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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPELLATE CASE NO. 2019-001594

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION APPELLATE PANEL

WCC FILE NO.: 1517220

Janice McCutcheon, Employee..... Respondent,

v.

Greenwood Mills, Inc., and Greenwood Mills/Self-Insurer, Employer/Carrier.....Appellant.

RECORD ON APPEAL

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APPELLANT PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1517220

Janice McCutcheon	)	
	)	
Employee/Claimant,	)	**DECISION AND ORDER**
	)	
vs.	)	
	)	
Greenwood Mills, Inc.,	)	
	)	
and	)	
	)	
Greenwood Mills/Self Insured,	)	
	)	
Employer/Carrier.	)	

Appellant Panel Review held in Columbia South Carolina on July 15, 2019, per notices timely and properly served on all parties of interest.

Appellant Panel Decision and Order filed August 20, 2919

APPEARANCES:

Employee/Claimant was represented by Jimmy R. King of KING LAW FIRM, PC, 2203 North Main Street, Anderson, SC 29621
Employer/Carrier was represented by Roy R. Hemphill, MCDONALD PATRICK POSTON HEMPHILL POSTON, 414 North Main Street, Greenwood, South Carolina 29646

STATEMENT OF CASE

This matter came before the Commissioner Mike Campbell on March 20, 2019 pursuant to issues raised by the Form 50 and Form 51. Claimant alleged that she is permanently and totally disabled as a result of the injuries to her left hand, left arm and left shoulder along with an aggravation of her underlying emotional state.

The Employer/Carrier admitted Claimant's left wrist injury but alleged that the left wrist is the only injured body part. They are denying the shoulder injury pointing out that the Claimant's first report of shoulder problems was twenty-two (22) months after the injury. The Employer/Carrier also denied that Claimant had an aggravation to her psychological condition. The Employer/Carrier contended that Claimant is entitled to an award for the injury to the left wrist only and that Claimant is not permanently and totally disabled due to her work-related injury nor that she entitled to wage loss. The Employer/Carrier's position in that they should only pay an award for her left wrist injury.

This claim was heard before the Single Commissioner on March 20, 2019 in Ninety Six, South Carolina. All parties were present, medical evidence was presented and testimony was given. The parties stipulated that jurisdiction and venue were proper in the case.

The Single Commissioner issued an Order dated April 22, 2019 which found Claimant to be permanently and totally disabled (with casually related injury to her left arm, left shoulder, and aggravation of her psyche) and entitled to five hundred (500) weeks of compensation pursuant to §42-9-10.

The Employer/Carrier requested a Full Commission review and requested that the Single Commissioner's order be reversed and an award be made only to the hand/arm.

The Claimant contends the preponderance of the evidence supports the findings of the Single Commissioner and requested that the Order of the Single Commissioner be affirmed in its entirety.

FINDINGS OF FACT

1. We find that Claimant sustained an admitted injury to her left wrist/hand/arm arising out of and in the course and scope of her employment.

2. We find that Claimant alleges additional causally-related injuries to her left shoulder and psyche which we find compensable based on the uncontradicted record from authorized treating doctor, Dr. Eric Loudermilk, Dr. Robert Brabham and the Claimant's testimony.
3. We find that Claimant underwent various evaluations and treatments for her admitted and alleged work-related injuries.
4. We find that on October 20, 2016, on a Form 14B, authorized treating physician, Dr. Carol Burnette of Piedmont Comprehensive Pain Management Group, LLC, placed Claimant at MMI as of June 22, 2016 and assigned a five percent (5%) medical impairment to the left upper extremity. In addition, Dr. Burnette assigned work restrictions of no repetitive flexion or extension or extension of the left wrist, no lifting greater than five (5) lbs. with the left hand and will initially need to limit work hours to six (6) hour days, with gradual transition to full days over the first month. Dr. Burnette also opined to a reasonable degree of medical certainty that Claimant will not need future medical care, but noted will remain on pain medication by Dr. Loudermilk. (Claimant's APA Submissions, Pg. 41)
5. We find that on January 11, 2017, on a Form 14B, authorized treating physician, Dr. Anthony Timms of Orthopaedic Associates of the Lakelands, placed Claimant at MMI as of August 31, 2016 and assigned a five percent (5%) medical impairment to the left upper extremity. In addition, Dr. Timms assigned work restrictions of no lifting more than fifteen (15) lbs. and no repetitive actions. Dr. Timms also opined to a reasonable degree of medical certainty that Claimant will not need future medical care. (Claimant's APA Submissions, Pg. 16)
6. We find that on March 2, 2017, on a Form 14B, authorized treating physician, Dr. Eric Loudermilk of Piedmont Comprehensive Pain Management Group, LLC, opined to a reasonable degree of medical certainty that Claimant was at MMI as of June 22, 2106, assigned a five percent (5%) medical impairment to the left upper extremity based on Dr. Burnette's rating and referred to Dr. Burnette's restrictions on her

Form 14B. In addition, Dr. Loudermilk opined Claimant would need future medical treatment as she may require Hydrocodone as needed to help with residual pain. (Claimant APA Submissions, Pg. 42)

7. We find that on March 7, 2018 on questionnaires for the Claimant, Dr. Loudermilk opined to a reasonable degree of medical certainty regarding Claimant's left hand, left arm, left shoulder, left upper extremity and RSD as a result of her work injury of November 5, 2015. In addition, Dr. Loudermilk opined and that it is more likely than not that Claimant will be unable to do any other substantial gainful activity as a result of her injuries suffered in her work-related accident on November 5, 2015. (Claimant's APA Submissions, Pgs. 54-59, 61-62)
8. We find that on March 17, 2018, on a questionnaire for the Claimant, Dr. Loudermilk opined to a reasonable degree of medical certainty that it is more likely than not that Claimant will be unable to return to her work as a nurse as a result of her injuries suffered in her work-related accident on November 5, 2015. (Claimant's APA Submissions, Pg. 60) Dr. Loudermilk also opined that the Claimant would not be able to return to any work activity. (Claimant's APA, Pg. 61)
9. We find that on March 19, 2018, on a questionnaire for the Claimant, Dr. Loudermilk opined to a reasonable degree of medical certainty it is more likely than not the Claimant has permanent severe nerve damage to her left hand. (Claimant's APA Submissions, Pg. 63)
10. We find that on April 10, 2018, in a psychological and vocational evaluation for the Claimant, Robert E. Brabham, Ph.D opined that to a reasonable degree of psychological certainty, Claimant would be unable to effectively perform the essential duties in any gainful work activity. (Claimant's APA Submissions, Pg. 85) This is the only vocational assessment submitted for Commission consideration.
11. We find that on November 28, 2018, in deposition testimony, Dr. Loudermilk testified that Claimant's constant pain is causing a worsening of her anxiety and depression. In addition, Dr. Loudermilk testified if there are no records of a prior left shoulder condition then it is more likely than not that Claimant's injury has aggravated her shoulder. Furthermore, Dr. Loudermilk testified based on Claimant's chronic

pain and age, he thinks Claimant is a liability to go back to any type of work and didn't see her going back to gainful employment or anyone wanting to hire her.

12. We find that on March 20, 2019, at the hearing before the undersigned Commissioner, Claimant testified regarding her job duties, her admitted and alleged work-related injuries, the medical treatment she has received, her ability to return to work and her current condition. In addition, witness for the Defendants testified regarding the type of work Claimant did and the job duties associated.
13. We find that Claimant was returned to work with restrictions by Dr. Timms in December, 2016. Dr. Burnette allowed the Claimant to return to work with restrictions and limited hours (impairment evaluation dated July 21, 2106) with the goal for Claimant to be able to return to eight (8) hours per day with restrictions. Claimant's return to full time restricted duty was not successful causing her to resign her employment after several months of attempting to work eight (8) hours a day with restrictions. (Claimant's APA Submissions, Pgs. 73-76)
14. We give great weight to the uncontradicted opinions of authorized treating physician Dr. Eric Loudermilk who opines that Claimant suffered a work injury to her left hand, left arm and left shoulder with an aggravation of her underlying psyche/anxiety. I also give great weight to Dr. Loudermilk's uncontradicted opinion that Claimant is unable to do any type of work activity.
15. We also give great weight to the uncontradicted opinion of Dr. Robert Brabham concerning Claimant's psyche and disability.
16. We find that Claimant is permanently and totally disabled and entitled to Utica Mohawk language.

CONCLUSIONS OF LAW

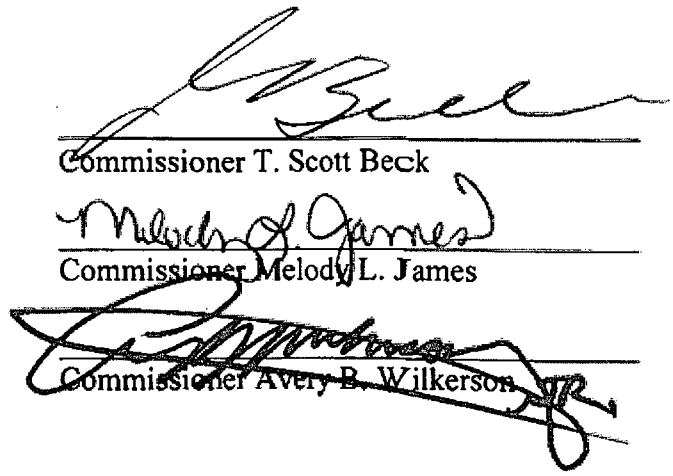
1. The Findings of Fact set forth above are construed to be conclusions of law if applicable.
2. Absent of any documentation in the record reflecting that the Claimant had a pre-existing left shoulder condition and based on the unrefuted opinions of the authorized treating physician, Dr. Eric Loudemilk, Claimant did sustained a compensable casually related injury to her left hand, left arm and left shoulder as a result of her admitted work-related injury of November 5, 2015.

3. Based on a preponderance of the evidence, including the unrefuted opinions of authorized treating physician, Dr. Eric Loudermilk, Claimant did sustain a compensable aggravation to her pre-existing psyche/anxiety as a result of her admitted work-related injury November 5, 2015.
4. Claimant is at MMI, as stipulated to by the parties at the hearing before the Single Commissioner.
5. Based on a preponderance of the evidence, including the unrefuted opinion of the authorized treating physician, Dr. Eric Loudermilk, and Dr. Robert Brabham, a vocational expert, and given the Claimant's age and the issues she continues to have, Claimant is permanently and totally disabled.
6. Claimant is entitled to lifetime casually-related medical treatment, pursuant to 42-15-60, as recommended by authorized treating physician, Dr. Eric Loudermilk.
7. Claimant is entitled to a lump-sum award.
8. The Order is to include Utica Mohawk language.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, **IT IS HEREBY ORDERED** that the finding of the Single Commissioner is affirmed and Employer/Carrier shall pay Claimant compensation for permanent and total disability in the amount of $216,265.47 and we further order the allocation of the aforementioned settlement sum as follows: $72,088.49 as attorney's fees; $3,386.09 as costs and expenses: $140,790.89 in compromised settlement of future disability benefits at a rate of $118.91 per week commencing commencing December 27, 2015 and continuing thereafter for 1210.04 weeks, which is the Claimant's life expectancy pursuant to § 19-1-150 of the South Carolina Code of Laws, as interpreted by South Carolina Supreme court in the decision of Utica Mohawk Mills v. Orr, 227 S.C. 226, 87 S.E.2d 589 (1955) The Employer/Carrier shall pay for all authorized causally related medical expenses incurred to date; shall pay for all future medical care and treatment as recommended by an authorized treating physician pursuant to SC Code Ann. §42-15-60.

AND IT IS SO ORDERED.



Commissioner T. Scott Beck

Commissioner Melody L. James

Commissioner Avery B. Wilkerson

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 August 20, 2019

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	
COUNTY OF ANDERSON	)	WORKERS' COMPENSATION COMMISSION
	)	
Janice McCutcheon,	)	W. C. C. File No. 1517220
	)	
Employee/Claimant,	)	DECISION AND ORDER
vs.	)	
	)	
Greenwood Mills, Inc.,	)	
and	)	
Greenwood Mills/Self Insured,	)	
	)	
Employer/Carrier.	)	

HEARING: Held in Ninety Six, South Carolina on March 20, 2019.

APPEARANCES: Claimant was represented by Jimmy R. King, Esquire, of the KING LAW FIRM, P. C., Anderson, South Carolina.

Employer/Carrier was represented by Roy R. Hemphill, MCDONALD PATRICK POSTON HEMPHILL POSTON, Greenwood, South Carolina.

PURPOSE OF HEARING: This matter came before the South Carolina Workers' Compensation Commissioner to determine issues set forth in the Form 50 and the Form 51.

COMMISSIONER: Commissioner Mike Campbell

DECISION AND ORDER: April 22, 2019

I. STIPULATIONS

1) The purpose of the hearing is to determine issues set forth in the Form 50 and Form 51;
2) Notice of hearing was timely and properly served upon all parties of interest;
3) Venue set in Greenwood County is proper and agreed upon by all parties;
4) Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon an admitted accidental injury to the left wrist, hand and arm November 5, 2015 while in the course and scope of her employment with Greenwood Mills, Inc.
5) Claimant's average weekly wage was seven hundred thirty-eight and 19/100 dollars ($738.19) for a Workers' Compensation rate of four hundred ninety-two and 15/100 dollars ($492.15).

II. APA SUBMISSIONS

CLAIMANT'S APA SUBMISSIONS:

APA # 1: Reports of Self Regional Healthcare, dated November 5, 2015, consisting of four (4) pages;

APA # 2: Reports of Dr. Anthony R. Timms, Lakelands Orthopaedics, dated November 6, 2015 – January 11, 2017, consisting of one (1) page;

APA # 3: Reports of Self Regional Healthcare, dated November 23, 2015, 2012, consisting of three (3) pages;

APA # 4: Reports of Dr. Eric Loudermilk, Piedmont Comprehensive Pain Management Group, dated March 28, 2016 – January 25, 2019, consisting of fifty-three (53) pages;

APA # 5: Reports of Dr. Carol Burnette, Piedmont Comprehensive Pain Management Group, dated July 21, 2016, consisting four (4) pages;

APA # 6: Reports of Dr. Robert Brabham, Psychological and Training Services, P.A., dated April 4, 2018, consisting of eleven pages (11) pages;

APA # 7: Exhibit: Deposition of Dr. Eric Loudermilk, dated November 28, 2018, consisting of nineteen pages;

EMPLOYER/CARRIER'S APA SUBMISSIONS:

APA # 1: Plant Nurse Job Description, dated November 1, 1993, consisting of five (5) pages;

APA # 2: Reports of Oliver Willard, MD, dated November 5, 2015, consisting of two (2) pages;

APA # 3: First Report of Injury, dated November 5, 2015, consisting of one (1) page;

APA # 4: Dr. Burnett's Physician's Statement (Form 14B); dated October 20, 2016, consisting of one (1) page;

APA # 5: Dr. Timms' Physician's Statement (Form 14B), dated January 11, 2017, consisting of one (1) page;

APA # 6: Dr. Loudermilk's Physician's Statement (Form 14B), dated March 2, 2017 – October 6, 2015 consisting of two (2) pages;

APA # 7: Reports of Piedmont Internal Medicine (Dr. Burnett's report), dated November 14, 2013 – March 19, 2015, consisting of eleven (11) pages;

APA # 8: Reports of Elite Integrated Therapy Center, dated March 31, 2016 – May 31, 2016, consisting of eighty-five (85) pages;

APA # 9: Reports of Self Regional Healthcare Therapy Orthopaedics, dated November 23, 2015 – May 2, 2016, consisting of forty (40) pages.

III. CLAIMANT BIOGRAPHICAL

Age:	64 years
DOB:	05/08/54
Sex:	Female
Marital Status:	Married
Education:	BSN from Clemson University
Military Service:	None
Right/left handed:	Right

Work History: Claimant was plant nurse at Greenwood Mills, Inc. for twenty-nine (29) plus years. She was out of work beginning November 5, 2015. She returned to work on December 27, 2015 (full day, limited duty). She was unsuccessful in this effort and Dr. Timms placed her on light/restricted duty, five (5) hours per day. (APA, Pg. 9) Dr. Burnette recommended a slow transitioning to an eight (8) hour day over the next two (2) to three (3) months per her report of 08/17/16. (APA, Pg. 39) She could not do the work required of her and resigned from her job on March 31, 2017.

IV. STATEMENT OF CASE

This matter comes before the South Carolina Workers Compensation Commission pursuant to issues raised by the Form 50 and Form 51. Janice McCutcheon (hereinafter "Claimant") was involved in an admitted work-related injury to her left wrist, left hand and left arm on November 5, 2015 while in the course and scope of her employment with Greenwood Mills, Inc. Claimant alleges that she also has causally-related injuries to her left shoulder (noted on patient intake form with Dr. Eric Loudermilk, dated March 28, 2016) and psyche as a result of this work-related injury.

Claimant alleges that she is permanently and totally disabled as a result of the injuries to her left hand, left arm and left shoulder along with an aggravation of her underlying emotional state. Claimant is seeking on going medical care and treatment with Dr. Eric Loudermilk, her current authorized treating physician, as well as future prescription medications.

The Employer/Carrier admit Claimant's left wrist injury but allege that the left wrist is the only injured body part. They are denying the shoulder injury pointing out that the Claimant's first report of shoulder problems was twenty-two (22) months after the injury. The Employer/Carrier also deny that Claimant had an aggravation to her psychological condition. The Employer/Carrier contends that Claimant is entitled to an award for the injury to the left wrist only and that Claimant is not permanently and totally disabled due to her work-related injury nor that she entitled to wage loss. The Employer/Carrier's position in that they should only pay an award for her left wrist injury.

A mediation was previously held, which resulted in an impasse.

V. EVIDENCE OF THE CASE

The Claimant testified that she worked at the Greenwood Mills Harris Plant for twenty-nine plus years as the plant nurse. Claimant testified that she stumbled on a crack in the steps at Greenwood Millis Harris Plant on November 5, 2015 causing her to fall forward injuring her left upper extremity, including her left shoulder, left arm, left wrist, left and hand and fingers. **(Transcript of Hearing, Pg. 9, Lines 23-25 and Pg. 10, Line 1)**

Claimant first sought treatment with Self Regional Healthcare/Tower Point and was referred to Dr. Anthony Timms at Lakelands Orthopaedic and Sports Medicine Clinic, PA. Dr. Timms initially treated Claimant conservatively with a splint. On November 20, 2015, x-rays revealed additional dorsiflexion of the position of the distal radius. Dr. Timms opined that it had drifted enough that the outcome would be compromised to treat nonoperatively. **(Claimant's APA Submissions, Pg. 6)** Dr. Timms did surgery on November 23, 2015. He performed an open reduction, internal fixation left distal radius fracture. **(Claimant's APA Submissions, Pg. 17)**

After the surgery, Dr. Timms returned Claimant to work, full days with limited duty on December 27, 2015. Claimant worked this scheduled for about one (1) week before returning to Dr. Timms on January 6, 2016. At this visit, Dr. Timms reduced Claimant's work hours to five (5) hours per day, still on light duty. **(Claimant's APA Submissions, Pg. 9)** It was Claimant's understanding that this change was made because of the pain she was dealing with and that she could not do the work her job required. **(Transcript of Hearing, Pg. 20, Line 25 and Pg. 21, Lines 1-7)**

Claimant testified that after this surgery she developed complex regional pain syndrome (RSD). **(Transcript of Hearing, Pg. 10, Lines 18-25)** Dr. Timms referred Claimant to Dr. Eric Loudermilk at Piedmont Comprehensive Pain Management Group, LLC.

Claimant filled out Initial Assessment Forms for Dr. Loudermilk on March 28, 2016. On the Personal History Questionnaire portion of these forms, Claimant checked that she was having "pain in the shoulders". **(Claimant's APA Submissions, Pg. 24)** In the Pain Questionnaire portion of this form Claimant indicated her pain was located in the "left wrist, hand and fingers and (L) shoulder". Claimant also noted that the pain began

on November 5, 2015, the date of her work-related injury. **(Claimant's APA Submissions, Pg. 25)** On the body diagram of this same form, Claimant marked that her pain was located in the left shoulder, the left wrist, the left hand and left fingers. Claimant indicated that at best her pain level is six (6) and at worse her pain level is eight (8) on a scale of zero (0) to ten (10). **(Claimant's APA Submissions, Pg. 26)**

Claimant testified that her complaints of shoulder problems did not appear in any doctor's records until she filled out paperwork for Dr. Loudermilk on March 28, 2016. **(Transcript of Hearing, Pg. 26, Lines 15-25 and Pg. 27, Lines 1-11)** Claimant testified that her primary concern while seeing Dr. Timms initially was the fracture. However, her problems were her whole upper extremity from the shoulder down. **(Transcript of Hearing, Pg. 11, Lines 5-18)**

Dr. Loudermilk testified in his deposition of November 28, 2018 that "I have a lot of patients that focus on the main problem, and they don't really talk about some of the other issues because they are so focused on that RSD problem." **(Deposition of Dr. Eric Loudermilk, Pg. 64, Lines 10-15)**

Dr. Loudermilk performed multiple stellate ganglion blocks and prescribed medications for Claimant before placing her at maximum medical improvement on June 6, 2016. **(Claimant's APA Submissions, Pg. 38)** Dr. Loudermilk then referred Claimant to Dr. Carol Burnette at Piedmont Comprehensive Pain Management for an Impairment Evaluation which took place on July 21, 2016. Dr. Burnette completed a Form 14B on October 20, 2016 assigning Claimant a five percent (5%) impairment rating to the left upper extremity with permanent work restrictions to include no repetitive wrist flexion or extension on the left and no lifting greater than five (5) pounds. Dr. Burnette opined that Claimant would need a slow transition to full time work hours over the next two (2) to three (3) months. Dr. Burnett also opined to a reasonable degree of medical certainty that the Claimant will not need future medical care, but noted that Claimant remains on medication prescribed by Dr. Loudermilk. **(Claimant's APA Submissions, Pg. 41 and Pgs. 73-76)** Claimant testified that she did return to full time work but that she never returned to full duty work. The lifting restrictions, the repetitive flexion restriction nor the extension restrictions were ever changed. **(Transcript of Hearing, Pg. 44, Lines 5-16)**

On March 2, 2017, Dr. Loudermilk completed a Form 14B at which time he opined that to a reasonable degree of medical certainty, Claimant was at maximum medical improvement as of June 22, 2106. He assigned Claimant a five percent (5%) medical impairment to the left upper extremity based on Dr. Burnette's rating and referred to Dr. Burnette's restrictions on her Form 14B. In addition, Dr. Loudermilk opined Claimant would need future medical treatment as she may require Hydrocodone as needed to help with residual pain. **(Claimant APA Submissions, Pg. 42)**

On March 7, 2018, Dr. Loudermilk completed questionnaires for the Claimant. **(Claimant's APA Submissions, Pgs. 54-62)** Dr. Loudermilk opined that to a reasonable degree of medical certainty Claimant's left hand, left arm, left shoulder and left upper extremity injuries and her RSD are a direct result of her work injury of November 5, 2015 **(Claimant's APA Submissions, Pgs. 54-55)** and that more likely than not Claimant would be unable to return to her work as a nurse. **(Claimant's APA Submissions, Pg. 60)** He opined further that her work injury will continue to cause her moderately severe pain that will make it impossible for her to maintain concentration throughout a normal eight (8) hour work day, interfere with her ability to complete task, cause her to miss more than two (2) days of work in a month, and make it difficult for her to stay on task for two (2) consecutive hours without taking unscheduled breaks **(Claimant's APA Submissions, Pg. 60)** resulting in an inability to do any other substantial gainful activity. **(Claimant's APA Submissions, Pg. 61).** Dr. Loudermilk opined further that Claimant more likely than not has permanent severe nerve damage in her left hand **(Claimant's APA Submissions, Pg. 63)** and that she will need ongoing pain management, including doctor visits and medication, for the rest of her life for her left upper extremity, left shoulder and RSD. **(Claimant's APA Submissions, Pg. 62)**

In deposition testimony on November 28, 2018, Dr. Loudermilk testified that Claimant's constant pain is causing a worsening of her anxiety and depression. **(Deposition of Dr. Eric Loudermillk, Pg. 61, Lines 18-25 and Pg. 62, Line 1)** Furthermore, Dr. Loudermilk testified that based on Claimant's chronic pain and age, he thinks Claimant is a liability to go back to any type of work and he didn't see her going back to gainful employment or anyone wanting to hire her. **(Deposition of Dr. Eric Loudermilk, Pg. 39, Lines 7-11)** In

addition, Dr. Loudermilk testified that in the absence of records of a prior left shoulder condition, then it is more likely than not Claimant's injury has aggravated her shoulder. **(Deposition of Dr. Eric Loudermilk, Pg. 27, Lines 15-18)**

Claimant had a vocational evaluation with Dr. Robert Brabham on April 4, 2018 at the request of her attorney. Dr. Brabham opined that to a reasonable degree of psychological and vocational certainty Claimant is unable to maintain any position for more than a brief period of time (less than thirty (30) minutes), has to frequently change positions, is unable to perform any strenuous activity, is unable to handle any work that would require close attention to detail, attention, concentration, persistence or pace. According to Dr. Brabham's report, the effects of pain alone clearly interfere with her ability to maintain gainful employment. Dr. Brabham opined that Claimant is clearly incapable of performing any type of work that would exist in significant numbers in the regional or local economy and that no employer could reasonably be expected to tolerate and accommodate Claimant's need for extended breaks, need to lie down throughout the day, and general lack of productivity and that her limitations eliminate her return to gainful employment. **(Claimant's APA Submissions, Pgs. 77-86)**

On January 11, 2017, Dr. Timms completed a Form 14B placing Claimant at maximum medical improvement as of August 31, 2016. Dr. Timms assigned Claimant a five (5) percent impairment to the left upper extremity. He also assigned work restrictions of no lifting more that fifteen (15) pounds and no repetitive actions. Dr. Timms opined further that to a reasonable degree of medical certainty that Claimant will not need future medical care and treatment. **(Claimant's APA Submissions, Pg. 16)** Dr. Timms has not seen Claimant since August 31, 2016 as her total work injury treatment was transferred to Dr. Loudermilk.

Claimant resigned from her job on March 31, 2017. Claimant testified that she was no longer able to do the job because of the chronic pain. She testified that she was sixty-three (64) years old at the time of the hearing and that she had planned to work to her full retirement age of sixty-six (66) years old. **(Transcript of Hearing, Pg. 22, Lines 1-15)** Claimant does not believe she is able to go back and do the work she did for almost thirty (30) years at Greenwood Mills nor any other work activity. **(Transcript of Hearing, Pg. 26, Lines1-8)**

Dr. Loudermilk is currently prescribing medications for Claimant but her pain never completely goes away even with taking these medications. Claimant testified that her normal level of pain in her left hand and fingers is around five (5) and on the worse days her pain level is around six (6) to seven (7). **(Transcript of Hearing, Pg. 15, Lines 9-25)** Her normal pain level in her shoulder and arm is five (5). Claimant testified that her medications cause drowsiness, dizziness, concentration problems, weight gain and fatigue. **(Transcript of Hearing, Page 16, Lines 13-23)**

Claimant testified further that she has lost strength in her left shoulder, arm and hand. Dr. Loudermilk placed Claimant on a five (5) pound lifting restriction with no repetitive flexion or extension of the left wrist. **(Claimant's APA Submissions, Pg. 41)** Claimant does not believe she is able to lift (5) pounds because lifting causes her pain to increase. **(Transcript of Hearing, Pg. 17, Lines 19-24)** Claimant has problems doing everyday activities such as fastening and unfastening her seatbelt, pressing microwave buttons, picking up coins, wrapping gifts and making beds. **(Transcript of Hearing, Pg. 18, Lines 6-18)** Claimant no longer feels comfortable driving distances longer than about ten (10) miles because of her pain. She believes she would have to pull over because of the anxiety and pain if she attempted to drive any further. **(Transcript of Hearing, Pg. 18, Lines 19-25 and Pg. 19, Lines 1-19)** She is no longer able to clean the bathrooms at home. She cannot do the mopping, sweeping, vacuuming or grocery shopping. She has to depend on her husband to do all these tasks. **(Transcript of Hearing, Pg. 24 Lines 4-12)**

Claimant does do some light chores and some cooking. She enjoys reading and watching TV but has difficulty staying focused. **(Transcript of Hearing, Pg. 23, Lines 21-25 and Pg. 24, Lines 1-3)**

Claimant testified that she did suffer with anxiety at times before her work-related injury of November 5, 2015 but that it did not impact her ability to do activities or work. Since the injury, Claimant has become fearful, anxious and depressed because of the RSD and the pain. Claimant feels safe at home and does not want to go out for social engagements. **(Transcript of Hearing, Pg. 20, Lines 6-13)** Claimant had taken anti-anxiety medications over time, which was prescribed by her family doctor, Dr. Sam Burnett. **(Transcript of Hearing, Pg. 40, Lines18-25)**

Claimant testified that she has done everything that has been asked of her to try to get over all the problems she has experienced. **(Transcript of Hearing, Pg. 25, Lines 13-17)**

It is Claimant's desire that the Hearing Commissioner find that she is permanently and totally disabled based upon her injuries to the left hand, left arm and left shoulder and an aggravation of her underlying psyche/anxiety and that she be provided with future medical care and treatment as recommended by Dr. Loudermilk.

VI. FINDINGS OF FACT

1. Claimant sustained an admitted injury to her left wrist/hand/arm arising out of and in the course and scope of her employment.
2. Claimant alleges additional causally-related injuries to her left shoulder and psyche which I find compensable based on the uncontradicted record from authorized treating doctor, Dr. Eric Loudermilk, Dr. Robert Brabham and the Claimant's testimony.
3. Claimant underwent various evaluations and treatments for her admitted and alleged work-related injuries.
4. On October 20, 2016, on a Form 14B, authorized treating physician, Dr. Carol Burnette of Piedmont Comprehensive Pain Management Group, LLC, placed Claimant at MMI as of June 22, 2016 and assigned a five percent (5%) medical impairment to the left upper extremity. In addition, Dr. Burnette assigned work restrictions of no repetitive flexion or extension or extension of the left wrist, no lifting greater than five (5) lbs. with the left hand and will initially need to limit work hours to six (6) hour days, with gradual transition to full days over the first month. Dr. Burnette also opined to a reasonable degree of medical certainty that Claimant will not need future medical care, but noted remains of pain medication by Dr. Loudermilk. (Claimant's APA Submissions, Pg. 41)
5. On January 11, 2017, on a Form 14B, authorized treating physician, Dr. Anthony Timms of Orthopaedic Associates of the Lakelands, placed Claimant at MMI as of August 31, 2016 and assigned a five percent (5%) medical impairment to the left upper extremity. In addition, Dr. Timms assigned work restrictions of no lifting more than fifteen (15) lbs. and no repetitive actions. Dr. Timms also opined to a reasonable

degree of medical certainty that Claimant will not need future medical care. (Claimant's APA Submissions, Pg. 16)

6. On March 2, 2017, on a Form 14B, authorized treating physician, Dr. Eric Loudermilk of Piedmont Comprehensive Pain Management Group, LLC, opined to a reasonable degree of medical certainty that Claimant was at MMI as of June 22, 2106, assigned a five percent (5%) medical impairment to the left upper extremity based on Dr. Burnette's rating and referred to Dr. Burnette's restrictions on her Form 14B. In addition, Dr. Loudermilk opined Claimant would need future medical treatment as she may require Hydrocodone as needed to help with residual pain. (Claimant APA Submissions, Pg. 42)
7. On March 7, 2018 on questionnaires for the Claimant, Dr. Loudermilk opined to a reasonable degree of medical certainty regarding Claimant's left hand, left arm, left shoulder, left upper extremity and RSD as a result of her work injury of November 5, 2015. In addition, Dr. Loudermilk opined and that it is more likely than not that Claimant will be unable to do any other substantial gainful activity as a result of her injuries suffered in her work-related accident on November 5, 2015. (Claimant's APA Submissions, Pgs. 54-59, 61-62)
8. On March 17, 2018, on a questionnaire for the Claimant, Dr. Loudermilk opined to a reasonable degree of medical certainty that it is more likely than not that Claimant will be unable to return to her work as a nurse as a result of her injuries suffered in her work-related accident on November 5, 2015. (Claimant's APA Submissions, Pg. 60) Dr. Loudermilk also opined that the Claimant would not be able to return to any work activity. (Claimant's APA, Pg. 61)
9. On March 19, 2018, on a questionnaire for the Claimant, Dr. Loudermilk opined to a reasonable degree of medical certainty it is more likely than not the Claimant has permanent severe nerve damage to her left hand. (Claimant's APA Submissions, Pg. 63)
10. On April 10, 2018, in a psychological and vocational evaluation for the Claimant, Robert E. Brabham, Ph.D opined to a reasonable degree of psychological certainty Claimant would be unable to effectively perform the essential duties in any gainful work activity. (Claimant's APA Submissions, Pg. 85)
11. On November 28, 2018, in deposition testimony, Dr. Loudermilk testified that Claimant's constant pain is causing a worsening of her anxiety and depression. In addition, Dr. Loudermilk testified if there are no

records of a prior left shoulder condition then it is more likely than not that Claimant's injury has aggravated her shoulder. Furthermore, Dr. Loudermilk testified based on Claimant's chronic pain and age, he thinks Claimant is a liability to go back to any type of work and didn't see her going back to gainful employment or anyone wanting to hire her.

12. On March 20, 2019, at the hearing before the undersigned Commissioner, Claimant testified regarding her job duties, her admitted and alleged work-related injuries, the medical treatment she has received, her ability to return to work and her current condition. In addition, witness for the Defendants testified regarding the type of work Claimant did and the job duties associated.

13. I give great weight to the uncontradicted opinions of authorized treating physician Dr. Eric Loudermilk who opines that Claimant suffered a work injury to her left hand, left arm and left shoulder with an aggravation of her underlying psyche/anxiety. I also give great weight to Dr. Loudermilk's uncontradicted opinion that Claimant is unable to do any type of work activity.

14. I also give great weight to the uncontradicted opinion of Dr. Robert Brabham concerning Claimant's psyche and disability.

15. I find that Claimant is permanently and totally disabled and entitled to Utica Mohawk language.

VII. CONCLUSIONS

Therefore, as provided by the South Carolina Workers' Compensation Act, 1976, as amended, it is the determination of this Commissioner that §42-1-160 defines "Injury and Personal Injury", §42-15-60 governs "Medical" and §42-9-60 governs Temporary Total Benefits.

Absent of any documentation in the record reflecting that the Claimant had a pre-existing left shoulder condition and based on the unrefuted opinions of the authorized treating physician, Dr. Eric Loudemilk, I hereby find that the Claimant sustained a compensable casually related injury to her left hand, left arm and left shoulder as a result of her admitted work-related injury of November 5, 2015.

Furthermore, based on a preponderance of the evidence, including the unrefuted opinions of authorized treating physician, Dr. Eric Loudermilk, I hereby find the Claimant sustained a compensable aggravation to her pre-existing psyche/anxiety as a result of her admitted work-related injury November 5, 2015.

In addition, I hereby find Claimant is at MMI, as stipulated to by the parties at the hearing before the undersigned Commissioner.

Based on a preponderance of the evidence, including the unrefuted opinion of the authorized treating physician, Dr. Eric Loudermilk, and Dr. Robert Brabham, and given the Claimant's age and the issues she continues to have, I hereby find Claimant to be permanently and totally disabled.

Therefore, Claimant is entitled to lifetime casually-related medical treatment, pursuant to 42-15-60, as recommended by authorized treating physician, Dr. Eric Loudermilk.

Claimant is entitled to a lump-sum award and the Order is to include Utica Mohawk language.

VIII. ORDER

IT IS THEREFORE ORDERED that the Defendants, Greenwood Mills, Inc, as Employer and Greenwood Mills, as carrier, shall pay Claimant compensation for permanent and total disability in the amount of $216,265.47; the Claimant hereby requests this Commission to approve the allocation of the aforementioned proposed settlement sum as follows: $72,088.49 as attorney's fees; $3,386.09 as costs and expenses: $140,790.89 in compromised settlement of future disability benefits at a rate of $118.91 per week commencing commencing December 27, 2015 and continuing thereafter for 1210.04 weeks, which is the Claimant's life expectancy pursuant to § 19-1-150 of the South Carolina Code of Laws, as interpreted by South Carolina Supreme court in the decision of Utica Mohawk Mills v. Orr, 227 S.C. 226, 87 S.E.2d 589 (1955).

shall pay for all authorized causally related medical expenses incurred to date; shall pay for all future medical care and treatment as recommended by an authorized treating physician pursuant to SC Code Ann. §42-15-60.

IT IS FURTHER ORDERED that no hearing costs are assessed in this matter.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

By: Mike Campbell
Commissioner Mike Campbell

CERTIFICATE OF SERVICE

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

April 22, 2019

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Campbell

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC No. 1517220

Janice McCutcheon,

Claimant,

v.

Greenwood Mills, Inc.,
Employer,

and

Greenwood Mills,

Carrier/Defendants.

FULL COMMISSION HEARING

****

Monday, July 15, 2019
3:28 p.m. - 3:48 p.m.

COPY

The Full Commission Hearing was heard before Commissioners T. Scott Beck, Melody L. James and Avery B. Wilkerson, Jr., at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 15th day of July, 2019, before Julia M. Blackwell, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

CALL TO ORDER:

MADAM COURT REPORTER: Today is Monday, July 15th, 2019. This is South Carolina Workers' Compensation Case Number 1517220. This is the case of Janice McCutcheon, Claimant, versus Greenwood Mills, Inc., Employer, and Greenwood Mills, Carrier. The Appellant is the Defendant, represented by Roy R. Hemphill. The Respondent is represented by Jimmy R. King. Each side is allowed ten minutes for oral argument and the Appellant three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

CHAIRMAN BECK: Mr. Hemphill?

ARGUMENT - BY MR. HEMPHILL:

MR. HEMPHILL: I thank the Panel for its time. I do represent Greenwood Mills in this matter. This matter involves an admitted accident by the plant nurse in Greenwood Mills' own plant. That accident occurred on November 5th of 2015. The plant nurse, it is to be noted, was a registered nurse and had been the plant nurse for 29 years. She fractured her left wrist. She received treatment from Dr. Timms, who is a Greenwood orthopedist. He did surgery in

late 2015. Dr. Loudermilk is who she was referred to because she started showing signs of RSD in February of 2016. Thank goodness this is one of those successful cases where RSD was successfully treated. There's no dispute of record, at all, that the RSD was dealt with, with four stellate ganglion blocks. Dr. Loudermilk then referred over to his -- his partner, a fellow doctor in his firm, Dr. Carol Burnette, who found her to be at MMI on July 21st of 2016, with a 5 percent left upper extremity rating, gave her restrictions of no repetitive movements of her wrist, no lifting greater than 5 pounds. Dr. Timms found her to be at MMI about a month later, and, basically, said the same things, except went on to say (as read): "After talking with the Claimant --" and that's in the defense APA -- "that --" didn't feel like there was any repetitive motions to her work and that shouldn't be an issue. And she agreed with him that the lifting restrictions should be about -- should be 15 pounds. No greater than 15 pounds. Dr. Loudermilk did a 14B about March of 2017, where, again, he -- he gave a 5 percent upper

extremity impairment rating for the wrist and left-hand involvement. The Claimant returned to work for about five hours per day, beginning about a month after her accident. She resumed a full schedule, that is an eight-hour work shift, in September of 2016, and then she sort of, inexplicably, from my client's perspective, retired at age 63 in March of 2017. The parties actually went to an informal conference with those three 5 percent upper extremity ratings. No other ratings were on the file for any other body parts. The case did not settle. The Claimant asked to be returned to Dr. Loudermilk. The Employer accommodated her. That new treatment began in March of 2017, about 14 months after the accident. The first ground for appeal is that the single Commissioner erred in awarding permanent total because there's only one body part that was injured or impaired. The award should've been confined at 42-9-30. The Claimant did not seek treatment and, again, it cannot be lost, that she is a registered nurse. She's not a production worker, she's a registered nurse. She did not actively seek treatment for any

left shoulder complaints for 22 months following the accident. Eighteen months after she started with Dr. Loudermilk. Again, she's an RN. She didn't complain to any of the physical therapists, in the early physical therapy that she had, about any left shoulder problems; she didn't complain to Dr. Timms throughout his treatment; and the first six months of Dr. Loudermilk's treatment, while he was dealing with the RSD, she made no complaints; no left shoulder complaints were made in 2016; after she was being released by these doctors and her impairment was being assessed, she didn't make any reference to her left shoulder. She returned to work for full shifts in September of 2016, and she went to that informal conference. It was not until deep into Dr. Loudermilk's second course of treatment that that she made mention, and she actively sought treatment for, her left shoulder pain. And that was on September 22nd of 2017. Again, 22 months later. Now, Mr. King will undoubtedly point to the patient intake form that is in his APA, wherein there was a pain diagram that, when she first went to

see Dr. Loudermilk, that she put -- she basically -- she said -- she referenced left shoulder pain, and she put two tick marks right here (indicating), on the pain diagram. However, she did not seek any treatment and, again, she's in an examination room with a pain management doctor every month for a long time. And Mr. King will undoubtedly argue very capably, I'm sure, that that RSD was masking that left shoulder -- those left shoulder problems. However, the RSD was successfully treated no later than June of 2016. She continued to see Dr. Loudermilk on through August, and then all treatment was discontinued, and then she resumed treatment with him in March of 2017, at, or about, the time that she resigned. And it wasn't until six months of treatment with him in the second course that she made some reference and actively sought treatment in a clinical setting with Dr. Loudermilk. Might as well -- I find myself a little bit, like, in the game of Whac-A-Mole, okay? I feel -- I certainly feel like the only injury that any of the treating physicians dealt with was the left upper

extremity, the left -- the wrist and the arm. So I might as well deal with the psychological right now, as well. We put into evidence in our APAs that -- where she had been treating with her family doctor for anxiety, and we feel like the net effect, when you look at the pre-existing anxiety, the medication that she was on, with the post-accident anxiety that Dr. Loudermilk started treating, in lieu of the family doctor, she was on Lexapro at 20 milligrams with the family doctor during 2015, which was the year of the accident, and Dr. Loudermilk, as of the hearing, or as of the time we took his deposition, was -- had her on only 10 milligrams of Lexapro. So that -- the dosage had actually gone down. So we don't feel like there was any psychological injury that came with this accident, either. So we feel like the only injury, the only impaired body part is -- is that. Is the -- the left upper extremity. And we had three ratings of 5 percent. So we feel like it was improper for the single Commissioner to award permanent total to this Claimant outside the rule of Singleton and Wigfall, which I cite in my

brief. The second argument is that we feel like the single Commissioner erred in awarding permanent total because the Claimant had already demonstrated her ability to return to work. She just inexplicably retired in March of 2017. I put -- there's a great deal of evidence that was put into the record. I cross examined the Claimant on the sedentary nature of her work as a plant nurse. I also put in -- put up a witness, her successor, the plant nurse who followed her at the plant, who said that this is very sedentary work, it's just a lot of record keeping. There's no patient lifting. That particular witness had been a home-health nurse and she said that, you know, it's much more difficult to be a home-health nurse because you have to lift patients and manhandle patients, and things like that. But a plant nurse is mostly a record keeper. The -- the transcript is pretty well replete with that the job is mostly sitting. You have to administer breathing and hearing tests to employees, so it's a job where you have to be orderly and -- but it doesn't require any substantial body mechanics. So, with that, it

seemed the Commissioner just overlooked all of that testimony that the -- that the Claimant had already shown that she could return to work and perform her old job, he overlooked that, and he overlooked all of the other doctors saying that, basically, she had only a 5 percent to the arm, and she -- she only -- she really didn't need those 5 -- no greater than 5-pound weight lifting restrictions. And -- and it -- and that the job didn't require any repetitive motion. And so the Employer put her back to work and she worked successfully for those many months. Instead of focusing on that, the single Commissioner instead put more weight on what he con- -- what he wrote in the order as being "uncontradicted opinions of Dr. Loudermilk and Robert Brabham, the Vocational Consultant." Now, as I argue in my brief, Dr. Loudermilk's opinions were fraught with contradictions. I deposed Dr. Loudermilk, and Dr. Loudermilk was, initially, in his deposition, quick to defer to his partner, Carol Burnette, and said, look, I just treat these folks for pain. When it comes time to figure out return-to-work issues and

impairment, they go over to my partner, Dr. Burnette. Despite that, Dr. Loudermilk signs a questionnaire for Mr. King, at some point during the treatment, among ten questionnaires, answering all of them in the affirmative, so I had the difficult duty of deposing Dr. Loudermilk on all of these, but the one that was just really, in my view, most preposterous, was that she could no longer work as a plant nurse. First of all, Dr. Loudermilk didn't even know that she was a plant nurse when we started the deposition. And when we got into it, he was constrained to admit that, yes, his understanding of, you know, occupational nurses is that it is sedentary. So ---

(TIME EXPIRES)

CHAIRMAN BECK: Finish your thought.

COMMISSIONER WILKERSON: Yeah, finish your thought, and then I've got one question.

MR. HEMPHILL: So that is -- and then Dr. -- then -- then with regards to the Vocational Rehab -- -- Dr. Brabham, his report, I contend, reads like she was working a manufacturing production job, and it didn't take into account what her actual duties were, which were very sedentary in that

job. Yes, Mr. ---

COMMISSIONER WILKERSON: Which ties into my question: Did your client do a Vocational Consultant Report, as well, or is that the only report that's in the file?

MR. HEMPHILL: That is the only Vocational Report in the file. And my client did not do that, thinking with 5 percent ratings and the sedentary nature of the work, that it was almost common sense that this lady is not permanent and totally disabled.

COMMISSIONER WILKERSON: And, Loudermilk was the Employer's doctor?

MR. HEMPHILL: Authorized treating physician.

COMMISSIONER WILKERSON: Thank you.

CHAIRMAN BECK: Mr. King.

ARGUMENT - BY MR. KING:

MR. KING: I believe I'm going to be very brief, although sometimes I say that and then I wind up and the buzzer goes out. I think that it's unusual for me, and I've been doing this for a number of years now, to have an order instruction that tells me, or tells one of the attorneys, to put in the order that the "uncontradicted evidence." And, I think,

that's important because Dr. Loudermilk, as Commissioner Wilkerson was just asking, is the authorized treating doctor, Dr. Brabham was hired by my office to do an evaluation, this the only vocational assessment in the file that was made available to the single Commissioner, and so that's the evidence that they -- that the single Commissioner had to work with. Mr. Hemphill did a really good job trying to confuse some issues with Dr. Loudermilk, but Dr. Loudermilk said specifically these words, and I'm quoting from page 38 of his deposition, which is a part of my APA submissions (as read): "The specifics of percentage impairments in all --" which he's talking about Dr. Burnette doing -- "but in terms of sending someone back to work or not, Dr. Burnette doesn't do that. That falls back on me. I've got to use all of the information I have at my disposal to determine whether someone is going to be able to go back to work or not." The most -- the last thing that was asked of him concerning the shoulder, which is the secondary body part that Mr. Hemphill says is not related, Dr. Loudermilk said this, on page 43

(as read): "If there is no record of her having any shoulder problems, then I'm going to say that it is more likely than not that this injury has aggravated her shoulder." Take those comments, along with the fact that Dr. Loudermilk did fill out assessment forms for my office, that he indicated that this lady was suffering from a hand, wrist, and shoulder problem, and the fact that even though Mr. Hemphill told you there was a 22-month gap before treatment was rendered for the shoulder, about five months after the initial injury, when she was first referred to Dr. Loudermilk, the Claimant filled out forms at Dr. Loudermilk's office marking her hand, her wrist, her arm area, as well as her left shoulder, as being problems that she related to her work injury. Additionally, in another section of that form where she was asked to list the body parts that she had injured at work, she listed out hand, arm, and left shoulder. She was very specific about that. And so the evidence that the single Commissioner had available is simply this: The authorized treating physician says the

shoulder, the hand and the arm, and the psych are related; Dr. Brabham's report says she's disabled; the authorized treating pain management doctor confirms that she's disabled, in his opinion. So I agree with the single Commissioner that the uncontradicted evidence in the case indicates that it's a hand, arm, shoulder, and psych case, and that the Claimant is totally disabled.

CHAIRMAN BECK: How do you reconcile the fact that she went back to work, though?

MR. KING: Well, what she -- what -- did -- her testimony, Commissioner, is that she went back to work, they sent her back originally, she was supposed to work five hours a day. She came out again after about a week because she was having so much pain and difficulty doing her job. Later on in the treatment, Dr. Burnette sent her back to work again, trying to work her way up into a full-time eight-hour a day job. She did the eight-hour a day job for a really short period of time, at which time she informed her employer through a letter of resignation that she could not do the work anymore and that she had done her best to try

to do it and, I think, that's what her testimony at the hearing was. This is a lady who should not be penalized because she tried to go back to work. She did make the effort, and it just wasn't successful.

CHAIRMAN BECK: Thank you, sir.

REPLY BY MR. HEMPHILL:

MR. HEMPHILL: In response, to further highlight -- to further highlight Dr. Loudermilk's testimony, what's interesting is he answered those questionnaires and, about a year later, somehow a 14B came across his desk and he basically reiterated the 5 percent in the same work restrictions from going way back to Dr. -- Dr. -- his partner, Dr. Burnette. You know, this -- this is a case that strikes me and my client as something that -- you know, this isn't a situation where the Claimant never went back to work, claiming that she couldn't work, she returned to work and she formed -- she performed a very, very sedentary job. Now, my client employs people that work in heavy, heavy labor, medium-capacity work, but she admits that she is a member of management and in the -- at the hearing, and that she performs a

sedentary job. She claimed that she had diffi-- you know, she'd have a difficult time putting a blood pressure cuff on. It was some sort of -- it was a weak effort, I felt like, in trying to acknowledge that she did strenuous things at work. But I called a rebuttal witness who held -- holds the same job and it's just -- it's just difficult that the single Commissioner would find this -- that she was permanently and totally disabled, based upon the nature of her work. And just to hang it on a vocational consultant's report, or to hang it on -- and say that one of the treating physicians, not the only, one of the treating physicians is uncontradicted. And to hang it on various questionnaires simply overlooks what I -- I claim is just the forest for the trees. And it is a sed- -- it was a sedentary job that she performed until she decided to retire, and that -- and that she should not have been awarded permanent and total. And as far as the shoulder goes, you know, she -- again, she's a registered nurse, she knows how important it is to -- for -- for workers who present to her with illnesses and conditions to give her a

complete history. For 29 years. She, in turn, says that she didn't -- she -- she gave a very weak excuse and, basically, Dr. Loudermilk said, you're right, she never mentioned it to me, except for putting it in that intake form, she never mentioned it to me in a clinical setting, in the exam room. And I would contend that she shouldn't be viewed as someone with an 8th grade education. She's viewed as someone who has clinical training and 29 worth -- years' worth of experience to get on the table whatever it was that you were injured with, what body part. And I -- I think that's the difference in this case.

COMMISSIONER WILKERSON: So what should it be if it's not permanent and total?

MR. HEMPHILL: 44-9-30, what is it, 13? The arm.

COMMISSIONER WILKERSON: That's ---

MR. HEMPHILL: The arm. And it should be some rating to the arm.

COMMISSIONER WILKERSON: I ask whoever will tell me that it's not enough or it's too much, what should it be?

MR. HEMPHILL: 15 percent to the arm, Commissioner.

COMMISSIONER WILKERSON: Okay, that's fine. I just

always like to ask. Thank you.

(TIME EXPIRES)

CHAIRMAN BECK: Thank you very much.

COMMISSIONER WILKERSON: Thank you.

CHAIRMAN BECK: That'll conclude this hearing.

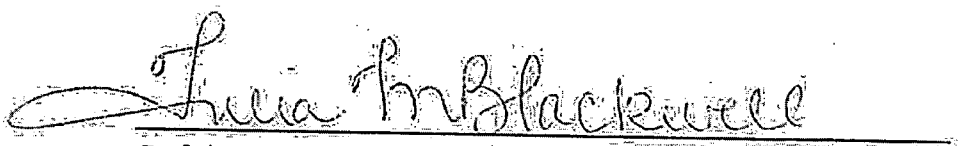
(There being nothing further, the full commission hearing concluded at 3:48 p.m.)

CERTIFICATE

This is to certify that the within hearing consisting of nineteen (19) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on October 18, 2019.



Julia M. Blackwell
Court Reporter

Notary Public for South Carolina
My Commission Expires: January 13,2025

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1517220

Janice McCutcheon	)
	)
Claimant,	)
	)
v.	)
	)
Greenwood Mills, Inc.	)
	)
Employer,	)
	)
and	)
	)
Greenwood Mills, Inc.	)
	)
Carriers/Defendants.	)
	)

COMMISSIONER'S HEARING

****

Wednesday, March 20, 2019
10:32 a.m. - 11:31 a.m.

