status: Married.

Diet: Regular.

Chewing tobacco: none.

Cigar/Pipe Use: N.

Non-smoker.

Smoking Status: Never smoker.

Work History: Disabled.

Are you currently employed?: Y.

Hand Dominance: Right.

Occupation: exec. dir..

Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? Improving

Change in symptoms: no

Pain pain 2/10

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: helping a little

Previous PT: helped significantly

Previous Injections: none

Athletics: no participation

Mr. Harrison continues to improve. He is going to full weightbearing next week. The wound care team feels like he'll only need the VAC for another week or 2. He also has had his EMG nerve conduction study. Things seem to be looking well.

ROS

Patient reports arthralgias/joint pain and swelling in the extremities. He reports sleep disturbances.

Physical Exam

Midlands Orthopaedics PA • 1910 blending Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Patient is a 59-year-old male.

He is alert and oriented x3. He looks very bright today. He is in his wheelchair as he just came from the wound Center and came through the office. The wound VAC is on and functioning. He still has very minimal function of the peroneal nerve. The dorsalis pedis pulse is palpable.

Results / Interpretations

EXTERNAL RESULT

I reviewed the EMG nerve conduction study and went over this with Dr. Redmond. He feels like the fracture of the fibular head is probably the main culprit as the superficial branch is out as well. Typically with swelling or compartment issues, the superficial branch is spared.

Previous Assessment / Plan

Date of Service

05/16/2012

1. No diagnosis

- SANTYL 250 UNIT/G OINTMENT - Apply topically daily to wound with dressing Qty: 1.30 gm tube(s) Refills: 0 Pharmacy: CVS PHARMACY # 2250

Assessment / Plan

I will continue with the current modalities. I will have him fitted with a dynamic AFO as he goes to full weightbearing next week. He can go to outpatient physical therapy once he is off the wound VAC. He will finish IV antibiotics next week and I would as soon as he will take 2-3 months of oral antibiotics for suppression. I'll see him back in 3 or 4 weeks.

1. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)
2. PAIN IN JOINT; LOWER LEG (719.46)
3. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)
4. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)
5. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Return to Office

- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 05/30/2012
- Coleman Fowble, MD for Triage at Gregg on 06/14/2012

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 05/23/2012.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 05/23/2012 at 11:52am

Encounter Date: 05/09/2012

Patient

Name

HARRISON, JAMES (59, M)

DOB

Provider

LAUREN P LEANDER, PA-C

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group #:

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #:

Case Injury Date: 02/27/2012

Med 0: ONE CALL MEDICAL INC - WORKERS COMP

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #:

Case Injury Date: 04/27/2012

Prescription: No check performed in the last 24 hrs.

Appt. Date/Time

05/09/2012 11:50AM

Service Dept.

Wound Center

Midlands Orthopaedics PA • 1910 Blanding Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Chief Complaint

Right Lower Extremity Wound, Sacral Wound

Problems

Reviewed patient problem history (as of 04/30/2012) without changes

- Pressure ulcer, unspecified stage (707.20)
- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	05/16/12 prescribed
NORCO 5 MG-325 MG TAB Take 1 tablet(s) every 4-6 hours by oral route.	04/30/12 prescribed
VICODIN 5 MG-500 MG TAB Take 1-2 Tablets by mouth every 4-6 hours prn pain	04/05/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Irrigation and debridement, infection - 04/12/2012
- Irrigation and debridement, infection - 04/12/2012
- Orthopaedic Surgery - 03/01/2012 - right lower leg

HARRISON, JAMES

Patient History - Other

Last reviewed Patient History - Other 05/02/2012

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving (minimal)

Pain pain 2/10

How are you alleviating the pain? changing position; medication

Medications: helping a lot

Athletics: no participation

Notes: FU s/p I&D right lower leg with vac placement and sacral wound which he has been applying Santyl to. Patient states he is doing well with no new c/o. We have sent orders to home health to apply MediHoney to the wound however they said they have never heard of it and have been continuing with Santyl.

ROS

Patient reports arthralgias/joint pain and swelling in the extremities. He reports sleep disturbances.

Physical Exam

Patient is a 59-year-old male.

The pt is s/p incision and drainage to the leg incision. It is healthy and granular. Dimensions: 5.0 X 1.9 cm. There is some depth noted at the 4 o'clock direction. It measures 2.9 cm. There is no evidence of infection, no active drainage. The remainder of the incision is healed. The sacral wound is now healed.

Procedure Documentation

KB/LL Wound Vac Application:

Wound Vac Application :

A wound vac was applied to the appropriately identified area. The periwound tissue was protected with tape and good seal was noted. The VAC was set at (X) 150 () 125 (X) Continuous () intermittent. The patient will return for routine wound vac changes. No data for CPT.

Previous Assessment / Plan

Midlands Orthopaedics PA - 1910 Blanding Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Date of Service
05/02/2012

1. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)

- HOME HEALTH ORDER - Note to Provider: Apply MediHoney alginate and Optifoam gentle to sacral wound QOD. Vac changes to RLE wound Mondays and Fridays, will see in the wound center on Wednesdays.

Discussion: Wound vac placed on leg. MediHoney applied to sacral area. F/u in 1 week. He knows to return sooner if needed.

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

- HOME HEALTH REFERRAL - Note to Provider: Wound vac changes Monday and Fridays. Please start using white sponge in the distal medial tunnel

Discussion: Wound vac applied. F/u in 1 week. He knows to return sooner if needed.

Return to Office

- Coleman Fowble, MD for Return Office Visit at Blanding Street on 05/23/2012
- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 05/23/2012
- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 05/30/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 05/21/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 05/21/2012 at 4:14pm

Encounter Date: 05/09/2012

Procedure Documentation

EMG/NCS:

EMG/NCS

MIDLANDS ORTHOPAEDICS, P.A.
1910 BLANDING STREET
COLUMBIA, SC 29201
TELEPHONE 803-256-4107 EXT 6213 FAX 803-988-8115
PHYSICAL MEDICINE SERVICE
ELECTROMYOGRAPHY REPORT

Patient: Harrison James
MOFILE #:
Sex: Male
Date of Birth:
Age: 59 Years 9 Months
Referring Phy: Coleman D Fowble, M.D.
Date of Service: 05/09/2012
Technologist: Kathleen Emette, R NCS T
Notes: Eval right peroneal nerve

Hx: Fracture or proximal tibia/fibula, 2/27/2012, with right foot drop

PE: Tingling in right Sup peroneal distribution, with weakened right ankle eversion and absent ankle DF. Normal PF and inversion

Sensory NCS

Nerve / Sites	Rec. Site	Amp. 2-3 µV	Lat. 2 ms	Dist cm	Temp. °C
L SUP PERONEAL					
Lat Leg	Foot	7.3	3.40	10	34.2
R SUP PERONEAL					
Lat Leg	Foot	NR	NR	10	33.9

HARRISON, JAMES

Motor NCS

Nerve / Sites	Rec. Site	Amp. mV	Lat. ms	Dist. cm	Vel. m/s	Temp. °C
L DEEP PERONEAL						
Ankle	EDB	2.6	4.25	8		33.9
Fib. Head		1.9	11.05	31	45.6	33.9
R DEEP PERONEAL						
Ankle	EDB	NR	NR	8		34
Fib. Head		NR	NR			34.2

EMG Summary Table									
	Spontaneous					MUAP			Recruitment
	IA	Fib	PSW	Fasc	CRD	Amp	Dur.	PPP	Pattern
R. PERON LONGUS	Increased	2+	2+	None	None	N	N	N	1-3 Units
R. EXT DIG LONG	Increased	2+	2+	None	None	N	N	N	0 Units
R. TIB ANTERIOR	Increased	2+	2+	None	None	N	N	N	0 Units
R. GASTROCN (MED)	N	None	None	None	None	N	N	N	0 Units
R. VAST LATERALIS	N	None	None	None	None	N	N	N	NL Full
R. VAST MEDIALIS	N	None	None	None	None	N	N	N	NL Full
R. GASTROCN (LAT)	N	None	None	None	None	N	N	N	NL Full
R. BIC FEM (S HEAD)	N	None	None	None	None	N	N	N	NL Full
R. SEMITENDIN	N	None	None	None	None	N	N	N	NL Full

Summary: Absent right superficial sensory and deep peroneal motor nerve responses. EMG abnormalities noted in the right PL, EDL, and TA.

IMPRESSION: Severe right common peroneal nerve injury, with partial function of the superficial peroneal nerve branch, but with no function and significant denervation in the deep peroneal branch.

Thank you for requesting this study.

M. David Redmond, M.D.

Encounter Sign-Off

Encounter signed-off by M David Redmond, MD, 05/09/2012.

Encounter performed and documented by M David Redmond, MD

Encounter reviewed & signed by M David Redmond, MD on 05/09/2012 at 12:14pm

Encounter Date: 05/02/2012

Patient

Name

HARRISON, JAMES (59, M)

Appt. Date/Time

05/02/2012 10:00AM

DOB

Service Dept.

Wound Center

Provider

LAUREN P LEANDER, PA-C

Insurance

Med 0: LIBERTY MUTUAL

Policy/Group #:

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

HARRISON, JAMES

Case # : [REDACTED]
Case Injury Date : 02/27/2012
Med 0: ONE CALL MEDICAL INC -
WORKERS COMP
Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.
Case # : [REDACTED]
Case Injury Date : 04/27/2012
Prescription: RXHUB - This patient could not
be found on the payor's files. Either the
patient is ineligible or demographic
information included in the inquiry (e.g.,
member ID) does not match the payor's
files.

Chief Complaint

s/p right lower leg l&d with vac placement, sacral wound

Problems

Reviewed patient problem history (as of 04/30/2012) without changes

- Pressure ulcer, unspecified stage (707.20)
- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL
Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200,
Fax (803) 699-1474
Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax
(803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes	
Name	Date
NORCO 5 MG-325 MG TAB Take 1 tablet(s) every 4-6 hours by oral route.	04/30/12 prescribed
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	04/05/12 prescribed
VICODIN 5 MG-500 MG TAB Take 1-2 Tablets by mouth every 4-6 hours prn pain	04/05/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

HARRISON, JAMES

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS

PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y

Elevated Cholesterol: Y

High Blood Pressure: Y

Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

• Irrigation and debridement, infection - 04/12/2012

• Irrigation and debridement, infection - 04/12/2012

• Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Reviewed patient's history (no data recorded) without changes

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders

- Cancer

- Diabetes

Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: Occasional.

Number of children: 2.

Marital status: Married.

Diet: Regular.

Chewing tobacco: none.

Cigar/Pipe Use: N.

Non-smoker.

Smoking Status: Never smoker.

Work History: Disabled.

Are you currently employed?: Y.

Hand Dominance: Right.

Occupation: exec. dir..

Type of Work: insurance.

Vitals

BP: 106/68 Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving (minimal)

Pain pain 2/10

How are you alleviating the pain? changing position; medication

Medications: helping a lot

Athletics: no participation

Notes: FU s/p I&D right lower leg with vac placement and sacral wound which he has been applying Santyl to. Patient states he is doing well with no new c/o.

ROS

Patient reports arthralgias/joint pain and swelling in the extremities. He reports sleep disturbances.

Physical Exam

Patient is a 59-year-old male.

Midlands Orthopaedics PA - 1910 Blanding Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

The pt is s/p incision and drainage to the leg incision. It is healthy and granular. Dimensions: 4.7 X 2.0 X 2.5 cm distal. There is no evidence of infection, no active drainage. The remainder of the incision is healed. The sacral wound is still present between the buttocks. It is extremely superficial and appears like a skin tear. Dimensions: 1.0 X 0.5 cm. No bone or muscle exposure. No evidence of infection.

Procedure Documentation

KB/LL Wound Vac Application:

Wound Vac Application :

A wound vac was applied to the appropriately identified area. The periwound tissue was protected with tape and good seal was noted. The VAC was set at (X) 150 () 125 (X) Continuous () intermittent. The patient will return for routine wound vac changes. No data for CPT.

Previous Assessment / Plan

Date of Service

04/30/2012

He seems to be improving nicely now. I will let him go to 50% weightbearing next week. I'm going to get an EMG nerve conduction study to check the peroneal nerve to look at compartment syndrome versus direct trauma to the nerve from the comminuted fibular head fracture. He will have a VAC change on Wednesday and are wound center. I'm going to try and find out how to get him plugged in to an outpatient infectious disease doctor. I would like to see him in 4 weeks. I will contact him after the EMG nerve conduction study. I refilled his pain medication. His caseworker was here today as well.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)
2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)
3. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)
4. PAIN IN JOINT; LOWER LEG (719.46)

Assessment / Plan

1. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)

- HOME HEALTH ORDER - Note to Provider: Apply MediHoney alginate and Optifoam gentle to sacral wound QOD. Vac changes to RLE wound Mondays and Fridays, will see in the wound center on Wednesdays.

Discussion: Wound vac placed on leg. Medihoney applied to sacral area. F/u in 1 week. He knows to return sooner if needed.

Return to Office

- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 05/16/2012
- Coleman Fowble, MD for Return Office Visit at Blanding Street on 05/23/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 05/09/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 05/09/2012 at 12:54pm

Encounter Date: 04/30/2012

Patient

Name

HARRISON, JAMES (59, M)

Appt. Date/Time

04/30/2012 03:40PM

DOB

Service Dept.

Imo

Provider

COLEMAN FOWBLE, MD

Insurance

Med 0: LIBERTY MUTUAL -

Policy/Group # :

PCP : HOOK, JEFFREY D

Referring Provider Name : HOOK, JEFFREY D

Employer Name : SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case # :

Case Injury Date : 02/27/2012

Prescription: RXHUB - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g.,

Midlands Orthopaedics PA - 1910 Branding Street, COLUMBIA SC 29201-3526

HARRISON, JAMES

member ID) does not match the payor's files.

Chief Complaint

Followup: Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02)

Followup: Pain in joint; lower leg (719.46)

Followup: Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)

DOS 04/12/2012 Irrigation and Debridement of Post-Op Wound - Right Lower Extremity

Problems

Reviewed patient problem history & made changes

- Pressure ulcer, unspecified stage (707.20)

- Pain in joint; lower leg (719.46)

- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)

- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right

- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)

Patient's Providers

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history & made changes

Name	Date
NORCO 5 MG-325 MG TAB Take 1 tablet(s) every 4-6 hours by oral route.	04/30/12 prescribed
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	04/05/12 prescribed
VICODIN 5 MG-500 MG TAB Take 1-2 Tablets by mouth every 4-6 hours prn pain	04/05/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS

PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y

Elevated Cholesterol: Y

High Blood Pressure: Y

Sleeping Disorders: Y

HARRISON, JAMES

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
• Irrigation and debridement, infection - 04/12/2012
• Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 04/12/2012

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

BP: 133/82 Ht: 28 ft 8 in Pulse: 102 bpm

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving
Change in symptoms: yes
Pain pain 1/10
How are you alleviating the pain? changing position; distraction; medication; rest
Medications: helping a lot
Previous PT: helped significantly
Previous Injections: none
Athletics: no participation

Mr. Harrison returns today for followup. He seems to be doing pretty well. He is a little concerned that his vancomycin trough was a little low. I'm a little concerned because he's had no followup with the infectious disease folks. He had another trough drawn today.

ROS

Patient reports arthralgias/joint pain and swelling in the extremities. He reports rash. He reports sleep disturbances.

Physical Exam

Patient is a 59-year-old male.

He is alert and oriented x3. Cranial nerves II through XII are intact grossly. He has on the wound VAC and there is no erythema or cellulitis on the leg at all. It looks very good. His range of motion is 10-95°. He is beginning to get more of a flicker in the EHL.

Previous Assessment / Plan

Date of Service

04/26/2012

1. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)

• HOME HEALTH ORDER - Note to Provider: Apply Medil-honey alginate and Optifoam gentle to sacral wound QOD

Assessment / Plan

HARRISON, JAMES

He seems to be improving nicely now. I will let him go to 50% weightbearing next week. I'm going to get an EMG nerve conduction study to check the peroneal nerve to look at compartment syndrome versus direct trauma to the nerve from the comminuted fibular head fracture. He will have a VAC change on Wednesday and are wound center. I'm going to try and find out how to get him plugged in to an outpatient infectious disease doctor. I would like to see him in 4 weeks. I will contact him after the EMG nerve conduction study. I refilled his pain medication. His caseworker was here today as well.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)
2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)
3. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)
4. PAIN IN JOINT; LOWER LEG (719.46)

Return to Office

- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 05/02/2012

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 04/30/2012.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 04/30/2012 at 4:19pm

Encounter Date: 04/26/2012

Patient

Name	HARRISON, JAMES (59, M)	Appt. Date/Time	04/26/2012 09:55AM
DOB		Service Dept.	Wound Center
Provider	LAUREN P LEANDER, PA-C		

Insurance

Med 0: LIBERTY MUTUAL -
Policy/Group #:
PCP: HOOK, JEFFREY D
Referring Provider Name: HOOK, JEFFREY D
Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.
Case #:
Case Injury Date: 02/27/2012
Med 0: ONE CALL MEDICAL INC -
WORKERS COMP
Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.
Case #:
Case Injury Date: 04/27/2012
Prescription: RXHUB - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

s/p I&D right lower leg

Problems

Reviewed patient problem history (as of 04/30/2012) without changes

- Pressure ulcer, unspecified stage (707.20)
- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

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HARRISON, JAMES

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history & made changes	
Name	Date
NORCO 5 MG-325 MG TAB Take 1 tablet(s) every 4-6 hours by oral route.	04/30/12 prescribed
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	04/05/12 prescribed
VICODIN 5 MG-500 MG TAB Take 1-2 Tablets by mouth every 4-6 hours prn pain	04/05/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
• Irrigation and debridement, infection - 04/12/2012
• Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Reviewed patient's history (no data recorded) without changes

Family History

Reviewed family history (as of 03/19/2012) without changes
Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes
Ortho
Alcohol intake: Occasional.
Number of children: 2.

