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SC Court of Appeals

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ORDER
OF
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1708722

Timothy N. Clayton, Employee, Claimant,

vs.

Department of Transportation, Employer, and

State Accident Fund, Carrier, Defendants.

Hearing: Held in Richland County, South Carolina on March 6, 2019.

Appearances: Claimant represented by Elizabeth McMahon Pentz, McWhirter
Bellinger & Assoc., P.A.

Defendants represented by Erin F. Farthing, South Carolina State
Accident Fund, Esquire.

Purpose of Hearing: To determine issues as set forth Forms 50 and 51 and in Rule 67-
601 as well as the any other issues which may have timely come
before the Commissioner.

Decision and Order: By Avery B. Wilkerson, Jr., Commissioner.

Filed: May 14, 2019

STIPULATIONS

The parties stipulate to the following matters:

1. The Commission has jurisdiction to hear the matters presented;
2. Proper venue is Richland County;
3. All parties received proper notice of the March 6, 2019, hearing and were represented by legal counsel;
4. The average weekly wage is \$693.02, and the compensation rate is \$462.04;
5. The record was left open to received Ivan E. Lamotta's, M.D. December 13, 2018; and
6. The Commission's file and the Administrative Procedures Act submissions are a part of the record.

CLAIMANT'S APA SUBMISSIONS

APA #	MEDICAL PROVIDER	DATES	PAGES
1.)	Scott Psychiatric Institute James R. Kirkland, M.D.	07/24/14-05/15/18	1-16
2.)	Lexington Family Practice Kevin Shalkham, M.D.	4/20/17-04/06/18	17-52
3.)	Carolina Occupational Healthcare	6/1/17-6/8/17	53-56
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11.)	CORA Physical Therapy	9/14/17	118-137
12.)	Dutch Fork Psychological	10/04/17-12/19/18	138-161
13.)	Columbia Rehabilitation Center Tracy Hill, P.T.	12/07/17	162-183
14.)	Palmetto Health Orthopedics Michael W. Peele, MD	01/04/18-04/26/18	184-190
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16.)	Vocational Assessment J. Adger Brown, MA, CDMS	05/08/18	196-204

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B.)	08-14-18 Personnel Documents	209-263
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APA #	MEDICAL PROVIDER	DATES	PAGES
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2.)	Dyana Lowndes-Rosen, M.D.	3/6/18	11-16
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Claimant's C-1 Claimant's Current Medication List

STATEMENT OF THE CASE

Timothy N. Clayton ("Claimant") alleged injuries by accident on March 28, 2017, to his back and right hip which affected his right leg and psychological condition. The Defendants filed a March 21, 2018, Form 21 hearing request to which the Claimant filed an April 5, 2018, Form 50 hearing requesting payment for an ambulance and emergency room treatment July 20, 2017, suffered upon receipt of an injection by the authorized treating orthopedic. Further, the Claimant requested a compensability determination regarding his aggravated preexisting psychological condition. Subsequently, the Claimant filed a Form 22 response and Amended Form 50 May 1, 2018, alleging permanent and total disability. The Defendants' May 4, 2018, Form 51 admitted a back injury only and denied the July 20, 2017, medical treatment subsequent to their authorized physician's injection; aggravation of the Claimant's preexisting psychological condition; and permanent and total disability. The parties conducted mandatory mediation July 13, 2019, which failed.

The parties executed a consent order for additional discovery in lieu of the October 25, 2018, Forms 50/51/21 hearing. The directives were sent to the parties on March 20, 2019. The Claimant received the hearing transcript March 29, 2019.

EVIDENCE OF THE CASE

The Court heard the testimony of the only witness, Timothy N. Clayton, Claimant, and received all medical records and exhibits presented.

The Commissioner heard the Claimant's testimony, a forty-eight (48) year old male. The Claimant testified that he had a ninth (9th) grade education, with a GED and mechanical institute training who worked as a mechanic for twenty-five (25) years. [Hrg. Tr. Pg. 51, ln. 25-pg. 52, ln. 13]. A mechanic position required certain basics such as heaving lifting, bending, and test driving vehicles. [Hrg. Tr. Pg. 52, ln. 14-18]. He was required to obtain a CDL for the S.C. Department of Transportation ("DOT") position. [Hrg. Tr. Pg. 52, ln. 19-21]. The Claimant remained at his last employer, DOT, from 2009 until July 17, 2017. [Hrg. Tr. Pg. 52, ln. 24-pg. 53, ln. 3]. He started out working on cars and light trucks eventually moving into semis, bulldozers, and dump trucks. [Hrg. Tr. Pg. 53, ll.5-15].

The Claimant reported his March 28, 2017, accident and eventually received medical treatment authorized by the Carrier [Hrg. Tr. Pg. 54, ln.5-pg.56, ln.12]. Included in this treatment was a July 20, 2017, injection administered by authorized treating physician Ivan E. Lamotta, M.D. [Hrg. Tr. Pg.55, ll. 17-18; Pg. 57, ln.17-Pg. 60, ln. 1]. The Claimants' back problems continued as of March 6, 2019. [Hrg. Tr. Pg.70, ln. 25-Pg. 73, ln.23]. He received work restrictions pursuant to two (2) Functional Capacity Evaluations. [Hrg. Tr. Pg. 56, ln. 10-pg. 57, ln.6]. The Claimant testified to is current medications. [Hrg. Tr. Pg.68, ln. 22-pg. 70, ln.4; Pg. 70, ln.18-pg.71, ln. 2]

The Claimant testified to his extensive preexisting psychiatric condition affected by passing of his son in 2010. [Hrg. Tr. Pg.73, ln.23-Pg.74, ln.23; DEF. APA#1].

Nonetheless, the Claimant continued to work except for two (2) weeks off, even completing training in the process during this time. [Hrg. Tr. Pg. 74, ln. 16-Pg.75, ln. 6]. He recalled psychiatric issues at least back to 1996. [Hrg. Tr. Pg.75, ln.7-Pg.76, ln.4]. The Claimant testified that he had panic and stress and engaged in regular treatment with James R. Kirkland, M.D., Scott Psychiatric Institute. [Hrg. Tr. Pg.82, ll.22-25; Pg. 85, ln. 1-pg. 87, ln.13; Pg. 94, ln.2-5]. During this time, the Claimant continued his regular job with the employer without incident. [Hrg. Tr. Pg.85, ln.10-16; Pg. 100, ll.13]. On March 21, 2017, seven (7) days prior to the March 28, 2017, on the job accident, the Claimant consulted with Dr. Kirkland, who noted that the Claimant functioned well. [Hrg. Tr. Pg. 95, ln.15-25; CL. APA#1, pg. 5].

The Claimant consulted with Dr. Kirkland at an unscheduled June 8, 2017, appointment and reported his March 28, 2017, accident with increased anxiety. [Hrg. Tr. Pg. 95, ll. 3-13; CL. APA#1, pg. 5]. The Claimant testified he again saw Dr. Kirkland for an unscheduled appointment August 7, 2017, who recommended that the Claimant see a counselor. [Hrg. Tr. Pg. 95, ln.24-pg. 97, ln. 1]. On October 4, 2017, Dr. Kirkland restarted the Claimant's anxiety medication due to his panic attacks. [Hrg. Tr. Pg.97, ll. 2-12; CL. APA#1, pg. 7]. The Claimant testified that his prior driving problems worsened. [Hrg. Tr. Pg.97, ll. 11-24]. On one (1) sole occasion, the Claimant attempted to drive to Lowe's two (2) miles from his home but a panic attack rendered him unable to complete the trip. [Hrg. Tr. Pg.97, 25-pg.98, ln. 19]. The Claimant left his first counseling October 4, 2017, due to nausea, but he returned and continued psychological treatment. [Hrg. Tr. Pg.98, ln. 20-pg.99, ln. 18; CL. APA#12]. Dr. Kirkland continued treatment and encouraged the Claimant to pursue Social Security Disability Benefits which the Claimant did in 2017. [Hrg. Tr. Pg.100, ll.2-5; CL. APA#1, pg. 14]. He received an SSDI award. [Hrg. Tr. Pg.103, ll.17-21].

The Claimant testified to previous episodes but was not aware of any seizure or seizure disorder diagnosis. [Hrg. Tr. Pg.76, ll. 5-12; Pg. 82, ln. 22- Pg. 84, ln.19; Pg. 87, ln.14-pg. 88, ln.7; Pg. 102, ln.5-pg. 103, ln. 16].

The Claimant testified that he sat for two (2) vocational assessments. [Hrg. Tr. Pg.100, ll.18-20]. The second vocational assessment noted the Claimant's interests as clerical and animal care. [DEF. APA#3, pg. 27]. The Claimant testified that he never previously held a clerical or light duty position. [Hrg. Tr. Pg.101, ll.2-3; Pg.104, ll. 8-13]. His DOT position required minimal computer use or documentation preparation. [Hrg. Tr. Pg.101, ll. 4-24]. The Claimant stated that all previous mechanic employment required a lot of walking and lifting, including overhead lifting. [Hrg. Tr. Pg.56, ln. 25- pg. 57, ln. 16]. The Claimant testified that he could not work due to his back, panic attacks, and inability to drive. [Hrg. Tr. Pg. 104, ll.14-20]. At present, the Claimant stated he was uncertain about filing for S.C. State Retirement benefits. [Hrg. Tr. Pg. 104, ll. 21-25].

CROSS EXAMINATION

The Claimant testified again to his current medications. [Hrg. Tr. Pg.106, ln.24-pg. 107, ln. 19]. The Claimant agreed he was sleep deprived when he contacted Dr. Kirkland July 5, 2011. [Hrg. Tr. Pg.107, ln. 24-pg. 108, ln. 9; DEF. APA#1, pg. 4]. The Claimant testified he experienced troubled sleep during his treatment with Dr. Lamotta due to anxiety. [Hrg. Tr. Pg.108, ll. 10-17]. The Claimant testified he consulted with Dr. Kirkland approximately every three (3) months, sometimes sooner or with a phone call, prior to March 28, 2017. [Hrg. Tr. Pg.108, ln. 18-pg. 111, ln. 7]. The Claimant testified to his July 20, 2017, post injection incident July 20, 2017, and that he specifically advised EMS and emergency room that he had not experienced a seizure. [Hrg. Tr. Pg.111, ln. 8-pg. 112, ln. 8; Pg. 113, ln. 11-pg. 114, ln. 15].

The Claimant stated his wife discussed the Claimant with the emergency room doctor and witness previous incidents. [Hrg. Tr. Pg.112, ln. 9-pg. 113, ln. 10; Pg. 114, ll. 21-24]. The Claimant stated he did not consult with a neurologist pursuant to Dr. Kirkland's 2011 recommendation. [Hrg. Tr. Pg.114, ln.25-pg. 115, ln. 5]. The Claimant reiterated that he was neither previously diagnosed with a seizure disorder nor experienced additional seizures since July 20, 2017. [Hrg. Tr. Pg.115, ln. 6-15; Pg. 125, ll.1-5].

FINDINGS OF FACT

The undersigned Commissioner carefully reviewed all the evidence submitted in this case and concludes that the employee, Timothy N. Clayton, not only sustained a causally related medical episode July 20, 2017, subsequent to an authorized injection, but also aggravation of his preexisting psychiatric and psychological conditions. Further the undersigned Commissioner is of the opinion that the Claimant, at the time of the hearing, has not reached maximum medical improvement for his aggravated psychological condition and is entitled to additional treatment.

A record such as is necessary for decision was made of the proceedings in this matter, and after a careful consideration and study of all the evidence as well as a personal observation of the Claimant's demeanor, there is substantial and reliable probative evidence to support the following Findings of Fact:

That all parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Department of Transportation as the Employer and State Accident Fund as the Carrier.

1. The undersigned submitted the hearing directives to all parties on March 20, 2019. The Claimant received the hearing transcript March 29, 2019.
2. "[T]his case was originally set on a 50, 51, and a 21, I think both parties agree that we're going to handle the 50, 51 and 21 toda[y]." [Hrg. Tr. Pg. 4, ll.12-22]. The July 13, 2018, mediation failed. [Hrg. Tr. Pg. 4, ll. 23-25].

3. The testimony of Claimant, Timothy M. Clayton, was clear and honest. Mr. Clayton possesses a ninth (9th) grade education. [Hrg. Tr. Pg. 51, ln. 25-pg. 52, ln. 2]. His preexisting psychological issue dates to his childhood. Mr. Clayton cutoff all contact with father. [Hrg. Tr. Pg.127, ln. 24-pg. 128, ln. 9]. In the past, the Claimant experienced increased work to larger vehicles and increased pressure from job, but continued to work until July 17, 2017, with the Employer even during his treatment with James R. Kirkland, M.D., which were generally three (3) months apart, but sometimes sooner, especially after the March 28, 2017, on the job accident . [Hrg. Tr. Pg.53, ll. 5-15; Pg. 85, ll.1-9; Pg. 86, ll.6-18; Pg. 94, ll. 2-6, 19-21; CL APA#1, pgs. 1-5; DEF APA#1, pgs. 1-10]. Since receiving psychological counseling pursuant to Dr. Kirkland's recommendation, the Claimant did not think his psychological condition was any better or worse; everything is about the same; treatment does not seem to be working. [Hrg. Tr. Pg. 98, ln. 20- pg. 100, ln.2]. The Claimant's medications were increased. [C-1].
4. The Claimant continued treatment with Dr. Kirkland. [Hrg. Tr. Pg. 95, ln. 3-13; Pg. 95. ln. 25-pg. 96, ln. 13; Pg. 100, ll.2-5; CL. APA#1, Pgs. 5-8; 11-14].
5. Dr. Kirkland provided two (2) causation statements December 5, 2017 and May 15, 2018, that opined to a reasonable degree of medical certainty that the Claimant's increase anxiety, panic attacks, and depression were most probably aggravated by his low back/right leg/right hip pain. [Cl. APA #1, Pgs. 9-10; 15-16]. The Defendants submitted Dana-Lowndes Rosen's, M.D. March 16, 2018, independent psychiatric evaluation. [DEF. APA#2]. In this report, Dr. Rosen references Mr. Crocker and Mr. Lang. [DEF. APA#2, Pg. 27].
6. The Claimant's preexisting psychiatric and psychological conditions were aggravated subsequent to his March 28, 2017, on the job accident.
7. The Claimant is not at maximum medical improvement for the psychological overlay and is entitled to additional treatment.
8. A full psychological evaluation needs to be done by a certified psychiatrist.
9. The Claimant experienced previous seizure type symptoms including falling off a toilet and waking up on floor, but never received a medical diagnosis of a seizure disorder. [Hrg. Tr. Pg.76, ll. 5-12; Pg. 82, ln. 22- Pg. 84, ln.19; Pg. 87, ln.14-pg. 88, ln.7; Pg. 102, ln.5-pg. 103, ln. 16]. The Claimant passed out on July 20, 2017, at the authorized treating doctor's office after receiving an injection. [Hrg. Tr. Pg. 57, ln. 17-pg. 60, ln. 1]. The medical record notes a "New onset non provoked seizure." [CL. APA#10, Pg. 116]. The Claimant does not know if ever had a medically diagnosed seizure. [Hrg. Tr. Pg.76, ll. 5-12; Pg. 82, ln. 22- Pg. 84, ln.19; Pg. 87, ln.14-pg. 88, ln.7; Pg. 102, ln.5-pg. 103, ln. 16]. The Claimant's EEG was normal. [CL. APA#15, Pg. 193]. Based on greater weight of evidence I would find the ambulance bill and emergency room bill are causally related at authorized doctor's appointment. Subject to medical fee schedule. I would find based on the preponderance of the evidence that the pre-existing psychological was clearly aggravated by the accident.

10. On April 9, 2018, Ivan E. Lamotta, M.D. opined to a reasonable degree of medical certainty that the Claimant's July 20, 2017, in office seizure was most probably a reaction to the injection administered which required medical treatment. [CL. APA#7, pg. 101-102]. On December 13, 2018, Dr. Lamotta testified in his deposition that the Claimant experienced symptoms after the July 20, 2017, post injection incident. [CL. Exb. C: Dep. Pgs. 12-13]. However, he was not a seizure expert and would defer to a neurologist for seizure opinion. [CL. Exb. C: Dep. Pg. 15, ll. 4-22]. Dr. Lamotta's opinion remained the same that the post injection symptoms were casually related to the injection. [CL. Exb. C: Dep. Pg. 21, ll.17-25; Pg. 22, ll.1-22; Pg. 24, ll. 7-20; Pg. 24, ll. 24-25; Pg. 25, ll. 1-15; Pg. 28, ll. 16-23].
11. The Defendants submitted an August 31, 2018, Vocational Evaluation which determined the Claimant could return to work in response to the Claimant's March 28, 2017, Vocational Evaluation which determined the Claimant could not return to work. [DEF. APA#3; CL. APA#16].
12. The Claimant underwent two (2) FCE evaluations September 14, 2017, CORA Physical Therapy and December 7, 2017, Columbia Rehabilitation Clinic. [CL. APA#11, 13].
13. None of the doctors used in the treatment submitted in the parties' APAs are to be used by either party as treating doctors. I do not find either James. R. Kirkland, M.D., Scott Psychiatric Institute or Dyana-Lowndes Rosen, M.D., one-time IME, convincing based on the overall evidence. Mr. Clayton found Dr. Kirkland by internet referral. (DEF APA #1, Pg. 1).
14. Temporary total disability benefits shall begin once the claimant is written out of work by an authorized treating physician.
15. The Claimant was awarded Social Security Disability Benefits.
16. The Claimant met his burden of proof as he submitted two (2) causation statements by treating physician James R. Kirkland, M.D. (CL. APA#1, Pgs.9-10, 15-16).
17. I would find Mr. Clayton's S.C. Department of Transportation position to be in the medium to heavy duty category.

CONCLUSIONS OF LAW

Accordingly, as is provided in S.C. Code Ann. Section 42-17-40 of the South Carolina Code of Laws, 1976 (as amended), it is the determination of this Commissioner that S.C. Code Ann. Section 42-1-160 defines "injury and personal injury"; and Section 42-15-60 governs "medical"; and, that Section 42-1-120 defines "disability".

1. S.C. Code Ann. §42-1-160 of the South Carolina Code of Laws, 1976 (as amended), states that “injury” and “personal injury” are defined as “injury by accident arising out of and in the course of employment”. Furthermore, Section 42-1-160 of the South Carolina Code stipulates that, “[a]s used in this section, “medical evidence” means expert opinion or testimony stated to a reasonable degree of medical certainty, documents, records, or other material that is offered by a licensed health care provider.” S.C. Code Ann. §42-1-160(g).
- A. The testimony, medical evidence and Dr. Lamotta’s opinion and subsequent deposition testimony satisfied the burden of proof that the Claimant’s July 20, 2017, seizure episode was causally related to the original March 28, 2017, on the job accident. S.C. Code Ann. §42-1-160(D).
- B. S.C. Code Ann. Section 42-1-160 of the South Carolina Code provides: “Stress, mental injuries, and mental illness alleged to have been aggravated by a work-related physical injury may not be found compensable unless the aggravation is:
 - (1) admitted by the employer/carrier;
 - (2) noted in a medical record of an authorized physician that, in the physician's opinion, the condition is at least in part causally related or connected to the injury or accident, whether or not the physician refers the employee for treatment of the condition;
 - (3) found to be causally related or connected to the accident or injury after evaluation by an authorized psychologist or psychiatrist; or
 - (4) noted in a medical record or report of the employee's physician as causally related or connected to the injury or accident.

The testimony, psychiatric and psychological evidence, and Dr. Kirkland’s two (2) causation statements met the burden of proof that the Claimant’s preexisting anxiety, panic attacks, and depression were causally related to the original March 28, 2017, on the job accident.

C. Finally, S.C. Code Ann. §42-15-60 of the South Carolina Code of Laws, 1976 (as amended), requires Defendants to authorize causally-related medical treatment. S.C. Code Ann. §42-15-60. The Claimant is not at maximum medical improvement for his aggravated anxiety, panic attacks, and depression. He is entitled to additional causally related psychiatric and psychological conditions as direct by the S.C. State Accident Fund within thirty (30) days of the date of this order.

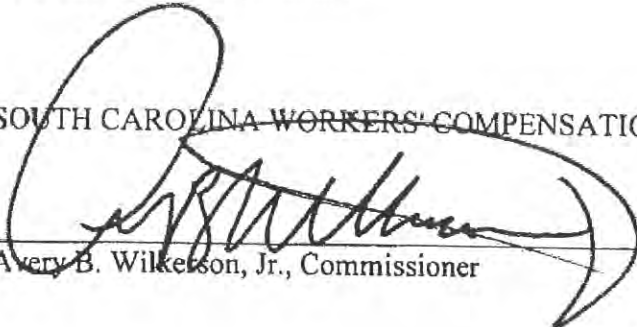
ORDER

IT IS THEREFORE ORDERED that the Employer, S.C. Department of Transportation, and the Carrier, S.C. State Accident Fund, shall pay the July 20, 2017, emergency medical services medical, hospital, surgical, doctors' and nurses' bills, and all other modalities of treatment administered on July 20, 2017, by the treating providers for the seizure episode arising out of and in the course of employment on March 28, 2017.

IT IS FURTHER ORDERED that the Employer, S.C. Department of Transportation, and the Carrier, S.C. State Accident Fund, shall provide additional treatment and direct doctor selection for the Claimant's aggravated psychiatric and psychological conditions (anxiety, panic attacks, depression). If no treating doctor is located within thirty (30) days of the date of my Order, then Claimant may choose a certified psychiatrist.

No hearing costs are assessed in this instance.

~~SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION~~


~~Avery B. Wilkerson, Jr., Commissioner~~

CERTIFICATE OF SERVICE

Columbia, South Carolina,
Date: 5-13-2019

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 Deborah Hutto on May 14, 2019

APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1708722

TIMOTHY CLAYTON, CLAIMANT/APPELLANT,

VERSUS

SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION AND SC STATE
ACCIDENT FUND, DEFENDANTS/RESPONDENTS.

Appellate Panel Review held in Columbia, South
Carolina on August 19, 2019 per notices timely and
properly served on all parties of interest.

Appellate Panel Decision and Order filed:

March 23, 2020

APPEARANCES:

Claimant was represented by Elizabeth M. Pentz of
McWhirter, Bellinger & Associates, P.A., 119 East
Main Street, Lexington, SC 29072.

Defendants were represented by Erin Farthing,
Esquire, of The South Carolina State Accident
Fund, P.O. Box 102100, Columbia, South Carolina
29221.

STATEMENT OF THE CASE

This matter arises out of an admitted injury by accident that occurred on March 28, 2017 while Timothy Clayton ("Claimant") was acting within the course and scope of his employment with Defendant South Carolina Department of Transportation ("SCDOT"). Defendants admitted an injury to Claimant's low back, and Claimant further alleged an injury to his right hip and also that his right leg and preexisting psychological condition were affected.

This claim came before the Single Commissioner pursuant to Defendants' Form 21 and Claimant's Forms 22 and 50. In their Form 21, Defendants' sought a determination of permanency and the amount of compensation due. In their Form 50, Claimant requested payment for an ambulance and emergency room treatment July 20, 2017, related to an alleged seizure that Claimant claimed was the result of an injection by the authorized treating orthopedic. Further, the Claimant requested a compensability determination regarding whether his work injury aggravated his preexisting psychological condition. Claimant also filed a Form 22 response and Amended Form 50 alleging permanent and total disability. The parties conducted mandatory mediation, which failed.

A hearing on Defendants' Form 21 and Claimant's Forms 22 and 50 was held before the Single Commissioner on March 6, 2019. On May 14, 2019, the Single Commissioner issued a decision and order, wherein he set forth the following findings of fact and conclusions of law:

FINDINGS OF FACT

The undersigned Commissioner carefully reviewed all the evidence submitted in this case and concludes that the employee, Timothy N. Clayton, not only sustained a causally related medical episode July 20, 2017, subsequent to an authorized injection, but also aggravation of his preexisting psychiatric and psychological conditions. Further the undersigned Commissioner is of the opinion that the Claimant, at the time of the hearing, has not reached maximum medical improvement for his aggravated psychological condition and is entitled to additional treatment.

A record such as is necessary for decision was made of the proceedings in this matter, and after a careful consideration and study of all the evidence as well as a personal observation of the Claimant's demeanor, there is substantial and reliable probative evidence to support the following Findings of Fact:

That all parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Department of Transportation as the Employer and State Accident Fund as the Carrier.

1. The undersigned submitted the hearing directives to all parties on March 20, 2019. The Claimant received the hearing transcript March 29, 2019.

2. "[T]his case was originally set on a 50, 51, and a 21, I think both parties agree that we're going to handle the 50, 51 and 21 toda[y]." [Hrg. Tr. Pg. 4, ll.12-22].
The July 13, 2018, mediation failed. [Hrg. Tr. Pg. 4, ll. 23-25].

3. The testimony of Claimant, Timothy M. Clayton, was clear and honest. Mr. Clayton possesses a ninth (9th) grade education. [Hrg. Tr. Pg. 51, ln. 25-pg. 52, ln. 2]. His preexisting psychological issue dates to his childhood. Mr. Clayton cutoff all contact

with father. [Hrg. Tr. Pg.127, ln. 24-pg. 128, ln. 9]. In the past, the Claimant experienced increased work to larger vehicles and increased pressure from job, but continued to work until July 17, 2017, with the Employer even during his treatment with James R. Kirkland, M.D., which were generally three (3) months apart, but sometimes sooner, especially after the March 28, 2017, on the job accident . [Hrg. Tr. Pg.53, ll. 5-15; Pg. 85, ll.1-9; Pg. 86, ll.6-18; Pg. 94, ll. 2-6, 19-21; CL APA#1, pgs. 1-5; DEF APA#1, pgs. 1-10]. Since receiving psychological counseling pursuant to Dr. Kirkland's recommendation, the Claimant did not think his psychological condition was any better or worse; everything is about the same; treatment does not seem to be working. [Hrg. Tr. Pg. 98, ln. 20- pg. 100, ln.2]. The Claimant's medications were increased. [C-1].

4. The Claimant continued treatment with Dr. Kirkland. [Hrg. Tr. Pg. 95, ln. 3-13; Pg. 95. ln. 25-pg. 96, ln. 13; Pg. 100, ll.2-5; CL. APA#1, Pgs. 5-8; 11-14].

5. Dr. Kirkland provided two (2) causation statements December 5, 2017 and May 15, 2018, that opined to a reasonable degree of medical certainty that the Claimant's increase anxiety, panic attacks, and depression were most probably aggravated by his low back/right leg/right hip pain. [Cl. APA #1, Pgs. 9-10; 15-16]. The Defendants submitted Dana-Lowndes Rosen's, M.D. March 16, 2018, independent psychiatric evaluation. [DEF. APA#2]. In this report, Dr. Rosen references Mr. Crocker and Mr. Lang. [DEF. APA#2, Pg. 27].

6. The Claimant's preexisting psychiatric and psychological conditions were aggravated subsequent to his March 28, 2017, on the job accident.

7. The Claimant is not at maximum medical improvement for the psychological overlay and is entitled to additional treatment.