The Commissioner's Hearing was heard before Commissioner R. Michael Campbell, II, at the Ninety Six Police Department, 100 North Church Street, Ninety Six, South Carolina, on the 20th day of March, 2019 before Amber Scarborough, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

CALL TO ORDER:

COMMISSIONER CAMPBELL: Today's hearing date is March 20th, 2019. This is Workers' Compensation Case File Number 1517220. The Claimant is Janice McCutcheon represented by Jimmy R. King. The Employer is Greenwood Mills, Incorporated. The Carrier is Greenwood Mills represented by Roy R. Hemphill. The date of accident was November 5th, 2015. There was an average weekly wage of $738.15 with a corresponding compensation rate of $492.15. APAs have been submitted. Are there any objections to APAs, jurisdiction, venue or any other items?

MR. KING: No, sir.

MR. HEMPHILL: None from the defense.

COMMISSIONER CAMPBELL: Thank you. Without objection the Commission file becomes a part of the record with the exception of self-serving declarations and unstipulated medical reports. Mr. King, we're here today, sir, on the Form 50 that you filed with the Commission so if you would, please put your position on the record for us and let us know what you're seeking here today, sir.

POSITION STATEMENT BY MR. KING:

MR. KING: Thank you, Commissioner. First and foremost we are seeking a finding that Ms. McCutcheon is permanently and totally disabled based on an injury to her left hand, left arm and left shoulder. We are relying on the medical evidence from Dr. Eric Loudermilk as our primary focus for that disability. Dr. Loudermilk is a team management doctor and he has provided medical care and treatment to Ms. McCutcheon since March of 2016. He currently still provides medical care and treatment to her on a monthly basis. We're also seeking ongoing medical with Dr. Loudermilk and medication as to be prescribed by him with the medications that he is currently prescribed and found on page 6 of the Brief that I previously handed up to you, Commissioner.

Our case also involves an aggravation of her underlying emotional state. Mr. Hemphill earlier had mentioned that she had some prior emotional issues. We don't deny that. In fact, when we talked earlier I told you that this is an aggravation of that problem. So basically we're here seeking total disability based on the injuries she suffered in this work

accident and future medical.

COMMISSIONER CAMPBELL: Okay. Thank you, sir. And just for clarification for the record because PMT is being pled, I know that y'all had previously mediated this case and it resulted in an impasse which brings us here today, but I just wanted to get that on the record that there had been -- mediation had been conducted.

MR. KING: Yes, sir.

COMMISSIONER CAMPBELL: Thank you, sir. Okay. Mr. Hemphill?

POSITION STATEMENT MR. HEMPHILL:

MR. HEMPHILL: Commissioner, this is an admitted accident to the Claimant's left wrist and hand -- left wrist area where she broke her wrist on November 5th of 2015. The only affected body part is the left wrist. The shoulder -- her shoulder injury is denied because her first complaint in a doctor/patient setting was 22 months after the accident. MMI was reached on 10/20 of '16. We contend that the Claimant is entitled to an award of permanent partial disability to her left upper extremity pursuant to 42-9-230. We contend that there is no aggravation of a mental injury because she's on

the same medication that her family doctor had prescribed, it's just that Dr. Loudermilk is prescribing it now at the same dosages. This is not a wage loss case pursuant to *Singleton* because the only affected body part is the left wrist. The employer -- and also because the employer continued to provide her employment all the way up to the date that she retired, paying her full salary and she was able to -- we contend that she was able to do that job which has been a light job in it's nature.

COMMISSIONER CAMPBELL: Okay. All right. Thank you. Mr. King, anything to add at this time?

MR. KING: No, sir.

COMMISSIONER CAMPBELL: Okay. Thank you. Ms. McCutcheon, I have a couple quick instructions for you before we get started. First and foremost please speak up, speak clearly for us. It's important that we all hear your responses to the questions, but most important that this nice lady here to my right get it for the record. If you're asked a yes or no question please give us a verbal yes or no answer. You can shake your head yes or no like I do all the time just make sure you please accompany that

with a verbal yes or no answer, and try and stay away from things like uh-huh and huh-uh just because that can be easily misinterpreted on the record. So if you could help with that I'd appreciate it.

MS. MCCUTCHEON: Okay.

COMMISSIONER CAMPBELL: Okay. You're going to do fine. Please raise your right hand.

MS. MCCUTCHEON: Do swear and affirm the testimony that you're about to give is the truth, the whole, and nothing but the truth?

MS. MCCUTCHEON: I do.

COMMISSIONER CAMPBELL: Okay. You can put your hand down. And I know we all know who you are, but please state and spell your name for the record, ma'am.

MS. MCCUTCHEON: My name is Janice K. McCutcheon, M-C-C-U-T-C-H-E-O-N.

COMMISSIONER CAMPBELL: Okay. Thank you, ma'am. Mr. King, your witness.

MR. KING: Thank you, Commissioner.

MS. MCCUTCHEON - DIRECT EXAMINATION BY MR. KING:

Q: Just a few background kind of questions and then we're going to get into the meat of what we're going to talk about, okay? First and

foremost, relax.
A: I'm trying, yeah.
Q: How old are you?
A: 64.
Q: Okay, and what's your date of birth?
A: 5/8/1954.
Q: Okay. And I believe you lived here since '96, is that right?
A: Yes, I did.
Q: And I believe that I told you that we had arranged this special for you so you wouldn't have to travel so you would have your hearing right here in your hometown. Are you right handed or left handed?
A: Right handed always.
Q: And I believe you injured your left hand and arm?
A: Yes. Yes.
Q: Okay. Have you ever served in the military?
A: No.
Q: And educationally I believe you have a nursing degree from Clemson?
A: Yes, sir.
Q: Okay, that's a four year degree?
A: Yes, sir.

Q: Okay. Where were you employed when you got hurt?
A: Greenwood Mills Harris Plant.
Q: Okay. How long had you been an employee of Greenwood Mills?
A: I was there about 29 plus years.
Q: Okay. And during that period of time as an employee of Greenwood Mills had you ever been injured before while at work?
A: No.
Q: Okay. You have heard Mr. Hemphill say that this is an admitted case as far as how -- that you were hurt at work. The issue is what parts of your body were injured, but very briefly if you would -- two sentences or less -- tell Commissioner Campbell how this accident happened?
A: Okay. It was at the front entrance of the Harris Plant. It's like a real big type steps like a old courthouse setting and I stumbled on a crack that was in the lower platform and I fell forward.
Q: Okay. And did you -- what parts of your body were injured in that fall?
A: My upper extremities from my shoulder, arm,

wrist, hand and all my fingers.
Q: Okay. And which arm are you referring to?
A: Left. I'm sorry, left.
Q: Okay. Okay. And did you have surgery on your wrist?
A: Yes.
Q: And what doctor did that surgery?
A: Dr. Timms.
Q: Okay. And he's an orthopaedic in Greenwood?
A: Yes.
Q: And without getting into medical terms but using lay terms tell us what he did to your wrist?
A: Okay. Well, I impacted just a fracture which wedged together. What he had to do, he had to repair my fracture with a metal plate and screws.
Q: Okay. And after you had your surgery did you develop some other problems?
A: Yes, I did.
Q: What did you develop?
A: I developed a condition called RSD or it's got another name ---
Q: Complex regional pain syndrome?
A: Yes.

Q: Okay. And were you referred to Dr. Loudermilk during that period of time to help treat the RSD?
A: Yes.
Q: Okay. Now when you first were seen at the Tower Clinic and then at Dr. Timms' office what were the main concerns that you and the doctors had for your condition? What were they concerned about?
A: They were concerned about the fracture, repairing the fracture.
Q: Okay. And were you having pain in other parts of your body throughout the time that you treated with Dr. Timms?
A: Yes.
Q: Where were those other problems?
A: The problems were my whole upper extremity from the shoulder down.
Q: Now are -- you're aware I believe that Dr. Timms' notes don't show any reference to shoulder, is that right?
A: Yes. Yes.
Q: All right. Now when you were -- did -- he -- you were referred to Dr. Loudermilk by whom? Who sent you to him?

A: Dr. Timms.
Q: Dr. Timms. And has Dr. Loudermilk and Dr. Timms bills been paid by the workers' comp carrier?
A: Yes.
Q: Okay. When you went in to see Dr. Loudermilk ...
MR. KING: Commissioner I'm on page, starting on page 20 of our APAs.
COMMISSIONER CAMPBELL: Thank you.
Q: Did you fill out a document that is entitled Initial Pain Assessment?
A: Yes.
MR. KING: Now, Commissioner, may I approach the witness with the document?
COMMISSIONER CAMPBELL: Certainly. Certainly.
MR. KING: Thank you. I'm on page 24 at this point, Commissioner.
COMMISSIONER CAMPBELL: Thank you.
Q: Now on the personal history questionnaire did you mark anything about your shoulders or shoulder?
A: Yes.
Q: What did you mark?
A: I marked right here. It says, pain in the

shoulders and I checked it (indicating).
Q: Okay. And on page 25 of our submissions there was a question, where is your pain, at the very top, what did you mark -- what did you write in there?
A: It says, where is your pain? Left wrist, hand and fingers and left shoulder.
Q: Okay. And then there's a second question right after that, that is when did your pain begin and what did you write down?
A: When did your pain begin? November the 5th, 2015 impacted fracture, left.
Q: Okay. And is that the date of your work injury?
A: Yes, it is.
Q: And then on page 26 is there a body diagram?
A: Yes.
Q: And would you point out where you marked -- I believe this is asking for where the pain is located and what did you mark?
A: Pain right here on the shoulder, the left shoulder.
Q: Okay.
A: The wrist, the hand, the fingers and the thumb.
Q: Okay. And on --

A: On the second one ---
Q: That's the one where you're looking at the back of the person?
A: Yes, on the left shoulder and the same, the wrist, hand ---
Q: Okay.
A: --- knuckle area.
Q: And then the same thing on the way it was in front?
A: Yes.
Q: Okay.
A: Shoulder, hand, wrist, fingers, yes.
Q: Okay. And there is a question, what's your pain level at the best and at the point in time what did you say your pain level over the best on a 0 to 10 pain scale?
A: 6.
Q: And at the worst?
A: 8.
Q: Okay. Thank you. Now tell us in very brief terms the types of treatment that Dr. Loudermilk is currently providing for you?
A: At this time?
Q: Yes, ma'am.
A: He's just -- he's prescribing medications for

me and he examines me and he asks questions.
Q: Now are you taking the medications that Dr. Loudermilk prescribes the way he recommends that they be taken?
A: Yes.
Q: Okay. As you are taking those medications does that completely do away with your pain?
A: No.
Q: Okay. On a normal level at the best where is the pain in your hand and fingers?
A: I'd say around 5.
Q: Okay. On a worst day -- and we'll talk about what maybe causes a worst day in just a few minutes -- but on a worst day where do you say the pain is in your hand and fingers?
A: I'd say around a 6.
Q: Okay.
A: A 7 maybe.
Q: Okay. And the pain in your wrist area of your left arm, where you would say that pain is at its best?
A: Around 5.
Q: Okay. And where is that pain on your worst days?
A: 6 to 7.

Q: Okay. Now, do you have any pain anywhere else that you relate to this work accident?
A: Yes. I still have problems with my shoulder and my arm.
Q: Okay.
A: From the neck down.
Q: Okay. So the shoulder and arm, where would you say that pain is on a regular basis?
A: 4.
Q: And what is the height of that pain, what's the worst?
A: 5.
Q: Okay. And do you have any medication side effects?
A: Oh, yes.
Q: Tell us what side effects your medications cause you?
A: Well, some of them causes drowsiness, dizziness. My attention span is really short. My concentration is just really not there like it should be. I do have -- I have gained weight and I'm fatigued. I just don't have -- I'm exhausted a lot.
Q: Let's talk about any other things that are going on. Would you address of the issue of

the strength that you currently have in your left arm and shoulder and hand? How is that different than it was before this accident?

A: It's not back to normal. It's not a hundred percent. I can flex my fingers, this is as far as I can go (indicating). I have a thinning of the muscle tone here. The deviation in my ulnar is there. The doctor said it's restricted. I also still have some swelling. If I do too much my wrist starts swelling. My fingers are better, the knuckles are much better but tension is not there like it was.

Q: Okay.

A: They're still painful.

Q: Okay. Is it your understanding that you are placed on a five pound lifting restriction with your left hand?

A: Yes.

Q: Okay. Could you -- can you lift five pounds?

A: No, not really.

Q: Okay. Now if you try to lift something does it -- what does that cause to happen with your upper extremity and shoulder?

A: It hurts. It's pain. More pain.

Q: Okay.

A: That wakes the pain up.
Q: Now have you noticed that you're experiencing any other problems as far as operating your left hand, arm and shoulder when doing things? What types of things are you limited in?
A: Difficulty with even fastening and unfastening the seatbelt. I still have problems with that. Microwave buttons, can't do that. Even picking up coins, you know.
Q: Coins, like money? Okay.
A: Yeah, coins. And also even gift wrapping. Difficulty to gift wrap. I'm buy the bags for them now and I usually gift wrapped.
Q: Okay.
A: And that's some things.
Q: All right.
A: I don't know if I mentioned even making up a bed. It's difficult for me to make up a bed.
Q: Now how did you get here today?
A: My husband.
Q: And you've got what about a 40 miles or so drive when you come to see me at my office?
A: Yes.
Q: Have you ever made that drive? What's the furthest that you feel comfortable trying to

drive a car now?
A: Greenwood. I drive to Greenwood.
Q: How far is to Greenwood?
A: About ten miles.
Q: Okay. And why is it you don't feel comfortable driving further than Greenwood?
A: I think it's the pain, safety. Safety for me and safety for others.
Q: Okay. What happens if you try to drive further? What would happen to you?
A: What would happen?
Q: Yes, ma'am.
A: I'd probably have to stop because of the anxiety and the pain.
Q: Okay. Did you have any problem driving places before this injury?
A: Not really. I haven't -- I've always, you know, driven, but not, you know, all -- everywhere by myself, but I do drive.
Q: Okay. Now how was your emotional situation before this injury? What emotional issues did you have before the injury?
A: I did suffer with anxiety at times.
Q: Okay. Did it impact your ability to do activities?

A: Not really. No.
Q: Did it impact your ability to do your work?
A: No.
Q: Okay. All right. Tell us what issues you have now with your emotional state?
A: Well, I'm fearful. I'm fearful because of the RSD and I'm -- anxiety, and I suffer with pain nearly every day and it's depression. I feel safe in my home. I don't -- it's like I don't want to get out like a social disengagement. I just really don't want to get out that much. I do try to get out but I'd rather stay at home.
Q: Okay. Now after your surgery in late 2015 did Dr. Timms return you to work full days limited duty originally?
A: Originally he did.
Q: And I believe according to the medical records you did that for about a week or so and went back in and what happened when you went back in to see Dr. Timms?
A: He reduced the hours.
Q: Okay.
A: Five hours a day.
Q: And why did you -- why did the doctor -- in

your understanding why do you think your hours were reduced from eight to five on light duty?

A: Because of the pain that I was having to deal with ---

Q: Okay.

A: --- and that I just couldn't do all the work at the time. I was really tired.

Q: And did you see Dr. Burnett?

MR. KING: It's page 39 of our submissions, Commissioner.

COMMISSIONER CAMPBELL: Thank you.

Q: Did you see Dr. Burnett some time in the summer or fall of 2000 -- or probably the fall of 2016 and did she give you restrictions of six hours a day hoping within the next two to three months to get you up to eight hours a day?

A: Yes.

Q: Okay. And that would put us over some time late 2016 or early 2017, is that kind of in the ballpark?

A: Yes.

Q: Okay. And then you wrote a letter of resignation in March of 2017. Tell Commissioner Campbell why you decided to resign from your job?

A: Because of the chronic pain. I just wasn't able to -- I struggled to perform the job duties. I just couldn't complete all the work.
Q: Did you try?
A: Yes. Yes.
Q: You would have been, I believe if I'm adding this correctly, age 63 at that point?
A: Yes.
Q: Had that been -- had it been your desire to retire early or had you planned to work longer?
A: Work longer.
Q: How long did you plan to work?
A: To full benefits.
Q: Which would ---
A: I think it's around 66.
Q: Okay. And I believe your husband, who's here with us today, he's also a Greenwood Mills employee; is that right?
A: Yes.
Q: So other than the Commissioner and the court reporter and Mr. -- and Roy and myself, we're the only non-Greenwood employees in the room; is that ...
A: Yes.
Q: Okay. So did you not feel that you could

continue working and make it to 66?
A: No.
Q: Let's talk a little bit about things that you do to keep busy during the day. You had mentioned earlier you just like stay in the house; why is that?
A: I just don't want to go out. I think it's the pain. I'm just drained. It overwhelms me sometimes.
Q: Okay. Do you help out at -- well, first and foremost who lives in the house with you?
A: Chan.
Q: Your husband?
A: Yes.
Q: So there's no one else in the home?
A: No.
Q: And what types of things around the house are you still able to do?
A: Able to do?
Q: Yes, ma'am.
A: Well, I do some light chores. I mean, I do pick up some clothes. I do the laundry. I do have some specialties in cooking that I like to do but Chan has to help me stir everything. But I do not cook meals every day. And I like

to read and watch TV some and that's about it.
Q: Okay. Do you have difficulty staying focused?
A: Oh, yeah.
Q: Now who cleans the bathrooms?
A: Chan has bought an instrument that helps him.
Q: Okay.
Q: Who does the mopping and sweeping and vacuuming?
A: Poor Chan.
Q: Okay. What about grocery shopping?
A: He likes to do that, but I do go with him sometimes.
Q: Okay.
A: I can't reach the shelves.
Q: Have you ever been one of those folks that did yard work?
A: No.
Q: Okay. So you don't -- you haven't had a loss there because you never did it to begin with.
A: But I did have someone that we paid to cut grass.
Q: Okay. But that wasn't one of your hobbies to get out and work in the yard?
A: No.
Q: Now since this injury back in November of 2015

have you and your husband taken any trips?
A: Yes, we have.
Q: Where have y'all gone?
A: Well, I went to the Tampa ball game.
Q: Okay.
A: And we went to Disney with our grandchildren.
Q: Okay. And how did you do on those trips?
A: I did okay with the ball game. It was just sitting a while. Disney, I had to sit and just let them do the rides and walk around. It wasn't a hot day so I enjoyed watching the people.
Q: Okay. Have you done everything that the doctors have asked of you as far as trying to get over all of the problems that you've experienced?
A: Done everything?
Q: Have you done everything they've asked you to try to do?
A: One thing I haven't done is the aqua swim. I don't swim. I'm afraid of water.
Q: Okay. Other than that?
A: Other than that I've done okay.
Q: Okay. And you're still taking the medicines that Dr. Loudermilk is prescribing?

A: Yes.
Q: Now do you believe that you're able to go back and do the work you did as the Plant nurse for almost 30 years at Greenwood Mills?
A: No.
Q: Do you believe at this point in time you're able to do any type of work activity?
A: No.
Q: Did you have a vocational evaluation with Dr. Robert Brabham at my request?
A: Yes, I did.
Q: And were you honest and truthful with Dr. Brabham during his evaluation of you?
A: Yes.
Q: Okay. I just want to make a couple of final things with you if you don't mind. And you're doing great by the way.
You agree that -- because I've given you the medical records and you've had the opportunity to read those and we've discussed those -- even though your testimony is you were having problems with your hand, your arm and your shoulder that does not show up in your medical records until you go to see Dr. Loudermilk and you fill out in this questionnaire that I went

over with you just a few minutes ago; is that right? It doesn't appear in those, does it?

A: No.

Q: Okay. And your early reports with Dr. Loudermilk it does not appear?

A: Early reports, no.

Q: Okay. But in your opinion based on your injury, based on what you filled out when you first went in to see Dr. Loudermilk your problem areas are your hands, your shoulder and your arm as a result of this work accident?

A: Yes.

Q: Now is it your desire that the Commissioner find that you're not able to return to work?

A: Yes.

Q: Is it your desire that he order that you continue to have your medical care and treatment with Dr. Loudermilk with your medications taken care of by the Workers' Compensation Commissioner?

A: Yes, I do.

Q: I'm sorry, the carrier. Thank you. Answer any questions Mr. Hemphill has for you.

COMMISSIONER CAMPBELL: Thank you. Mr. Hemphill?

MS. MCCUTCHEON - CROSS-EXAMINATION BY MR. HEMPHILL:

Q: Ms. McCutcheon ---
A: Yes.
Q: --- as it relates to your treatment now, you had RSD at one point, correct?
A: Yes.
Q: And you do not have it now, isn't that true?
A: It's in remission.
Q: Okay. But Dr. Loudermilk has repeatedly assured you that your RSD is completely resolved?
A: And also he said at this time.
Q: Okay. And the reason why it was resolved is because Greenwood Mills allowed you to have a series of four stellate ganglion blocks with Dr. Loudermilk, is that true?
A: Yes.
Q: And those stellate ganglion blocks occurred from the time -- from roughly May -- April or May of 2016, right?
A: Yes.
Q: Okay. And when you first went to see Dr. Loudermilk that was your immediate concern, wasn't it?
A: Yes.
Q: Okay. But you -- after your -- so can we agree

that your RSD was resolved by June or July of 2016? Now you've read the medical records?

A: Yeah, I'm thinking.

Q: Okay.

A: Yes.

Q: All right. And you've read through the medical records because you're a healthcare professional, right?

A: I read it when I received it.

Q: Right.

A: Yeah.

Q: But in preparation for this hearing, I mean, you know how to read medical records, correct?

A: Yes, I do.

Q: All right. So do you recall the first time that you asked that Dr. Loudermilk to treat the left shoulder in the exam room was September of 2017?

A: Was it September? Yes.

Q: September 21st of 2017?

A: I'm not sure of the date.

Q: Okay. So you put it on a pain diagram and the intake forms in March of 2016, right?

A: Yes.

Q: Is that a yes?

A: Yes.
Q: And then you didn't bring it up again until September of 2017, is that true?
A: Yes.
Q: Okay. Now you headed towards an informal conference with Mr. Lyon with the Commission in February of 2017, isn't that true?
A: Yes. Uh-huh.
Q: And you were prepared to resolve your case at that time, correct?
A: Yes.
Q: Okay. You hadn't had any treatment to your left shoulder when you showed up at the informal conference, had you?
A: No.
Q: And did you articulate, did you utter anything to Mr. Lyon about problems with the shoulder being the reason you didn't want to resolve your case that day?
A: I didn't. He's the one that came up with resolving, not me. I was planning on resolving.
Q: You were planning on ---
A: He told me not -- he told me no. That the RSD could flare up ---

MR. KING: Commissioner, I would object to anything really that went on during an informal conference because I believe that's privileged and not subject to being brought up at a hearing.

MR. HEMPHILL: My position on that is it's not a mediation.

MR. KING: Commissioner, it's a public proceeding.

COMMISSIONER CAMPBELL: Well, as long as there -- I will allow it as long as there's no discussion as to any type settlement offers that were made or any discussion or particulars regarding that, but I mean, and since we've already discussed that the -- that that failed and Mr. Lyon did not accept the settlement offer I think we can move on from that.

MR. HEMPHILL: Thank you, Commissioner.

Q: So but after that informal conference in February of 2017 you didn't make -- in the exam room to Dr. Loudermilk -- you didn't make a complaint until September of that year?

A: I'm sorry, repeat that one more time?

Q: Right. Do you recall in your informal conference happening in February of 2017?

A: Yes.

Q: And your first complaint to -- in the exam room -- to Dr. Loudermilk was of left shoulder complaint in September of 2017?
A: It could possibly be. I'm not sure about the date.
Q: All right. Now you have worked part-time since returning to work five hour a week -- five hours a day, excuse me -- as a Plant nurse after your surgery, is that right?
A: I returned to work on the 27th after my surgery.
Q: Of what ---
A: 2016.
Q: So December 27th of 2016 you returned to work in the mornings, is that right? Morning hours, five hours?
A: Morning hours, yes.
Q: Okay. And then at some point in time you ramped up to eight hours a day working?
A: About three, four months after that.
Q: Okay.
A: It was -- I was requested to just go out like six hours, seven hours within the two to three month period.
Q: Right. And so you did return to full duty say

in the fall of 2016?
A: Yes.
Q: And you retired, you submitted you ---
A: Excuse me. That would be 2017, wouldn't it?
Q: Okay. Fall of 2017.
A: 2017.
Q: Well, did you retire in March of 2017?
A: Yes.
Q: Okay. So did you return to full duty work in the fall of 2016?
A: No.
Q: Did you ever return to work in -- prior to retirement?
A: Yes.
Q: Okay. And we established that you retired -- you submitted your letter of resignation in March of 2017?
A: Yes.
Q: Okay. Can you tell the Commission when you return to full work as the Plant nurse prior to that day?
A: I'm not sure.
Q: Okay. But you did return to full duty.
A: Yes, but I'm not sure exactly the date.
Q: All right. Now, will you agree with me that

the Plant nurses duties per the job description or as you have worked at it for almost 30 years that it is light work?

A: It is considered light work?

Q: I'm asking you that?

A: And I'm asking what you're saying, what is light work?

Q: Okay. Let's compare it to work with others who work at the Greenwood Mills Harris Plant, okay? It's lighter than weaver?

A: Oh, yeah?

Q: Isn't it, I mean? All right.

A: I don't get - I'm not out doing production.

Q: Okay. You wouldn't put it on within the categories of anybody out in production, would you?

A: No.

Q: You were considered a member of management?

A: Yes.

Q: And you're paid full salary, right?

A: Yes.

Q: All right. And your day in, day out duties deal with dealing with first aide and people coming in with common sicknesses and common colds;, is that true?

A: Somewhat. I did pulmonary testing and audiograms and respirator fitting.
Q: So periodically you had to test employees for their hearing and their breathing, correct?
A: Everybody, yes.
Q: Right. And the caliber and machinery for all of that is in your office or in the nurses' suite area, is it not?
A: Yes.
Q: And you don't have to travel around to other plants. Greenwood Mills is down to one plant now, isn't that true?
A: Yes.
Q: Okay. So all of your activities were right around the nurses' suite, is that right?
A: Yes. I had to travel to Dr. Murphy's office.
Q: Okay.
A: Records.
Q: All right. So you had to do -- you know, how often was that?
A: Maybe once a week, every two weeks. It varied.
Q: Okay.
A: On how many pulmonary tests I did do.
Q: All right. So what's the maximum that you would have to lift anyway as the Plant nurse?

A: I'd say around 20, 30 pounds.
Q: What would that be?
A: Supplies.
Q: What kind of supplies?
A: Bottles of all -- different bottles of medication. Different, like blood pressure cuffs. It all depends on what I ordered.
Q: Is it your testimony that a blood pressure cuff would weight 20 or 30 pounds?
A: No.
Q: Okay. Well, I'm looking for an example of something in the 20 to 30 pound range that's credible.
A: Okay. Well, you have a whole box, more than one thing in it.
Q: Okay. A box of what?
A: Medications, bottles.
Q: Okay. And if you ever needed help with that did you have healthcare co-workers that would help you?
A: I never had any healthcare co-workers to help me.
Q: Did you ever have an LPN that you worked with whose name is Janice Howle?
A: She did not work with me.

Q: Did she work in the nurses' suite area?
A: She worked with our nurse practitioner.
Q: Okay. Did she work within close proximity of you?
A: Yes.
Q: I mean, she wasn't on the other side of the Plant, was she?
A: No.
Q: She worked in the same suite. And Greenwood Mills also arranged for there to be a nurse practitioner from time to time there ---
A: Yes.
Q: --- isn't that true?
A: About eight hours per week.
Q: Okay. So if you needed help moving something there would be people within your own suite that can assist, right?
A: If she wasn't seeing patients like 15 minutes per patient.
Q: Okay. Now some of your work involves data entry, is that correct?
A: Yes, I had to do that.
Q: And that's all on machinery, whether it be the audiograms -- of the audiometry or the spirometry, correct?

A: Yes.
Q: And there's no lifting associated with that, is it?
A: Well, there was a printer that I had to move and try to get it to work and it was -- I had to get on the step to get it, it was on a shelf.
Q: Okay.
A: So I had to deal with the printer.
Q: So ---
A: And docking the ---
Q: --- it was on a shelf and you had to move it in order to be able to use it?
A: Sometimes I had call the information center to see what the problem was. I had to place the paper in the printer so that was one thing I had to deal with.
Q: Okay. But you didn't move the printer from the shelf to your work area every day or multiple times a week, did you?
A: No, but I had to remove the dock -- there was a dock for the laptop which it did not weigh 30 pounds, but I did have to move it and place it on a dock from one room to the other.
Q: But the tools of your trade are a stethoscope,

a tongue depressor, things of that nature that you would carry on your lab coat or nurses jacket wouldn't you agree with this all now?

A: Not necessarily. Blood pressure cuff was also on the counter. I had ---

Q: Would you agree with me that a blood pressure cuff weighs less than five pounds?

A: The weight of it is fine but when I -- I was unable to manage the blood pressure cuff and also ---

Q: Why were you unable to manage a blood pressure cuff?

A: Well, if you have a huge woman and you're trying to wrap it around her arm it's very difficult to do.

Q: It's got velcro, right?

A: It's got velcro, but you still have to maintain alignment.

Q: Yeah, but you didn't have to tie it like shoelaces or anything, right?

A: No, that would have been more difficult.

Q: Right. So velcro would make it easier, right?

A: Put it this way, I had to send her to Dr. Murphy so they could do her blood pressure.

Q: Okay. Because the blood pressure cuff wouldn't

fit her arm?
A: No, because I just couldn't get it -- I could not align it. It was a large blood pressure cuff but I just couldn't get it on.
Q: All right. And when -- the times that you were out after surgery, during surgery and any times that you missed you were never paid two-thirds of your salary, were you?
A: Not to my knowledge.
Q: You were paid your full salary during all times after this accident, right?
A: Yes.
Q: Now with regards to your -- now you -- your family doctor's Dr. Sam Burnett, right?
A: Uh-huh.
Q: Is that a yes?
A: Yes. I'm sorry.
Q: And Dr. Burnett is -- had you on Lexapro before this accident, is that true?
A: No.
Q: What type of anti-anxiety or depression medication did he have you on then?
A: Through the years he had me on Ativan .5.
Q: Okay. And Dr. Loudermilk has you on a similar medication, doesn't he?

A: He has me on anti-anxiety and anti-depression, Lexapro.
Q: Right. And Dr. Burnett no longer carries on those medications, does he?
A: No.
Q: Because Dr. Loudermilk has you on those medications, right?
A: He didn't prescribe that medication.
Q: When you say he who is he?
A: Burnett. I'm sorry, he didn't have me on it.
Q: Okay. So whether it was one form of anxiety or depression medication before the accident, Dr. Loudermilk has got you on the same types of medication, correct?
A: No.
Q: Well, what are you on?
A: You're saying that Burnett placed me on -- he place me on anti-anxiety pill but he did not have me on anything for depression.
Q: And that's what ---
A: That's Sam Burnett ---
Q: Okay.
A: --- my primary doctor.
Q: Right. And the other Dr. Burnett that you've seen is with Dr. Loudermilk's office, right.

A: Carol Burnett.
Q: Okay. And that Dr. Loudermilk spent how long with you in an independent medical evaluation?
A: Pardon?
Q: Did you see ---
A: Loudermilk sent me a thing?
Q: Dr. Carol Burnett -- you saw him ---
A: You said Loudermilk.
Q: --- you saw him one time, is that true?
A: Pardon?
Q: Dr. Carol Burnett?
A: Burnett saw me one time.
Q: Okay. Was he with Dr. Loudermilk's office?
A: She.
Q: I beg your pardon. Was she -- and did she -- how long did she spend with you?
A: I didn't really time it but it was a lengthy evaluation.
Q: Of the doctors that you've seen at Piedmont Pain Management Clinic would you agree with me that she, Dr. Burnett, was the one you spent the most time with in a session?
A: In one session?
Q: Yes.
A: Okay. Yes.

Q: Would you agree with that?
A: I would agree with that.
Q: Okay. All right. Now you have grandchildren?
A: Yes, I do.
Q: And where do they live?
A: Anderson.
Q: Okay. And you visit them frequently?
A: Somewhat.
Q: Okay. And what are their ages?
A: 7 and 10.
Q: And they are boys?
A: Yes.
Q: And are they active in sports and do sports and all?
A: Yes.
Q: And do you attend most of their sporting events?
A: I try to. Baseball, I try to go to a baseball game.
Q: So you do get out of the house for -- to see your grandchildren ---
A: I may go, yes.
Q: --- participate? Okay. Those are the questions I have for you. Thank you.
COMMISSIONER CAMPBELL: Thank you. Mr. King.

MR. KING: I've just got a couple of follow-ups, if it please you, Commissioner.

COMMISSIONER CAMPBELL: Sure.

MS. MCCUTCHEON - REDIRECT EXAMINATION BY MR. KING:

Q: Mr. Hemphill was asking you questions about returning to work and he used the term full duty. Did you ever return to work full duty or did you just have a period that you went back to work full-time eight hours a day?

A: More of a full-time.

Q: Okay. And did anybody ever change the restrictions that were placed on you of lifting no more than five pounds with your left upper extremity and to avoid any repetitive flexion or extension of your wrist?

A: No.

Q: Okay. Now, Mr. Hemphill asked you a couple of questions about I believe -- whether it's phrasing or not -- data entry using the computer. Was that a part of your job as Plant nurse?

A: Yes.

Q: And are you able to use your left hand on the computer now?

A: I don't use the computer.

Q: Could you do it if you tried?
A: I could try, but I just haven't felt like I want do that.
Q: During that period of time that you went back to work at Greenwood Mills did you use the computer?
A: Yes, I had to put names in.
Q: Okay. Did you have any difficulty doing that?
A: Somewhat.
Q: What would be the difficulty?
A: It's just the pain. You know, just the pain. But it is pain ---
Q: Okay.
A: --- with papers.
Q: Okay. Thank you. That's all I have, Commissioner. And we have no other witnesses.
COMMISSIONER CAMPBELL: Okay. Mr. Hemphill?
MR. HEMPHILL: Nothing further.
COMMISSIONER CAMPBELL: All right. Ma'am, you can step down and thank you for your testimony. I appreciate it and if you want to have a seat over here next to your attorney you can do so. And, Mr. Hemphill, do you have any witnesses you care to call at this time?
MR. HEMPHILL: Yes, I will call Janice Howle.

COMMISSIONER CAMPBELL: Okay.

MR. HEMPHILL: Have a seat right here. This will be a good seat for you and slide over.

COMMISSIONER CAMPBELL: Hi, how are you?

MS. HOWLE: Hi.

COMMISSIONER CAMPBELL: Watch your step coming around here and if you could just have a seat right here, ma'am, and make yourself comfortable. I have a couple of quick instructions for you. If you would please speak up, speak clearly for me so that we can all hear your responses to the questions. If you're asked a yes or no question please give us a verbal yes or no answer ---

MS. HOWLE: All right.

COMMISSIONER CAMPBELL: --- and try and stay away from things like uh-huh and huh-uh just because that's easily misinterpreted on the record. So if you could help me out with that I'd appreciate it okay?

MS. HOWLE: All right.

COMMISSIONER CAMPBELL: All right. Please raise your right hand.

MS. HOWLE: (Witness complies).

COMMISSIONER CAMPBELL: Do you swear and affirm the

testimony you're about to give is the truth, the whole truth and nothing but the truth?

MR. HOWLE: I do.

COMMISSIONER CAMPBELL: Okay. You can put your hand down. Please state and spell your name for the record, ma'am.

MS. HOWLE: Janice, J-A-N-I-C-E, Howle, H-O-W-L-E.

COMMISSIONER CAMPBELL: Okay. Thank you, sir. I mean, thank you, ma'am. Mr. Hemphill, your witness.

MS. HOWLE - DIRECT EXAMINATION BY MR. HEMPHILL:

Q: Janice, what type of nurse are you?

A: I'm a license practical nurse.

Q: And where are you currently employed?

A: I'm employed through Occupational Home Health Care through Self Regional Hospital through Self Medical Group.

Q: Where do you report for duty?

A: I report to Greenwood Mills Harris Plant on Mondays, Wednesdays and Fridays.

Q: Any other?

A: And on Tuesdays and Thursdays I'm there four hours a day for clinic through Occupational Medical.

Q: Do you also cover any other employers in the

area?

A: I go to Velux (sic) on Tuesdays and Thursday for four hours.

Q: Okay. Are you now the occupational nurse or Plant nurse at Greenwood Mills Harris Plant?

A: I am. I'm there 32 hours a week.

Q: Okay. And have you ever worked as a Plant nurse anywhere else?

A: If I go back. I worked at Grede Foundries. I started there in 1987 and I worked there until '94 which time I left and went to Kennett Electronics and I stayed there 'til they closed in 2002 and then I went to work with Piedmont Health Group as a contract, a professional health nurse for Solutia.

Q: All right. Did you work as a home health care nurse at some point?

A: I left Solutia in 2004 and went to Self Regional as a home health nurse and I stayed there 'til January of 2017 when I came to work for Occupational Medical.

Q: And in your work as a Plant nurse at various employers as well as a home health nurse in your opinion which is more difficult? Which is a heavier job?

A: The home health job definitely was because you're in homes and your lifting and you're picking up people's extremities, you're in and out of the car. Much heavier work.

Q: Okay. Now did you work for a portion of time with Ms. McCutcheon?

A: I very short time. I came on board with Occupational Medical in January, the first of January of 2017, and I think I started going out to Harris as the clinic -- Occupational Health Group clinic nurse maybe in February and then I think she retired at the end of March, so we kind of overlapped a short time.

Q: Okay. Was there also a nurse practitioner sometimes on duty there?

A: Rebecca Wittington is the nurse practitioner and she is there on site on Tuesdays and Thursdays for I think it's four and a half hours on Thursdays and five hours on Tuesday.

Q: Okay. And where are -- where would you -- when you worked with Ms. McCutcheon where were the three of you all located?

A: When you come into the clinic the first office on the left would have been Ms. McCutcheon's. I actually sat in the little -- where there's

a little area where we do our treatments and do care, and then Rebecca had an office up on the left. So we were in a very close -- it's probably, I don't know, maybe a little bigger than this. Something, you know, it was three -- two divided or three divided rooms.

Q: Okay. Were you all available to assist one another?

A: Yes. Uh-huh.

Q: Can you tell us a little bit about your job duties as a Plant nurse at Harris Plant?

A: Primarily it is somewhat of a clerical-type job that you do, breathing tests, pulmonary function tests. Under the Contna (sic) Standard every employee is required to have that annually. We do -- they're also required to have hearing tests, and that takes a big part of the time. Then you also do first aide as, you know, if someone comes up and needs that. But that is primarily what I do.

Q: Okay. What sort of machinery do you work with when you're doing the audio tests and the breathing tests?

A: It's all computer driven. You enter the data. Most of it has a drop down box of yes and no,

type in a few words responding to the questions and you -- with the breathing test you do that and you hand them the apparatus that they breath into and they perform the test and you complete it and print it out and hand them the summary. The audiometric machine is automated and again key in some information and press the button and they go through the cycle of the hearing test.

Q: Is there a fair amount of record keeping that's involved?

A: It's a lot of record keeping. A lot of keeping up with scheduling of appointments. Again, you get a computer print out of who's due. For example, who's do in March for their breathing test, who's due in March for their hearing test and then you schedule from that.

Q: All right. Now roughly how many employees are at the Harris Plant?

A: Around 270. Everybody, the office staff they would not have testing done but it would be those that worked in the production area.

Q: And so when you had to do breathing tests were you slammed with 270 employees that you had to get done in two days?

A: No, you do them -- I do them by month. Everybody has -- it pretty much falls with their hire date, so some months are heavier than others depending on how many people, you know, were hired at that period of time. You know, on average, maybe 30 or so in a month just depending. I mean, it's usually a sheet, you know, or two, of names that you would be scheduled.

Q: What's the heaviest thing, you know, day in, day out exercised in your job -- what's the heaviest thing that you would have to lift?

A: It's really no lifting involved in it at all. I mean, you know -- not being funny, paper or, you know, whatever but there's just not any lifting really involved in the job.

Q: Okay. How about repetitive use of your hands?

A: I don't do continuous typing. It's more just data entry, you know, date of birth, that kind of thing. More like filling it online on the, you know, on the computer. Not online, on the computer.

Q: Have you ever injured either of your upper extremities?

A: I did have a fall when I worked at Home Health.

Q: Okay. And did you break an arm?
A: I broke the greater tuberosity in my left arm. It's the bone that connects into the shoulder.
Q: All right. Are you able to perform your duties —
MR. KING: Objection, Your Honor. This witness's ability to work is totally irrelevant with my client's condition.
COMMISSIONER CAMPBELL: Okay, I'll let you respond to the objection.
MR. HEMPHILL: It is very relevant. Claimant's seeking a wage loss saying that she can't do this job. I think it's very relevant to hear from a witness who does the job and in fact does it with an injury -- or a previous injury.
MR. KING: Your Honor, I have no problem with the witness testifying as to what she does on the job, describing her job activities to an nth degree, but every upper extremity injury is not the same and I have not had an opportunity to look at her medical records. I don't know what restrictions she has. I don't know the degree of the injury she suffered so it's impossible for me to even think about cross-examining a witness who's testifying to something totally

outside the scope of this hearing.

MR. HEMPHILL: And I'll –

COMMISSIONER CAMPBELL: I'll let her testify as to her job duties and what she performs.

MR. KING: I have no objection to that, Your Honor.

MR. HEMPHILL: All right, Your Honor, thank you.

COMMISSIONER CAMPBELL: Okay. Thank you.

Q: How would you categorize, you know, you were able to see how production people like at the Plant do, is that right?

A: Uh-huh. Yes.

Q: How does this job fit within that in terms of the -- what you have to do with your body mechanics to do -- to be the Plant nurse?

A: You know the jobs out on the production floor are very manual type jobs where they are required to do lifting, bending, twisting. You know my job, I primarily sit the majority of the day and get up to go answer the -- we have a bell when someone comes in, you get up to answer the bell but other than that it's a -- you sit in, you know, your office chair.

Q: All right. Ms. Howle, those are the questions I have for you. Please answer any questions others may have.

COMMISSIONER CAMPBELL: Okay. Thank you. Mr. King?

MR. KING: Thank you, Commissioner. Just a few questions.

MS. HOWLE - CROSS-EXAMINATION BY MR. KING:

Q: I believe you testified that you worked for just maybe a month with Ms. McCutcheon, something around that?

A: That is correct.

Q: Okay. The job that you do as the Plant nurse has that been pretty consistent since you've been at the Harris Plant?

A: It has.

Q: Okay. Now would you agree with me that the job of a Plant nurse is a job that requires a great deal of use of both upper extremities?

A: In typing because I type with both hands. I would -- that would be where that you would -- I would say that you would need the use of both hands.

Q: What about when you're doing breathing tests? Do you not use both hands in setting that up?

A: I'm right handed dominant so I use my right hand.

Q: Okay. So you're telling me that you do everything in setting up and conducting a

breathing test with your right hand only?
A: I am.
Q: You do not use your left hand to ---
A: It would be very ---
Q: --- situate the breathing mask on or do anything of that nature?
A: It's not a mask, it looks more like a gun.
Q: Uh-huh.
A: And you put a tube into the gun. You may -- and I'd have to think of how I actually do it. I think I hold the gun in the left hand and insert it into the right but it's very light apparatus.
Q: But nonetheless it requires use of your left upper extremity to conduct that test?
A: Minimal use.
Q: It requires use of both extremities.
A: Minimal use of my left upper extremity.
Q: Okay. Now are -- do you have any products that are received that you have to put into a store room or stock somewhere?
A: We do get in supplies.
Q: What types of supplies do you receive?
A: Band aides, tape, ear plugs, just general medical supplies.

Q: Okay. And do those general medical supplies get delivered into your area or do you have to go somewhere to pick those up?
A: They are delivered to my area.
Q: Okay. And are they in boxes or individually wrapped -- individually wrapped things?
A: They are in boxes and then you take -- they're in a box and then you take it out ---
Q: Okay. Now you're kind of describing size-wise in your hands and about how large are the boxes you receive?
A: A packing box? I'm not real good on dimensions. I would say maybe 24 inches and 12 inches high maybe.
Q: Would it be about the size of a box where computer paper comes in, those ten reams of paper, about that size?
A: No larger than that.
Q: Okay. Can we agree it's somewhere in that general size range?
A: And some vary, depending.
Q: And did you have to lift those boxes?
A: The majority of the time the guy from purchase -- or from the supply room brings them up and he sits them on the counter in the area where

I unpack them from.
Q: Okay. Do you occasion that you have to lift those boxes?
A: It would be very rare. If I'm not there and he were to leave them outside the door, but the majority of the time I'm there and he puts them on the counter.
Q: Okay. And are those boxes sealed with tape?
A: They are sealed with tape.
Q: And when you're unsealing those boxes if I were -- please correct me if I'm wrong -- I probably would take my left and steady the box and take my right hand and cut, right hand and cut, right hand and cut, then pull it apart and reach in and pull things out with both hands. Is that how you do it?
A: I take my keys and I go down and cut the tape and then open the box.
Q: Okay. Open the box with both hands?
A: I could or I could use one. It just depends on ---
Q: And when you unpack the box do you generally do it with both hands?
A: Depending on how heavy the product is. If it's a box of band aides you use one hand. And most

of the items that we get are broke down into small quantities. We don't get large quantities at a time.

Q: What types of items would you unpack that you had to use both hands to do that?

A: I cannot -- I mean, I trying to think of items that come in. I really offhand can't say anything that I couldn't lift with one hand.

Q: Okay. Now do you have a written job description at your place of employment, the Harris Plant?

A: Yes, I do.

Q: Now does that job description require that you be able to use audiometric and pulmonary function machinery?

A: Yes, it does.

Q: And where is that machinery stored?

A: It is in the office in which I sit in.

Q: Okay. Do you have to move that machinery at any point in time?

A: No, I do not.

Q: Do you have to clean that machinery?

A: I take a Kleenex and wipe it off periodically.

Q: So you don't have to clean any of the internal mechanisms off it?

A: No.
Q: Now do you also -- are you required to treat folks who get hurt at work?
A: Yes.
Q: What types of injuries since you have been a Plant nurse at Harris Plant of Greenwood Mills have you treated?
A: Laceration, concussion, falls, sprained ankle, back.
Q: And would you agree with me that most of those things that you treat whether it's putting a bandage on a person's hand, arm or around their ankle is going to require the use of both hands?
A: It would to do an ace wrap or something you would need both hands.
Q: Okay. And about how often do you have someone coming into your office at the Harris Plant with some type of an injury whether it's a cut or a sprain or some other injury? How often do they show up in your office?
A: It's not daily. It would be maybe several times a week.
Q: Okay. And when those people show up in your office as the Plant nurse you have to be in a

position to take care of what their needs are and assess them, treat them if it's a minor injury or if it's a more serious injury, stabilize and help get them transported to more professional care?

A: That is correct.

Q: That's all I have, Commissioner.

COMMISSIONER CAMPBELL: Mr. Hemphill?

MR. HEMPHILL: Nothing further.

COMMISSIONER CAMPBELL: Okay, great. And, ma'am, you can step down and thank you for your testimony. Appreciate it. If you want to go have a seat or ...

MR. HEMPHILL: I have not further witnesses.

COMMISSIONER CAMPBELL: Okay. All right. Well, there being nothing further then that concludes today's hearing, and thank you everybody for being here. Appreciate it.

(There being nothing further, the commissioner's hearing concluded at 11:31 a.m.)

Claimant's APA Submissions to the South Carolina Workers' Commission dated February 26, 2019

APA # 1: Reports of Self Regional Healthcare dated November 5, 2015

OUTPATIENT
REGISTRATION FORM
STAFF ALERTS:

SELF REGIONAL HEALTHCARE

1325 Spring Street, Greenwood, S.C. 29646

PATIENT INFO

ACCOUNT NUMBER	ROOM/BED	P/C	ADMISSION DATE AND TIME	ADM. BY	PATIENT TYPE	UNIT # / MPI #
15309-00133		20	11/05/15 0921	RB	OP	000035960

PATIENT NAME and ADDRESS	BIRTHDATE	AGE	RACE	SEX	M.S.	ARRIVED BY
MCCUTCHEON,JANICE B 4 BLAKE ROAD NINETY SIX SC 29666-0000	05/08/54	61Y	1	F	M	WALK

	COUNTY	FATHER'S NAME	MOTHER'S NAME
	GREENWOOD		

PHONE NO.	SOCIAL SECURITY NUMBER		PREV. ADMIT NAME
(864)543-3326	250-08-4473		MCCUTCHEON,JANICE B

MED

PROVISIONAL DIAGNOSIS: M25.539-PAIN IN UNSPECIFIE+

ADMITTING PHYSICIAN / PRIMARY CARE PHYSICIAN: WILLARD,OLIVER T / BURNETT III,SAMUEL T

PRINCIPAL DIAGNOSIS: After study, Condition Chiefly Responsible for Requiring Admission	CODE NUMBER	PHYS NO.

SECONDARY DIAGNOSIS: All conditions evaluated, listed, treated, or increasing LOS		

COMPLICATIONS:

OPERATIONS/PROCEDURES:

CONSULTANTS:

I, THE UNDERSIGNED ATTENDING PHYSICIAN, CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE DIAGNOSIS TREATMENT AND WRITTEN ORDERS OF THIS PATIENT HAVE BEEN COMPLETELY AND PROMPTLY RECORDED.

BY: _____ DATE: _____

DISCHARGED ALIVE ☐ DIED: < 48 HRS. ☐ > 48 HRS. ☐

AUTOPSY YES ☐ NO ☐

Form: smhrec.dcl TP2 11/05/2015 09:21:40

ACCOUNT NUMBER	PATIENT NAME	ADMISSION DATE/TIME	UNIT # / MPI #
15309-00133	MCCUTCHEON,JANICE E	11/05/15 0921	000035960

GUARANTOR

GUARANTOR NAME and ADDRESS	RELATIONSHIP	GUARANTOR EMPLOYER NAME and ADDRESS
MCCUTCHEON,JANICE E 4 BLAKE ROAD NINETY SIX SC 29666-0000	SELF	GREENWOOD MILLS PO BOX 1017 GREENWOOD SC 29646

SOCIAL SECURITY NUMBER	PHONE	WORK PHONE
250-08-4473	(864)543-3326	(864)229-2571

RELATIVE

RELATIVE #1 NAME and ADDRESS	RELATIVE #2 NAME and ADDRESS
MCCUTHCHEON,HARRY C 4 BLAKE ROAD NINETY SIX SC 29666-0000	

RELATIONSHIP	PHONE	WORK PHONE	RELATIONSHIP	PHONE	WORK PHONE
SPOUSE	(864)543-3326	(864)229-2571			(864)229-2571

INSURANCE

	INSURANCE NAME	COMPANY #	GROUP NAME	POLICY NUMBER
1	WORKER'S COMP-GREENWOOD MILLS		GREENWOOD MILLS	250084473
	INSURED NAME: MCCUTCHEON,JANICE E			RELATIONSHIP: PATIENT
2	WORKER'S COMP 1500-G'WOOD MILL		GREENWOOD MILLS	250084473
	INSURED NAME: MCCUTCHEON,JANICE E			RELATIONSHIP: PATIENT
3				
	INSURED NAME:			RELATIONSHIP:

SELF REGIONAL HEALTHCARE
Greenwood, S.C.

DEPARTMENT OF RADIOLOGY

Patient Name: MCCUTCHEON,JANICE E Check-in Date: 11/05/15 0929
Unit Number: A000035960 Location: OP

Account # 1530900133 BD: 05/08/54 Age: 61Y Sex: F

Ordering Physician WILLARD,OLIVER T Admit Phys:WILLARD,OLIVER T

WILLARD,OLIVER T
105 VINECREST CT
STE 600
GREENWOOD SC 29646

WILLARD,OLIVER T
105 VINECREST CT, STE 600
STE 600
GREENWOOD SC 29646

Chk-in #	Order	Exam	
1979908	0001	40179	TP XR WRIST 3 VIEWS LT

Ord Diag: WRIST PAIN

PROCEDURE: TP XR WRIST 3 VIEWS LT 5 November 2015

REASON FOR EXAM: WRIST PAIN

COMPARISON: None.

FINDINGS: Three views of the left wrist show impacted distal radial fracture with extension of the fracture line to the radiocarpal joint. The distal fracture fragments are slightly dorsally angulated. Displaced ulnar styloid fracture is seen. No carpal or metacarpal abnormalities are identified.

IMPRESSION: Impacted distal radial fracture with extension to the radiocarpal joint. Displaced ulnar styloid fracture.

Read By- STUART TINKLER M.D.
Released By- STUART TINKLER M.D.
Transcriptionist- STUART TINKLER M.D.
Released Date Time- 11/05/15 0952

FINAL

PRINTED BY: C94504

3

SELF REGIONAL HEALTHCARE
Greenwood, S.C.