HARRISON, JAMES

Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

BP: 101/62 Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving (minimal)

Pain pain 2/10

How are you alleviating the pain? changing position; medication

Medications: helping a lot

Athletics: no participation

Notes: FU s/p I&D right lower leg with vac placement. Patient is here today because home health is requesting Santyl under the vac. Patient overall is doing well with no new c/o.

ROS

Patient reports arthralgias/joint pain and swelling in the extremities. He reports sleep disturbances.

Physical Exam

Patient is a 59-year-old male.

The pt is s/p incision and drainage to the leg incision. It is healthy and granular. Dimensions: 4.7 X 2.4 X 3.0 cm distal. There is no evidence of infection, no active drainage. The remainder of the incision is healed. The sacral wound is still present between the buttocks. It is extremely superficial and appears like a skin tear. Dimensions: 1.0 X 0.5 cm. No bone or muscle exposure. No evidence of infection.

Previous Assessment / Plan

Date of Service

04/12/2012

1. PAIN IN JOINT; LOWER LEG (719.46)

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

3. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: The pt's dehisced wound looks worse. I had both Dr. James and Dr. Fowble look at the patient with me today. He will be admitted. I and D of the right knee will be planned for this afternoon. I will f/u with him post op if needed.

Assessment / Plan

1. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)

- HOME HEALTH ORDER - Note to Provider: Apply MediHoney alginate and Optifoam gentle to sacral wound QOD

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; TIBIA ALONE (823.00)

Discussion: Wound vac placed over the leg dehisced incision. He will have HH change the vac at home. Medihoney c optifoam gentle placed. He will f/u in 1 week. He knows to return sooner if needed.

Return to Office

- M David Redmond, MD for EMG/NCS at Gregg on 05/09/2012
- Coleman Fowble, MD for Return Office Visit at Blanding Street on 05/23/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 05/02/2012.

Midlands Orthopaedics PA - 1910 Landing Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Encounter performed and documented by Lauren P Cook, PA-C
Encounter reviewed & signed by Lauren P Cook, PA-C on 05/02/2012 at 11:49am

Encounter Date: 04/12/2012

Patient

Name

HARRISON, JAMES (59, M)

Appt. Date/Time

04/12/2012 10:55AM

DOB

Service Dept.

Wound Center

Provider

LAUREN P LEANDER, PA-C

Insurance

Med 0: LIBERTY MUTUAL -

Policy/Group # :

PCP : HOOK, JEFFREY D

Referring Provider Name : HOOK,
JEFFREY D

Employer Name : SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.

Case # :

Case Injury Date : 02/27/2012

Prescription: No check performed in the last
24 hrs.

Chief Complaint

Right Knee Pain

s/p ORIF right knee - 3/1/2012

Problems

Reviewed patient problem history (as of 04/05/2012) without changes

- Pressure ulcer, unspecified stage (707.20)
- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)

Patient's Providers

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (803) 422-6847

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	04/05/12 prescribed
VICODIN 5 MG-500 MG TAB Take 1-2 Tablets by mouth every 4-6 hours prn pain	04/05/12 prescribed
CLINDAMYCIN 150 MG CAP Take 3 capsules by mouth every 8 hours for 10 Days	04/05/12 prescribed
SILVADENE 1 % TOPICAL CREAM Apply topically to wound QD with dressing	04/02/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed

HARRISON, JAMES

HYDROCODONE COMPOUND	03/28/12 entered
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
- Irrigation and debridement, infection - 04/12/2012
- Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Reviewed patient's history (no data recorded) without changes

Family History

Reviewed family history (as of 03/19/2012) without changes
Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes
Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

BP: 91/61 sitting Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7 Pulse: 110 bpm

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving (minimal)
Pain pain 2/10
How are you alleviating the pain? changing position; medication
Medications: helping a lot
Athletics: no participation

Midlands Orthopaedics PA - 1910 Blanding Street, COLUMBIA SC 29201-3520

HARRISON, JAMES (REDACTED)

ROS

Patient reports arthralgias/joint pain and swelling in the extremities. He reports sleep disturbances.

Physical Exam

Patient is a 59-year-old male.

The distal portion of the dehiscent wound is draining moderate purulent drainage. Minimal erythema and warmth noted to the periphery. The superior aspect of the wound remains dehiscent and a bit smaller. No purulent drainage is expressible. No fluctuant areas are present. The central portion of the wound is completely healed.

Previous Assessment / Plan

Date of Service

04/05/2012

I'm very pleased with his radiographs. I am a little more comfortable with the wound now as it looks like just a few stitch abscesses the remainder of it is granulating nicely. I want him to continue antibiotics until the entire wound has granulated. He can begin weightbearing protocol next week and 25%. I want him to continue working aggressively on range of motion of the knee and keep the ankle flexible. I'll get an EMG nerve conduction study as well. Follow up in 3 weeks.

1. PAIN IN JOINT; LOWER LEG (719.46)

• X-RAY, KNEE

View: AP & Lateral

Side: RIGHT

Possibility of Pregnancy?: N Weighted/Unweighted: Unweighted

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Assessment / Plan

1. PAIN IN JOINT; LOWER LEG (719.46)

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

3. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: The pt's dehiscent wound looks worse. I had both Dr. James and Dr. Fowble look at the patient with me today. He will be admitted. I and D of the right knee will be planned for this afternoon. I will f/u with him post op if needed.

Return to Office

• Coleman Fowble, MD for Return Office Visit at Gregg on 05/03/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 04/18/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 04/18/2012 at 8:30am

Encounter Date: 04/05/2012

Patient

Name

HARRISON, JAMES (59, M) (REDACTED)

DOB

(REDACTED)

Appt. Date/Time

04/05/2012 09:55AM

Provider

LAUREN P LEANDER, PA-C

Service Dept.

Wound Center

Insurance

Med 0: LIBERTY MUTUAL -

Policy/Group #: (REDACTED)

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: (REDACTED)

Case Injury Date: 02/27/2012

Prescription: No check performed in the last 24 hrs.

Chief Complaint

Followup: Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)
Dehiscent right knee wound

HARRISON, JAMES

Problems

Reviewed patient problem history (as of 04/05/2012) without changes

- Pressure ulcer, unspecified stage (707.20)
- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)

Patient's Providers

Insurance Adjuster (Worker's Comp): RASHA YOUSSEF: Ph (800) 532-7706 EXT 24398, Fax (603) 334-8090

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
SANTYL 250 UNIT/G OINTMENT Apply topically daily to wound with dressing	04/05/12 prescribed
VICODIN 5 MG-500 MG TAB Take 1-2 Tablets by mouth every 4-6 hours prn pain	04/05/12 prescribed
CLINDAMYCIN 150 MG CAP Take 3 capsules by mouth every 8 hours for 10 Days	04/05/12 prescribed
SILVADENE 1 % TOPICAL CREAM Apply topically to wound QD with dressing	04/02/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
HYDROCODONE COMPOUND	03/28/12 entered
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Orthopaedic Surgery - 03/01/2012 - right lower leg

Family History

HARRISON, JAMES

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: Occasional.

Number of children: 2.

Marital status: Married.

Diet: Regular.

Chewing tobacco: none.

Cigar/Pipe Use: N.

Non-smoker.

Smoking Status: Never smoker.

Work History: Disabled.

Are you currently employed?: Y.

Hand Dominance: Right.

Occupation: exec. dir..

Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7

HPI

Wound

Reported by patient.

Location: right (knee)

Severity: pain level 2/10

Context: R knee surgery 3/1/12

Associated Symptoms: swelling; drainage

Previous Surgery: surgical procedure: (ORIF R knee); date: (3/1/12)

Notes: FU dehisced right knee wound with SQ stich abscesses. On his last visit the remainder of the staples were removed and a Silver Cel dressing was applied which home health has continued at home. Patient states he is improving with no new c/o. He was evaluated by Dr. Fowble this morning as well.

ROS

Patient reports nose/sinus problems but reports no frequent nosebleeds. He reports cough but reports no wheezing, no shortness of breath, and no coughing up blood. He reports arthralgias/joint pain and swelling in the extremities but reports no muscle aches, no muscle weakness, and no back pain. He reports sinus pressure but reports no runny nose, no itching, no hives, and no frequent sneezing. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising.

Physical Exam

Patient is a 59-year-old male.

The superior aspect of the wound has dehisced. It measures 0.5 X 0.2 X 0.2 cm. The central portion of the wound is completely healed. The distal aspect of the wound has a dehisced wound measuring 6.0 X 1.1 cm. There are 4 punctate areas in this region that probe to 1.5 cm. There is a mild amount of serosanguineous fluid from the dehisced areas. There is no focal tenderness. There is no erythema, no warmth, no evidence of infection.

In addition, the pt has a small pressure ulcer in between his buttocks. It is relatively unchanged. Fibrinous slough present. It measures about 1.0 cm in diameter. There is no bone or muscle present. No evidence for infection, no active drainage.

Previous Assessment / Plan

Date of Service
04/05/2012

HARRISON, JAMES

I'm very pleased with his radiographs. I am a little more comfortable with the wound now as it looks like just a few stitch abscesses the remainder of it is granulating nicely. I want him to continue antibiotics until the entire wound has granulated. He can begin weightbearing protocol next week and 25%. I want him to continue working aggressively on range of motion of the knee and keep the ankle flexible. I'll get an EMG nerve conduction study as well. Follow up in 3 weeks.

1. PAIN IN JOINT; LOWER LEG (719.46)

- X-RAY, KNEE

View: AP & Lateral

Side: RIGHT

Possibility of Pregnancy?: N Weighted/Unweighted: Unweighted

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Assessment / Plan

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

- SANTYL 250 UNIT/G OINTMENT - Apply topically daily to wound with dressing Qty: 1 30 gm tube(s) Refills: 0 Pharmacy: CVS PHARMACY # 2250

2. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)

Discussion: Silvercel placed over the knee. Tegaderm c santyl applied to the buttocks. RTC in 1 week. He knows to return sooner if needed.

Return to Office

- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 04/12/2012
- Coleman Fowble, MD for Return Office Visit at Gregg on 05/03/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 04/10/2012.

Encounter performed and documented by Lauren P Cook, PA-C

Encounter reviewed & signed by Lauren P Cook, PA-C on 04/10/2012 at 9:09am

Encounter Date: 04/05/2012

Patient

Name

HARRISON, JAMES (59, M)

Appt. Date/Time

04/05/2012 09:00AM

DOB

Service Dept.

Gregg

Provider

COLEMAN FOWBLE, MD

Insurance

Med 0: LIBERTY MUTUAL -

Policy/Group #:

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #:

Case Injury Date: 02/27/2012

Prescription: RXHUB - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

Right Knee Pain

Problems

Reviewed patient problem history (as of 04/05/2012) without changes

- Pressure ulcer, unspecified stage (707.20)
- Pain in joint; lower leg (719.46)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)

Patient's Providers

Insurance Adjuster (Worker's Comp): RASHA YOUSSEF: Ph (800) 532-7706 EXT 24398, Fax (603) 334-8090

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200,

Midlands Orthopaedics PA • 1910 Landing Street, COLUMBIA SC 29201-3520

HARRISON, JAMES

Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes	
Name	Date
SILVADENE 1 % TOPICAL CREAM Apply topically to wound QD with dressing	04/02/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
HYDROCODONE COMPOUND	03/28/12 entered
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.

Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
• Orthopaedic Surgery - 03/01/2012 - right lower leg

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.

HARRISON, JAMES (REDACTED), (REDACTED)

Hand Dominance: Right.

Occupation: exec. dir..

Type of Work: insurance.

Vitals

BP: 93/55 sitting Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7 Pulse: 77 bpm

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain pain 2/10

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: helping a lot

Previous PT: helped significantly

Previous Injections: none

Athletics: n/a

Mr. Harrison is now about 5 weeks out from his right complex tibial plateau fracture. He stood in good bit better. Unfortunate, peroneal nerve still is almost completely out.

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 59-year-old male.

He is alert and oriented x3. Cranial nerves 2 through 12 are intact grossly. The proximal three fourths of the wound looked great. The distal fourth is widened about 8 mm and he appears to have 3 little areas of a stitch abscess with a Vicryl suture is. The remainder of this is granulating well. The foot looks better but he still has only a flicker of extension of the EHL. There is no obvious active dorsiflexion of the ankle.

Results / Interpretations

X-RAY, KNEE

• View: AP & Lateral, Side: RIGHT, Possibility of Pregnancy?: N, Weighted/Unweighted: Unweighted
AP and lateral of the right knee show excellent restoration of the anatomy proximal tibia

Previous Assessment / Plan

Date of Service

03/28/2012

1. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)

- HOME HEALTH REFERRAL - Note to Provider: Silver cel to knee wounds to be changed qd and Xtrasorb HSC and Silvadene to sacral wound to be changed qd
- CUSTOM CUSHION - Rojo cushion and pressure relief mattress Qty: 1 Unit Refills: 0 Supplier: N/A
- TENDERSORB 8" X 10" BANDAGE - ABD pad. Apply with dressing. Qty: 30 bandage(s) Refills: 0 Pharmacy: CVS
- PHARMACY # 2250
- FLEX-WRAP 4" X 5 YARD BANDAGE - 4" gauze wrap, use with dressings Qty: 30 bandage(s) Refills: 0 Pharmacy: CVS
- PHARMACY # 2250
- SILVADENE 1 % TOPICAL CREAM - To be submitted on or around 04/02/2012 Apply topically to wound QD with dressing Qty: 1 25 gm jar(s) Refills: 0 Pharmacy: CVS PHARMACY # 2250

2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: The pt is s/p knee surgery c Dr. Fowble who appears to be having a reaction to the suture. I removed staples today. Silvercel applied. Silvadene c HCS dressing to sacral wound. F/u in 1 week. He knows to return sooner if needed.

HARRISON, JAMES

Assessment / Plan

I'm very pleased with his radiographs. I am a little more comfortable with the wound now as it looks like just a few stitch abscesses the remainder of it is granulating nicely. I want him to continue antibiotics until the entire wound has granulated. He can begin weightbearing protocol next week and 25%. I want him to continue working aggressively on range of motion of the knee and keep the ankle flexible. I'll get an EMG nerve conduction study as well. Follow up in 3 weeks.

1. PAIN IN JOINT; LOWER LEG (719.46)

- X-RAY, KNEE

View: AP & Lateral

Side: RIGHT

Possibility of Pregnancy?: N Weighted/Unweighted: Unweighted

2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Return to Office

- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 04/05/2012

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 04/05/2012.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 04/05/2012 at 9:37am

Encounter Date: 03/28/2012

Patient

Name

HARRISON, JAMES (59, M)

Appt. Date/Time

03/28/2012 02:55PM

DOB

Provider

LAUREN P LEANDER, PA-C

Service Dept.

Wound Center

Insurance

Med 0: LIBERTY MUTUAL -

Policy/Group #: [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

Prescription: RXHUB - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

Right knee post-surgical wound complications

Problems

Reviewed patient problem history (as of 03/28/2012) without changes

- Pressure ulcer, unspecified stage (707.20)
- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
- Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32)

Patient's Providers

Insurance Adjuster (Worker's Comp): RASHA YOUSSEF: Ph (800) 532-7706 EXT 24398, Fax (603) 334-8090

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name

Date

HARRISON, JAMES

SILVADENE 1 % TOPICAL CREAM Apply topically to wound QD with dressing	04/02/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap, use with dressings	03/28/12 prescribed
HYDROCODONE COMPOUND	03/28/12 entered
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
• Orthopaedic Surgery - 03/01/2012 - right lower leg

Family History

Reviewed family history (as of 03/19/2012) without changes
Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes
Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 250 lbs BMI: 39.2

HPI

Wound

Reported by patient.

HARRISON, JAMES

Location: right (knee)

Severity: pain level 2/10

Context: R knee surgery 3/1/12

Associated Symptoms: swelling; drainage

Previous Surgery: surgical procedure; (ORIF R knee); date: (3/1/12)

Notes: Patient is here for evaluation of right knee post-surgical wound complications. He is a patient of Dr. Fowble. He is currently at healthsouth. He is experiencing blistering of his incision. He states that Dr. Fowble thinks this may be caused by an allergy to the staples. He is using an antibiotic ointment that was given to him by healthsouth but he is not sure of the name. He is taking Clindamycin TID, he has 2 days left. He denies constitutional symptoms. The wound is draining heavily. He is touch down WB on his RLE but stays off of it unless necessary. He has a home health nurse that told the patient this morning he is also developing a pressure wound on his sacral area. This has not been treated yet.