8. A full psychological evaluation needs to be done by a certified psychiatrist.

9. The Claimant experienced previous seizure type symptoms including falling off a toilet and waking up on floor, but never received a medical diagnosis of a seizure disorder. [Hrg. Tr. Pg.76, ll. 5-12; Pg. 82, ln. 22- Pg. 84, ln.19; Pg. 87, ln.14-pg. 88, ln.7; Pg. 102, ln.5-pg. 103, ln. 16]. The Claimant passed out on July 20, 2017, at the authorized treating doctor's office after receiving an injection. [Hrg. Tr. Pg. 57, ln. 17-pg. 60, ln. 1]. The medical record notes a "New onset non provoked seizure." [CL. APA#10, Pg. 116]. The Claimant does not know if ever had a medically diagnosed seizure. [Hrg. Tr. Pg.76, ll. 5-12; Pg. 82, ln. 22- Pg. 84, ln.19; Pg. 87, ln.14-pg. 88, ln.7; Pg. 102, ln.5-pg. 103, ln. 16]. The Claimant's EEG was normal. [CL. APA#15, Pg. 193]. Based on greater weight of evidence I would find the ambulance bill and emergency room bill are causally related at authorized doctor's appointment. Subject to medical fee schedule. I would find based on the preponderance of the evidence that the pre-existing psychological was clearly aggravated by the accident.

10. On April 9, 2018, Ivan E. Lamotta, M.D. opined to a reasonable degree of medical certainty that the Claimant's July 20, 2017, in office seizure was most probably a reaction to the injection administered which required medical treatment. [CL. APA#7, pg. 101-102]. On December 13, 2018, Dr. Lamotta testified in his deposition that the Claimant experienced symptoms after the July 20, 2017, post injection incident. [CL. Exb. C: Dep. Pgs. 12-13]. However, he was not a seizure expert and would defer to a neurologist for seizure opinion. [CL. Exb. C: Dep. Pg. 15, ll. 4-22]. Dr. Lamotta's opinion remained the same that the post injection symptoms were casually related to the

injection. [CL. Exb. C: Dep. Pg. 21, ll.17-25; Pg. 22, ll.1-22; Pg. 24, ll. 7-20; Pg. 24, ll. 24-25; Pg. 25, ll. 1-15; Pg. 28, ll. 16-23].

11. The Defendants submitted an August 31, 2018, Vocational Evaluation which determined the Claimant could return to work in response to the Claimant's March 28, 2017, Vocational Evaluation which determined the Claimant could not return to work. [DEF. APA#3; CL. APA#16].

12. The Claimant underwent two (2) FCE evaluations September 14, 2017, CORA Physical Therapy and December 7, 2017, Columbia Rehabilitation Clinic. [CL. APA#11, 13].

13. None of the doctors used in the treatment submitted in the parties' APAs are to be used by either party as treating doctors. I do not find either James. R. Kirkland, M.D., Scott Psychiatric Institute or Dyana-Lowndes Rosen, M.D., one-time IME, convincing based on the overall evidence. Mr. Clayton found Dr. Kirkland by internet referral. (DEF APA #1, Pg. 1).

14. Temporary total disability benefits shall begin once the claimant is written out of work by an authorized treating physician.

15. The Claimant was awarded Social Security Disability Benefits.

16. The Claimant met his burden of proof as he submitted two (2) causation statements by treating physician James R. Kirkland, M.D. (CL. APA#1, Pgs.9-10, 15-16).

17. I would find Mr. Clayton's S.C. Department of Transportation position to be in the medium to heavy duty category.

CONCLUSIONS OF LAW

Accordingly, as is provided in S.C. Code Ann. Section 42-17-40 of the South Carolina Code of Laws, 1976 (as amended), it is the determination of this Commissioner that S.C. Code Ann. Section 42-1-160 defines "injury and personal injury"; and Section 42-15-60 governs "medical"; and, that Section 42-1-120 defines "disability".

1. S.C. Code Ann. §42-1-160 of the South Carolina Code of Laws, 1976 (as amended), states that "injury" and "personal injury" are defined as "injury by accident arising out of and in the course of employment". Furthermore, Section 42-1-160 of the South Carolina Code stipulates that, "[a]s used in this section, "medical evidence" means expert opinion or testimony stated to a reasonable degree of medical certainty, documents, records, or other material that is offered by a licensed health care provider." S.C. Code Ann. §42-1-160(g).

A. The testimony, medical evidence and Dr. Lamotta's opinion and subsequent deposition testimony satisfied the burden of proof that the Claimant's July 20, 2017, seizure episode was causally related to the original March 28, 2017, on the job accident. S.C. Code Ann. §42-1-160(D).

B. S.C. Code Ann. Section 42-1-160 of the South Carolina Code provides: "Stress, mental injuries, and mental illness alleged to have been aggravated by a work-related physical injury may not be found compensable unless the aggravation is:

- (1) admitted by the employer/carrier;
- (2) noted in a medical record of an authorized physician that, in the physician's opinion, the condition is at least in part causally related or connected to the

injury or accident, whether or not the physician refers the employee for treatment of the condition;

- (3) found to be causally related or connected to the accident or injury after evaluation by an authorized psychologist or psychiatrist; or
- (4) noted in a medical record or report of the employee's physician as causally related or connected to the injury or accident.

The testimony, psychiatric and psychological evidence, and Dr. Kirkland's two (2) causation statements met the burden of proof that the Claimant's preexisting anxiety, panic attacks, and depression were causally related to the original March 28, 2017, on the job accident.

C. Finally, S.C. Code Ann. §42-15-60 of the South Carolina Code of Laws, 1976 (as amended), requires Defendants to authorize causally-related medical treatment. S.C. Code Ann. §42-15-60. The Claimant is not at maximum medical improvement for his aggravated anxiety, panic attacks, and depression. He is entitled to additional causally related psychiatric and psychological conditions as direct by the S.C. State Accident Fund within thirty (30) days of the date of this order.

Within the statutory period, Defendants filed an Application for Review in the case setting forth their exceptions, copies of which were furnished to all interested parties. Defendants stated the following grounds for review:

1. Did the hearing Commissioner err as a matter of law in finding that Claimant's preexisting psychiatric and psychological conditions were aggravated subsequent to the March 28, 2017 on the job accident where the Commissioner relied on the opinion of Dr. Kirkland in rendering that decision, but further found Dr. Kirkland to not be convincing?
2. Did the hearing Commissioner err as a matter of fact in finding that Claimant's preexisting psychiatric and psychological conditions were

- aggravated subsequent to the March 28, 2017 on the job accident where the Commissioner relied on the opinion of Dr. Kirkland in rendering that decision, but further found Dr. Kirkland to not be convincing?
3. Did the hearing Commissioner err as a matter of law in ordering Defendants to provide full psychological evaluation of Claimant by a certified psychiatrist?
 4. Did the hearing Commissioner err as a matter of fact in ordering Defendants to provide full psychological evaluation of Claimant by a certified psychiatrist?
 5. Did the hearing Commissioner err as a matter of fact in finding that Claimant's July 20, 2017 seizure episode was causally related to the original March 28, 2017 on the job accident?
 6. Did the hearing Commissioner err as a matter of law in finding that Claimant's July 20, 2017 seizure episode was causally related to the original March 28, 2017 on the job accident?

Oral arguments were delivered by the parties on August 19, 2019. All proffered testimony has been taken. Such, together with all documentary evidence and legal briefs, has been delivered to the individual members of the Full Commission and has since been under study and consideration.

In an appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1976, as amended), review the award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefor, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

Erin Farthing for the Defendants and Elizabeth Pentz for the Claimant appeared at the scheduled hearing to present oral arguments on behalf of the parties. Having heard oral arguments on behalf of the parties, considered their briefs and viewed the records as a whole, the Appellate Panel hereby **AFFIRMS IN PART AND REVERSES IN PART** the Decision and Order of the Single Commissioner. Specifically, the Appellate Panel affirms the Single Commissioner's findings that Claimant sustained a causally related

medical episode July 20, 2017, subsequent to an authorized injection. However, the Appellate Panel reverses the Single Commissioner findings that Claimant sustained an aggravation of his preexisting psychiatric and psychological condition. Such findings were based solely on medical evidence that the Single Commissioner found to be unconvincing. The finding that this evidence was unconvincing was not appealed. Therefore, the finding of compensability of Claimant's psychiatric and psychological condition is wholly inconsistent with the finding that the evidence in support of compensability is unconvincing. As such, the Appellate Panel enters the following Findings of Act, Rulings or Law and Order as its own:

APPELLATE PANEL FINDINGS OF FACT

The undersigned panel carefully reviewed all evidence submitted in this case and concludes that the employee, Timothy N. Clayton, sustained a causally related medical episode July 20, 2017, subsequent to an authorized injection. However, this panel finds that Claimant did not sustain an aggravation of his preexisting psychiatric and psychological conditions.

A record such as is necessary for decision was made of the proceedings in this matter, and after a careful consideration and study of all the evidence as well as a personal observation of the Claimant's demeanor, there is substantial and reliable probative evidence to support the following Findings of Fact:

1. That all parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Department of Transportation as the Employer and State Accident Fund as the Carrier.

2. “[T]his case was originally set on a 50, 51, and a 21, I think both parties agree that we’re going to handle the 50, 51 and 21 toda[y].” [Hrg. Tr. Pg. 4, ll.1 2-22]. The July 13, 2018, mediation failed. [Hrg. Tr. Pg. 4, ll. 23-25].

3. The testimony of Claimant, Timothy M. Clayton, was clear and honest. Mr. Clayton possesses a ninth (9th) grade education. [Hrg. Tr. Pg. 51, ln. 25-pg. 52, ln. 2]. His preexisting psychological issue dates to his childhood. Mr. Clayton cutoff all contact with father. [Hrg. Tr. Pg.127, ln. 24-pg. 128, ln. 9]. In the past, the Claimant experienced increased work to larger vehicles and increased pressure from job, but continued to work until July 17, 2017, with the Employer even during his treatment with James R. Kirkland, M.D., which were generally three (3) months apart, but sometimes sooner, especially after the March 28, 2017, on the job accident. [Hrg. Tr. Pg.53, ll. 5-15; Pg. 85, ll.1-9; Pg. 86, ll.6-18; Pg. 94, ll. 2-6, 19-21; CL APA#1, pgs. 1-5; DEF APA#1, pgs. 1-10]. Since receiving psychological counseling pursuant to Dr. Kirkland’s recommendation, the Claimant did not think his psychological condition was any better or worse; everything is about the same; treatment does not seem to be working. [Hrg. Tr. Pg. 98, ln. 20- pg. 100, ln.2]. The Claimant’s medications were increased. [C-1].

4. The Claimant continued treatment with Dr. Kirkland. [Hrg. Tr. Pg. 95, ln. 3-13; Pg. 95. ln. 25-pg. 96, ln. 13; Pg. 100, ll.2-5; CL. APA#1, Pgs. 5-8; 11-14].

5. Dr. Kirkland provided two (2) causation statements December 5, 2017 and May 15, 2018, that opined to a reasonable degree of medical certainty that the Claimant’s increase anxiety, panic attacks, and depression were most probably aggravated by his low back/right leg/right hip pain. [Cl. APA #1, Pgs. 9-10; 15-16]. The Defendants submitted Dana-Lowndes Rosen’s, M.D. March 16, 2018, independent psychiatric evaluation.

[DEF. APA#2]. In this report, Dr. Rosen references Mr. Crocker and Mr. Lang. [DEF. APA#2, Pg. 27].

6. The Claimant experienced previous seizure type symptoms including falling off a toilet and waking up on floor, but never received a medical diagnosis of a seizure disorder. [Hrg. Tr. Pg.76, ll. 5-12; Pg. 82, ln. 22- Pg. 84, ln.19; Pg. 87, ln. 14-pg. 88, ln.7; Pg. 102, ln.5-pg. 103, ln. 16]. The Claimant passed out on July 20, 2017, at the authorized treating doctor's office after receiving an injection. [Hrg. Tr. Pg. 57, ln. 17-pg. 60, ln. 1]. The medical record notes a "New onset non provoked seizure." [CL. APA#10, Pg. 116]. The Claimant does not know if ever had a medically diagnosed seizure. [Hrg. Tr. Pg.76, ll. 5-12; Pg. 82, ln. 22- Pg. 84, ln.19; Pg. 87, ln.14-pg. 88, ln.7; Pg. 102, ln.5-pg. 103, ln. 16]. The Claimant's EEG was normal. [CL. APA#15, Pg. 193]. Based on greater weight of evidence I would find the ambulance bill and emergency room bill are causally related at authorized doctor's appointment.

7. On April 9, 2018, Ivan E. Lamotta, M.D. opined to a reasonable degree of medical certainty that the Claimant's July 20, 2017, in office seizure was most probably a reaction to the injection administered which required medical treatment. [CL. APA#7, pg. 101-102]. On December 13, 2018, Dr. Lamotta testified in his deposition that the Claimant experienced symptoms after the July 20, 2017, post injection incident. [CL. Exb. C: Dep. Pgs. 12-13]. However, he was not a seizure expert and would defer to a neurologist for seizure opinion. [CL. Exb. C: Dep. Pg. 15, ll. 4-22]. Dr. Lamotta's opinion remained the same that the post injection symptoms were casually related to the injection. [CL. Exb. C: Dep. Pg. 21, ll.17-25; Pg. 22, ll.1-22; Pg. 24, ll. 7-20; Pg. 24, ll. 24-25; Pg. 25, ll. 1-15; Pg. 28, ll. 16-23].

8. The Defendants submitted an August 31, 2018, Vocational Evaluation which determined the Claimant could return to work in response to the Claimant's March 28, 2017, Vocational Evaluation which determined the Claimant could not return to work. [DEF. APA#3; CL. APA#16].

9. The Claimant underwent two (2) FCE evaluations September 14, 2017, CORA Physical Therapy and December 7, 2017, Columbia Rehabilitation Clinic. [CL. APA#11, 13].

10. None of the doctors used in the treatment submitted in the parties' APAs are to be used by either party as treating doctors. I do not find either James R. Kirkland, M.D., Scott Psychiatric Institute or Dyana-Lowndes Rosen, M.D., one-time IME, convincing based on the overall evidence. Mr. Clayton found Dr. Kirkland by internet referral. (DEF APA #1, Pg. 1).

11. The Claimant was awarded Social Security Disability Benefits.

12. The Claimant failed to meet his burden of proof that his preexisting anxiety, panic attacks, and depression were aggravated by his March 28, 2017, on the job accident as his only medical evidence supporting causation was two (2) causation statements by treating physician James R. Kirkland, M.D., who is found to be unconvincing (CL. APA#1, Pgs.9-10, 15-16).

13. I would find Mr. Clayton's S.C. Department of Transportation position to be in the medium to heavy duty category.

APPELLATE PANEL CONCLUSIONS OF LAW

1. Accordingly, as is provided in S.C. Code Ann. Section 42-17-40 of the South Carolina Code of Laws, 1976 (as amended), it is the determination of this

Commissioner that S.C. Code Ann. Section 42-1-160 defines "injury and personal injury"; and Section 42-15-60 governs "medical"; and, that Section 42-1-120 defines "disability".

2. S.C. Code Ann. §42-1-160 of the South Carolina Code of Laws, 1976 (as amended), states that "injury" and "personal injury" are defined as "injury by accident arising out of and in the course of employment". Furthermore, Section 42-1-160 of the South Carolina Code stipulates that, "[a]s used in this section, "medical evidence" means expert opinion or testimony stated to a reasonable degree of medical certainty, documents, records, or other material that is offered by a licensed health care provider." S.C. Code Ann. §42-1-160(g).

3. The testimony, medical evidence and Dr. Lamotta's opinion and subsequent deposition testimony satisfied the burden of proof that the Claimant's July 20, 2017, seizure episode was causally related to the original March 28, 2017, on the job accident. S.C. Code Ann. §42-1-160(D).

4. S.C. Code Ann. Section 42-1-160 of the South Carolina Code provides: "Stress, mental injuries, and mental illness alleged to have been aggravated by a work-related physical injury may not be found compensable unless the aggravation is:

- (1) admitted by the employer/carrier;
- (2) noted in a medical record of an authorized physician that, in the physician's opinion, the condition is at least in part causally related or connected to the injury or accident, whether or not the physician refers the employee for treatment of the condition;

- (3) found to be causally related or connected to the accident or injury after evaluation by an authorized psychologist or psychiatrist; or
- (4) noted in a medical record or report of the employee's physician as causally related or connected to the injury or accident.

Claimant failed to meet his burden of proof that his preexisting anxiety, panic attacks, and depression were aggravated by his March 28, 2017, on the job accident as the only medical evidence supporting causation has been found unconvincing.

ORDER

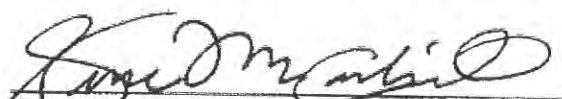
IT IS, THEREFORE, ORDERED the Order of the hearing Commissioner is AFFIRMED IN PART AND REVERSED IN PART.

AND IT IS SO ORDERED.

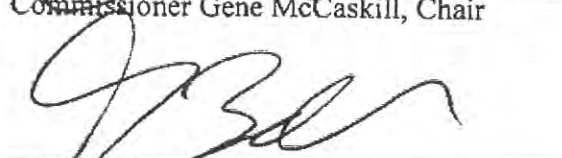
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



Commissioner R. Michael Campbell, II



Commissioner Gene McCaskill, Chair



Commissioner T. Scott Beck

Order Served via E-Mail:

<p>Stephen B. Samuels, Esquire Samuels, Reynolds Law Firm stephen@samuelsreynolds.com</p> <p>Erin Farthing, Esquire State Accident Fund EFarthing@saf.sc.gov</p> <p>Page P. Hilton, Esquire State Accident Fund pagehilton@scstatehouse.org</p>	
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Order Served via USPS:

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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 Valerie D. Deller on March 23, 2020

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MELISSA G. MOSIER
JOHN P. MEADORS
AMANDA N. PITTMAN
CHRISTOPHER M. CUNNINGHAM

February 19, 2019

The Honorable Avery B. Wilkerson, Jr.
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Re: EMPLOYEE: Timothy N. Clayton
EMPLOYER/CARRIER: S.C. Department of Transportation; S.C. State
Accident Fund
SCWCC FILE: 1708722
D/A: 03-28-2017

Dear Commissioner Wilkerson:

Please find the Claimant's Pre-Hearing Brief along with the Notice of Submission of Written Expert Reports for the March 6, 2019, hearing. Copies of these reports will be submitted on March 6, 2019.

We have this day submitted a complete copy of the same to Erin Farthing, attorney for the Defendants.

Thanking you in advance, I am

Respectfully yours,


Elizabeth McMahon Pentz

EMP/EKM
Enclosures

cc: Erin Farthing
S.C. State Accident Fund
PO Box 102100
Columbia, SC 29221-5000



Claimant's Name: Timothy N. Clayton Employer's Name: S.C. Department of Transportation
Address: 249 Bridleridge Rd Address: 955 Park Street
City: Lexington State: SC Zip: 29073-7322 City: Columbia State: SC Zip: 29202
Home Phone: 803-466-5413 Work Phone: _____ Carrier: S.C. State Accident Fund
Preparer's Name: Elizabeth McMahon Pentz Preparer's Phone #: 803-359-5523

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

Injury Illness Repetitive Trauma

1. Compensation Rate: \$462.04 2. AWW: \$693.02 Date of Injury: 3/28/2017
3. Type of injury and body part(s): Back, right hip, right leg, psychological overlay.
4. Facts in controversy: Whether the Claimant is at MMI. Whether the Claimant is entitled to further medical care. Whether Claimant is entitled to TTD benefits. Whether Claimant is entitled to payment of all past causally related medical bills, mileage, and rx. Compensability of aggravation of Claimant's pre-existing psychological condition. Alternatively, whether Claimant is entitled to an award for permanent and total disability. Whether Claimant is entitled to Dodge medicals. Whether Claimant is entitled to lifetime causally related medical care. Whether Claimant is entitled to an award in a lump sum. Whether Claimant is entitled to James v. Anne's Inc. language in the Order.
5. Legal issues involved: S.C. Code Ann. §§42-1-160; 42-9-10; 42-9-20; 42-9-30; 42-9-35; §42-15-60; §42-9-301; S.C. Reg. 67-1605; Dodge v. Brucoli, 334 S.C. 574, 514 S.E.2nd 593 (S.C. App. 1999); Dykes v. Daniel Construction, 262 S.C. 98, 202 S.E. 2d 646 (1974).
6. Unusual aspects: None.
7. Witnesses (designate if expert):* Timothy N. Clayton, Claimant. Claimant also reserves the right to call any and all witnesses designated by the Defendants.
8. Exhibits: A. 07-20-2017 Medical bills; B. 08-14-18 Personnel Documents; C. 12-13-2018 Deposition Transcript of Ivan E. LaMotta, M.D.; D. SSDI Application; E. SSDI Judicial Decision Approved-Confirmation Pending.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Pursuant to APA Submission.
 - A. 08-24-17: Authorized treating physician Ivan E. Lamotta, M.D. stated "I do not expect the patient to be able to return to his previous work as a heavy equipment mechanic." Cl. APA #7.
 - B. 09-17-17: Cora Rehabilitation Clinic: "Unable to meet job required material handling tasks. 09-21-17 Dr. Lamotta adopted this report. Cl. APA #5.
 - C. 12-05-17 & 05-15-18: Treating psychiatrist James R. Kirkland, M.D. opined to a reasonable degree of medical certainty that the Claimant's increase anxiety, panic attacks, and depression were most probably aggravated by his low back/right leg/right hip pain. Subsequent to Dr. Kirkland's original 12-05-17 causation statement the Claimant submitted additional medical records. Dr. Kirkland's 05-15-18 opinion remained the same. Cl. APA #1.
 - D. 12-07-17 Cola. Rehab. Clinic FCE: "He qualifies for limited medium work". 1-04-18 Dr. Peelle agreed with this report and stated "which is not too discordant from the previous FCE performed at CORA" [09-17-17]. Cl. APA. #13.
 - E. 01-04-18: Authorized treating physician Michael W. Peelle, M.D. agreed to permanent restrictions.
 - F. 04-09-2018: Authorized treating physician Ivan E. Lamotta, M.D. opined to a reasonable degree of medical certainty that the Claimant's 07-20-17 in office seizure was most probably a reaction to the injection administered which required medical treatment. 12-13-2018 Dr. Lamotta testified in his deposition that the symptoms were related to the work injury and the injection and his opinion of 04-09-2018 remained the same. Cl. APA #7. [PAGE TWO FOLLOWS]

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

PRE-HEARING BRIEF

WCC File No: 1708722

February 19, 2019

Page Two

- G. 04-26-18: Authorized treating physician Michael W. Peelle, M.D.: 11% lumbar spine; 8% whole person; restrictions Meloxicam.
- H. 05-15-18: J. Adger Brown, MA, CDMS opined "From a vocational standpoint, it is my opinion, within a reasonable degree of vocational certainty" that while Claimant was not necessarily physically precluded from employment "it appears that his emotional state is so impaired as to render him unable to work and, therefore, totally disabled." CI. APA, #17.

10. Name, address, and specialty, if any, of the treating physician: Carolina Occupational Helathcare, 1715 Blanding Street, Columbia, SC 29210; Ivan E. Lamotta, M.D. and James A. O'Leary, M.D., Midlands Orthopaedics and Neurosurgery, 1910 Blanding Street, Columbia, SC 29201; Palmetto Imaging, 1331 Lady Street, Columbia, SC 29201; Physical Therapy, 1715 Blanding St., Columbia, SC 29201; Lexington County EMS, 407 Ball Park Rd., Lexington, SC 29072; First Physical Therapy, 108 Palmetto Park Blvd, SuiteB, Lexington, SC 29072; Kevin Shalkham, MD, 5535 Platt Springs Rd, Lexington, SC 29073; James R. Kirkland, M.D., Scott Psychiatric Institute, 1919 Gasden Street, PO Box 8462, Columbia, SC 29202; Palmetto Health Baptist-Parkridge, 400 Palmetto Health Parkway, Columbia, SC 29212; Dutch Fork Psychological Services, 7373 College Street, Irmo, SC 29063; Columbia Rehabilitation Clinic, 2362 Two Notch Rd., Columbia, SC 29204; Michael W. Peelle MD, Palmetto USC-Orthopedics, 100 Palmetto Health Pkwy suite 320, Columbia, SC 29212

11. Impairment rating(s); body part(s); physician and date of opinion: 0%; lumbar spine; Ivan E. Lamotta, M.D.; 09-21-17.
11%; lumbar spine; 8% whole person; Michael W. Peelle, M.D; 04-26-18.

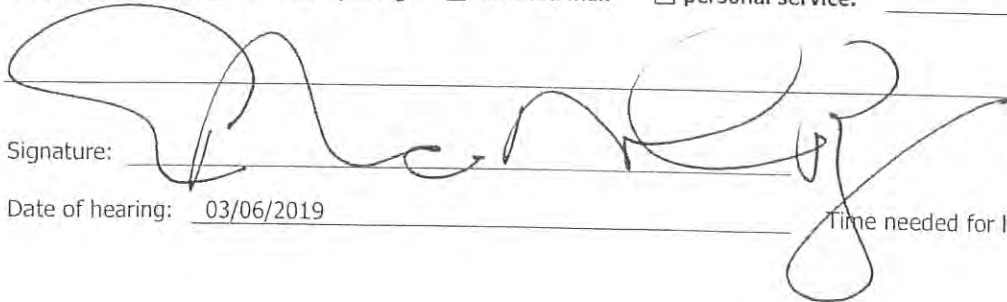
12. I am amending my Form 50/51 in the following manner: N/A

Mediation

- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- b. Mediation is 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. 07-13-2018; Pete P. Leventis, IV.

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

I verify the contents of this form are accurate and true to the best of my knowledge. I certify that I have served this document pursuant to Reg. 67-211 by delivering a copy to Erin Farthing, Esquire, S.C. State Accident Fund, PO Box 102100, Columbia, SC 29221 on the 19th day of February 2019 by first class postage certified mail personal service.