DEPARTMENT OF RADIOLOGY

Patient Name: MCCUTCHEON,JANICE E Check-in Date: 11/05/15 0929
Unit Number: A000035960 Location: OP

Account # 1530900133 BD: 05/08/54 Age: 61Y Sex: F

Ordering Physician WILLARD,OLIVER T Admit Phys:WILLARD,OLIVER T

WILLARD,OLIVER T
105 VINECREST CT
STE 600
GREENWOOD SC 29646

WILLARD,OLIVER T
105 VINECREST CT, STE 600
STE 600
GREENWOOD SC 29646

Chk-in #	Order	Exam	
1979908	0001	40179	TP XR WRIST 3 VIEWS LT

Ord Diag: WRIST PAIN

PROCEDURE: TP XR WRIST 3 VIEWS LT 5 November 2015

REASON FOR EXAM: WRIST PAIN

COMPARISON: None.

FINDINGS: Three views of the left wrist show impacted distal radial fracture with extension of the fracture line to the radiocarpal joint. The distal fracture fragments are slightly dorsally angulated. Displaced ulnar styloid fracture is seen. No carpal or metacarpal abnormalities are identified.

IMPRESSION: Impacted distal radial fracture with extension to the radiocarpal joint. Displaced ulnar styloid fracture.

Read By- STUART TINKLER M.D.
Released By- STUART TINKLER M.D.
Transcriptionist- STUART TINKLER M.D.
Released Date Time- 11/05/15 0952

FINAL

Claimant's APA Submissions to the South Carolina Workers' Commission dated February 26, 2019

APA # 2: Reports of Dr. Anthony R. Timms dated November 6, 2015 – January 11, 2017

Lakelands Orthopaedic & Sports Medicine Clinic, PA

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

ACCOUNT NUMBER: **44041**
DATE OF BIRTH: **05/08/1954**
PATIENT NAME: **MCCUTCHEON, JANICE**
REFERRING PHYSICIAN:
DATE OF VISIT: **11/06/2015**

HISTORY: Janice McCutcheon is a 61-year-old who comes into our office today with an injury to her left wrist. She states that on November 5th she fell outside at the Harris plant and landed on her left outstretched wrist. She had a significant amount of pain and swelling. She went to the hospital at Tower Pointe and had x-rays done that revealed a fracture. She is now following up in our office today. She describes the pain as sharp that is severe. It is constant and staying about the same. She admits to swelling.

PAST MEDICAL HISTORY: The past, social, and family history form has been completed by the patient and reviewed by me with the patient, and there are no further comments or issues to be added.

PHYSICAL EXAM: Height: 5 feet 4 inches. Left elbow has no pain with flexion or extension. Forearm is nontender. Wrist: There is obvious tenderness along the distal radius and ulna. Wrist range of motion was deferred. She is neurovascularly intact with brisk capillary refill.

RADIOGRAPHS: X-rays reveal an intraarticular dorsally angulated distal radius fracture.

ASSESSMENT: Dorsally angulated intraarticular distal radius fracture, left.

PLAN:

1. The patient was given a hematoma block and underwent closed reduction.
2. She was placed in a 3-point molded sugar-tong splint. Post reduction x-rays reveal excellent alignment of fracture.
3. The patient will follow up in our office in 2 weeks. We will re-x-ray the wrist and hopefully be able to place the patient into a cast at that point.

Jessica S. Willard, PA-C

Anthony R. Timms, M.D.

JSW/wz931kb
D: 11/07/2015 T: 11/09/2015
Job ID:70504

APR 07 2017

5

Lakelands Orthopaedic & Sports Medicine Clinic, PA

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

ACCOUNT NUMBER: **44041**
DATE OF BIRTH: **05/08/1954**
PATIENT NAME: MCCUTCHEON, JANICE
REFERRING PHYSICIAN:
DATE OF VISIT: **11/20/2015**

The patient comes in and her splint seems to be fitting well. Her fingers have a little numbness and tingling in all of them. Minimal swelling and capillary refill looks good.

Unfortunately x-rays today do reveal on the lateral that there has been additional dorsiflexion of the position of the distal radius. I feel like maybe it now has drifted enough that the outcome would be compromised to treat nonoperatively.

Her and her husband are here and alternatives, risks and benefits were discussed at great length with them. I do think that she would be best served ORIF of this left distal radius fracture. Alternatives, risks and benefits were discussed and she does wish to proceed. Complete evaluation is done. See written note on the chart.

Anthony R. Timms, MD

ART/wz984dj
D: 11/20/2015 T: 12/03/2015
Job ID:72002

6

Lakelands Orthopaedic & Sports Medicine Clinic, PA

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

ACCOUNT NUMBER:	44041
DATE OF BIRTH:	05/08/1954
PATIENT NAME:	MCCUTCHEON, JANICE
REFERRING PHYSICIAN:	
DATE OF VISIT:	12/08/2015

The patient comes in 15 days out from ORIF of left distal radius fracture. The incision looks good. Clips are out and Steri-strips are placed. Fingers appear to be neurologically intact. Clinical position looks good. Short-arm cast is applied. She has not done a good enough job in getting her wrist and thumb moving, so we want to really stress that. Cannot really use it all to speak of and we will check her back in two weeks for exam out of plaster. Hopefully she will have gotten her fingers loosened up enough that we can go ahead and get her a soft brace and let her start working on the wrist herself, if not she is going to need some formal OT early on here. It looks great. No signs of infection. Neurologically intact and the clinical position looks good.

Anthony R. Timms, MD

ART/wz984dj
D: 12/09/2015 T: 12/15/2015
Job ID:73558

7

Lakelands Orthopaedic & Sports Medicine Clinic, PA

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

ACCOUNT NUMBER:	**44041**
DATE OF BIRTH:	**05/08/1954**
PATIENT NAME:	MCCUTCHEON, JANICE
REFERRING PHYSICIAN:	
DATE OF VISIT:	**12/22/2015**

Janice McCutcheon comes in three weeks out from ORIF of a left distal radius fracture. Incision is clean without signs of infection. Clips are out. Steri-Strips are placed. She has not been able to do very much in terms of getting her fingers and thumbs moving. There are no signs of infection. She appears to be neurologically intact. All alternatives, risks and benefits are discussed with her, hard casting versus soft casting and working on motion herself. We are going to put a soft cast on it that she can remove. We have gone over very carefully with her working on pronation and supination, dorsiflexion and palmarflexion and flexion and extension of all digits. We are going to check her back in about two weeks to see how she is doing and see if she is going to be able to kind of rehab herself of if she is going to need some formal supervised OT. We will go ahead and get an AP and true lateral of the left distal radius at the time.

Anthony R. Timms, MD

ART/wz985ny
D: 12/23/2015 T: 12/29/2015
Job ID:74891

8

ORTHOPAEDIC ASSOCIATES
OF THE LAKELANDS
Self Medical Group

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

ACCOUNT NUMBER: 44041
DATE OF BIRTH:
PATIENT NAME: MCCUTCHEON, JANICE
REFERRING PHYSICIAN:
DATE OF VISIT: 01/06/2016

The patient is six weeks out ORIF left distal radius fracture. Unfortunately, she has really been completely unable to get anything going here therapy wise, so we are going to need to do some formal therapy. She states that she is doing okay working for a few hours, but after about five hours she is having significant pain and swelling.

There are no signs of infection. There are no signs of RSD, but she really will not move her hand, wrist or fingers very much at all. I do not detect any neurologic defect, but again really will not do much from a motor standpoint.

X-rays are obtained, AP and lateral of left distal radius ORIF. Fracture fragments and hardware look good. Progression of healing looks good.

ASSESSMENT: Just unable to get it loosened up herself and having problems working . Again, limited status for full days, so we are going back to light duty work down to five hours a day and definitely going to need some formal therapy to try get things loosened up. Want her to start trying to use it for light things around the house as much as she can, writing, typing; she is not left handed so eating and things like that she will not try to do, but just try to generally use it as much as she can and we will plan to check her back in about four or five weeks with repeat exam and x-rays, left distal radius fracture.

Anthony R. Timms, MD

ART/wz984dj
D: 01/06/2016 T: 01/15/2016
Job ID:75764

ORTHOPAEDIC ASSOCIATES
OF THE LAKELANDS
Self Medical Group

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

ACCOUNT NUMBER:	44041
DATE OF BIRTH:	05/08/1954
PATIENT NAME:	MCCUTCHEON, JANICE
DATE OF VISIT:	02/10/2016

Janice McCutcheon comes in 2-1/2 months ORIF of left distal radius fracture. It is just going extremely, extremely slow and having a lot of problems. I think at this point in time having a history of occasional hyperhidrosis, atrophic skin, and just not wanting to move it. I do think there is some component of RSD.

I have recommended a pain management consultation and consideration for sympathetic nerve block, but she does not want to do that. She needs to push it clinically as hard as she can, doing anything she with it.

We have gotten x-rays today. Fixation, position, and healing looks good. There are some bony changes in the carpal bones that are consistent with disuse osteoporosis/RSD as well.

I think there is a component of RSD but she does not want to do any really specific treatments for that. We will do some Lodine for a month and continue the supervised OT, but she just needs to break out and start using it at this point in time as hard as she can. We plan to check her back in a month for clinical exam. Today's x-rays appear to show the fracture to be completely healed in good position, so further x-rays only if clinically indicated.

Anthony R. Timms, MD

ART/wz973tg
D: 02/14/2016 T: 02/19/2016
Job ID:79355

APR 07 2017

ORTHOPAEDIC ASSOCIATES
OF THE LAKELANDS
Self Medical Group

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

ACCOUNT NUMBER: **44041**
DATE OF BIRTH: **05/08/1954**
PATIENT NAME: MCCUTCHEON, JANICE
REFERRING PHYSICIAN:
DATE OF VISIT: **03/09/2016**

The patient comes in three months and one week out from status post ORIF of the left distal radius.

Still diffuse tenderness. She is very upset about mentioning RSD and again there is this tendency not to use it. A little discoloration of her skin; atrophy; no hyperhidrosis. I do not see any neurologic deficits on exam. The hand is a little bit loser with therapy. I think she has been pushing a little hard. I think she is really upset about mentioning potential for RSD.

We have gotten x-rays again today, because there is some pain and it does appear to be well healed. No loss of fixation. No moving of the hardware or anything like that. I discussed with her that we could send her for pain and she wants a referral for RSD. She actually wants to see a neurologist. I told her that it might be best to go to the Pain Clinic and get blocks. She has done a lot of reading and she says that she does not really want the blocks. Discussed at great length with her both for the fracture itself, the tightness and the RSD. The main thing is just pushing and start using it as much as possible. Going to continue therapy. We are going to check to see if the neurologist she has mentioned, Dr. Scott, sees RSD patients for second opinion. I discussed with her that this is not a definitive diagnosis, in fact, RSD is sort of a very difficult diagnosis to make in general, but the components of the skin changes and the very significant not to use it were of concern, but certainly not definitive. We will check to see if this neurologist does evaluate for RSD, if so I think that it is reasonable to do a referral there. We will check her back here in eight weeks to try to push activities as much as possible. I do not think we are ready to change her work status at this point in time. We will check her in eight weeks.

Anthony R. Timms, MD

ART/wz984dj
D: 03/09/2016 T: 03/18/2016
Job ID:81637

ORTHOPAEDIC ASSOCIATES
OF THE LAKELANDS
Self Medical Group

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

MRN:	44041
DATE OF BIRTH:	05/08/1954
PATIENT NAME:	MCCUTCHEON, JANICE
REFERRING PHYSICIAN:	
DATE OF VISIT:	05/04/2016

HISTORY: Janice McCutcheon comes in. She was seen by the pain clinic and Dr. Scott, _____ neurologist. I do not remember if she said he did not do specifically the RSD or was just busy and booked up. At any rate, she ended up going to the pain clinic and they have done 4 stellate ganglion blocks.

PHYSICAL EXAM: On examination today, the hand looks better. Skin looks a little more supple, a little more appropriately colored. No hyperhidrosis is noted. She is not carrying the hand in such a protected manner, although the wrist and the fingers both are still fairly still bothering her. They are much, much better than they were.

PLAN: Five months out at this point in time. From a functional standpoint, she may proceed with activities as tolerated, except if she is having a lot of problems again. I think she does carry a formal diagnosis of RSD now. I will continue her work status as it is. I want her to push it, just do as absolutely as much as she can with it. Continue the physical therapy. She was doing pain with physical therapy/occupational therapy at a couple of places. I think we are just going to kind of consolidate that now to one place and just keep working with it and going as much as she can. I plan to check her back in 2 months.

Anthony Timms M.D.

ORTHOPAEDIC ASSOCIATES
OF THE LAKELANDS
Self Medical Group

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

MRN:	44041
DATE OF BIRTH:	05/08/1954
PATIENT NAME:	MCCUTCHEON, JANICE
REFERRING PHYSICIAN:	
DATE OF VISIT:	06/29/2016

HISTORY: Janice McCutcheon comes in 7 months out ORIF left distal radius. She has had 3 stellate ganglion blocks and she feels like the hand has been helped a lot.

PHYSICAL EXAM: No signs of infection today. Pronation and supination look pretty good. Dorsiflexion looks good. Palmar flexion is a little restricted. Radial deviation looks good. Ulnar deviation is significantly restricted. Skin tone and consistency look much, much better. Still some stiffness in the fingers but overall is making very nice headway.

PLAN: In terms of work states, we are going to kind of keep her where she is at. We have gotten her on a 5-hour work restriction. Sometimes she needs that. Sometimes she does a little bit better, but work is real cooperative with her. They kind of let her stick to the 5 hours when she needs to. If she is doing okay, they are letting her stay, so that is working out very well at this point in time. I think she has some type of what she is describing IME set up. I guess it could be a work hardening program, but I am not quite sure. It sounds more like an IME and we plan to check her back here in 1 month.

Anthony Timms M.D.

ORTHOPAEDIC ASSOCIATES
OF THE LAKELANDS
Self Medical Group

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

MRN:	44041
DATE OF BIRTH:	05/08/1954
PATIENT NAME:	MCCUTCHEON, JANICE
REFERRING PHYSICIAN:	
DATE OF VISIT:	07/27/2016

HISTORY: Janice McCutcheon comes in 8 months now ORIF of left distal radius. She had the IME done and unfortunately, we do not have that report yet here. So, we are going to trying to get that, but it has only been 7 days. It may well not have been dictated and typed up, etc. at this point in time. The hand continues to improve.

PHYSICAL EXAM: Palmar flexion is to 25 degrees. Otherwise, range of motion overall looks pretty good. About 10 degrees short on supination but overall looks excellent. The skin looks fine now. No hyperhidrosis. No slickness. No loss of creases. Still some stiffness in the fingers, but it overall is coming along nicely. No signs of infection. No signs of median or ulnar neuropathy.

PLAN: We will continue her 5 hour a day work day, but can be fully active. We are going to go ahead and check her back in another month and hopefully have the IME exam and maybe go ahead and do MMI, etc., but I want her to keep pushing it hard. She has made a lot of improvement.

Anthony Timms M.D.

APR 07 2017

ORTHOPAEDIC ASSOCIATES
OF THE LAKELANDS
Self Medical Group

102 Gregor Mendel Circle · Greenwood, SC 29646 · (864)229-2663 · (864) 223-5694 fax

MRN:	44041
DATE OF BIRTH:	05/08/1954
PATIENT NAME:	MCCUTCHEON, JANICE
REFERRING PHYSICIAN:	
DATE OF VISIT:	08/31/2016

HISTORY: Janice McCutcheon comes in 9 months ORIF left distal radius fracture.

PHYSICAL EXAM: The RSD seems to be completely resolved.

PLAN: We have outlined her increasingly slow hours of return to work until she can be no restricted hours as of December 1, 2016. We reviewed the IME that she obtained and I do agree with the overall impairment rating. I do think she can lift up to 15 pounds. I do not think it needs to be as low as 5 pounds. I do think the repetitive activities need to be restricted, but at this point in time, I think she is at MMI. I will release her to full activities with her specific job as above. The 15-pound lifting restriction does not really seem to apply, she does not think, but I still think it needs to be there and again repetitive issues, which she feels like are not too much of an issue. So, I think she is at MMI. We will release her and check her back as needed.

Anthony Timms M.D.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov

Physician's Statement

Claimant's Name: Janice McCutcheon
Physician's Name: Anthony Timms MD
Practice/Clinic: Orthopaedic Associates of the Lakelands
Preparer's Name:

Employer's Name:
Insurance Carrier:
SCWCC File No:
Phone:

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-15-80, 42-1-172, or 42-11-10.

Date of first office visit: 11-6-15 Date of last visit: 8-31-16 **Date of injury or illness:** 11-5-15

Diagnosis or nature of injury or illness: left distal radius fracture

Body part(s) injured: left WRIST Body part(s) affected: left WRIST

Date of **Maximum Medical Improvement:** 8-31-16

Based on the AMA Guidelines, 4th Edition, the Claimant has sustained the following medical impairment as a result of the work related injury:

2 (five)% medical impairment to the left upper extremity (injured body part)

If there is causally-related medical impairment to other body parts as a result of the work related injury, please indicate the impairment below.

____% medical impairment to the _____ (additional body part injured or affected)
____% medical impairment to the _____ (additional body part injured or affected)

☐ The Claimant is **able to return to work** without restriction.

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

no lifting more than 15 pounds, no repetitive actions

☐ The Claimant is **unable to return to work** at the employment in which the patient was injured.

☐ The Claimant **possesses retained hardware** casually related to this injury.

As of the date you last saw the patient, please provide your opinion to a reasonable degree of medical certainty as to whether the patient will most probably need future medical care related to his or her work related injury or illness. **"Most probably" means more likely than not or with greater than 50% probability.**

☒ The patient **most probably will not** (50% or less probability) need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty.

☐ The patient **most probably will** (greater than 50% probability) need future medical care and treatment related to his or her work related injury or illness and that future medical care and treatment including medication is as follows:

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

Treating or Evaluating Physician

1-11-17
Date

Claimant's APA Submissions to the South Carolina Workers' Commission dated February 26, 2019

APA # 3: Reports of Self Regional Healthcare dated November 23, 2015

Self Regional Healthcare
1325 Spring Street
Greenwood, SC 29646
Phone (864) 725-4111
Fax (864) 725-4810

PATIENT:	MCCUTCHEON, JANICE E	ACCT:	1532400297
PHYSICIAN:	ANTHONY R TIMMS, MD	ROOM:	129
DOB:	05/08/1954	D-DATE:	11/23/2015 19:47
ADMITTED:	11/23/2015	T-DATE:	11/23/2015

OPERATIVE REPORT

DATE: November 30, 2015

PREOPERATIVE DIAGNOSIS:
Displaced left distal radius fracture, intra-articular. Lost postilion after close reduction, looked pretty good initially but about a week later followup x-ray revealed it had fallen into very, very significant dorsiflexion and some shortening.

POSTOPERATIVE DIAGNOSES:
Displaced left distal radius fracture, intra-articular. Lost postilion after close reduction, looked pretty good initially but about a week later followup x-ray revealed it had fallen into very, very significant dorsiflexion and some shortening.

PROCEDURE:
Open reduction, internal fixation left distal radius fracture.

SURGEON:
Anthony R Timms, MD.

ASSISTANT:
Childers CST.

ANESTHESIA:
Regional.

TOURNIQUET:
73 minutes at 250 mmHg.

ESTIMATED BLOOD LOSS:
10 mL.

DRAINS:
None used.

COMPLICATIONS:
None noted.

SPECIMEN:
None

DETAILS OF PROCEDURE:
After an adequate level of anesthesia was obtained, left upper extremity was scrubbed and sterilely prepped and draped. The extremity was elevated, exsanguinated, and tourniquet inflated. Incision was made starting at the distal wrist crease just to the ulnar aspect of the flexor carpi radialis, extending back proximally. This was carried sharply down through the skin. Full-thickness flaps were developed. The fascia just to the ulnar aspect of the flexor carpi radialis was incised. The flexor carpi radialis was retracted radially. The pronator quadratus was dissected up off the bone dissected over the distal fracture site was exposed. Copious irrigation was carried out. Reduction was carried out under fluoroscopic control. The plate was positioned and centered. Provisional K-wires were placed in. They looked good. The proximal plate sliding hole was then tightened down and the distal screw was placed in, each one under fluoroscopic control and then the 2 proximal plate screws were placed in. The clinical and radiographic position looked excellent. Wounds were copiously irrigated with normal saline antibiotic solution under power lavage. The fascia was closed with figure-of-eight 2-0 Vicryl. Subcutaneous tissue was closed with simple inverted 2-0 Vicryl. Skin was closed with staples. Skin glue was applied, allowed to dry and sterile dressings and volar splint were applied.

ART/ks
Job #: 967983/678541528
Authenticated by Anthony R Timms, MD On 11/24/2015 01:02:37 PM

SELF REGIONAL HEALTHCARE
Greenwood, S.C.

DEPARTMENT OF RADIOLOGY

Patient Name: MCCUTCHEON,JANICE E Check-in Date: 11/23/15 1946
Unit Number: A000035960 Location: DIS - OPS

Account # 1532400297 BD: 05/08/54 Age: 61Y Sex: F

Ordering Physician TIMMS,ANTHONY R Admit Phys:TIMMS,ANTHONY R

TIMMS,ANTHONY R
102 GREGOR MENDEL CIRCLE
8
GREENWOOD SC 29646

TIMMS,ANTHONY R
102 GREGOR MENDEL CIRCLE, 8
8
GREENWOOD SC 29646

Chk-in #	Order	Exam	
1987986	0010	67056	XR OR WRIST LEFT 2 VIEWS

Ord Diag: ORIF LEFT DISTAL RADIUS FX

PROCEDURE: XR OR WRIST LEFT 2 VIEWS

REASON FOR EXAM: ORIF LEFT DISTAL RADIUS FX

COMPARISON: Plain film from 11/05/2015

TECHNIQUE: Multiple fluoroscopic intraoperative images were obtained.

FINDINGS: There are total of 2 intraoperative images which is demonstrate volar plate and screw fixation of distal radius fracture with improved alignment. Re- demonstration of ulnar styloid displaced fracture. No intraoperative hardware complication seen. Total fluoroscopic time utilized is 1 minutes and 41 seconds.

IMPRESSION: Fluoroscopy for ORIF of the distal left radius fracture. Please see orthopedic surgeon report for detailed description of procedure and findings.

Read By- SAM COSMELLO D.O.
Released By- SAM COSMELLO D.O.
Transcriptionist- SAM COSMELLO D.O.
Released Date Time- 11/23/15 2303

FINAL

Claimant's APA Submissions to the South Carolina Workers' Commission dated February 26, 2019

APA # 4: Reports of Dr. Eric Loudermilk dated March 28, 2016 through January 25, 2019

Initial Pain Assessment

Name: Janice Edwards Mc Cutcheon Date: 3/28/16

Address: 4 Blake Road

Ninety Six, S.C. 29666

SSN: 250-08-4473

Date of Birth: 5.08.54 Age: 61 Sex: Female

Home Phone Number: 864.543.3326

Work Phone Number: 864.229.3116

Cell Phone Number: 864.980.3084

Marital Status:( )Single (✓)Married ( )Divorced ( )Separated ( )Widowed

Emergency Contact: Name: Chan Mc Cutcheon (Husband)

Phone Number: 864.941.1488

Education: BSN. Occupation: Occupational Health Nurse

Referring Physician: Anthony R. Timms M.D.

Primary Care Physician: Samuel J. Burnett M.D.

Diagnosis: Possible - Reflex Sympathetic Dystrophy

Relatives treated by PCPMG: —

Medical History:
Past or present medical conditions (circle all that apply):

Angina	(Diabetes)	Psychiatric Problems
Arthritis	Hepatitis	Stroke
Bleeding Disorders	Hypertension	Ulcers
Cancer	Kidney Problems	Other: Anxiety Attacks
Cardiac Abnormalities	Lung Disease	Facial Shingles (2015)

Previous Surgeries:

Date:	Hospital:	Procedure:
1977	Self Memorial Hospital	Appendectomy
10.17.81	"	C-Section
4.09.84	"	C-Section
1998	"	Hysterectomy + Bladder Tack
11.23.15	Self Regional Healthcare	Lt Radial (ORIF Left distal Radius)

Diagnostic Studies Performed:

	Date:	Location:
X-Rays-	11.5.15	Tower Point Med. Center Greenwood SC.
MRI-		
Myelogram-		
CT Scan-		
EMG/NCV-		

Previous Pain Treatments: Please indicate below any previous treatments

Type of Treatment	Yes	No	If yes, approximate dates received
Physical Therapy	✓		
Massage			
Heat/Cold			
TENS Unit			
Nerve Blocks/Steroid Injections			
Spinal Cord Stimulator Implant			
Infusion Pump			
Hospitalization for pain control			
Emergency room visits for pain control			

1. Have you ever been to another pain clinic? Y / (N) If yes, where and when?(list all)_____

2. Since your condition began, which individuals have you consulted for treatment and pain relief? Please Circle:

Acupuncturist Anesthesiologist Cardiologist Chiropractor Dentist Dermatologist Neurologist
Neurosurgeon Ophthalmologist (Orthopedic Surgeon) ENT Endocrinologist Primary Care Physician
General Surgeon Gynecologist Hypnotist Psychiatrist/Psychologist Radiologist

UNIVERSAL MEDICATION FORM

Fold this form and keep it in your wallet Date form started:

Name:	Address:
Phone Number:	
Birth Date:	
Emergency Contact/Phone numbers:	

Allergic To / Describe Reaction:	Allergic To / Describe Reaction:
Inotropes - SCB	

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: Prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

DATE STARTED	NAME OF MEDICATION / DOSE	DIRECTIONS: Use patient friendly directions. (Do not use medical abbreviations.)	DATE STOPPED	Notes: Reason for Taking / Doctor Name

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Medication History: Please indicate if you are currently taking or have EVER taken any of the following medications (circle). *Please ask the nurse if you have any questions.*

Anacin
Ascriptin
Buferrin
Empirin
Exedrin
Norgesic
Parafon Forte
Phenaphlen
Tylenol (acetaminophen)

Codeine
Darvocet
Darvon
Equagesic
Fiorinal
Fioricet
Methadone
Percodan
Talwin
Lortab (hydrocodone)
Vicodin
Demerol
Dilaudid
Heroin
Mepergan
Morphine
Duragesic (Fentanyl)
Oxycodone
Oxycontin
Percocet
Benadryl
Periactin
Placidyl
Quaalude

Benzadrine
Dexedrine
Ritalin
Adderall

Ergotrate
Metergine

Sansert
Caffergot
Imitrex

Atarax
Flexeril (cyclobenzaprine)
Librium
Miltown
Robaxin
Serax
Tranxene
Valium
Vistaril
Klonipin
Soma
Baclofen
Dalmane
Restoril
Ambien
Amytal
Xanax
Nembutal
Phenobarbital
Seconal

Elavil (amitriptyline)
Nardil
Parnate
Sinequan
Tofranil
Triavil
Vivactyl
Paxil
Zoloft
Effexor
Trazadone
Doxepin
Hashish
LSD
Marijuana
Compazine
Marinol

Haldol
Mellaril
Phenergan (promethazine)
Prolixin
Stellazine
Thorazine
Trilafon

Dilantin
Tegretal
Valproic Acid
Gabapentin (Neurontin)
Cortisone
Dexamethasone
Hydrocortisone
Indocin
Butazolidin
Prednisone
Medrol Dose Pak
Relafen
Daypro
Orudis
Oruvail
Lodine
Naproxyn
Naprosyn
Aleve
Anaprox
Advil
Ibuprofen
Clinoril
Mobic (meloxicam)
Arthrotec
Celebrex (celecoxib)
Vioxx (rofecoxib)
Feldene
Ultram (tramadol)
Ultracet
Zipsor
Zanaflex
Mexitil
Zostrix

APR 12 2017

Personal History Questionnaire:

Please review the following list and check any symptoms which you have experienced:

- ☑ Fatigue
- ☑ Insomnia
- ☑ Numbness
- ☐ Nausea
- ☐ Vomiting
- ☑ Difficulty falling or staying asleep
- ☐ Sexual difficulties
- ☐ Thoughts of suicide
- ☑ Changes in appetite
- ☐ Weight loss
- ☑ Weight gain
- ☐ Swelling in armpits or groin
- ☐ Seizures or convulsions
- ☐ Headaches more than 1/week
- ☐ Heartburn
- ☐ Discomfort in the pit of your stomach
- ☐ Frequent urination
- ☐ Burning or painful urination
- ☐ Difficulty starting urine flow
- ☐ Bowel problems
- ☑ Stiff or painful muscles or joints
- ☑ Swollen joints
- ☐ Pain in the back
- ☑ Pain in the shoulders
- ☐ Pain when twisting your neck quickly
- ☐ Changes in your level of concentration

Social History:

1. Job Description (heavy lifting or physical exertion involved?): No

2. Are you currently working? (Y) / N, Number of years worked? 40

3. Have you been off work previously for a similar problem? Y / (N)

   If yes above, did you return to work following your injury? Y / N

4. Are you receiving workers' compensation? (Y) / N, Disability income? Y / N

5. Do you smoke? Y / (N) If yes, how much do you smoke a day? _____

6. Do you drink alcohol? Y / (N) If yes, how many drinks do you drink per week? _____

7. Do you use marijuana? Y (N)

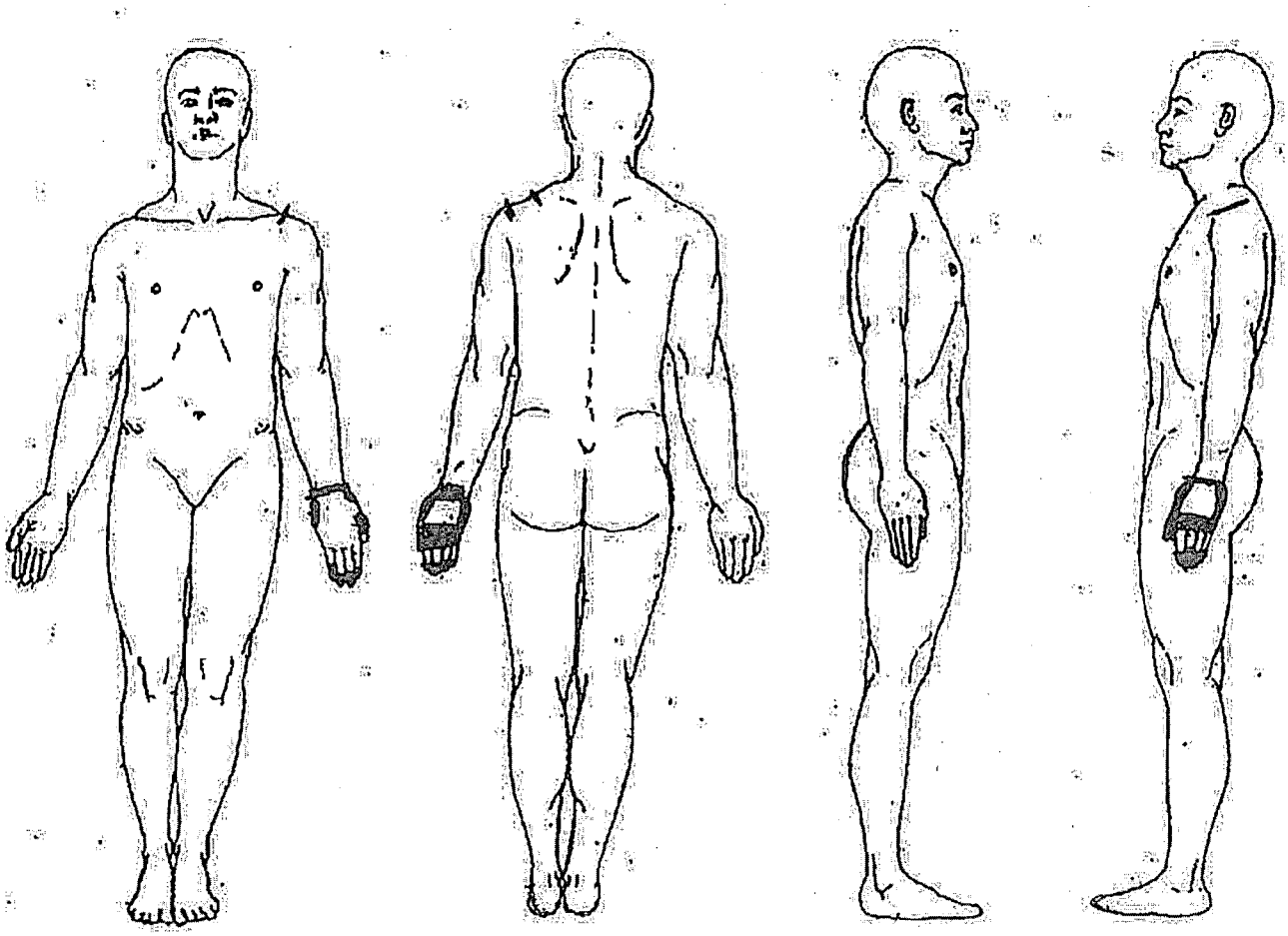
8. Do you regularly use sleeping pills, tranquilizers, or painkillers? (Y) / N
   If yes above, what type? Hydrocodon - Acetaminoph 7.5 - 325

9. Have you ever sought psychiatric help (if so, who and when)? No

Pain Questionnaire:

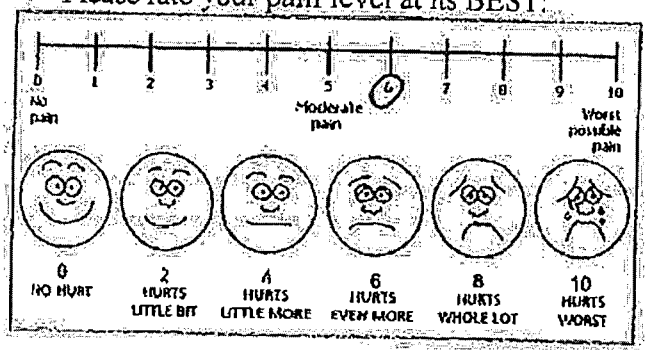
1. Where is your pain? Left wrist, hand + fingers ; (L) Shoulder
2. When did your pain begin? November 5, 2015 - Impacted Radial fx (Lt)
3. Have you had similar problems in the past (if yes, when)? No
4. What do you think is the cause of your pain? R.S.D.
5. Is the pain related to an on-the-job injury (if yes, date of injury)? Nov. 5, 2015
6. Describe the quality of your pain (aching, burning, throbbing, stabbing, sharp, etc.) tingling
7. Does your pain occur in separate attacks or episodes and how long does each episode tend to last? Constant
8. Is the pain worse in the morning or (evening?)
9. What relieves your pain? Lortab
10. What causes or increases your pain? -
11. Is any part of your body numb (if yes, which part)? Lt hand finger tips
12. Do you exercise more than 3 times per week? No
13. What effect has your pain had on your activity level? Reduction
14. Has your pain affected your relationship with friends or family? yes
15. How has your pain affected your emotions? ↑ Anxiety
16. What do you want from your pain treatment? Be Specific: ↓ tightness of the fingers (L) hand to R/o RSD
17. What do you expect from your pain treatment? Be Specific: R/o RSD decrease pain level, ↓ pain Meds.

Your Pain: Please indicate where your pain is by shading in the figures below

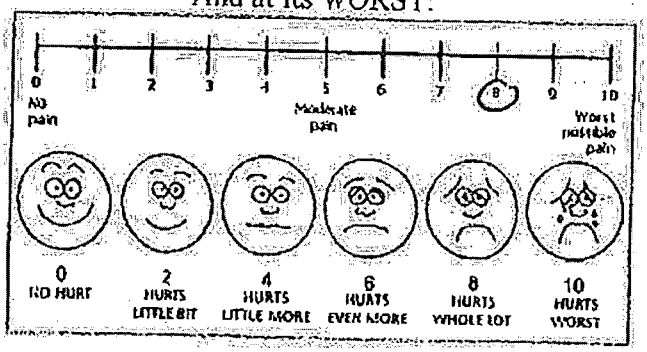


Your Pain Level:

Please rate your pain level at its BEST:



And at its WORST:



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ANMED HEALTH
ANDERSON, S.C.
MEDICAL RECORD

MCCUTCHEON, JANICE E

Eric Loudermilk, MD
MR# 555263 DOB: 05/08/1954
NURSING STATION: S1 ROOM: 0000

PSC HISTORY AND PHYSICAL

DATE OF ADMISSION: March 31, 2016

DATE OF SURGERY: 03/31/2016.

HISTORY OF PRESENT ILLNESS: The patient is a 61-year-old female referred by Dr. Timms for evaluation of her left hand for possible reflex sympathetic dystrophy. The patient suffered any injury on November 5, 2015. She tripped and fell on the edge of a step fracturing her left distal radius. She was initially placed in a full cast, but x-ray showed the bone had shifted and she subsequently underwent ORIF of the left distal radius on November _____, 2015. She wore a splint for two months after surgery and started moving her left wrist and hand about 30 days later. She presents today with constant pain in her left wrist and hand. She complains of swelling of the left hand, temperature changes, skin color changes, and increased hair and nail growth. She has been undergoing physical therapy three times per week at Lakelands Orthopaedics. She feels that she is making slow progress with physical therapy. X-rays of her left wrist show good fixation of the fracture, but there are some bony changes consistent with either osteoporosis or RSD.

PAST MEDICAL HISTORY:
1. Non-insulin dependent diabetes.
2. Chronic anxiety disorder.
3. History of shingles.

PAST SURGICAL HISTORY:
1. Appendectomy in 1977.
2. C-section x2 in 1981 and 1984.
3. Hysterectomy and bladder surgery, 1998.
4. ORIF of the left distal radius, November _____, 2015.

CURRENT MEDICATIONS:
1. Metformin.
2. Etodolac 400 mg b.i.d.
3. Zanaflex.
4. Norco 7.5/325 p.r.n.
5. Ativan.

ALLERGIES: No known drug allergies.

Copy for: Eric Loudermilk, MD

SOCIAL HISTORY: Denies smoking or alcohol abuse. She is currently working about 5 hours per day as an occupational health nurse. She does physical exams and hearing tests. She has been married for 20 years. She has two children from a previous marriage and two grandsons.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Significant for chronic anxiety.

PHYSICAL EXAMINATION: GENERAL APPEARANCE: This is a pleasant, middle-aged white female, sitting in a chair in no acute distress. VITAL SIGNS: Blood pressure 126/90, pulse 70, respiratory rate 16, weight 200 pounds, height 5 feet 4 inches. HEAD/NECK EXAM: Unremarkable. CHEST: Clear to auscultation. HEART: Regular rate and rhythm without murmur. ABDOMEN: Benign. EXTREMITIES: There is some slight edema noted in the left hand. Normal radial and ulnar pulses bilaterally. There is a well-healed scar over the radial aspect of the left wrist from previous wrist surgery which is well healed with no sign of infection. There is evidence of increased hair growth on the left hand. She is wearing fake fingernails. There appears to be shininess to the skin of the left hand and some blanching of the skin. MUSCULOSKELETAL EXAM: Reveals some decreased range of motion of the left wrist. NEUROLOGIC EXAM: Alert and oriented x3. Cranial nerves 2-12 grossly intact. Sensory: Normal light touch throughout both arms and hands. Motor: There is slight decreased strength in left hand grip. Reflexes: 2+ in both biceps and triceps.

SUMMARY: This is a pleasant 61-year-old female with persistent left hand pain status post distal left radius fracture and surgery who presents today for consultation.

ASSESSMENT: 1. Complex regional pain syndrome type 1 (reflex sympathetic dystrophy) of the left wrist and hand status post distal radius fracture and surgery.

PLAN:

1. I recommended continued hand therapy and made arrangements for a series of left stellate ganglion blocks beginning tomorrow at the Physician's Surgery Center. We will have her see the hand therapist at Elite Physical Therapy after the procedure so that she can maximize her therapy. I would continue with aggressive physical therapy at Lakelands Orthopaedics on the other days, and I have encouraged her to use the left hand and fingers as much as possible. She understands not to immobilize the left hand anymore and not to protect it.
2. Routine urine drug screen was performed today. This was positive for opiates and negative for any illicit substances. I wrote a prescription for a compounded neuropathic cream to apply to the left hand three to four times daily.

APR 12 2017

3. I will see her tomorrow for her first left stellate ganglion block at the Physician's Surgery Center..

Eric Loudermilk, MD

EL / JC Dictate Date: 03/30/2016 22:18:37 Transcribe Date: 03/31/2016 01:37:02 JOB: 39864032 /1024896

CC: Anthony Timms, MD
Fax: 864-224-9902

ANMED HEALTH
ANDERSON, S.C.
MEDICAL RECORD

MCCUTCHEON, JANICE E

Eric Loudermilk, MD
MR# 555263 DOB: 05/08/1954
NURSING STATION: S1 ROOM: 0000

PSC PROCEDURE NOTE

March 31, 2016

PREOPERATIVE DIAGNOSIS: Reflex sympathetic dystrophy of the left hand status post distal radius fracture and surgery.

POSTOPERATIVE DIAGNOSIS: Reflex sympathetic dystrophy of the left hand status post distal radius fracture and surgery.

PROCEDURES:
1. Left stellate ganglion block #1.
2. Fluoroscopy.

SURGEON: Dr. Eric Loudermilk.

ANESTHESIA: Local with IV sedation.

INDICATIONS: The patient is a 61-year-old female with mild reflex sympathetic dystrophy of the left hand status post left distal radius fracture and surgery. She presents today for her first stellate ganglion block at the Physician's Surgery Center.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, a 22-gauge IV was placed in the right hand and the patient was taken to the block room and positioned supine. Monitors were applied and vital signs were stable. The neck was prepped and draped in the usual sterile fashion and a small skin wheal was made over the left C6 vertebral level using 1% lidocaine. Next, a 25-gauge needle was advanced under fluoroscopic guidance until contact was made with the body of C6. After negative aspiration 6 cc of solution consisting of 3 cc of 2% lidocaine with epinephrine and 3 cc of 0.5% ropivacaine were injected. She tolerated the procedure well. There were no complications, and she was transferred to the recovery room in satisfactory condition.

BLOOD LOSS: None.

FLUIDS: None.

COMPLICATIONS: None.

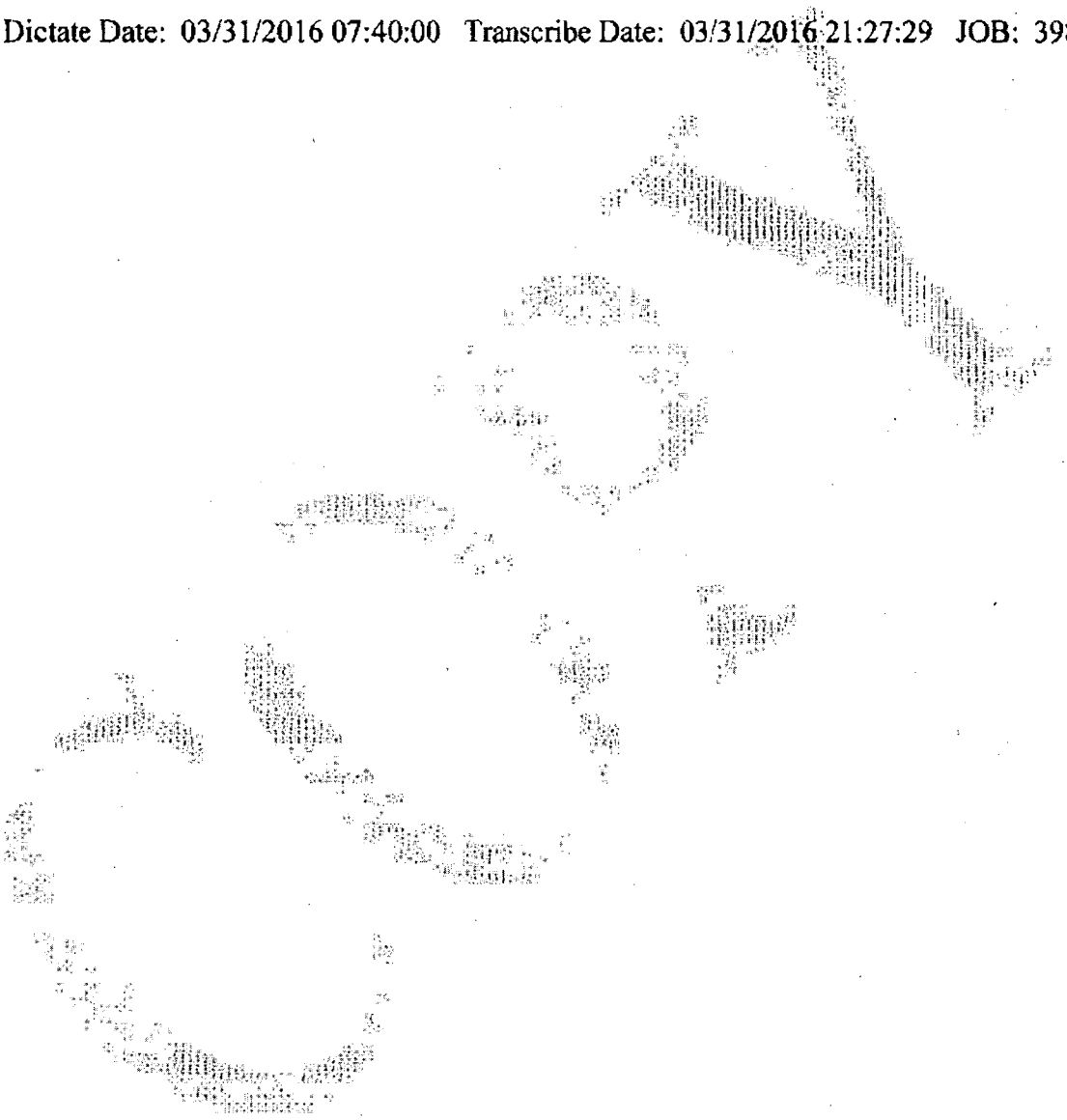
CONDITION: Stable.

Copy for: Eric Loudermilk, MD

PLANS: She will be transferred to physical therapy following discharge from the Physician's Surgery Center. I would like aggressive hand physical therapy today. I will see her back next week for a second stellate ganglion block in our office.

Eric Loudermilk, MD

EL / SH Dictate Date: 03/31/2016 07:40:00 Transcribe Date: 03/31/2016 21:27:29 JOB: 39865088 /1025709



PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROCEDURE NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**04/05/16**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**04/05/16**
SSN:	**250-08-4473**	**DOT:**	**04/06/16**

Preoperative Diagnoses: Reflex sympathetic dystrophy of the left upper extremity.

Postoperative Diagnoses: Same.

Procedures:
1. Left stellate ganglion block #2.
2. Fluoroscopy.

Surgeon: Eric Loudermilk, M.D.

Anesthesia: None.

Indications: Mrs. McCutcheon is a wonderfully pleasant 61-year-old female with reflex sympathetic dystrophy of her left hand. She returns for a second stellate ganglion block today in the office. She is doing better since her first injection five days ago.

Description of Procedure: After informed consent was obtained, the patient was taken to the fluoroscopy suite and positioned supine. Monitors were applied and vital signs were stable. The neck was prepped and draped in the usual sterile fashion. A small skin wheal was made using 1% lidocaine and a 23-gauge needle was advanced until contact was made with the body of C6. After negative aspiration, 6 mL of solution consisting of 3 mL of 2% lidocaine with epinephrine and 3 mL of 0.5% ropivacaine were injected. She tolerated the procedure well and there were no complications. She developed a Horner syndrome almost immediately following the injection. She was discharged to physical therapy in satisfactory condition. All fluoroscopic views were interpreted by me.

Blood Loss: None.

Fluids: None.

Complications: None.

Condition: Stable.

Plan: I refilled a prescription for Norco 7.5/325 mg q.8-12 h. as needed #40 with no refills. I will see her back on Thursday, April 7, 2016 for a third stellate ganglion block under fluoroscopy.

E Loudermilk MD

Eric Loudermilk, M.D.
EL/DTI MA B143096
Dictated - Not Read

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AnMed Health
Anderson, S.C.
Medical Records

MCCUTCHEON, JANICE E
Eric Loudermilk, MD
000555263 DOB: 05/08/1954
8815385

PSC PROCEDURE NOTE

DATE OF ADMISSION: 04/07/2016 05:00

PREOPERATIVE DIAGNOSIS:
Reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.

POSTOPERATIVE DIAGNOSIS:
Reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.

PROCEDURE:
1. Left stellate ganglion block #3.
2. Fluoroscopy.

SURGEON:
Eric Loudermilk, MD

ANESTHESIA:
Local with IV sedation.

INDICATIONS:
The patient is a 61-year-old female with reflex sympathetic dystrophy of the left hand following a distal radius fracture and surgery. She returns for a third stellate ganglion block today at the Physician Surgery Center. She is doing a lot better since her first two injections.

PROCEDURE:
After informed consent was obtained, a 22-gauge IV was placed in the right hand and the patient was taken to the operating room and positioned supine. Monitors were applied and vital signs were stable. The neck was prepped and draped in the usual sterile fashion and a small skin wheal was made over the C6 vertebrae using 1% lidocaine. Next, a 22-gauge spinal needle was advanced until contact was made with the body of C6. After negative aspiration, 6 cc of solution consisting of 3 cc of 2% lidocaine with epinephrine and 3 cc of 0.5% ropivacaine was injected.

She tolerated the procedure well. There were no complications. She was discharged to the recovery room and later to physical therapy in satisfactory condition.

BLOOD LOSS:
None.

FLUIDS:
None.

COMPLICATIONS:
None.

CONDITION:
Stable.

PLANS:
1. I recommended continuing her current pain medications. This includes Norco 7.5/325 q.8-12 hours as needed.
2. I will see her back next Thursday for a possible 4th stellate ganglion block. She has made significant improvement and I anticipate perhaps one more injection to eliminate the reflex sympathetic dystrophy. She will need to continue aggressive physical therapy as she is currently doing.

Eric Loudermilk, MD

MT INITIALS: BAH
39928621/1067767
Dictate Date: 04/07/2016 07:44:20
Transcribe Date: 04/07/2016 14:51:43

ANMED HEALTH
ANDERSON, S.C.
MEDICAL RECORD

MCCUTCHEON, JANICE E

Eric Loudermilk, MD
MR# 555263
NURSING STATION: S1

DOB: 05/08/1954
ROOM: 0000

PSC PROCEDURE NOTE

April 14, 2016

PREOPERATIVE DIAGNOSIS: Reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.

POSTOPERATIVE DIAGNOSIS: Same.

PROCEDURES:
1. Left stellate ganglion block #4.
2. Fluoroscopy.

SURGEON: Eric Loudermilk, MD

ANESTHESIA: Local with IV sedation.

INDICATIONS: Ms. McCutcheon is a 61-year-old female with reflex sympathetic dystrophy of the left hand, status post a distal radius fracture and surgery. She returns for a 4th stellate ganglion block at the Physician's Surgery Center. She is doing a lot better following her first three injections.

PROCEDURE: After informed consent was obtained, a 22-gauge IV was placed in the right arm and the patient was taken to the block room and positioned supine. Monitors were applied. Vital signs were stable. The neck was prepped and draped in the usual sterile fashion and a small skin wheal was made over the left C6 vertebrae using 1% lidocaine.

Next, a 22-gauge spinal needle was advanced until contact was made with the body of C6. After negative aspiration, 6 cc of solution consisting of 3 cc of 2% lidocaine with epinephrine and 3 cc of 0.5% ropivacaine were injected. She tolerated the procedure well. There were no complications, and she was transferred to the recovery room in satisfactory condition. All fluoroscopic views were interpreted by me.

BLOOD LOSS: None.

FLUIDS: None.

COMPLICATIONS: None.

CONDITION: Stable.

Copy for: Eric Loudermilk, MD

APR 12 2017

PLANS:

1. I stopped Hydrocodone and placed her on Ultram to take as needed for pain.
2. She will continue elite physical therapy. She has an appointment to go to physical therapy immediately following today's procedure.
3. I will see her back in four weeks for follow up in my office. I anticipate that she will continue to do well with physical therapy and she may not require any further injections.

Eric Loudermilk, MD

EL / DH Dictate Date: 04/14/2016 07:53:29 Transcribe Date: 04/14/2016 10:17:10 JOB: 39993450 /1111290

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT: MCCUTCHEON, JANICE
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 250-08-4473

DOS: 05/11/16
DOD: 05/12/16
DOT: 05/13/16

Mrs. McCutcheon is a 62-year-old female with a history of reflex sympathetic dystrophy of the left hand status post distal radius fracture and surgery who returns for followup. She underwent a series of four stellate ganglion blocks four weeks ago and she returns today doing much better. Other than some swelling in her left wrist, the left hand looks about the same as the right hand. The sympathetic components of her pain appears to be completely resolved. She takes Ultram as needed and she continues to go to Elite Physical Therapy. She has about six more sessions left; therefore she is not yet at maximal medical improvement. She will likely have some restrictions of her left wrist, but it appears the reflex sympathetic dystrophy has resolved. I did not feel she needs any further injections at this time, but I encouraged her to continue with aggressive physical therapy and then continue with exercises after physical therapy has been completed.

Assessment: Reflex sympathetic dystrophy of the left hand status post distal radius fracture and surgery (markedly improved).