ROS

Patient reports nose/sinus problems but reports no frequent nosebleeds. He reports cough but reports no wheezing, no shortness of breath, and no coughing up blood. He reports arthralgias/joint pain and swelling in the extremities but reports no muscle aches, no muscle weakness, and no back pain. He reports sinus pressure but reports no runny nose, no itching, no hives, and no frequent sneezing. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising.

Physical Exam

Patient is a 59-year-old male.

The superior aspect of the wound looks completely healed. There is a little small blister in the area proximal aspect of the incision about 1 cm. The distal aspect of the wound has about a 3-4 cm area with small fracture blisters. There is a mild amount of serosanguineous fluid from the dehiscent areas. The incisions is intact w staples in the areas with the blisters. I will have them removed today. There is no focal tenderness. There is no erythema, no warmth, no evidence of infection.

In addition, the pt has a small pressure ulcer in between his buttocks. It is less than 1.0 cm in diameter. There is no bone or muscle present. No evidence for infection, no active drainage.

Previous Assessment / Plan

Date of Service

03/26/2012

I will continue the antibiotics. I will have him seen in the wound center Wednesday. I will see him in one week. I don't mind if he works for him. This was all discussed with both the patient and his caseworker.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Assessment / Plan

1. PRESSURE ULCER, UNSPECIFIED STAGE (707.20)

- HOME HEALTH REFERRAL - Note to Provider: Silver cel to knee wounds to be changed qd and Xtrasorb HSC and Silvadene to sacral wound to be changed qd
- CUSTOM CUSHION - Rojo cushion and pressure relief mattress Qty: 1 Unit Refills: 0 Supplier: N/A
- TENDERSORB 6" X 10" BANDAGE - ABD pad. Apply with dressing. Qty: 30 bandage(s) Refills: 0 Pharmacy: CVS PHARMACY # 2250
- FLEX-WRAP 4" X 5 YARD BANDAGE - 4" gauze wrap, use with dressings Qty: 30 bandage(s) Refills: 0 Pharmacy: CVS PHARMACY # 2250
- SILVADENE 1 % TOPICAL CREAM - To be submitted on or around 04/02/2012 Apply topically to wound QD with dressing Qty: 1 25 gm jar(s) Refills: 0 Pharmacy: CVS PHARMACY # 2250

2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: The pt is s/p knee surgery c Dr. Fowble who appears to be having a reaction to the suture. I removed staples today. Silvercel applied. Silvadene c HCS dressing to sacral wound. F/u in 1 week. He knows to return sooner if needed.

Return to Office

- Coleman Fowble, MD for Triage at Gregg on 04/05/2012
- Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 04/05/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 04/03/2012.

Midlands Orthopaedics PA • 1910 Landing Street, COLUMBIA SC 29201-3520

HARRISON, JAMES [REDACTED]

Encounter performed and documented by Lauren P Cook, PA-C
Encounter reviewed & signed by Lauren P Cook, PA-C on 04/03/2012 at 9:20am

Encounter Date: 03/26/2012

Patient

Name

HARRISON, JAMES (59, M) [REDACTED]

Appt. Date/Time

03/26/2012 02:10PM

DOB

Service Dept.

Irmo

Provider

COLEMAN FOWBLE, MD

Insurance

Med 0: LIBERTY MUTUAL -

Policy/Group #: [REDACTED]

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK,
JEFFREY D

Employer Name: SC WIND, STORM
AND HAIL UNDERWRITERS ASSOC.

Case #: [REDACTED]

Case Injury Date: 02/27/2012

Prescription: RXHUB - This patient could not
be found on the payor's files. Either the
patient is ineligible or demographic
information included in the inquiry (e.g.,
member ID) does not match the payor's
files.

Chief Complaint

Leg Pain

Lower Leg Pain

Right lower leg pain - DOI: 2/27/12 . work-related fall. DOS: 3/01/2012 Right Open Reduction and internal fixation of the right bicondylar tibial plateau fracture -2nd post operative visit C/O blister and drainage

Problems

Last reviewed Problems 03/19/2012

- Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02)

Patient's Providers

Insurance Adjuster (Worker's Comp): RASHA YOUSSEF: Ph (800) 532-7706 EXT 24398, Fax (603) 334-8090

Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/19/2012) without changes

Name	Date
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history (as of 03/19/2012) without changes

ACE INHIBITORS
PENICILLINS

HARRISON, JAMES

Past Medical History

Reviewed past medical history.

Diabetes: Y

Elevated Cholesterol: Y

High Blood Pressure: Y

Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes

- Orthopaedic Surgery - 03/01/2012 - right lower leg

Family History

Reviewed family history (as of 03/19/2012) without changes

Mother - Bleeding Disorders

- Cancer

- Diabetes

Father - Bleeding Disorders

Social History

Reviewed Social History & made changes

Ortho

Alcohol intake: Occasional.

Number of children: 2.

Marital status: Married.

Diet: Regular.

Chewing tobacco: none.

Cigar/Pipe Use: N.

Non-smoker.

Smoking Status: Never smoker.

Work History: Disabled.

Are you currently employed?: Y.

Hand Dominance: Right.

Occupation: exec. dir..

Type of Work: insurance.

Vitals

BP: 77/50 Ht: 5 ft 7 in Wt: 250 lbs BMI: 39.2 Pulse: 62 bpm RR: 12

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: yes

Pain pain 2/10

How are you alleviating the pain? changing position; distraction; medication; rest

Medications: not helping at all

Previous PT: helped significantly

Previous Injections: none

Athletics: no participation

I saw Mr. Harrison last week with some spotty drainage from the lower aspect of the wound. I brought him back in today for a wound check. He continues to have some serous-type drainage. He really is not having any significant pain. He is having no fevers or other constitutional signs or symptoms. He is complaining of some numbness on the thigh. Now I am beginning to wonder if his footdrop may be from the tourniquet. He states the numbness in the leg and foot are improving.

ROS

Patient reports nose/sinus problems but reports no frequent nosebleeds. He reports cough but reports no wheezing, no shortness of breath, and no coughing up blood. He reports sinus pressure but reports no runny nose, no itching, no hives, and no frequent sneezing. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness,

HARRISON, JAMES

no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising.

Physical Exam

Patient is a 59-year-old male.

He is alert and oriented x3. He is in a wheelchair today. The superior aspect of the wound looks completely healed clean and dry. There is a little small blister in the area proximal aspect of the incision about 1 cm. The distal aspect of the wound has about a 3-4 cm area with small fracture blisters and this one poke hole about 1 cm proximal to the very tip of the wound which is draining serosanguineous fluid. I wonder if this is not a stitch abscess from the Vicryl suture. The knee itself is nontender. There is no erythema or cellulitis to indicate problems in the knee joint.

Previous Assessment / Plan

Date of Service

03/19/2012

I will discontinue the proximal three fourths of the staples. I am the concerned about him taking oral steroids but this wound drainage. It does not look infected but is probably breakdown of the third space fluid and hematoma his he had fairly significant swelling both preop and postop. I am encouraged by the flexor and the extensor halluc longus. Also, the musculature of the calf is very soft with no evidence of fibrosis. I want him to continue to work aggressively on knee and ankle range of motion. He was started on a Lambotte it by the rehabilitation facility which I would like him to continue for 10 days. I will see him in one week.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Assessment / Plan

I will continue the antibiotics. I will have him seen in the wound center Wednesday. I will see him in one week. I don't mind if he works for him. This was all discussed with both the patient and his caseworker.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Return to Office

• Midlands Orthopaedics, PA for Any Appointment Type at Wound Center on 03/26/2012

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 03/26/2012.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 03/26/2012 at 2:51pm

Encounter Date: 03/19/2012

Patient

Name

HARRISON, JAMES (59, M)

Appt. Date/Time

03/19/2012 02:15PM

DOB

Service Dept.

Inno

Provider

COLEMAN FOWBLE, MD

Insurance

Med 0: LIBERTY MUTUAL -

Policy/Group # :

PCP: HOOK, JEFFREY D

Referring Provider Name: HOOK, JEFFREY D

Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.

Case # :

Case Injury Date: 02/27/2012

Prescription: RXHUB - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.

Chief Complaint

Lower Leg Pain

right lower leg pain - DOI: 2/27/12 . work-related fall.

Problems

Reviewed patient problem history (as of 03/19/2012) without changes

• Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02)

Midlands Orthopaedics PA - 1910 Branding Street, COLUMBIA SC 29201-3526

HARRISON, JAMES

Patient's Providers

Insurance Adjuster (Worker's Comp): RASHA YOUSSEF: Ph (800) 532-7706 EXT 24398, Fax (603) 334-8090
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474
Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/19/2012) without changes	
Name	Date
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

Allergies

Reviewed allergy history & made changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
• Orthopaedic Surgery - 03/01/2012 - right lower leg

Family History

Reviewed family history (as of 03/19/2012) without changes
Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes
Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir.
Type of Work: insurance.

Vitals

BP: 112/65 sitting Ht: 5 ft 7 in Wt: 265 lbs BMI: 41.5 Pulse: 97 bpm

HARRISON, JAMES

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving

Change in symptoms: no

Pain pain 3-4/10

How are you alleviating the pain? medication; rest

Medications: helping a lot

Previous PT: helped significantly

Athletics: no participation

Mr. Harrison had a complex bicondylar tibial plateau fracture which was treated with ORIF. Apparently, this occurred when he fell off of a stepladder at work. I was under the impression this it happened at home. He is currently under a Worker's Comp. injury. He developed a foot drop postop day 2. I did not get a good preop exam on him as he was admitted by Dr. James. He has a comminuted fibular head fracture is well. He seems to be doing better. Unfortunately, he developed some type of eyes and was put on a steroid Dosepak at the rehabilitation facility.

ROS

Patient reports snoring but reports no sore throat, no bleeding gums, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

ROS as noted in the HPI

Physical Exam

Patient is a 59-year-old male.

He is alert and oriented x3. He is in a wheelchair today. The surgical wound looks great for the proximal three fourths. The lower fourth have some serosanguineous drainage. The muscles are soft and there is no evidence of contracture or fibrosis. The dorsalis pedis pulse is palpable and the peroneal nerve now has a flicker. The tibial nerve is 5 over 5.

Assessment / Plan

I will discontinue the proximal three fourths of the staples. I am the concerned about him taking oral steroids but this wound drainage. It does not look infected but is probably breakdown of the third space fluid and hematoma his he had fairly significant swelling both preop and postop. I am encouraged by the flexor and the extensor halluc longus. Also, the musculature of the calf is very soft with no evidence of fibrosis. I want him to continue to work aggressively on knee and ankle range of motion. He was started on a Lambotte it by the rehabilitation facility which I would like him to continue for 10 days. I will see him in one week.

1. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Return to Office

- Coleman Fowble, MD for Return Office Visit at Immo on 03/26/2012

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 03/19/2012.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 03/19/2012 at 8:16pm

HARRISON, JAMES
Clinical Documents

04/17/2012 10:49 AM

Send 04/17/2012 -- PAGE:01 From 04/17/2012 To :

Page 1

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Discharge Summary

Name: HARRISON, JAMES
MR#: [REDACTED]
Dictating: Coleman D Fowble, MD

DOB: [REDACTED]
Admit: 04/12/2012
Discharge: 04/17/2012

PRINCIPAL DIAGNOSIS: Right postoperative wound infection.

PRINCIPAL PROCEDURE: Irrigation and debridement of the right leg on 04/12/12.

BRIEF HOSPITAL COURSE: The patient is a 59-year-old gentleman who had a severe complex tibial plateau fracture about five weeks ago. He came into the office last Thursday with expressible drainage from the distal aspect of his wound. He was immediately admitted and, that day, taken to the operating room for irrigation and debridement. The wound actually did not look terribly inflamed. The muscle contractility was still intact. It appeared to have just some mild subcutaneous fat necrosis. Unfortunately, the cultures grew out MRSA. He was placed on the appropriate antibiotics, and an Infectious Disease consultation was obtained and a PICC line was placed.

At the time of discharge, he is tolerating p.o. diet, p.o. pain medications and physical therapy.

DISPOSITION: Will be home. He will be on home intravenous antibiotics outlined by Infectious Disease, with 1.75 grams intravenously daily. He will have home physical therapy where he will be 25% weight bearing for three weeks, then 50% weight bearing for two weeks, 75% weight bearing for two weeks, then weight bearing as tolerated. He will have no restrictions on range of motion of his knee. He is also getting a wound VAC to the right leg.

DISCHARGE MEDICATIONS: His home medicines are well outlined on the home medical reconciliation sheet. I will have prescriptions for pain medications and an anticoagulant.

DIET: He will be on his home diet.

ALLERGIES: He is allergic to penicillin and ace inhibitors.

FOLLOW-UP: I will see him back in the office in one week.

D: 04/17/2012 09:40 T: 04/17/2012 10:12 TID:

HARRISON, JAMES

04/17/2012 10:58 AM

Send R0170001 - - RACE:01 From :9913766001 To :

Page 2

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Discharge Summary

Name: HARRISON, JAMES
MR#: [REDACTED]
Dictating: Coleman D. Fowble, MD

DOB: [REDACTED]
Admit: 04/12/2012
Discharge: 04/17/2012

Job #: 15647 Doc #: 00069918
cc: Coleman D Fowble, MD
*
*
*

Page 2

HARRISON, JAMES

2063615 4pgs

Operative Report

HARRISON JR, JAMES SMITH - B000037893

* Final Report *

Result type:	Operative Report
Result date:	01 March 2012 20:01
Result status:	Auth (Verified)
Result title:	Operative Report
Performed by:	Fowble MD, Coleman D on 01 March 2012 20:01
Verified by:	Fowble MD, Coleman D on 02 March 2012 16:37
Encounter info:	B1205801368, Baptist, IPB-Inpatient, 02/27/12 - 03/06/12

* Final Report *

Operative Report

DATE OF OPERATION: 03/01/2012

SURGEON: Coleman D Fowble, MD

ATTENDING SURGEON: Coleman D Fowble, MD

ASSISTANT SURGEON: Kyle Johnson, PA-C

PREOPERATIVE DIAGNOSIS: Bicondylar tibial plateau fracture on the right.

POSTOPERATIVE DIAGNOSIS: Bicondylar tibial plateau fracture on the right.

PROCEDURE: Open reduction and internal fixation of the right bicondylar tibial plateau fracture.

OPERATIVE FINDINGS: A severely comminuted lateral tibial plateau with at least 4 fragments of articular cartilage in the lateral compartment. One large fragment, which was approximately 1.5-cm oval-shaped piece of articular cartilage, with a large piece of cancellus bone was impacted about 2 cm down the midportion of the shaft of the tibia and rotated 90 degrees to its original plane. There were several other small fragments, which were also several centimeters below the level of the joint. The medial side was minimally comminuted and displaced somewhat posteriorly, and the shaft was in varus.

IMPLANTS: A Zimmer B-hole locking proximal tibial plate.

ANESTHESIA: Spinal anesthesia.

IV FLUIDS: Per Anesthesia.

BLOOD LOSS: 250.

TOURNIQUET: [].

COMPLICATIONS: None.

Printed by: Bauknight, Tammy W
Printed on: 03/26/12 16:08

Page 1 of 4
(Continued)

HARRISON, JAMES

Operative Report

HARRISON JR, JAMES SMITH - B000037893

* Final Report *

DRAINS: None.

SPECIMENS: None.

INDICATIONS: Mr. Harrison is a 59-year-old gentleman who is a non-insulin-dependent diabetic as well as hypertensive. He fell at his home off of a stool, injuring the right leg. He was admitted by Dr. William James, who asked me to evaluate and take over the care of the patient with this complex intra-articular fracture. The patient was admitted about 72 hours prior to his surgery secondary to watching the soft-tissue envelope. He was monitored carefully for compartment issues and soft-tissue management, ice, elevation, etc. He did very well, and the patient developed no signs or symptoms of compartment syndrome or fracture blisters. The risks and benefits were discussed in detail, including perineal nerve injury, thromboembolic events, nonunion, posttraumatic arthritis, and informed consent was obtained.

DESCRIPTION OF PROCEDURE: The patient's right leg was marked by me in the preoperative holding area. Prophylactic antibiotics were given. The patient was given a femoral sciatic block by Anesthesia for postoperative pain management. He was then taken back to the operating room where spinal anesthesia was administered without incident. Once good analgesia had been obtained, the patient was placed supine on the Jackson table with all down points well padded. A nonsterile tourniquet was placed around the upper right thigh. The right leg was then placed in a candy cane with slight traction and then prepped sterily with triple sterile prep consisting of Hibiclens, alcohol, and DuraPrep. After completing the prepping and draping, a timeout was observed.

Then using Gerdy's tubercle as a landmark, a line was drawn from the mid lateral portion of the distal femur towards Gerdy's tubercle and down the anterior lateral border of the tibia approximately 1-cm lateral to the anterior tibial crest. From here, this sort of a lazy-S incision was made approximately 12 to 15 cm in length. Sharp/dissection was taken down through the subcutaneous tissues until the IT band was encountered proximally and the fascia over the anterior compartment distally. I then used a Key elevator to bluntly dissect the musculature off the anterolateral border of the tibia. The IT band was split, and this gave good exposure. Because of the significant displacement of the lateral plateau, there was already a [] in the capsule here, and I could easily enter the fracture site without having to take down the capsule or do a submeniscal arthrotomy. I took this posterior lateral piece of cortex and opened it up like a book, and this was how I visualized these very large and displaced fragments of articular cartilage.