Signature:  _____
Date of hearing: 03/06/2019 _____
Email: liz@mcwhirterlaw.com _____
Time needed for hearing: 1 hour _____

STATE OF SOUTH CAROLINA
 BEFORE THE SC WORKERS' COMPENSATION COMMISSION
 WCC FILE NO. 1708722

Timothy N. Clayton,)
)
 Claimant,)
)
 -vs-)
)
 S.C. Department of Transportation,)
)
 Employer,)
)
)
 S.C. State Accident Fund,)
)
 Carrier,)
 Defendants.)
 _____)

NOTICE OF SUBMISSION
 OF WRITTEN EXPERT REPORTS
 AS DIRECT EVIDENCE ON
 BEHALF OF THE CLAIMANT

TO: S.C. Workers' Compensation Commission; Erin Farthing, Attorney for Defendants:

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

APA #	MEDICAL PROVIDER	DATES	PAGES
1.)	Scott Psychiatric Institute James R. Kirkland, M.D.	07/24/14-05/15/18	1-16
2.)	Lexington Family Practice Kevin Shalkham, M.D.	4/20/17-04/06/18	17-52
3.)	Carolina Occupational Healthcare	6/1/17-6/8/17	53-56
4.)	Palmetto Imaging	6/6/17	57
5.)	Carolina Physical Therapy	6/15/17-8/18/17	58-71
6.)	Midlands Orthopaedic and Neurosurgery James O'Leary, M.D.	6/20/17	72-77
7.)	Midlands Orthopaedic and Neurosurgery Ivan E. Lamotta, M.D.	7/20/17-04/09/18	78-102

8.)	Lexington County EMS	7/20/17	103-108
9.)	Palmetto Health Baptist-Parkridge	7/20/17	109-113
10.)	Palmetto Health USC Medical Group-Neurology	08/02/17	114-117
11.)	CORA Physical Therapy	9/14/17	118-137
12.)	Dutch Fork Psychological	10/04/17-12/19/18	138-161
13.)	Columbia Rehabilitation Center Tracy Hill, P.T.	12/07/17	162-183
14.)	Palmetto Health Orthopedics Michael W. Peele, MD	01/04/18-04/26/18	184-190
15.)	The South Carolina Neurological Clinic, P.A. Mark K. Lencke, MD	03/21/18	191-195
16.)	Vocational Assessment J. Adger Brown, MA, CDMS	05/08/18	196-204

EXHIBITS

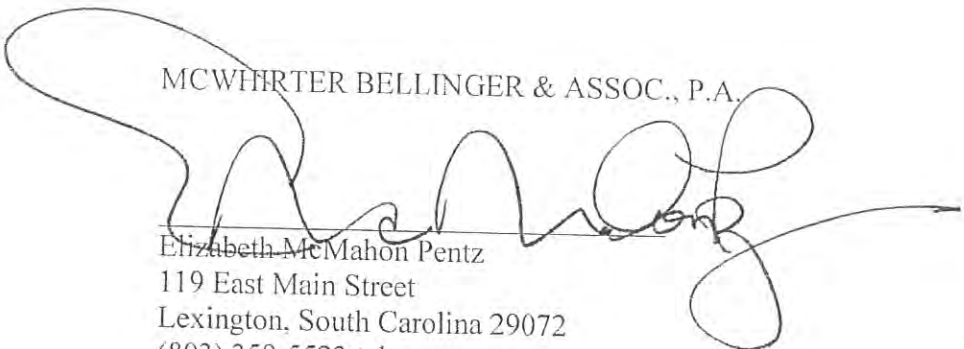
		PAGES
A.)	07-20-2017 Medical bills	205-208
B.)	08-14-18 Personnel Documents	209-263
C.)	12-13-2018 Deposition Transcript of Ivan E. LaMotta	264-315
D.)	SSDI Application	316-330
E.)	SSDI Judicial Decision Approval- Confirmation Pending	

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein or photocopies received from said experts are being forwarded to the South Carolina Workers' Compensation Commission for insertion into the S.C. Workers' Compensation Commission's file and inclusion into evidence on behalf of the Employee-Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of Claimant: Timothy N. Clayton, Claimant. Claimant reserves the right to call any and all witnesses designated by the Defendants.

MCWHIRTER BELLINGER & ASSOC., P.A.



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Attorney for Employee-Claimant

Lexington, South Carolina
February 19, 2019

ADDITIONAL NOTES

Formedic

Timothy Clayton

7-24-14 No panic attacks since last visit but patient has been a little depressed. Poor or inadequate sleep is the most likely cause of his depression. He has been working long hours 7 days a week on the rental properties he owns. He has been experiencing erratic sleep with Remune. His insurance only allows a generic brand. He has been leaving it off now and then and has not noticed any changes. He sleeps well once he gets to bed. I discussed with him that lack of sleep could also make him more susceptible to seizures.

Mood - OK Affect - limited range & appropriate brightening, tired
Pl: DIC Remune

Continue Celsin, Xanax and Lamital at current doses.

10-24-14 Depression resolved once pt started getting adequate sleep. He sleeps well without Remune. Anxiety is under good control. No problems at work or home. No side effects from meds. He has finished most of the renovations on the rental properties he owns.

Mood - good Affect - bright
Pl: Continue meds at current doses.

1-21-15 No new problems today. He states budget cuts haven't affected his job or department. Pt is stable on current meds. His wife has been instrumental in getting the specific generic brands he does well on and has no side effects from.

Mood - good Affect - bright
Pl: Continue med at current doses.

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for depression and anxiety



1

ADDITIONAL NOTES

Timothy Clayton

Formedic

4-15-15 Pt's first friend wife died in December. Pt has been getting progressively more depressed since then. He doesn't go to work and doing things with his family. He isn't taking as good of care of his pets as he could. I discussed with him that counseling could be the first line of treatment intervention. Pt is not open to counseling at all. There is some concern that Wellbutrin might have caused seizures in the past. It also made pt irritable. Mood kind of blah. Affect limited range & appropriate brightening. Pls: ↑ citalopram 20 bid. Continue Xanax and Lamictal at current doses.

7-16-15 Depression has resolved with increased citalopram. It has also helped with anxiety. No side effects from increased dose. Pt enjoys work and doing things with family again. He also thinks his depression got better with time. It took awhile for his mood to get back to baseline after the dose of citalopram was increased. Mood good. Affect - bright. Pls: Continue meds at current doses.

10-15-15 No new problems since last visit. Pt has occasional situational anxiety which he handles well. He hasn't been anywhere close to a panic attack. He gets concerned as to which meds need to be renewed at his office visits and calls his wife. I discussed with him that he is seeing every 3 months he needed to renew them all. He takes Xanax everyday but doesn't always take it 3 times a day. Mood good. Affect - bright. Pls: Continue meds at current doses.



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2



Timothy Clayton

1-6-16 Pt reports things are going well. I discussed a form the reviewed
 wish of a business associate a daily Xanax use and that can be a good
 time to start tapering the dose. The goal is to use Xanax only as needed
 and not on a daily basis. He uses Xanax equally between work and
 home. There are times that his wife pushes this button. I suggested
 they go to couples counseling if this continues to be a problem.
 Mood - good. Affect - bright
 Plw: Continue citalopram, Xanax and Lamictal at current doses.

4-7-16 Pt and his wife are getting along better and pt sees no need for
 counseling. He tells me he is not as happy with his job as he
 once was due to some policy changes that were implemented at the
 beginning of the year. He is under closer supervision and has to be
 more accountable of his time. He does not feel he is being singled
 out as the changes apply to the entire department.
 Mood - good. Affect - bright
 Plw: Continue meds at current doses.

7-7-16 Pt has no new complaints today. Mood is stable. He had any
 panic attacks in months. He has no physical symptoms from the
 neck and he experiences at times. He has been able to cut
 back on the Xanax a little at times.
 Mood - good. Affect - bright
 Plw: Continue meds at current doses.



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3



Lexapro
 escitalopram tablets
 Well-tolerated strength

Timothy Clayton

7-13-16 Day prior to scheduled appointment as pt is having difficulty focusing on tasks at work, says that he has more to do within a given time frame. He has always had times when his mind wanders, but it hasn't been a problem until now. He recalls some instances all the way back to childhood. He has a tendency to misplace frequently used items. We discussed seizure risks associated with an immediate release stimulant.

Mood good. Affect bright. No attention deficit noted.

Pls: Vyvanse 30mg qd prn

Continue citalopram, Zantac and Tamoxifen as usual doses.

10-6-16 Pt focuses well on Vyvanse 30mg qd and doesn't feel the dose needs to be increased. No side effects. His productivity and efficiency at work has increased. He doesn't need Vyvanse outside of work.

Mood good. Affect bright. No attention deficit noted.

Pls: citalopram D/C'd due to side effects.

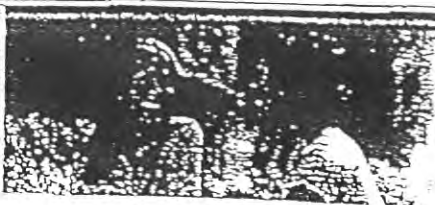
Continue other meds at usual doses.

12-21-16 Vyvanse continues to work well at 30mg. Pt took it at home a few times when he had a lot to do. He found that it helped significantly. He tells me that he needs all of his meds today, including citalopram and that he doesn't always take 2 tablets a day. No problems at work or home.

Mood good. Affect bright. No attention deficit noted.

Pls: Restart citalopram 10mg tablet qd.

Continue other meds at usual doses.



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for depression and anxiety



ADDITIONAL NOTES

Timothy Clepton



3-21-17 Pt has functioned well since his last appointment. He has some situational stressors at times but has not come any where close to a panic attack. He has adjusted well to the new policies that were implemented at work some time ago. He continues to keep well on Depoase 30g. Mood - good. Affect - bright. No attention deficit noted. Pln: Continue Zanax, Xanax, Calium, Xanax and Depoase at current doses.

6-5-17 Seen prior to scheduled appointment as pt has the day off. He injured his back at work shortly after his last appointment and suspects the injury is work related. He has an appointment with a physical today to have it evaluated. He is having increased anxiety as he is not sure what type of treatment he will need and if he will be able to continue working his current job. He has not had any panic attacks. Mood - OK. Affect - limited range & appropriate blunting. Pln: ↑ Xanax by tid po. Continue other med at current doses.

8-7-17 Seen prior to scheduled appointment. Pt had a cortisone injection in his lower back July 20. He had a seizure shortly after the injection that was witnessed by the office staff. He does not remember anything that happened but described it as a tonic-clonic seizure. He will have to find alternative treatments for back pain. He has had increased anxiety and panic attacks have returned after the injection. Pt rarely leaves the house except for doctor's appointments due to panic attacks. His wife assists in the kitchen. Mood - OK, anxious. Affect - limited range. Pln: ↑ Xanax 2g bid po. Continue other med at current doses.

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Lexapro

5

Well-tolerated strength

ADDITIONAL NOTES



Timothy Clayton

9-17-17 seen prior to scheduled appointment as increased Xanax is not controlling panic attacks. He was agitated quickly. Pt rarely leaves the house due to panic attacks. I discussed with pt that he needs to see a counselor. He has been opposed to this for some time as he was in counseling for years during his teens. I stressed to him that there are different issues now that need to be addressed. His wife agrees and will facilitate this. His wife also agrees to manage his needs of & provide a longer acting benz that might also help a back pain. Pt's employer has no job available for pt that is less physically demanding than the one he has now. He has been advised to look for them disability.

Mood-anxious, scared. appet-flat. flat at times.

Plin: Valium 10mg $\frac{1}{2}$ to 1 tid

Continue Xanax, Lamictal, Celebra, Xanax and Nyponas at current doses

9-5-17 Pt's wife fills in most of the history today. He tells me that pt injured his back at work March 28. He last worked June 20. There is deterioration of the disk at L3/4 from years of work as a mechanic. He has only done limited driving the past 2 months and now in the past 2 weeks. He gave pt Valium in the place of Xanax. He did not give pt Xanax when he was taking Valium which controls panic attacks better. I suggested pt decrease the dose slightly. He also tells me that pt has not taken Celebra since late last year even though pt told me he needed the medication back. He also tells me she manages pt's needs as he is often confused as to what he takes and when. I discussed a pt with wife to emphasize need problems in disability claim as panic attacks are likely to decrease significantly or resolve in 3 to 6 months.

Mood-not good. appet-flat

Plin: 10mg Celebra

↓ Valium to $\frac{1}{2}$ to 1 tid

Continue other meds at current doses



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for depression and anxiety

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ADDITIONAL NOTES

Timothy Clayton

Formedic

10-4-17

Valium lasts too long and is not completely controlled by panic attacks. Pt is sleeping his nights at times even on a lower dose of Valium. I discussed w/pt that Valium needs to be discontinued if he resumes taking Xanax. I also discussed w/ him that he needs to resume taking an SSRI to reduce anxiety. His wife agrees and will try to find a pharmacy that carries the same generic all the time. He found a pharmacist's level counselor but then preferred that pt see a PhD in psychology. Pt is awaiting his first appointment. Pt is a little down as he has worked since the age of 16 and is now not able to work. He is not depressed.

Mood - anxious. Affect limited range & appropriate brightening.
Pl: DIC Valium

Prescribe Xanax 2mg to start tid po
& citalopram 10mg bid po as Xanax tapers
Continue limited as appropriate at current doses.



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for depression and anxiety

7 mg of escitalopram per day



Lexapro
Escitalopram Oxalate
Well-tolerated strength

ADDITIONAL NOTES

Timothy Clayton

Formedic

10-4-17

Valium lasts too long and is not completely controlling panic attacks. Pt is skipping his work at times even on a lower dose of Valium. I discussed w/pt that Valium needs to be discontinued if he resumes taking Xanax. I also discussed w/ him that he needs to resume taking an SSRI to reduce anxiety. His wife agrees and will try to find a physician that carries the same generic all the time. He found a roaster level counselor but then preferred that pt see a Ph.D. in psychology. Pt is awaiting his first appointment. Pt is a little down as he has worked since the age of 16 and is now not able to work. He is not depressed.

Mood-anxious Affect-limited range & appropriate lability
 Pls: DIC Valium

Resume Xanax 1/2 to 1 tid qd
 + citalopram 10mg bid to be x 4 weeks then 15mg bid
 Continue limited and disrupted at current doses.

10-31-17

Seen w/ his wife. Pt is feeling more about since going back to Xanax. Anxiety has decreased slightly since he started citalopram. No side effects from citalopram. He had his initial appointment with psychologist Dr. Beth Newell-Norton. Pt was so anxious it didn't go well. His psychologist ended the session prematurely and will try to assess pt again in 2 weeks after he stabilizes more on citalopram. Panic attacks continue to be disabling. Pt's wife fills in some family history. Pt's sister was diagnosed with schizophrenia and discharged from the military. Pt's father had mental problems and had to put his wife in charge of finances. He also had irrational thoughts and was paranoid at times.

Mood-anxious Affect-restricted
 Pls: Continue med at current doses.



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JOHN P. BISHARTER
ANNA M. PITTMAN
CHRISTOPHER W. CHANDLER

November 20, 2017

VIA FACSIMILE TRANSFER ONLY 803.779.2135

James R. Kirkland, M.D.
Scott Psychiatric Institute
1919 Gridsden Street
PO Box 8462
Columbia, SC 29202

Re: Our Client: Timothy Neal Clayton
Date of Birth: 3/15/1971
SSN: xxx-x8-5580
Date of Incident: 3/28/2017

Dear Dr. Kirkland:

Please be advised that I represent Timothy Neal Clayton on a pending March 28, 2017, workers compensation claim. Mr. Clayton injured his low back which affected his right leg, right hip, and psychological condition. However, on July 1, 2007, our statutes were reformed to require medical causation establishing an injury arose out of and during the course of employment.

I reviewed your medical reports particularly your reports of July 24, 2014 through October 4, 2017. (Reports enclosed). Your reports before March 28, 2017, revealed anxiety, panic attacks, and depression history. On March 21, 2017, seven (7) days prior to Mr. Clayton's on the job accident, your medical report indicated that he was doing well and had "not come anywhere close to a panic attack." However, subsequent reports noted different. Your opinion is critical to move this case forward. Enclosed for your review are June 20, 2017, through September 21, 2017, Midlands Orthopedics, P.A. medical records, and July 20, 2017, Palmetto Parkridge medical records. Please address the below question(s), sign, date, and return by December 1, 2017, to 803.520.5058.

ALL OPINIONS ARE TO A REASONABLE DEGREE OF MEDICAL CERTAINTY:

1 Timothy Neal Clayton's increased anxiety, panic attacks, and depression were most probably (more likely than not i.e. greater than 50% likelihood) aggravated by his low back/right leg/right hip pain; and July 20, 2017, seizure originating when Mr. Clayton lifted hydraulic pumps to saddles on March 28, 2017, while at work.

Yes No

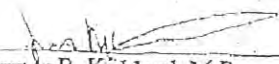
[SECOND SIGNATURE PAGE TO FOLLOW]

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VIA FACSIMILE TRANSFER ONLY 803.779.2135:
James R. Kirkland, M.D.
Scott Psychiatric Institute
RE: Timothy Neal Clayton
Page Two
November 20, 2017

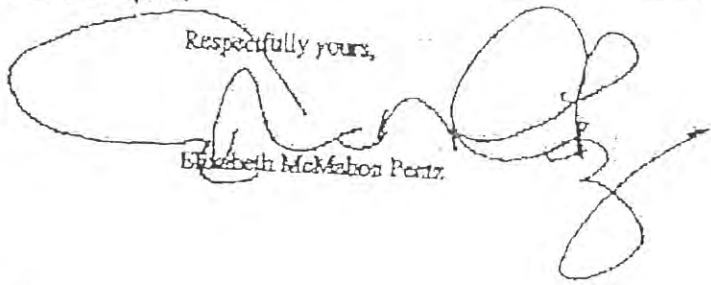
2. Because of Timothy Neal Clayton's causally related aggravated above-referenced psychological condition, it is medically necessary to administer the following recommendations:

~~referral to a psychologist for psychotherapy.~~
~~restart citalopram, increase dose of Xanax from 0.5mg tid to 2mg~~
~~3 times daily.~~


James R. Kirkland, M.D.

Date 12-5-17

Please do not hesitate to contact me with any questions or concerns 803.520.5067 or after 5pm 803.238.193. Thanking you in advance, I am

Respectfully yours,

Elizabeth McKesson Peritz

EMP
Enclosures

cc: Timothy Neal Clayton
249 Bridal Ridge Road
Lexington, SC 29073

Timothy Clayton



11-28-17 seen with his wife. Pt has a CT of the brain due to memory lapses and to evaluate for seizures. Results are pending. He has also had 2 sessions with his psychologist and has another session later this week. He is encouraging him to take small steps such as driving in his neighborhood only. Pt is pleased with the pay they are using to make many accomplishments. He is having fewer and less intense panic attacks. He explains what his behavior must be his being dependent. No side effects from meds. He feels that citalopram is gradually reducing anxiety and helping clients read some as well. He tells me he had been depressed since injuring his back but was afraid to admit out of concern he might be committed to a psychiatric hospital. Med - a little better. Affect - appropriate brightness, laugh appropriate. Pfx: Continue citalopram, Xanax limited and schedule at current doses.

11-16-18 seen with his wife. Pt had the deposition. His attorneys are waiting to see what happens next. The physician who did the second opinion stated that pt would not be able to return to work at his present job. Pt and his wife went to Alaska to visit his nephew. The trip was only 5 hours away and only lasted a few days. Pt became anxious about being seced from home and developed nausea, vomiting and diarrhea. This subsided when they started back home. Pt's psychologist was recently diagnosed with cancer and in part on chemotherapy and had to cancel his last appointment. She suggested that pt might want to find another therapist. Pt had an MRI of the brain due to poor memory. The MRI was remarkable for ischemic atrophy. Pt has been referred to Charleston for further evaluation. Med - OK, a little anxious. Affect - limited range. Pfx: Continue meds at current doses.

Referred to Dr. Selva Srinivasan as a backup therapist.



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ADDITIONAL NOTES

Timothy Clayton



2-6-18 seen above essentially as pt inquires about Viagra for erectile dysfunction. Unsettled by this due to medication overuse/abuse, medication as psychiatric condition. Pt has no contraindications to taking it. He also inquires about Zimeltin as his daughter recently started taking this medication and does well on it. This was done at his wife's urging. I explained to pt he would need to stop Celebrex or at least reduce the dose if he starts Zimeltin which has no effect on anti-panic attacks. He has more anxiety than depression at this time. We discussed why he dose Depo and to alternate mood as pt previously had had this medication to improve concentration. After pt leaves the room his wife is not pleased with the medication changes I made instead of prescribing Zimeltin and wants to discuss the matter further. I went through the entire medication rationale scenario with her while pt was present with. Pt agrees to take Viagra instead of Zimeltin. His wife becomes angry and frustrated and storms out of the room. Mood OK, good affect, limited range with appropriate brightening.

Pln: * Viagra 100mg qd prn #6 28

* Vyvanse 30mg qd prn

Continue Xanax, Lamictal and Sertraline at current doses.

↑ Aitalopram to 20mg qd

A

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ADDITIONAL NOTES

Timothy Clayton

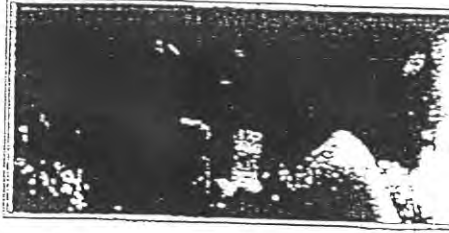
Formedic

3-8-15 - Tim & his wife depression has resolved with the increased dose of
 citalopram and addition of Vyvanse. No side effects from the
 medication change & discussed Tim and his wife that Tim really
 improve significantly as evidenced by pre-market and post-market
 studies. His wife is much calmer today and in fine & medication
 as they are for some psychiatric in Charleston as part of his
 disability evaluation. The psychiatrist noted some cognitive deficits.
 Pt tells me he was able to draw the face of a clock on the MMSE
 but was unable to put the numbers on it correctly. He also tells
 me he can't recall the names of tools and instruments he uses
 naturally on his job. His wife leaves a list of chores for pt to do
 when she leaves the house otherwise he sits all day and does nothing.
 She leaves the list on a laptop, however, and the task gets deleted
 when complete. Once it is deleted pt can't remember if he did it or
 not. I suggested she write tasks on paper so pt could cross them
 off but still have an easily accessible record.

MMSE: Mood - happy. Affect - limited range & appropriate to timing.
 Pt has difficulty performing serial 7's from 100 to 72. He struggled
 and makes one mistake.

Phy: Continue meds at current doses.

I recommended pt get neuropsychological testing to evaluate and
 isolate cognitive deficits



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 for depression and anxiety



Lexapro is a registered trademark of Takeda Pharmaceuticals North America, Inc.


ADDITIONAL NOTES

Timothy Clapton

Formedec

4-5-19 seen with his wife. Pt has neuropsychological testing done. He will be a month before the results are available. He drove to a store and back but was shaking the entire time he did so. He now only drives if there is someone else in the car to take over if he becomes too anxious. He prefers that the other person do all the driving. Pt does fine at home with regard to capacity to cook, do laundry, and finish one car at a time. He gets panicky when leaving the house to go somewhere even when his wife does all the driving and this causes IBS to flare up. I discussed with him while he was present that what his wife perceived as depression is actually impaired executive functioning. I encouraged them to continue to pursue disability if not finding success with mental or physical.

Med: gabapentin, amitriptyline, appropriate antidepressant
 Plus Citalopram, Vyvanse, lamotrigine, and an SSRI
 Viagra at usual dose.



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Lexapro
 escitalopram *Roche*
 Well-tolerated strength

14

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AMANDA N. PITTMAN
CHRISTOPHER M. CUNNINGHAM

April 24, 2018

VIA FACSIMILE TRANSFER ONLY 803.779.2135:

James R. Kirkland, M.D.
Scott Psychiatric Institute
1919 Gadsden Street
PO Box 8462
Columbia, SC 29202

Re: Our Client: Timothy Neal Clayton
Date of Birth: 3/15/1971
SSN: xxx-x8-5580
Date of Incident: 3/28/2017

Dear Dr. Kirkland:

As you may recall, I represent Timothy Neal Clayton on a pending March 28, 2017, workers' compensation claim. Mr. Clayton injured his low back which affected his right leg, right hip, and psychological condition. However, on July 1, 2017, our statutes were reformed to require medical causation establishing an injury arose out of and during the course of employment.

On December 5, 2017, you opined that to a reasonable degree Timothy Neal Clayton's increased anxiety, panic attacks, and depression were most probably (more likely than not i.e. greater than 50% likelihood) aggravated by his low back/right leg/right hip pain; and July 20, 2017, seizure originating when Mr. Clayton lifted hydraulic pumps to saddles on March 28, 2017, while at work. A copy is enclosed for your review. As a result, you determined that Mr. Clayton required the following medically necessary psychological treatment: 1. Referral to a psychologist for psychotherapy; and 2. Restore citalopram, increase dose of Xanax .5 bid to 2mg, x3 daily. I understand you continue to treat Mr. Clayton's psychiatric condition.

Attached are the following additional records: Kevin Q. Shalkham, M.D. April 20, 2017-August 22, 2017; Carolina Occupational Healthcare June 1, 2017-June 8, 2017; and Carolina Physical Therapy June 15, 2017-August 18, 2017. Finally, enclosed is Dyana Lowndes - Rosen's, M.D., February 27, 2018, psychiatric evaluation. We never asserted or asked if Mr. Clayton's psychological condition was caused by anything related to the March 28, 2017, on the job accident; however, as you previously stated, the March 28, 2017, on the job accident aggravated Mr. Clayton's preexisting psychological issues. To move this case to a conclusion, please address the final question(s) considering this new information, sign, date, and return by April 17, 2018, via Fax to 803.520.5068.

[SECOND SIGNATURE PAGE AND THIRD QUESTIONNAIRE PAGE TO FOLLOW]

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15

Psychiatric Summary

James R. Kirkland, M.D.

Scott Psychiatric Institute

REF: Timothy Neal Clayton

SSN: xxx-xx-5520

Date of Incident: 3/28/2017

ALL OPINIONS ARE TO A REASONABLE DEGREE OF PSYCHOLOGICAL AND MEDICAL CERTAINTY.

1. Is it still your opinion that Timothy Neal Clayton's increased anxiety, panic attacks, and depression were most probably (more likely than not i.e. greater than 50% likelihood) aggravated by his low back/right leg/right hip pain; and July 20, 2017, seizure originating when Mr. Clayton lifted hydraulic pumps to saddles on March 28, 2017, while at work.

Yes No

2. Does Timothy Neal Clayton have any permanent psychiatric or ancillary physical (medications) limitations that would prevent him from maintaining a forty (40) hours work week?

Yes No

*If Yes, what are the permanent psychiatric or ancillary physical (medications) limitations that would prevent Mr. Clayton from maintaining a forty (40) hours work week

ancillary - panic attacks and extreme anxiety.

3. Is it still your opinion that Timothy Neal Clayton's causally related aggravated above-referenced psychological condition, it is medically necessary to administer psychological and medical treatment that will tend to lessen his period of disability:

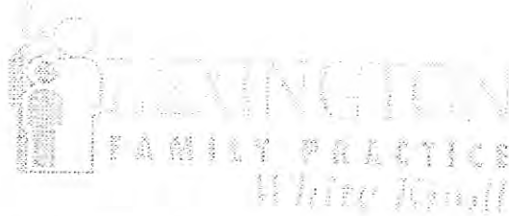
Yes No

If Yes, please specify the additional psychological and medical treatment necessary to lessen Mr. Clayton's period of disability.

Mr Clayton will need medication on a long term basis.
He will also need intense psychotherapy.

James R. Kirkland, M.D.
James R. Kirkland, M.D.

5-15-18
Date



A Lexington Medical Center Family Practice

Lexington County Health Svcs
2720 Sunset Boulevard
West Columbia, SC 29169
(803) 791-2000

Patient: TIMOTHY CLAYTON
249 BRIDLERIDGE ROAD
LEXINGTON, SC 29073

DOS: 04/20/2017
DOB: 03/15/1971
Gender: M
MR#: 1514508
Provider: Terry L Nagel D O

Vitals

Vital Signs [Data Includes: Current Encounter]

Recorded: 20Apr2017 11:12AM

Heart Rate: 77
Temperature: 98 F
O2 Saturation: 100
Height: 5 ft 7 in
Blood Pressure: 138 / 80
Weight: 157 lb 8 oz
BMI Calculated: 24.67
BSA Calculated: 1.83

Chief Complaint

pt c/o of right lower and mid hip pain x 2 week. pt hx f kidney stones pt would like to discuss GERD med

History of Present Illness

HPI Free Text: 46-year-old male who presents today complaining of right mid, lower back pain. Onset 2 weeks. He denies any injury, but states that he has been doing a lot of up and down repetitive movements at work. He has a history of kidney stones. No problems with urination. He states that it feels similar to past kidney stone pain. He states that his urine was a brown color yesterday. He states that he was unable to pass the kidney stone on his own before and had to have surgery. He complains of problems with dysphagia. He states that he feels like food is getting stuck after he eats. He states that he has water brash that happens about 5 hours after eating. He has had an EGD in the past. He is currently taking Protonix for GERD.