Plan:
1. I refilled Ultram 50 mg q.12 h. as needed #30 with two refills.
2. I recommended continuing physical therapy until her sessions have finished and she has reached maximal medical improvement.
3. I will see her back in six weeks for followup in my office.

Eric Loudermilk, M.D.
EL/DTI MA B145228
Dictated - Not Read

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT: MCCUTCHEON, JANICE
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 250-08-4473

DOS: 06/22/16
DOD: 06/22/16
DOT: 06/23/16

Mrs. McCutcheon is a pleasant 62-year-old female with a history of reflex sympathetic dystrophy of her left hand following distal radius fracture and surgery who returns today for followup. She has been doing well following a series of stellate ganglion blocks two months ago and she has completed her physical therapy at Elite Physical Therapy. I placed her at maximal medical improvement following her physical therapy. She will need to undergo an impairment rating and I plan to refer her to Dr. Burnette for an impairment rating following today's visit. She takes occasional Tylenol for pain and occasional tramadol, but she does not need any refills of her prescriptions at this time. Her left hand shows no sign of reflex sympathetic dystrophy. She has good range of motion of the left hand and other than some pain around her fracture, she has had a significant recovery from the reflex sympathetic dystrophy. She will undoubtedly have some restrictions to her left wrist, but the reflex sympathetic dystrophy has resolved. She does not need any further interventions at this time. I plan to continue her current medications and we will arrange for an impairment rating through Dr. Carol Burnette.

Assessment: Resolved reflex sympathetic dystrophy of the left hand status post distal radius fracture and surgery.

Plan:

1. She may take Ultram 50 mg as needed for pain or Tylenol.
2. I referred her to Dr. Carol Burnette for an impairment rating. She has reached a state of maximal medical improvement.
3. I will see her back in six weeks for followup in my office.

Eric Loudermilk, M.D.
EL/DTI MA B147368
Dictated - Not Read

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT: MCCUTCHEON, JANICE
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 250-08-4473

DOS: 08/17/16
DOD: 08/17/16
DOT: 08/18/16

Mrs. McCutcheon is a pleasant 62-year-old female with a history of severe reflex sympathetic dystrophy of her left hand following a distal radius fracture and surgery, who returns today for followup. Her reflex sympathetic dystrophy has resolved, but she still has some pain over the knuckles of her left hand and some occasional tingling and pins and needle sensations. She probably has some nerve injury from the fracture. Overall, I feel she has made excellent progress. She is not 100% better, but the reflex sympathetic dystrophy has resolved. She may continue to improve slowly over time. She has been taking some Ultram as needed for pain, but this has not helped much and I plan to write a prescription for hydrocodone. She underwent an impairment rating by my partner, Dr. Carol Burnette on July 21, 2016. She was given a 5% impairment to the right upper extremity. Dr. Burnette recommended no repetitive wrist flexion or extension, no lifting over 5 pounds with the left hand, and if she returns to fulltime gainful employment, she would recommend a slow transitioning back to her an 8-hour day over two to three months. I feel that Mrs. McCutcheon is at maximum medical improvement. I plan to refill her prescription for Norco today and we will discontinue tramadol. I plan to see her back in several months for followup and re-evaluation.

Assessment:

1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia possibly due to the radial nerve status post distal radius fracture.

Plan:

1. I wrote a prescription for Norco 7.5/325 mg q.8 h. as needed #90 with no refills. This should last six to eight weeks. I recommended continuing to use the left hand as much as possible in order to improve her strength and desensitize it.
2. I will see her back in six to eight weeks for followup in my office.

Eric Loudermilk, M.D.
EL/DTI MA B150359
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT: MCCUTCHEON, JANICE
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 250-08-4473

DOS: 10/05/16
DOD: 10/05/16
DOT: 10/05/16

Mrs. McCutcheon is a 62-year-old female with a history of severe reflex sympathetic dystrophy of her left hand following a distal radius fracture who returns today for followup. Her RSD has completely resolved; although she still has some pain and stiffness in the left hand and in the knuckles of her hand. I feel this is not unexpected. She takes Norco sparingly for pain and this works well for her. She has reached a status of maximum medical improvement. Dr. Burnette provided a rating of 5% to her right upper extremity. I do not feel any further interventions are necessary at this time. I plan to release Janice from my care today and I have recommended that she move toward closing her case. I plan to refill prescription for Norco today, so that she will have pain medication to take if needed.

Assessment:

1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia possibly due to a radial nerve injury, status post distal radius fracture.

Plan:

1. I refilled Norco 7.5/325 mg q.8 h. as needed #90, which should last three months. I recommended continuing the other medications.
2. I will see her back on an as needed basis. She is at maximum medical improvement. If any further problems develop or condition changes, I would be happy to see her back in the pain clinic.

E Loudermilk

Eric Loudermilk, M.D.
EL/DTI MA B153046
Dictated - Not Read

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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

Physician's Statement

Claimant's Name: Janice McCutcheon
Physician's Name: Carol Bucchette MD
Practice/Clinic:
Preparer's Name:
Phone:

Employer's Name:
Insurance Carrier:
SCWCC File No:

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: 11/05/15

Date of first office visit: 3/31/16 Date of last visit: 8/17/16

Diagnosis or nature of injury or illness: Distal fracture

Body part(s) injured: Left wrist Body part(s) affected: Left wrist

Date of **Maximum Medical Improvement:** 6/22/16

Based on the **AMA Guidelines**, the claimant has sustained a 5 **% medical impairment** to left upper extremity injured body part(s) and a N/A **% medical impairment** to other affected body part(s).

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

✓ The claimant is **able** to return to work **with the following restrictions:**
No repetitive flexion or extension of the left wrist; no lifting greater than 5 lb with the left hand; will need to limit work hours initially to 6 hr days, with gradual transition to full 8 hr days over the first month

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

____ Claimant **possesses retained hardware** casually related to this injury.

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:
She remains on pain medication by Dr Lawrence

Carol Bucchette MD
Treating Physician

10/20/16
Date

9/13

14B

Physician's Statement

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov

Physician's Statement

Claimant's Name: Janice McCutcheon
Physician's Name: Dr. Eric P. Loudermilk
Practice/Clinic: Piedmont Comprehensive Pain
Preparer's Name:

Employer's Name: Greenwood Mills, Inc.
Insurance Carrier: Self Insured
SCWCC File No: 1517220
Phone: (864) 229-3116, ext. 2631

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to *South Carolina Code Sections* 42-15-60, 42-15-80, 42-1-172, or 42-11-10.

Date of injury: 11/5/2015 Date of first office visit: 3/31/16 Date of last office visit: 8/17/16

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: (L wrist fracture, reflex sympathetic dystrophy

Body part(s) injured: Left Wrist Body part(s) affected: Left upper extremity

Date of **maximum medical improvement**: 6/22/16

Has the Claimant sustained **permanent physical impairment** as a result of the work injury? ✓ Yes ____ No

If so, the permanent physical impairment is: 5 % medical impairment to the Left upper extremity (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:
N/A % medical impairment to the ____ (additional body part injured or affected).

The impairment rating(s) above are based upon the following:

____ The AMA's *Guides to the Evaluation of Permanent Impairment* ____ Edition; or
____ Other medical treatise:
✓ Other: Dr. Carol Burnette's rating. or

Does the Claimant have **permanent physical limitations** as a result of the injury? ✓ Yes ____ No

If so, the permanent physical limitations are: Please refer to Dr. Burnette's restrictions on her 14B

Does the Claimant **possess retained hardware** as a result of the injury? ✓ Yes ____ No

If so, the retained hardware is: Left wrist

Is there **medical, surgical, hospital or other treatment** that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function: ✓ Yes ____ No

If so, the medical care and treatment that is needed is/are:
She may require Hydrocodone as needed to help with residual pain.

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

Eric Loudermilk MD

Treating or Evaluating Physician

3/2/2017

Date

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT: MCCUTCHEON, JANICE
PHYSICIAN: Eric Loudermilk, M.D.
SSN: 250-08-4473

DOS: 03/09/17
DOD: 03/09/17
DOT: 03/10/17

Mrs. McCutcheon is a 62-year-old female with a history of severe reflex sympathetic dystrophy of her left hand following a distal radius fracture and radial nerve injury who returns today for followup and refill of some of her medications. Her RSD has been resolved; however, she is still having pain and stiffness in the left wrist and hand, and she has some neuralgia. These problems will likely be permanent for her given fracture and nerve injury. She takes Norco as needed and I need to refill that prescription today. She has been managing some of the neuropathic pain and arthritis with the compounded cream through Transdermal Therapeutics. I plan to refill that prescription today as well. She also takes occasional Ativan and I plan to refill a small prescription for Ativan to help with anxiety. She and her husband had some questions regarding the long term results of her injury and her treatment. I explained to Mr. McCutcheon that she may develop recurrent reflex sympathetic dystrophy in the future depending on whether there is any further trauma to the left hand or if she has surgery. There is always a possibility that RSD can return. She will likely have wrist pain the rest of her life due to the fracture and nerve pain will also be present to some degree given the permanent nerve injury to the radial nerve. Hopefully these pains can be kept under control and manageable with reasonable medication.

Assessment:

1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia possibly due to a radial nerve injury, status post distal radius fracture.

Plan:

1. I refilled Norco 7.5/325 mg q.8 h. as needed #90, which should last three months. I refilled a small prescription for Ativan 0.5 mg per day #30 with no refills and I reordered a compounded cream through Transdermal Therapeutics.
2. I will see her back in two to three months for follow-up in my office.

Eric Loudermilk, M.D.
EL/DTI MA B162738
Dictated - Not Read

APR 12 2017

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**05/25/17**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**05/27/17**
SSN:	**250-08-4473**	**DOT:**	**05/28/17**

Mrs. McCutcheon is a 63-year-old female with a history of reflex sympathetic dystrophy of her left hand following a distal radius fracture and radial nerve injury who returns today for followup and refill of her medications. She has some pain with stiffness in her left hand, but the reflex sympathetic dystrophy has completely resolved. She worries that it may return, but I reassured her that it is completely resolved at this time. If she were to have to further surgery on her left wrist, she can always develop a flare up of RSD. She is taking Norco as needed and I plan to refill those prescriptions today. She takes occasional Ativan for anxiety and she uses a compounded cream through Transdermal Therapeutics. I performed a surprise urine drug screen today in the office, which was positive for opioids consistent with her treatment. This will be sent for confirmation. I plan to refill her medications today and continue with her current pain management.

Assessment:

1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia possibly due to a radial nerve injury, status post distal radius fracture.

Plan:

1. I refilled Norco 7.5/325 mg q.8 h. as needed #90 with one refill and this should last three months. I refilled Ativan 0.5 mg per day #30 with no refills and I reordered a compounded neuropathic cream containing gabapentin and bupivacaine along with Flexeril, baclofen, and diclofenac.
2. I will see her back in three months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA B167500
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**08/29/17**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**08/29/17**
SSN:	**250-08-4473**	**DOT:**	**08/30/17**

Mrs. McCutcheon is a 63-year-old female with a history of reflex sympathetic dystrophy of the left hand following a distal radius fracture and a radial nerve injury who returns today for followup. Her reflex sympathetic dystrophy has resolved; however, she is having some throbbing pain and some stiffness in her left hand. I feel that the pain may be neuropathic and I plan to add Neurontin to her medication regimen today. She takes Norco as needed and occasional Ativan for anxiety and she has a compounded neuropathic cream. She recently had an episode of shingles across the left side of her face which lasted for several weeks. This is still bothering her as well. She is having a lot of tingling and burning over the left side of her face. She is using her left hand and the appearance of the left hand looks very similar to her right hand indicating excellent recovery from reflex sympathetic dystrophy.

Physical Examination: Vital Signs: Blood pressure 130/70. Pulse 78. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema.

Assessment:
1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia secondary to radial nerve injury, status post distal radius fracture.

Plan:
1. I refilled Norco 7.5/325 mg q.8 h. as needed #90 for two months and Ativan 0.5 mg as needed #30 with no refills. I added Neurontin 300 mg at bedtime advancing to t.i.d. and I dispensed Neurontin today. She will continue the neuropathic cream containing gabapentin, bupivacaine, Flexeril, baclofen, and diclofenac.
2. I will see her back in three to four weeks to see how she is doing with the new medication.

Eric Loudermilk, M.D.
EL/DTI MA X309549
Dictated - Not Read

Work Capacity & Pain Rating Form

Date: 8/30/17

Patient: Janice McCutcheon

Physician: Dr. Loudermilk.

Diagnosis:
Left upper extremity radial nerve injury
Left upper extremity distal radius fracture (Healed)

1. Estimate the degree of pain that is consistent with your findings.
Circle location & severity of pain

Neck/Shoulders	Right Upper Extremity	(Left Upper Extremity)
Back/Hips	Right Lower Extremity	Left Lower Extremity
Overall Body		

Pain Level:	None Mild	Moderate
	(Moderately Severe)	Severe

2. In your opinion, would pain interfere with the ability of this individual to maintain concentration throughout an eight-hour workday?

✓ Yes or ___ No

3. Would pain interfere with the ability of this individual to stay on task for two consecutive hours without taking an unscheduled break?

✓ Yes or ___ No

4. Would pain require this individual to exceed the number of usual breaks during an eight-hour workday?

✓ Yes or ___ No

5. Would pain interfere with the completion of an eight-hour workday?

✓ Yes or ___ No

6. If yes, would this individual miss more than two days a month due to pain related absences?

✓ Yes or ___ No

7. To alleviate or minimize pain, would this individual need to:

Elevate Legs Lay Down Rest in Reclining Chair

during the course of a usual workday? (Please circle) None of above

8. If yes, for how long (minutes or hours)? : _____

9. During an eight-hour workday, in TOTAL, how long could this individual:

Sit:	None	½ hour	1 hour	2 hours	(3-5 hours)	5+ hours	
Stand:	None	½ hour	1 hour	2 hours	(3-5 hours)	5+ hours	
Walk:	None	½ hour	1 hour	2 hours	(3-5 hours)	5+ hours	
Bend:	None	½ hour	1 hour	(2 hours)	3-5 hours	5+ hours	may require use of left arm.
Kneel:	None	½ hour	1 hour	(2 hours)	3-5 hours	5+ hours	

10. During an eight-hour workday, how long, AT ONE TIME, could this individual:

Sit:	Less than 15 minutes	30 minutes	(2 hours)
Stand:	Less than 15 minutes	(30 minutes)	(2 hours)
Walk:	Less than 15 minutes	(30 minutes)	(2 hours)

Additional Remarks: Left arm pain will limit use of her left arm. The chronic pain will be distracting to her and affect her concentration on the job. She would have limitations on lifting, carrying, climbing and repetitive use of the left hand/arm.

Thank you for your time in completing this evaluation of your patient.

CLINICAL ASSESSMENT OF PAIN

NAME OF CLAIMANT: Janice McCutcheon

SOCIAL SECURITY NO.: 250-08-4473

1. **How significant is pain in the treatment of this patient?** (Circle one letter)

   A. Pain is not present to any appreciable degree.

   B. Pain in present, but does not prevent this individual from functioning in everyday activities or work.

   (C.) Pain is present to such an extent as to be distracting to adequate performance of daily activities or work.

   D. Pain is profound and intractable; it virtually incapacitates this individual.

2. **To what extent will such physical activity as walking, standing, bending, stooping, moving of extremities, etc., increase the degree of pain experienced by this patient?** (Circle one letter)

   A. No increase in the level of pain whatsoever.

   B. Some increase may occur, but not to such an extent as to prevent adequate functioning in such tasks.

   (C.) Greatly increased pain is likely to occur, and to such a degree as to cause distraction from the task or even total abandonment of the task.

   D. Increase of pain to such a degree as to require increased medication for pain or substantial amounts of bed rest.

3. **To what extent can the medication(s) prescribed (or typically prescribed in cases like this one) be expected to affect the patient in this case?** (Circle one letter)

   A. Medication will aid in reducing the level of pain without any side effects or reduction in level of functioning.

   (B.) Some side effects can be expected, but will be only mildly troublesome.

   C. Significant side effects can be expected to limit the effectiveness of work duties or the performance of such everyday tasks as driving an automobile.

   D. Medication will place severe limitations on the patient's ability to perform even the simplest everyday tasks.

4. **In your best judgment, to what extent will the pain and/or prescribed medication affect this patient's ability to perform his/her previous work activities?** (Circle one letter)

A. This individual should be able to return to full job duties without and decrease in the level of work effectiveness.

B. Some limitations may be present, but not to such a degree as to create serious problems in most instances.

(C.) Pain and/or drug side effects can be expected to be severe and to limit effectiveness due to distraction, inattentiveness, drowsiness, etc.

D. Patient will be totally restricted and thus unable to function at a productive level of work.

5. **In your best judgment, what are the long-term prospects of recovery for this patient in regard to level of pain?** (Circle one letter)

A. This individual should be free of pain within a matter of weeks or months.

B. The frequency and degree of pain should diminish to an insignificant level in time, but may still be present to some extent.

(C.) Although the level of pain may be less intense or less frequent in the future, it will still remain a significant element in this individual's life.

D. Little improvement is likely in this case; in fact, the pain is likely to increase with time.

6. **To what extent have treatments for pain (e.g. biofeedback, nerve stimulation, injections) served to lessen the degree of pain in individuals with pain levels like those experienced by this patient?** (Circle one letter)

A. Treatments of this type have not been prescribed for individuals with problems like those of this patient.

B. Such treatments have been used successfully in cases like this one.

(C.) Treatments of this kind have had no appreciable impact or have only briefly altered the level of pain that this patient experiences.

COMMENTS: _____

Date: 8/30/17

Eric Caldwell MD

Signature of Physician

100 Healthy Way, Suite 1260

Anderson SC 29621

Address of Physician

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**09/21/17**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**09/21/17**
SSN:	**250-08-4473**	**DOT:**	**09/22/17**

Mrs. McCutcheon is a 63-year-old female with a history of reflex sympathetic dystrophy of her left hand following a distal radius fracture and a radial nerve injury who returns today for followup. She was placed on Neurontin at her last visit and she says this is definitely helping. She has some drowsiness during the day and I suggested taking one pill in the morning and two at bedtime. She takes Norco as needed and Ativan for anxiety. She continues to maintain a high level of anxiety. She states that she continues to have some pain in the left shoulder and the left shoulder has never really been addressed by me. I have always focused on her left hand as this was where her greatest pain was located and where she manifested reflex sympathetic dystrophy. I do note in her original drawing upon her initial consultation that she did color in parts of her left shoulder. We have no imaging studies of her left shoulder and really no documentation of any damage. I am unclear whether this would be covered under her Workmen's Compensation, but she claims that she did injure the shoulder as well. I plan to add Lexapro to her medication regimen today. I would rather provide Lexapro instead of Ativan for anxiety. I feel that she has some depression and anxiety. Lexapro would be an excellent choice for her. Her husband accompanies her to her office visits. He has been very supportive. I performed a DHEC query today and I plan to refill some of her medications.

Physical Examination: Vital Signs: Blood pressure 140/90. Pulse 72. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema. The left hand looks fairly normal other than scars from her incisions.

Assessment:

1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia secondary to a permanent radial nerve injury, status post distal radius fracture.
3. Left shoulder pain.
4. Anxiety and mid depression.

Plan: She will continue Norco 7.5/325 mg q.8 h. as needed for pain and I refilled a prescription for Ativan 0.5 mg as needed #30 with no refills. I placed her on Lexapro 10 mg per day for depression. She will continue Neurontin 300 mg in the morning and 600 mg in the evening. She will also continue the neuropathic compounded cream which contains bupivacaine, gabapentin, cyclobenzaprine, baclofen, and diclofenac. I will see her back in four weeks to reassess her progress and refill her medications.

E Loudermilk

Eric Loudermilk, M.D.
EL/DTI MA X312108
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**10/17/17**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**10/17/17**
SSN:	**250-08-4473**	**DOT:**	**10/18/17**

Mrs. McCutcheon is a 63-year-old female with a history of reflex sympathetic dystrophy of her left hand following a distal radius fracture and a radial nerve injury who returns for followup and refill of her medications. She is doing much better today than at her last visit four weeks ago. She takes Norco as needed along with Ativan, but I started Lexapro and Neurontin and this is working well. She also has a compounded neuropathic cream which helps. I feel that she is on appropriate medications at this time. She is still having some discomfort in her left shoulder. I am unclear whether the left shoulder pain is covered under her Workmen's Compensation claim. If it is, I would recommend an MRI of this shoulder to better evaluate the source of her discomfort.

Physical Examination: Vital Signs: Blood pressure 118/78. Pulse 74. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema. The patient's left upper extremity looks normal in comparison to the right upper extremity. I see no evidence of any recurrent reflex sympathetic dystrophy.

Assessment:
1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia secondary to permanent radial nerve injury, status post distal radius fracture.
3. Left shoulder pain.
4. Anxiety and mild depression.

Plan:
1. I refilled Norco 7.5/325 q.8 h. as needed #90 for two months and Ativan 0.5 mg per day #30 for two months. I dispensed Neurontin 300 mg in the morning and 600 mg in the evening and Lexapro 10 mg per day for depression. She will continue the compounded neuropathic cream containing cyclobenzaprine, baclofen, gabapentin, bupivacaine, and diclofenac.
2. I will see her back in two months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA D107954
Dictated - Not Read

DEC 1 1 2017

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**12/14/17**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**12/14/17**
SSN:	**250-08-4473**	**DOT:**	**12/15/17**

Mrs. McCutcheon is a very pleasant 63-year-old female with a history of reflex sympathetic dystrophy of her left hand following a distal radius fracture and a radial nerve injury who returns today for followup and refill of her medications. She takes Norco as needed for pain along with Neurontin, Lexapro, and occasional Ativan. She also uses a compounded neuropathic cream through Transdermal Therapeutics. Medications are all working well for her and she tolerates them without any side effects. I performed a DHEC query today and a surprise urine drug screen which was positive for opiates and negative for any illicit substances, this will be sent for confirmation. I plan to refill her medications today and continue with her current pain management. I feel that reflex sympathetic dystrophy of her left hand is now resolved.

Physical Examination: Vital Signs: Blood pressure 144/80. Pulse 64. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema. Both hands and wrists look similar to each other with no evidence of any recurrent reflex sympathetic dystrophy.

Assessment:
1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia secondary to permanent nerve damage, status post distal radius fracture.
3. Chronic left shoulder pain.
4. Anxiety and depression.

Plan:
1. I refilled Norco 7.5/325 q.8 h. as needed #90 for two months and Ativan 0.5 mg per day #30 for two months. She will continue Neurontin 300 mg one capsule in the morning and two at bedtime along with Lexapro 10 mg per day for depression and a compounded neuropathic cream.
2. I performed a urine drug screen today in the office. The initial report was positive for opiates and negative for any illicit substances, this will be sent for confirmation.
3. I will see her back in two months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA D114602
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**02/21/18**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**02/22/18**
SSN:	**250-08-4473**	**DOT:**	**02/23/18**

McCutcheon is a pleasant 63-year-old female with a history of reflex sympathetic dystrophy of her left hand following a distal radius fracture and a radial nerve injury who returns today for followup and refill of her medications. Mrs. McCutcheon has been doing well with respect to her left hand. She takes Norco as needed along with occasional Ativan for anxiety. She has only been taking two Neurontin at bedtime and I suggested taking the morning dose as well. She also takes Lexapro for depression and she uses a compounded cream which has helped. She tolerates her medications without any side effects. She and her husband have some concerns about the possibility of the return of reflex sympathetic dystrophy, but I reassured them that this is very unlikely. She has had some loss of strength in her left hand and some difficulty with fine motor movements, but overall I feel that she has made an excellent recovery; one can look at both hands and not see a big difference with respect to her skin color changes and swelling. I feel that she is on appropriate pain medications at this time. I plan to refill some of her prescriptions today and I plan to continue with her current pain management.

Physical Examination: Vital Signs: Blood pressure 116/70. Pulse 82. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema.

Assessment:

1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia secondary to permanent nerve damage, status post distal radius fracture.
3. Chronic left shoulder pain.
4. Anxiety and depression.

Plan:

1. I refilled Norco 7.5/325 q.8 h. as needed #90 for two months and I refilled Ativan 0.5 mg per day #30 for two months. I dispensed Neurontin 300 mg one capsule in the morning and two at bedtime along with Lexapro 10 mg per day for depression and I recommended continuing the compounded neuropathic cream.
2. Her last urine drug screen was performed on December 14, 2017, and it showed compliance with her treatment.
3. I will see her back in two months for followup and refill of her medications.

E Loudermilk

Eric Loudermilk, M.D.
EL/DTI MA D121867
Dictated - Not Read

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RE: Janice McCutcheon v Greenwood Mills, Inc.
SS No.: XXX-XX-4473
DOB: 05/08/54
Date of Injury: 11/05/15

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓ It is more likely than not that Janice McCutcheon's left arm injury was either directly caused or aggravated by her work related injury on November 5, 2015.

_____ It is more likely than not that Janice McCutcheon's left arm injury was neither directly caused nor aggravated by her work related injury on November 5, 2015.

Eric Loudermilk MD

Eric Loudermilk, MD

3/7/18

Date

RE: Janice McCutcheon v Greenwood Mills, Inc.
SS No.: XXX-XX-4473
DOB: 05/08/54
Date of Injury: 11/05/15

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓ It is more likely than not that Janice McCutcheon has developed RSD (also known as complex regional pain syndrome) affecting her left hand, left arm and left shoulder as a result of her work injury of November 5, 2015.

____ It is more likely than not that Janice McCutcheon has not developed RSD (also known as complex regional pain syndrome) affecting her left hand, left arm and left shoulder as a result of her work injury of November 5, 2015.

E Loudermilk MD

Eric Loudermilk, MD

3/7/18

Date

RE: Janice McCutcheon v Greenwood Mills, Inc.
SS No.: XXX-XX-4473
DOB: 05/08/54
Date of Injury: 11/05/15

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓ It is more likely than not that Janice McCutcheon will experience the limitations to her left upper extremity as set forth by Dr. Carol Burnette's Form 14B of October 10, 2016 limiting her to no repetitive flexion or extension of the left wrist and no lifting greater than 5 lbs. with the left hand.

____ It is more likely than not that Janice McCutcheon will not experience the limitations to her left upper extremity as set forth by Dr. Carol Burnette's Form 14B of October 10, 2016 limiting her to no repetitive flexion or extension of the left wrist and no lifting greater than 5 lbs. with the left hand.

E Loudermilk MD

Eric Loudermilk, MD

3/7/18

Date

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RE: **Janice McCutcheon v Greenwood Mills, Inc.**
SS No.: XXX-XX-4473
DOB: 05/08/54
Date of Injury: 11/05/15

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓ It is more likely than not that Janice McCutcheon's limitations outlined in Dr. Burnett 14B of 10/10/16 will become more limiting as she ages.

____ It is more likely than not that Janice McCutcheon's limitations outlined in Dr. Burnett 14B of 10/10/16 will not become more limiting as she ages.

E Loudermilk MD
Eric Loudermilk, MD

3/7/18
Date

57

RE: Janice McCutcheon v Greenwood Mills, Inc.
SS No.: XXX-XX-4473
DOB: 05/08/54
Date of Injury: 11/05/15

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓ It is more likely than not that Janice McCutcheon's left arm injury has caused aggravation to her left shoulder to the extent that the left shoulder is impaired to an equal degree as the left upper extremity.

____ It is more likely than not that Janice McCutcheon's left arm injury has not caused aggravation to her left shoulder to the extent that the left shoulder is impaired to an equal degree as the left upper extremity.

E Loudermilk MD

Eric Loudermilk, MD

3/7/18

Date

RE: Janice McCutcheon v Greenwood Mills, Inc.
SS No.: XXX-XX-4473
DOB: 05/08/54
Date of Injury: 11/05/15

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓ It is more likely than not that Janice McCutcheon's work injury of November 5, 2015 will continue to cause her moderately severe pain, that will make it impossible for her to maintain concentration throughout a normal eight (8) hour work day, interfere with her ability to complete task, miss more than two (2) days of work in a month, and make it difficult for her to stay on task for two (2) consecutive hours without taking an unscheduled break as outlined in my medical source statement dated August 30, 2017.

____ It is more likely than not that Janice McCutcheon's work injury of November 5, 2015 will not continue to cause her moderately severe pain, that will make it impossible for her to maintain concentration throughout a normal eight (8) hour work day, interfere with her ability to complete task, miss more than two (2) days of work in a month, and make it difficult for her to stay on task for two (2) consecutive hours without taking an unscheduled break as outlined in my medical source statement dated August 30, 2017.

E Loudermilk MD
Eric Loudermilk, MD

3/7/18
Date

RE: **Janice McCutcheon v Greenwood Mills, Inc.**
SS No.: XXX-XX-4473
DOB: 05/08/54
Date of Injury: 11/05/15

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓ It is more likely than not that Janice McCutcheon will be unable to return to her work as a nurse as a result of the injuries suffered in her work related accident on November 5, 2015 (left arm and aggravation of left shoulder).

____ It is more likely than not that Janice McCutcheon will be able to return to her work as a nurse or do any other substantial gainful activity as a result of the injuries suffered in her work related accident on November 5, 2015 (left arm and aggravation of left shoulder).

Eric Loudermilk

Eric Loudermilk, MD

3/17/18

Date

60

RE: **Janice McCutcheon v Greenwood Mills, Inc.**
SS No.: XXX-XX-4473
DOB: 05/08/54
Date of Injury: 11/05/15

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓ It is more likely than not that Janice McCutcheon will be unable to do any other substantial gainful activity as a result of the injuries suffered in her work related accident on November 5, 2015 (left arm and aggravation of left shoulder).

____ It is more likely than not that Janice McCutcheon will be able to return to do other substantial gainful activity in spite of the injuries suffered in her work related accident on November 5, 2015 (left arm and aggravation of left shoulder).

Eric Loudermilk

Eric Loudermilk, MD

3/7/18

Date

RE: **Janice McCutcheon v Greenwood Mills, Inc.**
SS No.: XXX-XX-4473
DOB: 05/08/54
Date of Injury: 11/05/15

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓ It is more likely than not that in order to lessen her period of disability, Janice McCutcheon will need ongoing pain management treatment, including doctor visits and medication for the rest of her life for her left upper extremity, left shoulder and RSD as set forth in my Form 14B day March 2, 2017.

____ It is more likely than not that in order to lessen her period of disability, Janice McCutcheon will not need ongoing pain management treatment, including doctor visits and medication, for the rest of her life for her left upper extremity, left shoulder and RSD set forth in my Form 14B day March 2, 2017 .

Eric Loudermilk, MD

3/7/18
Date

62

RE: Janice McCutcheon v Greenwood Mills, Inc.
SS No.: XXX-XX-4473
DOB: 05/08/54
Date of Injury: 11/05/15

Based on my review of the medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that:

✓ It is more likely than not that Janice McCutcheon has permanent severe nerve damage in her left hand.

____ It is more likely than not that Janice McCutcheon does not have permanent severe nerve damage in her left hand.

Eric Loudermilk MD

Eric Loudermilk, MD

3/19/18
Date

63

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**04/19/18**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**04/21/18**
SSN:	**250-08-4473**	**DOT:**	**04/22/18**

Mrs. McCutcheon is a pleasant 63-year-old female with a history reflex sympathetic dystrophy of her right hand following a distal radius fracture and a radial nerve injury who returns for followup and refill of her medications. Her pain has been stable with Norco, Ativan, Neurontin, and Lexapro and she uses a compounded neuropathic cream. She says the medications are doing a good job managing her symptoms. She tolerates all of her medications without any side effects. She has some difficulty with fine motor movements and some loss of strength in her left hand, but the pain is under excellent control. I am pleased with her progress and I plan to refill some of her prescriptions today.

Physical Examination: Vital Signs: Blood pressure 130/78. Pulse 72. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema. There is very minimal difference with respect to the skin color in both hands.

Assessment:
1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia secondary to permanent nerve damage, status post distal radius fracture.
3. Chronic left shoulder pain.
4. Chronic anxiety and depression.

Plan:
1. I refilled Norco 7.5/325 mg q.8 h. as needed #90 for two months and Ativan 0.5 mg per day #30 for two months. She will continue Neurontin 300 mg one capsule in the morning and two at bedtime along with Lexapro 10 mg per day for depression and the compounded neuropathic cream.
2. I will see her back in two months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA D128585
Dictated - Not Read

64

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**05/25/17**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**05/27/17**
SSN:	**250-08-4473**	**DOT:**	**05/28/17**

Mrs. McCutcheon is a 63-year-old female with a history of reflex sympathetic dystrophy of her left hand following a distal radius fracture and radial nerve injury who returns today for followup and refill of her medications. She has some pain with stiffness in her left hand, but the reflex sympathetic dystrophy has completely resolved. She worries that it may return, but I reassured her that it is completely resolved at this time. If she were to have to further surgery on her left wrist, she can always develop a flare up of RSD. She is taking Norco as needed and I plan to refill those prescriptions today. She takes occasional Ativan for anxiety and she uses a compounded cream through Transdermal Therapeutics. I performed a surprise urine drug screen today in the office, which was positive for opioids consistent with her treatment. This will be sent for confirmation. I plan to refill her medications today and continue with her current pain management.

Assessment:

1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia possibly due to a radial nerve injury, status post distal radius fracture.

Plan:

1. I refilled Norco 7.5/325 mg q.8 h. as needed #90 with one refill and this should last three months. I refilled Ativan 0.5 mg per day #30 with no refills and I reordered a compounded neuropathic cream containing gabapentin and bupivacaine along with Flexeril, baclofen, and diclofenac.
2. I will see her back in three months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA B167500
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**12/14/17**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**12/14/17**
SSN:	**250-08-4473**	**DOT:**	**12/15/17**

Mrs. McCutcheon is a very pleasant 63-year-old female with a history of reflex sympathetic dystrophy of her left hand following a distal radius fracture and a radial nerve injury who returns today for followup and refill of her medications. She takes Norco as needed for pain along with Neurontin, Lexapro, and occasional Ativan. She also uses a compounded neuropathic cream through Transdermal Therapeutics. Medications are all working well for her and she tolerates them without any side effects. I performed a DHEC query today and a surprise urine drug screen which was positive for opiates and negative for any illicit substances, this will be sent for confirmation. I plan to refill her medications today and continue with her current pain management. I feel that reflex sympathetic dystrophy of her left hand is now resolved.

Physical Examination: Vital Signs: Blood pressure 144/80. Pulse 64. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema. Both hands and wrists look similar to each other with no evidence of any recurrent reflex sympathetic dystrophy.

Assessment:
1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia secondary to permanent nerve damage, status post distal radius fracture.
3. Chronic left shoulder pain.
4. Anxiety and depression.

Plan:
1. I refilled Norco 7.5/325 q.8 h. as needed #90 for two months and Ativan 0.5 mg per day #30 for two months. She will continue Neurontin 300 mg one capsule in the morning and two at bedtime along with Lexapro 10 mg per day for depression and a compounded neuropathic cream.
2. I performed a urine drug screen today in the office. The initial report was positive for opiates and negative for any illicit substances, this will be sent for confirmation.
3. I will see her back in two months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA D114602
Dictated - Not Read

66

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**04/19/18**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**04/21/18**
SSN:	**250-08-4473**	**DOT:**	**04/22/18**

Mrs. McCutcheon is a pleasant 63-year-old female with a history reflex sympathetic dystrophy of her right hand following a distal radius fracture and a radial nerve injury who returns for followup and refill of her medications. Her pain has been stable with Norco, Ativan, Neurontin, and Lexapro and she uses a compounded neuropathic cream. She says the medications are doing a good job managing her symptoms. She tolerates all of her medications without any side effects. She has some difficulty with fine motor movements and some loss of strength in her left hand, but the pain is under excellent control. I am pleased with her progress and I plan to refill some of her prescriptions today.

Physical Examination: Vital Signs: Blood pressure 130/78. Pulse 72. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema. There is very minimal difference with respect to the skin color in both hands.

Assessment:
1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia secondary to permanent nerve damage, status post distal radius fracture.
3. Chronic left shoulder pain.
4. Chronic anxiety and depression.

Plan:
1. I refilled Norco 7.5/325 mg q.8 h. as needed #90 for two months and Ativan 0.5 mg per day #30 for two months. She will continue Neurontin 300 mg one capsule in the morning and two at bedtime along with Lexapro 10 mg per day for depression and the compounded neuropathic cream.
2. I will see her back in two months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA D128585
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**06/14/18**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**06/14/18**
SSN:	**250-08-4473**	**DOT:**	**06/15/18**

Mrs. McCutcheon is a 64-year-old female with a history of reflex sympathetic dystrophy in her right hand following a distal radius fracture and a radial nerve injury who returns today for followup and refill of her medications. Her pain is stable and well controlled with Norco and Ativan along with Neurontin, Lexapro and a compounded neuropathic cream. She tolerates all of her medications without any side effects. I performed a surprise urine drug screen today in the office and the initial results were positive for opioids and benzodiazepines consistent with her treatment. I plan to refill and dispense her medications today and continue with her current pain management.

Physical Examination: Vital Signs: Blood pressure 122/78. Pulse 66. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema.

Assessment:
1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia secondary to permanent nerve damage, status post distal radius fracture.
3. Chronic left shoulder pain.
4. Chronic depression and anxiety disorder.

Plan:
1. I refilled Norco 7.5/325 mg q.8 h. as needed #90 for two months and Ativan 0.5 mg per day #30 for two months. I dispensed Neurontin 300 mg one capsule in the morning and two at bedtime and Lexapro 10 mg per day for depression and she will continue the compounded neuropathic cream.
2. A urine drug screen was performed today and the results will be sent for confirmation.
3. I will see her back in two months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA D135024
Dictated - Not Read

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**08/09/18**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**08/10/18**
SSN:	**250-08-4473**	**DOT:**	**08/12/18**

Mrs. McCutcheon is a 64-year-old female with a history of reflex sympathetic dystrophy in her right hand following a distal radius fracture and a radial nerve injury who returns for followup and refill of her medications. She is on a combination of Norco, Ativan, Neurontin, and Lexapro and she uses her compounded neuropathic cream. Medications work well and are keeping her pain at a manageable level. Her husband accompanies her to today's visit. DHEC query was performed today showing compliance with her controlled substance prescriptions. Her last urine drug screen was on June 14, 2018, and it showed total compliance with her treatment. I plan to refill her pain medications today and continue with her current treatment plan.

Physical Examination: Vital Signs: Blood pressure 122/70. Pulse 82. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema.

Assessment:
1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and surgery.
2. Mild left hand neuralgia secondary to permanent nerve damage, status post distal radius fracture.
3. Chronic left shoulder pain.
4. Chronic depression and anxiety disorder.

Plan:
1. I refilled Norco 7.5/325 mg q.8 h. as needed #90 for two months and I refilled Ambien 0.5 mg per day #30 for two months. I dispensed Neurontin 300 mg one capsule in the morning and two at bedtime and Lexapro 10 mg per day for depression. She will continue the compounded cream.
2. I will see her back in two months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA D141523
Dictated - Not Read

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**10/04/18**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**10/04/18**
SSN:	**250-08-4473**	**DOT:**	**10/05/18**

Mrs. McCutcheon is a 64-year-old female with a history of reflex sympathetic dystrophy in her left hand following a distal radius fracture and a radial nerve injury who returns today for followup and refill of her medications. She is managing her pain well with Norco and gabapentin, and she takes Lexapro for depression and Ativan for anxiety and for sleep at night. She tolerates her medications without any side effects. Her husband accompanies her to today's visit and she says the medications are keeping her pain at a manageable level. On examination, her right hand shows no signs of active reflex sympathetic dystrophy. She does have some numbness around the radial aspect of her left hand wrist consistent with a radial nerve injury. I plan to refill her medications today and continue with her current treatment plan. Her DHEC query shows compliance with her controlled substance prescriptions. Her last urine drug screen was on June 14, 2018, and it shows compliance with her treatment.

Physical Examination: Vital Signs: Blood pressure 118/76. Pulse 69. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema. No active signs of reflex sympathetic dystrophy in her right hand.

Assessment:

1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and radial nerve injury status post surgery.
2. Mild left hand neuralgia secondary to permanent nerve damage, status post distal radius fracture.
3. Chronic left shoulder pain.
4. Chronic depression and anxiety.

Plan:

1. I refilled Norco 7.5/325 mg q.8 h. as needed #90 for two months and Ativan 0.5 mg per day as needed #30 for two months. I dispensed Neurontin 300 mg one capsule in the morning and two at bedtime and Lexapro 10 mg per day for depression. She also has a compounded cream.
2. I will see her back in two months for routine followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA D148177
Dictated - Not Read

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**11/29/18**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**12/01/18**
SSN:	**250-08-4473**	**DOT:**	**12/02/18**

Mrs. McCutcheon is a pleasant 64-year-old female with a history of reflex sympathetic dystrophy of her left hand who returns today for followup and refill of her medications. She has chronic pain in the left hand due to a superficial radial nerve injury. She also has pain in her left shoulder which she attributes to her work injury. She takes Norco as needed for pain along with Ativan, Neurontin, and Lexapro. She also has a compounded cream which seems to work well for her. Her pain is stable with her current medication regimen. DHEC query show compliance with her controlled substance prescriptions and all of her urine drug screens have shown compliance with her treatment. Her last urine drug screen was June 14, 2018, and it showed total compliance with her treatment. Her pain is well controlled and I plan to refill and dispense her medications today.

Physical Examination: Vital Signs: Blood pressure 126/84. Pulse 74. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema. There are still no active signs of reflex sympathetic dystrophy in her left hand.

Assessment:
1. Resolved reflex sympathetic dystrophy of the left hand, status post distal radius fracture and a superficial radial nerve injury status post surgery.
2. Mild left hand neuralgia secondary to permanent nerve damage, status post distal radius fracture.
3. Chronic left shoulder pain.
4. Chronic depression and anxiety.

Plan:
1. I refilled Norco 7.5/325 mg q.8 h. as needed #90 for two months and Ativan 0.5 mg per day #30 for two months. I dispensed Neurontin 300 mg one capsule in the morning and two at bedtime and Lexapro 10 mg per day for depression, and she may continue the compounded cream.
2. I will see her back in two months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA D154964
Dictated - Not Read

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PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT:	**MCCUTCHEON, JANICE**	**DOS:**	**01/24/19**
PHYSICIAN:	**Eric Loudermilk, M.D.**	**DOD:**	**01/24/19**
SSN:	**250-08-4473**	**DOT:**	**01/25/19**

Mrs. McCutcheon is a pleasant 64-year-old female with a history of reflex sympathetic dystrophy to the left hand who returns for followup and refill of her medications. She has chronic pain in the left hand due to a superficial radial nerve injury. She also has some pain in her left shoulder. She is managing her pain with Norco along with Ativan, Neurontin, and Lexapro for depression. She also uses a compounded neuropathic cream. Her husband accompanies her to her office visits. Janice is doing well with her medications and is pleased with her pain management. She does not need any changes or adjustments to her medications at this time. All of the medications are necessary for her pain control and her quality of life. DHEC query shows compliance with her controlled substance prescriptions. Her last urine drug screen was June 14, 2018, and it shows total compliance with her treatment. I plan to refill her medications today and continue with her current treatment plan.

Physical Examination: Vital Signs: Blood pressure 142/70. Pulse 82. Respiratory rate 16. Head and Neck: Unremarkable. Chest: Clear to auscultation. Heart: Regular rate and rhythm without murmur. Abdomen: Soft. Positive bowel sounds. Nontender. No masses. Extremities: No clubbing, cyanosis, or edema. No signs of recurrent reflex sympathetic dystrophy of the left hand.

Assessment:
1. Resolved reflex sympathetic dystrophy of the left hand, status post radial nerve fracture and a superficial radial nerve injury, status post surgery.
2. Mild left hand neuralgia secondary to permanent nerve damage, status post distal radius fracture.
3. Chronic left shoulder pain.
4. Chronic depression and anxiety.

Plan:
1. I refilled Norco 7.5/325 mg q.8 h. as needed #90 for two months and Ativan 0.5 mg per day #30 for two months. I dispensed Neurontin 300 mg one capsule in the morning and two at bedtime and Lexapro 10 mg per day, and she will continue the compounded cream.
2. I will see her back in two months for followup and refill of her medications.

Eric Loudermilk, M.D.
EL/DTI MA D161218
Dictated - Not Read

72

Claimant's APA Submissions to the South Carolina Workers' Commission dated February 26, 2019

APA # 5: Reports of Dr. Carol Burnette dated July 21, 2016

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
100 Healthy Way, Suite 1260, Anderson, SC 29621 Phone 864-225-3551 Facsimile 864-328-0328
3 St. Francis Drive, Suite 480, Greenville, SC 29601 Phone 864-269-4416 Facsimile 864-269-8989

IMPAIRMENT EVALUATION

Examiner: Carol W. Burnette, MD July 21, 2016

Patient: **McCutcheon, Janice** Employer: Greenwood Mills/ Harris Plant

SSN: 250-08-4473 Date of Injury: 11/05/2015

DOB: 5/08/1954

Records reviewed include those of Eric Loudermilk, MD, Anthony Timms, MD, Jessica Willard, PA-C, and Elite Physical Therapy.

History of Present Illness: This pleasant right hand dominant 62 year old woman is referred by Dr. Loudermilk for an impairment evaluation regarding a work injury that occurred on 11/05/2015. At that time, while employed as an occupational health nurse for the Harris Plant of Greenwood Mills, she stumbled on a crack in the pavement and fell in the parking lot at work, landing on her outstretched left hand. She felt immediate severe pain in the wrist and hand, with swelling and bruising initially. She was examined at a local hospital, where radiographs revealed an intra-articular fracture at the distal radius, with dorsal angulation of the distal radius observed. She underwent closed reduction of the fracture by Anthony Timms, MD on 11/06/2015 at Lakelands Orthopaedic and Sports Medicine Clinic, with placement of a sugar tong splint. Although initial post-reduction radiographs showed excellent alignment, the wrist evidently was not stable over the following two weeks and showed signs of movement of the distal radius on subsequent radiographs. As a result, she required open reduction and internal fixation of the wrist by Dr. Timms on 11/23/2015 and was placed in a short arm cast temporarily. She was noted on subsequent follow up visits with Dr. Timms to have some stiffness and difficulty moving the thumb and other digits, so she was transitioned to a soft removable cast and was encouraged to work on loosening up her thumb and other digits. Subsequent radiographs on 1/06/2016 showed "good progression" of healing and good appearance to the fracture fragments and hardware. She was referred for formal occupational therapy to help improve the hand stiffness. However, her progress was limited, and her pain complaints increased over time. She underwent repeat series of radiographs during the healing process, with good position of hardware noted. She was observed to have some "bony changes in the carpal bones...consistent with disuse osteoporosis/ RSD as well," according to Dr. Timms' note of 2/10/2016. She was eventually referred to Eric Loudermilk, MD for pain management and consideration of stellate ganglion blocks.

She underwent initial evaluation with Dr. Loudermilk on 3/31/2016, with subsequent trial of stellate ganglion blocks for complex regional pain syndrome. All total, she underwent four series of stellate ganglion blocks from 3/31/2016 to 4/14/2016, with significant improvement in pain. She was felt to have some residual stiffness in the wrist and hand, but overall much improvement in the function of the hand over time. She did complete several sessions of hand therapy at Elite Physical Therapy, as well as home exercises for the hand and wrist which have been ongoing. In terms of work, she was placed on light duties and has managed to tolerate up to 5 hours per work day, but anything beyond that has not been tolerated well. She is felt to have reached maximal medical improvement at this time and has been referred today for an impairment evaluation.

Current Status: She rates the current wrist and hand pain as "5" on a scale of 0-10, occasionally up to "7" at times, but overall improved over time. She still has occasional sharper pains "like a claw is scratching my hand," but these are much less frequent now. She has decreased dexterity in the left hand and digits compared to pre-injury, with difficulty twisting door knobs or fastening seat belts, as well as taking blood pressure readings with a manual cuff or lining up flow sensors on pulmonary tests at work. Handgrip is still somewhat weak and stiff. During the work day, she is usually able to distract herself from pain, but at night the pain is often more noticeable. She alternates between the recliner and bed for sleep, with frequent awakenings. She notices some tingling in the hand and wrist intermittently. She has observed her nails seeming more brittle in the left digits compared to the right, as well as a slight difference in hair growth along the left forearm compared to the opposite side. She is still on restricted duties at work, limited to 5 hour work days.

Past Medical History: Diabetes mellitus; anxiety, shingles.

Medications: Tramadol; transdermal compounded cream; Metformin; Etodolac; Lorazepam.

Allergies: None known.

Family History: Noncontributory.

Social History: She resides with her husband in Ninety Six, SC. They have been married 21 years. She has two grown daughters from a previous marriage, as well as two grandsons in the area. She is a nonsmoker and nondrinker. She has a Bachelor of Science in Nursing and continues to work as an Occupational Health nurse at Greenwood Mills at the Harris Plant.

Review of Systems: Otherwise noncontributory.

Physical Exam:

General: Alert, well oriented, in fair spirits, accompanied by her husband. Understanding voiced regarding the nature and purpose of the exam.

Vitals: Temperature: Afebrile. BP: 116/78. Heart Rate: 72. Resp.Rate: 16.

Gait and Station: Normal, independent ambulation.

Cervical Spine: Slightly forward posture noted. Cervical range of motion appears full, with symmetric rotation bilaterally. No pain or radicular symptoms elicited with any neck motions.

Left Upper Extremity: Full range of motion noted at the left shoulder and elbow. No focal synovitis noted. Minimal tenderness to palpation noted along the volar wrist and slightly along the dorsal hand. Wrist shows some bony hypertrophy and slight asymmetry, measuring 7.25 inches in circumference at the left wrist compared to 7 inches circumference at the right wrist. The left ulnar styloid appears slightly more prominent compared to the opposite side. Wrist extension is slightly restricted on the left, volunteering about 30 degrees of flexion. Medial and lateral flexion are also slightly restricted compared to the opposite side. Slight atrophy is noted of the left hand intrinsic muscles and distal fingertips compared to the right side. No pitting of the nails appreciated. No temperature asymmetry, sweating, or color asymmetry noted between the hands. Handgrip is stiff, lacking about 1.5 cm distance between the palm and the palmar aspect of the left fingers when gripping. Distal pulses are intact. No guarding noted.

Right Upper Extremity: Full pain-free range of motion at the shoulder, elbow, wrist and hand. No focal synovitis or tenderness to palpation. Distal pulses are intact. Skin temperature is normal. No atrophy observed.

Lower Extremities: No peripheral edema or synovitis. Range of motion appears grossly within normal limits.

Neurological: Alert, well oriented, with normal speech and comprehension. No cranial nerve deficits apparent. Sensation is slightly altered in the left hand and distal forearm compared to the opposite side, with grossly intact light touch, but slightly altered pinprick sensation. She appears to have mild hyperpathia and minimal allodynia along the dorsal aspect of the left hand and wrist. Mild weakness and stiffness noted for left hand grip and digital abduction and extension compared to the left side, as well as minimal weakness for wrist extension. Forearm supination and pronation are grossly normal. No focal weakness noted for elbow flexion or extension. Muscle stretch reflexes appear symmetric.

Assessment:

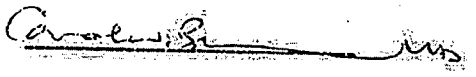
1) **Work-related left wrist injury/ distal radius fracture on 11/05/2015, with residual pain and stiffness and improving symptoms of complex regional pain syndrome after trial of stellate ganglion blocks. She appears to be at maximal medical improvement in terms of the wrist fracture healing.**

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
100 Healthy Way, Suite 1260, Anderson, SC 29621 Phone 864-225-3551 Facsimile 864-328-0328
3 St. Francis Drive, Suite 480, Greenville, SC 29601 Phone 864-269-4416 Facsimile 864-269-8989

2) Based on the history, exam and review of AMA 6th edition Guides to the Evaluation of Permanent Impairment, the residual permanent left upper extremity impairment rating is based on Class 1 wrist fracture (see table 15-3, page 396 of the reference text), using functional history and physical exam grade modifiers of "2" each. **This results in a 5% upper extremity impairment rating.**

3) Recommended permanent work restrictions include no repetitive wrist flexion or extension on the left and no lifting greater than 5 lb with the left hand. She also will likely need slow transition to full time work hours, possibly increasing to 6 hours per day initially for a period of 3-4 weeks and then similarly gradually increasing to a full 8 hour day over the next two to three months.

I appreciate the opportunity to examine this very pleasant woman and thank Dr. Loudermilk for this kind referral.



Carol W. Burnette, MD/ cwb

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Claimant's APA Submissions to the South Carolina Workers' Commission dated February 26, 2019

APA # 6: Reports of Dr. Robert Brabham dated April 4, 2018

PSYCHOLOGICAL AND TRAINING SERVICES, P.A.