Printed by: Bauknight, Tammy W
Printed on: 03/26/12 16:08

Page 2 of 4
(Continued)

HARRISON, JAMES

Operative Report

HARRISON JR, JAMES SMITH - B000037893

* Final Report *

This was then irrigated with bulb lavage and using dental pick and Freer elevators and bone tamps, I was able to rotate these large pieces of articular cartilage and elevate them back up trying to visualize this from below and looking in through the [] in the joint and using a Freer in the joint up under the meniscus to sort of palpate the reduction. Once I had this preliminarily reduced, I then packed 10 ml of copious allograft to help hold this. I then closed the posterior lateral piece of the cortex and held it with a dental pick and then fashioned the plate across here to also help hold it and hold the plate with 2 K-wires and the large linear bone clamp. Once I had this preliminary construct, I brought in the C-arm image intensifier to check my reduction. I then used the bone tamps to tweak the reduction in the elevation of the fragments under the C-arm image intensification. I was able to get a fairly good reduction laterally, although he was missing some articular cartilage, as this area was completely dusted on the 3-D reconstruction, but the main fragments were in good position and alignment. The medial cortex was anatomically aligned on the AP, with some very slight extension on the lateral, which I was able to fix with a couple of towels under the calf.

Once I was happy with the reduction, I then anchored the plate to the shaft of the tibia with a standard cortical screw to squeeze the plate to the cortex. Then, carefully readjusting the clamps and K-wires to get the optimum reduction, I then placed screws through the plate in the subchondral bone just under the joint in a fan-like fashion, and these were locking screws to stabilize both the medial and lateral plateau. Once the proximal fragment was under control, I then placed 1 screw in a retrograde fashion from distal lateral to anterior medial to create a triangular cage in the construct for added stability. The final screws were then anchored into the shaft through the plate to complete the construct. Final C-arm images were obtained including an AP, lateral, and 10-degree caudal, with very good restoration of the joint line medially. He had some slight missing articular cartilage laterally but, overall, the alignment looked good.

The wound was irrigated with bulb lavage. I then closed the fascia with a running 0 Vicryl. The subcutaneous was closed with interrupted 2-0 Vicryl, and the skin was closed with staples. Adeptic, 4 x 4 sterile dressings, and a knee immobilizer were applied. The patient was awakened and transported to the recovery room in stable condition.

PLAN: He will be admitted for pain control, DVT prophylaxis, and IV antibiotics. He will be flatfoot touchdown weightbearing, and he will start a continuous passive motion (CPM) for range of motion. Certainly, he is at significant increased risk for posttraumatic arthritis, especially in the lateral compartment.

Printed by: Bauknight, Tammy W
Printed on: 03/26/12 16:08

Page 3 of 4
(Continued)

HARRISON, JAMES

Operative Report

HARRISON JR, JAMES SMITH - B000037893

* Final Report *

D: 03/01/2012 17:43 T: 03/01/2012 20:01 TID: js
Job #: 76675 Doc #: 10152108
cc: Coleman D Fowble, MD
Jeffrey Hook, MD

Signature Line

Electronically Signed & Verified on 03/02/2012 15:37
by Fowble MD, Coleman D

Completed Action List:

- * Perform by Fowble MD, Coleman D on 01 March 2012 20:01
- * Sign by Fowble MD, Coleman D on 02 March 2012 15:37 Requested on 02 March 2012 03:29
- * VERIFY by Fowble MD, Coleman D on 02 March 2012 15:37

Printed by: Bauknight, Tammy W
Printed on: 03/26/12 16:08

Page 4 of 4
(End of Report)

HARRISON, JAMES

03/26/2012 11:57 AM

Send 00120001 - - PACES:0 Fax :009336000 To :

Page 1

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Transfer Summary

Name: HARRISON, JAMES
MR#: [REDACTED]
Dictating: Coleman D Fowble, MD

DOB: [REDACTED]
Admit: 02/27/2012
Discharge:

DATE OF ADMISSION: 02/28/2012

DATE OF DISCHARGE: 03/06/2012

PRINCIPAL DIAGNOSIS: Right tibial plateau fracture.

PRINCIPAL PROCEDURE: Open reduction internal fixation on 03/01/2012.

BRIEF HOSPITAL COURSE: This patient is a 59-year-old gentleman who fell off a small step ladder or stool at his home sustaining a tibial plateau fracture. His surgery was delayed for a couple of days because of swelling. He was watched with serial exams. I actually did not see the patient until hospital day 2. At that time it was very difficult to assess his exam because of pain. He showed no signs or symptoms clinically of compartment syndrome. On 03/01/2012 he was taken back to the operating room for operative fixation of the fracture. On postop day 2 he developed a peroneal nerve palsy. Tibial nerve remained strong, but he had no dorsiflexion of the ankle or foot. The fibula head was a comminuted fracture as well. He again exhibited no significant signs or symptoms of compartment symptoms clinically. He had a fairly low energy fall. On postop day 3 he did have some firmness in the anterior compartment, but this was taken down with the anterior musculature being dissected off the tibia, which may account for this, as well as this compartment was certainly released at the time of surgery. The remainder of the leg remained very soft. I am still a little unsure if the peroneal nerve palsy is direct compression from the fibular fracture or possibly compartment issues, although it does not appear to be compartment issues clinically. Nevertheless, he did well postop. His hemoglobin was stable at 9.8. He is tolerating p.o. diet and p.o. pain medications.

DISPOSITION: His disposition will be to a rehabilitation facility. He will be flatfoot touchdown weight bearing on the right knee. He can have physical therapy with range of motion activities, active-active assist and passive with no restrictions on his range of motion. He can also use a CPM unit. He has a circulating ice machine, which he should use regularly as well. If he does not begin to recover peroneal nerve function by the end of this week he should be fitted with an AFO. I will plan to get an EMG nerve conduction study test around 3 weeks postop if he does not begin to get resolution of the peroneal nerve. He will be on his home diet. He is allergic to ACE inhibitors and penicillin. His home medications are well outlined on the home medical reconciliation sheet. He is taking oxycodone for pain. He will need Lovenox for deep venous thrombosis prophylaxis, 40 mg once a day. Staples can be removed on postop day 14.

HARRISON, JAMES

03/06/2012 11:58 AM

Send 10578003 - - RUCS:0 TWA:100216900 To :

Page 2

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Transfer Summary

Name: HARRISON, JAMES
MR#: [REDACTED]
Dictating: Coleman D Fowble, MD

DOB: [REDACTED]
Admit: 02/27/2012
Discharge:

I would like to see him back in the office in 10-14 days for wound check and staple
removal. Page 2

D: 03/06/2012 10:10 T: 03/06/2012 10:55 TID:
Job #: 80020 Doc #: 00066970
cc: Coleman D Fowble, MD
Jeffrey Hook, MD
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HARRISON, JAMES

03/02/2012

03:47 AM

Send HMO7001 - - PAGES:0 File: 9893164003 To :

Page 1

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Operative Note

Name: HARRISON, JAMES
MR#: [REDACTED]
Dictating: Coleman D Fowble, MD

DOB: [REDACTED]
Admit: 02/27/2012

DATE OF OPERATION: 03/01/2012

SURGEON: Coleman D Fowble, MD

ATTENDING SURGEON: Coleman D Fowble, MD

ASSISTANT SURGEON: Kyle Johnson, PA-C

PREOPERATIVE DIAGNOSIS: Bicondylar tibial plateau fracture on the right.

POSTOPERATIVE DIAGNOSIS: Bicondylar tibial plateau fracture on the right.

PROCEDURE: Open reduction and internal fixation of the right bicondylar tibial plateau fracture.

OPERATIVE FINDINGS: A severely comminuted lateral tibial plateau with at least 4 fragments of articular cartilage in the lateral compartment. One large fragment, which was approximately 1.5-cm oval-shaped piece of articular cartilage, with a large piece of cancellus bone was impacted about 2 cm down the midportion of the shaft of the tibia and rotated 90 degrees to its original plane. There were several other small fragments, which were also several centimeters below the level of the joint. The medial side was minimally comminuted and displaced somewhat posteriorly, and the shaft was in varus.

IMPLANTS: A Zimmer 8-hole locking proximal tibial plate.

ANESTHESIA: Spinal anesthesia.

IV FLUIDS: Per Anesthesia.

BLOOD LOSS: 250.

TOURNIQUET: []

COMPLICATIONS: None.

DRAINS: None.

SPECIMENS: None.

HARRISON, JAMES

02/27/2012

03:47 AM

Card 40578203 - - PAGES: 0 Term: 1003164000 To :

Page 2

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Operative Note

Name: HARRISON, JAMES
MR#: [REDACTED]
Dictating: Coleman D Fowble, MD

DOB: [REDACTED]
Admit: 02/27/2012

Page 2

INDICATIONS: Mr. Harrison is a 59-year-old gentleman who is a non-insulin-dependent diabetic as well as hypertensive. He fell at his home off of a stool, injuring the right leg. He was admitted by Dr. William James, who asked me to evaluate and take over the care of the patient with this complex intra-articular fracture. The patient was admitted about 72 hours prior to his surgery secondary to watching the soft-tissue envelope. He was monitored carefully for compartment issues and soft-tissue management, ice, elevation, etc. He did very well, and the patient developed no signs or symptoms of compartment syndrome or fracture blisters. The risks and benefits were discussed in detail, including perineal nerve injury, thromboembolic events, nonunion, posttraumatic arthritis, and informed consent was obtained.

DESCRIPTION OF PROCEDURE: The patient's right leg was marked by me in the preoperative holding area. Prophylactic antibiotics were given. The patient was given a femoral sciatic block by Anesthesia for postoperative pain management. He was then taken back to the operating room where spinal anesthesia was administered without incident. Once good analgesia had been obtained, the patient was placed supine on the Jackson table with all down points well padded. A nonsterile tourniquet was placed around the upper right thigh. The right leg was then placed in a candy cane with slight traction and then prepped sterily with triple sterile prep consisting of Hibiclens, alcohol, and DuraPrep. After completing the prepping and draping, a timeout was observed.

Then using Gerdy's tubercle as a landmark, a line was drawn from the mid lateral portion of the distal femur towards Gerdy's tubercle and down the anterior lateral border of the tibia approximately 1-cm lateral to the anterior tibial crest. From here, this sort of a lazy-S incision was made approximately 12 to 15 cm in length. Sharp dissection was taken down through the subcutaneous tissues until the IT band was encountered proximally and the fascia over the anterior compartment distally. I then used a Key elevator to bluntly dissect the musculature off the anterolateral border of the tibia. The IT band was split, and this gave good exposure. Because of the significant displacement of the lateral plateau, there was already a [] in the capsule here, and I could easily enter the fracture site without having to take down the capsule or do a submeniscal arthrotomy. I took this posterior lateral piece of cortex and opened it up like a book, and this was how I visualized these very large and displaced fragments of articular cartilage.

This was then irrigated with bulb lavage and using dental pick and Freer elevators and bone tamps, I was able to rotate these large pieces of articular cartilage and elevate them back up trying to visualize this from below and looking in through the [] in the joint and using a Freer in the joint up under the meniscus to sort of palpate the

HARRISON, JAMES

02/22/2012

03:48 AM

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Page 3

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Operative Note

Name: HARRISON, JAMES
MR#: [REDACTED]
Dictating: Coleman D Fowble, MD

DOB: [REDACTED]
Admit: 02/27/2012

Page 3

reduction. Once I had this preliminarily reduced, I then packed 10 mL of copious allograft to help hold this. I then closed the posterior lateral piece of the cortex and held it with a dental pick and then fashioned the plate across here to also help hold it and held the plate with 2 K-wires and the large linear bone clamp. Once I had this preliminary construct, I brought in the C-arm image intensifier to check my reduction. I then used the bone tamps to tweak the reduction in the elevation of the fragments under the C-arm image intensification. I was able to get a fairly good reduction laterally, although he was missing some articular cartilage, as this area was completely dusted on the 3-D reconstruction, but the main fragments were in good position and alignment. The medial cortex was anatomically aligned on the AP, with some very slight extension on the lateral, which I was able to fix with a couple of towels under the calf.

Once I was happy with the reduction, I then anchored the plate to the shaft of the tibia with a standard cortical screw to squeeze the plate to the cortex. Then, carefully readjusting the clamps and K-wires to get the optimum reduction, I then placed screws through the plate in the subchondral bone just under the joint in a fan-like fashion, and these were locking screws to stabilize both the medial and lateral plateau. Once the proximal fragment was under control, I then placed 1 screw in a retrograde fashion from distal lateral to anterior medial to create a triangular cage in the construct for added stability. The final screws were then anchored into the shaft through the plate to complete the construct. Final C-arm images were obtained including an AP, lateral, and 10-degree caudal, with very good restoration of the joint line medially. He had some slight missing articular cartilage laterally but, overall, the alignment looked good.

The wound was irrigated with bulb lavage. I then closed the fascia with a running 0 Vicryl. The subcutaneous was closed with interrupted 2-0 Vicryl, and the skin was closed with staples. Adaptic, 4 x 4 sterile dressings, and a knee immobilizer were applied. The patient was awakened and transported to the recovery room in stable condition.

PLAN: He will be admitted for pain control, DVT prophylaxis, and IV antibiotics. He will be flatfoot touchdown weightbearing, and he will start a continuous passive motion (CPM) for range of motion. Certainly, he is at significant increased risk for posttraumatic arthritis, especially in the lateral compartment.

D: 03/01/2012 17:43 T: 03/01/2012 20:01 TID: js
Job #: 76675 Doc #: 10152108

Midlands Orthopaedics PA • 1910 Landing Street, COLUMBIA SC 29201-3520

HARRISON, JAMES [REDACTED]

02/27/12 01:17 AM

Sent: 02/27/2012 -- 01:17 PM To :

Page 4

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Operative Note

Name: HARRISON, JAMES
MR#: [REDACTED]
Dictating: Coleman D Fowble, MD

DOB: [REDACTED]
Admit: 02/27/2012

cc: Coleman D Fowble, MD
Jeffrey Hook, MD

Page 4

HARRISON, JAMES

2063 615

Devin Troyer MD EMG/NCS
Board Certified Electromyography

OCM
F.254.2825

Patient: Harrison, James
Sex: Male
Age: 61
Ref. M.D.: Powble

Address:
Physician: Troyer
Test Date: 05/13/14

History/Comments:

Feb 2012 with a shattered right LE Tib/ Fib. Recovery complicated with MRSA. Now with persistent numbness on top of right foot and has persistent weakness lifting up the right foot.

Patient describes past history of diabetes, hypertension, and dyslipidemia.

Previous nerve studies with peroneal injury as reported by the patient.

The patients examination is significant for weakness of the right peroneal innervated muscles incomplete.

Reflexes were diminished bilaterally

Motor Nerve Study

Right Peroneal Nerve

Ref Site: EMS	Lat (ms)	Norm Lat	Dist (ms)	Amplitude (mV)	Dist (ms)	C.V. (m/s)
Stim Site						
Ankle	42.3	>6.0	5.0	2		
Pib Head	45.3		6.1	.083		

NOTES:

unobtainable

Right Tibial Nerve

Ref Site: AM	Lat (ms)	Norm Lat	Dist (ms)	Amplitude (mV)	Dist (ms)	C.V. (m/s)
Stim Site						
Ankle	4.5	<5.6	5.4	7.6		
Pop. Foc.	12.9		7.6	1.4	350	38.7

Sensory Nerve Study

Right Peroneal Nerve

Ref Site: dors. ft	Norm Lat	Pk Lat (ms)	Amplitude (uV)	Dist (ms)
Stim Site				
Lower leg	<3.6	4.6	4.3	120

NOTES:

unobtainable vs small

Right Plantar Nerve

Ref Site: Ankle	Norm Lat	Pk Lat (ms)	Amplitude (uV)	Dist (ms)
Stim Site				
plantar		4.1	4.7	
plantar		4.2	5.0	

HARRISON, JAMES

page 2

Patient: Harrison, James
I.D.#:

Test Date: 05/13/14

Sensory Nerve Study

Right Sural Nerve

Rec Site: Ankle	Norm Lat	3K Lat (ms)	Amp (mV)	Dist (cm)
stim site				
mid calf	>3.8	3.6	15.7	120

EMG Study

Muscle	Imps	Lat (ms)	25%	50%	75%	100%	Recruit
R. Tibialis Ant.	Abn	2+	3+	none	inc	inc	dec
Notes: 2-3 motor units only with max contraction							
R. Gastroc. Med.	Abn	1+	1+	none	inc	inc	dec
R. Peroneus In.	Abn	inc	1+	1+	none	dec	dec
R. Vastus Med.	Abn	none	none	none	none	none	dec
R. Delt. Ant.	Abn	none	1+	none	none	none	dec
Notes: >							
R. Ext. Dig. Ev.	Abn	inc	1+	1+	none	none	dec

Summary/Interpretation:

1. This is an abnormal study
2. There is evidence of significant but incomplete peroneal nerve injury at the level just below the knee and likely from trauma in 2012
3. There is evidence of tibial injury which appears mild with axonopathy in the medial gastroc and foot FDI.
4. There is no evidence of peripheral polyneuropathy with a normal sural sensory noted
5. There is no evidence of radiculopathy on EMG of the effected extremity
6. The results of today's test were discussed with the patient and recommendations made to follow up with Dr. Fowble

Cutaneous skin temperature was monitored with testing today in the areas tested and was maintained at 29-30 degrees celsius.