Review of Systems

Constitutional: no fever and no chills
ENT: no earache, no nasal discharge, no sore throat and no hoarseness
Cardiovascular: no chest pain, no palpitations and no lower extremity edema.
Respiratory: no shortness of breath, no wheezing and no cough
Gastrointestinal: no nausea, no vomiting and no diarrhea
Genitourinary: no dysuria. Episode of darker urine yesterday
Musculoskeletal: back pain but as noted in HPI, no joint swelling, no joint stiffness, no limb pain and no limb swelling
Neurological: no dizziness and no limb weakness

Active Problems

- Acute serous otitis media (381.01) (+66.00)
- Anxiety disorder (300.00) (F41.9)
- Dental infection (522.4) (K04.7)

1 of 4

17

Date of Service: 04/20/2017
Patient Name: TIMOTHY N. CLAYTON
Patient DOB: 03/15/1971
MR#: 1514508
Gender: M
Provider: Terry L. Nagel D O

- Elevated transaminase level (790.4) (R74.0)
- Foot pain (729.5) (M79.673)
- GERD without esophagitis (530.81) (K21.9)
- Headache (784.0) (R51)
- Hyperlipidemia (272.4) (E78.5)
- IBS (irritable bowel syndrome) (564.1) (K58.9)
- Low back pain (724.2) (M54.5)
- Mondor's disease (451.89) (I80.8)
- Occasional cigarette smoker (305.1) (Z72.0)
- Ringworm (110.9) (B35.9)
- Shortness of breath (786.05) (R06.02)
- Sleep apnea (780.57) (G47.30)
- Strain of thoracic region (847.1) (S29.019A)
- Systemic lupus erythematosus (710.0) (M32.9)
- Tinea versicolor (111.0) (B36.0)

Family History

Mother

- Family history of diabetes mellitus (V18.0) (Z83.3)
- Family history of hyperlipidemia (V18.19) (Z83.45)

Social History

- Former smoker (V15.82) (Z87.891)
- Occasional cigarette smoker (305.1) (Z72.0)

Current Meds

- ALPRAZolam 0.5 MG Oral Tablet, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED, Therapy 02Aug2012 to (Evaluate 26Aug2012) Recorded
- Clobetasol Propionate Emulsion 0.05 % External Foam, APPLY SPARINGLY TO AFFECTED AREAS TWICE DAILY (AM AND PM); Therapy 17Sep2012 to (Last Rx:26Jan2017) Requested for 26Jan2017 Ordered
- LamoTRigine 100 MG Oral Tablet, TAKE 1 TABLET DAILY, Therapy 02Aug2012 to Recorded
- Pantoprazole Sodium 40 MG Oral Tablet Delayed Release, TAKE 1 TABLET DAILY, Therapy 19Apr2012 to (Evaluate 06Sep2017) Requested for 10Mar2017 Last Rx:10Mar2017 Ordered
- SEROquel 25 MG Oral Tablet, TAKE 1 TABLET AT BEDTIME, Therapy (Recorded 04Aug2014) to Recorded

Allergies

- PriLOSEC OTC TBEC
- Statins

Immunizations

Immunization history not assessed

Results/Data

All Results (Data Includes: Last 2 Weeks)

Date of Service: 04/20/2017
Patient Name: TIMOTHY N. CLAYTON
Patient DOB: 03/15/1971
MR#: 1514508
Gender: M
Provider: Terry L. Nagel D.O.

No recent results

Physical Exam

Constitutional: alert, in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication
Eyes: the sclera and conjunctiva were normal and pupils were equal in size, round, reactive to light, with normal accommodation
ENT: the ears and nose were normal in appearance, both tympanic membranes were normal and the lips and gums were normal. The oropharynx was normal
Neck: the appearance of the neck was normal, the neck was supple, no neck mass was observed and the thyroid was not enlarged, there was no jugular-venous distention
The posterior cervical and anterior cervical nodes were non-tender and normal size.
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub
Vascular: there was no peripheral edema
Abdomen: normal bowel sounds, soft, non-tender, no hepato-splenomegaly and no abdominal mass palpated, No CVA tenderness.
Musculoskeletal: normal gait, normal movements of all extremities, muscle strength and tone were normal, no involuntary movements were seen and no clubbing or cyanosis of the fingernails. Lumbar flexion slightly decreased to 80/85°. Rotation normal but does increase pain on LEFT and RIGHT rotation at the RIGHT flank area. Heel and toe walk normal. Straight leg raise negative
Skin: normal skin color and pigmentation, normal skin turgor and no rash
Neurological: deep tendon reflexes were 2+ and symmetric and the motor exam was normal.
Psychiatric: oriented to person, place, and time, the affect was normal and the mood was normal

Assessment

Right flank pain (789.09) (R10.9)
Dysphagia (787.20) (R13.10)

Plan

Right flank pain

- Start: Tamsulosin HCl - 0.4 MG Oral Capsule, TAKE 1 TABLET BY MOUTH DAILY
Rx By: Nagel, Terry L. Dispense: 0 Days ; # 15 Capsule, Refill: 0 For: Right flank pain, DAW = N, Verified Transmission to WALGREENS DRUG STORE 11362, Last Updated By: System, SureScripts, 4/20/2017 12:26:24 PM
- CT Abdomen Pelvis Calculi Stone Without Contrast, Status Hold For - Financial
Auth, Schedule Imaging, Requested for 20Apr2017;
Perform LMC Radiology, Due 20May2017, Last Updated By Dowling, Cara D, 4/20/2017 12:25:23 PM Ordered, For: Right flank pain, Ordered By: Nagel, Terry L.
- XR Abdomen AP KUB; Status Hold For - Perform; Requested for 20Apr2017
Perform InOffice-LFP White Knoll, Due:20May2017, Last Updated By Dowling, Cara D, 4/20/2017 11:51:49 AM, Ordered,
For Right flank pain, Ordered By Nagel, Terry L.
Gastroenterology Referral - Out of Network Evaluation and Treatment - Outside Network Ref-Specialty Unavailable
Status: Need Information - Required information, Financial Authorization, Requested for: 20Apr2017
Ordered,
For Dysphagia, Ordered By Nagel, Terry L. Performed, Due: 20May2017, Last Updated By: Dowling, Cara D, 4/20/2017 11:54:16 AM
UA W/O micro (in-office) - UA10; Status Hold For - Specimen/Data Collection, Requested for: 20Apr2017
Perform LMC Lab, Due 20May2017, Last Updated By Dowling, Cara D, 4/20/2017 12:11:56 PM, Ordered
For Right flank pain, Ordered By Nagel, Terry L.

Date of Service: 04/20/2017
Patient Name: TIMOTHY N. CLAYTON
Patient DOB: 03/15/1971
MR#: 1514508
Gender: M
Provider: Terry L. Nagel D.O.

Discussion/Summary

Cannot rule out distal RIGHT ureter stone approximately 2 centimeters above the RIGHT ureteropelvic junction. Will set patient up for CT scan to further evaluate his flank pain and hematuria. Side effects of medication discussed, drowsiness precautions. Patient with dysphagia, continue Protonix. Will need further evaluation with GI. Reflux precautions.

Signatures

Documentation scribed by Cara Dowling, MOT for Terry Nagel, D.O. 04/20/17 11:30 AM
I have reviewed the above documentation and agree that it is accurate.

Electronically signed by: Terry Nagel, D.O. Apr 20 2017 2:14PM EST



A Lexington Medical Center Family Practice

Lexington County Health Svcs
2720 Sunset Boulevard
West Columbia, SC 29169
(803) 791-2000

Patient: TIMOTHY CLAYTON
249 BRIDLERIDGE ROAD
LEXINGTON, SC 29073

DOS: 04/20/2017
DOB: 03/15/1971
Gender: M
MR#: 1514508
Provider: Terry L. Nagel D.O.

TIMOTHY CLAYTON
249 BRIDLERIDGE ROAD
LEXINGTON, SC 29073

Apr 20, 2017

Re: Mr. TIMOTHY CLAYTON

To Whom it May Concern

The above named patient was in my office on Apr 20, 2017. For medical reasons, it is advised that this patient be out of work beginning 04/20/2017 until 04/20/2017.

If you should have any questions, please feel free to contact my office at the number listed above.

Sincerely,

Terry Nagel

Electronically signed by: Angela Nelson, M.D.A. Apr 20 2017 12:32PM EST

(Author)

Patient Demographics

Address 249 BRIDLERIDGE ROAD LEXINGTON SC 29073	Phone 803-466-5413 (Home) 803-466-5413 (Mobile)	E-mail Address Claytontk@aol.com
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Admission Information - Patient Record Only

Arrival Date/Time: 08/22/2017 1224	Admit Date/Time: 08/22/2017	IP Adm. Date/Time:	Admit Category:
Admission Type:	Point of Origin:	Secondary Service:	N/A
Means of Arrival:	Primary Service:	Service Unit:	
Transfer Source:	Service Area:	Referring Provider:	
Admit Provider: Shalkham, Kevin Q, MD	Attending Provider:		

Discharge Information - Patient Record Only

Discharge Date/Time: None	Discharge Disposition: None	Discharge Destination: None	Discharge Provider: None	Unit: Lfp - White Knott
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Progress Notes

Progress Notes by Shalkham, Kevin Q, MD on 08/22/17 1639

Author: Shalkham, Kevin Q, MD	Service: (none)	Author Type: Physician
Filed: 08/22/17 1639	Encounter Date: 8/22/2017	Status: Signed
Editor: Shalkham, Kevin Q, MD (Physician)		

Subjective

Patient is a 46 y.o. male. Who had a cortisone injection a few weeks ago and ended up having a seizure. He states that he went to the hospital, he is unsure of which hospital and they adjusted the medications that he was on for his psychiatric disorders to help with his seizures. He states he isn't having difficulty with vision in his psychiatrist adjusted the medications downward. He is unable to give specifics about anything. He states that he saw a neurologist. He thinks that he has imaging of his head ordered. He was told that he could not drive for 6 weeks. He works as a heavy equipment mechanic. He does not feel he can climb up and do his job at this time. He also is complaining of chronic back pain. He wants to file for disability.

Past Medical History:

Diagnosis

- | | |
|--|------|
| • Anxiety | Date |
| • Back pain | |
| • GERD (gastroesophageal reflux disease) | |
| • Systemic lupus erythematosus | |

Past Surgical History:

Procedure

- | | | |
|--|------------|------|
| • LITHOTRIPSY | Laterality | Date |
| • URETERAL STENT PLACEMENT
<i>removed since</i> | | |

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• clobetasol (OLUX) 0.05 % topical foam	Apply 1 Pump topically 2 (two) times daily.	100 g	0
• diazepam (VALIUM) 10 mg tablet	Take 0.5-1 tablets by mouth 3 (three) times		0

Progress Notes (continued)

Progress Notes by Shaikham, Kevin Q, MD on 03/22/17 1639 (continued)

- | | | |
|---|---|---|
| • lamoTRigine (LAMICTAL) 100 mg tablet | daily.
Take 1 tablet by mouth daily. | |
| • meloxicam (MOBIC) 7.5 mg tablet | Take 1 tablet by mouth 2 (two) times daily. | 0 |
| • pantoprazole (PROTONIX) 40 mg EC tablet | Take 1 tablet by mouth daily. | |
| • QUetiapine (SEROQUEL) 25 mg tablet | Take 1 tablet by mouth every evening. | |

No current facility-administered medications for this visit.

Chief Complaint

Patient presents with

- Back Pain
- Anxiety

Vitals:

03/22/17 1229
 BP: 128/80
 BP Location: Left arm
 Patient Position: Sitting
 Pulse: 73
 Temp: 98.9 °F (37.2 °C)
 TempSrc: Oral
 SpO2: 100%
 Weight: 68 kg (150 lb)
 Height: 5' 6.83" (1.698 m)

HPI

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue and fever.

HEENT: Negative for congestion, ear pain, facial swelling, hearing loss, mouth sores, rhinorrhea, sinus pressure, sore throat and tinnitus.

Eyes: Negative for discharge and itching.

Respiratory: Negative for chest tightness, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for abdominal pain, constipation, diarrhea and nausea.

Endocrine: Negative for cold intolerance, heat intolerance, polydipsia, polyphagia and polyuria.

Genitourinary: Negative for difficulty urinating, dysuria, flank pain, frequency and urgency.

Musculoskeletal: Negative for arthralgias, gait problem, joint swelling and myalgias.

Skin: Negative for color change and rash.

Allergic/Immunologic: Negative for environmental allergies, food allergies and immunocompromised state.

Neurological: Positive for seizures. Negative for dizziness, tremors, syncope, speech difficulty, weakness, light-headedness, numbness and headaches.

Hematological: Negative for adenopathy. Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for agitation, confusion, hallucinations, sleep disturbance and suicidal ideas.

Generated on: 10/9/2017 9:52 PM

Page 2

Progress Notes (continued)

Progress Notes by Shalkham, Kevin Q, MD on 08/22/17 1639 (continued)

The patient is not nervous/anxious and is not hyperactive.

Reviewed and updated this visit by provider:

Objective

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.
HEENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. He is not diaphoretic.

Psychiatric: He has a normal mood and affect. His speech is normal and behavior is normal. Thought content normal.

Vitals reviewed.

Assessment/Plan

Diagnoses and all orders for this visit:

Seizure disorder

I did fill out some of his paperwork for him. A do feel it is more appropriate for his paperwork to be filled out by his psychiatrist or neurologist. He would is a poor historian today. I've asked him to return with his wife. I've also requested that he get records from his hospital stay.

Shalkham, Kevin Q, MD

Electronically Signed by Shalkham, Kevin Q, MD on 08/22/17 1639

ED Provider Notes

No notes of this type exist for this encounter

UC Provider Notes

No notes of this type exist for this encounter

Discharge Summaries

No notes of this type exist for this encounter.

History & Physicals

No notes of this type exist for this encounter.

Encounter-Level H&P Scans:

There are no encounter-level h&p scans.

Operative Notes

No notes of this type exist for this encounter

Procedure Notes

No notes of this type exist for this encounter.

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Delivery Notes

No notes of this type exist for this encounter.

Consult Notes

No notes of this type exist for this encounter.

Results

No matching results found

Patient-Level E-Signatures:

There are no patient-level e-signatures.

Hospital Account-Level E-Signatures:

There are no hospital account-level e-signatures.

Encounter-Level E-Signatures:

There are no encounter-level e-signatures.

Encounter-Level Documents:

There are no encounter-level documents.

Patient Demographics

Name	Patient ID	SSN	Sex	Birth Date
Clayton, Timothy N	M000342704	xxx-xx-xxxx	Male	03/15/71 (47 yrs)
Address	Phone	Email	Employer	
249 BRIDLERIDGE ROAD LEXINGTON SC 29073	803-466-5413 (H) 803-466-5413 (M)	Claytonk@aol.com		
Reg Status	PCP	Date Last Verified	Next Review Date	
Verified	Shalkham, Kevin Q, MD803-951-1880	04/06/18	05/06/18	

Admission Information - Patient Record Only

Admit Date/Time	08/29/2017 10:54	Admit Date/Time	08/29/2017	IP Adm Date/Time	
Admission Type		Point of Origin		Admit Category	NA
Means of Arrival		Primary Service		Secondary Service	
Transfer Source		Service Area		LT	
Admit Provider	Shalkham, Kevin Q, MD	Attending Provider		Referring Provider	

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	LFP - White Knol

Allergies as of 8/29/2017

Noted	Reaction Type	Reactions	Deletion Reason
08/22/2017	Intolerance	Other (See Comments)	
		Other (See Comments)	
		Rasa	

Medical as of 8/29/2017	Past Medical History	Date	Comments	Source
	Anxiety [F41.9]			Provider
	Back pain [M54.9]			Provider
	GERD (gastroesophageal reflux disease) [K21.9]			Provider
	Systemic lupus erythematosus [M32.9]			Provider

Surgical as of 8/29/2017	Past Surgical History	Laterality	Date	Comments
	LITHOTRIPSY [SUR334]			
	URETERAL STENT PLACEMENT [SHX822]			

Problem List

Problem	Noted	Resolved
Anxiety disorder	8/22/2017 by Shalkham, Kevin Q, MD	No
Elevated transaminase level	8/22/2017 by Shalkham, Kevin Q, MD	No
GERD without esophagitis	8/22/2017 by Shalkham, Kevin Q, MD	No
Headache	8/22/2017 by Shalkham, Kevin Q, MD	No
Mondor's disease	8/22/2017 by Shalkham, Kevin Q, MD	No
Systemic lupus erythematosus	8/22/2017 by Shalkham, Kevin Q, MD	No
Strain of thoracic region	8/22/2017 by Shalkham, Kevin Q, MD	No
Low back pain	8/22/2017 by Shalkham, Kevin Q, MD	No
Occasional cigarette smoker	8/22/2017 by Shalkham, Kevin Q, MD	No

Family History as of 8/29/2017

Problem	Relation	Age of Onset	Comments
Anxiety disorder	Brother		
Anxiety disorder	Father		
Anxiety disorder	Mother		
Depression	Mother		
Hyperhidrosis	Maternal Grandfather		
Hyperhidrosis	Maternal Grandmother		

Family History as of 8/29/2017 (continued)

Problem	Relation	Age of Onset	Comments
Hypertension	Mother		
Hypertension	Sister		
Mental illness	Father		
Seizures	Paternal Grandmother		

ED Records

ED Arrival Information

Patient not seen in ED

Chief Complaint History

User	Date & Time
Fowler, Eric B, RN	8/29/2017 11:03 AM
Chief Complaint	
Follow-up	
Comment: 1 week Seizure Disorder	

ED Notes

No notes of this type exist for this encounter

Urgent Care Notes

Urgent Care Notes

No notes of this type exist for this encounter

Encounter Notes

Encounter Notes

Progress Notes by Shalkham, Kevin Q, MD on 03/29/17 1156

Author: Shalkham, Kevin Q, MD Service: (none) Author Type: Physician Version: 1 of 1
Enc. Date: 03/29/17 1156 Encounter Date: 3/29/2017 Status: Signed

Subjective^[KS1 1]
Patient is a^[EF1 1] 46 y.o. male^[KS1 1],^[EF1 1] Who states that he had a cortisone injection went to the checkout desk he said that he did not feel well and went to sit down. His wife states that his eyes rolled back and he had a tonic clonic seizure for 1 minute and was out of it for about 20 minutes. ER did initial eval. He went to neurology. They where told tha it would take up to 1 month to be called for MRI and EEG. The neurologist increased his lamictal by 100. When they increased his dose he had difficulty seein go they dropped his dose back down. Wife is concerned with his lack of apetitie since April. He has lost 30lbs over the last 1.5 years. His wife states thsi has all happened since the cortisone injection. She thought it was psychologocal so she has taken him back to Psych x 2 and they do not want to change meds.^[KS1 2] His wife is also worried as he had a history of tuberculosis treated at 19. Questionable whether this was latent or active. She is worried this is contributing to his weight loss.^[KS1 3]

Past Medical History:

Diagnosis	Date
• Anxiety	
• Back pain	
• GERD (gastroesophageal reflux disease)	
• Systemic lupus erythematosus	

Past Surgical History:

Procedure	Laterality	Date
• LITHOTRIPSY		
• URETERAL STENT PLACEMENT <i>removed since</i>		

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• clobetasol (OLUX) 0.05 % topical foam	Apply 1 Pump topically 2 (two) times daily.	100 g	0
• diazePAM (VALIUM) 10 mg tablet	Take 0.5-1 tablets by mouth 3 (three) times daily.		0
• lamoTRlgine (LAMICTAL) 100 mg tablet	Take 1 tablet by mouth daily.		
• meloxicam (MOBIC) 7.5 mg tablet	Take 1 tablet by mouth 2 (two) times daily.		0
• pantoprazole (PROTONIX) 40 mg EC tablet	Take 1 tablet by mouth daily.		
• QUETiapine (SEROQUEL) 25 mg tablet	Take 1 tablet by mouth every evening.		

No current facility-administered medications for this visit.

Chief Complaint

- Patient presents with
- Follow-up

Encounter Notes (continued)

Progress Notes by Shalkham, Kevin O, MD on 03/29/17 1156 (continued)

1 week

Version 1 of 1

• Seizure Disorder

Vitals:

03/29/17 1100
 BP: 128/78
 BP Location: Left arm
 Patient Position: Sitting
 Pulse: 72
 Temp: 97.7 °F (36.5 °C)
 TempSrc: Oral
 SpO2: 98%
 Weight: 69.1 kg (152 lb 6.4 oz)
 Height: 5' 6.83" (1.697 m)^[KS1 1]

HP^[EF 1 1]:

Review of Systems

Constitutional: Positive for^[KS1 2] unexpected weight change^[KS1 3]. Negative for^[KS1 2] activity change^[KS1 3],^[KS1 2] appetite change^[KS1 3],^[KS1 2] fatigue^[KS1 3] and^[KS1 2] fever^[KS1 3].
 HENT: Negative for^[KS1 2] congestion^[KS1 3],^[KS1 2] ear pain^[KS1 3],^[KS1 2] facial swelling^[KS1 3],^[KS1 2] hearing loss^[KS1 3],^[KS1 2] mouth sores^[KS1 3],^[KS1 2] rhinorrhea^[KS1 3],^[KS1 2] sinus pressure^[KS1 3],^[KS1 2] sore throat^[KS1 3] and^[KS1 2] tinnitus^[KS1 3].
 Eyes: Negative for^[KS1 2] discharge^[KS1 3] and^[KS1 2] itching^[KS1 3].
 Respiratory: Negative for^[KS1 2] chest tightness^[KS1 3],^[KS1 2] shortness of breath^[KS1 3] and^[KS1 2] wheezing^[KS1 3].
 Cardiovascular: Negative for^[KS1 2] chest pain^[KS1 3] and^[KS1 2] leg swelling^[KS1 3].
 Gastrointestinal: Negative for^[KS1 2] abdominal pain^[KS1 3],^[KS1 2] constipation^[KS1 3],^[KS1 2] diarrhea^[KS1 3] and^[KS1 2] nausea^[KS1 3].
 Endocrine: Negative for^[KS1 2] cold intolerance^[KS1 3],^[KS1 2] heat intolerance^[KS1 3],^[KS1 2] polydipsia^[KS1 3],^[KS1 2] polyphagia^[KS1 3] and^[KS1 2] polyuria^[KS1 3].
 Genitourinary: Negative for^[KS1 2] difficulty urinating^[KS1 3],^[KS1 2] dysuria^[KS1 3],^[KS1 2] flank pain^[KS1 3],^[KS1 2] frequency^[KS1 3] and^[KS1 2] urgency^[KS1 3].
 Musculoskeletal: Negative for^[KS1 2] arthralgias^[KS1 3],^[KS1 2] gait problem^[KS1 3],^[KS1 2] joint swelling^[KS1 3] and^[KS1 2] myalgias^[KS1 3].
 Skin: Negative for^[KS1 2] color change^[KS1 3] and^[KS1 2] rash^[KS1 3].
 Allergic/Immunologic: Negative for^[KS1 2] environmental allergies^[KS1 3],^[KS1 2] food allergies^[KS1 3] and^[KS1 2] immunocompromised state^[KS1 3].
 Neurological: Positive for^[KS1 2] seizures^[KS1 3]. Negative for^[KS1 2] dizziness^[KS1 3],^[KS1 2] tremors^[KS1 3],^[KS1 2] syncope^[KS1 3],^[KS1 2] speech difficulty^[KS1 3],^[KS1 2] weakness^[KS1 3],^[KS1 2] light-headedness^[KS1 3],^[KS1 2] numbness^[KS1 3] and^[KS1 2] headaches^[KS1 3].
 Hematological: Negative for^[KS1 2] adenopathy^[KS1 3],^[KS1 2] Does not bruise/bleed easily^[KS1 3].
 Psychiatric/Behavioral: Negative for^[KS1 2] agitation^[KS1 3],^[KS1 2] confusion^[KS1 3],^[KS1 2] hallucinations^[KS1 3],^[KS1 2] sleep disturbance^[KS1 3] and^[KS1 2] suicidal ideas^[KS1 3]. The patient^[KS1 2] is not nervous/anxious^[KS1 3] and^[KS1 2] is not hyperactive^[KS1 3],^[KS1 2]

Reviewed and updated this visit by provider:

Objective^[KS1 1]

Generated on 4/24/2018 12:10 AM

Page 4

Encounter Notes (continued)

Progress Notes by Shalkham, Kevin Q, MD on 08/29/17 11:56 (continued)

Version 1 of 1

Physical Exam

Constitutional: He is^[KS1.2] oriented to person, place, and time^[KS1.3]. He appears^[KS1.2] well-developed^[KS1.2] and^[KS1.2] well-nourished^[KS1.3].

HENT:

Head:^[KS1.2] Normocephalic^[KS1.3] and^[KS1.2] atraumatic^[KS1.3].

Eyes:^[KS1.2] Conjunctivae^[KS1.3] are normal.

Cardiovascular:^[KS1.2] Normal rate^[KS1.3] and^[KS1.2] regular rhythm^[KS1.3].

Pulmonary/Chest:^[KS1.2] Effort normal^[KS1.3] and^[KS1.2] breath sounds normal^[KS1.3].

Abdominal:^[KS1.2] Soft^[KS1.3].

Neurological: He is^[KS1.2] alert^[KS1.3] and^[KS1.2] oriented to person, place, and time^[KS1.3].

Skin: Skin is^[KS1.2] warm^[KS1.3] and^[KS1.2] dry^[KS1.3]. He is^[KS1.2] not diaphoretic^[KS1.3].