920 St. Andrews Rd., Columbia, SC 29210 bobnorabrabham@att.net PH: 803-731-0588 Fax: 803-731-0589

ROBERT E. BRABHAM, PH.D

LICENSED PSYCHOLOGIST

MASTER'S IN REHABILITATION COUNSELING

ROB BRABHAM JR., MRC NORA HEAPE, RN, BA AMYE HAWKINS, ADM. ASST. BETH BURNETT, BA, ED

PSYCHOLOGICAL and VOCATIONAL EVALUATION

APR 1 1 2018

Name: Janice K. McCutcheon ID Number: xxx-xx-4473

Date of Birth: 5-8-54 Age at Evaluation: 63

Date of Evaluation: 4-4-18 Date of Report: 4-10-18

Referral and Background Information: Ms. McCutcheon is a 63-year old former Registered Nurse for Greenwood Mills, for whom she had been employed for 29 years. She was referred by her attorney, Mr. Jimmy King, for an independent psychological and vocational evaluation to determine vocational implications, and earnings issues, if any, related to limitations resulting from on-the-job injuries she sustained on 11-5-15. This evaluation took place at the office of her attorney, in Anderson, SC. No one else was present during the evaluation.

Ms. McCutcheon sustained on-the-job injuries when she tripped and fell on some steps. She indicated that it was raining, and somehow, she fell into the edge of a step, striking her left hand in the fall. (She added that several other employees and vendors have also been injured at the same location.) In the fall, she fractured her left wrist, and underwent surgery on her wrist the following day. She indicated that she also hurt her shoulder in the fall, but since her wrist pain was more significant initially, she did not actually seek treatment for her shoulder until later.

To her credit, she continued working, initially part time, about 5 hours/day, and with lifting restrictions. Eventually, she returned to full time work. Unfortunately, following her surgery, she subsequently developed Reflex Sympathetic Dystrophy, and on March 31, 2017, she found it necessary to medically "retire." However, she indicated that prior to her on-the-job injuries, she "fully expected" to work at least two more years, until she would have been eligible for full retirement at the age of 65. She added that having to leave work earlier than planned also resulted in a lifetime loss of retirement income.

She and her husband have been married for 25 years. They have two adult daughters. Mr. McCutcheon is also employed by Greenwood Mills, and has worked there for 20 years.

Ms. McCutcheon arrived promptly for this evaluation and was driven by her husband to the appointment. She indicated that she now drives only about once a week, locally only. She indicated that she limits her driving due to safety concerns as a result of some loss of use of her left hand, as well as to anxiety.

Her general appearance, hygiene and personal grooming were good. She is 5' 4" in height, and weighs about 190 pounds, a gain of about 15 pounds since her injuries due, in her opinion, to depression and her inability to maintain her pre-injury level of functioning. She wears glasses but does not indicate any difficulty with hearing. She does not require the use of any assistive device for mobility or stability. She wriggled and changed positions throughout the evaluation, citing that her legs were "shaking" due to anxiety.

At the time of this evaluation she was receiving about $1600 per month in Social Security age-related income. As noted previously, she retired prior to the age of 65, and "needed" to accept early SSA, even though doing so results in a lifetime reduction in benefits. She also receives about $300 per month in retirement benefits related to her years of service with Greenwood Mills. As a result of her early retirement, she and her husband are undergoing some financial hardship. For example, she indicated that she lost her previous health insurance coverage, and must now pay about $300 per month for insurance.

Sources of Information:

Medical Records from:
- Lakeland Orthopaedics
- Piedmont Comprehensive Pain Management
- Elite Integrated Therapy Centers

Psychological Testing and Evaluation Results:
- Wechsler Adult Intelligence Scale – Fourth Edition
- Wide Range Achievement Test – Revision 4
- Pain Disability Assessment
- Beck Depression Inventory – II
- Beck Anxiety Inventory
- Clinical Interview and Behavioral Observations
- Mental Status Examination

Activities of Daily Living: She lives in a single-family house with her husband. On most days, she gets up at about 9 AM and takes prescription pain medications to begin her day. She indicated that her left hand is already in pain upon awakening, and she must move slowly throughout her routine in order to avoid worsening it even further. She does not get dressed to leave the house about two days a week, due to pain.

On the days that she does get dressed, she is able to handle her personal grooming and toilet needs without assistance. However, she performs nearly all activities with primarily only the use of her right hand.

She indicated that she must avoid the bathtub, as she cannot push herself up and out of it with only one "good" hand/arm. She takes showers instead. She also has difficulty putting on socks and tying shoelaces.

She still attempts to perform as many light chores as possible around the home, but primarily only with her right hand. Even then, she requires frequent breaks when doing so. She added, "I have quit using my left hand, to avoid pain." She indicated that even pressing the buttons on the microwave, for example, caused pain, from her shoulder down to her hand. She estimated that she can carry less than 4 pounds with her left hand, as measured by a half-gallon of milk.

She is unable to shop alone, since she cannot reach all items or handle heavy objects. She indicated that instead, she always goes to the store with her husband.

Despite her efforts to do so, she is not able to sustain much activity, due to pain. She still performs the home exercises that she was taught in physical therapy. However, she indicated that she has made "no" progress. She added that her doctor has told her that additional surgery will not be helpful, so she is "careful" to protect her hand/arm.

In a typical 8-hour day she indicates she must spend about 6 hours of the day reclining/resting as a result of her physical limitations and pain. She supports her left hand/arm with pillows for comfort. She watches television or reads the Bible to pass the time. She added that prescription Neurontin makes her sleepy, so she takes daytime naps, something she "never" did prior to her injuries

She estimated that she can stand for no more than about 30 minutes at a time (it hurts her hand for it to "hang down"), sit for about an hour, and walk without a break for only about 15 minutes. The inability to remain in an upright position for a full 8-hour day even with sit/stand options clearly prevents her ability to sustain gainful employment at this time.

In a 5-day work week she indicated that she would be unable to remain at any job for a full 8-hour workday due to pain problems associated with medical conditions that resulted from her on-the-job injuries, resulting in her need to be absent more days than not. This would of course greatly exceed the number of days available for personal/sick leave in an average job, about 1-day per month.

She has developed major problems with sleep following her injuries. She returns to bed late, at about 1 AM, because she "can't sleep" anyway. She estimated that she gets about 5-6 hours of sleep a night, in short increments. Her sleep is non-restorative, because she is awakened by pain, and she is "constantly" changing positions to try to get comfortable. Once awake, she indicated that she lies awake with anxiety, worrying about her future health prognosis. She goes to sleep on the sofa at times, in order to try not to disturb her husband's sleep. She noted no prior history of sleep problems.

As a direct result of her on-the-job injuries she is now able to participate in far fewer social or leisure activities than was the case prior to her injuries. She mostly stays home now. She also admits that she has inadequate patience and is easily irritated at times, despite her efforts to the contrary. She indicated that her relationships with friends, family and others have also changed as a result of her medical conditions. Her social circle has dwindled, which adds to the depression she is experiencing. She even avoids many family activities, due to pain.

She indicated that since her injuries she has learned that "about everything" requires use of two hands. As a result, not being able to enjoy the full range of her previous activities, adds to the depression she is experiencing. She noted she could no longer participate in sports with her grandchildren, attend sporting events, go shopping, visit amusement parks, travel to the beach, or maintain her household to her pre-injury standards, all activities she enjoyed prior to her on-the-job injuries.

She noted she has difficulty concentrating and sustaining attention to complete nearly any tasks. Her sexual activity has also changed as a result of her medical conditions, which adds to the depression she is experiencing. The overall quality of her life has clearly been greatly diminished by her injuries.

Educational Background: She graduated from Ninety Six High School in 1972. In 1977, she graduated from Clemson University with a Bachelor's degree in Nursing. She indicated that her nursing license will expire in 2018, and she will not renew it due to pain, as well as to difficulty maintaining concentration and attention (as a result of pain, anxiety, and the side effects of prescription medications.)

Work History: Ms. McCutcheon has a quite stable work history, working as an RN for Greenwood Mills for 29 years. At the time of her on-the-job injuries, she earned $38,000-$42,000 annually, by her report, plus fringe benefits.

Work as a Registered Nurse is defined by The Dictionary of Occupational Titles as skilled and medium in physical demands. In her job duties, she was required to lift, bend, stoop, and reach on a regular basis as part of her essential job duties. She has never held an "office job" or a Sedentary position, and has no readily transferrable skills to lesser physically strenuous alternative jobs.

She insisted that in her employment she had no personnel or performance problems. She enjoyed her co-workers, her colleagues and got along well with her supervisors.

Ms. McCutcheon indicated that she was in good health at the time of her on-the-job injuries. She was taking only routine medications for mild anxiety and diabetes, which she indicated was in good control at that time. Thus, it is reasonable to conclude that it is the on-the-job injury in November 2015, which began her medical problems which have been the primary basis for her inability to maintain gainful employment.

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

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On 11-6-15, Dr. Anthony Timms, Lakelands Orthopaedic, noted, "...fell outside at the Harris plant and landed on left outstretched wrist...significant pain and swelling... hematoma block...closed reduction surgery..."

On 1-6-16, Dr. Timms noted, "...doing okay working for a few hours but after *about five hours she is having significant pain*...really will not move her hand, wrist, or fingers very much at all...*go back to light duty work...five hours a day*...formal therapy..."

On 2-10-16, Dr. Timms noted, "...having a lot of problems...some component of RSD... needs to break out and start using it at this point in time as hard as she can..."

On 3-9-16, Dr. Timms indicated, "...push activities as much as possible...*not ready to change work status at this point..."*

On 3-31-16, Dr. Eric Loudermilk indicated, "...series of 4 left stellate ganglion blocks... continue aggressive therapy..."

Also on 3-31-16, Ms. McCutcheon began physical therapy at Elite Integrated Therapy Centers.

On 6-22-16, Dr. Loudermilk noted, "...*will undoubtedly have some restrictions to her left wrist*...Ultram...at MMI..."

On 6-29-16, Dr. Timms noted, "...*keep work status*...work is real cooperative with her...they let her stick to 5 hours when she needs to..."

On 7-21-16, Dr. Carol Burnette noted, "...*no repetitive wrist flexion or extension...no lifting over 5 pounds with left hand*...recommend slow transition back to 8-hour day over 2-3 months..."

On 8-31-16, Dr. Timms noted, "...at MMI...5% left upper extremity impairment...*no lifting more than 15 pounds*...no repetitive actions..."

(It must be noted that 15 pounds lifting does not permit one to perform the full range of what is defined as "light" work.)

On 3-9-17, Dr. Loudermilk noted, "...pain and stiffness left wrist and hand... neuralgia...*will likely be permanent problems give her nerve injury*...Norco as needed..."

On 8-30-17, Dr. Loudermilk noted, "...*pain will interfere with ability to maintain concentration for 8-hour day...pain will interfere with ability to stay on task for two consecutive hours...pain will require to exceed the number of usually breaks...will miss more than 2 days per month...limitations on lifting, carrying, climbing, and repetitive use of the left hand and arm...pain will be distracting to adequate performance of daily activities or work...greatly increased pain is likely to occur to such a degree as to cause distraction or total abandonment of the task...pain can be expected to be severe...pain will remain significant element in her life..."*

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On 9-21-17, Dr. Loudermilk noted, "...continues to maintain a high level of anxiety... continues to have pain in left shoulder...has never really been addressed...add Lexapro for *depression and anxiety*...continue Neurontin...compounded pain cream..."

On 3-17-18, Dr. Loudermilk noted, "*...left arm injury was either directly caused or aggravated by work related injury on 11-5-15...developed RSD affecting left hand, arm, shoulder...no repetitive flexion or extension of left wrist...no lifting greater than 5 pounds with left hand...limitations will become more limiting as she ages...left shoulder is impaired to an equal degree as the left upper extremity...pain will make it impossible for her to maintain concentration throughout a normal 8 hours day...interfere with her ability to complete tasks...miss more than 2 days of work in a month...and make it difficult to stay on task for 2 consecutive hours without unscheduled breaks...unable to return to work as a nurse...unable to do any other substantial gainful activity... permanent severe nerve damage left hand...*"

At the time of this evaluation, Ms. McCutcheon is still prescribed Neurontin, Norco, a compound cream, Ativan, and Lexapro for her medical conditions resulting from her on-the-job injuries.

References to pain in records exist over an extended period of time. She indicated treatment has included prescription medications, physical therapy, and surgery. When asked to describe her pain, she indicated that since her on-the-job injuries she still experiences pain at a level 6 on a 10-point scale, nearly constantly, 7-days per week. She added that even with "guarding" her left hand, it is never pain free.

Mental Status Evaluation: She was well oriented to all spheres, and neither demonstrated nor reported any hallucinations or delusional thought processes. She noted a history of some mild anxiety, which has worsened significantly following her on-the-job injuries. She added that prior to her injuries her anxiety did not interfere with performance of her routine job duties, for years.

She described clinically significant symptoms sufficient to confirm the continued presence of a level of depression. Her depressive symptoms include a considerable loss of interest or pleasure which is nearly always present. This includes social withdrawal even from family activities; significant reduction in previous levels of sexual interest or desire; decreased energy, tiredness and fatigue out of proportion to actual activity; impaired ability to concentrate; and is easily distracted with memory difficulties.

These symptoms have clearly resulted in significant distress/impairment in social, occupational, and other important areas of functioning. These symptoms are not better described by any other general medical condition and there is no evidence of any substance abuse which would cause these same symptoms. In spite of her depression, she denies any suicidal attempts or plans at this time.

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Considerable recent research evidence, as published in various pain management journals, indicates that the vast majority of individuals who experience pain for more than a year can be expected to develop significant clinical depression. Ms. McCutcheon continues to experience pain, now over two years following her on-the-job injuries. Thus, it is not surprising that she is also experiencing a level of depression.

Ms. McCutcheon also described increased anxiety that she is continuing to experience as a direct result of the on-the-job injuries received in November 2015. This includes awareness as to her future medical prognosis. As noted in medical records cited previously, her doctor has indicated that her pain is likely to be "permanent" and "severe" due to her significant nerve damage.

In assessing Ms. McCutcheon's symptoms of pain, there are medically determinable impairments that provide a reasonable basis for her reports of severe pain. Records confirm the intensity, persistence, and/or functionally limiting effects of the pain and/or other symptoms. Based on determinable medical evidence, all of these aspects are well established, and support a diagnosis of a pain disorder.

She does not use illegal drugs, rarely consumes alcohol, and does not use tobacco products.

Psychological Test Results: She appeared to cooperate and to give optimal effort during this evaluation. Thus these results are believed to be valid indicators of her current levels of functioning.

On the Wechsler Adult Intelligence Test – Fourth Edition, she obtained a Full Scale IQ score of 105. Relative to examinees of comparable age, she is currently functioning well within the "average" range of intelligence on this standardized measure of intellectual ability. This would be consistent with her college educational background and years of work as an RN.

On the Wide Range Achievement Test – Revision 4, her Reading Standard Score is an 11.9 grade level score, her Arithmetic Standard Score is an 8.0 grade level score, and her Spelling Standard Score is a 12.9 grade level score. She made several obvious, careless errors on the Math portion of the test, which would be consistent with her report of pain causing difficulty to maintain concentration and attention.

Her responses to the items on the Beck Depression Inventory-II and the Beck Anxiety Inventory, included as part of this evaluation, confirm that she is experiencing both a level of depression and of anxiety. She should continue treatment for her depression and anxiety, related to her on-the-job injuries.

Diagnoses: After observing her during this evaluation, and from careful review of records of past behavior and levels of functioning, she is clearly manifesting signs and symptoms consistent with the requirements to establish and/or maintain several diagnoses. She is continuing to experience major pain episodes and references to pain exist in several medical records over an extended period of time.

She is also anxious about her future, especially since she realizes that her past work is no longer an option for her, an anxiety-provoking thought for someone at the age of 63. Finally, her multiple losses, personal, financial, social and leisure, all have led to a level of depression.

Therefore the following diagnoses apply, in keeping with all diagnostic requirements for each:

307.89 Pain Disorder
296.32 Major Depressive Disorder, Recurrent Episode, Moderate Severity
300.02 Generalized Anxiety Disorder

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

Vocational Opinion and Rationale: Several factors must be considered in reaching a vocational opinion. They include her age of 63, defined as "approaching retirement age", a negative factor; her college graduate educational background would be positive but is offset by her inability to use her left upper extremity to use those skills; her stable work history would be positive but is offset by her inability to perform any work on a sustained basis; due consideration must also be afforded to the pain that she experiences on a daily basis which requires that she spend six hours per day "resting or reclining"; and her depression and anxiety also interfere with her ability to maintain sufficient attention and concentration, which becomes a negative factor.

It must be acknowledged that nearly any history of pre-existing orthopedic injuries is often viewed negatively by future prospective employers, due to concerns about subsequent further injury. Also, any gap or absence of work over a period of months tends to also be viewed negatively by potential future employers. In an economy where there are usually several applicants worthy of consideration, these factors become distinctly negative factors/barriers to employment.

Taking all of these factors into consideration, it is my opinion, to a high degree of professional certainty, based on more than fifty years of vocational rehabilitation and psychology experience, that she must be expected to permanently remain, unable to engage in full-time gainful, competitive employment as a result of her medical conditions resulting from her on-the-job injuries in November 2015.

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

Credibility: She appeared credible in her description of her limitations and remaining functional capacities. As a result of the combination of her limitations and permanent restrictions, she cannot complete significant tasks or activities on a regular, sustained basis.

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

It is not reasonable to suggest that someone with a stable work history, 29 years with one employer, would suddenly feign or fake an inability to work.

In determining the credibility of Ms. McCutcheon's statements, I have considered the entire case record, including the objective medical evidence, her own statements about symptoms, statements and other information provided by treating or examining physicians and allied medical personnel about the symptoms and how they affect her. I have also considered her statements about the intensity and persistence of pain and other symptoms regarding the effect the symptoms have on her ability to work. This is the position and rationale used in several disability adjudication processes, and is one that I follow as well.

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

Pain Factors and Attendance Implications: Even with pain medication she continues to experience significant pain at such levels as to interfere with her ability to sustain physical activity. Her cognitive deficits would also cause difficulty in her ability to pay attention to job tasks and job duties for hours each week, on average. The inability to maintain concentration and persistence interferes with the ability to meet production expectation for even unskilled jobs.

Limitations on Use of Left Upper Extremity: Persons who have severely limited use of even one arm experience a significant reduction in the occupational base which otherwise have been considered. The inability to use both upper extremities results in functional capacity somewhere between sedentary and light work. Such individuals are unable to perform the usual full range of even sedentary work because the vast majority of even unskilled sedentary jobs require the good use of both hands.

This is a finding noted in Social Security Ruling (SSR 83-12) and is often cited. Additionally, gainful employment by definition requires that one be able to use the upper extremities for a full 8-hour workday, without the need to rest for prolonged periods of time, something she is unable to do in her present condition.

Summary and Conclusions: Based on all the evidence as described above, consistent with observations during this evaluation and various reports in her file, she would be unable to effectively perform the essential duties in any gainful work activity. It is also clear that the unfortunate combination of factors and characteristics she now faces are directly related to the injuries she sustained while working.

As noted in multiple records, Ms. McCutcheon is unable to maintain any position for more than a brief period of time, less than thirty minutes, and has to frequently change positions. She also is unable to perform any physically strenuous activity. Further, Ms. McCutcheon is also unable to handle any type of work that would require close attention to detail, attention, concentration, persistence or pace. The cumulative effects of pain alone clearly interfere with the ability to maintain gainful employment.

As a result, she would clearly be incapable of performing any type of work that would exist in significant numbers in the regional or local economy. Directly as a result of her on-the-job injuries the only services she could perform are so limited in quality, dependability, or quantity that no reasonably stable market for them exists.

No employer could reasonably be expected to tolerate and accommodate her need for extended breaks, need to lie down throughout the day, and general lack of productivity. Clearly, her limitations eliminate her return to gainful employment on a full time basis.

The opinions noted in this report are offered within a reasonable degree of psychological certainty, based on more than 50 years of vocational rehabilitation and psychology experience. Thank you for the opportunity to work with you in this matter. If you have any questions, or if I could address additional issues, please do not hesitate to contact me.

Robert E. Brabham, Ph.D.
Licensed Psychologist (SC #77)
Master's in Rehabilitation Counseling

Claimant's APA Submissions to the South Carolina Workers' Commission dated February 26, 2019

APA # 7: Deposition of Dr. Eric Loudermilk dated November 28, 2018

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C FILE NO. 1517220

JAN MCCUTCHEON,
Employee,
vs.
GREENWOOD MILLS, INC.,
Employer/Self-Insurer.

DEPOSITION OF:	ERIC LOUDERMILK, MD
DATE:	November 28, 2018
TIME:	5:00 P.M.
LOCATION:	Offices of Piedmont Comprehensive Pain Management Group, LLC 100 Healthy Way, Suite 1260 Anderson, South Carolina
TAKEN BY:	Counsel for the Defendant
REPORTED BY:	Jennifer Duy, RPR Court Reporter

A. WILLIAM ROBERTS, JR., & ASSOCIATES

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(INDEX AT REAR OF TRANSCRIPT)

(DFT. EXH. 1, Curriculum Vitae, was marked for identification.)

ERIC LOUDERMILK, MD
being first duly sworn, testified as follows:

* * * * * * * * * * *

EXAMINATION

BY MR. HEMPHILL:

Q Can you state your full name for the record, please.

A Eric Paul Loudermilk.

Q Dr. Loudermilk, we met just before the deposition. Again, my name is Roy Hemphill. And I represent Greenwood Mills in a workers' compensation claim brought against it by a patient of yours, Jan McCutcheon.

The purpose of our gathering here today is to allow me to gain some insight into your treatment and your records that you generated as a result of your treatment. If at any time I am asking you a question that you don't understand, please let me know. And I will be glad to rephrase the question. Please do your very best to give verbal responses, because the court reporter needs to take down words and not nods of the head. Okay?

A Yes.

Q If you need to take a break for any reason, just let me know. I don't think we will be here that long. But I do have a few records I do need to cover with you. Okay?

A Okay.

Q All right, sir, I have shown you what has been marked as Defendant's Exhibit 1 to your deposition. And is that an up-to-date C.V.?

A Yes.

Q So we will attach that to the deposition. Doctor, you are a pain management physician, is that correct?

A Yes.

Q And you are board-certified in pain management?

A Yes.

Q And we are currently located at Pain Management -- I am sorry, the name of your practice is what?

A Piedmont Comprehensive Pain Management Group.

Q And we are located at that office taking your deposition in Anderson; is that correct?

A Yes.

Q And did you start that practice?

A Yes.

Q Doctor, have you had occasion to treat Jan or Janis McCutcheon as a result of certain injuries she sustained in a work-related accident dated November 5 of 2015?

A Yes.

Q Do you have the chart in front of you?

A Yes.

Q Doctor, your treatment began on March 28 of 2016, does that look like the date treatment started?

A I believe I saw her on March 30 of 2016.

Q The patient intake form is dated March 28 of 2016. Do you have that?

A Yes. That's the initial pain assessment booklet.

Q And that would have been something that was sent to her and she would have returned prior to your initial meeting with her?

A Yes.

Q And your last visit, if you can flip to the end of the chart. I will make certain that I have all of the records. Is that October 4 of 2018?

A Yes.

Q And so you have treated her for what,

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2 1/2 years?
A Yes.
Q And the next appointment is when?
A Tomorrow.
Q What was your diagnosis when you saw her on March 30, 2016?
A I diagnosed her with complex regional pain syndrome. It is reflex sympathetic dystrophy.
Q And did you do a series of stellate ganglion blocks? And was the first one on March 31, 2016?
A Yes.
Q And the patient, the booklet that was sent out to her, do you have that before you or accessible?
A Yes.
Q Did she indicate what medication she had previously been on prior to seeing you?
A We have a page that says, have you ever taken any of these medications, and she circled medications she had taken in the past.
Q Did they include Valium?
A Yes.
Q What type of medication is Valium?
A It's a benzodiazepine.

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Q And what does that treat typically?
A You can use it to treat anything from seizures to muscle spasms to anxiety.
Q And did she indicate she had previously been on Xanax?
A Yes.
Q What type of medication is that?
A Anxiolytic.
Q And what does that treat?
A Anxiety.
Q And did she indicate she had been on Paxil?
A Yes.
Q What type of medication is that?
A Antidepressant.
Q Did she indicate when prior to seeing you she had been on those or whether she was currently on those?
A No. It could have been 10 years earlier. It could have been 20 years earlier. It could have been 2 weeks earlier. But she wasn't taking those when she presented to me.
Q How do you know that, by virtue of that intake form?
A Yes. Her initial history had a list of

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her medications.
Q And what page is that on?
A Page 1 of my history and physical exam.
Q And would that have been your H&P, would that have been on 3/31/16?
A No. It would have been on 3/30/16.
Q Can I see that record? Because what I pick up with is the procedure note of 3/31/16.
A That's a procedure note. She has a history and physical that was the day earlier.
Q And it indicates she was not currently on that medication as of 3/30/16?
A Yes.
Q Can I see your chart? Because Mr. King and I are looking at a 3/31/16 report. You are indicating --
A That says date of surgery 3/31/16. That's the next day. If you look at the back page you will see that the date is 3/30/16.
Q The current medications are reflected where on this 3-page report?
A Under medications.
Q She did indicate that she was currently on Ativan prior to seeing you?
A Yes.

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Q And what type of medication is Ativan?
A An anxiety medication.
Q So you performed a series of stellate ganglion blocks, the first one having been on 3/31/16; is that correct?
A Yes.
Q The second one on April 5, 2016, is that correct?
A Yes.
Q And the third one was on April 7, 2016?
A Yes.
Q And the fourth and final one was on April 14 of 2016?
A Yes.
Q Prior to doing these stellate ganglion blocks you had diagnosed her with RSD, is that correct?
A Yes.
Q And did she have physical symptoms of that condition?
A Yes.
Q At the conclusion of the fourth injection, did you have a follow-up visit with her on May 11, 2016?
A Yes.

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Q And what was your diagnosis of her RSD -- the status of her RSD of that date?
A A lot of the symptoms had gotten much better, and the pain had gotten a lot better. So I felt that she didn't need anymore injections.
Q In the middle of your narrative report dated May 11, 2016, did you make the statement, "The sympathetic components of her pain appear to be completely resolved."?
A Yes.
Q Was that your opinion as of that date?
A Yes.
Q So the series of four stellate ganglion blocks had completely resolved or healed her RSD?
A The sympathetic components of it, the swelling, the shininess of the skin, pain aspects of it, it significantly improved it, that's correct.
Q You saw her again on June 22 of 2016; is that correct?
A Yes.
Q And as of that visit, did you feel like she had reached maximum medical improvement for her hand?
A Yes.
Q Did you indicate that she, as of that

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visit, was showing no signs of RSD?
A Yes. Meaning swelling, the temperature changing, sweating, color changes, that had improved a great deal.
Q So as it relates to the RSD diagnosis, she, again, was healed from that condition?
A I felt that the sympathetic components of her pain had resolved to the point where no further injections were needed.
Q Did you refer her to one of your partners for an evaluation?
A Yes.
Q Who is that?
A Dr. Burnett.
Q Dr. Carol Burnett -- he or she?
A She.
Q Did she perform an evaluation on July 21 of 2016?
A Yes.
Q And what all was involved -- or do you typically refer patients who have reached MMI to your partner Dr. Burnett for a final evaluation or an impairment evaluation?
A Typically unless the carrier wants somebody else.

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Q And why do you defer to your partner?
A Because it can get done expeditiously. And I think she does a good job with it.
Q And I was looking at your letter, Dr. Burnett does something different than what you do?
A She is a physiatrist. But she has training in disability evaluations, impairment ratings, which we don't do -- I don't do.
Q So you feel like Dr. Burnett is better qualified to assess disability because of her education and training?
A She has taken the courses.
Q And you haven't?
A No.
Q And what are the courses that she takes that you didn't take?
A I think they are special courses for learning how to do the percentage of impairment. It's all very specific and complicated. And that's not my field. I am not a jack-of-all-trades. That's why we have her do that. Just like she does nerve conduction studies and EMGs. That is her speciality. So she does those for us quite a bit too.

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Q Do most of your patients, when it comes time for an impairment evaluation do you defer to her to handle that final evaluation or impairment evaluation?
A Usually.
Q Do you have occasion from time to time to review her evaluations as a part of your ongoing treatment of a patient?
A Yes.
Q Did you have her 7/21/16 report available?
A Yes.
Q Do you notice, did she evaluated Ms. McCutcheon's -- first of all, when she takes a patient through one of these evaluations, how comprehensive is it? How long does it take? What all is involved?
A It usually takes a couple of hours to do it. You probably have to ask her what all she does. I am not in there.
Q Right. But you are generally familiar with how long she spends with a patient in an impairment evaluation?
A Usually it takes one or two hours. It takes a while.
Q And part of that includes --

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A Sometimes longer. Sometimes I am not there when she does it. And I don't time her.
Q Is what she does similar or not similar with the functional capacity evaluation?
A That's a more quantitative evaluation typically done by physical therapy.
Q Do you note on page 3 where she examined Ms. McCutcheon's left upper extremity?
A Yes.
Q And does she examine her left shoulder and left elbow?
A Yes.
Q And what did she state with regards to her findings associated with the left shoulder?
A Full range of motion noted on the left shoulder and elbow.
Q Was any complaints of pain that the patient made in this comprehensive evaluation in the left shoulder or left elbow?
A I don't know. I wasn't there when she did this.
Q Did Dr. Burnett record any expressions of pain or limitations in the left shoulder?
A I am not aware that she did. I read through all of this recently. I don't see where she

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said there was no pain in the shoulder.
Q Do you see where she made any sort of reference about that?
A Just at cursory glance, I don't see that.
Q In fact, she recorded that there was full range of motion noted at left shoulder and elbow; isn't that true?
A Yes.
Q Did she come up with any findings with regards to an impairment rating?
A Yes.
Q And what does she find according to her examination of the patient and the A.M.A. Sixth Edition Guide to the Evaluation of Permanent Impairment?
A She gave her a 5 percent upper extremity impairment rating.
Q Did she also indicate that Ms. McCutcheon would have some restrictions in her work?
A Yes.
Q And what were those?
A Recommended permanent work restrictions included no repetitive wrist flexion or extension on the left and no lifting greater than 5 pounds with the left hand. She will also likely need a slow

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transition to full-time work hours, possibly increasing to 6 hours per day initially for a period of three to four weeks. Then gradually increasing to a full 8-hours per day over two to three months.
Q And do you know what Ms. McCutcheon did for Greenwood Mills when she worked there?
A I don't know.
Q Did you perform any particular job analysis or review any sorts of job description to determine what was physically required of her in her work at Greenwood Mills?
A I can't recall.
Q Did you defer those matters to your partner, Dr. Burnett?
A Yes.
Q Did you again see her on August 17, 2016?
A Yes.
Q In the middle of that narrative report, did you indicate that she had made excellent progress from her RSD?
A Yes.
Q Did you indicate that she did have some nerve injury however?
A Yes.
Q But that nerve injury had no sympathetic

Page 17

component anymore?
A Right. We weren't having the sympathetic components. Usually there is something that causes that sympathetic dystrophy. It might be a little nerve injury. It could be a small fracture. There is usually a focal point that initiates it.
Q Did you review with the patient Dr. Burnett's assessment?
A I cannot recall specifically. I mention it in my notes. I am sure we probably went over it. Usually patients ask, what did Dr. Burnett find, can you tell me about it. So perhaps I did go over it with her.
Q In that narrative report you discuss Dr. Burnett's findings in terms of impairment rating?
A Yes.
Q And work restrictions. So you feel that you probably covered that with the patient?
A Most likely, yes.
Q Did you feel like she was still at MMI at that point?
A I believe so, yes.
Q Did you start a particular medication for her?

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A I wrote a prescription for some hydrocodone.
Q And that's reflected as Norco?
A Yes.
Q And that's for this nerve injury?
A I think she had possibly been taking it in the past. She wasn't taking a lot of it. And she asked for a refill because she ran out, I think. And I refilled it for her.
Q Was the next visit that you had with her October 15, 2016?
A October 5.
Q I beg your pardon, October 5. And did you release her from your care as of that day?
A Yes.
Q Did you recommend that she move toward closing her case as of that date?
A Yes.
Q And did you refill her Norco?
A Yes.
Q Are you familiar with a workers' compensation form called 1-4-B?
A Yes.
Q And have you reviewed the 14-B that Dr. Burnett did as of that date?

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A Not recently.
(DFT. EXH. 2, Physician's Statement dated October 20, 2016, was marked for identification.)
BY MR. HEMPHILL:
Q Doctor, I am handing you what has been marked Exhibit 2 to your deposition. And this appears to be a form 14-B completed by your partner, Dr. Burnett, as of October 20, 2016. Will you agree with me that this is sort of a compilation of Dr. Burnett's findings back in July?
A Yes.
Q There seems to be a gap until you saw her again, the next visit being March 9 of 2017, is that correct?
A Yes.
Q You had released her, but she was coming back to see you; is that right?
A Yes. Apparently she was having some more problems so she came back to see me in March, five months later.
Q Did you take an opportunity to discuss with she and her husband about the prospect of future return of RSD in her left wrist and hand?
A Yes.
Q And what did you discuss with she and her husband?

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A She was concerned, I think, at the time that the RSD was coming back. She said, I think it is coming back. And I felt that it wasn't coming back. That the pain she was having was probably some arthritic pain because of the fracture. And she has, I think, a little nerve damage there. But I didn't think the RSD was coming back. I did tell her that the RSD could come back if she has surgery on her wrist or she has another injury to her wrist, it is possible that it could come back again. I didn't feel that she had RSD at that time.
Q So is it safe to say that you assured her that apart from a new injury or surgery to the limb that it was unlikely that she would experience RSD in the future?
A Yes.
Q Did you prescribe a new medication at that time?
A No.
Q Did you continue her Ativan?
A Yes.
Q Is that the first time that you prescribed Ativan for her?
A Yes.

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Q And that's an anti-anxiety?
A Yes. I felt that she was very anxious because she was worried that the RSD was coming back again. I thought she needed a little something for her anxiety.
Q But the in-take form, the initial visit of March 30, 2016, indicated that she had already been on that medication; is that right?
A Yes.
Q Prior to the injury?
A Yes. To me it appeared she had some underlying anxiety disorder, because she needed that type of medicine in the past.
Q Was the next visit May 25 of 2017?
A Yes.
Q And did you, again, take the opportunity to reassure her that her RSD was completely resolved?
A Yes.
Q Did you prescribe some sort of neuropathic cream containing Gabapentin and some other medication?
A Yes.
Q And what was the purpose of that cream?
A Just to help reduce discomfort in her

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wrist. I thought she had a little nerve damage there. And some arthritis. And a lot of times with hands and feet, topical agents work real well.

Q Is the next time you visited with her August 29, 2017?

A Yes.

Q Did you take the opportunity to compare her left hand with her right hand, at the bottom of that narrative paragraph?

A Yes.

Q And physically what did the comparison reveal?

A You couldn't tell the difference in either hand.

Q Does that mean she had recovered from RSD?

A Right. You couldn't see any sympathetic changes comparing both hands. Same amount of wrinkles. No swelling. Skin color looked good.

Q As of that visit there was no evidence of RSD; is that correct?

A That's correct.

Q Did you add Neurontin to her medication regimen?

A Yes.

Q And what is that for?

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A It's to help with the tingling and numbness, the neuropathic discomfort she was having in her wrist.

Q Was the next visit you had with her September 21 of 2017?

A Yes.

Q All right, Doctor, as of that visit, remembering that you had first started treating her in March of 2016, had you been treating with her at some regularity for 18 months now?

A Yes.

Q Did she come in with a new physical complaint?

A Yes.

Q And what was that?

A Left shoulder pain.

Q And was that the first time that she mentioned to you, as her treating physician, that she was having left shoulder pain?

A Yes.

Q Did she attribute it to anything?

A She attributed it to when she injured herself. And I looked back at her initial drawing and she did have a little mark on the shoulder. But we kind of focused on her main pain at the time,

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which was her wrist and hand. So that was really the first time that I realized that there was any type of shoulder issue.

Q And when you saw you realized, isn't it true, that in 18 months of treatment that was the first time she had expressed to you in a doctor/patient setting as opposed to some nurse or in some booklet that she was having some shoulder pain?

A Yes.

Q There is no other reference to that in 18 months, is there?

A Not that I'm aware of.

Q And your practice is to address pain complaints of patients, correct?

A That's correct.

Q In whatever body part they manifest itself, correct?

A Yes, related to the injury. Like, if she came in and had knee problems, I would just say, look, I can't discuss your knee because that's not related to your workman's comp injury. I have to focus on the area that has been injured.

Q This is the first occasion where she mentioned something to you; isn't that true?

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A Yes.

Q You discussed with her about switching out Ativan for Lexapro?

A Yes.

Q And why did you switch that medication on her?

A Ativan is just for anxiety only. Whereas Lexapro helps with depression and anxiety, and it's not a controlled substance. I thought perhaps she had some underlying depression and maybe with Lexapro we can kill two birds with one stone.

Q And do you know whether she has ever been on Lexapro previously?

A I cannot recall. I don't think she has, because she has never mentioned it.

Q But she had in the patient intake, the new patients intake indicated that she had been on medication for -- that she had been on Valium, Xanax and Paxil. Are any of those antidepressants?

A She wasn't on those when she came to see me. Those, as I said, were medications that she may have taken in the past. And some of them she could have tried one time, had side effects, and never took it again.

Q Is Paxil an antidepressant?

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A Yes. It helps a lot with anxiety too.
Q Sort of like Lexapro?
A Yes. Even more so, Paxil is really better for anxiety in some patients than Lexapro. It is a really good antidepressant with some anti-anxiety properties.
Q Was the next visit you had with her October 17, 2017?
A Yes.
Q At that time did you indicate that you were unclear the left shoulder pain she was recently complaining of was a part of her workers' comp claim?
A Yes.
Q And what did you mean by that?
A If it's not part of the claim, I really can't treat it. So I ordered an MRI, but I wasn't really sure if it was going to get approved or not.
Q Did you think or were you able to tell whether the left shoulder pain related back to the injury on November 5 of 2015, some two years prior?
A She put a mark on the initial patient assessment booklet to the shoulder. And she said, look, I marked that when I first came to see you. And then I looked back, because to be honest I

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didn't notice it. It is just a tiny little mark with a pen. We had a discussion about it. Because she hadn't really discussed her shoulder this whole time.

So I don't know if the shoulder was injured when she fell. I don't know if the shoulder problems became worse over 18 months, because she was using her upper arm to compensate for her wrist and straining her shoulder. It's hard for me to say, or I don't have a good answer. I think if there are records from before this injury where she saw someone for her shoulder or was complaining about her shoulder, then I can say that the problem was preexisting.

In the absence of those records, it is hard to say it was preexisting. It could have happened when she fell, or it could have worsened over time since this injury.
Q But for 18 months you would see her either every month or every other month?
A Right.
Q And she had never complained to you about shoulder issues?
A That's correct.
Q What is more important as a clinician, for

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someone to indicate something subjective or you to objectively treat something?
A I am not sure I understand the question.
Q That is a confusing question.
A It was.
Q What do you rely on more as a clinician, someone's drawings on a pain diagram or the history they provide you in a doctor/patient setting and the treatment that you render in the examination room?
A I think it varies. I try to use everything, put everything together. And I see a lot of patients that come in with a devastating injury and there is other things associated with it that aren't even mentioned because all the focus is on that crushed foot. And as one problem heals, they start to notice other things.

And I see that even with patients that haven't been in a work injury. They will come in and see me with back pain, and we will get that problem fixed. And they come back and say, oh, you know, my neck is hurting. I say, is that a new problem? They say, well, no. It is been hurting the whole time. But my back pain was so severe that I didn't even think about my neck. So I see that in a lot of patients.

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Q As it relates to this particular instance, though, is it fair to say that you don't have an opinion about whether the shoulder is related to a work-related accident?
A It is hard for me to give a definitive opinion. To be honest with you, my gut feeling is she probably did some injury to her shoulder. But I can't say that beyond a reasonable doubt. And we don't have any MRIs or anything of the shoulder. I don't really know what is going on there. It could be something as simple as some bursitis or some tendinitis, just from irritation.
Q The patient is sixty-three years old. And aches and pains go along with that.
A Well, when you injure your hand and you have surgery, I imagine it was in a cast for a while, you tend to compensate and you use your left arm more, you use your shoulder more to make up for the weakness in your hand. If you have to put pressure on it, you are putting it more on your shoulder because you can't use your hand. Because it is weak. So there may have been some compensation injuries there as well.
Q Was the next visit December 14 of 2017?
A Yes.

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Q Did you basically just continue her medications?
A Yes.
Q Was the next visit after that February 21 of 2018?
A Yes.
Q And as of that visit, Doctor, did she and her husband again express concerns about the possibility return of RSD?
A Yes.
Q And what did you assure them?
A I told them I didn't see any difference in her hands. We put both hands together, and we compare. I reassured them that I did not feel the RSD was coming back. And I attributed her neurologic issues, her difficulty with fine motor movements to nerve injury. I think that is what happened when she had distal radius fracture. We all know distal radius fractures, you very commonly get nerve injury with those. You have four nerves around the distal radius. And so nerve injury is very common with that. I think that is what has happened here.
Q You have been treating that nerve injury with Gabapentin and Neurontin?

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A Those are the same things, yes. And topicals.
Q And did you indicate that it is very unlikely that the RSD would return?
A Yes. I reassured her.
Q And you indicated that she felt she had made an excellent recovery, is that denoted there on that part?
A Yes.
Q After that visit did you do a 14-B under your signature on March 2, 2017?
A Perhaps.
(DFT. EXH. 3, Physician's Statement dated March 2, 2017, was marked for identification.)
BY MR. HEMPHILL:
Q Doctor, I will show you what has been marked as Exhibit 3 to your deposition.
A This was a year earlier than -- this is 2017.
Q I beg your pardon. So this would have been just prior to your March 9, 2017, visit after you had released her in October of 2016, is that correct?
A Yes.
Q Would you agree with me that this 14-B

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that you signed on March 2, 2017, largely echos what your partner, Dr. Burnett, had done in October in the prior year?
A Yes.
Q Did you indicate as of that date that the body parts that she had injured was only her left wrist?
A Yes.
Q There is no mention that she had injured her left shoulder as of that date?
A I think I mentioned it affected her left upper extremity. But I did not specifically mention the shoulder.
Q Did you have a meeting with Mr. King sometime in March of 2018, her attorney?
A Possibly.
Q Let me hand you -- I don't know that I need to get that marked. That is just something to assess with your recollection.
A It may have been sent to my office, and we may have met. I don't remember.
Q You are reading a letter from Mr. King dated March 12 of 2018. Does it indicate that y'all had a meeting on March 7?
A Oh, sorry, yes. I see that there.

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Q So you met with Ms. McCutcheon's attorney on March 7, 2018. As a result of that meeting were you presented with certain questionnaires.
A Yes.
Q Do you have those in front of you?
A Yes. They are in the chart.
Q The ones that are dated March 7, 2018, there appear to be several. I will start with the one dated March 7, 2018, if you isolate those dates. How many do you have there that are dated March 7, 2018?
A I have seven. I have one dated March 17, I don't know if that's a mistake by me. Let me just take these out so I can count them.
Q I will take them in whatever order you have. If you can read the first one, and I'll just have to find it in my stack.
A Based on review of medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that it is more likely than not that Janis McCutcheon's limitations outlined by Dr. Burnett's 14-B on 10/10/16 will become more limiting as she ages?
Q And that one is dated March 7, 2018?
A Yes.

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Q What is the basis of your opinion there?
A Because I think she will develop arthritis in her wrist. I think that will get worse as she gets older.
Q But as of the time you assessed her previously and Dr. Burnett assessed her, the impairment that was assessed by both of you is 5 percent to the upper extremity?
A That's what Dr. Burnett assessed; that is correct.
Q What's the next opinion that you gave in a questionnaire?
A "It's my opinion to a reasonable degree of medical certainty that it is more likely than not that Janis McCutcheon will experience limitations to her left upper extremity as set forth by Dr. Carol Burnett's form 14-B, October 10, 2016, limiting her to no repetitive flexion or extension of the left wrist and no lifting greater than 10 pounds with the left hand."
Q Will you agree with me then that opinion just largely affirms the opinion with regard to workers' compensation that Carol Burnett made in her form 14-B?
A Yes. "It is more likely than not that in

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order to lessen her period of disability, Janis McCutcheon will need ongoing pain management including doctor visits and medications for the rest of her life to her left upper extremity, left shoulder, and RSD set forth on 14-B, March 2, 2017."
Q Now, Doctor, we have covered numerous reports that would indicate that her RSD no longer exists.
A Right.
Q So did she need medication for RSD?
A No. But that includes the other things as well.
Q Right. But we can exclude RSD from this opinion?
A For right now that is correct.
Q And you have indicated previously it was very unlikely that it would return?
A Yes.
Q So if we take RSD out of that part of the opinion, then it's your opinion that she needs ongoing pain management treatment including doctor visits and Neurontin, Gabapentin --
A Yes.
Q -- for the balance of her life; is that true?

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A Yes.
Q She is seeing you about every two months.
A Yes.
Q How long do you expect that to continue?
A I don't know. However long her pain is a big problem for her.
Q How long do you expect for her to be on Lexapro?
A I don't know. I am not clairvoyant. It's hard to say.
Q If there is any evidence that she was previously on anti-anxiety and antidepressants with her family doctor prior to her injury would you agree with me that you are just continuing what he had continued prior to the injury?
A She wasn't on an antidepressant before her injury. She was on an anti-anxiety medication.
Q And you know that by virtue of what?
A Her initial history and presentation. She was taking Ativan as needed. I think having an antidepressant is important especially when someone is taking an opioid. It tends to lessen the amount of opioids people need by helping their depression. I think it is important to treat the whole person not just treat the wrist pain.

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Q What other opinions?
A "Based on my review of medical records and notes, it is my opinion to a reasonable degree of medical certainty that it is more likely than not Janis McCutcheon has developed RSD, known as complex regional pain syndrome, affecting her left hand, arm, and shoulder as a result her work injury, November 5, 2015."
Q As a result of our review of two year's worth of treatment records, that would indicate that she has had excellent recovery from RSD, how can you hold that opinion?
A She did have RSD of her wrist. That's how I interpreted that.
Q That she had developed?
A That's correct.
Q This says has developed and reads as if it is continuing.
MR. KING: We will stipulate that it's not continuing.
THE WITNESS: I assume that meant that she developed RSD from the injury in 2015.
BY MR. HEMPHILL:
Q What is your next opinion?
A "It is my opinion to a reasonable degree

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of medical certainty that it's more likely than not that Janis McCutcheon's left arm injury was either directly caused or aggravated by her work injury November 5, 2015."

Q And when you say left arm injury, since the impairment rating was given to the left arm for a left wrist injury, you are not necessarily including the shoulder in that, are you?

A I just took it to be the arm. "It is more likely than not Janis McCutcheon will be unlikely to do any other substantial gainful activity as a result of the injury suffered by the accident of November 5, 2015."

Q Doctor, what is your basis for giving that opinion?

A Her age and the persistent pain in her wrist and hand. Nerve injury. I don't see her going back to a full-time job.

Q Didn't we cover earlier that you defer those issues to your partner, Dr. Burnett, that you have not received the training to analyze disability and ability to return to work?

A The specifics of percentages impairment and all. But in terms of sending someone back to work or not, Dr. Burnett doesn't do that. That

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falls back on me. I have got to use all the information I have at my disposal to determine whether someone is going to be able to go back to work or not.

Q But you don't even know what her job was at the plant.

A I don't know the specifics of her job. But I know she has chronic pain in her wrist and she is 64-years old. So I think she is a liability to go back to any type of work. I can't see anyone even wanting to hire her.

Q Do you know whether she did clerical work, whether she worked with machinery? Do you know any of that?

A I can't recall exactly what her job was. And I don't see her going back to gainful employment with this.

Q Despite what she did for a living prior to this injury, you don't know anything about the body mechanics that her job required her to do?

A No. I don't know the specifics of her job. She is a occupational health nurse, physical exam, hearing tests.

Q Do you know whether that falls into sedentary, medium, heavy-type work as determined by

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the Department of Labor for the United States?

A No, not really. It could just be a sedentary job where she is not doing a whole lot.

Q Won't you admit, like I thought you previously did in this deposition, that you are not capable of determining whether a person -- the extent of a person's disability, that is the fact of their impairment in performing their particular job function?

A My point I made earlier was that I don't do disability ratings. I leave that up to Dr. Burnett. She knows the numbers. It is obviously very complicated. You get five or six different numbers on some patients, their arm, their neck, their back, total whole body.

Q Right. Those are impairment ratings.

A That's correct. And she gives recommendations sometimes on return to work. Sometimes Dr. Burnett has given recommendations that she didn't think the patient could go back to work. And the patient comes back to see me and says, I got to go back to work, Dr. Loudermilk. And I have sent them back to work. So I know my patient better than she does in a sense that I have been taking care of her longer. Dr. Burnett knows the disability

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impairment ratings better. She knows all that. And she can give recommendations based on the injury. But sometimes there is other factors involved.

Q And, in fact, didn't Dr. Burnett indicate that she can ramp back up into the work --

A She did.

Q Within two, three months she should be working eight hours a day?

A She did, yes.

Q So isn't Dr. Burnett, your partner, who is a physiatrist, who has been trained, in a better position as to return to work than you?

A Well, she has only seen this patient one time for one day and basing it on the type of injury she has. Ms. McCutcheon tells me that there is no way she can go back to work.

Q So you are just taking the patient's word for it?

A Well, for her I am. Plus I look at her age too. She is 64-years old. She is at retirement age.

Q But you don't really know what she did on a day-to-day basis with her body, whether it was sedentary or light work or medium work?

A Well occupational health nurse, I imagine

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lot of it was sedentary.
Q You are not able to say that, is that correct, that she can return to the type of work she had been doing for decades?
A I could look at it again and look at her job description and see exactly what her job description entails.
Q But that's something that you typically get Dr. Burnett to do, correct? Haven't we already established that?
A I don't remember if Dr. Burnett looked at her job description or not. I am just going by what Ms. McCutcheon has been telling me. She says, I don't think I can go back to work with this. So that's what I base my opinion on.
Q Did you prepare that questionnaire?
A No.
Q Who prepared that?
A I assume Dr. King.
Q Were they handed to you on a stack?
A I can't recall.
Q Do you know how long y'all met that day where all of these March 7 questionnaires were signed by you all in the affirmative?
A Probably here in my office.

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Q How long did y'all meet?
A I don't recall.
Q Did you review your chart as you looked at each of those questionnaires?
A Again, I can't recall. I meet with a lot of attorneys and I do a fair number of depositions. And I see a lot of patients. We probably went over each of these. But I can't recall how much time I spent with each one.
Q What other opinions on March 7 did you get?
A "It is more likely than not that Janis McCutcheon's left arm injury has caused aggravation to her left shoulder to the extent that her left shoulder is impaired to an equal degree as the left upper extremity."
Q Didn't we cover earlier that you don't -- you can't say about the left shoulder?
A It's hard to say. And I think I am going to go back to saying that if there is records that she has had shoulder problems before this injury, if we have records to substantiate that, then I will change by opinion on that questionnaire. If there is no records that she is having shoulder problems, then I am going to say it is more likely than not

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that this injury has aggravated her shoulder.
Q And even though she didn't bring up any shoulder pain for 18 months, under your monthly treatment?
(DFT. EXH. 4, Physician's Statement dated October 6, 2018, was marked for identification.)
THE WITNESS: She had it marked on her initial evaluation. She had the shoulder marked. It was there.
BY MR. HEMPHILL:
Q And, again, do you place more reliance on what you see in the examination room or what a person puts on an intake form?
A If she marked that on the intake form it is obviously an issue there. It wasn't marked after the fact. So she obviously had some shoulder issues when she came to see me. It was there when she came to see me. And if there is no record of that before her injury, I can only assume that it happened as a result or from the injury.
Q That's largely taking her word for it without any objective treatment; isn't that true?
A Well, when you have a complaint of pain, you have to take someone's word. There is really no MRI to look at. I don't have any X-rays, MRIs, CT

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scans.
Q But for 18 months there wasn't a complaint of pain to her left shoulder, was there?
A I know. I can't explain that. Other than the fact that maybe she was focusing so much on her hand.
Q But bursitis in the shoulder and aching joints come with the territory of a 63 or 64-year old; doesn't it?
A They can, yes. And it can also come as a result of an injury to a distal extremity.
Q But they can come also without any evidence of trauma or injury?
A Yes. That's correct. So in a situation like this, you just have to give your most reasonable opinion. And, again, if you have an MRI or an X-ray or a visit to the ER or family physician visits that show that she complains of her shoulder. I am sure that she went to her family doctor once a year. She is a health nurse. I am sure she was pretty fastidious with her doctor visits.
If there is evidence on those doctor visits that she was complaining of shoulder pain or she was given anti- inflammatories for her shoulder, then I would say it is preexisting.