Devin Troyer M.D.

HARRISON, JAMES

Encounter Summary

Patient

Name HARRISON, JAMES (60, M) Appt. Date/Time 07/31/2012 09:50AM

DOB

Provider LAUREN P LEANDER, PA-C Service Dept. Wound Center

Insurance

Med 0: LIBERTY MUTUAL
Policy/Group #:
PCP: HOOK, JEFFREY D
Referring Provider Name: HOOK, JEFFREY D
Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.
Case #:
Case Injury Date: 02/27/2012
Med 0: ONE CALL MEDICAL INC - WORKERS COMP
Employer Name: SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.
Case #:
Case Injury Date: 04/27/2012
Prescription: No check performed in the last 72 hrs.

Chief Complaint

Right Lower Extremity Wound

Problems

Reviewed patient problem history (as of 06/14/2012) without changes
• Pain in joint; lower leg (719.46)
• Fracture of tibia and fibula; upper end, closed; tibia alone (823.00)
• Fracture of tibia and fibula; upper end, closed; fibula with tibia (823.02), Right
• Other complications of procedures, nec; disruption of wound; disruption of external operation (surgical) wound (998.32), Right

Patient's Providers

Insurance Adjuster (Worker's Comp): ONE CALL MEDICAL
Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (603) 422-6847
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474
Referring Provider (Worker's Comp): HOOK, JEFFREY D: MIDLANDS INTERNAL MEDICINE, COLUMBIA, Ph (803) 462-9200, Fax (803) 699-1474

Patient's Pharmacies

CVS PHARMACY # 2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29229, Ph (803) 419-4006, Fax (803) 699-4941

Medications

Reviewed patient's medication history (as of 03/28/2012) without changes

Name	Date
SILVADENE 1 % TOPICAL CREAM Apply topically to wound QD with dressing	07/31/12 prescribed
NORCO 5 MG-325 MG TABLET Take 1-2 po q 4-6 hours prn pain	06/15/12 prescribed
TENDERSORB 8" X 10" BANDAGE ABD pad. Apply with dressing.	03/28/12 prescribed
FLEX-WRAP 4" X 5 YARD BANDAGE 4" gauze wrap. use with dressings	03/28/12 prescribed
BAYER ASPIRIN	03/19/12 entered
TRICOR	03/19/12 entered
ACTOS	03/19/12 entered
ATENOLOL	03/19/12 entered

HARRISON, JAMES

Allergies

Reviewed allergy history (as of 03/19/2012) without changes
ACE INHIBITORS
PENICILLINS

Past Medical History

Reviewed past medical history.
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Surgical History

Reviewed patient surgical history (as of 03/19/2012) without changes
• Irrigation and debridement, infection - 04/12/2012 - RLE
• Orthopaedic Surgery - 03/01/2012 - right lower leg

Patient History - Other

Last reviewed Patient History - Other 07/26/2012

Family History

Reviewed family history (as of 03/19/2012) without changes
Mother - Bleeding Disorders
- Cancer
- Diabetes
Father - Bleeding Disorders

Social History

Reviewed Social History & made changes
Ortho
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Chewing tobacco: none.
Cigar/Pipe Use: N.
Non-smoker.
Smoking Status: Never smoker.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir..
Type of Work: insurance.

Vitals

Ht: 5 ft 7 in Wt: 260 lbs BMI: 40.7

HPI

Follow-Up

Reported by patient.

In terms of your orthopaedic issue, how are you feeling? improving
Change in symptoms: no
Pain no pain
How are you alleviating the pain? changing position; distraction; medication; rest
Medications: helping a lot
Previous PT: helped significantly
Previous Injections: none
Athletics: no participation

FU right shin dehisced wound. He has been using MediHoney at home. He denies new concerns.

ROS

Patient reports arthralgias/joint pain and swelling in the extremities but reports no muscle aches, no muscle weakness, and no back pain. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry

HARRISON, JAMES [REDACTED]

mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, and no coughing up blood. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 60-year-old male.

The pt has a dehiscent incision to the anterior aspect of the right knee and leg. The wound is healed except for a skin tear noted proximal to the wound. There is no evidence of infection. No active drainage.

Previous Assessment / Plan

Date of Service
07/26/2012

I want him to work aggressively on range of motion and strengthening in outpatient PT. He can discontinue wound care once the wound is completely closed. He can return to work Monday part-time 3 days a week 4 hours a day. I will see him back in the office in 6 weeks. At that time, I may consider a repeat EMG. The caseworker was here for his visit and this was discussed with her as well.

1. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)
2. FRACTURE OF TIBIA AND FIBULA; UPPER END, CLOSED; FIBULA WITH TIBIA (823.02)

Assessment / Plan

1. No diagnosis

- SILVADENE 1 % TOPICAL CREAM - Apply topically to wound QD with dressing Qty: 1 20 gm tube(s) Refills: 0
Pharmacy: CVS PHARMACY # 2250

2. OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND; DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND (998.32)

Discussion: Silvadene will be used for the wound. I will discharge him from our clinic today. I have asked for them to make a f/u in 2 weeks if small skin tear is still present.

Return to Office

- Coleman Fowble, MD for Return Office Visit at Blanding Street on 09/12/2012

Encounter Sign-Off

Encounter signed-off by Lauren P Leander, PA-C, 08/07/2012.

Encounter performed and documented by Lauren P Leander, PA-C

Encounter reviewed & signed by Lauren P Leander, PA-C on 08/07/2012 at 6:08pm

2 A183140845

HARRISON, JAMES

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Encounters and Procedures

Encounter Date: 06/11/2014

Patient

Name HARRISON, JAMES (81, M) Appl. Date/Time 06/11/2014 08:55AM
 DOB [REDACTED] Service Dept. MOPA_Blandig
 Provider COLEMAN FOWBLE, MD
 Insurance Med Worker's Comp: LIBERTY MUTUAL
 Policy/Group # [REDACTED]
 PCP : HOOK, JEFFREY D
 Referring Provider Name : HOOK, JEFFREY D
 Employer Name : SC WIND, STORM AND HAIL UNDERWRITERS ASSOC.
 Case # [REDACTED]
 Case Injury Date : 02/27/2012
 Prescription: check now

Chief Complaint

Right Knee problem

Right Knee problem
 Post EMG/NCS RT LE

HPI

Mr. Harrison returns after his repeat EMG. At this point, I think he is plateaued in his recovery as he is about 2 and half weeks. Functionally, the knee has done better than I would have anticipated based on the severe comminution of the fracture. The peroneal nerve injury has made his functional worse.

Vitals

HI: 5 ft 7 in 06/11/2014
 08:53 am

WI: 265 lbs 06/11/2014
 08:53 am

BMI: 41.5 06/11/2014 08:53
 am

BP: 148/81 06/11/2014
 09:01 am

Pulse: 71 bpm 06/11/2014
 09:01 am

Medications

Reviewed Medications

Name	Date
atenolol 50 mg tablet	05/30/14 filled
B12 1000MG DAILY	02/27/14 entered
Bayer Aspirin 325MG DAILY	03/19/12 entered
Calcium 500 BID	02/27/14 entered
cephalexin 500 mg capsule	04/07/14 filled
ergocalciferol (vitamin D2) 50,000 unit capsule	06/02/14 filled
fluticasone 50 mcg/actuation nasal spray,suspension	03/08/14 filled
hydrocodone-homatropine 5 mg-1.5 mg/5 mL syrup	03/08/14 filled
Janumet XR 100 mg-1,000 mg tablet,extended release	03/08/14 filled
Janumet XR 50 mg-1,000 mg tablet,extended release	06/05/14 filled
losartan 50 mg tablet	05/27/14 filled
ondansetron 4 mg disintegrating tablet	03/08/14 filled
pravastatin 40 mg tablet	06/07/14 filled
Tamiflu 75 mg capsule	03/08/14 filled
Ultra Flora Plus DAILY	02/27/14 entered
Vitamin D2	02/27/14 entered

HARRISON, JAMES

1.25MG WEEKLY

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Allergies

Reviewed Allergies
ACE INHIBITORS
PENICILLINS

Problems

Problems not reviewed (last reviewed 02/19/2014)
Knee pain
Closed fracture of upper end of tibia
Closed fracture of upper end of lower leg, Right
Peroneal nerve injury
Dehiscence of surgical wound, Right

Past Medical History

Reviewed Past Medical History
Diabetes: Y
Elevated Cholesterol: Y
High Blood Pressure: Y
Sleeping Disorders: Y

Family History

Reviewed Family History
Mother - Diabetes mellitus
- previously recorded as Diabetes
- Malignant neoplastic disease
- previously recorded as Cancer
Father - Malignant neoplastic disease

Surgical History

Reviewed Surgical History
Irrigation and debridement, infection - 04/12/2012 - RLE
Orthopaedic Surgery - 03/01/2012 - right ORIF bicondylar tibial plateau fracture - work related injury
Other - 1994 - EYE

Social History

Reviewed Social History
Smoking Status: Never smoker.
Non-smoker.
Cigar/Pipe Use: N.
Chewing tobacco: none.
Alcohol intake: Occasional.
Number of children: 2.
Marital status: Married.
Diet: Regular.
Work History: Disabled.
Are you currently employed?: Y.
Hand Dominance: Right.
Occupation: exec. dir.
Type of Work: Insurance.

Patient's Pharmacies

CVS/PHARMACY #2250 (ERX): 121 CLEMSON RD, COLUMBIA SC 29228, Ph (803) 419-4006, Fax (803) 699-4941

Patient's Care Team

Insurance Adjuster (Worker's Comp): SHAUN HAMILL: Ph (800) 532-7706, Fax (803) 422-6847
Primary Care Provider (Worker's Comp): HOOK, JEFFREY D: 2318 SUNSET BLVD, COLUMBIA, SC 29169, Ph (803) 454-3510, Fax (803) 454-2388
Referring Provider (Worker's Comp): HOOK, JEFFREY D: 2318 SUNSET BLVD, COLUMBIA, SC 29169, Ph (803) 454-3510, Fax (803) 454-2388

ROS

None recorded.

Physical Exam

HARRISON, JAMES

Page 3/3

Patient is a 61-year-old male.

Patient is alert and oriented x 3 with a normal nonantalgic gait. He continues to use a 4 prong cane. Cranial nerves II-XII are intact. On inspection, the knee is normal. There is a mild effusion. ROM is about 5-125°. There is no instability to valgus or varus stress. Anterior drawer and Lachman's both show good strong endpoints when compared to the other side. Hip flexors, hip abductors, adductors, knee flexors, knee extensor, plantar and of the ankle are all 5/5 and symmetric. And the dorsiflexors are probably 3-4/5. Hip and ankle ROM is normal. There is no clonus and patella and achilles reflexes are intact. Patient has palpable dorsalis pedis pulses bilaterally. Nail beds are pink with less than 2 second capillary refill.

Results / Interpretations**EXTERNAL RESULT**

The repeat EMG nerve conduction study shows a partial peroneal nerve injury. I don't think he is making more improvement at this point.

Assessment / Plan

He is now about 2-1/2 years out from his injury. He continues to use a cane and complain of swelling in the leg and foot. He has numbness and weakness secondary to the peroneal nerve injury. He is unable to stand for long periods of time and he does not at the dynamic balance to reciprocally climb stairs. Quite frankly, he has done better in terms of the function of the knee than I would've imagine based off the severity of the fracture. The peroneal nerve injury has further complicated the injury. At this point, I think he is at maximum medical improvement. He will need a 40 hour work weeks with limited standing. He will need a wheelchair and ballet parking etc. for his travel for work. I'm try to get a lift installed in his house and modifications to his bathroom because he has difficulty getting up the stairs and getting in and out of the tub or shower. In fact, he has been sleeping down stairs since his injury. I will be glad to see him back in about 3 months. At some point, he will probably need a knee replacement because of the posttraumatic arthritis in the right knee. Based on the AMA guidelines of permanent impairment table 17-33 for a displaced tibial plateau fracture he will have 25% impairment of the lower extremity. Additionally, he will have 42% impairment to the lower extremity for the common peroneal nerve injury. Using the combined values chart, he will have 57% impairment of the lower extremity. This is to a reasonable degree of medical certainty.

1. Closed fracture of upper end of tibia

823.00: Closed fracture of upper end of tibia alone

- MISCELLANEOUS MEDICAL SUPPLY MISC - Stair lift for homes Due to unable to climb stairs Qty: 1 Unit Refills: 0

Supplier: N/A

- MISCELLANEOUS MEDICAL SUPPLY KIT - Bathroom modification needed for all bathrooms for handicap Accessibilities Qty: 1 Unit Refills: 0 Supplier: N/A

Return to Office

- Coleman Fowble, MD for Return Office Visit at MOPA Blanding on 09/24/2014 at 08:40 AM

Encounter Sign-Off

Encounter signed-off by Coleman Fowble, MD, 06/16/2014.

Encounter performed and documented by Coleman Fowble, MD

Encounter reviewed & signed by Coleman Fowble, MD on 06/16/2014 at 8:50am

Direct Mail

2A1831408450005

2A183140845



Claims in this envelope:

Claim ID [REDACTED]

873 2 FP 0.460 T8 P1 [REDACTED]

LIBERTY MUTUAL
ATTN WORKERS COMP
PO BOX 7205
LONDON, KY 40742-7205



-114-

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Operative Note

Name: HARRISON, JAMES
MR#: [REDACTED]
Dictating: Coleman D Fowble, MD

DOB: [REDACTED]
Admit: 04/12/2012

DATE OF OPERATION: 04/12/2012

SURGEON: Coleman D Fowble, MD

ASSISTANT SURGEON: No assistant.

PREOPERATIVE DIAGNOSIS: Possible infection of the right postoperative wound.

POSTOPERATIVE DIAGNOSIS: Possible infection of the right postoperative wound.

PROCEDURE: Irrigation and debridement of the right leg.

OPERATIVE FINDINGS: He had 3 small holes, which I think were probably Vicryl suture abscess with a lot of fat necrosis. There was no obvious abscess, and the muscular tissue actually appeared to be in good shape, as I was concerned he had had a compartment syndrome preoperatively, and he has a perineal nerve palsy.

ANESTHESIA: Regional anesthesia with sedation.

IV FLUIDS: 700.

BLOOD LOSS: Approximately 50 mL.

COMPLICATIONS: No complications.

DRAINS: No drains.

SPECIMENS: Tissue was sent for Gram stain, culture and sensitivity.

INDICATIONS: Mr. Harrison is a 59-year-old gentleman who had a very complex tibial plateau fracture with fibular head fracture about 6 weeks ago. He was operated on in early March and came into the office about 2 weeks ago with tubal circular areas on the distal portion of the wound which looks like stitch abscesses of the superficial wound. I put him on some p.o. antibiotics and was watching him very carefully when he came back to the office today with increased drainage. Still no obvious cellulitis, but I felt it would be safer to go ahead and explore the wound. I discussed this with him and his wife, and informed consent was obtained for day-of-surgery admission for irrigation, debridement.

Palmetto Health Baptist
Taylor @ Marion, Columbia SC 29220

Operative Note

Name: HARRISON, JAMES
MR#: [REDACTED]
Dictating: Coleman D Fowble, MD

DOB: [REDACTED]
Admit: 04/12/2012

Page 2

PROCEDURE IN DETAIL: The patient was brought in the preoperative holding area where I marked his right leg. He was given a femoral block. Antibiotics were held pending obtaining the cultures. We then took him back to the operating room where he was placed supine on the operating table. All pressure points were well padded. He was then given IV sedation. Once good analgesia been obtained, the right leg was prepped and draped in the usual sterile fashion. After completing the prepping and draping a timeout was observed.

I then noted that he had 4 distinct small holes in the wound, which I think were probably Vicryl sutures. I was able to place hemostats in the holes and opened it up and connected the area to create about a 3 or 4-cm opening. There was a lot of old bloody hematoma and necrotic subcutaneous fat, but no obvious abscess. The pocket was only about 3 cm long and 2-3 cm deep and did not appear to communicate proximally up towards the knee. I was unable to visualize the hardware, but I could palpate the screw heads under the fascia. I then used a jet lavage to run 3 L of normal saline followed by another 3 L of lactated Ringer's with Betadine. I then dried the wound very well and packed the wound open with a 2-inch Kling. A sterile dressing was applied. Vancomycin was then given after obtaining the cultures. The patient was then awakened and transported to the recovery room in stable condition.

PLAN: I will admit him and plan to give him IV vancomycin, and until the cultures come back, I will also have the wound team consult and plan to put a wound VAC on him tomorrow. He can continue with his therapy in terms of knee range of motion. He will continue to be 10 percent weight-bearing or flatfoot touchdown weight-bearing on the right foot. I will try to get his wife to bring his AFO in, as he does not have it with him today.