Psychiatric: He has a^[KS1.2] normal mood and affect^[KS1.3]. His^[KS1.2] speech is normal^[KS1.3] and^[KS1.2] behavior is normal^[KS1.3].^[KS1.2] Thought content^[KS1.3] normal.^[KS1.2]

Vitals^[KS1.3] reviewed.^[KS1.2]

Assessment/Plan

Diagnoses and all orders for this visit:

Weight loss

- CBC; Future
- Comprehensive Metabolic Panel; Future
- Thyroid Profile; Future
- XR Chest PA and Lateral

Seizure

- MRI Brain Without Contrast; Future
- Referral to Neurology; Future

Encounter for health maintenance examination

- Lipid Panel; Future^[KS1.1]

we will get MRI of his brain. He will be referred to a new neurologist as he is having difficulty getting back in with his original. His weight loss is likely secondary to him not eating. Evaluation will be undertaken as above. If no etiology is found, I do recommend that he follows up with his psychiatrist as he feels that he is not eating because he is too anxious.^[KS1.3]

Shalkham, Kevin Q, MD^[KS1.1]

Electronic Signed by Shalkham, Kevin Q, MD on 08/29/17 11:56

Revision History

User Key	Date/Time	User	Provider Type	Action
> KS1.1	08/29/17 11:56	Shalkham, Kevin Q, MD	Physician	Sign
KS1.3	08/29/17 11:54	Shalkham, Kevin Q, MD	Physician	
KS1.2	08/29/17 11:25	Shalkham, Kevin Q, MD	Physician	
EF1.1	08/29/17 11:03	Fawer, Eric B, RN	Registered Nurse	Sign at close encounter

Surgery Report

Anesthesia Post-Op Notes

No notes of this type exist for this encounter

Surgery Report (continued)

Anesthesia Post-Op Notes (continued)

Lab - Clinical Orders

Lipid Panel [16507621]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 1139
Ordering user: Shaikham, Kevin Q, MD 08/29/17 1139
Authorized by: Shaikham, Kevin Q, MD
Ordering provider: Shaikham, Kevin Q, MD
Status: Completed
Frequency: 08/29/17 -
Diagnoses:
Encounter for health maintenance examination (Z00.00)

CBC [16507617]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 1136
Ordering user: Shaikham, Kevin Q, MD 08/29/17 1136
Authorized by: Shaikham, Kevin Q, MD
Ordering provider: Shaikham, Kevin Q, MD
Status: Completed
Frequency: 08/29/17 -
Diagnoses:
Weight loss (R63.4)

Comprehensive Metabolic Panel [16507618]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 1136
Ordering user: Shaikham, Kevin Q, MD 08/29/17 1136
Authorized by: Shaikham, Kevin Q, MD
Ordering provider: Shaikham, Kevin Q, MD
Status: Completed
Frequency: 08/29/17 -
Diagnoses:
Weight loss (R63.4)

Thyroid Profile [16507619]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 1136
Ordering user: Shaikham, Kevin Q, MD 08/29/17 1136
Authorized by: Shaikham, Kevin Q, MD
Ordering provider: Shaikham, Kevin Q, MD
Status: Completed
Frequency: 08/29/17 -
Diagnoses:
Weight loss (R63.4)

Imaging - Clinical Orders

MRI Brain Without Contrast [16507616]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 1136
Ordering user: Shaikham, Kevin Q, MD 08/29/17 1136
Authorized by: Shaikham, Kevin Q, MD
Ordering provider: Shaikham, Kevin Q, MD
Status: Completed
Frequency: 08/29/17 -
Diagnoses:
Seizure (R56.9)

Screening Form

General Information

Patient Name: Clayton, Timothy N
Date of Birth: 3-15-1971
Sex: Male

MRN: M000342704
Home Phone: 803-466-5413
Mobile: 803-466-5413

Procedure

MRI BRAIN W/O CONTRAST

Ordering Provider

Shaikham, Kevin Q, MD
803-951-1680

Authorizing Provider

Shaikham, Kevin Q, MD
803-951-1680

Appointment Information

11/17/2017 8:00 AM
LMC LEXINGTON MRI 1
LMC LEXINGTON - MR

Screening Form Questions

Who is answering the questions?	Answer	Comment
Does the patient have a pacemaker/defibrillator?	No	
Has the patient had any heart surgery?	No	
List any implants:		
Has the patient had any brain/head surgery?	No	
List any implants:		
Does the patient have any ear implants?	No	

Imaging - Clinical Orders (continued)

MRI Brain Without Contrast [16507616] (continued)

Does the patient have any hearing aids? No
 Has the patient had any injury to their eyes for which they sought medical attention? No
 Does the patient have any gunshot wound or shrapnel? No
 Does the patient have any implanted/attached stimulators or pumps? No
 Is the patient receiving any medication through a patch? No
 Does the patient have any removable dental work? No
 Does the patient have any body enhancements including permanent makeup, tattoos, piercings, etc. No
 Please List:
 Does the patient have any other implants or devices (pins, screws, birth control, etc)? No
 Are you wearing colored contacts? No
 Does the patient have anything else in their body that they were not born with? No
 Please List:

MRI Safety Screening Technologist

WILSON, RACHELLE M

Proceed with Exam

Proceed?	User	Time
Proceed	Wilson, Rachelle M	11/17/2017 08:04 AM EST

Patient Signature

Date

MRI Safety Officer Signature

Date

XR Chest PA and Lateral [16507620]

Electronically signed by: Shaikhham, Kevin Q, MD on 03/29/17 11:36
 This order may be acted on in another encounter.
 Ordering user: Shaikhham, Kevin Q, MD 03/29/17 11:36
 Authorized by: Shaikhham, Kevin Q, MD
 Frequency: 03/29/17 -
 Diagnoses:
 Weight loss [R53.4]

Ordering provider: Shaikhham, Kevin Q, MD

Status: Completed

Outpatient Referral - Other Orders

Referral to Neurology [16507622]

Electronically signed by: Shaikhham, Kevin Q, MD on 03/29/17 11:39
 Ordering user: Shaikhham, Kevin Q, MD 03/29/17 11:39
 Authorized by: Shaikhham, Kevin Q, MD
 Frequency: 03/29/17 -
 Diagnoses:
 Seizure [R56.9]
 Order comments:
 maneska

Ordering provider: Shaikhham, Kevin Q, MD

Status: Active

Clinical Lab Results

Lab, Radiology, ECG/EMG and Cardiac Results

XR Chest PA and Lateral [16507620]

Requesting Provider	Shankham, Kevin G MD	Resulted	08/31/17 0922	Result status	Final result
Specimen Collection		Performed	08/29/17 1155		08/29/17 1157

Lipid Panel [16507623] (Abnormal)

Requesting Provider	LEXINGTON MEDICAL CENTER	Resulted	08/29/17 1145	Result status	Final result
---------------------	--------------------------	----------	---------------	---------------	--------------

Specimen Collection	Source	Collected On
Type		
SERUM		08/29/17 1145

Components	Value	Reference Range	Flag	Lab
Cholesterol Comment	230	<200 mg/dL	H	LMC
Desirable	<200 mg/dL			
Borderline high	200-239 mg/dL			
High	>240 mg/dL			
Triglycerides Comment	127	<150 mg/dL		LMC
Normal	<150 mg/dL			
Borderline high	150-199 mg/dL			
High	200-499 mg/dL			
HDL Cholesterol Comment	53	>40 mg/dL		LMC
Low	<40 mg/dL			
WNL	40-59 mg/dL			
High (negative risk)	>60 mg/dL			
LDL Cholesterol Comment	152	<130 mg/dL	H	LMC
Optimal	<100 mg/dL			
Near optimal	100-129 mg/dL			
Borderline high	130-159 mg/dL			
High	160-189 mg/dL			
Very high	>190 mg/dL			
Goals for therapy depend on NCEP Risk Category				
Non-HDL Cholesterol Comment	177.0	mg/dL		LMC
Goals for therapy are determined by adding 30 mg/dL to LDL goals for respective NCEP Risk Category				
WDL	25	mg/dL		LMC
LDL:DL RATIO	2.9			LMC
TC:HDL RATIO	4.3	<4.97		LMC

Comprehensive Metabolic Panel [16507625]

Requesting Provider	LEXINGTON MEDICAL CENTER	Resulted	08/29/17 1145	Result status	Final result
---------------------	--------------------------	----------	---------------	---------------	--------------

Specimen Collection	Source	Collected On
Type		
SERUM		08/29/17 1145

Components	Value	Reference Range	Flag	Lab
Glucose	89	70 - 99 mg/dL		LMC
Sodium	137	136 - 145		LMC
Potassium	4.2	3.5 - 5.1		LMC
Chloride	101	98 - 107		LMC
CO2	29	21 - 32		LMC
Anion Gap	7	5 - 15		LMC
BUN	9	7 - 15 mg/dL		LMC

Lab, Radiology, ECG/EMG and Cardiac Results (continued)

Comprehensive Metabolic Panel [16507625] (continued)

Component	Value	Reference Range	Flag	Lab
Creatinine	1.0	0.6 - 1.3 mg/dL		LMC
Calcium	9.7	8.5 - 10.1 mg/dL		LMC
Bilirubin Total	0.6	0.2 - 1.0 mg/dL		LMC
Total Protein	7.8	6.4 - 8.2 g/dL		LMC
Albumin	4.4	3.4 - 5.0 g/dL		LMC
AST	14	10 - 37 U/L		LMC
ALT	34	14 - 53 U/L		LMC
Alkaline Phos	83	45 - 117 U/L		LMC
eGFR	>60	>60 mL/min/1.73 sqm		LMC
Comment	(Multiply result X 1.2 if Afr. Am.)			

Resulted: 08/29/17 2023, Result status: Final result

Thyroid Profile [16507626]

Component	Value	Reference Range	Flag	Lab
Free T4	1.05	0.75 - 1.46 ng/dL		LMC
TSH	1.140	0.356 - 3.74		LMC

Resulted: 08/29/17 2023, Result status: Final result

CBC [16507624]

Component	Value	Reference Range	Flag	Lab
WBC	5.4	4.0 - 11.0		LMC
RBC	5.03	4.50 - 5.10		LMC
HGB	15.0	13.5 - 16.0 g/dL		LMC
HCT	44.7	41.0 - 53.0 %		LMC
MCV	88.9	80.0 - 96.0		LMC
MCH	29.8	27.0 - 32.0 pg		LMC
MCHC	33.6	32.0 - 36.0 g/dL		LMC
RDW	12.7	11.5 - 14.5 %		LMC
RDW (SD)	41.5	35.1 - 43.9		LMC
PLT	231	130 - 400		LMC
MPV	9.7	7.5 - 10.5		LMC
NRBC AUTO	<2.0	<2 %		LMC
ABS NRBC AUTO	NOT	<1		LMC
	APPLICABLE			LMC

Resulted: 08/29/17 2023, Result status: Final result

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - LMC	LEXINGTON MEDICAL CENTER	Spalding, Martin, Jenn, MD [7409]	2720 Sunset Blvd West Columbia, SC 29169	08/29/14 - Present

Medications

All Meds and Administrations

(There are no med orders for this encounter)

Patient Education

Education

No education to display

Patient Education (continued)

Discharge Instructions

None

Clayton, Timothy N (MRN # M000342704)

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.
Most Recent After Visit Summary

Timothy N Clayton
8/29/2017 11:00 AM Office Visit

Description: 46 year old male
Provider: Shalkham, Kevin Q, MD
Department: LFP - White Knoll

Diagnoses this Visit

Weight loss - Primary
Seizure
Encounter for health maintenance examination

Comments

Vital Signs/Measurements

Most recent Update: 8/29/2017 11:02 AM by
Fowler, Eric B, RN

BP	Pulse	Temp	Ht	Wt	SpO2
128/78 (BP Location: Left arm, Patient Position: Sitting)	72	97.7 °F (36.5 °C) (Oral)	5' 6.83" (1.697 m)	69.1 kg (152 lb) 6.4 oz)	98%
BMI: 23.99 kg/m2					

Medications and Orders

Your Current Medications Are

clobetasol (OLUX) 0.05 % topical foam (Taking)	Apply 1 Pump topically 2 (two) times daily.
diazepam (VALIUM) 10 mg tablet (Taking)	Take 0.5-1 tablets by mouth 3 (three) times daily.
lamotrigine (LAMICTAL) 100 mg tablet (Taking)	Take 1 tablet by mouth daily.
meloxicam (MOBIC) 7.5 mg tablet (Taking)	Take 1 tablet by mouth 2 (two) times daily.
pantoprazole (PROTONIX) 40 mg EC tablet (Taking)	Take 1 tablet by mouth daily.
quetiapine (SEROQUEL) 25 mg tablet (Taking)	Take 1 tablet by mouth every evening.

Orders placed at this visit:

CBC
Comprehensive Metabolic Panel
Lipid Panel
Thyroid Profile
XR Chest PA and Lateral

To-Do List

Future Orders	Complete By	Expires
MRI Brain Without Contrast [IMG269 Custom]	As directed	9/29/2018
Referral to Gastroenterology [REF25 Custom]	As directed	4/20/2018
Referral to Neurology [REF46 Custom]	As directed	8/29/2018
Referral to Urology [REF106 Custom]	As directed	5/5/2018

Patient Education (continued)

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart. (continued)

We Performed the Following

- CBC [LAB294 Custom]
- Comprehensive Metabolic Panel [LAB17 Custom]
- Lipid Panel [LAB18 Custom]
- Thyroid Profile [LAB1924 Custom]
- XR Chest PA and Lateral [IMG36 Custom]

Allergies as of 8/29/2017

- Cortisone
- Statins
- Omeprazole

Immunizations Administered on Date of Encounter - 8/29/2017

None

Result Summary

Instructions on MyChart Enrollment

Thank you for enrolling in MyChart. Please follow the instructions below to securely access an abbreviated version of your online medical record. MyChart allows you to view certain test results, information about your hospital visit, and more.

How Do I Sign Up?

1. In your Internet browser, go to LexMed.com/MyChart.
2. Click on the **Sign Up Now** link in the New User? box.
3. Enter your MyChart Activation Code exactly as it appears below. You will not need to use this code after you have completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyChart Activation Code: Activation code not generated
Current MyChart Status: Active

4. Follow the prompts to complete signup.

Additional Information

If you have questions regarding the MyChart patient portal, please call the MyChart Support Line at 803-791-2300

M-F between 8 am and 4:30 pm. The MyChart Support Line is staffed to provide assistance limited to the patient portal.

For medical emergencies, please dial 911.

Timothy N Clayton

Oncology

Generated on 4/24/2015 12:10 AM

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Oncology (continued)

Timothy N. Clayton does not have an active treatment plan of type ONCOLOGY TREATMENT in this episode.

Flowsheet Data

All Flowsheet Data (08/29/17 0000--08/29/17 2359)

Encounter Vitals

03/29/17 1100	
Enc Vitals	
BP	128/78 -EF
Pulse	72 -EF
Temp	97.7 °F (36.5 °C) -EF
Temp Site	Oral -EF
SpO2	98 % -EF
Weight	69.1 kg (152 lb 6.4 oz) -EF
Height	5'6.63" (1.697 m) -EF
Vital Signs	
BP Location	Left arm -EF
Patient Position	Sitting -EF

Custom Formula Data

03/29/17 1100	
OTHER	
Low Range Vt 600 kg	394.26 mL -EF
Adult Moderate Range Vt 600 kg	525.68 mL -EF
Adult High Range Vt 1300 kg	657.1 mL -EF
ABW	67.08 -EF
BGA (Calculated) sq cm	1.81 sq meters -EF
BM (Calculated)	24 -EF
IBW kg (Calculated)	65.71 kg -EF
MBW	61.21 kg -EF
FEMALE	
Weight in pounds	152.5 -EF
BMI	24 -EF
Male Body Weight (kg)	68.67 kg -EF
Male Body Weight (lb)	146.98 lb -EF
Percent of Male Body Weight	103.69 Percent -EF
Excess Body Weight (kg)	2.41 kg -EF
Excess Body Weight (lb)	5.42 lb -EF
Percent Weight Change Since Birth	0 -EF
IBW/kg (Calculated)	65.71 -EF
Adult IBWWT Calculations	
IBW percentage	3710.85 -EF

Anthropometrics

03/29/17 1100	
Anthropometrics	
Height	5'6.63" (1.697 m) -EF
Weight	69.1 kg (152 lb 6.4 oz) -EF
Weight Change	0 % -EF
BMI (Calculated)	24 -EF

User Key

Initials	Name	Effective Dates
EF	Powers, Eric B, RN	04/12/17 - 03/13/17

IRI = Recorded By, IRI = Taken By, ICI = Assigned By

Flowsheet Row Details (all recorded)

BMI	Effective	Row Information
	03/03/16	BMI=Body Mass Index (Weight Scale/35.2)/Height^0.0264^4/2 Threshold of overweight (BMI >= 25)

BMI (continued)

Effective: 02/03/16

Kg/m source: http://www.cdc.gov/nccdanddnpa/bmi/adult_BMI/about_adult_BMI.htm

BMI (Calculated)

Effective: 06/02/05

Row Information

BMI=Body Mass Index $\text{kg/m}^2 = \text{Weight (kg)} / (\text{Height (m)})^2$ Threshold of overweight (BMI) = 25
Kg/m source: http://www.cdc.gov/nccdanddnpa/bmi/adult_BMI/about_adult_BMI.htm

BP

Warning Min/Max

50 / 200
40 / 90

Absolute Min/Max

0 / 500
0 / 300

Systolic
Diastolic

BP Location

Effective: 06/02/06

Right arm
Left arm
Right leg
Left leg
Other (Comment)

BSA (Calculated - sq m)

Effective: 06/02/05

Row Information

BSA=Body Surface Area $\text{sq meters} = \text{sqrt}(\text{Height (cm)} \times \text{Weight (kg)} / 3600)$ BSA is calculated using the Mosteller Formula: Mosteller RD: Simplified Calculation of Body Surface Area. N Engl J Med 1987 Oct 22;317(17):1098

Height

Warning Min/Max

1' (0.305 m) / 8' (2.438 m)

Absolute Min/Max

1.13' (0.03 m) / 9' 10.11" (3 m)

Ideal Body Weight (kg)

Effective: 02/03/16

Row Information

Female IBW= $100 + (5 \times \# \text{ of inches over } 50)$ Male IBW= $106 + (6 \times \# \text{ of inches over } 60)$

Ideal Body Wgt (lb)

Effective: 02/03/16

Row Information

Female IBW= $100 + (5 \times \# \text{ of inches over } 50)$ Male IBW= $106 + (6 \times \# \text{ of inches over } 60)$

Patient Position

Effective: 01/05/07

Lying
Sitting
Standing

Pulse

Warning Min/Max

50 / 200

Absolute Min/Max

0 / 500

SpO2

Warning Min/Max

90 % / 100 %

Absolute Min/Max

0 % / 100 %

Temp

Warning Min/Max

92 °F (33.3 °C) / 105 °F (40.6 °C)

Absolute Min/Max

0 °F (-17.8 °C) / 150 °F (55.6 °C)

Temp src

Ora = Oral
Tympanic = Tympanic
Rectal = Rectal
Axillary = Axillary
Temporal = Temporal
Bladder = Bladder

Temp src (continued)

Esophageal = Esophageal

Weight

Warning Min/Max
5 lb (2.268 kg) / 300 lb (136.1 kg)

Absolute Min/Max
0.1 oz (0.003 kg) / 1500 lb (680.4 kg)

Weight in (lb) to have BMI = 25

Effective: 09/15/10

Row Information

Uses height to find what the weight would need to be in order to have a BMI of 25

Flowsheet Notes

No notes of this type exist for this encounter.

Patient-Level E-Signatures:

There are no patient-level e-signatures.

Hospital Account-Level E-Signatures:

There are no hospital account-level e-signatures.

Encounter-Level E-Signatures:

There are no encounter-level e-signatures.

All Scans

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

Patient-Level Documents:

Insurance Authorization - Scan on 8/31/2017 11:48 | Perspective Content Scan (below)

Admission Information - Patient Record Only

Admit Date/Time	10/25/2017 1439	Admit Date/Time	10/25/2017	P Adm. Date/Time	
Admission Type		Point of Origin		Adm. Category	
Means of Arrival		Primary Service		Secondary Service	NA
Transfer Source		Service Area		Unit	
Admit Provider	Shaikham, Kevin Q, MD	Attending Provider		Referring Provider	

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	LFP - White Knol

Allergies as of 10/25/2017

Medication	Noted	Reaction Type	Review Complete On	Reactions	Deletion Reason
Corticone	08/22/2017	Intolerance	10/25/2017 by Rusinyak, Tiffani C, LPH	Other (See Comments)	
SEIZURE				Other (See Comments)	
Statins				Rash	
Omeprazole					

Medical as of 10/25/2017	Past Medical History	Date	Comments	Source Provider
	Anxiety [F41.9]			Provider
	Back pain [M54.9]			Provider
	GERD (gastroesophageal reflux disease) [K21.9]			Provider
	Seizures [R56.9]			Provider
	Systemic lupus erythematosus [M32.9]			Provider

Surgical as of 10/25/2017	Past Surgical History	Laterality	Date	Comments
	LITHOTRIPSY [SUR83+]			removed since
	URETERAL STENT PLACEMENT [SHX822]			

Problem List

Problem	Noted	Resolved
Anxiety disorder	8/22/2017 by Shaikham, Kevin Q, MD	No
Elevated transaminase level	5/22/2017 by Shaikham, Kevin Q, MD	No
GERD without esophanitis	8/22/2017 by Shaikham, Kevin Q, MD	No
Headache	8/22/2017 by Shaikham, Kevin Q, MD	No
Mondor's disease	8/22/2017 by Shaikham, Kevin Q, MD	No
Systemic lupus erythematosus	8/22/2017 by Shaikham, Kevin Q, MD	No
Strain of thoracic region	8/22/2017 by Shaikham, Kevin Q, MD	No
Low back pain	8/22/2017 by Shaikham, Kevin Q, MD	No
Occasional cigarette smoker	8/22/2017 by Shaikham, Kevin Q, MD	No
	8/22/2017 by Shaikham, Kevin Q, MD	No

Family History as of 10/25/2017

Problem	Relation	Age of Onset	Comments
Anxiety disorder	Brother		
Anxiety disorder	Father		
Anxiety disorder	Mother		
Depression	Mother		
Hyperlipidemia	Maternal Grandfather		
Hyperlipidemia	Maternal Grandmother		
Hyperlipidemia	Mother		
Hyperlipidemia	Sister		
Mental illness	Father		
Seizures	Paternal Grandmother		

ED Records

ED Arrival Information

Patient not seen in ED

Chief Complaint History

Generated on 4/24/2016 12:10 AM

ED Records (continued)

Chief Complaint History (continued)

User	Date & Time
Rusinyak, Tiffani C, LPN	10/25/2017 3:13 PM
Chief Complaint	
Back Pain	
Comment: x several months. Patient wants to discuss treatment options	
Extremity Weakness	
Comment: R leg weakness x 4 months	
User	Date & Time
Rusinyak, Tiffani C, LPN	10/25/2017 3:05 PM
Chief Complaint	
Back Pain	
Comment: x several months. Patient wants to discuss treatment options	

ED Notes

No notes of this type exist for this encounter.

Urgent Care Notes

Urgent Care Notes

No notes of this type exist for this encounter.

Encounter Notes

Encounter Notes

Progress Notes by Shaikham, Kevin O, MD on 11/12/17 1454

Author: Shaikham, Kevin O, MD
Edit: 11/12/17 1454
Entity: Shaikham, Kevin O, MD (Physician)

Service: (none)
Encounter Date: 10/25/2017

Author Type: Physician
Status: Signed

Version 1 of 1

Timothy N Clayton^[KS1 1] is a^[FR1 1] 46 y.o. male^[KS1 1] who is here with low back pain. He began having low back pain on 3/28/17. He was lifting about 70-80 pounds and during that time he felt pain. He did go to the workers comp MD. On 6/6/17 he had a MRI. The MRI showed numerous Schmorls nodes it was recommended tha he have a serum protein electrophoresis ad a bone density scan. Mr Claytons says that he has had neither. He went to 12 weeks of PT with 2 sessions per week. He feels the PT made it worse. He states that on occasion he would drive home from PT and when he got out of his jeep he felt the left leg was gong to give out. He did receive a cortisone injection and has a seizure prior to leaving the office. He was on lamictal already for anxiety so psychiatry opted not to put him on any more medication.^[KS1 2]

Chief Complaint

Patient presents with

- Back Pain
x several months . Patient wants to discuss treatment options
- Extremity Weakness
R leg weakness x 4 months^[KS1 1]

HP^[FR1 1]

Vitals:

10/25/17 1505
BP: 126/84
BP Location: Left arm
Pulse: 60
Resp: 16
Temp: 98.9 °F (37.2 °C)
TempSrc: Oral
SpO2: 99%
Weight: 69.9 kg (154 lb 3.2 oz)
Height: 5' 6" (1.676 m)

Past Medical History:

Diagnosis

- Anxiety
- Back pain
- GERD (gastroesophageal reflux disease)
- Seizures
- Systemic lupus erythematosus

Date

Past Surgical History:

Procedure

- LITHOTRIPSY
- URETERAL STENT PLACEMENT

Laterality

Date

Encounter Notes (continued)

Progress Notes by Shalkham, Kevin O, MD on 11/12/17 1454 (continued)
removed since

Version 1 of 1

Current Outpatient Prescriptions:

- ALPRAZolam (XANAX) 2 mg tablet, Take 0.5 tablets by mouth 3 (three) times daily as needed., Disp: , Rfl: 0
- citalopram (CELEXA) 20 mg tablet, Take 1 tablet by mouth daily., Disp: , Rfl: 0
- clobetasol (OLUX) 0.05 % topical foam, Apply 1 Pump topically 2 (two) times daily., Disp: 100 g, Rfl: 0
- lamoTRigine (LAMICTAL) 100 mg tablet, Take 1 tablet by mouth daily., Disp: , Rfl:
- meloxicam (MOBIC) 7.5 mg tablet, Take 1 tablet (7.5 mg total) by mouth daily., Disp: 30 tablet, Rfl: 2
- pantoprazole (PROTONIX) 40 mg EC tablet, Take 1 tablet (40 mg total) by mouth daily., Disp: 30 tablet, Rfl: 5
- QUETiapine (SEROQUEL) 25 mg tablet, Take 1 tablet by mouth every evening., Disp: , Rfl: 1K5111

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue and fever.
 HENT: Negative for congestion, ear pain, hearing loss, rhinorrhea, sinus pressure, sore throat and tinnitus.
 Eyes: Negative for discharge and itching.
 Respiratory: Negative for chest tightness, shortness of breath and wheezing.
 Cardiovascular: Negative for chest pain and leg swelling.
 Gastrointestinal: Negative for abdominal pain, constipation, diarrhea and nausea.
 Endocrine: Negative for cold intolerance, heat intolerance, polydipsia and polyphagia.
 Genitourinary: Negative for difficulty urinating, dysuria, frequency and urgency.
 Musculoskeletal: Positive for *back pain*. Negative for arthralgias, gait problem, joint swelling and myalgias.
 Skin: Negative for color change and rash.
 Allergic/Immunologic: Negative for environmental allergies, food allergies and immunocompromised state.
 Neurological: Negative for dizziness, weakness and headaches.
 Hematological: Negative for adenopathy. Does not bruise/bleed easily.
 Psychiatric/Behavioral: Negative for dysphoric mood, sleep disturbance and suicidal ideas. The patient is not nervous/anxious.

Reviewed and updated this visit by provider.

Objective

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. Non-toxic appearance.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal.

Cardiovascular: Normal rate and regular rhythm

Pulmonary/Chest: Effort normal and breath sounds normal.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. He is not diaphoretic.

Psychiatric: He has a normal mood and affect. His speech is normal and behavior is normal. Thought content normal.

Vitals reviewed.

Generated on 4/24/2018 12:10 AM

Page 24

Encounter Notes (continued)

Progress Notes by Shaikham, Kevin Q, MD on 11/12/17 1454 (continued)

Version 1 of 1

Assessment/Plan

Diagnoses and all orders for this visit:

Anticonvulsant drug-induced bone softening

Abnormal MRI, lumbar spine

- DEXA Bone Density Spine and Hip, Future
- Total Vitamin D 25 Hydroxy; Future
- Basic Metabolic Panel; Future
- Protein Electrophoresis, serum; Future
- meloxicam (MOBIC) 7.5 mg tablet; Take 1 tablet (7.5 mg total) by mouth daily.