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Q But at best, based upon the evidence that you have seen, it's a toss up, at best?
A I wouldn't say it is a toss up. Again, if you have evidence that she was treated before this, she is 63-years old. I mean, I am sure if she had shoulder problems before this accident, there would be some documentation somewhere.
Q And as her profession as a nurse, she certainly knows how to take nonsteroidal anti-inflammatories for aches and pains?
A But she wasn't taking any when she first came in to see me.
Q Was she taking Tylenol? You ever seen Tylenol?
A Usually it's, like, Advil or Aleve or Motrin.
Q So does a person usually give you over-the-counter medications when you asked for a list of current medications?
A Yes. yes, they do.
Q Any further on March 7?
A This is a long one.
Q What is the date?
A March 7. "It is more likely than not that Janis McCutcheon's work injury on November 5, 2015,

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will continue to cause moderately severe pain. It will make it impossible for her to maintain concentration throughout a normal eight-hour work day, interfere with her ability to complete tasks, miss more than two days a month, make it difficult for her to stay on task two consecutive hours without taking unscheduled breaks."
Q And where does that come from?
A It comes from Mr. King.
Q Is there a particular form that is referenced, August 30, 2017?
A Outlined in my medical statement, August 30, 2017.
Q Do you know what that is?
A I cannot recall it.
Q When I subpoenaed your chart, I got this. And see if you can identify that.
A Yes.
Q And whose form is that? Who ask that you fill it out?
A I assume it's the attorneys Mr. King's.
Q You don't recognize that as an intraoffice form here?
A No. It's not our form.
Q You don't recognize that as any particular

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Social Security Disability type form?
A Questions are similar to some other forms I fill out. But this, the Clinical Assessment of Pain, this isn't our form.
Q So this opinion that you are referring to here March 7 of 2018, that references this August 30, 2017, form. Is that a form that you filled out?
A Yes.
Q Was that form provided to you by Mr. King?
A Or the patient may have brought it in. I can't recall. I get a lot of these forms.
Q And, again, this form August 30, 2017, that you filled out that talks about concentration and ability to perform work, sit, stand, and all that, as well as this report dated March 7, 2018, that references that, those are all dealing with job functions and job descriptions?
A Job functions, yes.
Q And before you filled that form out in August of 2017 or reviewed the matter again in March of 2018, did the patient give you any kind of description of what they did in terms of sedentary work, light work, or heavy work?
A I can't recall. I know she gave us her

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job description when she came in. She was a home health nurse. I don't think we discussed that any further on other visits. I think some of the reasons I put the answers that I did is just also because she is kind of consumed and very anxious with this pain, sort of consuming to her.
So every time she came in, I had to reassure her that the RSD wasn't coming back. And I thought that also in addition to the pain aspects or the disability aspects of her wrist, mentally or emotionally, I think it would be difficult for her to even focus on her work because she was so focused on her wrist all the time. And worried about this RSD coming back. Which is why I put her on Lexapro, and I gave her Ativan. There was also an emotional component to this as well.
Q And you treated that. And you constantly reassured her that RSD is very unlikely that it would return, correct?
A I do that because she is so anxious about it. So sometimes reassurance goes a long way.
Q The Norco and the Neurontin or Gabapentin, the dosages that you have her on, are they high dosages or not? How do they rank in terms of the dosage?

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A The Norco is 7.5 and it comes in 5 and 10, so it's midway. And the Gabapentin, it's on the lower end. But I think we talked about going up on it, but she can't tolerate a higher dose, it makes her too sleepy. That's why we stayed at the 300s. It's an average dose.

Q She is well managed on the medication that you have presented, right?

A She still has the symptoms. But I think the pain is manageable with the medicines, yes.

Q Thereafter, are there additional opinions of March 7, or do they move on to different dates -- other March dates?

A I have March 19. I have one for March 17.

Q What does the March 17 one say?

A "It is more likely than not that Ms. McCutcheon will be unable to return to her work as a nurse as a result of the injuries suffered in her work-related accident on November 5, 2015. Left arm and aggravation of left shoulder."

Q And I believe we have already established that that's something you typically would defer to your partner on, correct?

A Dr. Burnett gives an opinion. But I am the one that has to follow through with all that.

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Because I am doing the maintenance and the management of the patient. Again, she just sees her for a brief snapshot when she does her impairment rating. And we get the percentages so the 14-Bs get done.

Q How about the March 19 opinion?

A "Based on review of medical records and notes related to this patient, it is my opinion to a reasonable degree of medical certainty that it is more likely than not Janis McCutcheon's left arm injury was either directly caused or aggravated by her work-related injury, November 5, 2015."

Q Does that complete the opinions that you rendered in March of 2018 in a response to questionnaires or is there another one?

A There is another one.

Q What is the date?

A March 19.

Q Okay.

A "Based on my review of medical records, it's more likely than not Janis McCutcheon has permanent severe nerve damage to her left hand."

MR. HEMPHILL: I will substitute these as copies. And I will mark these as exhibits.

MR. KING: I'm going to put them all in if

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you want to wait. I got a packet I am going to hand in.

BY MR. HEMPHILL:

Q Now, Doctor, do you continue to see her -- your narrative reports go to March 19, 2018, is that the next date?

A Yes. April 19, 2018.

Q I beg your pardon, April 19. And then again June 14, 2018?

A Yes.

Q And on each of those occasions did you just continue her medications?

A Yes.

Q And then August 9 of 2018, did you just continue her medications?

A Yes.

Q Any changes to the regimen?

A No.

Q Then the last visit, October 4, 2018; is that correct?

A Yes.

Q Did you just continue her meds then?

A Yes.

Q Did you also complete another 14-B dated October 6, 2018?

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A Yes.

Q Would you agree with me, Doctor, in the middle there it says the impairment ratings in the middle block there, you indicated that it's still a 5 percent impairment to the left upper extremity persaunt to the 6th Edition and you put in parenthesis per Dr. Burnett?

A Yes.

Q And then in terms of her permanent physical limitations, you put no lifting greater than 5 pounds with left hand, no repetitive wrist flexion and extension?

A Yes.

Q Would you agree with me that relates all the way back to the same findings that Dr. Burnett found in October 2, 2016, two years prior?

A Yes.

Q Did you indicate that the only body part affected as of that visit was the left hand?

A The left upper extremity.

Q In the first block do you indicate body parts injured, you put left hand?

A Yes.

Q Then body parts affected to the right, you put left hand?

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A Yes. That's correct.
Q You did not mention anything about the left shoulder having been aggravated?
A No.
Q Even though you gave these opinions in March, six months later when you did this 14-B, you didn't change the restrictions from what Dr. Burnett had done two years prior?
A Copied the same thing.
Q Is that because, again, Dr. Burnett in all the treatments she has had rendered at this clinic, Dr. Burnett is the person that is most qualified to render an opinion with regards to that?
A To the impairment rating.
Q To the impairment rating?
A Yeah.
Q How about with regards to restrictions work wise?
A Again, she can give her recommendations of restrictions. But a lot of times those change. Patients will come back to me and say, I can't go back to work with these restrictions because Dr. Burnett doesn't understand basically some of the patient issues, that maybe some of the patients want to go back to work. And they come back and say,

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these restrictions are too stringent. I can't go back to work with this. So I will change them so the patient can go back to work.
Q But you just echoed --
A I kept those the same. That's correct.
Q Even though in March you said that she could return to gainful employment. Here in October after you saw her two days prior you said that she can continue to work within these restrictions, correct?
A I said that her permanent physical limitations are the same. Her physical limitations, no lifting over 5 pounds with her left hand. No repetitive wrist flexion or extension. Those are her permanent physical limitations.
Q And you didn't say that she can only do that two hours a day versus eight or anything?
A No. I wasn't specifically mentioning that.
Q Nor would you?
A I don't think I addressed going back to work on this. I just put her physical limitations down.
Q Right. So if an employer could accommodate these restrictions, then she could

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return to work?
A This doesn't address her return to work here. This is just her physical restrictions. It doesn't address the emotional aspects. It doesn't address her medications. I don't know if she can go back to work on Norco. I don't know if that's allowed. There is other issues involved.
Q And those issues are --
A Can she go back on her current medications? Can she go back to work and do her job as a nurse when she has depression and anxiety and consumed with this problem with her wrist. Is she able to mentally function in the workplace? Can she work without hydrocodone?
Q Those are --
(Simultaneous speakers.)
Q -- to take into account from the employer, correct?
A And the patient.
Q But the employer has a say so in that as well?
A They do, yeah.
Q And she is next to see you tomorrow you said?
A Yes.

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Q Are there any other written opinions that you have given other than what we have covered, does anything stand out, completed any other questionnaires?
A I can't recall. I might be able to find one or two. But I can't recall at this time.
MR. HEMPHILL: Okay, Doctor, those are the questions I have for you.
MR. MUTH: Dr. Loudermilk, I promise, I am not going to take nearly as long as my colleague has.
THE WITNESS: It's okay.
EXAMINATION
BY MR. KING:
Q I just got a few questions. First and foremost, has this lady been compliant with her medical treatment with you?
A She has.
Q And have you done random drug tests or at least a random drug test on her?
A Yes.
Q And did that random drug test show that she was taking anything she was not supposed to be taking?
A No.

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Q Did it show that she was taking the medications that you were prescribing in what appeared to be the manner that they should be taken?
A Yes.
Q Have you found this lady to be a very anxious, nervous lady?
A Yes.
Q Does she seem to worry a lot?
A Yes.
Q Now in your opinion, Doctor, to a reasonable degree of medical certainty, can you say whether her anxiety and depression were either caused by or made worse by this injury?
A It's hard to say because I did not know her before the injury. So she was taking Ativan before the injury. So there was some underlying anxiety there.
Q And that's the reason I phrased my question, either caused by or made worse by this injury.
A Usually when you have an injury like that and you have RSD or a fracture, one's anxiety does get worse. And then if you have to worry about something coming back again and having to go through all that treatment again, I imagine that can cause

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more worry and anxiety.
Q And the medications that you are prescribing for her, does that include anti-anxiety and antidepression medication?
A Yes. Lexapro can accomplish both. And I also give her Ativan as needed. She takes a very small amount, .5 milligrams. It is a very low dose.
Q And what is the reason for the Ativan?
A For anxiety attacks.
Q And were these medications that you have added to her medication regimen once she started seeing you?
A The Ativan I did not. She was already taking it prior. So I maintained her on it.
Q And what have you added from an emotional standpoint, medication?
A Lexapro.
Q And do you believe that the Ativan and the Lexapro are necessary medications for her to be taking in order to maintain her condition as the condition -- as the condition that she's in currently?
A Yes.
Q Do you believe that she would worsen if she did not have those medications?

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A Yes.
Q Now, Doctor, I want to ask you, is her hand being affected by this injury that she suffered at work?
A Yes.
Q Is her arm being affected by the injury she suffered at work?
A Yes. I mean the hand is connected to the arm.
Q Because it is different at workers' comp, there is a hand and there is an arm.
A Yes.
Q So is the hand being affected?
A The wrist and the hand are the main problems that are affected.
Q And does it also affect her arm to a degree?
A It could. I can't recall how much.
Q Doctor, I am going to ask you if you could look at this and see -- Roy, this is a copy for you. Does that appear to be a copy of all of the reports that Mr. Hemphill has gone over with you as well as your initial pain intake forms, the forms that you filled out at my request along with the 14-Bs?
A Yes.

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Q Now, Doctor, I want to go through just a few things with you. On the front page of this initial assessment form or pain form, what did Ms. McCutcheon list down as her biggest issue that she was dealing with on that front page?
A Possible reflex sympathetic dystrophy.
Q Was that the main concern as you best recall from her initial visits with you?
A Yes. When people send patients to us, it is usually for a serious pain problem not tendinitis that can be managed by the family doctor, orthopedist or whatever.
Q And on page 7 of that form, I think it starts on page 6, but on page 7, does she note down that she had previously had some problems with anxiety attacks, top right-hand corner?
A Yes.
Q Now, Doctor, is it common for someone that has a history of some anxiety attacks for those to be made worse when they are suffering from constant pain?
A Yes.
Q Do you believe that in the case of Ms. McCutcheon that her constant pain is causing a worsening of her anxiety and depression?

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A Yes.
Q Doctor, I would go on over to page 10 of the form that we are discussing. And on the upper right-hand side there is a box that you can check if she is having pain in the shoulders. Did she check that box?
A Yes.
Q I go over to the next page, which I assume was the reason she was coming in to be treated with you. What is filled out in the box that the question is, where is your pain?
A Left wrist, hand, and fingers and left shoulder.
Q And would this have been something that she filled out on her initial visit with your office?
A Yes.
Q Does she also note that she has problems in the left hand and into the finger tips?
A Yes.
Q And down on question No. 15, does she indicate that this problem has caused her to have an increase in her anxiety?
A Yes.
Q Now, Doctor, if Ms. McCutcheon has no

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history of prior left shoulder treatment and she advises you, based on this form and later directly, that she is having left shoulder pains that she feels are a result of her work accident, is it your opinion to a reasonable degree of medical certainty that the most probable cause for that left shoulder pain is either a direct injury or an overuse because of her injury to her left hand and arm.
A I would have to say yes.
MR. KING: We would ask that this be added to the deposition as Claimant's Exhibit No. 1.
(CLAIMANT'S EXH. 1, Medical Records, was marked for identification.)
MR. KING: I have no other questions.
EXAMINATION
BY MR. HEMPHILL:
Q Doctor, you will acknowledge that whether there is prior evidence or prior records of her having received treatment for either or both shoulders being painful, a 63 -- when she came to see you a 62-year-old person may have pain that they never go seek treatment for until they show up at a pain doctor. Have you seen patients that do that?
A Sure. I have.
Q They just have been dealing with chronic,

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sort of, joint pain. But they are there to see the pain doctor for a traumatic injury and they toss something else in, oh, by the way. Have you seen that before in your practice?
A I have. I have.
Q And in this instance she writes something down on a pain diagram when she presents to you, but she never mentions it for 18 months. Is that important? Is that significant?
A I know to a lot of people it is significant. But, again, in my field, I have a lot of patients that focus a lot on the main problem, and they don't really talk about some of the other issues because they are so focused on that RSD problem. So especially on her initial visit with me, everything kind of focused on that hand. Because we all know that RSD can sometimes cause loss of a hand and total loss of function. So we aggressively treated that.
And I think with her visits with me, she got a lot of anxiety. And she is always asking about the RSD, was it going to return. So everything has been sort of directed towards that hand. And the shoulder has kind of been a secondary issue.

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Q But in terms of that RSD, it was gone in six weeks after four stellate ganglion blocks wasn't it?
A Yeah. The swelling and everything got better very quickly because we jumped on it.
Q So even if you just took out those six weeks, you still got another 16 months of her coming to you every month having opportunity to address other pains. And she did not, did she?
A I can't recall her mentioning that shoulder. And if she had, I probably would of just put a cortisone shot in it and it might have gotten all better.
Q You would have addressed it had she brought it up, right? You would have recorded it and addressed it?
A More than likely I would have, that's correct.
Q And that didn't occur for 18 months from inception of treatment until the first complaint?
A Yeah. When she first mentioned in my notes that's when she really started talking about it with me. And I remember that visit. And I said, I didn't know anything about the left shoulder. And she said, it's in my notes. When I initially came,

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I filled this out. And I looked back and I saw where she marked the shoulder. Because I had questioned her about it. Because you can't bring up things after a while that had happened 18 months earlier. And she was very adamant about it. That she had mentioned it, and she put a mark on the shoulder. So that's when I started looking at possibly treating it. And I was told that that's not part of her work injury.

Q Now what is lorazepam?

A It's Ativan.

Q How big of a dosage is 20 milligrams of Lexapro?

A It comes in 10 and 20. So it's an average dose.

Q Does it come higher than that?

A I don't think so. Some people take 40 or 60, and they have to take two 20s.

Q So if there is evidence that she had been on Lexepro in the calendar year of this injury as prescribed by her family doctor, would that be important?

A From the RSD standpoint, no.

Q I mean from the anxiety and the stress associated with the pain following her injury?

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A I think we already established that she has underlying anxiety. So that's there. And it wouldn't surprise me if someone gave her Paxil or Lexapro or something to help with her anxiety disorder.

And anxiety can make RSD worse. You know a lot of patients that we see with RSD have underlying anxiety. And it's that anxiety that causes the vasoconstriction. For example, if you are taking an exam, you remember how clammy and cold your hands get before the exam because you are anxious.

Well, you take a person that is already having decreased blood flow and they get anxious, and it's even more decreased. And that makes RSD even worse. That's why you have to treat the anxiety, and you have to treat the RSD.

Q When you put her on Lexepro some point after this while you were treating her, what milligrams did you have her on?

A Ten.

Q The lesser dose?

A I believe she still is on 10.

MR. HEMPHILL: Those are the questions I have for you.

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MR. KING: Just a couple of follow ups.

EXAMINATION

BY MR. KING:

Q In your opinion, Doctor, is she still focused and concerned about a return of the RSD?

A Yes.

MR. KING: That's all I have.

(The deposition was concluded at 6:18 P.M.)

(The witness, after having been advised of his right to read and sign this transcript, waives that right.)

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CERTIFICATE OF REPORTER

I, Jennifer Duy, Certified Shorthand Reporter and Notary Public for the State of South Carolina at large, do hereby certify that the foregoing transcript is a true, accurate and complete record.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

WITNESS MY HAND, I have hereunto affixed my official seal this 3rd day of December 2018 at Greenville County, South Carolina.

Jennifer Duy

My Commission Expires

December 14, 2026

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Employer's APA Submissions to the South Carolina Workers' Commission dated March 7, 2019

APA # 1: Plant Nurse Job Description dated November 1, 1993

Jan McLitcheon, R.N.

JOB DESCRIPTION

Position Title: Occupational Health Nurse (Greenwood & ~~Liberty~~)

Supervised By: Medical Director

Primary Functions: Responsible for managing medical related activities at the plant concerning safety and health. Interviewing associates, screening test, management of trauma and illness, good communication with plant management and central medical department, maintenance of department's equipment and supplies and keeps a clean organized medical department.

Working hours: 7:30 a.m. - 4:30 p.m.
(Unless otherwise approved by Plant Management)
On call (for emergencies only) 6:00 a.m. - 10:00 p.m.

Specific Duties and Responsibilities

1. Pre-employment examinations (Ninety Six & Greenwood areas refer to central medical).

2. Provide nursing care for injuries and illnesses on the job.

3. Extensive recordkeeping, drug screens, injuries, illnesses, OSHA, Worker's Compensation, treatments and immunizations.

4. Works with Audiometric Technician & Pulmonary Function Team in scheduling and testing. Maintains audiometric records and files pulmonary notifications in each associates medical record. Assists Medical Director with outside referrals as needed.

5. Schedule and teach standard first aid to resource managers and lead people.

6. Ordering supplies for plant medical department and first aid cabinets in plant.

7. Meet training requirements of OSHA for all plant associates. For example: explain pamphlets on noise, cotton dust exposure, fit-test respirator, hearing protection and train to wear. Assist in chemical exposure and lockout training.

Respirator Fit Testing - ANNUAL Training

09/22/95

OCC. SERVICES

8. Involved with multiphasic health team in follow up by giving out results and educating associate. Encourage associates to participate in program.

9. When possible and when needed provide transportation and accompany associate to doctor or emergency room and follow up (home or hospital visits). Provides follow-up for occupational injuries.

10. Conduct wellness programs and blood drives as appropriate.

11. Counseling and referral of associate to CARE or outside help that is needed.

12. Maintain daily log in medical department. Keep records on associate's occupational and non-occupational injuries and illnesses. Record any pre-existing conditions - heart, hernia, hypertension, diabetes and etc.

13. Schedule appointments with medical director according to his directives.

14. Conducts Bloodborne Pathogens annual training for Plant Management.

Other Duties

Worker's Compensation reports should be submitted to the Compensation Insurance Department on the following: (Appendices #2 & #3).

1. All serious injuries and illnesses.
2. All cases of alleged occupational disease.
3. All cost cases and those claimed to be work incurred and reported late.

   a. Fill out Form 12A. The original and one copy should be sent to the Insurance Department. Keep one copy on file.

   b. All information should be complete.

   c. The associate's statement of how, when, where and why the injury occurred is most important and should be in associate's own words.

   d. Report any serious illness or condition (such as heart attack) that might occur during the associate's working hours.

   e. Copies of all reported accidents and any related correspondence should be kept in individual's folder. The nurse's notes should show her active

participation in the associate's rehabilitation and early return to work. Maintain close contact with physicians, rehabilitation personnel, family and plant management. Team effort is essential in a successful rehabilitation.

f. The nurse must complete record OSHA Form 200. For each log entry there must be a supplementary form (The SC Industrial Commission Form 775 or 12A - Employee's First Report of Injury). Entries should be made within six (6) days, if possible.

g. All records will be retained five (5) years. For OSHA purposes, lost "work days" means just what the name implies. Count **only** those days that associate would have worked. (No weekends or holidays count). All OSHA records must be kept for twenty (20) years (audio, spirometer, etc.).

Absenteeism

A nurse can provide considerable assistance to the personnel department in the medical aspects of absentee control. It is recommended that associates off any length of time due to suspected serious conditions, such as undiagnosed chest pains, nervous or mental disorder, back injury, etc. be seen upon returning to work by the nurse. She should review the illness with the associate, and if she has any serious concern about the associate's ability to return to regular work, discuss with plant personnel managers, plant managers, or medical director as appropriate. She will be in a position to pick up early signs of alcoholism and many serious disorders and refer the patient for proper treatment.

Safety

It is desirable for the nurse to participate in some of the safety inspections, to work closely with the personnel manager to prevent recurrence of accidents and is generally in close contact with associates to be well aware of potentially hazardous situations.

Resource Manager

The nurse should work closely with the resource manager and encourage his communicating with her about any behavioral or physical changes which he may observe in an associate. The nurse should not infringe upon "production time" any more than is absolutely necessary, if she hopes to get the cooperation of the resource manager.

JOB DESCRIPTION

TITLE: Audiometric Technician

JOB #:

JOB OBJECTIVES: Responsible for auditing records and scheduling test for all associates in Greenwood Mills greige plants and areas that are above the limits that have been identified at 85 db or above.

*ESSENTIAL JOB FUNCTIONS:

1. Audit files and keep records up to date.
2. Biological calibration daily.
3. Instructs associates on usage of hearing protection - how to wear and benefits of wearing protection. Explains pamphlet on noise that meets the training requirements of OSHA.
4. Check type of ear protection worn and correct fit. Be sure protection is adequate for department.
5. Update history and explain audiogram result.
6. Upload audiograms to computer and print reports for review.
7. Retest associates as necessary.
8. Tag associates to be tested and download to RA500 and notify resource managers of test schedule.
9. File audiogram records.
10. In the absence of RN, performs the duties in the medical department which she is qualified to perform.

JOB LOCATION: ~~Central Medical Department - Service Department~~ #6 Harris

EQUIPMENT: RA500 audiometer, spirometer, printer, computer, calibrator, ~~whirlpool~~, ~~ultrasound~~, eye screen, telephone, copier, ~~EKG machine~~

CRITICAL SKILLS/EXPERTISE: Certified in audiometry and spirometry, filing, LPN

NON-ESSENTIAL FUNCTIONS:

1. Reserve van for out of town travel.

*Management reserves the right to add or change these essential functions at any time.

11/01/93

JOB DESCRIPTION

TITLE: Spirometer Technician V

JOB #

JOB OBJECTIVES: Responsible for scheduling, maintaining records and performing spirometer examinations and questionnaires.

*ESSENTIAL JOB FUNCTIONS:

1. Performs pre and post exposure pulmonary function tests.
2. Reviews update sheets and makes necessary corrections.
3. Places update sheets in each associate's folder and files folder.
4. Explains cotton dust exposure pamphlet.
5. Interviews associates.
6. ~~Fills out Respiratory Answer Sheet and sends to Data Processing.~~ (computer)
7. Sanitize and calibrate spirometer.

JOB LOCATION: ~~Central Medical Department - Service Department~~ #6

EQUIPMENT: Spirometer and Telephone

CRITICAL SKILLS/EXPERTISE: Certified in Spirometry

NON-ESSENTIAL FUNCTIONS:

1. Make motel and van reservations for out of town travel.

*Management reserves the right to add or change these essential functions at any time.

11/01/93

Employer's APA Submissions to the South Carolina Workers' Commission dated March 7, 2019

APA # 2: Reports of Oliver Willard, MD dated November 5, 2015

McCutcheon, Janice K
DOB: 08/08/1964 **Sex:** F
MRN: 345210
Provider: Willard, Oliver
Account: 974197

Reason For Visit

PHG WC Reason for Visit:
The patient is being seen for an initial evaluation of a workplace injury.
Employment:
The patient is employed by GWD Mills. Her occupation is Nurse.
Drug screen has not been requested and has not been done.
This employee is currently working without restrictions.
Date of Injury/Illness:
Date of injury was 11/5/15.
Date of symptom onset was 11/5/15.
Date reported: 11/5/15.
Date of first treatment: 11/5/15.
Location of first treatment: PHG.
Date of first visit at PHG: 11/5/15.
Visit number: 1.

History of Present Illness

She slipped on the steps going into work And fell forward landing on her outstretched left wrist. She had immediate pain and is developed some swelling noted. Some deformity of the rest. She works as a plant nurse and came to the office for evaluation. She is placed ice on it and supportive.
PHG WC Workplace Injury: The injury involved the left wrist. The injury resulted from a fall. Workplace treatment included application of a cold pack.
Symptoms include localized pain, localized swelling and decreased range of motion . The patient is currently experiencing symptoms.

Review of Systems

Constitutional: negative.
Head and Face: negative.
Eyes: negative.
Cardiovascular: negative.
Respiratory: negative.
Musculoskeletal: as noted in HPI.

Physical Exam

She has swelling over the left wrist with suspicion for radial fracture.

Constitutional
General appearance: No acute distress, well appearing and well nourished.
Pulmonary
Respiratory effort: No increased work of breathing or signs of respiratory distress.
Auscultation of lungs: Clear to auscultation.
Musculoskeletal
Gait and station: Normal.
Inspection/palpation of joints, bones, and muscles: Abnormal.
Psychiatric
Mood and affect: Normal.

Results/Data

Impacted radial fracture, left wrist.

Assessment

1. Wrist injury (959.3) (S69.90XA)
2. Wrist pain (719.43) (M25.539)
3. Distal radial fracture (813.42) (S52.509A)

Impacted radial fracture, left wrist.

Plan

McCutcheon, Janice K
DOB: 08/08/1954 **Sex:** F
MRN: 3[illegible]5210

Provider: Willard, Oliver
Account: 974197

- Start: Start: Hydrocodone-Acetaminophen 7.5-325 MG Oral Tablet; TAKE 1 TABLET EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN

Will place on hydrocodone for relief of the pain. Placed in splint for support. Continue with ice and elevation. Referred to orthopedics.

TP XR WRIST 3 VIEWS LT Status: Resulted - Requires Verification Done: 01Jan0001 12:00AM
Due: 09Nov2015 Marked Important; Ordered;
For: Wrist pain; Ordered By: Willard, Oliver

Discussion/Summary

Occupational status of injury:. This injury/illness is work related.
Injury occurred in the workplace, but did not arise out of his/her performance or any job responsibility.
Work Status:
Employee may return to ALTERNATE/RESTRICTED DUTIES on.
Restrictions: . Restrictions apply until next appointment.
One handed duty only with no use of the LEFT arm.
Orders Completed in Office:.
X-ray/Image(s) Done Today: .
Rx Medication(s) Given: Yes.
Recommendations/Orders:.
Referral(s) Ordered: orthopedics.
Patient Discussion: Discussed with the patient.
Past medical history, allergies to medications, and current medical treatments were obtained and reviewed. All of the above stated information is documented in the confidential medical record.

Signatures

Electronically signed by : Oliver Willard, M.D.; Nov 5 2015 1:39PM EST (Author)

Employer's APA Submissions to the South Carolina Workers' Commission dated March 7, 2019

APA # 3: First Report of Injury dated November 5, 2015

ACORD WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)
Greenwood Mills, Inc.
300 Morgan Ave.
Greenwood, SC 29646

CARRIER/ADMINISTRATOR CLAIM NUMBER
REPORT PURPOSE CODE: S-631
JURISDICTION
JURISDICTION CLAIM NUMBER
INSURED REPORT NUMBER

SIC CODE
EMPLOYER FEIN
EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT): 1500 Calhoun Road Greenwood, S.C. 29649
LOCATION #: HARRIS
PHONE #: 229.3116.2631

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS & PHONE NO)
Self-Insured
POLICY PERIOD
TO
CHECK IF APPROPRIATE
[X] SELF INSURANCE
CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)
Warren Moore (864) 941-4029
300 Morgan Ave.
Greenwood, SC 29646

CARRIER FEIN
POLICY/SELF-INSURED NUMBER: S-631
ADMINISTRATOR FEIN
AGENT NAME & CODE NUMBER

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE): McCutcheon, Janice Kaye
DATE OF BIRTH: 08.05.54
SOCIAL SECURITY NUMBER: 251-54-4473
DATE HIRED: 2.08.88
STATE OF HIRE: S.C.
ADDRESS (INCL ZIP): 4 Gilyse Road Ninety Six, SC. 29666
SEX: [F] FEMALE
MARITAL STATUS: [M] MARRIED
OCCUPATION/JOB TITLE: R.N.
EMPLOYMENT STATUS: Full Time
PHONE: 864.543.3326
OF DEPENDENTS
NCCI CLASS CODE
RATE — PER: [ ] DAY [ ] WEEK [ ] MONTH [ ] OTHER
DAYS WORKED/WEEK: 5
FULL PAY FOR DAY OF INJURY? [X] YES [ ] NO
DID SALARY CONTINUE? [X] YES [ ] NO

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK: 7:00 [X] AM [ ] PM
DATE OF INJURY/ILLNESS: 11.05.15
TIME OF OCCURRENCE: 8.15 [X] AM [ ] PM
LAST WORK DATE: 11.05.15
DATE EMPLOYER NOTIFIED: 11.05.15
DATE DISABILITY BEGAN: 11.06.15
CONTACT NAME/PHONE NUMBER: Warren Moore 229.3116.2631
TYPE OF INJURY/ILLNESS: Left Radial Impacted Fracture
PART OF BODY AFFECTED: Left Wrist
DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? [X] YES [ ] NO
TYPE OF INJURY/ILLNESS CODE
PART OF BODY AFFECTED CODE
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED: Harris Plant 5 Front Entrance
ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED: Walking up Steps
WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL: Associate was walking up the front entrance steps of Harris Plant. She stumbled, gained imbalance on wet cracked pavement and fell forward striking left hand and wrist against the edge of step.
CAUSE OF INJURY CODE
DATE RETURN(ED) TO WORK
IF FATAL, GIVE DATE OF DEATH
WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? [ ] YES [ ] NO
WERE THEY USED? [ ] YES [ ] NO

PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS): Dr. Oliver W. Hard, Tower Pointe, Greenwood, S.C. 29646 (11.05.15)
HOSPITAL (NAME & ADDRESS): Lakelands Orthopaedic Jessica S Willard, P.A.C. 104 Gregor Mendel Circle Greenwood, S.C. 29646 (11.6.15)
INITIAL TREATMENT
[0] NO MEDICAL TREATMENT
[1] MINOR: BY EMPLOYER
[2] MINOR CLINIC/HOSP
[X] EMERGENCY CARE
[4] HOSPITALIZED > 24 HRS
[5] FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

WITNESSES (NAME & PHONE #): Shanda Wade (2633)
DATE ADMINISTRATOR NOTIFIED: 11.05.15
DATE PREPARED: 11.8.15
PREPARER'S NAME & TITLE: Janice C. McCutcheon R.N.
PHONE NUMBER: 229.3116.2635

ACORD 6 (3/95) SEE BACK FOR IMPORTANT STATE INFORMATION/SIGNATURE © ACORD CORPORATION 1993

WCC FORM 12-A REV. DATE 3/96 REPRINTED WITH PERMISSION OF IAIABC

Employer's APA Submissions to the South Carolina Workers' Commission dated March 7, 2019

APA # 4: Dr. Burnett's Physician Statement (Form 14B) dated October 20, 2016

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

Physician's Statement

Claimant's Name: Janice McCutcheon
Physician's Name: Carol Burnette MD
Practice/Clinic:
Preparer's Name:
Phone:

Employer's Name:
Insurance Carrier:
SCWCC File No:

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: 11/05/15

Date of first office visit: 3/31/16 Date of last visit: 8/17/16

Diagnosis or nature of injury or illness: Distal fracture

Body part(s) injured: Left wrist Body part(s) affected: Left wrist

Date of **Maximum Medical Improvement:** 6/22/16

Based on the **AMA Guidelines**, the claimant has sustained a 5 **% medical impairment** to left upper extremity injured body part(s) and a N/A **% medical impairment** to other affected body part(s).

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

✓ The claimant is **able** to return to work **with the following restrictions:**
No repetitive flexion or extension of the left wrist; no lifting greater than 5 lb with the left hand; will need to limit work hours initially to 6 hr days, with gradual transition to full 8hr days over the first month

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

____ Claimant **possesses retained hardware** casually related to this injury.

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:

She remains on pain medication by Dr Lowenstein

Carol Burnette MD
Treating Physician

10/20/16
Date

Employer's APA Submissions to the South Carolina Workers' Commission dated March 7, 2019

APA # 5: Dr. Timms' Physician Statement (Form 14B) dated January 11, 2017

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov

Physician's Statement

Claimant's Name: Janice McCutcheon
Physician's Name: Anthony Timms MD
Practice/Clinic: Orthopaedic Associates of the Lakelands
Preparer's Name:

Employer's Name:
Insurance Carrier:
SCWCC File No:
Phone:

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her injury by accident pursuant to **§§42-15-60, 42-15-80, 42-1-172, or 42-11-10.**

Date of first office visit: 11-6-15 Date of last visit: 8-31-16 **Date of injury or illness:** 11-5-15

Diagnosis or nature of injury or illness: left distal radius fracture

Body part(s) injured: left WRIST Body part(s) affected: left WRIST

Date of **Maximum Medical Improvement**: 8-31-16

Based on the AMA Guidelines, 4th Edition, the Claimant has sustained the following medical impairment as a result of the work related injury:

2 (two)% medical impairment to the left upper extremity (injured body part)

If there is causally-related medical impairment to other body parts as a result of the work related injury, please indicate the impairment below.

____% medical impairment to the _____ (additional body part injured or affected)
____% medical impairment to the _____ (additional body part injured or affected)

☐ The Claimant is **able to return to work** without restriction.

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

no lifting more than 15 pounds, no repetitive actions

☐ The Claimant is **unable to return to work** at the employment in which the patient was injured.

☐ The Claimant **possesses retained hardware** casually related to this injury.

As of the date you last saw the patient, please provide your opinion to a reasonable degree of medical certainty as to whether the patient will most probably need future medical care related to his or her work related injury or illness. **"Most probably" means more likely than not or with greater than 50% probability.**

☒ The patient **most probably will not** (50% or less probability) need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty.

☐ The patient **most probably will** (greater than 50% probability) need future medical care and treatment related to his or her work related injury or illness and that future medical care and treatment including medication is as follows:

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

Treating or Evaluating Physician

1-11-17
Date

Employer's APA Submissions to the South Carolina Workers' Commission dated March 7, 2019

APA # 6: Dr. Loudermilk's Physician Statement (Form 14B) dated March 2, 2017 – October 6, 2018

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov

Physician's Statement

Claimant's Name:	Janice McCutcheon	Employer's Name:	Greenwood Mills, Inc.
Physician's Name:	Dr. Eric P. Loudermilk	Insurance Carrier:	Self Insured
Practice/Clinic:	Piedmont Comprehensive Pain	SCWCC File No:	1517220
Preparer's Name:		Phone:	(864) 229-3116, ext. 2631

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to *South Carolina Code Sections* 42-15-60, 42-15-80, 42-1-172, or 42-11-10.

Date of injury: 11/5/2015 Date of first office visit: 3/31/16 Date of last office visit: 8/17/16

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: L wrist fracture, reflex sympathetic dystrophy

Body part(s) injured: Left Wrist Body part(s) affected: Left upper extremity

Date of **maximum medical improvement:** 6/22/16

Has the Claimant sustained **permanent physical impairment** as a result of the work injury? ✓ Yes ____ No

If so, the permanent physical impairment is: 5 % medical impairment to the Left upper extremity (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:
N/A % medical impairment to the ____ (additional body part injured or affected).

The impairment rating(s) above are based upon the following:

____ The AMA's *Guides to the Evaluation of Permanent Impairment* ____ Edition; or
____ Other medical treatise: ____ or
✓ Other: Dr. Carol Burnette's rating.

Does the Claimant have **permanent physical limitations** as a result of the injury? ✓ Yes ____ No

If so, the permanent physical limitations are: Please refer to Dr. Burnette's restrictions on her 14B

Does the Claimant **possess retained hardware** as a result of the injury? ✓ Yes ____ No

If so, the retained hardware is: Left wrist

Is there **medical, surgical, hospital or other treatment** that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function: ✓ Yes ____ No

If so, the medical care and treatment that is needed is/are:
She may require Hydrocodone as needed to help with residual pain.

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

Eric Loudermilk

Treating or Evaluating Physician

3/2/2017

Date

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov

Physician's Statement

Claimant's Name: Janice McCutcheon
Physician's Name: Dr. Landermilk
Practice/Clinic: PCPMG
Preparer's Name: Dr. Eric Landermilk

Employer's Name:
Insurance Carrier:
SCWCC File No:
Phone:

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to *South Carolina Code Sections* 42-15-60, 42-15-80, 42-1-172, or 42-11-10.

Date of injury: 11/5/15 Date of first office visit: 3/30/16 Date of last office visit: 10/4/18

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: Left distal radius fracture, nerve injury

Body part(s) injured: Left Hand Body part(s) affected: Left Hand

Date of **maximum medical improvement:** 6/22/2016

Has the Claimant sustained **permanent physical impairment** as a result of the work injury? ✓ Yes ___ No

If so, the permanent physical impairment is: 5 % medical impairment to the left upper extremity (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:
___ % medical impairment to the ___ (additional body part injured or affected).

The impairment rating(s) above are based upon the following:

✓ The AMA's *Guides to the Evaluation of Permanent Impairment* 6th Edition; or (per Dr. Burnette)
___ Other medical treatise: ___ or
___ Other: ___

Does the Claimant have **permanent physical limitations** as a result of the injury? ✓ Yes ___ No

If so, the permanent physical limitations are: No ~~lifting~~ lifting >5lbs with left hand; No repetitive wrist flexion + extension

Does the Claimant **possess retained hardware** as a result of the injury? ✓ Yes ___ No

If so, the retained hardware is: Left wrist

Is there **medical, surgical, hospital or other treatment** that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function: ✓ Yes ___ No

If so, the medical care and treatment that is needed is/are:
Medications to help with chronic pain and nerve damage.

"An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

Eric Landermilk 10/6/2018

Treating or Evaluating Physician **Date**

Employer's APA Submissions to the South Carolina Workers' Commission dated March 7, 2019

APA # 7: Reports of Piedmont Internal Medicine (Dr. Burnett's Report) dated November 14, 2013 through March 19, 2015

McCutcheon, Janice K
DOB: 05/08/1954 Sex: F
MRN: 345210
Provider: Burnett III, Samuel
Account: 524959

Chief Complaint
followup-refused to weigh

History of Present Illness
Under a lot of stress at work and at home. Mom is living with her. BP is up but does not want meds at this time.

Hypertension (Follow-Up): The patient presents for follow-up of primary hypertension. The patient states she has been stable with her blood pressure control since the last visit. She has no comorbid illnesses.
Interval Events: Stress at home and at work.
Symptoms: The patient is currently asymptomatic. Associated symptoms include no headache, no focal neurologic deficits and no memory loss.
Home monitoring: The patient checks her blood pressure regularly. Blood pressure control has been good.
Medications: The patient is not currently on any medications for her hypertension--lifestyle modification only.

Pre-Diabetes: The patient is being seen for a routine clinic follow-up of pre-diabetes. The patient is currently asymptomatic. Current treatment includes exercise regimen, weight loss program and dietitian counseling. By report, there is good compliance with treatment, good tolerance of treatment and good symptom control.

Hyperlipidemia (Initial): The patient is being seen for a routine clinic follow-up of hyperlipidemia. No associated symptoms are reported. Current treatment includes aerobic exercise, weight loss program and dietary modification. By report, there is good tolerance of treatment and good symptom control. There are no known treatment complications.

Review of Systems

Constitutional: no fever and no chills.
Eyes: no purulent discharge from the eyes and no dryness of the eyes.
ENT: no stuffy nose and no runny nose.
Cardiovascular: no chest pain and no palpitations.
Respiratory: no shortness of breath and no wheezing.
Gastrointestinal: no abdominal pain and no vomiting.
Genitourinary: no dysuria and no frequency.
Musculoskeletal: no arthralgias and no myalgia.
Integumentary: no itching and no skin rash.
Psychiatric: anxiety and depression.
Endocrine: fatigue, but no changes in hair/skin.

Active Problems
1. Benign Hemoglobin M Disease 289.7
   elevated hemoglobin
2. History of Chest Pain 786.50
3. Diverticulosis 562.10
4. Hyperlipidemia 272.4
5. Hypertension 401.9
6. Prediabetes 790.29

Past Medical History
- Benign Hemoglobin M Disease 289.7
  elevated hemoglobin
- History of Chest Pain 786.50
- Diverticulosis 562.10
- Hyperlipidemia 272.4
- Hypertension 401.9
- Prediabetes 790.29

McCutcheon, Janice K
DOB: 05/08/1954 Sex: F
MRN: 345210

Provider: Burnett III, Samuel
Account: 524959

Family History
- Paternal history of Colon Cancer V16.0
- Maternal history of Diabetes Mellitus V18.0
- Maternal history of Hypertension V17.49
- Maternal history of Stroke Syndrome V17.1
- Family history of Father Deceased At Age 51

Social History
- Never A Smoker
- Never Drank Alcohol
- Occupation:
  works for Greenwood Mills as an occupational nurse.

Current Meds
1. No Reported Medications

Allergies
1. Inapsine SOLN

Vitals

	14Nov2013 08:10AM
Heart Rate	78
Systolic	150
Diastolic	98
Height	5 ft 4.5 in

Physical Exam

Constitutional
General appearance: Normal.
Ears, Nose, Mouth, and Throat
External inspection of ears and nose: Normal.
Pulmonary
Auscultation of lungs: Normal. No rales or crackles were heard bilaterally. No rhonchi. No friction rub. No wheezing.
Cardiovascular
Examination of extremities for edema and/or varicosities: Normal.
Abdomen
Abdomen: Normal. The abdomen was obese. Bowel sounds were normal. The abdomen was soft and nontender.
Lymphatic
Palpation of lymph nodes in neck: Normal.
Musculoskeletal
Gait and station: Normal.
Neurologic
Cranial nerves: Normal.
Psychiatric
Orientation to person, place, and time: Normal.
Mood and affect: Normal.

Monofilament Testing:
Vascular:

Assessment
1. Hypertension 401.9
2. Hyperlipidemia 272.4
3. Health Maintenance V70.0
4. Prediabetes 790.29

McCutcheon, Janice K
DOB: 05/08/1954 **Sex:** F
MRN: 345210

Provider: Burnett III, Samuel
Account: 524959

5. Diverticulosis 562.10

Plan

Anxiety (300.00), Depression (311)

- Escitalopram Oxalate 20 MG Oral Tablet; TAKE 1 TABLET DAILY; Therapy: 14Nov2013 to (Evaluate:09Nov2014) Requested for: 14Nov2013; Last Rx:14Nov2013; Edited

Hyperlipidemia (272.4)

- IMP CMET Requested for: 14Feb2014
- IMP Lipid Profile Requested for: 14Feb2014

Hypertension (401.9)

- IMP CBC Requested for: 14Feb2014

Hypertension (401.9), Hyperlipidemia (272.4), Health Maintenance (V70.0), Prediabetes (790.29), Diverticulosis (562.10), Anxiety (300.00), Depression (311)

- Continue with our present treatment plan. Done: 14Nov2013
- Eat a normal well-balanced diet. Done: 14Nov2013
- We recommend that you bring your body mass index down to 26. Done: 14Nov2013
- Your sodium (salt) intake to 2 grams per day. Done: 14Nov2013
- Follow-up visit in 3 months Outpatient Follow-up Done: 14Nov2013

Prediabetes (790.29)

- IMP Hemoglobin A1c Requested for: 14Feb2014

Unlinked

- MetFORMIN HCl 500 MG Oral Tablet; Therapy: 04Oct2013-14Nov2013; Status: DISCONTINUED
- Triamcinolone Acetonide 0.5 % External Ointment; Therapy: 04Oct2013-14Nov2013; Status: DISCONTINUED

. The patient feels that stress is driving her blood pressure and her blood sugar. We plan to start Lexapro to help her deal with the stress. She's also to start walking 30 minutes a day which I think will also reduce the stress. We plan to see her back in 3 months. If things have not improved we will again discuss medications which she does not think she needs at this time.

Signatures

Electronically signed by : Samuel Burnett III, M.D.; Nov 14 2013 9:57AM (Author)

McCutcheon, Janice K
DOB: 05/08/1954 Sex: F
MRN: 345210
Provider: Burnett III, Samuel
Account: 607772

Chief Complaint

Follow up on labs.

History of Present Illness

Lexapro is helping but she is having a "tick" in the right leg and increased sweating. BP is good.

Hyperlipidemia (Follow-Up): The patient states her hyperlipidemia has been stable since the last visit. Comorbid illnesses: diabetes mellitus and hypertension. She has no significant interval events.
Symptoms: Denies chest pain, denies intermittent leg claudication, denies muscle pain and denies muscle weakness. Associated symptoms include no focal neurologic deficits and no memory loss.
Medications: The patient is not currently on any medications for her hyperlipidemia.

Diabetes Type II (Follow-Up): The patient states she has been stable with her Type II Diabetes control since the last visit. Comorbid illnesses: hypertension and hyperlipidemia. She has no known diabetic complications. She has no significant interval events.
Symptoms: Denies numbness of the feet, denies a foot ulcer, denies foot pain, denies vomiting and denies visual impairment.
Home monitoring: The patient is not checking blood sugars at home.
Medications: The patient remains on diet control only without medications at this time.

Hypertension (Follow-Up): The patient presents for follow-up of essential hypertension. The patient states she has been doing well with her blood pressure control since the last visit. She has no comorbid illnesses. She has no significant interval events.
Symptoms: Denies impaired vision, denies dyspnea, denies chest pain, denies intermittent leg claudication and denies lower extremity edema. Associated symptoms include no headache, no focal neurologic deficits and no memory loss.
Home monitoring: The patient checks her blood pressure regularly. Blood pressure control has been good.
Medications: The patient is adherent with her medication regimen.

Review of Systems

Constitutional: no fever and no chills.
Eyes: no purulent discharge from the eyes and no dryness of the eyes.
ENT: no stuffy nose and no runny nose.
Cardiovascular: no chest pain, no palpitations, no orthopnea and no PND.
Respiratory: no shortness of breath and no wheezing.
Gastrointestinal: no abdominal pain and no vomiting.
Genitourinary: no dysuria and no frequency.
Musculoskeletal: no arthralgias and no myalgia.
Integumentary: no itching and no skin rash.
Neurological: no dizziness and no headaches.
Psychiatric: no anxiety and no depression.
Endocrine: no changes in hair/skin and no fatigue.

Active Problems

1. Anxiety (300.00)
2. Depression (311)
3. Diverticulosis (562.10)
4. History of chest pain (V13.89)
5. Hyperlipidemia (272.4)
6. Hypertension (401.9)
7. Methemoglobinemia (289.7)

Past Medical History

- Diverticulosis (562.10)
- History of chest pain (V13.89)
- Hyperlipidemia (272.4)
- Hypertension (401.9)
- Methemoglobinemia (289.7)

McCutcheon, Janice K
DOB: 05/08/1954 Sex: F
MRN: 345210

Provider: Burnett III, Samuel
Account: 607772

- elevated hemoglobin

Family History

- Family history of Diabetes Mellitus (V18.0)
- Family history of Hypertension (V17.49)
- Family history of Stroke Syndrome (V17.1)
- Family history of Colon Cancer (V16.0)
- Family history of Father Deceased At Age 51

Social History

- Never Drank Alcohol
- Never smoker
- Occupation:
  - works for Greenwood Mills as an occupational nurse.

Current Meds

1. Escitalopram Oxalate 20 MG Oral Tablet; TAKE 1 TABLET DAILY;
   Therapy: 14Nov2013 to (Evaluate:09Nov2014) Requested for: 14Nov2013; Last Rx:14Nov2013 Ordered

Allergies

1. Inapsine SOLN

Vitals

	Recorded by : Day, Amy at 01Jul2014 09:02AM	Recorded by : Hill, Patricia at 14Nov2013 09:10AM
Heart Rate	80	78
Systolic	130	150
Diastolic	80	96
Height	5 ft 4.5 in	5 ft 4.5 in

Physical Exam

Constitutional
General appearance: Normal.
Ears, Nose, Mouth, and Throat
External inspection of ears and nose: Normal.
Pulmonary
Auscultation of lungs: Normal. No rales or crackles were heard bilaterally. No rhonchi. No friction rub. No wheezing.
Cardiovascular
Examination of extremities for edema and/or varicosities: Normal.
Abdomen
Abdomen: Normal. The abdomen was obese. Bowel sounds were normal. The abdomen was soft and nontender.
Lymphatic
Palpation of lymph nodes in neck: Normal.
Musculoskeletal
Gait and station: Normal.
Digits and nails: Normal.
Inspection/palpation of joints, bones, and muscles: Normal.
Neurologic
Cranial nerves: Normal.
Psychiatric
Orientation to person, place, and time: Normal.
Mood and affect: Normal.

Assessment

McCutcheon, Janice K
DOB: 05/08/1954 Sex: F
MRN: 345210
Provider: Burnett III, Samuel
Account: 607772

1. Methemoglobinemia (289.7)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 01 Jul 2014
   - elevated hemoglobin
2. History of Prediabetes (790.29)
   - Resolved Date: 01 Jul 2014; Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 01 Jul 2014
3. Anxiety (300.00)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 01 Jul 2014
4. Encounter for preventive health examination (V70.0)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 01 Jul 2014
5. Hypertension (401.9)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 01 Jul 2014
6. Hyperlipidemia (272.4)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 01 Jul 2014
7. Diverticulosis (562.10)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 01 Jul 2014
8. Depression (311)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 01 Jul 2014
9. Type 2 diabetes mellitus (250.00)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 01 Jul 2014

Plan

Anxiety, Depression

- Renew: Renew: Escitalopram Oxalate 20 MG Oral Tablet; TAKE 1 TABLET DAILY

Anxiety, Depression, Diverticulosis, Health Maintenance, Hyperlipidemia, Hypertension, Type 2 diabetes mellitus

- Begin or continue regular aerobic exercise. Gradually work up to at least 3 sessions of 30 minutes of exercise a week. Status: Complete Done: 01Jul2014
- Continue with our present treatment plan. Status: Complete Done: 01Jul2014
- Eat a normal well-balanced diet. Status: Complete Done: 01Jul2014
- We recommend that you bring your body mass index down to 26. Status: Complete Done: 01Jul2014
- Your sodium (salt) intake to 2 grams per day. Status: Complete Done: 01Jul2014
- Follow-up visit in 3 months Outpatient Follow-up Status: Complete Done: 01Jul2014

Health Maintenance

- I MM MAMMOGRAM SCREEN DIGITAL Status: Active Requested for: 01Jul2014

Hyperlipidemia

- Start: Start: Pravastatin Sodium 20 MG Oral Tablet; TAKE 1 TABLET DAILY
- COMPREHENSIVE METABOLIC PANEL Status: Hold For - Specimen/Data Collection Requested for: 01Oct2014
- LIPID PROFILE Status: Hold For - Specimen/Data Collection Requested for: 01Oct2014

Hypertension

- CBC (with Diff) Status: Hold For - Specimen/Data Collection Requested for: 01Oct2014

Type 2 diabetes mellitus

- Start: Start: Januvia 100 MG Oral Tablet; TAKE 1 TABLET DAILY
- HEMOGLOBIN A1C Status: Hold For - Specimen/Data Collection Requested for: 01Oct2014

Cannot tolerate metformin. Does not want byetta. Plan to try januvia. Will add pravastatin for cholesterol.

End of Encounter Meds

1. Escitalopram Oxalate 20 MG Oral Tablet; TAKE 1 TABLET DAILY;
   Therapy: 14Nov2013 to (Evaluate:26Jun2015) Requested for: 01Jul2014; Last

McCutcheon, Janice K
DOB: 05/08/1954 **Sex:** F
MRN: 345210

Provider: Burnett III, Samuel
Account: 607772

Rx:01Jul2014 Ordered

2. Januvia 100 MG Oral Tablet; TAKE 1 TABLET DAILY;
   Therapy: 01Jul2014 to (Evaluate:26Jun2015); Last Rx:01Jul2014 Ordered
3. Pravastatin Sodium 20 MG Oral Tablet; TAKE 1 TABLET DAILY;
   Therapy: 01Jul2014 to (Evaluate:26Jun2015); Last Rx:01Jul2014 Ordered

Signatures
Electronically signed by : Samuel Burnett III, M.D.; Jul 1 2014 9:16PM EST (Author)

McCutcheon, Janice K
DOB: 05/08/1954 **Sex:** F
MRN: 345210

Provider: Burnett III, Samuel
Account: 762358

Chief Complaint

OV with labs

History of Present Illness

BP is about 140. She stopped the sweet tea. She takes ativan 0.5 mg occasionally. Her mom lives with her.