D: 04/12/2012 17:29 T: 04/12/2012 15:44 TID: mg

Job #: 12354 Doc #: 10157979

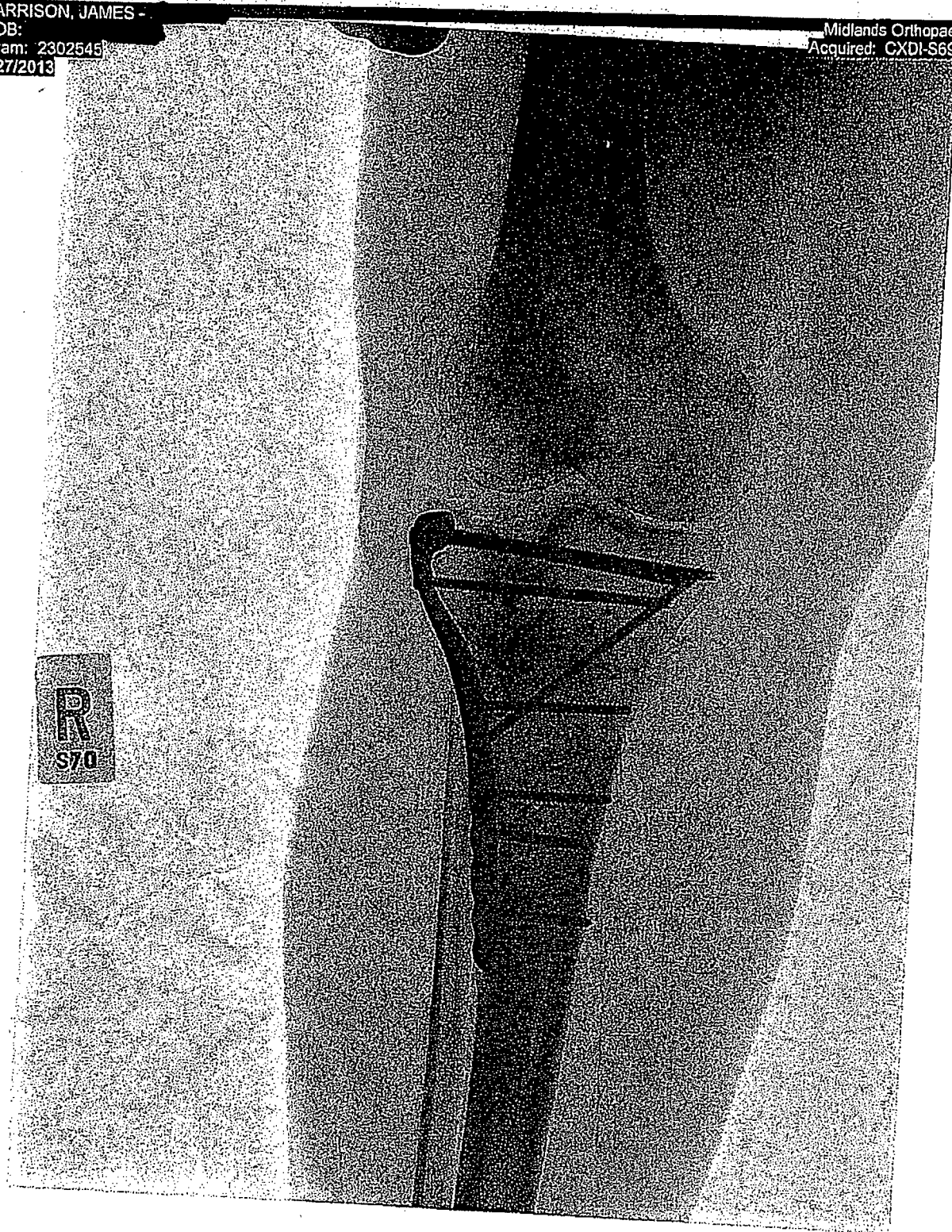
cc: Coleman D Fowble, MD

HARRISON, JAMES - 3/27/2013 10:42, 2302545
Return Office Visit

Image Page 1

HARRISON, JAMES -
DOB:
Exam: 2302545
3/27/2013

Midlands Orthopaedics, PA
Acquired: CXDI-S690641MA
MTC



AP KNEE 1(1) Img 1
208 x 2688 x 12

Zoom: 2.2:1
True Siz
W 4096-117-

Operative Report

20636.3 4 pgs
HARRISON JR, JAMES SMITH - [REDACTED]

* Final Report *

Result type: Operative Report
Result date: 01 March 2012 20:01
Result status: Auth (Verified)
Result title: Operative Report
Performed by: Fowble MD, Coleman D on 01 March 2012 20:01
Verified by: Fowble MD, Coleman D on 02 March 2012 15:37
Encounter info: [REDACTED] Baptist, IPB-Inpatient, 02/27/12 - 03/06/12

* Final Report *

Operative Report

DATE OF OPERATION: 03/01/2012

SURGEON: Coleman D Fowble, MD

ATTENDING SURGEON: Coleman D Fowble, MD

ASSISTANT SURGEON: Kyle Johnson, PA-C

PREOPERATIVE DIAGNOSIS: Bicondylar tibial plateau fracture on the right.

POSTOPERATIVE DIAGNOSIS: Bicondylar tibial plateau fracture on the right.

PROCEDURE: Open reduction and internal fixation of the right bicondylar tibial plateau fracture.

OPERATIVE FINDINGS: A severely comminuted lateral tibial plateau with at least 4 fragments of articular cartilage in the lateral compartment. One large fragment, which was approximately 1.5-cm oval-shaped piece of articular cartilage, with a large piece of cancellus bone was impacted about 2 cm down the midportion of the shaft of the tibia and rotated 90 degrees to its original plane. There were several other small fragments, which were also several centimeters below the level of the joint. The medial side was minimally comminuted and displaced somewhat posteriorly, and the shaft was in varus.

IMPLANTS: A Zimmer 8-hole locking proximal tibial plate.

ANESTHESIA: Spinal anesthesia.

IV FLUIDS: Per Anesthesia.

BLOOD LOSS: 250.

TOURNIQUET: [].

COMPLICATIONS: None.

Printed by: Bauknight, Tammy W
Printed on: 03/26/12 16:08

Page 1 of 4
(Continued)

Operative Report

HARRISON JR, JAMES SMITH - [REDACTED]

* Final Report *

DRAINS: None.

SPECIMENS: None.

INDICATIONS: Mr. Harrison is a 59-year-old gentleman who is a non-insulin-dependent diabetic as well as hypertensive. He fell at his home off of a stool, injuring the right leg. He was admitted by Dr. William James, who asked me to evaluate and take over the care of the patient with this complex intra-articular fracture. The patient was admitted about 72 hours prior to his surgery secondary to watching the soft-tissue envelope. He was monitored carefully for compartment issues and soft-tissue management, ice, elevation, etc. He did very well, and the patient developed no signs or symptoms of compartment syndrome or fracture blisters. The risks and benefits were discussed in detail, including perineal nerve injury, thromboembolic events, nonunion, posttraumatic arthritis, and informed consent was obtained.

DESCRIPTION OF PROCEDURE: The patient's right leg was marked by me in the preoperative holding area. Prophylactic antibiotics were given. The patient was given a femoral sciatic block by Anesthesia for postoperative pain management. He was then taken back to the operating room where spinal anesthesia was administered without incident. Once good analgesia had been obtained, the patient was placed supine on the Jackson table with all down points well padded. A nonsterile tourniquet was placed around the upper right thigh. The right leg was then placed in a candy cane with slight traction and then prepped sterily with triple sterile prep consisting of Hibiclens, alcohol, and DuraPrep. After completing the prepping and draping, a timeout was observed.

Then using Gerdy's tubercle as a landmark, a line was drawn from the mid lateral portion of the distal femur towards Gerdy's tubercle and down the anterior lateral border of the tibia approximately 1-cm lateral to the anterior tibial crest. From here, this sort of a lazy-S incision was made approximately 12 to 15 cm in length. Sharp dissection was taken down through the subcutaneous tissues until the IT band was encountered proximally and the fascia over the anterior compartment distally. I then used a Key elevator to bluntly dissect the musculature off the anterolateral border of the tibia. The IT band was split, and this gave good exposure. Because of the significant displacement of the lateral plateau, there was already a [] in the capsule here, and I could easily enter the fracture site without having to take down the capsule or do a submeniscal arthrotomy. I took this posterior lateral piece of cortex and opened it up like a book, and this was how I visualized these very large and displaced fragments of articular cartilage.

Printed by: Bauknight, Tammy W
Printed on: 03/26/12 16:08

Page 2 of 4
(Continued)

Operative Report

HARRISON JR, JAMES SMITH - [REDACTED]

* Final Report *

This was then irrigated with bulb lavage and using dental pick and Freer elevators and bone tamps, I was able to rotate these large pieces of articular cartilage and elevate them back up trying to visualize this from below and looking in through the [] in the joint and using a Freer in the joint up under the meniscus to sort of palpate the reduction. Once I had this preliminarily reduced, I then packed 10 mL of copious allograft to help hold this. I then closed the posterior lateral piece of the cortex and held it with a dental pick and then fashioned the plate across here to also help hold it and held the plate with 2 K-wires and the large linear bone clamp. Once I had this preliminary construct, I brought in the C-arm image intensifier to check my reduction. I then used the bone tamps to tweak the reduction in the elevation of the fragments under the C-arm image intensification. I was able to get a fairly good reduction laterally, although he was missing some articular cartilage, as this area was completely dusted on the 3-D reconstruction, but the main fragments were in good position and alignment. The medial cortex was anatomically aligned on the AP, with some very slight extension on the lateral, which I was able to fix with a couple of towels under the calf.

Once I was happy with the reduction, I then anchored the plate to the shaft of the tibia with a standard cortical screw to squeeze the plate to the cortex. Then, carefully readjusting the clamps and K-wires to get the optimum reduction, I then placed screws through the plate in the subchondral bone just under the joint in a fan-like fashion, and these were locking screws to stabilize both the medial and lateral plateau. Once the proximal fragment was under control, I then placed 1 screw in a retrograde fashion from distal lateral to anterior medial to create a triangular cage in the construct for added stability. The final screws were then anchored into the shaft through the plate to complete the construct. Final C-arm images were obtained including an AP, lateral, and 10-degree caudal, with very good restoration of the joint line medially. He had some slight missing articular cartilage laterally but, overall, the alignment looked good.

The wound was irrigated with bulb lavage. I then closed the fascia with a running 0 Vicryl. The subcutaneous was closed with interrupted 2-0 Vicryl, and the skin was closed with staples. Adaptic, 4 x 4 sterile dressings, and a knee immobilizer were applied. The patient was awakened and transported to the recovery room in stable condition.

PLAN: He will be admitted for pain control, DVT prophylaxis, and IV antibiotics. He will be flatfoot touchdown weightbearing, and he will start a continuous passive motion (CPM) for range of motion. Certainly, he is at significant increased risk for posttraumatic arthritis, especially in the lateral compartment.

Printed by: Bauknight, Tammy W
Printed on: 03/26/12 16:08

Page 3 of 4
(Continued)

Operative Report

HARRISON JR, JAMES SMITH - [REDACTED]

* Final Report *

D: 03/01/2012 17:43 T: 03/01/2012 20:01 TID: js
Job #: 76675 Doc #: 10152108
cc: Coleman D Fowble, MD
Jeffrey Hook, MD

Signature Line

Electronically Signed & Verified on 03/02/2012 15:37
by Fowble MD, Coleman D

Completed Action List:

- * Perform by Fowble MD, Coleman D on 01 March 2012 20:01
- * Sign by Fowble MD, Coleman D on 02 March 2012 15:37 Requested on 02 March 2012 03:29
- * VERIFY by Fowble MD, Coleman D on 02 March 2012 15:37

Printed by: Bauknight, Tammy W
Printed on: 03/26/12 16:08

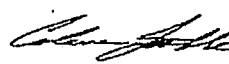
Page 4 of 4
(End of Report)

-121-

Midlands Orthopaedics, PA
 1910 Blanding Street, Columbia, SC 29201
 (Ph) 803.256.4107x6139 * (Fax) 803.933.6317
 FormsRequests@midlandsortho.com



APPLICATION FOR DISABILITY BENEFITS

Patient Name:	JAMES HARRISON JR
Social Security Number:	[REDACTED]
DOB:	[REDACTED]
Primary Diagnosis:	OTHER COMPLICATIONS OF PROCEDURES, NEC; DISRUPTION OF WOUND
Secondary Diagnosis:	PRESSURE ULCER
Illness or injury Resulted From	WORK INJURY 2/27/12
Objective Finding(s):	RIGHT BICONDYLAR TIBIAL PLATEAU FRACTURE
Referring Physician:	JEFFREY HOOK, MD
Date patient was first treated for this illness/injury:	2/27/12
Date of most recent treatment for this illness/injury:	7/31/12
Has patient ever had the same/similar condition/symptoms before?	NO
Date patient may perform regular duty:	UNKNOWN; LIGHT DUTY UNTIL RE-EVALUATED ON 9/12/12
Date patient may perform light duty:	7/17/12; 4 HOURS PER DAY/3 DAYS PER WEEK
Disability Date:	2/27/12
Date and Location of Surgery:	3/1/12, 4/12/12; PALMETTO HEALTH BAPTIST HOSPITAL
Is this patient in Intermediate Care/Facility/Home/Confinement/Intensive Care?	NO
Is patient participating in physical therapy?	YES
Is the patient seeking consultation elsewhere?	NO
Treating Physician:	COLEMAN FOWBLE, MD
Physician Signature:	
Date completed:	9/10/12
Carrier/Carrier Fax/ Claim #:	[REDACTED]
MOPA Staff Member:	HR

HEALTHSOUTH REHABILITATION HOSPITAL
COLUMBIA, SC
PROGRESS NOTE

PATIENT NAME: JAMES HARRISON JR
MR#: [REDACTED]

DATE: 03/08/2012
RM#: 225-A

SUBJECTIVE: Mr Harrison is doing well. He slept well last night. ~~continues to have~~
~~for pain management~~

OBJECTIVE:

Vital Signs: He is afebrile. His vital signs are stable.

Heart: Regular rate and rhythm.

Lungs: Clear.

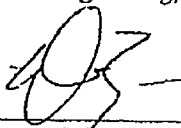
Extremities: Trace swelling through the right foot is unchanged. Trace swelling through the right pretibial and prepatella area.

ASSESSMENT:

1. Right tibial plateau fracture.
2. Right comminuted fibular head fracture with peroneal nerve injury.

PLAN:

1. Continue rehabilitation program with physical therapy and occupational therapy.
2. Continue strengthening, endurance, and balance activities.


Devin J. Troyer, MD
Physical Medicine and Rehabilitation

3/8 0830
Date/Time

DT/am1773

dd: 03/08/2012 09:11 AM
dt: 03/08/2012 2:53 PM
JobID: 5149761

Consultation Report

HARRISON JR, JAMES SMITH - [REDACTED]

* Final Report *

1. Placed on vancomycin once a day.
2. Atenolol.
3. TriCor.
4. Aspirin.

FAMILY HISTORY: Noncontributory.

SOCIAL HISTORY: There is no history of drinking, abusing drugs, or tobacco use. He lives with his wife.

PHYSICAL EXAMINATION

VITAL SIGNS: He has been afebrile. Temperature 96.7, heart rate 79, respiratory rate 20, blood pressure 122/69.

GENERAL: He is awake, alert, and oriented x3. No acute distress.

NECK: Supple. No jugular venous distension. No lymph nodes.

LUNGS: Clear to auscultation.

CARDIOVASCULAR: Regular rhythm and rate.

ABDOMEN: Very obese. Difficult to palpate. No masses were palpated.

EXTREMITIES: He has trace edema in both legs bilaterally. The surgical wound was examined. He has an opening about 2 1/2 inches. Hardware is visible through the surgical wound. It is clean at this time without any purulence.

LABORATORY DATA: Glucose ranges from 109 to 160. WBC 6.4, hemoglobin 10, platelets 433. Creatinine 1, although he had a high creatinine of 2.6 in February of this year. Hemoglobin A1c 6.6. Thyroid stimulating hormone is 2.6. C-reactive protein 16.9. Tissue cultures with methicillin-resistant Staphylococcus aureus. Sensitivities still pending.

IMPRESSION AND PLANNING: Surgical wound infection with methicillin-resistant Staphylococcus aureus. Hardware is visible from the opening. I am going to place him on vancomycin and rifampin for the time being. Adjustment for possible oral antibiotic therapy can be done depending on the patient's antibiogram. Currently I do not have that to make such a decision. There are 2 main strategies for now. We could try to keep him on some intravenous antibiotic therapy with a quick change to oral therapy particularly if he is sensitive to quinolone and rifampin to complete 4-6 weeks and observation to see if there is any recurrence of the infection or a quick change to oral and planning to remove the hardware and after that either intravenous or oral to complete 6 weeks, aiming for curative treatment. Both strategies are acceptable. It all will depend on the patient's antibiogram, social conditions, and ability to use antibiotics particularly intravenously at home. We will decide later on with more data.

Thank you very much for this consultation. We will continue to follow the patient with you.

Printed by: Hamlin, Brenda F
Printed on: 10/15/14 11:53

Page 2 of 3
(Continued)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

James Smith Harrison, Jr.,

Claimant,

vs.

SC Wind and Hail Underwriting Ass'n.,

Employer,

Liberty Mutual Fire Insurance Company,

Carrier/Defendants.