No Follow-up on file. [KS1 Q]

Electronically Signed by: Shaikham, Kevin Q, MD on 11/12/17 1454

Revision History

User Key	Date/Time	User	Provider Type	Action
> KS1.1	11/12/17 1454	Shaikham, Kevin Q, MD	Physician	Sign
KS1.3	11/12/17 1453	Shaikham, Kevin Q, MD	Physician	
KS1.2	10/25/17 1527	Shaikham, Kevin Q, MD	Physician	
TR1.1	10/25/17 1513	Rusinyak, Tiffani C, LPN	Licensed Nurse	Sign at close encounter

Surgery Report

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Medications - Clinical Orders

meloxicam (MOBIC) 7.5 mg tablet [93904042]

Electronically signed by: Shaikham, Kevin Q, MD on 10/25/17 1542

Ordering user: Shaikham, Kevin Q, MD 10/25/17 1542

Authored by: Shaikham, Kevin Q, MD

Frequency: Daily 10/25/17 - Until Discontinued

Signature:

Abnormal MRI, lumbar spine [R93.7]

Ordering provider: Shaikham, Kevin Q, MD

Status: Active

Lab - Clinical Orders

Total Vitamin D 25 Hydroxy [90795733]

Electronically signed by: Shaikham, Kevin Q, MD on 10/25/17 1542

Ordering user: Shaikham, Kevin Q, MD 10/25/17 1542

Authored by: Shaikham, Kevin Q, MD

Frequency: 10/25/17 -

Signature:

Abnormal MRI, lumbar spine [R93.7]

Ordering provider: Shaikham, Kevin Q, MD

Status: Completed

Lab - Clinical Orders (continued)

Basic Metabolic Panel [90795734]

Electronically signed by: Shalkham, Kevin Q, MD on 10/25/17 1542
Ordering user: Shalkham, Kevin Q, MD 10/25/17 1542
Authorized by: Shalkham, Kevin Q, MD
Frequency: 10/25/17 -
Diagnoses:
Abnormal MRI, lumbar spine (R33.7)
Ordering provider: Shalkham, Kevin Q, MD
Status: Completed

Protein Electrophoresis, serum [90795735]

Electronically signed by: Shalkham, Kevin Q, MD on 10/25/17 1542
Ordering user: Shalkham, Kevin Q, MD 10/25/17 1542
Authorized by: Shalkham, Kevin Q, MD
Frequency: 10/25/17 -
Diagnoses:
Abnormal MRI, lumbar spine (R33.7)
Ordering provider: Shalkham, Kevin Q, MD
Status: Completed

Imaging - Clinical Orders

Dexa Bone Density Spine and Hip [90795732]

Electronically signed by: Shalkham, Kevin Q, MD on 10/25/17 1542
Ordering user: Shalkham, Kevin Q, MD 10/25/17 1542
Authorized by: Shalkham, Kevin Q, MD
Frequency: 10/25/17 -
Diagnoses:
Abnormal MRI, lumbar spine (R33.7)
Ordering provider: Shalkham, Kevin Q, MD
Status: Completed

Other Orders

No orders found

Clinical Lab Results

Lab, Radiology, ECG/EMG and Cardiac Results

Protein Electrophoresis, serum [93904045]

Resulted: 10/25/17 0721, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		10/25/17 1548

Components

	Value	Reference Range	Flag	Lab
Total Protein	7.5	6.4 - 8.2 g/dL		
Albumin Fraction	4.92	3.50 - 5.40 g/dL		LMC
Alpha 1	0.32	0.20 - 0.40 g/dL		LMC
Alpha 2	0.71	0.50 - 1.00 g/dL		LMC
Beta	0.85	0.5 - 1.10 g/dL		LMC
Gamma Globulin	0.78	0.70 - 1.50 g/dL		LMC
ELECTROPHORESIS INTERPRETATION, SERUM	Normal serum protein pattern.			LMC
	Reviewed by: Beverly W. Daniel, MD			

Total Vitamin D 25 Hydroxy [93904043]

Resulted: 10/25/17 1930, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		10/25/17 1545

Components

	Value	Reference Range	Flag	Lab
Vitamin D, 25 Hydroxy, Total, Serum	66.8	30 - 80 ng/mL		LMC

Deficiency: Less than 20 ng/mL
Insufficiency: 20-29 ng/mL
Sufficiency: 30-80 ng/mL
Potentially toxic: Greater than 150 ng/mL

Reference ranges are guidelines and vary between labs. 25OH Vit D levels are influenced by sun and UV exposure, race and dietary intake. Results should be used in conjunction with other clinical and lab data.

Basic Metabolic Panel [93904044]

Resulted: 10/25/17 1922, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		10/25/17 1545

Components

	Value	Reference Range	Flag	Lab
Glucose	75	70 - 99 mg/dL		LMC
Sodium	139	136 - 145		LMC
Potassium	3.6	3.5 - 5.1		LMC
Chloride	100	98 - 107		LMC
CO2	28	21 - 32		LMC
Anion Gap	11	5 - 18		LMC
BUA	9	7 - 18 mg/dL		LMC
Creatinine	1.1	0.6 - 1.3 mg/dL		LMC
Calcium	9.2	8.5 - 10.1 mg/dL		LMC
eGFR	96	>60 mL/min/1.73 sqm		LMC
Comment	(Multiply result X 1.2 if African American)			

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - LMC	LEXINGTON MEDICAL CENTER	Spanding, Martin John MD [2009]	2720 Sunset Blvd West Columbia SC 29169	08/29/14 - Present

Medications

All Meds and Administrations

(There are no med orders for this encounter)

Historical Medications Entered This Encounter

citalopram (CELEXA) 20 mg tablet
Sig: Take 20 mg by mouth 2 (two) times daily
Class: Historical Med
Route: Oral

Patient Education

Education

No education to display

Discharge Instructions

None

Clayton, Timothy N (MR # M000342704)

Timothy N Clayton

Oncology

Timothy N Clayton does not have an active treatment plan of type ONCOLOGY TREATMENT in this episode.

Flowsheet Data

All Flowsheet Data (10/25/17 0000--10/25/17 2359)

Encounter Vitals

10/25/17 1505	
Enc Vitals	
BP	126/84 -TR
Pulse	60 -TR
Resp	16 -TR
Temp	98.9 °F (37.2 °C) -TR
Temp Site	Oral -TR
SpO2	99 % -TR
Weight	69.9 kg (154 lb 3.2 oz) -TR
Height	5'6" (1.676 m) -TR
Vital Signs	
BP Location	Left arm -TR

Custom Formula Data

10/25/17 1505	
OTHER	
ABW	66.26 -TR
BGA (Calculated) sq m	1.8 sq meters -TR
BW (Calculated)	24.9 -TR
BW kg (Calculated)	63.8 kg -TR
Male	
BW kg (Calculated)	59.3 kg -TR
FEMALE	
Weight (lb) to have BMI = 25	154.6 -TR
SM	24.9 -TR
des. Body Weight (kg)	64.41 kg -TR
des. Body Weight (lb)	142 lb -TR
Percent of des. Body Weight	108.59 Percent -TR
Excess Body Weight (kg)	5.52 kg -TR
Excess Body Weight (lb)	12.2 lb -TR
Percent Weight Change Since Birth	0 -TR
IBW (kg) (Calculated)	63.8 -TR
Low Range VI (cc/kg)	382.8 mL -TR
Adult Moderate Range VI (cc/kg)	510.4 mL -TR
Adult High Range VI (cc/kg)	638 mL -TR
Adult IBWWT Calculations	
IBW percentage	3867.08 -TR

Vitals Reassessment

10/25/17 1505	
Vitals Timer	
Automatic Restart Vitals Timer	Yes -TR

Vitals Reassessment

10/25/17 1505	
Vitals Timer	
Automatic Restart Vitals Timer	Yes -TR

Vitals Reassessment

10/25/17 1505	
Vitals Timer	
Automatic Restart Vitals Timer	Yes -TR

Anthropometrics

All Flowsheet Data (10/25/17 0000--10/25/17 2359) (continued)

Anthropometrics (continued)

10/25/17 1505	
Anthropometrics	
Height	5' 6" (1.676 m) -TR
Weight	63.9 kg (154 lb 3.2 oz) -TR
Weight Change	0 % -TR
BMI (Calculated)	24.9 -TR

User Key

Initials	Name	Effective Dates	(r) = Recorded By, (t) = Taken By, (c) = Cosigned By
TR	Rushnyak, Tifani C LPN	05/14/17 - 04/22/18	

Flowsheet Row Details (all recorded)

BMI
Effective: 02/03/16
Row Information: BMI=Body Mass Index (Weight Scale/35.27)(Height*0.0254)^2 Threshold of overweight (BMI)>= 25 Kg/m
source: http://www.cdc.gov/nccdoh/dnpa/bmi/adult_BMI/about_adult_BMI.htm

BMI (Calculated)
Effective: 06/02/05
Row Information: BMI=Body Mass Index (Weight Scale/35.27)(Height*0.0254)^2 Threshold of overweight (BMI)>= 25 Kg/m
source: http://www.cdc.gov/nccdoh/dnpa/bmi/adult_BMI/about_adult_BMI.htm

BP

Warning Min/Max	Absolute Min/Max	Systolic	Diastolic
90 / 200	0 / 300		
40 / 90	0 / 300		

BP Location
Effective: 06/02/06

- Right arm
- Left arm
- Right leg
- Left leg
- Other (Comment):

BSA (Calculated - sq m)
Effective: 06/02/05
Row Information: BSA=Body Surface Area (sq meters) = sqrt([height (cm) x Weight (kg)]/3600) BSA is calculated using the Mosteller Formula: Mosteller RD: Simplified Calculation of Body Surface Area. N Engl J Med 1987 Oct 22;317(17):1093.

Height

Warning Min/Max	Absolute Min/Max
1' 10" (305 m) / 8' (2.438 m)	1' 18" (10.03 m) / 9' 10.11" (3 m)

Ideal Body Weight (kg)
Effective: 02/03/16
Row Information: Female: BW=100+ (5 x # of inches over 60) Male: BW=106+ (5 x # of inches over 60)

Ideal Body Wgt (lb)
Effective: 02/03/16
Row Information: Female: BW=100+ (5 x # of inches over 60) Male: BW=106+ (5 x # of inches over 60)

Pulse

Warning Min/Max	Absolute Min/Max
50 - 200	0 / 500

Resp

Resp (continued)

Warning Min/Max
8 / 33

Absolute Min/Max
0 / 200

SpO2

Warning Min/Max
90 % / 100 %

Absolute Min/Max
0 % / 100 %

Temp

Warning Min/Max
92 °F (33.3 °C) / 105 °F (40.6 °C)

Absolute Min/Max
0 °F (-17.8 °C) / 150 °F (65.6 °C)

Temp src

- Oral = Oral
- Tympanic = Tympanic
- Rectal = Rectal
- Axillary = Axillary
- Temporal = Temporal
- Bladder = Bladder
- Esophageal = Esophageal

Weight

Warning Min/Max
5 lb (2.268 kg) / 300 lb (136.1 kg)

Absolute Min/Max
0.1 oz (0.003 kg) / 1500 lb (680.4 kg)

Weight in (lb) to have BMI = 25

Effective: 09/15/10

Raw information

Uses height to find what their weight would need to be in order to have a BMI of 25.

Flowsheet Notes

No notes of this type exist for this encounter.

Patient-Level E-Signatures:

There are no patient-level e-signatures.

Hospital Account-Level E-Signatures:

There are no hospital account-level e-signatures.

Encounter-Level E-Signatures:

There are no encounter-level e-signatures.

All Scans

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

Patient-Level Documents:

Insurance Authorization - Scan on 8/31/2017 1149 , Perceptive Content Scan (below)

Patient-Level Documents: (continued)

All Scans (continued)

08/31/2017 05:43 AM
08/31/2017 05:43 AM



August 31, 2017 5:43 AM

DR. KEVIN SHAIKHAM
5535 PLATT SPRINGS RD
LEXINGTON SC 29073-7513

This is your copy of the letter sent to TIMOTHY CLAYTON

Member Name:	Timothy Clayton
ID #:	ZCS1857073801
Date of Birth:	03/15/1971
Requesting Provider:	Dr. Kevin Shaikhram
Place of Service:	LEXINGTON RADIOLOGY ASSOCIATES
Date of Service:	On or about 09/06/2017
Requested Procedure/Service:	Brain MRI (Magnetic Resonance Imaging - pictures of inside your brain)
Reference #:	6601191170

RE: Clinical Denial

Dear Timothy Clayton:

National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc. NIA is an independent company that performs utilization management services on behalf of BlueCross BlueShield of South Carolina. As such, we are responsible for reviewing medical specialty procedures to determine that they are medically necessary and appropriate for payment under the member's benefit plan.

NIA has reviewed the clinical information submitted for this request and determined that the information provided does not support medical necessity as defined in your Benefit Booklet or Contract for the following:

After review, the requested procedure cannot be authorized at this time. The information received does not support the requirements of NIA's Brain MRI medical necessity guidelines. A physician reviewer made this determination based on a review of the submitted information (seizure). Unless otherwise indicated, results of the same study which was recently approved should be provided prior to an approval.

The definition of "medically necessary" in your Benefit Booklet is:

BlueCross® BlueShield® of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association
BCBS-CHP - Med Neg Denial



Lexington County Health Svcs
 2720 Sunset Boulevard
 West Columbia, SC 29169
 (803) 791-2000

Lexington Medical Center Family Practice

DOS: 04/20/2017
 DOB: 03/15/1971
 Gender: M
 MR#: 1514508

Provider: Terry L Nagel D O

Patient: TIMOTHY CLAYTON
 249 BRIDLERIDGE ROAD
 LEXINGTON, SC 29073

Vitals

Vital Signs [Data Includes: Current Encounter]

Recorded: 20Apr2017 11:12AM

Heart Rate: 77
 Temperature: 98 F
 O2 Saturation: 100
 Height: 5 ft 7 in
 Blood Pressure: 138 / 80
 Weight: 157 lb 8 oz
 BMI Calculated: 24.67
 BSA Calculated: 1.63

Chief Complaint

pt c/o of right lower and mid hip pain x 2 week. pt hx f/k kidney stones. pt would like to discuss GERD med.

History of Present Illness

HPI Free Text: 46-year-old male who presents today complaining of right mid, lower back pain. Onset: 2 weeks. He denies any injury, but states that he has been doing a lot of up and down repetitive movements at work. He has a history of kidney stones. No problems with urination. He states that it feels similar to past kidney stone pain. He states that his urine was a brown color yesterday. He states that he was unable to pass the kidney stone on his own before and had to have surgery. He complains of problems with dysphagia. He states that he feels like food is getting stuck after he eats. He states that he has water brash that happens about 5 hours after eating. He has had an EGD in the past. He is currently taking Protonix for GERD.

Review of Systems

- Constitutional: no fever and no chills
- ENT: no earache, no nasal discharge, no sore throat and no hoarseness
- Cardiovascular: no chest pain, no palpitations and no lower extremity edema
- Respiratory: no shortness of breath, no wheezing and no cough
- Gastrointestinal: no nausea, no vomiting and no diarrhea
- Genitourinary: no dysuria. Episode of darker urine yesterday
- Musculoskeletal: back pain, but as noted in HPI, no joint swelling, no joint stiffness, no limb pain and no limb swelling
- Neurological: no dizziness and no limb weakness

Active Problems

- Acute sinusitis med a (381 01) (-88 20)
- Anxiety disorder (300 00) (F41 9)
- Dental infection (522 4 - K24 0)

1374

17

Date of Service: 04/29/2017
Patient Name: TIMOTHY N. CLAYTON
Patient DOB: 03/15/1971
MR#: 1514568
Gender: M
Provider: Terry L. Nagel D.O.

- Elevated transaminase level (793.4) (R74.0)
- Foot pain (729.5) (M79.673)
- GERD without esophagitis (530.81) (K21.9)
- Headache (784.0) (R51)
- Hyperlipidemia (272.4) (E78.5)
- IBS (irritable bowel syndrome) (564.1) (K58.9)
- Low back pain (724.2) (M54.5)
- Mondor's disease (451.89) (I80.8)
- Occasional cigarette smoker (305.1) (Z72.0)
- Ringworm (110.9) (B35.9)
- Shortness of breath (786.05) (R06.02)
- Sleep apnea (780.57) (G47.30)
- Strain of thoracic region (847.1) (S26.019A)
- Systemic lupus erythematosus (710.0) (M32.9)
- Tinea versicolor (111.0) (B36.0)

Family History

Mother

- Family history of diabetes mellitus (V18.0) (Z83.3)
- Family history of hyperlipidemia (V18.19) (Z83.49)

Social History

- Former smoker (V15.82) (Z87.891)
- Occasional cigarette smoker (305.1) (Z72.0)

Current Meds

- ALPRAZolam 0.5 MG Oral Tablet, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED
Therapy: 02Aug2012 to (Evaluate 26Aug2012) Recorded
- Clobetasol Propionate Emulsion 0.05 % External Foam, APPLY SPARINGLY TO
AFFECTED AREAS TWICE DAILY (AM AND PM).
Therapy: 17Sep2012 to (Last Rx: 26Jan2017) Requested for: 26Jan2017 Ordered
- Lamotrigine 100 MG Oral Tablet, TAKE 1 TABLET DAILY.
Therapy: 02Aug2012 to Recorded
- Pantoprazole Sodium 40 MG Oral Tablet Delayed Release, TAKE 1 TABLET DAILY.
Therapy: 18Apr2012 to (Evaluate 06Sep2017) Requested for: 10Mar2017 Last
Rx: 10Mar2017 Ordered
- SEROquel 25 MG Oral Tablet, TAKE 1 TABLET AT BEDTIME
Therapy: (Recorded 04Aug2014) to Recorded

Allergies

- Prilosec OTC TBEC
- Stat ns

Immunizations

immunization history not assessed

Results/Data

All Results (Data Includes: Last 2 Weeks)

Date of Service: 04/20/2017
Patient Name: TIMOTHY N. CLAYTON
Patient DOB: 03/15/1971
MR#: 1514508
Gender: M
Provider: Terry L. Nagel D.O.

No recent results

Physical Exam

Constitutional: alert in no acute distress, well nourished, well developed, healthy appearing and normal voice and communication
Eyes: the sclera and conjunctiva were normal and pupils were equal in size, round, reactive to light, with normal accommodation
ENT: the ears and nose were normal in appearance, both tympanic membranes were normal and the lips and gums were normal. The oropharynx was normal
Neck: the appearance of the neck was normal, the neck was supple, no neck mass was observed and the thyroid was not enlarged, there was no jugular-venous distention
Pulmonary: no respiratory distress, normal respiratory rhythm and effort and clear bilateral breath sounds
Heart: heart rate and rhythm were normal, normal S1 and S2, no gallops, no murmurs and no pericardial rub
Vascular: there was no peripheral edema
Abdomen: normal bowel sounds, soft, non-tender, no hepato-splenomegaly and no abdominal mass palpated. No CVA tenderness
Musculoskeletal: normal gait, normal movements of all extremities, muscle strength and tone were normal, no involuntary movements were seen and no clubbing or cyanosis of the fingernails. Lumbar flexion slightly decreased to 80/85°. Rotation normal but does increase pain on LEFT and RIGHT rotation at the RIGHT flank area. Heel and toe walk normal. Straight leg raise negative
Skin: normal skin color and pigmentation, normal skin turgor and no rash
Neurological: deep tendon reflexes were 2+ and symmetric and the motor exam was normal
Psychiatric: oriented to person, place, and time, the affect was normal and the mood was normal

Assessment

Right flank pain (785 09) (R10.9)
Dysphagia (787 20) (R13.10)

Plan

Right flank pain

- Start: Tamsulosin HCl - 0.4 MG Oral Capsule, TAKE 1 TABLET BY MOUTH DAILY
Rx By Nagel, Terry L. Dispense: 0 Days, # 15 Capsule, Refill: 0, For: Right flank pain, DAW = N, Verified Transmission to WALGREENS DRUG STORE 11362, Last Updated By: System, SureScripts: 4/20/2017 12:25:24 PM
- CT Abdomen/Pelvis Calc., Stone Without Contrast, Status: Hold For - Financial Auth., Schedule Imaging, Requested for: 20Apr2017;
Perform LMC Radiology, Due: 20May2017; Last Updated By: Dowling, Cara D., 4/20/2017 12:25:23 PM, Ordered, For: Right flank pain, Ordered By: Nagel, Terry L.

MR Abdomen AP KUB, Status: Hold For - Perform; Requested for: 20Apr2017
Perform InOffice-LFP White Knob, Due: 20May2017, Last Updated By: Dowling, Cara D., 4/20/2017 11:51:49 AM, Ordered,
For: Right flank pain, Ordered By: Nagel, Terry L.
Gastroenterology Referral - Out of Network Evaluation and Treatment, Outside Network Ref-Specialty Unavailable
Status: Need Information - Required information, Financial Authorization, Requested for: 20Apr2017
Ordered;
For: Dysphagia, Ordered By: Nagel, Terry L. Performed, Due: 20May2017, Last Updated By: Dowling, Cara D., 4/20/2017 11:54:16 AM
UA W/O micro (in-office) - UA10, Status: Hold For - Specimen/Data Collection, Requested for: 20Apr2017
Perform LMC Lab, Due: 20May2017, Last Updated By: Dowling, Cara D., 4/20/2017 12:11:56 PM, Ordered
For: Right flank pain, Ordered By: Nagel, Terry L.

Date of Service: 04/20/2017
Patient Name: TIMOTHY N. CLAYTON
Patient DOB: 03/15/1971
MR#: 1514508
Gender: M
Provider: Terry L. Nagel D.O.

Discussion/Summary

Cannot rule out distal RIGHT ureter stone approximately 2 centimeters above the RIGHT ureteropelvic junction. Will set patient up for CT scan to further evaluate his flank pain and hematuria. Side effects of medication discussed, drowsiness precautions. Patient with dysphagia, continue Protonix. Will need further evaluation with GI. Reflux precautions.

Signatures

Documentation scribed by Cara Dowling, MOT for Terry Nagel, DO 04/20/17 11:30 AM
I have reviewed the above documentation and agree that it is accurate.

Electronically signed by : Terry Nagel, D.O. Apr 20 2017 2:14PM EST



A Lexington Medical Center Family Practice

Lexington County Health Svcs
2720 Sunset Boulevard
West Columbia, SC 29169
(803) 791-2000

Patient: TIMOTHY CLAYTON
249 BRIDLERIDGE ROAD
LEXINGTON, SC 29073

DOS: 04/20/2017
DOB: 03/15/1971
Gender: M
MR#: 1514508
Provider: Terry L. Nagel D O

TIMOTHY CLAYTON
249 BRIDLERIDGE ROAD
LEXINGTON, SC 29073

Apr 20, 2017

Re: Mr. TIMOTHY CLAYTON

To Whom It May Concern

The above named patient was in my office on Apr 20, 2017. For medical reasons, it is advised that this patient be out of work beginning 04/20/2017 until 04/20/2017.

If you should have any questions, please feel free to contact my office at the number listed above.

Sincerely,

Terry Nagel

Electronically signed by: Angie Nelson, M.D.A. Apr 20, 2017 12:32PM EST

(Author)

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21

21

Patient Demographics

Address 249 BRIDLERIDGE ROAD LEXINGTON SC 29073	Phone 803-466-5413 (Home) 803-466-5413 (Mobile)	E-mail Address Claytonk@aol.com
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Admission Information - Patient Record Only

Arrival Date/Time: 08/22/2017 1224	Admit Date/Time: 08/22/2017	IP Adm. Date/Time
Admission Type: Means of Arrival:	Point of Origin: Primary Service:	Admit Category: Secondary Service N/A
Transfer Source: Admit Provider: Shaikham, Kevin Q. MD	Service Area: Attending Provider:	Unit: Referring Provider:

Discharge Information - Patient Record Only

Discharge Date/Time None	Discharge Disposition None	Discharge Destination None	Discharge Provider None	Unit Lfp - White Knoll
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Progress Notes

Progress Notes by Shaikham, Kevin Q, MD on 08/22/17 1639

Author: Shaikham, Kevin Q, MD	Service: (none)	Author Type: Physician
Filed: 08/22/17 1639	Encounter Date: 8/22/2017	Status: Signed
Editor: Shaikham, Kevin Q, MD (Physician)		

Subjective

Patient is a 46 y.o. male. Who had a cortisone injection a few weeks ago and ended up having a seizure. He states that he went to the hospital, he is unsure of which hospital and they adjusted the medications that he was on for his psychiatric disorders to help with his seizures. He states he isn't having difficulty with vision in his psychiatrist adjusted the medications downward. He is unable to give specifics about anything. He states that he saw a neurologist. He thinks that he has imaging of his head ordered. He was told that he could not drive for 6 weeks. He works as a heavy equipment mechanic. He does not feel he can climb up and do his job at this time. He also is complaining of chronic back pain. He wants to file for disability.

Past Medical History:

Diagnosis

- | | |
|--|------|
| • Anxiety | Date |
| • Back pain | |
| • GERD (gastroesophageal reflux disease) | |
| • Systemic lupus erythematosus | |

Past Surgical History

Procedure

- | | | |
|---|------------|------|
| • LITHOTRIPSY | Laterality | Date |
| • URETERAL STENT PLACEMENT
removed since | | |

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• clobetasol (OLUX) 0.05 % topical foam	Apply 1 Pump topically 2 (two) times daily.	100 g	0
• diazepam (VALIUM) 10 mg tablet	Take 0.5-1 tablets by mouth 3 (three) times		0

Progress Notes (continued)

Progress Notes by Shalkham, Kevin Q, MD on 03/22/17 1639 (continued)

- | | | |
|---|---|---|
| • lamoTRIgine (LAMICTAL) 100 mg tablet | daily.
Take 1 tablet by mouth daily. | |
| • meloxicam (MOBIC) 7.5 mg tablet | Take 1 tablet by mouth 2 (two) times daily. | 0 |
| • pantoprazola (PROTONIX) 40 mg EC tablet | Take 1 tablet by mouth daily. | |
| • QUETiapine (SEROQUEL) 25 mg tablet | Take 1 tablet by mouth every evening. | |

No current facility-administered medications for this visit.

Chief Complaint

Patient presents with

- Back Pain
- Anxiety

Vitals:

03/22/17 1229
 BP: 128/80
 BP Location: Left arm
 Patient: Sitting
 Position:
 Pulse: 73
 Temp: 98.9 °F (37.2 °C)
 TempSrc: Oral
 SpO2: 100%
 Weight: 68 kg (150 lb)
 Height: 5' 6.83" (1.698 m)

HPI

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue and fever.

HENT: Negative for congestion, ear pain, facial swelling, hearing loss, mouth sores, rhinorrhea, sinus pressure, sore throat and tinnitus.

Eyes: Negative for discharge and itching.

Respiratory: Negative for chest tightness, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for abdominal pain, constipation, diarrhea and nausea.

Endocrine: Negative for cold intolerance, heat intolerance, polydipsia, polyphagia and polyuria.

Genitourinary: Negative for difficulty urinating, dysuria, flank pain, frequency and urgency.

Musculoskeletal: Negative for arthralgias, gait problem, joint swelling and myalgias.

Skin: Negative for color change and rash.

Allergic/Immunologic: Negative for environmental allergies, food allergies and immunocompromised state.

Neurological: Positive for ~~vertigo~~. Negative for dizziness, tremors, syncope, speech difficulty, weakness, light-headedness, numbness and headaches.

Hematological: Negative for adenopathy. Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for agitation, confusion, hallucinations, sleep disturbance and suicidal ideas.

Generated on 10/9/2017 9:52 PM

Page 2

Progress Notes (continued)

Progress Notes by Shaikham, Kevin Q, MD on 08/22/17 1639 (continued)

The patient is not nervous/anxious and is not hyperactive.