Hyperlipidemia (Follow-Up): The patient states her hyperlipidemia has been stable since the last visit. Comorbid illnesses: diabetes mellitus and hypertension. She has no significant interval events.
Symptoms: Denies chest pain, denies intermittent leg claudication, denies muscle pain and denies muscle weakness. Associated symptoms include no focal neurologic deficits and no memory loss.
Medications: The patient is not currently on any medications for her hyperlipidemia.

Diabetes Type II (Follow-Up): The patient states she has been stable with her Type II Diabetes control since the last visit. Comorbid illnesses: hypertension and hyperlipidemia. She has no known diabetic complications. She has no significant interval events.
Symptoms: Denies numbness of the feet, denies a foot ulcer, denies foot pain, denies vomiting and denies visual impairment.
Home monitoring: The patient is not checking blood sugars at home.
Medications: The patient remains on diet control only without medications at this time.

Hypertension (Follow-Up): The patient presents for follow-up of essential hypertension. The patient states she has been doing well with her blood pressure control since the last visit. She has no comorbid illnesses. She has no significant interval events.
Symptoms: Denies impaired vision, denies dyspnea, denies chest pain, denies intermittent leg claudication and denies lower extremity edema. Associated symptoms include no headache, no focal neurologic deficits and no memory loss.
Home monitoring: The patient checks her blood pressure regularly. Blood pressure control has been good.
Medications: The patient is adherent with her medication regimen.

Review of Systems

Constitutional: no fever and no chills.
Eyes: no purulent discharge from the eyes and no dryness of the eyes.
ENT: no stuffy nose and no runny nose.
Cardiovascular: no chest pain, no palpitations, no orthopnea and no PND.
Respiratory: no shortness of breath, no wheezing, no cough and non-productive cough.
Gastrointestinal: no abdominal pain, no vomiting, no constipation and no diarrhea.
Genitourinary: no dysuria and no frequency.
Musculoskeletal: no arthralgias and no myalgia.
Integumentary: no itching and no skin rash.
Neurological: no dizziness and no headaches.
Psychiatric: no anxiety and no depression.
Endocrine: no changes in hair/skin and no fatigue.

Active Problems

1. Anxiety (300.00)
2. Depression (311)
3. Diverticulosis (562.10)
4. History of chest pain (V13.89)
5. Hyperlipidemia (272.4)
6. Hypertension (401.9)
7. Methemoglobinemia (289.7)
8. Type 2 diabetes mellitus (250.00)

Past Medical History

- Diverticulosis (562.10)
- History of chest pain (V13.89)
- Hyperlipidemia (272.4)

McCutcheon, Janice K
DOB: 05/08/1954 **Sex:** F
MRN: 345210

Provider: Burnett III, Samuel
Account: 762358

- Hypertension (401.9)
- Methemoglobinemia (289.7)
  - elevated hemoglobin

Family History

- Family history of Diabetes Mellitus (V18.0)
- Family history of Hypertension (V17.49)
- Family history of Stroke Syndrome (V17.1)
- Family history of Colon Cancer (V16.0)
- Family history of Father Deceased At Age 51

Social History

- Never Drank Alcohol
- Never smoker
- Occupation:
  - works for Greenwood Mills as an occupational nurse.

Current Meds

1. Escitalopram Oxalate 20 MG Oral Tablet; TAKE 1 TABLET DAILY;
   Therapy: 14Nov2013 to (Evaluate:26Jun2015) Requested for: 01Jul2014; Last Rx:01Jul2014 Ordered
2. MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour; 1 at bedtime;
   Therapy: 19Mar2015 to Recorded
3. Pravastatin Sodium 20 MG Oral Tablet; TAKE 1 TABLET DAILY;
   Therapy: 01Jul2014 to (Evaluate:26Jun2015); Last Rx:01Jul2014 Ordered

Allergies

1. Inapsine SOLN

Vitals

	Recorded by : McCoy, Amy at 19Mar2015 11:22AM	Recorded by : Day, Amy at 01Jul2014 09:02AM
Heart Rate	67	80
Systolic	170	130
Diastolic	68	80
Height	5 ft 4.5 in	5 ft 4.5 in

Physical Exam

Constitutional
General appearance: Normal.
Ears, Nose, Mouth, and Throat
External inspection of ears and nose: Normal.
Pulmonary
Auscultation of lungs: Normal. No rales or crackles were heard bilaterally. No rhonchi. No friction rub. No wheezing bilaterally.
Cardiovascular
Auscultation of heart: Normal. The heart rate was normal. The rhythm was regular. Heart sounds: no gallop heard. No murmurs were heard.
Examination of extremities for edema and/or varicosities: Normal.
Abdomen
Abdomen: Normal. The abdomen was obese. Bowel sounds were normal. The abdomen was soft and nontender.
Lymphatic
Palpation of lymph nodes in neck: Normal.
Musculoskeletal
Gait and station: Normal.
Digits and nails: Normal.

McCutcheon, Janice K
DOB: 05/08/1954 Sex: F
MRN: 345210

Provider: Burnett III, Samuel
Account: 762358

Inspection/palpation of joints, bones, and muscles: Normal.
Neurologic
Cranial nerves: Normal.
Psychiatric
Orientation to person, place, and time: Normal.
Mood and affect: Normal.

Assessment

1. Depression (311)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 19 Mar 2015
2. Diverticulosis (562.10)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 19 Mar 2015
3. Hyperlipidemia (272.4)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 19 Mar 2015
4. Hypertension (401.9)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 19 Mar 2015
5. Type 2 diabetes mellitus (250.00)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 19 Mar 2015
6. Anxiety (300.00)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 19 Mar 2015
7. Encounter for preventive health examination (V70.0)
   - Assessed By: Burnett III, Samuel (Internal Medicine); Last Assessed: 19 Mar 2015

Plan

Anxiety, Depression
- Start: Start: LORazepam 0.5 MG Oral Tablet; Take one tablet a day as needed

Anxiety, Depression, Diverticulosis, Health Maintenance, Hyperlipidemia, Hypertension, Type 2 diabetes mellitus
- Continue with our present treatment plan. Status: Complete Done: 19Mar2015
- Eat a normal well-balanced diet. Status: Complete Done: 19Mar2015
- We recommend that you bring your body mass index down to 26. Status: Complete Done: 19Mar2015
- Your sodium (salt) intake to 2 grams per day. Status: Complete Done: 19Mar2015
- Follow-up visit in 3 months Outpatient Follow-up Status: Complete Done: 19Mar2015

Hyperlipidemia
- Renew: Renew: Pravastatin Sodium 40 MG Oral Tablet; TAKE 1 TABLET DAILY
- LIPID PROFILE Status: Hold For - Specimen/Data Collection Requested for: 19Jun2015

Hyperlipidemia, Hypertension, Type 2 diabetes mellitus
- COMPREHENSIVE METABOLIC PANEL Status: Hold For - Specimen/Data Collection Requested for: 19Jun2015

Hypertension
- Start: Start: Lisinopril 5 MG Oral Tablet; TAKE 1 TABLET DAILY

Type 2 diabetes mellitus
- Stop: Stop: Januvia 100 MG Oral Tablet
- Renew: Renew: MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour; TAKE 2 TABLET IN THE EVENING
- HEMOGLOBIN A1C Status: Hold For - Specimen/Data Collection Requested for: 19Jun2015

Use ativan only as needed. Increase the metformin to 2 tablets after supper. Plan to add lisinopril 5 mg daily and check BMET in 3 months. Plan to increase the pravastatin to 40 mg daily and recheck in 3 months.

End of Encounter Meds

McCutcheon, Janice K
DOB: 05/08/1954 **Sex:** F
MRN: 345210

Provider: Burnett III, Samuel
Account: 762358

1. Escitalopram Oxalate 20 MG Oral Tablet; TAKE 1 TABLET DAILY;
   Therapy: 14Nov2013 to (Evaluate:26Jun2015) Requested for: 01Jul2014; Last Rx:01Jul2014 Ordered
2. Lisinopril 5 MG Oral Tablet; TAKE 1 TABLET DAILY;
   Therapy: 19Mar2015 to (Evaluate:13Mar2016) Requested for: 19Mar2015; Last Rx:19Mar2015 Ordered
3. LORazepam 0.5 MG Oral Tablet; Take one tablet a day as needed;
   Therapy: 19Mar2015 to (Last Rx:19Mar2015) Ordered
4. MetFORMIN HCl ER 500 MG Oral Tablet Extended Release 24 Hour; TAKE 2 TABLET IN THE EVENING;
   Therapy: 19Mar2015 to (Evaluate:13Mar2016) Requested for: 19Mar2015; Last Rx:19Mar2015 Ordered
5. Pravastatin Sodium 40 MG Oral Tablet; TAKE 1 TABLET DAILY;
   Therapy: 01Jul2014 to (Evaluate:13Mar2016) Requested for: 19Mar2015; Last Rx:19Mar2015 Ordered

Future Appointments

Date/Time	Provider	Specialty	Site
06/26/2015 01:00 PM	Burnett III, Samuel, M.D.	Internal Medicine	Internal Medicine of the Piedmont

Signatures

Electronically signed by : Samuel Burnett III, M.D.; Mar 19 2015 1:55PM EST (Author)

Employer's APA Submissions to the South Carolina Workers' Commission dated March 7, 2019

APA # 8: Reports of Elite Integrated Therapy Center dated March 31, 2016 through May 31, 2016

E lite Integrated T herapy Centers - Anderson
2005 East G reenville St., Suite 119
A nderson, SC 29621-1575
Phone: (864)964-0505
Fax: (864)222-0182

Physical Therapy Initial Examination

Patient N ame: McCutcheon, J anice E.
Date of Birth: 05/08/1954
R eferring Physician(s): Loudermilk, Eric P. MD
V isit No.: 1

Date of Initial Examination: 03/31/2016
Injury/Onset/C hange of S tatus Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

S ubjective

Treatment S ide: Left

History of Present C ondition/Mechanism of Injury: Patient presents for evaluation of L wrist/hand pain following nerve block this morning from Dr. Loudermilk due to diagnosis of RSD.

Initial injury: 11/5/15, fell outside of work, fell forward into edge of step and tried to catch self with L hand. Resulted in distal radius fracture that did not heal on its own. On 11/23/15 had surgery with multiple plates/screws from Dr. Anthony Timms (Lakelands Orthopedics in Greenwood). Reports being placed in 3 different splints and a cast after surgery. Last cast removed 12/22/15. Attended PT at Genesis in Greenwood from end of December until mid March (3x/week.

Patient reports being in constant pain since cast removed in December. Told by surgeon that she had RSD, after researching it she wanted a second opinion. Saw Dr. Loudermilk yesterday, agreed with RSD diagnosis and set up for series of 5 nerve blocks. Had initial nerve block this morning at 8am.

Reports tightness across fingers/knuckles, sharp pain through anterior wrist, pain on medial border of wrist, tingling in finger tips.

Reports redness, glossy look of hand/forearm, brittleness of skin and nails. Change in texture of forearm/hand. Tightness across skin. Difficulty feeling different textures and temperatures

Difficulty: seat belt, door knobs, ice/water in fridge, clothes on/off, smaller hand/finger movement, sleeping due to pain, opposition
Alleviating: heat and cool is soothing

Went back to work as Occupational Health Nurse at Greenwood Harris Plant - spirometry testing, pulmonary and hearing tests; currently only working 5 hours of normal 8-9 hour shift

HEP/previous therapy: puddy, nerve glides, isometrics fingers, taping fingers down and sitting 15 minutes, glove with rubber bands, sand machine

Primary C oncern/C hief C omplaint: wrist, distal forearm, hand pain
Pain L ocation: L wrist/forearm/hand
Pain S cale: W orst: **Best:** 5 **C urrent:** 5
Pain Description: Sharp, tightness, n/t
Home Health C are: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
C omplicating Factors: Previous Therapy
Mental S tatus/C ognitive Function Appears Impaired? No
C urrent Medications: Prescription (Metformin, Hydrocodone 7.25, Loratab, Muscle relaxer (can't take due to drowsiness), Atavan)

Objective

Inspection

Patient C onsent

Patient/Parent/Guardian Consent	Yes
Inspection	Edema surrounding distal L forearm and wrist Red/glossy appearance of L hand Healed surgical incision anterior wrist

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Elite Integrated Therapy Centers - Anderson
2005 East Greenville St., Suite 119
Anderson, SC 29621-1575
Phone: (864)964-0505
Fax: (864)222-0182

Physical Therapy Initial Examination

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 03/31/2016

Observation

Handedness Right

Range of Motion

Elbow AROM	Right	Left
Supination	70 °	50 °
Pronation	90 °	60 °

Wrist AROM	Right	Left
Extension	70 °	25 deg
Flexion	50 °	20 °
Radial Deviation	20 °	8 deg
Ulnar Deviation	30 °	10 °

Hand AROM/PROM

Thumb CMC	Right AROM/(PROM)	Left AROM/(PROM)
Extension	75 (NT)	45 (NT)
Total Motion	75	45

Strength

Gross Muscle Tests Upper

Wrist

	Right	Left
Wrist Flexion	4/5	2+/5
Wrist Extension	4/5	2+/5
Radial Deviation	4/5	2+/5
Ulnar Deviation	4/5	2+/5

Grip / Pinch	Right	Left
Power Grip	30 lbs	10 lbs
Tip Pinch/Pincer	17.5 lbs	5.5 lbs

Neuro-Vascular

Complaints of any radicular symptoms in either extremity

Complaints of any radicular symptoms in either extremity	Yes (L finger tips)
Sensory or vascular deficits noted	Yes

Comments Detects sharp across L palm
Difference in "pressure" with light touch assessment across hand

Special Tests

Comments Gross reduction in joint mobility radio-carpal, radio-ulnar, metacarpal, and intercarpal

Palpation

Palpation
Palpable tenderness or increased muscular tone noted: Tender throughout entire hand, phalanges, distal forearm

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Elite Integrated Therapy Centers - Anderson
2005 East Greenville St., Suite 119
Anderson, SC 29621-1575
Phone: (864)964-0505
Fax: (864)222-0182

Physical Therapy Initial Examination

Assessment

Assessment/Diagnosis: Patient presents with signs and symptoms of limited L wrist and hand mobility with symptoms of RSD following immobilization of radial fracture. Patient is limited in L wrist and finger ROM, reduced joint mobility, hypersensitivity throughout, decreased grip and wrist strength, difficulty with functional tasks (gripping, turning, lifting, reaching), difficulty working, fatigue. Patient will benefit from course of skilled physical therapy to desensitize, improve ROM and strength to return to prior level of functioning.

Patient Education: Patient educated on exam findings, POC and initial HEP. Patient educated on goals of desensitization and therapy.

Following the evaluation and extensive patient education regarding diagnosis, prognosis, and treatment goals, the patient (parent/guardian, power of attorney holder) actively participated in the creation of the current goals and agrees to the current treatment plan.

Rehab Potential: Fair (Chronicity of symptoms, prior therapy)

Contraindications to Therapy: None

Patient Problems:

- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:

1: (1 Visit) | Goal Met | Instruct in HEP
2: (2 Weeks) | Patient will report 50% improvement in L hand and wrist pain/symptoms.
3: (2 Weeks) | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction.

Long Term Goals:

1: (4 Weeks) | Patient will be independent in HEP to enable return to prior level of functioning.
2: (4 Weeks) | Patient will demonstrate improved left grip strength to symmetrical with right.
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL.
4: (4 Weeks) | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade.

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Elite Integrated Therapy Centers - Anderson
2005 East Greenville St., Suite 119
Anderson, SC 29621-1575
Phone: (864)964-0505
Fax: (864)222-0182

Physical Therapy Initial Examination

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 03/31/2016

Plan

Frequency: 2 times a week
Duration: 4 weeks
Plan: Begin Plan as Outlined
Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength, Endurance), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Resistive Exercise), Massage, Splinting/Taping, Patient Education (Home Exercise Program, Postural Training, Lifting Mechanics, Activity Modification)

Modalities

To Improve (Pain Relief, Improve Tissue Healing), Electrical Stimulation, Paraffin Bath, Cryotherapy, Hot Packs

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (864)964-0505.

Please sign and return: Fax#: (864)222-0182

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows_____

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Initiated by Taylor Harrington, PT, DPT on March 31, 2016 at 2:10 pm

Physician Signature_____
E. P. Loudermilk, MD

Date:_____

P Ben Hangen PT, DPT, OCS

Ben Hangen, PT, MPT, OCS
License #PT4773
Approved by Ben Hangen, PT, MPT, OCS on April 3, 2016 at 8:32 pm

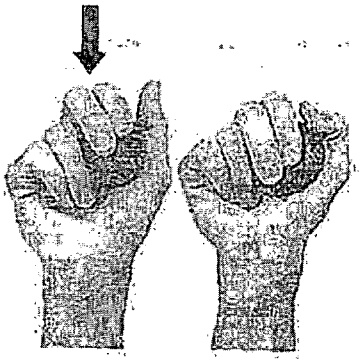
Powered by WebPT

Home Exercise Program

Created by Taylor Harrington, PT, DPT Mar 31st, 2016

View at "www.my-exercise-code.com" using code: RY3KWZB

Total 9



GRIP

With an elastic ball, firmly squeeze it in the palm of your hand with all fingers

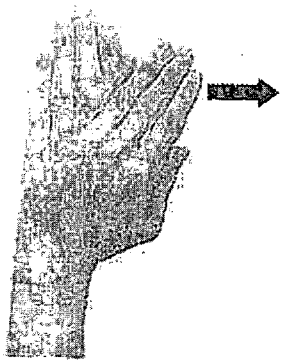
Hold 2 Minutes
Perform 2 Time(s) a Day

TENDON GLIDES

Perform the following series of movements with your hand.

Start with an open palm and then bend your fingers to a claw hand as in the upper right image. Next, return to an open palm and then to an "L" hand" as shown in the bottom right image. Next, return to an open palm and then make a fist as in the bottom left image. Finally, return to an open palm and then repeat the series.

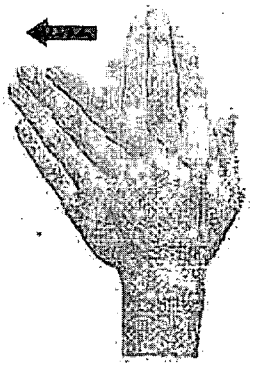
Repeat 15 Times
Perform 2 Time(s) a Day



WRIST RADIAL DEVIATION

Bend your wrist towards the thumb side and then return.

Repeat 15 Times
Perform 2 Time(s) a Day



WRIST ULNAR DEVIATION

Bend your wrist towards the little finger side and then return.

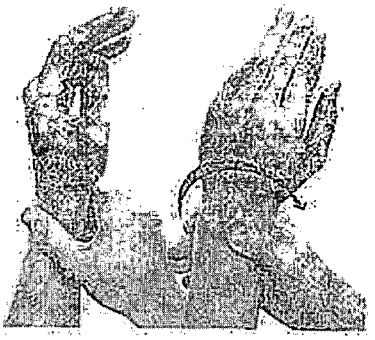
Repeat 15 Times
Perform 2 Time(s) a Day

WRIST SUPINATION STRETCH

Grasp your wrist as shown and gently turn your affected wrist towards palm face up.

Keep your elbow bent and by the side of your body.

Repeat 15 Times
Perform 2 Time(s) a Day



WRIST PRONATION STRETCH

Grasp your wrist as shown and gently turn your affected wrist towards palm face down.

Keep your elbow bent and by the side of your body.

Repeat 15 Times
Perform 2 Time(s) a Day

WRIST FLEXION - AROM - THIGH

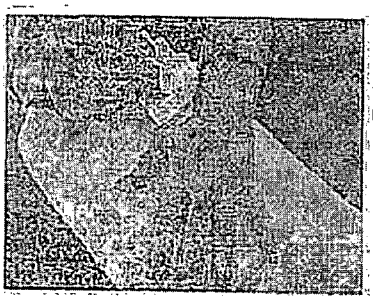
Rest your arm on your thigh and bend at your wrist up and down with your palm face up as shown. Return to original position and repeat.

Repeat 15 Times
Perform 2 Time(s) a Day

WRSIT EXTENSION - AROM - THIGH

Rest your arm on your thigh and bend at your wrist up and down with your palm face down as shown. Return to original position and repeat.

Repeat 15 Times
Perform 2 Time(s) a Day



Desensitization

Use cotton balls, towel, any different fabrics to rub over hand and fingers.

Hold 5 Seconds
Perform 2 Time(s) a Day

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Phone: (864)964-0505
Fax: (864)222-0182

Plan of Care

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Plan of Care: 03/31/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 1

Assessment

Assessment/Diagnosis: Patient presents with signs and symptoms of limited L wrist and hand mobility with symptoms of RSD following immobilization of radial fracture. Patient is limited in L wrist and finger ROM, reduced joint mobility, hypersensitivity throughout, decreased grip and wrist strength, difficulty with functional tasks (gripping, turning, lifting, reaching), difficulty working, fatigue. Patient will benefit from course of skilled physical therapy to desensitize, improve ROM and strength to return to prior level of functioning.

Patient Education: Patient educated on exam findings, POC and initial HEP. Patient educated on goals of desensitization and therapy.

Following the evaluation and extensive patient education regarding diagnosis, prognosis, and treatment goals, the patient (parent/guardian, power of attorney holder) actively participated in the creation of the current goals and agrees to the current treatment plan.

Rehab Potential: Fair (Chronicity of symptoms, prior therapy)

Contraindications to Therapy: None

Patient Problems:

- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:

1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:

1: (4 Weeks) | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

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Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 03/31/2016

Plan of Care

Plan

Frequency: 2 times a week
Duration: 4 weeks
Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength, Endurance), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Resistive Exercise), Massage, Splinting/Taping, Patient Education (Home Exercise Program, Postural Training, Lifting Mechanics, Activity Modification)

Modalities

To Improve (Pain Relief, Improve Tissue Healing), Electrical Stimulation, Paraffin Bath, Cryotherapy, Hot Packs
Review HEP
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (864)964-0505.

Please sign and return: Fax#: (864)222-0182

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows_____

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Initiated by Taylor Harrington, PT, DPT on March 31, 2016 at 2:10 pm

Physician Signature_____
E. P. Loudermilk, MD

Date:_____

Ben Hangen PT, DPT, OCS

Ben Hangen, PT, MPT, OCS
License #PT4773
Approved by Ben Hangen, PT, MPT, OCS on April 3, 2016 at 8:32 pm

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 03/31/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 1
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: L wrist, distal forearm, hand pain
Pain Location: L wrist/forearm/hand
Pain Scale: Worst: 7 **Best:** 5 **Current:** 5
Pain Description: Sharp, tightness, n/t
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x15 minutes, instructed in HEP and provided with exercise handout, patient education	1
GP:97140	Manual Therapy x15 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; gentle scar massage; manual towel desensitization	1

CPT® Code	Untimed Codes	Units
GP:97001	PT Evaluation	1

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Objective Findings: see EVAL

Assessment

Assessment/Diagnosis: Patient presents with signs and symptoms of limited L wrist and hand mobility with symptoms of RSD following immobilization of radial fracture. Patient is limited in L wrist and finger ROM, reduced joint mobility, hypersensitivity throughout, decreased grip and wrist strength, difficulty with functional tasks (gripping, turning, lifting, reaching), difficulty working, fatigue. Patient will benefit from course of skilled physical therapy to desensitize, improve ROM and strength to return to prior level of functioning.
Patient Education: Patient educated on exam findings, POC and initial HEP. Patient educated on goals of desensitization and therapy.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 03/31/2016

2: (2 Weeks) | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:

1: (4 Weeks) | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

Instructions: Progressing Patient Next Visit
Review HEP
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Initiated by Taylor Harrington, PT, DPT on April 3, 2016 at 4:32 pm

P Ben Hangen PT, DPT, OCS

Ben Hangen, PT, MPT, OCS
License #PT4773
Completed by Ben Hangen, PT, MPT, OCS on April 3, 2016 at 8:32 pm

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F LOW SH E E T

Patient: McCutcheon, Janice E.

Date: 03/31/2016
Physician: E. P. Loudermilk, MD (1225075088)
Diagnosis: ICD10: M79.642: Pain in left hand

Location: gym

Desensitizatoin exercises

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-03-31		5						1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-03-31		3						1:1 w/Therapist *TH*

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Daily Note / Billing Sheet

Patient Name: McCutcheon, J anice E.
Date of Birth: 05/08/19 54
Referring Physician(s): Loudermilk, Eric P. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 04/05/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 2
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Patient reports after 2nd nerve block this afternoon. Reports feeling less tightness across dorsal aspect of hand and fingers today.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x30 minutes	2
GP:97140	Manual Therapy x12 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; gentle scar massage; STM to flexor muscle mass	1

CPT® Code	Untimed Codes	Units
GP:97018	Paraffin Bath x8 minutes, 6 dips	1

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Assessment

Assessment/Diagnosis: Patient reports most pain and wrist flexor stretches. Significant joint mobility restrictions but tolerated manual techniques without major complaint. Positive response to paraffin wax dip. Encouraged to weight bear through L wrist/ hand at home.
Patient Education: Educated to call WC case manager regarding 2 concurrently open PT cases.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |
Long Term Goals:
1: (4 Weeks) | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | Patient will demonstrate improved left grip strength to symmetrical with right. |

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3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

Instructions: Progressing Patient Next Visit
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on April 5, 2016 at 5:12 pm

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FLOW SHEET

Patient: McCutcheon, Janice E.

Date: 04/05/2016 **Start Date:** 03/31/2016

Physician: E. P. Loudermilk, MD (1225075088)

Diagnosis: ICD10: M79.642: Pain in left hand

Location: gym

weightbearing wrist extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-05	15							1:1 w/Therapist *TH*

thumb extension ROM

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-05	20							1:1 w/Therapist *TH*

wrist extensor stretches

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-05	4	20 sec						1:1 w/Therapist *TH*

wrist flexor stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-05	3	20 sec						1:1 w/Therapist *TH*

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-05	20 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-05	20 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-05	20 ea							1:1 w/Therapist *TH*

Desensitizatoin exercises

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-05		6						1:1 w/Therapist *TH*

2016-04-05: rice, beans

grip strength with stress ball

Date: **2016-04-05**

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F LOW SH E E T

Patient: McCutcheon, Janice E.

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-05		3						1:1 w/Therapist *TH*

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Daily Note / Billing Sheet

Patient Name: McCutcheon, J anice E.
Date of Birth: 05/08/19 54
Referring Physician(s): Loudermilk, Eric P. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 04/07/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 3
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Patient reports after 3rd nerve block from MD office. Reports pain being improved to a 5/10.
Pain Location: L wrist/forearm/hand
Pain Scale: Worst: 7 **Best:** 5 **Current:** 5 **Previous Findings as of 03/31/2016 - Worst:7 Best:5 Current:5*
Pain Description: Sharp, tightness, n/t
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x35 minutes	3
GP:97140	Manual Therapy x15 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; gentle scar massage; STM to flexor and extensor muscle mass	1

CPT® Code	Untimed Codes	Units
GP:97018	Paraffin Bath x8 minutes, 6 dips	1

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Objective Findings

Active wrist flexion 30 degrees
Active wrist extension 40 degrees

Assessment

Assessment/Diagnosis: Patient with moderate sensitivty to heat with paraffin dip. Demonstrating improved wrist ROM. Most limited in active supination and wrist flexion, especially in combination movement. Encouraged to continue with de-sensitization and weightbearing stretches on trip this weekend.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

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Daily Note / Billing Sheet

Patient Name: McCutcheon, J anice E.
Date of Birth: 05/08/19 54
Document Date: 04/07/2016

Long Term Goals:
1: (4 Weeks) | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

Instructions: Progressing Patient Next Visit
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on April 7, 2016 at 12:02 pm

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F LOW SH E E T

Patient: McCutcheon, Janice E.

Date: 04/07/2016 **Start Date:** 03/31/2016
Physician: E. P. Loudermilk, MD (1225075088)
Diagnosis: ICD10: M79.642: Pain in left hand
Location: gym

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07		3						1:1 w/Therapist *TH*

BAPS hand turns

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07		3						1:1 w/Therapist *TH*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07	30							1:1 w/Therapist *TH*

2016-04-07: for overpressure stretch

weightbearing wrist extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07	2/15							1:1 w/Therapist *TH*

2016-04-07: forearm supinated and pronated each

wrist extensor stretches

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07	3	20 sec						1:1 w/Therapist *TH*

wrist flexor stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07	3	20 sec						1:1 w/Therapist *TH*

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07	30 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07	30 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

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F LOW SH E E T

Patient: McCutcheon, Janice E.

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07	30 ea							1:1 w/Therapist *TH*

Desensitizatoin exercises

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07		6						1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-07		3						1:1 w/Therapist *TH*

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 04/12/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 4
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Pt reports the last couple days being rough. Says she is seeing some improvement and the injections are helping also.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x35 minutes	3
GP:97140	Manual Therapy x10 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; gentle scar massage; STM to flexor and extensor muscle mass	1

CPT® Code	Untimed Codes	Units
GP:97018	Paraffin Bath x8 minutes, 6 dips	1

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Assessment

Assessment/Diagnosis: Pt expressed improved symptoms and decreased stiffness post tx. Most pain noted with hammer stretch into pronation/supination.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 04/12/2016

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Plan

Instructions: Progressing Patient Next Visit
Desensitization techniques
Manual techniques for improved ROM and joint mobility

C Ohland

Cynthia Ohland
License #3232
Initiated by Cynthia Ohland on April 12, 2016 at 3:51 pm

Paul Hecker

Paul Hecker, PT, DPT, OCS
License #PT4585
Approved by Paul Hecker, PT, DPT, OCS on April 12, 2016 at 7:58 pm

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F LOW SH E E T

Patient: McCutcheon, Janice E.

Date: 04/12/2016 **Start Date:** 03/31/2016

Physician: E. P. Loudermilk, MD (1225075088)

Diagnosis: ICD10: M79.642: Pain in left hand

Location: gym

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12		3						1:1 w/Therapist *CO*

BAPS hand turns

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12		3						1:1 w/Therapist *CO*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12	30							1:1 w/Therapist *CO*

weightbearing wrist extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12	2/15							1:1 w/Therapist *CO*

wrist extensor stretches

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12	3	20 sec						1:1 w/Therapist *CO*

wrist flexor stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12	3	20 sec						1:1 w/Therapist *CO*

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12	30 ea							1:1 w/Therapist *CO*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12	30 ea							1:1 w/Therapist *CO*

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12	30 ea							1:1 w/Therapist *CO*

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F LOW SH E E T

Patient: McCutcheon, Janice E.

Desensitizatoin exercises

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12		6						1:1 w/Therapist CO

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-12		3						1:1 w/Therapist CO

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Daily Note / Billing Sheet

Patient Name: McCutcheon, J anice E.
Date of Birth: 05/08/19 54
Referring Physician(s): Loudermilk, Eric P. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 04/14/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 5
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Reports after final nerve block injection. Will see MD again 5/11 and wants to continue therapy.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x40 minutes	3
GP:97140	Manual Therapy x10 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; gentle scar massage	1

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Assessment

Assessment/Diagnosis: Patient with positive response to addition of fluido machine with AROM. Continues to be limited most in flexion, supination and radial deviation. Tolerates manual techniques and mobility ther-ex with minor complaints of discomfort.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

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Daily Note / Billing Sheet

Patient Name: McCutcheon, J anice E.
Date of Birth: 05/08/19 54
Document Date: 04/14/2016

Plan

Instructions: Progressing Patient Next Visit
Desensitiz ation techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on April 14, 2016 at 9:28 am

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F LOW SH E E T

Patient: McCutcheon, Janice E.

Date: 04/14/2016 **Start Date:** 03/31/2016
Physician: E. P. Loudermilk, MD (1225075088)
Diagnosis: ICD10: M79.642: Pain in left hand
Location: gym

finger dexterity

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-14		3						1:1 w/Therapist *TH*

201 6-04 -1 4golf tees + marbles

fluido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-14		10						1:1 w/Therapist *TH*

2016-04-14: with grip on stress ball, AROM

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-14		3						1:1 w/Therapist *TH*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-14	30							1:1 w/Therapist *TH*

weightbearing wrist extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-14	2/15							1:1 w/Therapist *TH*

wrist flexor stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-14	3	1						1:1 w/Therapist *TH*

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-14	30 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-14	30 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

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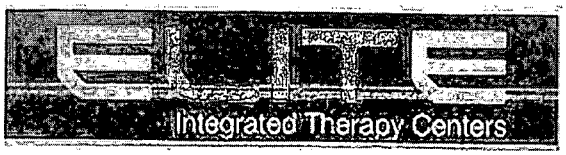

F LOW SH E E T

Patient: McCutcheon, Janice E.

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-14	30 ea							1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-14		3						1:1 w/Therapist *TH*

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Daily Note / Billing Sheet

Patient Name: McCutcheon, J anice E.
Date of Birth: 05/08/19 54
Referring Physician(s): Loudermilk, Eric P. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 04/19 /2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 6
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Patient reports having 5/10 pain currently, and that it gets worse at night.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x40 minutes	3
GP:97140	Manual Therapy x10 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs	1

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Assessment

Assessment/Diagnosis: Decreased tolerance to manual stretches today without nerve block. Most relief noted with AROM in fluido machine. Continues to be most limited and with decreased tolerance into flexion and ulnar deviation.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 04/19/2016

Plan

Instructions: Progressing Patient Next Visit
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K. Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on April 19, 2016 at 4:00 pm

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F LOW SH E E T

Patient: McCutcheon, Janice E.

Date: 04/19/2016 **Start Date:** 03/31/2016

Physician: E. P. Loudermilk, MD (1225075088)

Diagnosis: ICD10: M79.642: Pain in left hand

Location: gym

MCP flexion stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19	10	10 sec						1:1 w/Therapist *TH*

forearm rope walk

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19	4							1:1 w/Therapist *TH*

finger tendon glides

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19	15							1:1 w/Therapist *TH*

fluido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19		10						1:1 w/Therapist *TH*

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19		3						1:1 w/Therapist *TH*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19	20	3 sec						1:1 w/Therapist *TH*

weightbearing wrist extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19	2/15	5 sec						1:1 w/Therapist *TH*

thumb extension ROM

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19	20							1:1 w/Therapist *TH*

wrist flexor stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19	3	1						1:1 w/Therapist *TH*

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F LOW SH E E T

Patient: McCutcheon, Janice E.

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19	30 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19	30 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19	30 ea							1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-19		3						1:1 w/Therapist *TH*

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Plan of Care

Patient Name: McCutcheon, J anice E.
Date of Birth: 05/08/19 54
Referring Physician(s): Loudermilk, Eric P. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Plan of Care: 04/21/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 7

Assessment

Assessment/Diagnosis: Patient making small gains in therapy through this point. Beginning improvements in passive and active wrist and finger ROM, slight improvement in grip strength, and improved tolerance to treatment sessions. Will benefit form continued care for pain control, de-sensitization, improved ROM and strength for restoration of full function.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 25% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | 75% | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 5% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

Frequency: 2 times a week
Duration: 4 weeks
Treatment to be provided:
Procedures
Therapeutic Exercises (ROM, Strength, Endurance), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Resistive Exercise), Massage, Splinting/Taping, Patient Education (Home Exercise Program, Postural Training, Lifting Mechanics, Activity Modification)

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Patient Name: McCutcheon, J anice E.
Date of Birth: 05/08/19 54
Document Date: 04/21/2016

Plan of Care

Modalities

To Improve (Pain Relief, Improve Tissue Healing), Electrical Stimulation, Paraffin Bath, Cryotherapy, Hot Packs
Review HEP
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (864)964-0505.

Please sign and return: Fax#: (864)222-0182

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on April 21, 2016 at 5:22 pm

Physician Signature

E. P. Loudermilk, MD

Date:

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Physical Therapy Recertification Note

Patient Name: McCutcheon, J anice E.
Date of Birth: 05/08/19 54
Referring Physician(s): Loudermilk, Eric P. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Recertification: 04/21/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 7

Subjective

Treatment Side: Left

History of Present Condition/Mechanism of Injury: Patient presents for evaluation of L wrist/hand pain following nerve block this morning from Dr. Loudermilk due to diagnosis of RSD.

Initial injury: 11/5/15, fell outside of work, fell forward into edge of step and tried to catch self with L hand. Resulted in distal radius fracture that did not heal on its own. On 11/23/15 had surgery with multiple plates/screws from Dr. Anthony Timms (Lakelands Orthopedics in Greenwood). Reports being placed in 3 different splints and a cast after surgery. Last cast removed 12/22/15. Attended PT at Genesis in Greenwood from end of December until mid March (3x/week.

Patient reports being in constant pain since cast removed in December. Told by surgeon that she had RSD, after researching it she wanted a second opinion. Saw Dr. Loudermilk yesterday, agreed with RSD diagnosis and set up for series of 5 nerve blocks. Had initial nerve block this morning at 8am.

Reports tightness across fingers/knuckles, sharp pain through anterior wrist, pain on medial border of wrist, tingling in finger tips.

Reports redness, glossy look of hand/forearm, brittleness of skin and nails. Change in texture of forearm/hand. Tightness across skin. Difficulty feeling different textures and temperatures

Difficulty: seat belt, door knobs, ice/water in fridge, clothes on/off, smaller hand/finger movement, sleeping due to pain, opposition
Alleviating: heat and cool is soothing

Went back to work as Occupational Health Nurse at Greenwood Harris Plant - spirometry testing, pulmonary and hearing tests; currently only working 5 hours of normal 8-9 hour shift

HEP/previous therapy: puddy, nerve glides, isometrics fingers, taping fingers down and sitting 15 minutes, glove with rubber bands, sand machine

Current Complaints / Gains: Patient reports ~50% improvement. Trying to wean off Hydrocodone and Tramadol. Using transdermal hand cream up ~2-3x/day. Pain is not extreme but maintains 4-5 on 10 scale. Tightness, tension, constant throbbing pain not sharp - able to block it out when she's working but increased in the PMs and at night.

Noticing that she is using hand more. Still having difficulty fastening seat belt, can't open microwave, not driving. At work: can align gas tube for flow sensor but can't push it in due to strength limitations.

Pain Location: L wrist/forearm/hand

Pain Scale: Worst: 7 **Best:** 4 **Current:** 4 **Previous Findings as of 04/07/2016 - Worst:7 Best:5 Current:5*

Pain Description: Sharp, tightness, n/t

Home Health Care: No

Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety

Complicating Factors: Previous Therapy

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription (Metformin, Hydrocodone 7.25, Loratab, Muscle relaxer (can't take due to drowsiness), Atavan)

Objective

Inspection

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Physical Therapy Recertification Note

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 04/21/2016

Patient Consent

Patient/Parent/Guardian Consent	Yes
Inspection	Edema surrounding distal L forearm and wrist Red/glossy appearance of L hand Healed surgical incision anterior wrist

Outcome Measurement Tools

Upper Extremity

Upper Extremity Quick DASH	45.45/100

Observation

Handedness Right

Range of Motion

**Previous Findings as of 03/31/2016*

Elbow AROM	**Right**	**Left**	***Right***	***Left***
Supination	70 °	50 °	*70 °*	*50 °*
Pronation	90 °	60 °	*90 °*	*60 °*

Wrist AROM	**Right**	**Left**	***Right***	***Left***
Extension	70 °	40 °	*70 °*	*25 deg*
Flexion	50 °	30 °	*50 °*	*20 °*
Radial Deviation	20 °	20 °	*20 °*	*8 deg*
Ulnar Deviation	30 °	12 deg	*30 °*	*10 °*

Hand AROM/PROM

Thumb CMC	**Right** AROM/(PROM)	**Left** AROM/(PROM)
Extension	75 (NT)	45 (NT)
Total Motion	75	45

Hand AROM/PROM Previous Findings

Thumb CMC	**Right** AROM/(PROM)	**Left** AROM/(PROM)
Extension	75 (NT)	45 (NT)
Total Motion	75	45

Comments

Wrist PROM
Extension 65 deg
Flexion 35 deg

Strength

**Previous Findings as of 03/31/2016*

Gross Muscle Tests
Upper

Wrist

	Right	**Left**	***Right***	***Left***
Wrist Flexion	4/5	2+/5	*4/5*	*2+/5*
Wrist Extension	4/5	3-/5	*4/5*	*2+/5*
Radial Deviation	4/5	2+/5	*4/5*	*2+/5*
Ulnar Deviation	4/5	2+/5	*4/5*	*2+/5*
Grip / Pinch	**Right**	**Left**	***Right***	***Left***
Power Grip	30 lbs	11 lbs 12-10-12	*30 lbs*	*10 lbs*
Tip Pinch/Pincer	17.5 lbs	5.5 lbs	*17.5 lbs*	*5.5 lbs*

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Physical Therapy Recertification Note

Neuro-Vascular

*Previous Findings as of 03/31/2016

Complaints of any radicular symptoms in either extremity

		Previous Findings as of 03/31/2016
Complaints of any radicular symptoms in either extremity	Yes (L finger tips)	*Yes (L finger tips)*
Sensory or vascular deficits noted	Yes	*Yes*

Comments

Detects sharp across L palm
Difference in "pressure" with light touch assessment across hand

Special Tests

*Previous Findings as of 03/31/2016

		Previous Findings as of 03/31/2016
Comments	Gross reduction in joint mobility radio-carpal, radio-ulnar, metacarpal, and intercarpal	*Gross reduction in joint mobility radio-carpal, radio-ulnar, metacarpal, and intercarpal*

Palpation

Palpation

Palpable tenderness or increased muscular tone noted: Tender throughout entire hand, phalanges, distal forearm

Assessment

Assessment/Diagnosis: Patient making small gains in therapy through this point. Beginning improvements in passive and active wrist and finger ROM, slight improvement in grip strength, and improved tolerance to treatment sessions. Will benefit form continued care for pain control, de-sensitization, improved ROM and strength for restoration of full function.

Rehab Potential: Fair (Chronicity of symptoms, prior therapy)

Patient Problems:

- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:

1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 25% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | 75% | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:

1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 5% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

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Physical Therapy Recertification Note

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 04/21/2016

Plan

Frequency: 2 times a week
Duration: 4 weeks
Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength, Endurance), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Resistive Exercise), Massage, Splinting/Taping, Patient Education (Home Exercise Program, Postural Training, Lifting Mechanics, Activity Modification)

Modalities

To Improve (Pain Relief, Improve Tissue Healing), Electrical Stimulation, Paraffin Bath, Cryotherapy, Hot Packs

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (864)964-0505.

Please sign and return: Fax#: (864)222-0182

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on April 21, 2016 at 5:22 pm

Physician Signature

E. P. Loudermilk, MD

Date:

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Patient Outcomes

Report Date: 4/21/2016

Janice E McCutcheon — 45 OF 100

Patient ID: 80734
Case Key: 10419568
Visit Date: 4/21/2016
Entry Date: 4/21/2016
ICD Code: M79642 - Pain in left hand
Gender: F
Date of Birth: 5/8/1954

Questionnaire Type: Follow Up
Area: Upper Extremity
Clinician: Harrington, Taylor Katherine
Clinic: Elite Integrated Therapy Centers - Anderson
Referral Source: Loudermilk, Eric Katherine
Payer Class: Workers Compensation
Litigation: No **Direct Access:** No

Workers Compensation Information

Work Status: Full time, full duty no restrictions
Employer:
Claim Number:
Administrator:

#	Question	Answer	Value	Scale
1	Pain Level	5	5	(0 to 10)
2	Satisfaction	Very Satisfied	1	(1 to 4)
3	Functional Improvement	Good	2	(1 to 4)
4	Goals Met	Partially Met	3	(1 to 4)
1	Open a tight or new jar.	Moderate Difficulty	3	(1 to 5)
2	Do heavy household chores (e.g., wash walls, floors).	Severe Difficulty	4	(1 to 5)
3	Carry a shopping bag or briefcase.	Moderate Difficulty	3	(1 to 5)
4	Wash your back.	Mild Difficulty	2	(1 to 5)
5	Use a knife to cut food.	Mild Difficulty	2	(1 to 5)

#	Question	Answer	Value	Scale
6	**Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).**	Mild Difficulty	2	(1 to 5)
7	**During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?**	Moderately	3	(1 to 5)
8	**During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?**	Moderately Limited	3	(1 to 5)
9	**Arm, shoulder or hand pain.**	Moderate	3	(1 to 5)
10	**Tingling (pins and needles) in your arm, shoulder or hand.**	Moderate	3	(1 to 5)
11	**During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?**	Moderate Difficulty	3	(1 to 5)

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Fax: (864)222-0182

Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 04/26/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand

Visit No.: 8
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Patient reports tightness across knuckles has decreased. Pain is mostly located through palm and across wrist.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x40 minutes	3
GP:97140	Manual Therapy x15 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; metacarpal shearing	1

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Assessment

Assessment/Diagnosis: Patient demonstrating decreased stiffness and improved functional mobility with clothes pin grasp. Demonstrating improved supination active and passive ROM especially with prolonged over pressure. Unable to un-do seat belt pressing with R thumb, but did well with putty ther-ex. Continued ROM restrictions and need to continue to progress mobility and strengthening.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 25% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | 75% | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 5% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

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Daily Note / Billing Sheet

Patient Name: McCutcheon, J anice E.
Date of Birth: 05/08/19 54
Document Date: 04/26 /2016

Plan

Instructions: Progressing Patient N ext Visit
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on April 26, 2016 at 4:55 pm

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FLOWSHEET

Patient: McCutcheon, Janice E.

Date: 04/26/2016 **Start Date:** 03/31/2016

Physician: E. P. Loudermilk, MD (1225075088) / A. R. Timms, MD (1083719009)

Diagnosis: ICD10: M79.642: Pain in left hand

Location: gym

putty key pinch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26		3						1:1 w/Therapist *TH*

digiflex

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26		2						1:1 w/Therapist *TH*
2016-04-26: yellow								

seat belt

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26		2						1:1 w/Therapist *TH*

resisted wrist flexion and extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26	2/15 ea							1:1 w/Therapist *TH*

MCP flexion stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26	10	10 sec						1:1 w/Therapist *TH*

finger tendon glides

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26	15							1:1 w/Therapist *TH*

fluido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26		10						1:1 w/Therapist *TH*

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26		3						1:1 w/Therapist *TH*

BAPS hand turns

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F LOW SH E E T

Patient: McCutcheon, Janice E.

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26		3						1:1 w/Therapist *TH*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26	20	3 sec						1:1 w/Therapist *TH*

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26	30 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26	30 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26	30 ea							1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-04-26		3						1:1 w/Therapist *TH*

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 05/03/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 9
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Pain is "there", through palm and wrist. Tension is gone through knuckles. Swelling through wrist today.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x40 minutes	3
GP:97140	Manual Therapy x15 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs	1

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Assessment

Assessment/Diagnosis: Patient demonstrating increased stiffness and guarding into flexion and ulnar deviation since lapse in visits from authorization issues. Continued difficulty with functional tasks such as placing/undoing seat belt with involved hand, but able to undo seat belt 1 time today with considerable effort.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 25% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | 75% | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 5% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

Instructions: Progressing Patient Next Visit

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 05/03/2016

Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on May 3, 2016 at 5:05 pm

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FLOWSHEET

Patient: McCutcheon, Janice E.

Date: 05/03/2016 **Start Date:** 03/31/2016
Physician: E. P. Loudermilk, MD (1225075088) / A. R. Timms, MD (1083719009)
Diagnosis: ICD10: M79.642: Pain in left hand
Location: gym

digiflex

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03		2						1:1 w/Therapist *TH*

seat belt

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03		2						1:1 w/Therapist *TH*

MCP flexion stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03	10	10 sec						1:1 w/Therapist *TH*

prearm rope walk

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03	4							1:1 w/Therapist *TH*

finger tendon glides

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03	15							1:1 w/Therapist *TH*

fluido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03		10						1:1 w/Therapist *TH*

2016-05-03: AROM all ways, tendon glides, grip

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03		3						1:1 w/Therapist *TH*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03	20	3 sec						1:1 w/Therapist *TH*

weightbearing wrist extension

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FLOWSHEET

Patient: McCutcheon, Janice E.

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03	4	30 sec						1:1 w/Therapist *TH*

wrist flexor stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03	3	1						1:1 w/Therapist *TH*

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03	30 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03	30 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03	30 ea							1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-03		3						1:1 w/Therapist *TH*

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 05/05/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 10
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Patient reports not taking a pain pill today. Saw surgeon and told that improvement will be slow, but improved color and texture of hand.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x40 minutes	3
GP:97140	Manual Therapy x10 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs	1

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Assessment

Assessment/Diagnosis: Continues to be very limited in wrist flexion and radial/ulnar deviation AROM. Increased tenderness and soreness with PROM today. Will benefit from continued desensitization, improved ROM and strength.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 25% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | 75% | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 5% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

Instructions: Progressing Patient Next Visit

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 05/05/2016

Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on May 5, 2016 at 5:06 pm

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FLOWSHEET

Patient: McCutcheon, Janice E..

Date: 05/05/2016 **Start Date:** 03/31/2016
Physician: E. P. Loudermilk, MD (1225075088) / A. R. Timms, MD (1083719009)
Diagnosis: ICD10: M79.642: Pain in left hand
Location: gym

hand webbing

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05	red	3						1:1 w/Therapist *TH*

putty

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05		5						1:1 w/Therapist *TH*

2016-05-05: roll, pinch, finger extension

resisted wrist flexion and extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05	2/20 ea							1:1 w/Therapist *TH*

2016-05-05: and radial deviation

finger tendon glides

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05	15							1:1 w/Therapist *TH*

fluido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05		10						1:1 w/Therapist *TH*

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05		3						1:1 w/Therapist *TH*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05	20	3 sec						1:1 w/Therapist *TH*

thumb extension ROM

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05	20							1:1 w/Therapist *TH*

wrist AROM radial/ulnar deviation

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FLOWSHEET

Patient: McCutcheon, Janice E.

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05	30 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05	30 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05	30 ea							1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-05		3						1:1 w/Therapist *TH*

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 05/11/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 11
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Pt reports md being happy with progress. Wants her to continue PT.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x40 minutes	3
GP:97140	Manual Therapy x10 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs	1

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Assessment

Assessment/Diagnosis: Pt making some mild improvements in ROM. Pain has subsided quite a bit also. Will continue to progress as able.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 25% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | 75% | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |
Long Term Goals:
1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 5% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |
Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Plan

Instructions: Progressing Patient Next Visit

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 05/11/2016

Desensitization techniques
Manual techniques for improved ROM and joint mobility

C Ohland

Cynthia Ohland
License #3232
Initiated by Cynthia Ohland on May 11, 2016 at 10:54 am

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Approved by Taylor Harrington, PT, DPT on May 12, 2016 at 1:53 pm

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FLOWSHEET

Patient: McCutcheon, Janice E.

Date: 05/11/2016 **Start Date:** 03/31/2016
Physician: E. P. Loudermilk, MD (1225075088) / A. R. Timms, MD (1083719009)
Diagnosis: ICD10: M79.642: Pain in left hand
Location: gym

hand webbing

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11	red	3						1:1 w/Therapist *CO*

putty

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11		5						1:1 w/Therapist *CO*

digiflex

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11		2						1:1 w/Therapist *CO*

resisted wrist flexion and extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11	2/20 ea							1:1 w/Therapist *CO*

fluido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11		10						1:1 w/Therapist *CO*

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11		3						1:1 w/Therapist *CO*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11	20	3 sec						1:1 w/Therapist *CO*

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11	30 ea							1:1 w/Therapist *CO*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11	30 ea							1:1 w/Therapist *CO*

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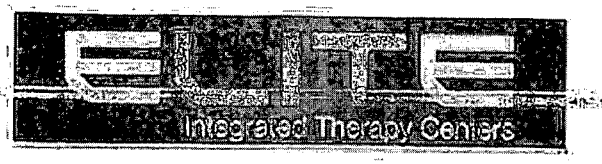

FLOWSHEET

Patient: McCutcheon, Janice E.

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11	30 ea							1:1 w/Therapist CO

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-11		3						1:1 w/Therapist CO

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 05/13/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 12
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Patient reports feeling tight through her hand today.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x40 minutes	3
GP:97140	Manual Therapy x15 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; proximal radial head posterior mobs for supination; wrist + finger flexion stretch	1

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Assessment

Assessment/Diagnosis: Most discomfort and limitations into wrist flexion and wrist flexion + digit flexion into a fist. Biggest complaint is tightness and pain has subsided some. Coloration and texture of hand is improving.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 25% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | 75% | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 5% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

Instructions: Progressing Patient Next Visit

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 05/13/2016

Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on May 13, 2016 at 3:14 pm

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FLOWSHEET

Patient: McCutcheon, Janice E.