WCC FILE NO: 1202328

MEMORANDUM ON BEHALF OF
CLAIMANT/ APPELLANT TO THE
APPELLATE PANEL OF THE
COMMISSION

STATEMENT OF THE CASE

Procedural Posture

A hearing was held November 10, 2015, before Aisha G. Taylor to determine whether Appellant is entitled to modification of his secondary retirement home to accommodate his restrictions. All issues of disability and modification of Claimant's Columbia home were resolved prior to the hearing. Moreover, the parties stipulated an accident occurred, service was proper, and venue and jurisdiction were proper.

Claimant asserted he sustained substantial injuries necessitating multiple surgeries. Despite those surgeries, Claimant still has difficulty walking and must use a cane to aid himself when he walks. As such, Claimant requested modification of his secondary retirement home so he will be able to utilize that home as he intended prior to his accident. Claimant relied upon *Thompson v. South Carolina Steel Erectors*, 369 S.C. 606, 632 S.E.2d 874 (Ct. App. 2006) which held the Commission is authorized to hold an employer responsible for modification of multiple domiciles if they are medically necessary. Conversely, Defendants argued *Thompson* "[was] not

applicable in the slightest." Defendants further argued there was no basis for the award Claimant sought.

Commissioner Taylor found as fact Claimant testified he plans to move to his retirement home which will need modifications to accommodate his restrictions, but nevertheless ordered a denial of Claimant's requests for modifications to his retirement home.

Claimant Biographical

Claimant is a sixty-four (64) year-old man who resides in Columbia. He is married and has two adult children, with one child still in school. Claimant has a graduate degree and works as a director for South Carolina Wind and Hail Underwriting Association and South Carolina Property and Casualty Insurance Guarantee Association.

Summary of Accident and Treatment

On the date of the accident, Claimant went to a storeroom, used a step ladder to reach an item he could not grasp and subsequently slipped and fell shattering his leg. Specifically, Claimant had comminuted fractures of his tibia and fibula which later revealed peroneal nerve injury and led to the development of a MRSA infection that required additional surgery as well as six skin grafts. As a result of those injuries, Claimant has restrictions limiting him to light-duty work, and prohibiting prolonged standing, kneeling, squatting, and crawling. In addition, Claimant's physician noted Claimant did not have the dynamic balance to reciprocally climb stairs. (Claimant's APA No. 1 p. 6). To rectify Claimant's inability to traverse stairs, Claimant's physician ordered Claimant's homes be outfitted with a stair lift. (*Id.*). Additionally, his physician ordered all Claimant's bathrooms be modified to make them handicap accessible. (*Id.*). Claimant has reached maximum medical improvement, but will likely require additional surgeries in the coming years. (Claimant's APA No. 1 p. 9).

QUESTIONS PRESENTED

- I. Did the Single Commissioner err in her Finding of Fact No. 2 in finding that the present case was distinguishable from *Thomas v. SC Steel Erectors* when the greater weight and preponderance of the evidence showed that this case was not distinguishable and Claimant was entitled to modifications to his second home?
- II. Did the Single Commissioner err in her Finding of Fact No. 6 in finding that modifications to Claimant's retirement home would be unfair and unduly burdensome on defendants when the greater weight and preponderance of the evidence showed that claimant had two homes prior to his accident and that his accident and disability prevent him from using the second home and Claimant is entitled to modifications to that home?
- III. Did the Single Commissioner err in her Conclusion of Law No. 2 in finding that Claimant was not entitled to modification of a second home as a reasonable and necessary medical cost when the greater weight and preponderance of the evidence showed that Claimant used both of his homes prior to his accident and his accident prevents him from being able to use his second home?
- IV. Did the Single Commissioner err in her Order in denying Claimant's request for modification to his retirement/second home when the greater weight and preponderance of the evidence showed that claimant was entitled to modifications to this home?

ARGUMENT

- I. The Single Commissioner erred in her Finding of Fact No. 2 in finding the present case was distinguishable from *Thomas v. SC Steel Erectors*, for the greater weight and preponderance of the evidence showed this case was not distinguishable and Claimant is entitled to modifications of his second home.

The Single Commissioner erred in her finding of Fact No. 2 in finding the present case was distinguishable from *Thomas v. SC Steel Erectors*. To that effect, the Single Commissioner either misinterpreted the court's holding in *Thomas*, or the court unreasonably relied upon minor discrepancies between the present case and *Thomas* to find the case distinguishable. The *Thomas* case presented essentially two questions to the court. The first question on the ability of the Commission to award a partial lump sum of lifetime benefits is not relevant to this case. The second question, however, is essentially the question in this appeal: Can the Commission hold an employer and its carrier responsible for the modification of multiple homes? The *Thomas* court

unequivocally stated the Commission can require a Claimant's employer to provide necessary accommodations despite the fact the employer and its carrier had previously modified another house.

The Single Commissioner's Finding of Fact No. 2 represents her incorrect interpretation of *Thompson*, for she asserted, "Claimant [in *Thompson*] received modifications to a rental home that was temporary and was then awarded modifications to a new permanent primary home." The *Thompson* claimant's first home was permanent the same way Claimant's home in Columbia is permanent. A rental home is no less permanent than a home that is owned. The Thompson family was domiciled as a matter of law at the location of their first home, and Claimant is domiciled as a matter of law at his home in Columbia. There is no distinction; Thompson chose to change his domicile and Claimant intends to do so once he is able to retire. Claimant is- like Thompson- entitled to modification of a second domicile.

Similarly, the Single Commissioner's second attempt to distinguish the cases in her Finding of Fact No. 2 does not adequately differentiate *Thompson* from the case at bar. She quotes the *Thompson* court stating, "Defendants knew at the time of the uplift to the rental home that the Claimant and his family 'could not be expected to remain there for the rest of their lives.'" How can Claimant and his wife be expected to remain in their current home for the rest of their lives? Similarly to the defendants in *Thompson*, Defendants in this case knew Claimant owned a second home and that he intended to utilize that second home as a retirement home once he reached retirement age, and his children were no longer in school.

The Single Commissioner not only erred by finding as fact *Thompson* was distinguishable, but also erred by failing to note the parallels between *Thompson* and the case at bar. The modifications Claimant needs are necessitated solely by Claimant's admittedly compensable

injury. Claimant cannot reside in his retirement home without the modifications to accommodate his disabilities. Claimant never intended to reside permanently at his current Columbia home. Prior to Claimant's disabling injury, Claimant and his wife planned to retire to their second home. The devastating blow of Claimant's injury should not be compounded by a legal decree that would effectively preclude the dream of retiring to the beach. It would be unreasonable to expect Claimant to live permanently in his current home and completely abandon his hope for some semblance of normal retired life. The above language was sufficient for the *Thompson* court, is obviously applicable to both cases, and the Single Commissioner, therefore, erred in finding the case at bar is distinguishable from *Thompson*.

- II. The Single Commissioner erred in her Finding of Fact No. 6 in finding modifications to Claimant's retirement home would be unfair and unduly burdensome on defendants, for the greater weight and preponderance of evidence showed Claimant owned two homes prior to his accident, his accident and disability prevent him from using the second home, and Claimant is entitled to modifications to that home.

The Single Commissioner erred in her Finding of Fact No. 6 in finding modifications to Claimant's home would be unduly burdensome and unfair to defendants. In fact, the inverse is true; the result of the Single Commissioner's Finding is unfair to Claimant. Claimant worked hard and saved so that he and his family could have a quaint home to enjoy with one another in their free time and full-time upon his fast approaching retirement. However, Claimant now cannot enjoy that home because of catastrophic injuries he sustained while working to further his employer's business. The logic here is simple. But for Claimant performing work for his employer, he would still be able to utilize his retirement home. The Single Commissioner's order is punishing Claimant for performing his duties as an employee of S.C. Wind and Hail Underwriters.

Moreover, offering Claimant the modifications to which he is entitled is not unfair to the defendant, nor is it unduly burdensome. As the defendants in *Thompson*, Defendants here will need to modify Claimant's home when he moves to his retirement home full-time. So, there is no element of undue burden in requiring Defendants to modify the home now as opposed to requiring they modify the home in a few years once Claimant has retired. Regarding fairness, Claimant is not requesting Defendants purchase a retirement home for him as in *Pressley v. REA Constr. Co.*, 374 S.C. 283, 648 S.E.2d 301 (Ct. App. 2007). Claimant is simply requesting that his home be modified such that he can utilize it as he has always intended- as a retirement home. So, the Single Commissioner erred in her Finding of Fact No. 6, for modifications of Claimant's home would not be unfair or unduly burdensome to Defendants, and a failure to order those modifications would be patently unfair to Claimant.

III. The Single Commissioner erred in her Conclusion of Law No. 2 in finding Claimant was not entitled to modification of a second home as a reasonable and necessary medical cost when the greater weight and preponderance of evidence showed Claimant used both of his homes prior to his accident and his accident prevents him from being able to use his second home.

The Single Commissioner erred in her Conclusion of Law No. 2 in concluding modifications to Claimant's second home were not reasonable and medically necessary. First, Claimant's request is not unreasonable; as discussed in Argument II, *supra*, Claimant previously had a second home he could utilize and he can no longer utilize that home because of his employment accident. Claimant is not requesting a windfall. Claimant is simply requesting he be able to do the things he did before his injury. His expectation is not unreasonable, nor are the proposed modifications excessive or irrational.

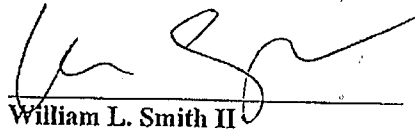
Second, the Single Commissioner's conclusion that the modifications were not a medically necessary cost goes in the face of the medical reports from the Defendant's authorized treating

physician. Specifically, Dr. Coleman D. Fowble ordered Claimant have a stair lift in his "homes." Claimant's APA No. 1, p. 6 (emphasis added). Moreover, the proposition that Claimant has a medical need for alterations to his home in Columbia, but not for his retirement home is absurd. Since Claimant cannot traverse the stairs in his Columbia home, and his ATP has ordered alterations for multiple homes, the Single Commissioner's Conclusion that Claimant does not have a medical need for the alterations is erroneous.

IV. The Single Commissioner erred in her Order in denying Claimant's request for modification to his retirement/second home, for the greater weight and preponderance of evidence showed Claimant is entitled to modifications of this home.

The Single Commissioner erred in her Order denying Claimant's request for modifications to his retirement home. She erred in that decision, for as set forth above, Claimant showed he is entitled to modification of a second home pursuant to the *Thompson* opinion. Moreover, Claimant has established the modifications are both medically necessary and reasonable. A failure to order the necessary modifications is patently unfair to Claimant. Therefore, the Single Commissioner erred in her refusal to grant Claimant's request for modifications.

RESPECTFULLY SUBMITTED,



William L. Smith II
Chappell Smith & Arden
Post Office Box 12330
Columbia, South Carolina 29211
(803) 929-3600
ATTORNEY FOR CLAIMANT

Columbia, South Carolina

Date 10-6-16

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

James Smith Harrison, Jr.,

Claimant,

vs.

SC Wind and Hail Underwriting Assn.,

Employer,

Liberty Mutual Fire Insurance Company,

Carrier/Defendants.

WCC FILE NO: 1202328

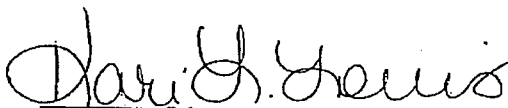
CERTIFICATE OF SERVICE

Kari L. Lollis, being first duly sworn, says that she is the paralegal for the Claimant's/Employee's attorney of Chappell, Smith & Arden located at 1510 Calhoun Street, Columbia, South Carolina; and, that on October 6, 2016, she forwarded a copy of the attached Memorandum on Behalf of Claimant/Appellant to the Appellate Panel of the Commission to:

Via First Class US Mail:

W. S. Stavrou, Jr., Esq.
Willson Jones Carter & Baxley
4500 Fort Jackson Blvd.
Columbia, SC 29209

SC Workers' Compensation Commission
Judicial Department
1333 Main Street, Suite 500
Columbia, SC 29201



Kari L. Lollis
Chappell, Smith & Arden
PO Box 12330, Columbia, SC, 29211
803-929-3600

Part of the



Licensed to practice
in South Carolina,
North Carolina,
Georgia and the
District of Columbia

PO Box 12330
Columbia, SC 29211
803.929.3600
Fax 803.929.3604
800.531.9780
www.CSA-LAW.com

October 6, 2016

W. S. Stavrou, Jr., Esq.
Willson Jones Carter & Baxley
4500 Fort Jackson Blvd.
Columbia, SC 29209

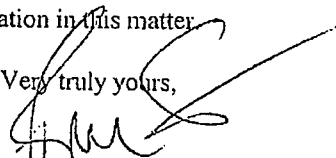
Re: James Smith Harrison, Jr. v. SC Wind and Hail Underwriting Assn.
SCWCC No.: 1202328

Dear Strat:

Please find enclosed the Memorandum on Behalf of Claimant/Appellant to the Appellate Panel of the Commission filed via ecase.

Thank you for your continuing cooperation in this matter.

Very truly yours,


William L. Smith II

Karl L. Lollis

bsmith@csa-law.com

Direct Dial: 803-509-5839

WLS/KLL

AIKEN | CHARLESTON | COLUMBIA | FLORENCE | ROCK HILL | SUMTER

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH ATLANTA

W. Strat Stavrou, Jr.
Direct (803) 227-2895
Fax (803) 782-2527
wsstavrou@wjlaw.net

4500 Fort Jackson Boulevard
Columbia, SC 29209
www.wjclaw.net

October 20, 2016

Ms. Amy Bracy
Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

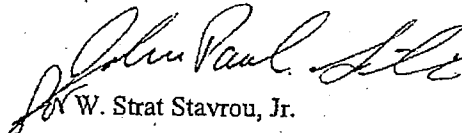
Re: Jay S. Harrison, Jr. vs SC Wind & Hail Underwriting Assoc.
WCC File No.: 1202328 DOI: 2/27/2012
Carrier: Liberty Mutual Fire Insurance Company - Claim No.: [REDACTED]
WJC&B File No.: 0098.00494

Dear Ms. Bracy:

Enclosed please find the original and three copies of the Brief of Defendants/Respondents, including a Certificate of Service indicating that a copy of the Brief has been served on claimant's attorney, in the above-referenced matter.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.


W. Strat Stavrou, Jr.

WSS/cdl

Enclosures

cc (w/enclosure): William L. Smith, II, Esquire
Mr. Douglas Walker (via e-mail)

OCT 21 2016

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1202328

James Smith Harrison, Jr.,)
Employee,)
Claimant/Appellant,)
vs.)
SC Wind and Hail Underwriting Assn.,)
Employer,)
and)
Liberty Mutual Fire Insurance Company,)
Carrier,)
Defendants/Respondents)

BRIEF OF
DEFENDANTS/RESPONDENTS

STATEMENT OF THE CASE

A hearing was held before the Single Commissioner on November 10, 2015 to address whether the Claimant was entitled to modifications to his secondary residence due to his work related injury. The Claimant relied on Thompson v. South Carolina Steel Erectors, 369 S.C. 606, 632 S.E.2d 874 (Ct. App. 2006) as the source of legal authority for the Single Commissioner to provide the requested relief. The Defendants argued that the facts in Thompson were clearly distinguishable from the case at hand and that Thompson held no mandatory or persuasive authority. Further, the Defendants contended that the Workers' Compensation Act does not provide any mechanism to award the relief sought by the Claimant. The Single Commissioner found that Thompson v. South Carolina Steel Erectors was distinguished from the present case, modifications to the Claimant's retirement home is not a reasonable and necessary medical cost, and denied the Claimant's request for modifications to his vacation home. This appeal follows.

STATEMENT OF THE FACTS/EVIDENCE

The Claimant sustained an injury by accident arising out of and in the course of employment when he injured his right lower extremity. He received appropriate medical care and treatment and was placed at maximum medical improvement on February 19, 2014 by Dr. Fowble. (Claimant's APA, p. 6). Dr. Fowble also recommended that the Claimant would require a stair lift and modifications to his bathroom. (Id.) The Claimant testified that he is currently the Executive Director of the South Carolina Wind & Hail Association and the South Carolina Property and Casualty Insurance Guarantee Association. (Hr'g. Tr. p. 10, 14-17). He works less than forty hours per week and earns \$264,000.00 per year. (Hr'g Tr. p. 12, 18-19, p. 22, 9). He reported that his primary residence is in Columbia, SC and that this primary residence has already been modified. (Hr'g Tr. p.12, 25-p.13, 3). The Claimant testified that the beach house located in Pawleys Island, SC has been in various parts of his family since 1987. (Hr'g Tr. p. 14, 2-3). He further explained that he continues to visit the beach house and spend the night. (Hr'g. Tr. p. 15, 2-3). The Claimant also reported that he does not know the actual date he plans to retire, but it will be at least two and a half years from now and probably even longer. (Hr'g Tr. p. 15, 10-16). Less than two months before the hearing, the Claimant presented a lecture self-entitled "Being a Workers Compensation Claimant for Fun & Profit." (Defendants' APA Exhibit A).

ISSUES PRESENTED

- I. Did the Hearing Commissioner err when she found that under §42-15-60 the Claimant is not entitled to modifications to his retirement home?

ARGUMENTS/DISCUSSION

- I. The Hearing Commissioner correctly found that the facts of this case are distinguishable from Thompson v. South Carolina Steel Erectors, 369 S.C. 606, 632 S.E.2d 874 (Ct. App. 2006).