Reviewed and updated this visit by provider:

Objective

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.
HEENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae are normal.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. He is not diaphoretic.

Psychiatric: He has a normal mood and affect. His speech is normal and behavior is normal. Thought content normal.

Vitals reviewed.

Assessment/Plan

Diagnoses and all orders for this visit:

Seizure disorder

I did fill out some of his paperwork for him. A do feel it is more appropriate for his paperwork to be filled out by his psychiatrist or neurologist. He would is a poor historian today. I've asked him to return with his wife. I've also requested that he get records from his hospital stay.
Shaikham, Kevin Q, MD

Electronically Signed by Shaikham, Kevin Q, MD on 08/22/17 1639

ED Provider Notes

No notes of this type exist for this encounter

UC Provider Notes

No notes of this type exist for this encounter

Discharge Summaries

No notes of this type exist for this encounter

History & Physicals

No notes of this type exist for this encounter

Encounter-Level H&P Scans:

There are no encounter-level h&p scans

Operative Notes

No notes of this type exist for this encounter

Procedure Notes

No notes of this type exist for this encounter.

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Delivery Notes

No notes of this type exist for this encounter.

Consult Notes

No notes of this type exist for this encounter.

Results

No matching results found

Patient-Level E-Signatures:

There are no patient-level e-signatures.

Hospital Account-Level E-Signatures:

There are no hospital account-level e-signatures.

Encounter-Level E-Signatures:

There are no encounter-level e-signatures

Encounter-Level Documents:

There are no encounter-level documents.

Patient Demographics

Name	Patient ID	SSN	Sex	Birth Date
Clayton Timothy N	M000342704	XXX-XX-XXXX	Male	03/15/71 (47 yrs)
Address	Phone	Email	Employer	
249 BRIDLERIDGE ROAD LEXINGTON SC 29073	803-466-5413 (H) 803-466-5413 (M)	Claytontk@abl.com		
Reg Status	PCP	Date Last Verified	Next Review Date	
Verified	Shankham, Kevin Q, MD803-951-1880	04/06/18	05/06/18	

Admission Information - Patient Record Only

Admit Date/Time	08/29/2017 1054	Admit Date/Time	08/29/2017	P Adm Date/Time	
Admission Type		Point of Origin		Admit Category	NA
Means of Arrival		Primary Service		Secondary Service	
Transfer Source		Service Area		Unit	
Admit Provider	Shankham, Kevin Q, MD	Attending Provider		Referring Provider	

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	LFP - White Knot

Allergies as of 8/29/2017

Cortisone	Noted	Reaction Type	Review Complete On: 8/29/2017 By: Shankham, Kevin Q, MD	Reactions	Deletion Reason
SEIZURE	08/22/2017	Intolerance		Other (See Comments)	
Statins				Other (See Comments)	
Omeprazole				Rash	

Medical as of 8/29/2017

<u>Past Medical History</u>	<u>Date</u>	<u>Comments</u>	<u>Source</u>
Anxiety [F41.9]			Provider
Back pain [M54.9]			Provider
GERD (gastroesophageal reflux disease) [K21.9]			Provider
Systemic lupus erythematosus [M32.9]			Provider

Surgical as of 8/29/2017

<u>Past Surgical History</u>	<u>Laterality</u>	<u>Date</u>	<u>Comments</u>
LITHOTRIPSY [SUR334]			removed since
URETERAL STENT PLACEMENT [SHX022]			

Problem List

	<u>Noted</u>	<u>Resolved</u>
Anxiety disorder	8/22/2017 by Shankham, Kevin Q, MD	No
Elevated transaminase level	8/22/2017 by Shankham, Kevin Q, MD	No
GERD without esophagitis	8/22/2017 by Shankham, Kevin Q, MD	No
Headache	8/22/2017 by Shankham, Kevin Q, MD	No
Mondor's disease	8/22/2017 by Shankham, Kevin Q, MD	No
Systemic lupus erythematosus	8/22/2017 by Shankham, Kevin Q, MD	No
Strain of thoracic region	8/22/2017 by Shankham, Kevin Q, MD	No
Low back pain	8/22/2017 by Shankham, Kevin Q, MD	No
Occasional cigarette smoker	8/22/2017 by Shankham, Kevin Q, MD	No

Family History as of 8/29/2017

<u>Problem</u>	<u>Relation</u>	<u>Age of Onset</u>	<u>Comments</u>
Anxiety disorder	Brother		
Anxiety disorder	Father		
Anxiety disorder	Mother		
Depression	Mother		
Hyperhidrosis	Maternal Grandfather		
Hyperhidrosis	Maternal Grandmother		

Family History as of 8/29/2017 (continued)

Problem	Relation	Age of Onset	Comments
Hypertension	Mother		
Hypertension	Sister		
Mental illness	Father		
Seizures	Paternal Grandmother		

ED Records

ED Arrival Information

Patient not seen in ED

Chief Complaint History

User	Date & Time
Fowler, Eric B, RN	8/29/2017 11:03 AM
Chief Complaint	
Follow-up	
Comment: 1 week	
Seizure Disorder	

ED Notes

No notes of this type exist for this encounter

Urgent Care Notes

Urgent Care Notes

No notes of this type exist for this encounter

Encounter Notes

Encounter Notes

Progress Notes by Shalkham, Kevin Q. MD on 03/29/17 1156

Author: Shalkham, Kevin Q. MD
 E: 42 03/29/17 1156
 E: Kevin Q. Shalkham, Kevin Q. MD (Physician)

Service: (none)
 Encounter Date: 3/29/2017

Author Type: Physician
 Status: Signed

Version: 1 of 1

Subjective^[KS1 1]
 Patient is a^[EF1 1] 46 y.o. male^[KS1 1],^[EF1 1] Who states that he had a cortisone injection went to the checkout desk he said that he did not feel well and went to sit down. His wife states that his eyes rolled back and he had a tonic clonic seizure for 1 minute and was out of it for about 20 minutes. ER did initial eval. He went to neurology. They where told tha it would take up to 1 month to be called for MRI and EEG. The neurologist increased his lamictal by 100. When they increased his dose he had difficulty seein go they dropped his dose back down. Wife is concerned with his lack of apatitie since April. He has lost 30lbs over the last 1.5 years. His wife states thsi has all happened since the cortisone injection. She thought it was psychologocal so she has taken him back to Psych x 2 and they do not want to change meds.^[KS1 2] His wife is also worried as he had a history of tuberculosis treated at 19. Questionable whether this was latent or active. She is worried this is contributing to his weight loss.^[KS1 3]

Past Medical History:

Diagnosis

- Anxiety
- Back pain
- GERD (gastroesophageal reflux disease)
- Systemic lupus erythematosus

Date

Past Surgical History:

Procedure

- LITHOTRIPSY
- URETERAL STENT PLACEMENT
removed since

Laterality

Date

Current Outpatient Prescriptions

Medication

Medication	Sig	Dispense	Refill
• clobetasol (OLUX) 0.05 % topical foam	Apply 1 Pump topically 2 (two) times daily.	100 g	0
• diazepam (VALIUM) 10 mg tablet	Take 0.5-1 tablets by mouth 3 (three) times daily.		0
• lamotrigine (LAMICTAL) 100 mg tablet	Take 1 tablet by mouth daily.		
• meloxicam (MOBIC) 7.5 mg tablet	Take 1 tablet by mouth 2 (two) times daily.		0
• pantoprazole (PROTONIX) 40 mg EC tablet	Take 1 tablet by mouth daily.		
• QUetiapine (SEROQUEL) 25 mg tablet	Take 1 tablet by mouth every evening.		

No current facility-administered medications for this visit.

Chief Complaint

Patient presents with

- Follow-up

Encounter Notes (continued)

Progress Notes by Shelkham, Kevin D, MD on 03/29/17 11:56 (continued)

1 week

Version 1.3.1

• Seizure Disorder

Vitals:

03/29/17 11:00
 BP: 128/78
 BP Location: Left arm
 Patient: Sitting
 Position:
 Pulse: 72
 Temp: 97.7 °F (36.5 °C)
 TempSrc: Oral
 SpO2: 98%
 Weight: 69.1 kg (152 lb 6.4 oz)
 Height: 5' 6.83" (1.697 m)

HPI

Review of Systems

Constitutional: Positive for unexpected weight change. Negative for activity change.
 appetite change, fatigue and fever.
 HENT: Negative for congestion, ear pain, facial swelling, hearing loss, mouth sores, rhinorrhea, sinus pressure, sore throat, and tinnitus.
 Eyes: Negative for discharge and itching.
 Respiratory: Negative for chest tightness, shortness of breath, and wheezing.
 Cardiovascular: Negative for chest pain and leg swelling.
 Gastrointestinal: Negative for abdominal pain, constipation, diarrhea, and nausea.
 Endocrine: Negative for cold intolerance, heat intolerance, polyphagia, and polyuria.
 Genitourinary: Negative for difficulty urinating, dysuria, flank pain, frequency, and urgency.
 Musculoskeletal: Negative for arthralgias, gait problem, joint swelling, and myalgias.
 Skin: Negative for color change and rash.
 Allergic/Immunologic: Negative for environmental allergies, food allergies, and immunocompromised state.
 Neurological: Positive for seizures. Negative for dizziness, tremors, syncope, speech difficulty, weakness, light-headedness, numbness, and headaches.
 Hematological: Negative for adenopathy. Does not bruise/bleed easily.
 Psychiatric/Behavioral: Negative for agitation, confusion, hallucinations, sleep disturbance, and suicidal ideas. The patient is not nervous/anxious and is not hyperactive.

Reviewed and updated this visit by provider.

Objective

Generated on 4/24/2018 12:10 AM

Encounter Notes (continued)

Progress Notes by Shalkham, Kevin Q, MD on 08/29/17 1156 (continued)

Version 1 of 1

Physical Exam

Constitutional: He is^[KS1.2] oriented to person, place, and time^[KS1.3]. He appears^[KS1.2] well-developed^[KS1.3] and^[KS1.2] well-nourished^[KS1.3].

HENT:

Head:^[KS1.2] Normocephalic^[KS1.2] and^[KS1.2] atraumatic^[KS1.3].

Eyes:^[KS1.2] Conjunctivae^[KS1.3] are normal

Cardiovascular:^[KS1.2] Normal rate^[KS1.3] and^[KS1.2] regular rhythm^[KS1.3].

Pulmonary/Chest:^[KS1.2] Effort normal^[KS1.3] and^[KS1.2] breath sounds normal^[KS1.3].

Abdominal:^[KS1.2] Soft^[KS1.3].

Neurological: He is^[KS1.2] alert^[KS1.3] and^[KS1.2] oriented to person, place, and time^[KS1.3].

Skin: Skin is^[KS1.2] warm^[KS1.3] and^[KS1.2] dry^[KS1.3]. He is^[KS1.2] not diaphoretic^[KS1.3].

Psychiatric: He has a^[KS1.2] normal mood and affect^[KS1.3]. His^[KS1.2] speech is normal^[KS1.3] and^[KS1.2] behavior is normal^[KS1.3].^[KS1.2] Thought content^[KS1.3] normal.^[KS1.2]

Vitals^[KS1.3] reviewed.^[KS1.2]

Assessment/Plan

Diagnoses and all orders for this visit:

Weight loss

- CBC; Future
- Comprehensive Metabolic Panel; Future
- Thyroid Profile; Future
- XR Chest PA and Lateral

Seizure

- MRI Brain Without Contrast; Future
- Referral to Neurology; Future

Encounter for health maintenance examination

- Lipid Panel; Future^[KS1.1]

we will get MRI of his brain. He will be referred to a new neurologist as he is having difficulty getting back in with his original. His weight loss is likely secondary to him not eating. Evaluation will be undertaken as above. If no etiology is found, I do recommend that he follows up with his psychiatrist as he feels that he is not eating because he is too anxious.^[KS1.3]

Shalkham, Kevin Q, MD^[KS1.1]

Encounter - Progress by Shalkham, Kevin Q, MD on 08/29/17 1156

Revision History

User Key	Date/Time	User	Provider Type	Action
> KS1.1	08/29/17 1156	Shalkham, Kevin Q, MD	Physician	Sign
KS1.2	08/29/17 1154	Shalkham, Kevin Q, MD	Physician	Sign
KS1.3	08/29/17 1125	Shalkham, Kevin Q, MD	Physician	
EP1.1	08/29/17 1103	Power, Eric B, RN	Registered Nurse	Sign at case encounter

Surgery Report

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Surgery Report (continued)

Anesthesia Post-Op Notes (continued)

Lab - Clinical Orders

Lipid Panel [16507621]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 11:39
Ordering user: Shaikham, Kevin Q, MD 08/29/17 11:39
Authorized by: Shaikham, Kevin Q, MD
Frequency: 08/29/17
Diagnosis:
Encounter for health maintenance examination [Z00.00]
Ordering provider: Shaikham, Kevin Q, MD
Status: Completed

CBC [16507617]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 11:36
Ordering user: Shaikham, Kevin Q, MD 08/29/17 11:36
Authorized by: Shaikham, Kevin Q, MD
Frequency: 08/29/17
Diagnosis:
Weight loss [R53.4]
Ordering provider: Shaikham, Kevin Q, MD
Status: Completed

Comprehensive Metabolic Panel [16507618]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 11:36
Ordering user: Shaikham, Kevin Q, MD 08/29/17 11:36
Authorized by: Shaikham, Kevin Q, MD
Frequency: 08/29/17
Diagnosis:
Weight loss [R53.4]
Ordering provider: Shaikham, Kevin Q, MD
Status: Completed

Thyroid Profile [16507619]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 11:36
Ordering user: Shaikham, Kevin Q, MD 08/29/17 11:36
Authorized by: Shaikham, Kevin Q, MD
Frequency: 08/29/17
Diagnosis:
Weight loss [R53.4]
Ordering provider: Shaikham, Kevin Q, MD
Status: Completed

Imaging - Clinical Orders

MRI Brain Without Contrast [16507616]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 11:36
Ordering user: Shaikham, Kevin Q, MD 08/29/17 11:36
Authorized by: Shaikham, Kevin Q, MD
Frequency: 08/29/17
Diagnosis:
Seizure [R56.0]
Screening Form
Ordering provider: Shaikham, Kevin Q, MD
Status: Completed

General Information

Patient Name: Clayton, Timothy N
Date of Birth: 3/15/1971
Sex: Male

MRN: M000342704
Home Phone: 803-466-5413
Mobile: 803-466-5413

Procedure

MRI BRAIN W/O CONTRAST

Ordering Provider

Shaikham, Kevin Q, MD
0803-951-1880

Authorizing Provider

Shaikham, Kevin Q, MD
0803-951-1880

Appointment Information

11/17/2017 8:00 AM
LMC LEXINGTON, MR-1
LMC LEXINGTON - MR

Screening Form Questions

Who is answering the questions?	Answer	Comment
Does the patient have a pacemaker (or defibrillator)?	No	
Has the patient had any heart surgery?	No	
List any implants		
Has the patient had any brain/head surgery?	No	
List any implants		
Does the patient have any ear implants?	No	

Imaging - Clinical Orders (continued)

MPI Brain Without Contrast [16507616] (continued)

Does the patient have any hearing aids? No
 Has the patient had any injury to their eyes for which they sought medical attention? No
 Does the patient have any cuts, scrapes, wounds or surgical scars? No
 Does the patient have any implanted/detached stimulators or pumps? No
 Is the patient receiving any medication through a patch? No
 Does the patient have any removable dental work? No
 Does the patient have any body enhancements including permanent makeup, tattoos, piercings, etc. No
 Please List:
 Does the patient have any other implants or devices (pins, screws, birth control, etc)? No
 Are you wearing colored contacts? No
 Does the patient have anything else in their body that they were not born with? No
 Please List:
 MRI Safety Screening Technologist

WILSON, RACHELLE M

Proceed with Exam

Proceed?	User	Time
Proceed	Wilson, Rachelle M	11/17/2017 08:04 AM EST

 Patient Signature

 Date

 MRI Safety Officer Signature

 Date

XR Chest PA and Lateral [16507620]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 11:36
 This order may be acted on in another encounter.
 Ordering user: Shaikham, Kevin Q, MD 08/29/17 11:36
 Authorized by: Shaikham, Kevin Q, MD
 Frequency: 08/29/17
 Diagnosis:
 Weight loss (R53.4)

Ordering provider: Shaikham, Kevin Q, MD

Status: Completed

Outpatient Referral - Other Orders

Referral to Neurology [16507622]

Electronically signed by: Shaikham, Kevin Q, MD on 08/29/17 11:39
 Ordering user: Shaikham, Kevin Q, MD 08/29/17 11:39
 Authorized by: Shaikham, Kevin Q, MD
 Frequency: 08/29/17
 Diagnosis:
 Seizure (R56.9)
 O-30 components
 maska

Ordering provider: Shaikham, Kevin Q, MD

Status: Active

Clinical Lab Results

Lab, Radiology, ECG/EMG and Cardiac Results

KR Chest PA and Lateral [16507620]

Requesting Provider	Shankam, Pev H Q MD	Performed	03/29/17 1156 - 03/29/17 1157	Resulted: 05/31/17 0923, Result Status: Final result
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Lipid Panel [16507623] (Abnormal)

Requesting Lab	LEXINGTON MEDICAL CENTER	Resulted: 05/26/17 2023, Result Status: Final result
----------------	--------------------------	--

Type	Source	Collected On
SERUM		03/29/17 1146

Components	Value	Reference Range	Flag	Lab
Cholesterol Comment	230	<200 mg/dL	H	LMC
Desirable <200 mg/dL Borderline high 200-239 mg/dL High >240 mg/dL				
Triglycerides Comment	127	<150 mg/dL		LMC
Normal <150 mg/dL Borderline high 150-199 mg/dL High 200-499 mg/dL				
HDL Cholesterol Comment	53	>40 mg/dL		LMC
Low <40 mg/dL WNL 40-59 mg/dL High if negative risk >60 mg/dL				
LDL Cholesterol Comment	150	<130 mg/dL	H	LMC
Optimal <100 mg/dL Near optimal 100-129 mg/dL Borderline high 130-159 mg/dL High 160-189 mg/dL Very high >190 mg/dL Goals for therapy depend on NCEP Risk Category.				
Non-HDL Cholesterol Comment	177.0	mg/dL		LMC
Goals for therapy are determined by adding 30 mg/dL to LDL goals for respective NCEP Risk Category.				
VLDL	25	mg/dL		LMC
LDL:HDL RATIO	2.9	<3.55		LMC
TOT:HDL RATIO	4.3	<4.97		LMC

Comprehensive Metabolic Panel [16507625]

Requesting Lab	LEXINGTON MEDICAL CENTER	Resulted: 03/29/17 2023, Result Status: Final result
----------------	--------------------------	--

Type	Source	Collected On
SERUM		03/29/17 1146

Components	Value	Reference Range	Flag	Lab
Glucose	89	70 - 99 mg/dL		LMC
Sodium	137	136 - 145		LMC
Potassium	4.2	3.5 - 5.1		LMC
Chloride	101	98 - 107		LMC
CO2	26	21 - 32		LMC
Anion Gap	7	5 - 16		LMC
BUN	9	7 - 18 mg/dL		LMC

Lab, Radiology, ECG/EMG and Cardiac Results (continued)

Comprehensive Metabolic Panel [16507625] (continued)

Component	Value	Reference Range	Flag	Lab
Creatinine	1.0	0.6 - 1.3 mg/dL		LMC
Calcium	9.7	8.5 - 10.1 mg/dL		LMC
Bilirubin Total	0.6	0.2 - 1.0 mg/dL		LMC
Total Protein	7.8	6.4 - 8.2 g/dL		LMC
Albumin	4.4	3.4 - 5.0 g/dL		LMC
AST	14	10 - 37 U/L		LMC
ALT	24	14 - 60 U/L		LMC
Alkaline Phos	83	45 - 117 U/L		LMC
eGFR	>60	>60 mL/min/1.73 sqm		LMC
Comments	(Multiply result X 1.2 if Afr. Am.)			

Resulted: 03/29/17 2023, Result status: Final result

Thyroid Profile [16507626]

Resulting lab: LEXINGTON MEDICAL CENTER
 Specimen Collection: SERUM
 Type: SERUM
 Source: LEXINGTON MEDICAL CENTER
 Collected On: 03/29/17 11:45

Resulted: 03/29/17 2023, Result status: Final result

Component	Value	Reference Range	Flag	Lab
Free T4	1.05	0.75 - 1.46 ng/dL		LMC
TSH	1.140	0.356 - 3.74		LMC

CBC [16507624]

Resulting lab: LEXINGTON MEDICAL CENTER
 Specimen Collection: Blood
 Type: Blood
 Source: LEXINGTON MEDICAL CENTER
 Collected On: 03/29/17 11:45

Resulted: 03/29/17 2023, Result status: Final result

Component	Value	Reference Range	Flag	Lab
WBC	6.4	4.0 - 11.0		LMC
RBC	5.03	4.50 - 6.10		LMC
HGB	15.0	13.5 - 18.0 g/dL		LMC
HCT	44.7	41.0 - 52.0 %		LMC
MCV	88.9	80.0 - 98.0		LMC
MCHC	29.6	27.0 - 32.0 pg		LMC
RDW	35.6	32.0 - 36.0 g/dL		LMC
RDW (SD)	12.7	11.5 - 14.5 %		LMC
PLT	41.5	35.1 - 43.9		LMC
MPV	28.1	130 - 400		LMC
NRSC AUTO	9.7	7.5 - 10.5		LMC
ABS NRSC AUTO	<2.0	<2 %		LMC
	NOT	<1		LMC
	APPLICABLE			LMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - LMC	LEXINGTON MEDICAL CENTER	Spaulding, Martha Louisa, MD [7405]	2720 Sunset Blvd West Columbia SC 29169	03/29/14 12:59 - Present

Medications

All Meds and Administrations
 (There are no med orders for this encounter)

Patient Education

Education
 No education to display

Lexington Medical Center

LCHSD SERVICE AREA
Entire Encounter

CLAYTON, TIMOTHY N
MRN: M000342704
DOB: 3/15/1971, Sex: M
Enc. Date: 08/29/17

Patient Education (continued)

Discharge Instructions

None

Clayton, Timothy N (MRN # M000342704)

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.
Most Recent After Visit Summary

Timothy N Clayton
8/29/2017 11:00 AM Office Visit

Description: 46 year old male
Provider: Shalkham, Kevin Q, MD
Department: LFP - White Knoll

Diagnoses this Visit

Weight loss - Primary
Seizure
Encounter for health maintenance examination

Comments

Vital Signs/Measurements

Most recent Update: 8/29/2017 11:02 AM by
Fowler, Eric B, RN

BP	Pulse	Temp	Ht	Wt	SpO2
128/78 (BP Location: Left arm, Patient Position: Sitting)	72	97.7 °F (36.5 °C) (Oral)	5' 6.83" (1.697 m)	69.1 kg (152 lb) 6.4 oz)	98%
BMI: 23.99 kg/m2					

Medications and Orders

Your Current Medications Are

clobetasol (OLUX) 0.05 % topical foam (Taking)	Apply 1 Pump topically 2 (two) times daily.
diazepam (VALIUM) 10 mg tablet (Taking)	Take 0.5-1 tablets by mouth 3 (three) times daily.
lacosamide (LAMICTAL) 100 mg tablet (Taking)	Take 1 tablet by mouth daily.
meloxicam (MOBIC) 7.5 mg tablet (Taking)	Take 1 tablet by mouth 2 (two) times daily.
pantoprazole (PROTONIX) 40 mg EC tablet (Taking)	Take 1 tablet by mouth daily.
quetiapine (SEROQUEL) 25 mg tablet (Taking)	Take 1 tablet by mouth every evening.

Orders placed at this visit

CBC
Comprehensive Metabolic Panel
Lipid Panel
Thyroid Profile
XR Chest PA and Lateral

To-Do List

Future Orders	Complete By	Expires
MRI Brain Without Contrast [IMG269 Custom]	As directed	9/29/2018
Referral to Gastroenterology [REF25 Custom]	As directed	4/29/2018
Referral to Neurology [REF45 Custom]	As directed	8/29/2018
Referral to Urology [REF106 Custom]	As directed	5/5/2018

Generated on 4/24/2018 12:10 AM

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Patient Education (continued)

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart. (continued)

We Performed the Following

- CBC [LAB294 Custom]
- Comprehensive Metabolic Panel [LAB17 Custom]
- Lipid Panel [LAB18 Custom]
- Thyroid Profile [LAB1924 Custom]
- XR Chest PA and Lateral [IMG36 Custom]

Allergies as of 8/29/2017

- Cortisone
- Statins
- Omeprazole

Immunizations Administered on Date of Encounter - 8/29/2017

None

Result Summary

Instructions on MyChart Enrollment

Thank you for enrolling in MyChart. Please follow the instructions below to securely access an abbreviated version of your online medical record. MyChart allows you to view certain test results, information about your hospital visit, and more.

How Do I Sign Up?

1. In your Internet browser, go to LexMed.com/MyChart.
2. Click on the Sign Up Now link in the New User? box.
3. Enter your MyChart Activation Code exactly as it appears below. You will not need to use this code after you have completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyChart Activation Code: Activation code not generated
Current MyChart Status: Active

4. Follow the prompts to complete signup.

Additional Information

If you have questions regarding the MyChart patient portal, please call the MyChart Support Line at 803-791-2300

M-F between 8 am and 4:30 pm. The MyChart Support Line is staffed to provide assistance limited to the patient portal.

For medical emergencies, please dial 911.

Timothy N Clayton

Oncology

Generated on 4/24/2015 12:10 AM

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Oncology (continued)

Timothy N. Clayton does not have an active treatment plan of type ONCOLOGY TREATMENT in this episode.