Date: 05/13/2016 **Start Date:** 03/31/2016
Physician: E. P. Loudermilk, MD (1225075088) / A. R. Timms, MD (1083719009)
Diagnosis: ICD10: M79.642: Pain in left hand
Location: gym

hand webbing

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13	red	3						1:1 w/Therapist *TH*

putty

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13		3						1:1 w/Therapist *TH*

digiflex

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13		2						1:1 w/Therapist *TH*

seat belt

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13		2						1:1 w/Therapist *TH*

resisted wrist flexion and extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13	2/20 ea							1:1 w/Therapist *TH*

fluido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13		10						1:1 w/Therapist *TH*

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13		3						1:1 w/Therapist *TH*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13	20	3 sec						1:1 w/Therapist *TH*

weightbearing wrist extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13	4	30 sec						1:1 w/Therapist *TH*

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FLOWSHEET

Patient: McCutcheon, Janice E.

wrist extensor stretches

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13	3	20 sec						1:1 w/Therapist *TH*

wrist flexor stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13	3	30 sec						1:1 w/Therapist *TH*

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13	30 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13	30 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13	30 ea							1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-13		3						1:1 w/Therapist *TH*

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 05/16/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 13
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Patients being able to buckle and un- buckle seat belt twice today. Still unable to place spirometers at work. Feels soreness across dorsum of hand.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x40 minutes	3
GP:97140	Manual Therapy x12 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; wrist + finger flexion stretch; thumb extension stretch	1

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Objective Findings: Decreased redness and glossy appearance of dorsum of hand

Assessment

Assessment/Diagnosis: Significant stretch and pain noted with digit flexion + wrist flexion, patient does not tolerate reaching end range with stretch and only short holds with manual stretch. Continues to demonstrate mobility/ROM restrictions as well as strength changes complicating performance of job tasks.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 25% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | 75% | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 5% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 05/16/2016

Plan

Instructions: Progressing Patient Next Visit
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on May 16, 2016 at 3:59 pm

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FLOWSHEET

Patient: McCutcheon, Janice E.

Date: 05/16/2016 **Start Date:** 03/31/2016
Physician: E. P. Loudermilk, MD (1225075088) / A. R. Timms, MD (1083719009)
Diagnosis: ICD10: M79.642: Pain in left hand
Location: gym

hand webbing

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16	red	3						1:1 w/Therapist *TH*

putty

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16		5						1:1 w/Therapist *TH*

digiflex

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16		2						1:1 w/Therapist *TH*

resisted wrist flexion and extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16	2/20 ea							1:1 w/Therapist *TH*

fluido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16		10						1:1 w/Therapist *TH*

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16		3						1:1 w/Therapist *TH*

BAPS hand turns

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16		3						1:1 w/Therapist *TH*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16	20	3 sec						1:1 w/Therapist *TH*

thumb extension ROM

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16	20							1:1 w/Therapist *TH*

Date: **2016-05-16**

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FLOWSHEET

Patient: McCutcheon, Janice E.

wrist extensor stretches

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16	3	20 sec						1:1 w/Therapist *TH*

wrist flexor stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16	3	30 sec						1:1 w/Therapist *TH*

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16	30 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16	30 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16	30 ea							1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-16		3						1:1 w/Therapist *TH*

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Physical Therapy Recertification Note

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Recertification: 05/19/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand

Visit No.: 14

Subjective

Treatment Side: Left

History of Present Condition/Mechanism of Injury: Patient presents for evaluation of L wrist/hand pain following nerve block this morning from Dr. Loudermilk due to diagnosis of RSD.

Initial injury: 11/5/15, fell outside of work, fell forward into edge of step and tried to catch self with L hand. Resulted in distal radius fracture that did not heal on its own. On 11/23/15 had surgery with multiple plates/screws from Dr. Anthony Timms (Lakelands Orthopedics in Greenwood). Reports being placed in 3 different splints and a cast after surgery. Last cast removed 12/22/15. Attended PT at Genesis in Greenwood from end of December until mid March (3x/week.

Patient reports being in constant pain since cast removed in December. Told by surgeon that she had RSD, after researching it she wanted a second opinion. Saw Dr. Loudermilk yesterday, agreed with RSD diagnosis and set up for series of 5 nerve blocks. Had initial nerve block this morning at 8am.

Reports tightness across fingers/knuckles, sharp pain through anterior wrist, pain on medial border of wrist, tingling in finger tips.

Reports redness, glossy look of hand/forearm, brittleness of skin and nails. Change in texture of forearm/hand. Tightness across skin. Difficulty feeling different textures and temperatures

Difficulty: seat belt, door knobs, ice/water in fridge, clothes on/off, smaller hand/finger movement, sleeping due to pain, opposition
Alleviating: heat and cool is soothing

Went back to work as Occupational Health Nurse at Greenwood Harris Plant - spirometry testing, pulmonary and hearing tests; currently only working 5 hours of normal 8-9 hour shift

HEP/previous therapy: puddy, nerve glides, isometrics fingers, taping fingers down and sitting 15 minutes, glove with rubber bands, sand machine

Current Complaints / Gains: Patient reports ~70% improvement. Didn't take Tramadol and trying to wean off of it. Using transdermal hand cream up ~3-4x/day. Tightness, tension, throbbing pain not sharp. Tightness in 3rd digit especially today and tingling in 4/5th digit.

Work: better with blood pressure cuff
Able to undo/latch seat belt x2 the other day in the car. Able to open microwave and use water dispenser with L hand now at home.

Pain Location: L wrist/forearm/hand

Pain Scale: Worst: 4 **Best:** 3 **Current:** 3 **Previous Findings as of 04/21/2016 - Worst:7 Best:4 Current:4*

Pain Description: Sharp, tightness, n/t

Home Health Care: No

Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety

Complicating Factors: Previous Therapy

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription (Metformin, Hydrocodone 7.25, Loratab, Muscle relaxer (can't take due to drowsiness), Atavan)

Objective

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Physical Therapy Recertification Note

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 05/19/2016

Inspection

Patient Consent

Patient/Parent/Guardian Consent	Yes
Inspection	Healed surgical incision anterior wrist

Outcome Measurement Tools

Upper Extremity

Upper Extremity Quick DASH	43.18/100	*45.45*

Observation

Handedness Right

Range of Motion

**Previous Findings as of 04/21/2016*

Elbow AROM	**Right**	**Left**	***Right***	***Left***
Supination	70 °	50 °	*70 °*	*50 °*
Pronation	90 °	60 °	*90 °*	*60 °*

Wrist AROM	**Right**	**Left**	***Right***	***Left***
Extension	70 °	50 °	*70 °*	*40 °*
Flexion	50 °	32 deg	*50 °*	*30 °*
Radial Deviation	20 °	20 °	*20 °*	*20 °*
Ulnar Deviation	30 °	15 °	*30 °*	*12 deg*

Hand AROM/PROM		
Thumb CMC	**Right** AROM/(PROM)	**Left** AROM/(PROM)
Extension	75 (NT)	60 (NT)
Total Motion	75	60

Hand AROM/PROM Previous Findings		
Thumb CMC	**Right** AROM/(PROM)	**Left** AROM/(PROM)
Extension	75 (NT)	45 (NT)
Total Motion	75	45

Comments	Wrist PROM Extension 70 deg Flexion 40 deg Radial deviation 30 deg Ulnar deviation 20 deg	*Wrist PROM* *Extension 65 deg* *Flexion 35 deg*

Strength

**Previous Findings as of 04/21/2016*

Gross Muscle Tests
Upper

Wrist

	Right	**Left**	***Right***	***Left***
Wrist Flexion	4/5	2+/5	*4/5*	*2+/5*
Wrist Extension	4/5	3-/5	*4/5*	*3-/5*
Radial Deviation	4/5	2+/5	*4/5*	*2+/5*
Ulnar Deviation	4/5	2+/5	*4/5*	*2+/5*
Grip / Pinch	**Right**	**Left**	***Right***	***Left***
Power Grip	30 lbs	15 lbs	*30 lbs*	*11 lbs*

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		14-17-16		12-10-12
Tip Pinch/Pincer	17.5 lbs	5.5 lbs	*17.5 lbs*	*5.5 lbs*

Neuro-Vascular

**Previous Findings as of 04/21/2016*

Complaints of any radicular symptoms in either extremity

Complaints of any radicular symptoms in either extremity	Yes (L finger tips)	*Yes (L finger tips)*
Sensory or vascular deficits noted	Yes	*Yes*

Comments

Detects sharp across L palm
Difference in "pressure" with light touch assessment across hand

Special Tests

**Previous Findings as of 04/21/2016*

Comments	Gross reduction in joint mobility radio-carpal, radio-ulnar, metacarpal, and intercarpal	*Gross reduction in joint mobility radio-carpal, radio-ulnar, metacarpal, and intercarpal*

Palpation

Palpation
Palpable tenderness or increased muscular tone noted: Tender throughout entire hand, phalanges, distal forearm

Assessment

Assessment/Diagnosis: Patient has made small improvements in wrist, thumb and forearm ROM since last progress note. Improving grip strength, but ROM and strength still remain asymmetrical.
Noting improved function: grasp, pressing, turning. Still limited in work performance with set up and performance of work tasks.
Patient will continue to benefit from skilled physical therapy to maximize improvements in ROM, strength and return to prior level of function.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 70% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Goal Met | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 20% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | 40% | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

Frequency: 2 times a week
Duration: 4 weeks
Treatment to be provided:
Procedures

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Phone: (864)964-0505
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Physical Therapy Recertification Note

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 05/19/2016

Therapeutic Exercises (ROM, Strength, Endurance), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Resistive Exercise), Massage, Splinting/Taping, Patient Education (Home Exercise Program, Postural Training, Lifting Mechanics, Activity Modification)

Modalities

To Improve (Pain Relief, Improve Tissue Healing), Electrical Stimulation, Paraffin Bath, Cryotherapy, Hot Packs

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (864)964-0505.

Please sign and return: Fax#: (864)222-0182

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows_____

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on May 19, 2016 at 5:01 pm

Physician Signature_____
E. P. Loudermilk, MD
Date:_____

Physician Signature_____
A. R. Timms, MD
Date:_____

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Patient Outcomes

Report Date: 5/19/2016

Janice E McGutcheon — 43 OF 100

Patient ID: 80734
Case Key: 10419568
Visit Date: 5/19/2016
Entry Date: 5/19/2016
ICD Code: M79642 - Pain in left hand
Gender: F
Date of Birth: 5/8/1954

Questionnaire Type: Follow Up
Area: Upper Extremity
Clinician: Harrington, Taylor Katherine
Clinic: Elite Integrated Therapy Centers - Anderson
Referral Source: Loudermilk, Eric Katherine
Payer Class: Workers Compensation
Litigation: No **Direct Access:** No

Workers Compensation Information

Work Status: Full time, full duty no restrictions
Employer:
Claim Number:
Administrator:

#	Question	Answer	Value	Scale
1	Pain Level	4	4	(0 to 10)
2	Satisfaction	Satisfied	2	(1 to 4)
3	Functional Improvement	Good	2	(1 to 4)
4	Goals Met	Mostly Met	2	(1 to 4)
1	Open a tight or new jar.	Mild Difficulty	2	(1 to 5)
2	Do heavy household chores (e.g., wash walls, floors).	Moderate Difficulty	3	(1 to 5)
3	Carry a shopping bag or briefcase.	Severe Difficulty	4	(1 to 5)
4	Wash your back.	Mild Difficulty	2	(1 to 5)
5	Use a knife to cut food.	Mild Difficulty	2	(1 to 5)

#	Question	Answer	Value	Scale
6	**Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).**	Moderate Difficulty	**3**	(1 to 5)
7	**During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?**	Moderately	**3**	(1 to 5)
8	**During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?**	Moderately Limited	**3**	(1 to 5)
9	**Arm, shoulder or hand pain.**	Moderate	**3**	(1 to 5)
10	**Tingling (pins and needles) in your arm, shoulder or hand.**	Moderate	**3**	(1 to 5)
11	**During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?**	Mild Difficulty	**2**	(1 to 5)

E lite Integrated T herapy Centers Anderson
2005 East Greenville St., Suite 119
Anderson, SC 29621-1575
Phone: (864)964-0505
Fax: (864)222-0182

Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 05/19/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 14
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left

Current Complaints / Gains: Patient reports ~70% improvement. Didn't take Tramadol and trying to wean off of it. Using transdermal hand cream up ~3-4x/day. Tightness, tension, throbbing pain not sharp. Tightness in 3rd digit especially today and tingling in 4/5th digit.

Work: better with blood pressure cuff
Able to undo/latch seat belt x2 the other day in the car. Able to open microwave and use water dispenser with L hand now at home.

Pain Location: L wrist/forearm/hand

Pain Scale: Worst: 4 **Best:** 3 **Current:** 3 **Previous Findings as of 04/21/2016 - Worst:7 Best:4 Current:4*

Pain Description: Sharp, tightness, n/t

Home Health Care: No

Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety

Complicating Factors: Previous Therapy

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x42 minutes	3
GP:97140	Manual Therapy x10 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; wrist + finger flexion stretch; thumb extension stretch	1

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Objective Findings: see progress note

Assessment

Assessment/Diagnosis: Patient has made small improvements in wrist, thumb and forearm ROM since last progress note. Improving grip strength, but ROM and strength still remain asymmetrical.
Noting improved function: grasp, pressing, turning. Still limited in work performance with set up and performance of work tasks.
Patient will continue to benefit from skilled physical therapy to maximize improvements in ROM, strength and return to prior level of function.

Rehab Potential: Fair (Chronicity of symptoms, prior therapy)

Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:

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1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 70% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Goal Met | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:

1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 20% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | 40% | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

Instructions: Progressing Patient Next Visit
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on May 19, 2016 at 5:01 pm

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Plan of Care

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Plan of Care: 05/19/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand

Visit No.: 14

Assessment

Assessment/Diagnosis: Patient has made small improvements in wrist, thumb and forearm ROM since last progress note. Improving grip strength, but ROM and strength still remain asymmetrical.
Noting improved function: grasp, pressing, turning. Still limited in work performance with set up and performance of work tasks.
Patient will continue to benefit from skilled physical therapy to maximize improvements in ROM, strength and return to prior level of function.

Rehab Potential: Fair (Chronicity of symptoms, prior therapy)

Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

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2: (4 Weeks) | 20% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | 40% | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

Frequency: 2 times a week

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Phone: (864)964-0505
Fax: (864)222-0182

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 05/19/2016

Plan of Care

Duration: 4 weeks
Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength, Endurance), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Resistive Exercise), Massage, Splinting/Taping, Patient Education (Home Exercise Program, Postural Training, Lifting Mechanics, Activity Modification)

Modalities

To Improve (Pain Relief, Improve Tissue Healing), Electrical Stimulation, Paraffin Bath, Cryotherapy, Hot Packs
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (864)964-0505.

Please sign and return: Fax#: (864)222-0182

I certify the need for these services furnished under this plan of treatment and while under my care.

__I have no revisions to the plan of care.
__Revise the plan of care as follows_____

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on May 19, 2016 at 5:01 pm

Physician Signature_____
E. P. Loudermilk, MD
Date:_____

Physician Signature_____
A. R. Timms, MD
Date:_____

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FLOWSHEET

Patient: McCutcheon, Janice E.

Date: 05/19/2016
Start Date: 03/31/2016
Physician: E. P. Loudermilk, MD (1225075088) / A. R. Timms, MD (1083719009)
Diagnosis: ICD10: M79.642: Pain in left hand
Location: gym

putty

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19		5						1:1 w/Therapist *TH*

2016-05-19: grip, roll, pinch

digiflex

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19		2						1:1 w/Therapist *TH*

resisted wrist flexion and extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19	2/20 ea							1:1 w/Therapist *TH*

forearm rope walk

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19	4							1:1 w/Therapist *TH*

fluido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19		10						1:1 w/Therapist *TH*

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19		3						1:1 w/Therapist *TH*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19	20	3 sec						1:1 w/Therapist *TH*

thumb extension ROM

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19	20							1:1 w/Therapist *TH*

wrist AROM radial/ulnar deviation

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FLOWSHEET

Patient: McCutcheon, Janice E.

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19	30 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19	30 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19	30 ea							1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-19		3						1:1 w/Therapist *TH*

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 05/24/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 15
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Pt reports having more tension through her distal fingers.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x45 minutes	3
GP:97140	Manual Therapy x10 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; wrist + finger flexion stretch; thumb extension stretch	1

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Assessment

Assessment/Diagnosis: Pt with some improving mobility and functional ability as well. Still most limited in wrist flexion.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 70% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Goal Met | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 20% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | 40% | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |
Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Plan

Instructions: Progressing Patient Next Visit

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 05/24/2016

Desensitization techniques
Manual techniques for improved ROM and joint mobility

C Ohland

Cynthia Ohland
License #3232
Initiated by Cynthia Ohland on May 24, 2016 at 3:07 pm

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Approved by Taylor Harrington, PT, DPT on May 24, 2016 at 3:48 pm

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2005 East Greenville St., Suite 119
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FLOWSHEET

Patient: McCutcheon, Janice E.

Date: 05/24/2016 **Start Date:** 03/31/2016

Physician: E. P. Loudermilk, MD (1225075088) / A. R. Timms, MD (1083719009)

Diagnosis: ICD10: M79.642: Pain in left hand

Location: gym

hand webbing

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-24	red	3						1:1 w/Therapist CO

putty

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-24		5						1:1 w/Therapist CO

digiflex

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-24		2						1:1 w/Therapist CO

Juido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-24		10						1:1 w/Assistant CO

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-24		3						1:1 w/Therapist CO

BAPS hand turns

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-24		3						1:1 w/Therapist CO

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-24	20	3 sec						1:1 w/Therapist CO

wrist extensor stretches

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-24	3	20 sec						1:1 w/Therapist CO

wrist flexor stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-24	3	30 sec						1:1 w/Therapist CO

Date: **2016-05-24**

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Fax: (864)222-0182

Missed Appointment

Patient Name: McCutcheon, Janice E. (Discharged)
Date of Birth: 05/08/1954
Diagnosis: ICD10: M79.642: Pain in left hand

Date of Cancel: 05/25/2016
Physician Name: Loudermilk, Eric P. MD

Reason for missed appointment: Cancel
Had to rush mother into the hospital. No charge-CB

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Document created on May 25, 2016 at 1:48 pm

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FLOWSHEET

Patient: McCutcheon, Janice E.

Date: 05/31/2016 **Start Date:** 03/31/2016

Physician: E. P. Loudermilk, MD (1225075088) / A. R. Timms, MD (1083719009)

Diagnosis: ICD10: M79.642: Pain in left hand

Location: gym

hand webbing

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31	red	3						1:1 w/Therapist *TH*

putty

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31		4						1:1 w/Therapist *TH*

digiflex

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31		2						1:1 w/Therapist *TH*

assisted wrist flexion and extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31	2/20 ea							1:1 w/Therapist *TH*

fluido

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31		10						1:1 w/Therapist *TH*

clothes pin

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31		3						1:1 w/Therapist *TH*

hammer supination

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31	1/30	3 sec						1:1 w/Therapist *TH*

weightbearing wrist extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31	6	30 sec						1:1 w/Therapist *TH*

2016-05-31: add flexion

wrist extensor stretches

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F: (864)222-0182

FLOWSHEET

Patient: McCutcheon, Janice E.

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31	3	20 sec						1:1 w/Therapist *TH*

wrist flexor stretch

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31	3	30 sec						1:1 w/Therapist *TH*

wrist AROM radial/ulnar deviation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31	2/30 ea							1:1 w/Therapist *TH*

wrist AROM supination/pronation

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31	30 ea							1:1 w/Therapist *TH*

wrist AROM flexion/extension

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31	30 ea							1:1 w/Therapist *TH*

grip strength with stress ball

Date	Weights/Sets/Reps	Minutes	SPO2	RR	HR	Surface	Procedure	Supervision
2016-05-31		3						1:1 w/Therapist *TH*

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Phone: (864)964-0505
Fax: (864)222-0182

Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Referring Physician(s): Loudermilk, Eric P. MD / Timms, Anthony R. MD
Date of Original Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Daily Note: 05/31/2016
Injury/Onset/Change of Status Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 16
Insurance Name: Greenwood Mills

Subjective

Treatment Side: Left
Current Complaints / Gains: Patient reports not having time to think about her hand because her mother had surgery. Hasn't taken pain medication today. Mainly tightness through 4th/5th finger.
Home Health Care: No
Medical History: Diabetes Mellitus Type 2 (Borderline), Fracture Or Suspected Fracture, Obesity (Weight gain), May - R side facial shingles
Hysterectomy
Bladder surgery 1997
Sclera therapy - resulted in blood clots
2 C- sections - 1980s
Appendectomy -70s
Anxiety
Complicating Factors: Previous Therapy
Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
GP:97110	Therapeutic Exercise See Flowsheet, x45 minutes	3
GP:97140	Manual Therapy x10 minutes, passive wrist flexion/extension, radial/ulnar deviation, supination; palmar, dorsal, ulnar, radial joint mobs; wrist + finger flexion stretch	1

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Assessment

Assessment/Diagnosis: Patient with gradual improvements in mobility, most painful today with passive wrist + finger flexion stretches. Difficulty with additional weight for pronation/supination and radial/ulnar deviation. Patient will continue to benefit from skilled physical therapy to restore ROM and strength for functional hand use.
Rehab Potential: Fair (Chronicity of symptoms, prior therapy)
Patient Problems:
- Reduced wrist and finger ROM
- Hypersensitivity
- RSD symptoms
- Decreased grip strength
- Decreased wrist strength
- Difficulty with functional tasks: gripping, carrying
- Interrupted work performance

Short Term Goals:
1: (1 Visit) | Goal Met | Instruct in HEP |
2: (2 Weeks) | 70% | Patient will report 50% improvement in L hand and wrist pain/symptoms. |
3: (2 Weeks) | Goal Met | Patient will demonstrate improved L wrist ROM by 10 degrees in each direction. |

Long Term Goals:
1: (4 Weeks) | 50% | Patient will be independent in HEP to enable return to prior level of functioning. |
2: (4 Weeks) | 20% | Patient will demonstrate improved left grip strength to symmetrical with right. |
3: (4 Weeks) | 40% | Patient will demonstrate improved L wrist ROM to WFL. |
4: (4 Weeks) | 5% | Patient will demonstrate improved wrist strength to >/=4/5 MMT grade. |

Plan

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Daily Note / Billing Sheet

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Document Date: 05/31/2016

Instructions: Progressing Patient Next Visit
Desensitization techniques
Manual techniques for improved ROM and joint mobility

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Completed by Taylor Harrington, PT, DPT on May 31, 2016 at 3:39 pm

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Fax: (864)222-0182

Discharge Note

Patient Name: McCutcheon, Janice E.
Date of Birth: 05/08/1954
Physician Name: E. P. Loudermilk, MD
Date of Last Eval: 03/31/2016
Treatment Diagnosis: ICD10: M79.642: Pain in left hand

Date of Discharge Note: 08/05/2016
Injury/Onset Date: 11/05/2015
Diagnosis: ICD10: M79.642: Pain in left hand
Visit No.: 16

McCutcheon, Janice E. has been discharged from our care for the following reasons:
Patient is being discharged at this time due to not receiving approval for further visits under workman's compensation claim. Patient made gains as detailed in progress note dated 5/31.

Please see the last progress report or notes above for the patient's most recent status. Thank you for the opportunity to assist you in the rehabilitation of this patient. If you have any questions or concerns, please feel free to contact me at (864)964-0505.

Taylor K Harrington, PT, DPT

Taylor Harrington, PT, DPT
License #7784
Document created on August 5, 2016 4:34 pm

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Employer's APA Submissions to the South Carolina Workers' Commission dated March 7, 2019

APA # 9: Reports of Self Regional Healthcare Therapy Orthopaedics dated November 23, 2015 through May 2, 2016

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Patient: Janice McCutcheon Date: 1/11/16

Chart #: _____ MD: Timms DX: ORIF (L) DR

DOI: Nov 5, 15 DOS: Nov 23, 15

SUBJECTIVE:

Mechanism of injury / chief complaint: Fell @ work

Primary Impairment:	Carrying	Self-Care	Mobility	Changing & Maint. Body Position
Current:	G8984 CL	G8987	G8978	G8981
Projected:	G8985 CI	G8988	G8979	G8982

Intensity Modifiers				
0% limited =	CH	60-79% limited =	CL	
1-19% limited =	CI	80-99% limited =	CM	
20-39% limited =	CJ	100% limited =	CN	
40-59% limited =	CK			

Pain rating (0-10) Present 6/10 Best _____ Worst 9/10

Pain increases with: _____

Pain decreases with: _____

PMH: unclear

Medications: unclear

Functional ADL's

Feeding Mouth Household activities /

Dressing / Work / Play _____

Hygiene / Transportation /

OBJECTIVE:

Age: 61 Sex: F Side Involved: (L) Dominant: (R)

Procedure(s): _____

Diagnostic tests: _____

Occupation/activities: _____

Palpation / inspection: _____

Edema: none mild moderate severe/pitting fibrotic

Sensation: _____

*If abnormal, administer Semmes-Weinstein monofilament test and

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

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ROM

RIGHT	Thumb	Index	Mid	Right	Little
MP A					
P					
PIP A					
P					
DIP A					
P					

LEFT	Thumb	Index	Mid	Right	Little
MP A	0/2	± 40		0	
P					
PIP A	X	± 60		0	
P					
DIP A	0/3	± 10		0	
P					

RIGHT	Wrist	Elbow	Shoulder		Forearm
Flx A				Sup A	
P				P	
Ext A				Pron A	
P				P	
RD A		AB A			
P		P			
UD A		IR A			
P		P			
		ER A			
		P			

LEFT	Wrist	Elbow	Shoulder		Forearm
Flx A	21°			Sup A	110
P				P	
Ext A	28°	WFL		Pron A	210
P				P	
RD A	3°	AB A			
P		P			
UD A	8°	IR A			
P		P			
		ER A			
		P			

STRENGTH

Grip	1	2	3	4	5	Avg	% Diff
Left							
Right							

Pinch	Right	Left	% Diff
Lat			
Tip			
3-Jaw			
Avg			

Splinting: See splint notes

Wearing Schedual:

Treatment: P/A/AROM, pt ed, Rx edits, therapeutic strength/end, Modalities

Written/Verbal HEP given:

Equipment Issued:

ASSESSMENT

Pt should show excellent improvement through skilled intervention.

Short Term Goals:

1. Mod (I) HEP
2. (L) wrist ↑ to ≥ 40°
3. ≥ 75° MP & PIP ↑
4.

Long Term Goals:

1. (I) HEP edits
2. (L) wrist AROM WFL to 3 pain
3. GG to full pain free opp
4. Use (L) UE as a Rx (A) during all Rx acts 5 pain

PLAN **Frequency:** 2-3x wks **Duration:** x 10-12 wks

Therapist Signature: OTR/L **Date:** 1/11/16

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SELECT REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name: Janice McCutcheon
DOB
Chart
Date

☑ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S:

O:

☐ PROM	☐ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☐ AROM	☐ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☐ AAROM	☐ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☐ Heat / Cold	☐ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A:

P: ☐ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984 ___	G8985 ___
Self-Care:	G8987 ___	G8988 ___

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

PRINTED BY: C94544

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name: McCutcheon, T
DOB:
Chart:
Date: 1/18/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: "elt great hurts so much."

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Very concerned over pt's stiffness & limited flex to pt along & concerns pt is not aware of swelling. Red frequency of digit ROM added and Red AAROM at wrist emphasized. Rec

P: ☑ Continue with plan of care as listed in patient's chart: HEP development emph.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

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SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy

Daily Progress Note

Name Janice McCutcheon
DOB
Chart
Date 1/20/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: N/A

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: S/p tsx and first pt able to demo tolerance for (P) ✓ of (L) MPs as follows: 2nd = 45° 3rd = 108° 4th = 67° 5th = 51° and notably improved PIP & DIP (A) and (P)

P: ☑ Continue with plan of care as listed in patient's chart: ✓. Red HEP dev.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

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SFH REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy

Daily Progress Note

Name Janice McCutcheon
DOB
Chart
Date 1/22/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: "I don't see much change on my knee"

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt presents c the following AROM of the (L) WE (cold) are WNL: ✓ = 38° ✓ = 38° UD = 16° RD = 8° and forearm sup = 3? pron = 50°.

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

Therapist Signature

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

PRINTED BY: C94544

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice McCutcheon
DOB
Chart
Date 1/27/16

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: N/A

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamethasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Eagle pulsum opposition achieved s/p tx and eagle wrist ↑ c/o pain ≤ 5/10 at EROM. (P) MP ✓ during GG retention ≥ 600 s/p tx ↑ c/o pain ≤ 6/10 at EROM

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

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SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice Mc Cutcheon
DOB
Chart
Date 1/27/16

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: N/A

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Right pulmonary opposition achieved s/p tx and pt. c/o pain ≤ 5/10 at EROM. (P) MP ↓ during GG actionfest ≥ 600. s/p tx c/o pain ≤ 6/10 at EROM

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

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SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice McCutcheon
DOB
Chart Date 1/29/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: NA

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☐ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☐ AAROM	☐ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☐ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt continues to demo AROM limitations and decreased strength

P: ☑ Continue with plan of care as listed in patient's chart.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

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SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon
DOB
Chart
Date 2/1/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: "It's the stiff".

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt continues to demo extensive guarding of the (L) UE. S/P the cast she is not able to (A)ROM = 320 and AAROM = 360. Will progress

P: ☑ Continue with plan of care as listed in patient's chart: HEP balloon through pushed

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984 ___	G8985 ___
Self-Care:	G8987 ___	G8988 ___

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

PRINTED BY: C94544

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice McCutcheon
DOB
Chart
Date 2/3/16

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: "elbow is still so stiff."

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Ted PROM of L elbow & elicited pain as part of HEP and (P) ✓ of the (L) elbow to level of pain = 3/10 at EROM. (A) (L) wrist ✓ = 26° / = 33°

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984 ___	G8985 ___
Self-Care:	G8987 ___	G8988 ___

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

2/3/16
Therapist Signature

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice McCutcheon
DOB
Chart
Date 2/5/16

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: n/a

O:

☑ PROM	☑ PL Education	☐ Splint Fabrication	☐ Iontophoresis with dexamethasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt able to tolerate PROM = 260 and AAROM = 250 in the L wrist. Splint used by cuts. Ed education on AAROM continues.

P: ☐ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

1600700239
Janice McCutcheon
5/8/54
1/1/16-2/7/16

Patient:MCCUTCHEON,JANICE E Address:4 BLAKE RD
DOB: 05/08/54 Fin Class:WORKER'S COMPENS NINETY SIX
Sex: FEMALE Ins. Plan:WORKER'S COMPENSATION SC,296660000
Guarantor:SELF Phone #:(864)543-3326

Adm Date:02/08/16 Adm Source:NON HEALTH FACILITY Acct. #: 1603900052
Adm Time:00:01 Adm Type: ELECTIVE Unit. #: 000035960
Dis Date:03/07/16 Trans From: Pt. Type:SERIES OP
Dis Time:23:59 Service: ORH/PT&OT Trans To:
LOS: 28 Dis Status:HOME - OP Coder: AMM
Admitting DR:TIMMS,ANTHONY R Referring DR:TIMMS,ANTHONY R
Attending DR:TIMMS,ANTHONY R Discharge DR:
ER Physician: Primary DR: BURNETT III,SAMUE

ICD-10 DRG v.0:
Admit Diagnosis: Z47.89 ENCOUNTER FOR OTHER ORTHOPEDIC AFTERC
Principal Diagnosis: Z47.89 ENCOUNTER FOR OTHER ORTHOPEDIC AFTERC POA:
Secondary Diagnoses/POA:

Reason for Visit: Z47.89 ENCOUNTER FOR OTHER ORTHOPEDIC AFTERC

Principal Procedure: Date: Primary Surgeon:

Secondary Procedures:

HCPCS: Modifiers: Date: Surgeon: Pre APC:

Consultants: Date: Specialty:

End of Report

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon
DOB
Chart
Date 2-8-16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: "dtg to swollen today d cant believe it."

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: pt presents c (L) wrist [cast] pre-tx as follows: ✓ = 20° ⌐ = 30° UO = 70° RO = 100° and GG to within 1-1.5 cm of digit pulmar app (A)ex. pt continues to display extensor guarding and slow progress overall in (L) hand & wrist.

P: ☑ Continue with plan of care as listed in patient's chart.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice McCutcheon
DOB
Chart
Date 2-10-14

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: N/A

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamethasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☐ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt cont w/ pt pressure and proprioceptive input during self stretching and AROM exercises used to (L) c pain, fear of movement and pain.

P: ☐ Continue with plan of care as listed in patient's chart: Pt able to demo the exercises (I)y and have ≥ 45° flexion

Additional Notes: SROM of the (L) elbow.

Functional Code Update	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

X

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name McCutcheon, J
DOB
Chart
Date 2/12/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: Yn

O:

☑ PROM	☑ HEP Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care:	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt presents c (~~poor~~) AROM of the (L) wrist s/p tx and heat as follows: F = 35° E = 40° UD = 34° RD = 160°, ~~%~~ of AROM noted c mild improvement in pain c modulation.

P: ☐ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984 ___	G8985 ___
Self-Care:	G8987 ___	G8988 ___

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

1603900052
MCCUTCHEON,JANICE E
5/8/1954
2/8/2016 - 3/7/2016

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice McCutcheon
DOB
Chart
Date 2/15/16

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: "I can touch my pubic area."

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☐ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: S/p mild to sat adele to tolerate (P) of the elegets 2-5 to pelvis c/o pain 3/10 at EROM. Pt use ob pressure noted and asked to HEP.

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984 ___	G8985 ___
Self-Care:	G8987 ___	G8988 ___

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

Therapist Signature OTR/L

1603900052
MCCUTCHEON,JANICE E
5/8/1954
2/8/2016 - 3/7/2016

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon
DOB
Chart
Date 2-19-16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: NA

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamethasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: SROM ✓ of the (L) wrist to 570 s/p distal radial fx with pain ~~decreased~~ ~~noted~~ at ~~degrees~~ ~~flexion~~ ~~extension~~ ~~right~~ ~~other~~ ~~opp~~ ~~noted~~

P: ☑ Continue with plan of care as listed in patient's chart.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

x

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice McCutcheon
DOB
Chart
Date 2-02-16

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: NA

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt. has use of the splint and motion activated. Pt. has full flexion accomplished and full pressure activities applied.

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

Therapist Signature

x

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice McCutcheon
DOB
Chart
Date 2/24/14

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: "el can assessment sheet R&O"

O:

☑ PROM	☑ PT Education	☐ Splint Fabrication	☐ Iontophoresis with dexamethasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☐ Flexion Wrapping	☐ Wound Care:	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Reviewed c Dr Timms about pts completion of PT program. Increased L-el (P) ✓ ab. Angle 25 to eight pattern ops c 10 psi in 3/10 at

P: ☑ Continue with plan of care as listed in patient's chart: ERDM.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

Therapist Signature 07R/C

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jana McCutcheon
DOB
Chart
Date 2-26-14

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: n/a

O: n/a

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care :	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt continues to present with overall decreased motion still noted in all planes, but noted less tightness when doing PROM of digits noted. Pt reports pain with gripping & pinching

P: ☑ Continue with plan of care as listed in patient's chart: pain.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

x

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy

Daily Progress Note

Name Van McCutcheon
DOB
Chart
Date 2-29-16

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: N/A

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt. (P) ✓ of digits to full flexion s/p [illegible] and Tx. Pt. AROM of the wrist and forearm mildly improved

P: ☑ Continue with plan of care as listed in patient's chart.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

X

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice McCutcheon

DOB

Chart

Date 3-2-11e

S: n/a

O:

☐ Evaluation completed as ordered by physican with goals and plan of care established.

☐ Splint note dictated in patient's chart

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☐ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Incr AROM & decr pain c slight c mild effort & decr overall edema noted. Pt instructed on exercises & compliance c HEP.

P: ☑ Continue with plan of care as listed in patient's chart: part of HEP.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

x

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon
DOB
Chart
Date 3/4/16

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: N/A

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: (P) ✓ aft - degrees to Bell palsy
exp 5/p tx and Pain ↓ 5/10
Pain ↓ 3/10 at ERom. Ft wrist
clearing AAcd ROM to ≥ 35°

P: ☑ Continue with plan of care as listed in patient's chart: pain ≥ 4/10 at ERom.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

X

1603900052
MCCUTCHEON,JANICE E
5/8/1954
2/8/2016 - 3/7/2016

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy

Daily Progress Note

Name Jan McCutchean

DOB

Chart

Date 3/7/16

☐ Evaluation completed as ordered by physician with goals and plan of care established.

☐ Splint note dictated in patient's chart.

S:

O:

☑ PROM	☐ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☐ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☐ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☐ Heat / Cold	☐ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Cold pre-tx AROM as follows: ① wrist ✓ = 43° = 45° UD = 26° RD = 18° dist forearm sup = 63° pron = 56° and MP joints as follows: 2nd = 65° 3rd = 68° 4th = 70° 5th = 54°

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L

Therapist Signature

x

1603900052
MCCUTCHEON,JANICE E
5/8/1954
2/8/2016 - 3/7/2016

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon
DOB
Chart
Date 3/9/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: n/a

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt tol tx well. Pt c/o mild pain c elbow to full ROM during AROM and AAROM s/p heat and tx c pain ≤ 3/10 at EROM.

P: ☑ Continue with plan of care as listed in patient's chart.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

x

1603900052
MCCUTCHEON,JANICE E
5/8/1954
2/8/2016 - 3/7/2016

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

102 Gregor Mendel Circle
Greenwood, SC 29646
(864) 229-2663 Ext. 212

OCCUPATIONAL THERAPY REFERRAL

Patient: Janice McCutchen Date: 3-10-16

Diagnosis: ORIF (L) dist rad fx

Procedure: _____

Frequency: _____ times per week for _____ weeks.

MODALITIES:
_____ Modalities as needed
_____ Iontophoresis
_____ Electrical Stimulation

STRENGTHENING:
_____ Isometrics
_____ PRE's
_____ Open Chain Exercise
_____ Closed Chain Exercise

RANGE OF MOTION:
_____ Active
_____ Active-Assisted
_____ Passive
_____ Evaluate and Treat

Comments: Cont. OT

M.D. Signature _____

This prescription also serves as a letter of medical necessity.

U-7 Rev. 1-8-08

AMERICAN SYSTEMS 1-800-845-9895

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name: Jan McCutcheon

DOB:

Chart Date: 3/15/14

☐ Evaluation completed as ordered by physican with goals and plan of care established.

☐ Splint note dictated in patient's chart.

S: N/A

O: N/A

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt able to tolerate PROM of the (L) wrist as follows: flexion 3/5 ✓ = 54° ✓ = 54° and digits within 2 cm. of full pelicus opp.

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L

Therapist Signature

x

1603900052
MCCUTCHEON,JANICE E
5/8/1954
2/8/2016 - 3/7/2016

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name: Jan McCutcheon
DOB
Chart
Date: 3/30/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: Pt stated at initiation of tx "Well dl leave it the M.D. (unknown) told me dl leave RSO and dl now have a tx plan.

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamethasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt stated she "knew she had it." Informed pt she would comply & carry tx plan established by prev. pain mgmt M.D. but explained my belief that this M.D will have a set course of therapy that may be synonymized & tx that might be over and above our tx. Pt

P: ☐ Continue with plan of care as listed in patient's chart.

Additional Notes: ☑ Pt c/o fingers rotted 3 pain A=beeg. Pt ed HEP development performed.

Functional Code Update	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

x

1606800071
MCCUTCHEON,JANICE E
5/8/1954
3/8/2016 - 4/7/2016

PRINTED BY: C94544

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Janice McCutcheon

DOB

Chart

Date 3/28/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.

☐ Splint note dictated in patient's chart.

S: "I had a lot of pain this weekend."

O: Pt has not been seen 2° to ex-ing apts and d/t anger since the 21st & 23rd apt cxed and 25th cxed by pt because she felt she was not shown proper respect by therapist.

☐ PROM	☐ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamethasone	☐ Fine Motor Skills
☐ AROM	☐ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☐ AAROM	☐ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☐ Heat / Cold	☐ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt presents c AROM of (L) elbow UE as follows: cold pro-te: (L) wrist ~ 41° = 57° UD = 25° RD = 19° ulnar (L) forearm supn = 63° pron = 55°.

☐ Continue with plan of care as listed in patient's chart.

	Digits 2	3	4	5
Additional Notes:	MP 0/72	0/74	0/65	0/51
	PIP 0/96	0/94	0/85	0/93
	DIP 0/60°	0/71	0/70	0/64

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

Therapist Signature

x

1606800071
MCCUTCHEON,JANICE E
5/8/1954
3/8/2016 - 4/7/2016

PRINTED BY: C94544

SELF REGIONAL HEALTHCARE

pt walkout

NO Charge

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon

DOB

Chart

Date 3/23/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.

☐ Splint note dictated in patient's chart.

S:

O: X Pt not seen on this date. Pt reported to tx bed stated left after leaving

☐ PROM	☐ Pt Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
	☐ ...elopment	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
	☐ ...rapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☐ Heat / Cold	☐ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

1606800071
MCCUTCHEON,JANICE E
5/8/1954
3/8/2016 - 4/7/2016

A: to visit 3-5 min after that she left slighted and that she was not "pampered" and left. She returned for all further tx sessions and was begged to allow us to refer her some

P: ☐ Continue with plan of care as listed in patient's chart.

where else so she would not go without and cause

Additional Notes: her LE to worsen or return back to prior levels of dysfunction. Pt then desired to not ex next weeks tx sessions but did not return to tx this date.

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

it was restated to pt that if she changed her mind and desired she wanted to be

Therapist Signature, OTR/L

refused else where we would do so without difficulty at her request 5 during. Pt was left waiting 2° to a nurses request for a review of another pts progress. Meeting c nurse took ~ 3min. This was explained to pt, but it is unknown the level of belief

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SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon
DOB
Chart
Date 3/21/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: n/a

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt able to tolerate PROM of L/O (L) wrist as follows: Ext (P) V = 40° = 60 40°. Ext (P) V to full in degrees.

P: ☑ Continue with plan of care as listed in patient's chart.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984 ___	G8985 ___
Self-Care:	G8987 ___	G8988 ___

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

x

1606800071
MCCUTCHEON,JANICE E
5/8/1954
3/8/2016 - 4/7/2016

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SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon
DOB
Chart
Date 4/6/16

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: "It hurts, began doing those treatments."

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☑ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: S/p mild tx attempted pt able to demo tolerance for ① MP ⓟ ex as follows: 2nd = 94°, 3rd = 92°, 4th = 88°, 5th MP = 80°.

P ☐ Continue with plan of care as listed in patient's chart: Ed Education on all aspects of PIAAROM.

Additional Notes:

Functional Code Update	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

x

1606800071
MCCUTCHEON,JANICE E
5/8/1954
3/8/2016 - 4/7/2016

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon

DOB

Chart Date 4/13/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.

☐ Splint note dictated in patient's chart.

S: N/A

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☐ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: S/p tx and pt not able to assess AROM of the (L) wrist and gentle AROM ✓ = 40° / = 58° and PROM ✓ = 48° / = 63° c pain

P: ☑ Continue with plan of care as listed in patient's chart: on the recovery Quality Section.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984 ___	G8985 ___
Self-Care:	G8987 ___	G8988 ___

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

x

1609900098
McCutcheon, Janice E.
05/08/1954
4/8/16-5/7/16

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon
DOB
Chart
Date 4/15/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: "I feel pain it is better"

O:

☑ PROM	☑ Pt. Education	☑ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☑ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: S/p tx and pt tolerated to degree placed and held to digital flexion opp 5 min. AROM of (L) wrist as follows: ✓ = 42° / = 50°.

P: ✓ Continue with plan of care as listed in patient's chart.

Additional Notes:

Functional Code Update:

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

x

1609900098
McCutcheon, Janice E.
05/08/1954
4/8/16-5/7/16

SELF REGIONAL
HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name: Jan McCutcheon
DOB:
Chart:
Date: 4/18/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: NA

O: NA

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt presents c AROM (cold) pre-tx as follows: (L) wrist ✓ = 42° / = 62° UD = 40° RD = 15°, axial MP ✓ ≥ 75° axial PIP ✓ ≥ 90°. Pt education on pain and discomfort.

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

X

SETON REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name: Jan McCutchean

DOB:

Chart Date: 4/20/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.

☐ Splint note dictated in patient's chart.

S: "I have a strong pain that is a heavy throbbing, burning sensation."

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt arrives alert & oriented. Pt still has some pain & limitations. AROM of L wrist (cold) pre-tx as follows: ✓ = 45° / = 50° UD = 30° RD = 16°.

P: ☑ Continue with plan of care as listed in patient's chart.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984 ____	G8985 ____
Self-Care:	G8987 ____	G8988 ____

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L

Therapist Signature

1609900098
McCutcheon, Janice E.
05/08/1954
4/8/16-5/7/16

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name: Jan McCutcheon
DOB:
Chart:
Date: 4/25/16

☐ Evaluation completed as ordered by physician with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: NV A

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamethasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☐ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt presents c improved AROM MP's since MP. Pt's MP's as follows: MP's 2nd = 80° 3rd = 90° 4th = 80° 5th = 90°. A-A-C HEP education provided.

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

1609900098
McCutcheon, Janice E.
05/08/1954
4/8/16-5/7/16

SELF REGIONAL HEALTHCARE

THERAPY • ORTHOPAEDICS

Occupational Therapy
Daily Progress Note

Name: Janice McCutcheon
DOB:
Chart:
Date: 4/27/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: N/A

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☑ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☑ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☑ Heat / Cold	☑ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt. ROM of ⓓ digits as employer presses on MP & small jx motion resumed & stressed. Pt. HEP developed activities performed.

P: ☑ Continue with plan of care as listed in patient's chart:

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

x

1609900098
McCutcheon, Janice E.
05/08/1954
4/8/16-5/7/16

PRINTED BY: C94544

SELF REGIONAL HEALTHCAR

THERAPY • ORTHOPAEDI

1609900098
McCutcheon, Janice E.
05/08/1954
4/8/16-5/7/16

Occupational Therapy
Daily Progress Note

Name Jan McCutcheon
DOB
Chart
Date 5/2/16

☐ Evaluation completed as ordered by physican with goals and plan of care established.
☐ Splint note dictated in patient's chart.

S: "I have been scheduled for 2 visits for strengthening, because I still weak."

O:

☑ PROM	☑ Pt. Education	☐ Splint Fabrication	☐ Iontophoresis with dexamathasone	☐ Fine Motor Skills
☑ AROM	☐ HEP Development	☐ Splint Modification / Repair	☐ Ultrasound	☐ Gross Motor Skills
☑ AAROM	☐ Flexion Wrapping	☐ Wound Care	☐ Weighted Activities	☐ Scar Management
☐ Heat / Cold	☐ Fluidotherapy	☐ Dressing Change	☐ Strength & Endurance Development	☐ Other:

A: Pt presents c/o continued weakness c reported difficulty turning door knobs and is still not driving. AROM of (L) wrist cold pt-tx as follows: ✓ = 53° / = 57° and full ROM of digits 2-5.

P: ☑ Continue with plan of care as listed in patient's chart: ✓ ∑ of digits 2-5. Pt being seen by PT using specific therapist for strength/endurance/pain needs so in an attempt not to duplicate services pt will be placed on hold until next appt.

Additional Notes:

Functional Code Update

	Current	Projected
Carrying:	G8984	G8985
Self-Care:	G8987	G8988

% Limitation:

0%	CH	60-79%	CL
1-19%	CI	80-99%	CM
20-39%	CJ	100%	CN
40-59%	CK		

☐ Due to patient's progress and independence with home program, formal therapy has been placed on hold until next MD appointment.

OTR/L
Therapist Signature

(R) unaffected for comp. data is as follows: ✓ = 58° / = 63°

X

Appellant's (Employer's) Request for Commission Review (Form 30) dated May 6, 2019

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 #: 1017220
Carrier File #:
Carrier Code #: 00631
Employer FEIN #: 57-0291301

Claimant's Name: Janice McCutcheon SSN: xxx-xx-4473
Address: 4 Black Road
City: Ninety-Six State: SC Zip: 29666
Home Phone: ( ) Work Phone: ( )
Preparer's Name: Roy R. Hemphill, Esq. Law Firm: McDonald Patrick Law Firm

Employer's Name: Greenwood Mills, Inc.
Address: 300 Morgan Avenue
City: Greenwood State: SC Zip: 29646
Insurance Carrier: Self-Insured
Preparer's Phone #: ( )

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: (11/5/15)

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

SEE GOUNDS FOR REVIEW ATTACHED.

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

☐ **Mediation**

- ☐ a. Mediation is requested by consent of the Parties 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 Jimmy R. King, Esq.. **address** 2203 North Main Street, Anderson, SC 29621 **on the** 6th **day** ***of May, 2019,***

by ☒ **first class postage** ☐ **certified mail** ☐ **personal service** ☐ **electronic service**

Preparer's Signature | Attorney (Title) | rhemphill@mcdonaldpatrick.com (Email) | May 6, 2019 (Date)

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

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

GROUNDS FOR REVIEW

Re: Janice McCutcheon, Claimant vs. Greenwood Mills, Inc., Employer/Self-Insurer WCC File No. 1517220

Appellant's (Employer/Self-Insurer's) grounds for review:

1. Did the Single Commissioner err in finding that the Claimant sustained an injury to her left shoulder when the greater weight of the credible evidence showed that the Claimant only sustained an injury to her left wrist? (Order, Finding of Fact No. 2 and Conclusion, p. 12)

2. Did the Single Commissioner err as a matter of law in finding the Claimant was entitled to permanent and total disability since the only body part affected by the injury by accident, according to the credible evidence of record, was to a single member- the Claimant's left upper extremity- contrary to Singleton v. Young Lumber Co., 114 S.E.2d 837, 236 S.C. 454 (1960)? (Order, Finding of Fact No. 15 and Conclusion, p. 13)

3. Did the Single Commissioner err in failing to confine his award to SC Code Ann., § 42-9-30, when three (3) separate authorized treating physicians assigned only a 5% impairment rating to the Claimant's left upper extremity? (Order, Finding of Fact Nos, 4, 5, and 6)

4. Did the Single Commissioner err in finding the Claimant was permanently and totally disabled as a plant nurse when the overwhelming, credible evidence of record proved that the Claimant's job duties were sedentary in nature and she could, and did, perform those duties until she decided to retire? (Order, Finding of Fact No. 7, 8, 10, 11, 12 15, and Conclusion, p. 13)

5. Did the Single Commissioner err in placing great weight on the conflicting opinions of Dr. Eric Loudermilk when Dr. Loudermilk's reports and opinions, when read in their totality, have such glaring inconsistences, and are therefore not credible? (Order, Finding of Fact No. 13).

6. Did the Single Commissioner err in placing great weight on the opinion of Robert Brabham, PhD, when Mr. Brabham's opinions were contrary to the credible evidence of record, including, but not limited to, medical reports and the Claimant's sedentary work as a plant nurse? (Order, Finding of Fact No. 14)

7. Did the Single Commissioner err in finding the Claimant permanently and totally disabled when the Employer continued to provide her employment as a plant nurse, while paying her full salary within all work restrictions, up until the day she voluntarily decided to retire? (Order, Finding of Fact No. 13).

8. Did the Single Commissioner err in finding that the Claimant's injury by accident aggravated her preexisting depression/anxiety, when the credible evidence of record shows the Claimant had been on anti-depressant and anti-anxiety medications well before her accident? (Order, Finding of Fact Nos. 11, 13, and 14).

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 1517220

Jan McCutcheon,	)	
Claimant,	)	
vs.	)	**CERTIFICATE OF MAILING**
Greenwood Mills, Inc.	)	
Employer/Self-Insurer.	)	

This is to certify that the undersigned, paralegal for McDonald Patrick Poston Hemphill & Roper, LLC, attorneys for the Employer/Self-Insurer above named, did cause a **Form 30 (Request for Commission Review)** to be served upon the Claimant's attorney of record by mailing a copy of the same by United States Mail, proper postage prepaid, on the 6th day of May 2019, addressed as follows:

Jimmy R. King, Esq.
King Law Firm, PC
2203 North Main Street
Anderson, SC 29621

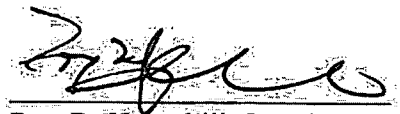
Michelle Cohen

Michelle Cohen
Paralegal to Roy R. Hemphill

Certificate of Counsel

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

February 11, 2020



Roy R. Hemphill, Esquire (SC Bar #15142)
McDonald Patrick Poston
Hemphill & Roper, LLC
414 Main Street
P.O. Box 1547
Greenwood, SC 29646
Attorneys for Appellant