The Claimant has failed to cite any South Carolina statutory or regulatory law that forms a basis for his request for over \$100,000.00 in home improvements and modifications to his vacation home. The reason for the absence of statutory authority is simple—there is not any. Instead, the

Claimant relies on Thompson v. South Carolina Steel Erectors as legal authority to allow the Commission to award the relief being sought. 369 S.C. 606, 632 S.E.2d 874 (Ct. App. 2006). However, Thompson is clearly distinguishable from the case at hand.

First, the Claimant in Thompson was paralyzed in a work-related accident and awarded lifetime benefits. In the present case, the Claimant simply broke his leg and is not permanently and totally disabled, much less paralyzed. In fact, the Claimant in the present case actually saw an increase in his annual salary from \$225,000.00 to \$264,000.00 following his work injury. (Hr'g Tr. 22, 8-17). The Claimant admitted that he still performs all of his old job duties including traveling all over the world. (Id. at 18-25).

Second, the Claimant in Thompson did not seek to have the Defendants pay for home modifications on a vacation home. Rather, the Claimant in Thompson sought a partial lump sum payment from his lifetime indemnity benefits to modify a rental home as he built a handicap accessible home. In Thompson, the Claimant was simply requesting an advance on money he was already owed. He was not seeking an additional award. In contrast, the Claimant in the present case is not receiving lifetime indemnity benefits. The parties have already entered into an agreement addressing the extent of the Claimant's disability and the Defendants have already paid for home modifications to the Claimant's current primary residence.

Third, in Thompson, the Claimant received home modifications to a rental home that was temporary and then he was awarded a lump sum payment to pay for modifications to a new permanent home that he was going to build. The Court noted that "the family planned to move to a permanent home" as "evidenced by the \$8,000.00 saved at the time of the accident." Conversely, the Claimant readily admitted that his primary residence is in Columbia, SC. (Hr'g Tr. 23, 13-23). The Columbia home has already been modified. He is not seeking to modify a permanent residence. Rather, he brought this action to install an elevator into his vacation beach house. The only parallel between Thompson and the case at hand is that money is being sought to modify

more than one home. However, the extent of the Claimants' disabilities, the method of payment sought for the modifications, and the dichotomy of a vacation home verse a primary residence not only makes the case at hand distinguishable from Thompson, but contrary. Lastly, and most importantly, the Claimant in Thompson was given a partial lump sum from his lifetime indemnity benefits as the means to pay for the modification being sought. This is no longer an option in this case as the Claimant has settled his indemnity benefits on a full and final basis.

II. The Claimant's request for modifications to his vacation home is not a reasonable and necessary medical cost.

The medical benefits provision of the South Carolina Workers' Compensation Act states that an employer is liable for medical treatment which will tend to lessen the time in which the injury renders an employee incapable to earn the wages which the employee was receiving. S.C. Code Ann. §42-15-60. In other words, the goal of workers' compensation is to provide benefits to help injured workers to return to gainful employment as early as is feasible. In this case, the system has accomplished its goal. To date, the Claimant has received ample medical treatment. (Hr'g Tr. 11). He is back to work and, as previously stated, has benefited from a substantial increase in salary (\$225,000.00 to \$264,000.00) since the accident. (Hr'g Tr. 22, 8-17). His current residence has already been modified to allow him to adequately recover and return to the workforce. However, the Claimant requests modifications to his vacation home to allow him to leave the workforce, which defies the purpose of the Act. Thus, the modifications cannot be deemed necessary. Furthermore, the Claimant's request is certainly unreasonable.

III. The Claimant's request for modifications to his vacation home is speculative.

The Claimant argues that he presently needs over \$100,000.00 in home improvements to his vacation home, so it will be ready for him when he might retire in the future. The Commission cannot award such an audacious request as it is highly speculative and a windfall to the Claimant. It is a well settled principle of workers' compensation in South Carolina that an award may not rest upon surmise, conjecture, or speculation. Tiller v. Nat'l Health Care Ctr. Of Sumter, 334 S.C.

333, 339, 513 S.E.2d 843, 845 (1999).

In the Claimant's scenario, the Defendants should pay for his beach house to be outfitted with an elevator and new bathrooms now; however, he testified that he has no plans of retiring any time within the next two and half years, at the earliest. (Hr'g Tr.15, 10-16). His planned retirement date is nothing more than speculation. Much like the Claimant did not plan to get hurt in the first place, accidents happen, health issues happen, hurricanes happen, and life overall happens. The relief being sought is speculative at best. The Claimant is still domiciled in Columbia and does not have any plans to move anytime soon. In short, it is completely speculative to say that the claimant will move to this residence one day in the future.

The Claimant's request for a lump sum award for modifications to his vacation home is unenforceable by the Commission. There is no way to monitor or enforce the Claimant to use the money requested to up fit his home. Even if the Claimant does use the relief requested to modify his home, what prevents him from selling it? The addition of an elevator to a beach house presents as a massive windfall to the Claimant as it will likely drastically increase the value of his home. Does the Claimant get to petition the Commission for an award for an additional six figure sum to renovate his next home? Do the Defendants get a lien on the home when he sells it? Where does it end?

Moreover, the Claimant contends that he needs this \$111,000.00 renovation to his home so he can have "some semblance of normal, retired life." (Claimant's Brief p. 5). He feels that the Single Commissioner's order is "punishing" him. (Claimant's Brief p. 5). In the end, it appears the Claimant's lecture "Being a Workers' Compensation Claimant For Fun & Profit" was apropos. (Defendant's Exhibit A, emphasis added).

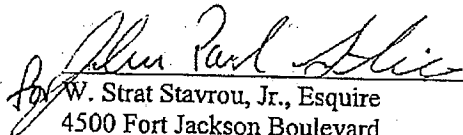
CONCLUSION

For the foregoing reasons, the Defendants respectively request the Appellate Panel to fully affirm the August 22, 2016 Decision and Order denying the Claimant's request for modifications

to his retirement home.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.


W. Strat Stavrou, Jr., Esquire
4500 Fort Jackson Boulevard
Columbia, SC 29209
Attorneys for Defendants

Date: October 20, 2016

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1202328

James Smith Harrison, Jr.,
Employee,
Claimant,

vs.

SC Wind and Hail Underwriting Assn.,

Employer,

and

Liberty Mutual Fire Insurance Company,

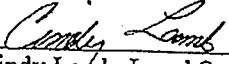
Carrier,
Defendants.

CERTIFICATE OF SERVICE

I, Cindy Lamb, do hereby certify that I am the Legal Secretary for W. Strat Stavrou, Jr., Esquire, attorney for the defendants with **WILLSON JONES CARTER & BAXLEY, P.A.** in Columbia, South Carolina, and that on the 20th day of October, 2016, I mailed the foregoing BRIEF OF DEFENDANTS/RESPONDENTS to the following by placing a copy thereof in the United States mail, first class, proper postage affixed thereto:

William L. Smith, II, Esquire
Chappell, Smith & Arden, P.A.
1510 Calhoun St., P.O. Box 12330
Columbia, SC 29211

Ms. Amy Bracy
Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715


Cindy Lamb, Legal Secretary
to W. Strat Stavrou, Jr., Esquire
WILLSON JONES CARTER & BAXLEY, P.A.

Part of the



CHAPPELL, SMITH & ARDEN
ATTORNEYS AT LAW

Licensed to practice
in South Carolina,
North Carolina,
Georgia and the
District of Columbia

PO Box 12330
Columbia, SC 29211
803.929.3600
Fax 803.929.3604
800.531.9780

www.CSA-LAW.com

July 11, 2017

RECEIVED
JUL 11 2017
SC Court of Appeals

Jenny Abbott Kitchings
Clerk of Court
SC Court of Appeals
PO Box 11629
Columbia, SC 29211

Re: James Smith Harrison, Jr., Employee/Claimant, Appellant, v. SC Wind and Hail
Underwriting Assn. and Liberty Mutual Fire Insurance Company, Carrier, Defendants,
Respondents
WCC File No.: 1202328

Dear Ms. Kitchings:

Enclosed herewith please find on behalf of the Appellant, James Smith Harrison, Jr., Notice
of Appeal in the above referenced matter. I have enclosed the required \$100.00 filing fee regarding
the same.

By copy of this letter, I am hereby serving the Respondent's attorney with a copy of the
Notice of Appeal. If you have any additional questions, please do not hesitate to contact me.

Thank you for your cooperation in this matter.

Very truly yours,

William L. Smith II
Attorney for the Appellant
bsmith@csa-law.com

WLS/kll

cc: W. Strat Stavrou, Jr.
Amy Bracy, SCWCC

AIKEN | CHARLESTON | COLUMBIA | FLORENCE | ROCK HILL | SUMTER

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

T. Scott Beck, Commissioner
Melody L. James, Commissioner
Mike Campbell, Commissioner

RECEIVED
JUL 11 2017
SC Court of Appeals

WCC File No. 1202328

James Smith Harrison, Jr.

Employee/Claimant, Appellant,

v.

SC Wind and Hail Underwriting Association,
Employer, and

Liberty Mutual Fire Insurance Company,
Carrier, Defendants, Respondents.

NOTICE OF APPEAL

James Smith Harrison, Jr., through his attorney of record, William L. Smith, II, appeal the order of the Appellate Panel of the South Carolina Workers' Compensation Commission dated June 13, 2017.

July 11, 2017

Other Counsel of Record:

W. Strat Stavrou, Jr.
Willson Jones Carter & Baxley
3600 Forest Drive, Suite 204
Columbia, SC 29204
PH: (803) 227-2895
wsstavrou@wjlaw.net
Attorney for Respondents


William L. Smith, II, Esquire, Bar. No. 5226
Chappell Smith & Arden
Post Office Box 12330
2801 Devine Street, Suite 300
Columbia, South Carolina 29211
PH: (803) 929-3600
bsmith@csa-law.com
Attorney for James Smith Harrison, Jr.,
Employee/Claimant, Appellant

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

T. Scott Beck, Commissioner
Melody L. James, Commissioner
Mike Campbell, Commissioner

RECEIVED
JUL 11 2017
SC Court of Appeals

WCC File No. 1202328

James Smith Harrison, Jr. Employee/Claimant, Appellant,

v.

SC Wind and Hail Underwriting Association,
Employer, and

Liberty Mutual Fire Insurance Company,
Carrier, Defendants, Respondents.

PROOF OF SERVICE

I certify that I have served the Notice of Appeal by depositing a copy of the same in the United States Mail, postage prepaid, on July 11, 2017 to the following parties, and/or their representatives:

W. Strat Stavrou, Jr.
Willson Jones Carter & Baxley
3600 Forest Drive, Suite 204
Columbia, SC 29204

July 11, 2017

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715


William L. Smith, II, Esquire, Bar. No. 5226
Chappell Smith & Arden
Post Office Box 12330
2801 Devine Street, Suite 300
Columbia, South Carolina 29211
bsmith@csa-law.com
Attorney for James Smith Harrison, Jr.,
Employee/Claimant, Appellant

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH ATLANTA

W. Strat Stavrou, Jr.
Direct (803) 227-2895
Fax (803) 782-2527
wssstavrou@wjlaw.net

4500 Fort Jackson Boulevard
Columbia, SC 29209
www.wjcbllaw.net

October 23, 2015

VIA ECASE

The Honorable Aisha G. Taylor
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Jay S. Harrison, Jr. vs SC Wind & Hail Underwriting Assoc.

WCC File No.: 1202328 DOI: 2/27/2012

Carrier: Liberty Mutual Fire Insurance Company - Claim No.: [REDACTED]

WJC&B File No.: 0098.00494

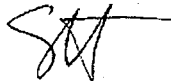
Dear Commissioner Taylor:

Enclosed herein please find the defendants' Pre-Hearing Brief as well as the Notice of Witnesses and Written Medical Reports which lists the documents I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act.

~~By copy of this letter, I am providing a copy of these forms and reports to William L. Smith, II, claimant's counsel.~~

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



W. Strat Stavrou, Jr.

WSS/cdl

Enclosures

cc (w/enclosures): William L. Smith, II, Esquire
Mr. Douglas Walker (via e-mail)

OCT 27 2015

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 1202328

Claimant's Name: James Smith Harrison, Jr.

Address: 704 East Spring Road

City: Columbia State: SC Zip: 29223

Home Phone: (803) 736-5935 Work Phone: () -

Preparer's Name: W. Strat Stavrou, Jr.

Employer's Name: SC Wind and Hail Underwriting Assn.

Address: P.O. Box 107

City: Columbia State: SC Zip: 29202

Carrier: Liberty Mutual Fire Insurance Company

Preparer's Phone #: (803) 227-2895

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$725.47 2. AWW: \$4,326.92 Date of Injury: 2/27/2012

3. Type of injury and body part(s): Right leg.

4. Facts in controversy: Extent of disability to right leg. Extent of entitlement to future medical care. Extent of which Claimant is entitled To modifications to personal residence and/or vacation home.

5. Legal issues involved: See #4 above. §42-9-30, §42-15-60, and other applicable regulations, statutes, and case law.

6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the claimant.

7. Witnesses (designate if expert):* None anticipated.

8. Exhibits: Claimant's Employment/Personnel File; Payroll Records; Deposition of Claimant

9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION

10. Name, address, and specialty, if any, of the treating physician: Dr. Coleman Fowble, orthopaedist, Midlands Orthopaedics, 1910 Blanding Street, Columbia, SC.

11. Impairment rating(s); body part(s); physician and date of opinion: 57% to the right lower extremity; Dr. Fowble; 6/11/2014.

12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. ~~Mediation is requested pursuant to Reg. 67-1802.~~

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: William L. Smith, II, 1510 Calhoun St., P.O. Box 12330, Columbia, SC 29211 on the 23rd day of October, 2015 by ☒ first class mail ☐ personal service ☐ certified mail.

Cindy Lamb
Certifier, Cindy Lamb

Signature: W. Strat Stavrou, Jr.

W. Strat Stavrou, Jr., Wilson Jones Carter & Baxley, P.A.

Email: wsstavrou@wjlaw.net

Date of hearing: November 3, 2015

Time needed for hearing: 1 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58

Revised 7/13

58

PRE-HEARING BRIEF

South Carolina Workers' Compensation Commission

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

WCC File # 1202328

Carrier File # [REDACTED]

Carrier Code # [REDACTED]

Employer FEIN [REDACTED]

James Smith Harrison, Jr. Claimant's Name		[REDACTED] SSN	SC Wind and Hail Underwriting Assn. Employer's Name	
704 East Spring Road, Columbia, SC 29223 Address		City	State	Zip
(803) 736-5935 Home Phone		() Work Phone	P.O. Box 107, Columbia, SC 29202 Address	
W. Strat Stavrou, Jr. Preparer's Name		4500 Fort Jackson Boulevard, Columbia, SC 29209 Address		(803) 227-2895 Phone #
		Liberty Mutual Fire Insurance Company Insurance Carrier		

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
WILLIAM L. SMITH, II, ESQUIRE, ATTORNEY FOR CLAIMANT

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

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
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*Defendants rely on certain portions of records submitted by Claimant.		
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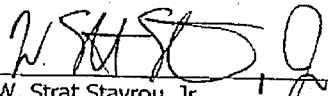
EXHIBIT	DATE OF REPORT	PAGE
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A. E-mail regarding Palmetto RIMS Meeting	September 9, 2015	A1
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YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: See Pre-Hearing Brief.


W. Strat Stavrou, Jr.
Willson Jones Carter & Baxley, P.A.
4500 Fort Jackson Boulevard
Columbia, SC 29209

October 23, 2015

November 3, 2015
(hearing date)

Strat Stavrou

From: KEVIN.ELMORE@companiontpa.com
Sent: Wednesday, September 9, 2015 6:21 PM
Subject: Jay S. Harrison, Jr. vs SC Wind & Hail Underwriting Assoc. [REDACTED] Second Request: Palmetto RIMS Meeting in Columbia ... Wednesday, 16 September

SECOND REQUEST ... You are invited to the next meeting of the Palmetto Chapter of RIMS, please let me know if you plan to attend:

WHEN: Wednesday, September 16, 2015 ... check-in at 11:30 AM ... Lunch at 12 Noon ... program to follow

WHERE: Seawell's in Columbia, SC ... 1125 Rosewood Drive, Columbia, SC 29201

PROGRAM: "Being a Workers Compensation Claimant For Fun & Profit" ... presented by Smitty Harrison, Executive Director of the SC Guaranty Association

COST: \$10 payable at door ... Risk Managers / Students - no charge

RSVP: Please let me know if you plan to attend. (If you have already responded, thanks!)

Future RIMS Meetings in Columbia:

- Wednesday, 21 October ... Program: "Directors & Officers Liability Insurance During an Economic Crisis"
- Wednesday, 11 November ... Program: "5 Questions To Ask Before Changing Your Insurance Company"

Thanks a bunch!

Kevin M. Elmore, CPCU, ARe
Assistant Vice President
Companion Third Party Administrators, LLC
P.O. Box 100159
Columbia, SC 29202-3165
Direct Phone: (803) 264-6672

*"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."
John Quincy Adams*

Total Control Panel

To: wsstavrou@wilaw.net

From: kevin.elmore@companiontpa.com

Message Score: 2

My Spam Blocking Level: Medium

[Block this sender](#)

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[Login](#)

High (60): Pass

Medium (75): Pass

Low (90): Pass