Flowsheet Data

All Flowsheet Data (08/29/17 0000--08/29/17 2359)

Encounter Vitals

02/29/17 1100	
Enc Vitals	
SP	120/78 -EF
Pulse	72 -EF
Temp	97.7 F (36.5 C) -EF
Temp Site	Ora -EF
SrO2	96 % -EF
Weight	69.1 kg (152 lb 6.4 oz) -EF
Height	5'6.83" (1.697 m) -EF
Vital Signs	
BP Location	Left arm -EF
Patient Position	Sitting -EF

Custom Formula Data

03/29/17 1100	
OTHER	
Low Range (L) Boole	354.26 mL -EF
Adult Moderate Range (M) Boole	525.68 mL -EF
Adult High Range (H) Boole	637.1 mL -EF
IBW	67.06 -EF
BGA (Calculated) %	1.81 sq meters -EF
BMI (Calculated)	24 -EF
IBW kg (Calculated)	65.71 kg -EF
Male	
IBW kg (Calculated) FEMALE	61.21 kg -EF
Weight (lb) in male	146.5 -EF
BMI > 25	
BMI	24 -EF
Ideal Body Weight (kg)	65.67 kg -EF
Ideal Body Weight (lb)	146.58 lb -EF
Percent Ideal Body Weight	103.69 Percent -EF
Excess Body Weight (kg)	2.44 kg -EF
Excess Body Weight (lb)	5.42 lb -EF
Percent Weight	0 -EF
Percent Excess Body Weight	
IBW kg (Calculated)	65.71 -EF
Adult IBW/WT Calculations	
IBW percentage	97.10 85 -EF

Anthropometrics

08/29/17 1100	
Anthropometrics	
Height	5'6.83" (1.697 m) -EF
Weight	69.1 kg (152 lb 6.4 oz) -EF
Weight Change	0 % -EF
BMI (Calculated)	24 -EF

User Key

Initials	Name	Effective Dates	(R) = Recorded By (T) = Taken By (C) = Calculated By
EF	Fowler, Eric B, RN	04/12/17 - 08/13/17	

Flowsheet Row Details (all recorded)

BMI	Effective: 02/03/16	Row Information
		BMI = Body Mass Index (Weight Scale: 35.27; Height: 0.025412) Threshold of overweight (BMI >= 25)

BMI (continued)

Effective: 02/03/16

Kg/m source: http://www.cdc.gov/nchs/od/dnpa/oh/adult_BMI/about_adult_BMI.htm

BMI (Calculated)

Effective: 06/02/06

Row Information

BMI=Body Mass Index
Scale/35.2/(Height*0.0254)²
Threshold of overweight (BMI) is 25
Kg/m
source: http://www.cdc.gov/nchs/od/dnpa/oh/adult_BMI/about_adult_BMI.htm

BP

Warning Min/Max

95 / 200

10 / 50

Absolute Min/Max

0 / 500

0 / 300

Systolic

Diastolic

BP Location

Effective: 06/02/06

Right arm

Left arm

Right leg

Left leg

Other (Comment)

BSA (Calculated - sq m)

Effective: 06/02/06

Row Information

BSA=Body Surface Area
BSA (sq meters) = sqrt(Height (cm) x Weight (kg)/7200)
BSA is calculated using the Mosteller Formula. Mosteller RD. Simplified Calculation of Body Surface Area. N Engl J Med. 1987 Oct 22;317(17):1099

Height

Warning Min/Max

1'0.305 m) / 6' (2.438 m)

Absolute Min/Max

1.18" (0.03 m) / 6' 10.11" (3 m)

Ideal Body Weight (kg)

Effective: 02/03/16

Row Information

Female: IBW= 100 + (5 x # of inches over 50) Male: IBW= 106 + (5 x # of inches over 60)

Ideal Body Wgt (lb)

Effective: 02/03/16

Row Information

Female: IBW= 100 + (5 x # of inches over 50) Male: IBW= 106 + (5 x # of inches over 60)

Patient Position

Effective: 01/05/07

Lying

Sitting

Standing

Pulse

Warning Min/Max

50 / 200

Absolute Min/Max

0 / 500

SpO2

Warning Min/Max

90 % / 100 %

Absolute Min/Max

0 % / 100 %

Temp

Warning Min/Max

90 °F (33 °C) / 105 °F (40.5 °C)

Absolute Min/Max

8 °F (-17.8 °C) / 150 °F (65.5 °C)

Temp src

Oral = Oral

Tympanic = Tympanic

Rectal = Rectal

Artery = Artery

Temporal = Temporal

Bladder = Bladder

Temp src (continued)

Esophageal = Esophageal

Weight

Warning Min/Max

5 lb (2.268 kg) / 300 lb (136.1 kg)

Absolute Min/Max

0.1 oz (0.028 kg) / 1500.5 (680.4 kg)

Weight in (lb) to have BMI = 25

Effective: 09/15/10

Row Information

Uses height to find what their weight would need to be in order to have a BMI of 25

Flowsheet Notes

No notes of this type exist for this encounter

Patient-Level E-Signatures:

There are no patient-level e-signatures

Hospital Account-Level E-Signatures:

There are no hospital account-level e-signatures

Encounter-Level E-Signatures:

There are no encounter-level e-signatures

All Scans

Encounter-Level Documents:

There are no encounter-level documents

Order-Level Documents:

There are no order-level documents

Patient-Level Documents:

Insurance Authorization - Scan on 8/31/2017 11:49 - Perspective Content Scan below

Admission Information - Patient Record Only

Adm. Date/Time	10/25/2017 14:59	Adm. Date/Time	10/25/2017	IP Adm. Date/Time	
Admission Type		Point of Origin		Adm. Category	
Means of Arrival		Priority Service		Secondary Service	NA
Transfer Source		Service Area		Unit	
Admit Provider	Shakham, Kevin Q. MD	Attending Provider		Referring Provider	

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	LFP - White Knol

Allergies as of 10/25/2017

Allergy	Noted	Reaction Type	Reactions	Deletion Reason
Cortisone	08/22/2017	Intolerance	Other (See Comments)	
SEIZURE			Other (See Comments)	
Statins			Rash	
Omeprazole				

Medical as of 10/25/2017	Past Medical History	Date	Comments	Source Provider
	Anxiety [F41.9]			Provider
	Back pain [M54.9]			Provider
	GERD (gastroesophageal reflux disease) [K21.9]			Provider
	Seizures [R56.9]			Provider
	Systemic lupus erythematosus [M32.9]			Provider

Surgical as of 10/25/2017	Past Surgical History	Laterality	Date	Comments
	LITHOTRIPSY [SUR834]			removed since
	URETERAL STENT PLACEMENT [SHX822]			

Problem List

Problem	Noted	Resolved
Anxiety disorder	8/22/2017 by Shakham, Kevin Q. MD	No
Elevated transaminase level	8/22/2017 by Shakham, Kevin Q. MD	No
GERD without esophacitis	8/22/2017 by Shakham, Kevin Q. MD	No
Headache	8/22/2017 by Shakham, Kevin Q. MD	No
Mondor's disease	8/22/2017 by Shakham, Kevin Q. MD	No
Systemic lupus erythematosus	8/22/2017 by Shakham, Kevin Q. MD	No
Strain of thoracic region	8/22/2017 by Shakham, Kevin Q. MD	No
Low back pain	8/22/2017 by Shakham, Kevin Q. MD	No
Occasional cigarette smoker	8/22/2017 by Shakham, Kevin Q. MD	No

Family History as of 10/25/2017

Problem	Relation	Age of Onset	Comments
Anxiety disorder	Brother		
Anxiety disorder	Father		
Anxiety disorder	Mother		
Depression	Mother		
hyperlipidemia	Maternal Grandfather		
hyperlipidemia	Maternal Grandmother		
hyperlipidemia	Mother		
hyperlipidemia	Sister		
Mental illness	Father		
Seizures	Paternal Grandmother		

ED Records

ED Arrival Information

Patient not seen in ED

Chief Complaint History

Generated on 4/24/2016 12:10 AM

ED Records (continued)

Chief Complaint History (continued)

User	Date & Time
Rusinyak, Tiffani C, LPH	10/25/2017 3:13 PM
Chief Complaint	
Back Pain	
Comment: x several months. Patient wants to discuss treatment options.	
Extremity Weakness	
Comment: R leg weakness x 4 months	
User	Date & Time
Rusinyak, Tiffani C, LPH	10/25/2017 3:05 PM
Chief Complaint	
Back Pain	
Comment: x several months. Patient wants to discuss treatment options.	

ED Notes

No notes of this type exist for this encounter.

Urgent Care Notes

Urgent Care Notes

No notes of this type exist for this encounter.

Encounter Notes

Encounter Notes

Progress Notes by Shalkham, Kevin O, MD on 11/12/17 1454

Author: Shalkham, Kevin O MD	Service: (none)	Version: 1 of 1
Enc: 11/12/17 1454	Encounter Date: 10/25/2017	
Entire: Shalkham, Kevin O, MD (Physician)	Author Type: Physician	Status: Signed

Timothy N Clayton^[KS1.1] is a^[R1.1] 46 y.o. male^[KS1.1] who is here with low back pain. He began having low back pain on 3/28/17. He was lifting about 70-80 pounds and during that time he felt pain. He did go to the workers comp MD. On 6/8/17 he had a MRI. The MRI showed numerous Schmorls nodes it was recommended tha he have a serum protein electrophoresis ad a bone density scan. Mr Claylons says that he has had neither. He went to 12 weeks of PT with 2 sessions per week. He feels the PT made it worse. He states that on occasion he would drive home from PT and when he got out of his jeep he felt the left leg was gong to give out. He did receive a cortisone injection and has a seizure prior to leaving the office. He was on lamictal already for anxiety so psychiatry opted not to put him on any more medication.^[KS1.2]

Chief Complaint

Patient presents with

- Back Pain
x several months . Patient wants to discuss treatment options
- Extremity Weakness
R leg weakness x 4 months^[KS1.1]

HPI^[R1.1]

Vitals:

10/25/17 1505
 BP: 126/84
 BP Location: Left arm
 Pulse: 60
 Resp: 16
 Temp: 98.9 °F (37.2 °C)
 TempSrc: Oral
 SpO2: 99%
 Weight: 69.9 kg (154 lb 3.2 oz)
 Height: 5' 6" (1.676 m)

Past Medical History:

Diagnosis

- Anxiety
- Back pain
- GERD (gastroesophageal reflux disease)
- Seizures
- Systemic lupus erythematosus

Date

Past Surgical History:

Procedure

- LITHOTRIPSY
- URETERAL STENT PLACEMENT

Laterality

Date

Encounter Notes (continued)

Progress Notes by Bhalkham, Kevin G, MD on 11/12/17 1454 (continued)

removed since

Version 1.0

Current Outpatient Prescriptions:

- ALPRAZolam (XANAX) 2 mg tablet, Take 0.5 tablets by mouth 3 (three) times daily as needed., Disp: , Rfl: 0
- citalopram (CELEXA) 20 mg tablet, Take 1 tablet by mouth daily., Disp: , Rfl: 0
- clobetasol (OLUX) 0.05 % topical foam, Apply 1 Pump topically 2 (two) times daily., Disp: 100 g, Rfl: 0
- lamoTRigine (LAMICTAL) 100 mg tablet, Take 1 tablet by mouth daily., Disp: , Rfl:
- meloxicam (MOBIC) 7.5 mg tablet, Take 1 tablet (7.5 mg total) by mouth daily., Disp: 30 tablet, Rfl: 2
- pantoprazole (PROTONIX) 40 mg EC tablet, Take 1 tablet (40 mg total) by mouth daily., Disp: 30 tablet, Rfl: 5
- QUEtiapine (SEROQUEL) 25 mg tablet, Take 1 tablet by mouth every evening., Disp: , Rfl: 1

Review of Systems

Constitutional: Negative for activity change, appetite change, fatigue and fever.
 HENT: Negative for congestion, ear pain, hearing loss, rhinorrhea, sinus pressure, sore throat and tinnitus.
 Eyes: Negative for discharge and itching.
 Respiratory: Negative for chest tightness, shortness of breath and wheezing.
 Cardiovascular: Negative for chest pain and leg swelling.
 Gastrointestinal: Negative for abdominal pain, constipation, diarrhea and nausea.
 Endocrine: Negative for cold intolerance, heat intolerance, polydipsia and polyphagia.
 Genitourinary: Negative for difficulty urinating, dysuria, frequency and urgency.
 Musculoskeletal: Positive for back pain. Negative for arthralgias, gait problem, joint swelling and myalgias.
 Skin: Negative for color change and rash.
 Allergic/Immunologic: Negative for environmental allergies, food allergies and immunocompromised state.
 Neurological: Negative for dizziness, weakness and headaches.
 Hematological: Negative for adenopathy. Does not bruise/bleed easily.
 Psychiatric/Behavioral: Negative for dysphoric mood, sleep disturbance and suicidal ideas. The patient is not nervous/anxious.

Reviewed and updated this visit by provider:

Objective

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. Non-toxic appearance.
 HENT:
 Head: Normocephalic and atraumatic.
 Eyes: Conjunctivae are normal.
 Cardiovascular: Normal rate and regular rhythm.
 Pulmonary/Chest: Effort normal and breath sounds normal.
 Neurological: He is alert and oriented to person, place, and time.
 Skin: Skin is warm and dry. He is not diaphoretic.
 Psychiatric: He has a normal mood and affect. His speech is normal and behavior is normal. Thought content normal.
 Vitals reviewed.

Generated on 4/24/2018 12:13 AM

Encounter Notes (continued)

Progress Notes by Shaikhham, Kevin O, MD on 11/12/17 1454 (continued)

Version 1 of 1

Assessment/Plan
Diagnoses and all orders for this visit:

Anticonvulsant drug-induced bone softening

Abnormal MRI, lumbar spine

- Dexa Bone Density Spine and Hip; Future
- Total Vitamin D 25 Hydroxy; Future
- Basic Metabolic Panel; Future
- Protein Electrophoresis, serum; Future
- meloxicam (MOBIC) 7.5 mg tablet; Take 1 tablet (7.5 mg total) by mouth daily.

No Follow-up on file. [KS1 3]

Electronically Signed by Shaikhham, Kevin O, MD on 11/12/17 1454

Revision History

User Key	Date/Time	User	Provider Type	Action
> KS1 1	11/12/17 1454	Shaikhham, Kevin O, MD	Physician	Sign
KS1 3	11/12/17 1453	Shaikhham, Kevin O, MD	Physician	Sign
KS1 2	10/25/17 1537	Shaikhham, Kevin O, MD	Physician	Sign
TR1 1	10/25/17 1512	Rusinyak, Tiffan C, LPN	Licensed Nurse	Sign at case encounter

Surgery Report

Anesthesia Post-Op Notes

No notes of this type exist for this encounter.

Medications - Clinical Orders

meloxicam (MOBIC) 7.5 mg tablet [93904042]

Electronically signed by Shaikhham, Kevin O, MD on 10/25/17 1542
 Ordering user: Shaikhham, Kevin O, MD 10/25/17 1542
 Author: Shaikhham, Kevin O, MD
 Frequency: Daily 10/25/17 - Until Discontinued
 Diagnosis:
 - Abnormal MRI, lumbar spine [R93 7]

Ordering physician: Shaikhham, Kevin O, MD

Status: Active

Lab - Clinical Orders

Total Vitamin D 25 Hydroxy [90795733]

Electronically signed by Shaikhham, Kevin O, MD on 10/25/17 1542
 Ordering user: Shaikhham, Kevin O, MD 10/25/17 1542
 Author: Shaikhham, Kevin O, MD
 Frequency: 10/25/17
 Diagnosis:
 - Abnormal MRI, lumbar spine [R93 7]

Ordering physician: Shaikhham, Kevin O, MD

Status: Completed

Lab - Clinical Orders (continued)

Basic Metabolic Panel [90795734]

Electronically signed by: Shaikhnam, Kevin Q, MD on 10/25/17 1542	Ordering provider: Shaikhnam, Kevin Q, MD	Status: Completed
Ordering user: Shaikhnam, Kevin Q, MD 10/25/17 1542		
Authorized by: Shaikhnam, Kevin Q, MD		
Frequency: 10/25/17 -		
Diagnoses:		
Abnormal MRI, lumbar spine [R337]		

Protein Electrophoresis, serum [90795735]

Electronically signed by: Shaikhnam, Kevin Q, MD on 10/25/17 1542	Ordering provider: Shaikhnam, Kevin Q, MD	Status: Completed
Ordering user: Shaikhnam, Kevin Q, MD 10/25/17 1542		
Authorized by: Shaikhnam, Kevin Q, MD		
Frequency: 10/25/17 -		
Diagnoses:		
Abnormal MRI, lumbar spine [R337]		

Imaging - Clinical Orders

Dexa Bone Density Spine and Hip [90795732]

Electronically signed by: Shaikhnam, Kevin Q, MD on 10/25/17 1542	Ordering provider: Shaikhnam, Kevin Q, MD	Status: Completed
Ordering user: Shaikhnam, Kevin Q, MD 10/25/17 1542		
Authorized by: Shaikhnam, Kevin Q, MD		
Frequency: 10/25/17 -		
Diagnoses:		
Abnormal MRI, lumbar spine [R337]		

Other Orders

No orders found

Clinical Lab Results

Lab, Radiology, ECG/EMG and Cardiac Results

Protein Electrophoresis, serum [93904045]

Resulted: 10/27/17 07:21, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		10/25/17 15:43

Components

Value	Reference Range	Flag	Lab
Total Protein	7.5	6.4 - 8.2 g/dL	LMC
Albumin Fraction	4.92	3.50 - 5.40 g/dL	LMC
Alpha 1	0.32	0.20 - 0.40 g/dL	LMC
Alpha 2	0.71	0.50 - 1.00 g/dL	LMC
Beta	0.85	0.5 - 1.10 g/dL	LMC
Gamma Globulin	0.70	0.70 - 1.50 g/dL	LMC
ELECTROPHORESIS INTERPRETATION, SERUM			LMC

Normal serum protein pattern.
Reviewed by:
Beverly W.
Dane, MD

Total Vitamin D 25 Hydroxy [93904043]

Resulted: 10/25/17 19:00, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		10/25/17 15:43

Components

Value	Reference Range	Flag	Lab
Vitamin D, 25 Hydroxy Total	66.2	30 - 80 ng/mL	LMC

Deficiency: Less than 20 ng/mL
Insufficiency: 20-29 ng/mL
Sufficiency: 30-80 ng/mL
Potentially toxic: Greater than 150 ng/mL

Reference ranges are guidelines and vary between labs. 25(OH) Vit D levels are influenced by sun and UV exposure, race and dietary intake. Results should be used in conjunction with other clinical and lab data.

Basic Metabolic Panel [93904044]

Resulted: 10/25/17 19:22, Result status: Final result

Resulting lab: LEXINGTON MEDICAL CENTER

Specimen Collection

Type	Source	Collected On
SERUM		10/25/17 15:43

Components

Value	Reference Range	Flag	Lab
Glucose	75	70 - 99 mg/dL	LMC
Sodium	139	136 - 143	LMC
Potassium	3.6	3.5 - 5.1	LMC
Chloride	100	98 - 107	LMC
CO2	29	21 - 32	LMC
Anion Gap	11	5 - 15	LMC
BUN	9	7 - 13 mg/dL	LMC
Creatinine	1.1	0.6 - 1.3 mg/dL	LMC
Calcium	9.2	8.5 - 10.1 mg/dL	LMC
eGFR	>60	>60 mL/min/1.73 sqm	LMC

Comment: Multiplex result X 12 - 149 - Am

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - LMC	LEXINGTON MEDICAL CENTER	Boarding, March Jones MD F303	2720 Sunset Blvd West Columbia SC 29169	09/29/14 - Present

Medications

All Meds and Administrations

There are no med orders for this encounter.

Historical Medications Entered This Encounter

citalopram (CELEXA) 20 mg tablet
Sig: Take 20 mg by mouth 2 (two) times daily.
Class: Historical Med
Route: Oral

Patient Education

Education

No education to display

Discharge Instructions

None

Clayton, Timothy N (MR # M000342704)

Timothy N Clayton

Oncology

Timothy N Clayton does not have an active treatment plan of type ONCOLOGY TREATMENT in this episode.

Flowsheet Data

All Flowsheet Data (10/25/17 0000--10/25/17 2359)

Encounter Vitals

10/25/17 1505	
Enc Vitals	
BP	106/84 -TR
Pulse	60 -TR
Resp	16 -TR
Temp	98.9 °F (37.2 °C) -TR
Temp Site	Oral -TR
SpO2	98 % -TR
Weight	69.9 kg (154 lb 3.2 oz) -TR
Height	5'6" (1.676 m) -TR
Vital Signs	
BP Location	Left arm -TR

Custom Formula Data

10/25/17 1505	
OTHER	
ABW	66.26 -TR
BSA (Calculated) sq m	1.8 sq meters -TR
BM (Calculated)	24.9 -TR
BM kg (Calculated)	61.8 kg -TR
BM kg (Calculated)	59.3 kg -TR
FEMALE	
Weight in (to) to have BMI = 25	154.6 -TR
BM	24.9 -TR
des Body Weight (kg)	64.41 kg -TR
des Body Wgt (lb)	142 lb -TR
Percent of Ideal Body Weight	108.89 Percent -TR
Excess Body Weight (kg)	5.52 kg -TR
Excess Body Wgt (lb)	12.2 lb -TR
Percent Weight Change Since Birth	0 -TR
IBWkg (Calculated)	61.8 -TR
Low Range Vt (cc/kg)	382.8 mL -TR
Adult Moderate Range Vt (cc/kg)	510.4 mL -TR
Adult High Range Vt (cc/kg)	638 mL -TR
Adult IBW/VT Calculations	
BM percentage	3867.08 -TR

Vitals Reassessment

10/25/17 1505	
Vitals Timer	
Automatic Restart Vitals Timer	Yes -TR

Vitals Reassessment

10/25/17 1505	
Vitals Timer	
Automatic Restart Vitals Timer	Yes -TR

Vitals Reassessment

10/25/17 1505	
Vitals Timer	
Automatic Restart Vitals Timer	Yes -TR

Anthropometrics

All Flowsheet Data (10/25/17 0000--10/25/17 2359) (continued)

Anthropometrics (continued)

	10/25/17 1505
Anthropometrics	
Height	5' 6" (1.676 m) -TR
Weight	69.9 kg (154 lb 3.2 oz) -TR
Weight Change	0 % -TR
BMI (Calculated)	24.8 -TR

User Key

Initials	Name	Effective Dates	tn = Recorded By, tr = Taken By, for = Collected By
TR	Rusnyak, T.hani C. LPN	08/14/17 - 04/22/18	

Flowsheet Row Details (all recorded)

BMI

Effective: 02/03/16	Row Information	BMI=Body Mass Index (Weight Scale/35.2)/(Height*0.0254)^2 Threshold of overweight (BMI) >= 25 Kg/m^2 source: http://www.cdc.gov/nccdnpd/dnpa/bmi/adult_BMI/about_adult_BMI.htm
---------------------	-----------------	--

BMI (Calculated)

Effective: 06/02/05	Row Information	BMI=Body Mass Index (Weight Scale/35.2)/(Height*0.0254)^2 Threshold of overweight (BMI) >= 25 Kg/m^2 source: http://www.cdc.gov/nccdnpd/dnpa/bmi/adult_BMI/about_adult_BMI.htm
---------------------	-----------------	--

BP

Warning Min/Max	Absolute Min/Max	
90/120	0/500	
140/90	0/300	Systolic Diastolic

BP Location

Effective: 06/02/05	Row Information	
Right arm		
Left arm		
Right leg		
Left leg		
Other (Comment)		

BSA (Calculated - sq m)

Effective: 05/02/05	Row Information	BSA=Body Surface Area (sq meters) = sqrt(Height (cm) x Weight (kg)/3600) BSA is calculated using the Mosteller Formula. Mosteller RD: Simplified Calculation of Body Surface Area. N Engl J Med 1987 Oct 22;317(17):1098.
---------------------	-----------------	---

Height

Warning Min/Max	Absolute Min/Max
140 (305 cm) / 78 (12 438 cm)	118" (10 93 cm) / 9" (10 11" (3 m))

Ideal Body Weight (kg)

Effective: 02/03/16	Row Information	Female: BW=100 - (5 x # of inches over 60) Male: BW=105 - (5 x # of inches over 60)
---------------------	-----------------	---

Ideal Body Wgt (lb)

Effective: 02/03/16	Row Information	Female: BW=100 - (5 x # of inches over 60) Male: BW=105 - (5 x # of inches over 60)
---------------------	-----------------	---

Pulse

Warning Min/Max	Absolute Min/Max
50 - 100	0 - 500

Resp

Generated on 4/24/2016 12:10 AM

Resp (continued)

Warning Min/Max
87/93

Absolute Min/Max
67/203

SpO2

Warning Min/Max
90 % / 100 %

Absolute Min/Max
6 % / 106 %

Temp

Warning Min/Max
92 °F (33.3 °C) / 103 °F (40.0 °C)

Absolute Min/Max
0 °F (-17.8 °C) / 150 °F (65.6 °C)

Temp src

- Oral = Oral
- Tympanic = Tympanic
- Rectal = Rectal
- Axillary = Axillary
- Temporal = Temporal
- Bladder = Bladder
- Esophageal = Esophageal

Weight

Warning Min/Max
5 lb (2.268 kg) / 300 lb (136.1 kg)

Absolute Min/Max
0.1 oz (0.003 kg) / 1500 lb (680.4 kg)

Weight in (lb) to have BMI = 25

Effective: 09/15/10

Rule information

Uses height to find what the weight would need to be in order to have a BMI of 25

Flowsheet Notes

No notes of this type exist for this encounter

Patient-Level E-Signatures:

There are no patient-level e-signatures

Hospital Account-Level E-Signatures:

There are no hospital account-level e-signatures

Encounter-Level E-Signatures:

There are no encounter-level e-signatures

All Scans

Encounter-Level Documents:

There are no encounter-level documents

Order-Level Documents:

There are no order-level documents

Patient-Level Documents:

Insurance Authorization - Scan on 8/31/2017 11:49 - Perspective: Content Scan (paw)

All Scans (continued)

Patient-Level Documents: (continued)

20170831 09:43 AM
10/25/17 10:25 AM



August 31, 2017 9:43 AM

DR. KEVIN SHAIKHAM
5535 PLATT SPRINGS RD
LEXINGTON SC 29073-7513

This is your copy of the letter sent to TIMOTHY CLAYTON:

Member Name:	Timothy Clayton
ID #:	ZCS1857073801
Date of Birth:	03/15/1971
Requesting Provider:	Dr. Kevin Shaikham
Place of Service:	LEXINGTON RADIOLOGY ASSOCIATES
Date of Service:	On or about 09/06/2017
Requested Procedure/Service:	Brain MRI (Magnetic Resonance Imaging - pictures of inside your brain)
Reference #:	0601191170

RE: Clinical Denial

Dear Timothy Clayton:

National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc. NIA is an independent company that performs utilization management services on behalf of BlueCross BlueShield of South Carolina. As such, we are responsible for reviewing medical specialty procedures to determine that they are medically necessary and appropriate for payment under the member's benefit plan.

NIA has reviewed the clinical information submitted for this request and determined that the information provided does not support medical necessity as defined in your Benefit Booklet or Contract for the following:

After review, the requested procedure cannot be authorized at this time. The information received does not support the requirements of NIA's Brain MRI medical necessity guidelines. A physician reviewer made this determination based on a review of the submitted information (seizure). Unless otherwise indicated, results of the same study which was recently approved should be provided prior to an approval.

The definition of "medically necessary" in your Benefit Booklet is

BlueCross® BlueShield® of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association. BCBS - BlueShield - does not discriminate.

NAME Timothy N Clayton DATE 6-1-17 TIME 7:30pm TECH B
 DATE OF INJURY 3-28-17 HEIGHT 67 inches WEIGHT 155 lbs PULSE 72 BP 123/71
 NEW INJURY FOLLOW-UP

CC Lower Back

PMH- See WC-1, dated 6-1-17 NKDA or list of Allergies

Current Medications: Nortril, Quetiapine

TETANUS IMMUNIZATION STATUS: UTD No UNKNOWN _____ RECOMMENDED _____ OTHER IMMUNIZATION INFO _____

PFH- Family history Reviewed see WC-1 Comments: Tuberculosis

PSH- Reviewed see WC-1 Current Tobacco User Non-Smoker WORKED for Current Employer _____

ROS Cough, Antrhritis, Weight Loss, Bleeding, Dizziness, Excessive Anxiety, Anhidrosis, Diarrhea, Blown Clots, Swollen Glands, Lymphedema, Fatigue
 All other systems reviewed and are negative / non-contributory 6-1-17

HPI (Location - Quality - Severity - Duration - Timing - Context - Modifying Factors - Associated S & S)
frankly lately, was doing alot of heavy lifting, and when doing such
~ 3 days ago had sharp pain of radicular directly in middle of
the back to ~ L5/S1 junction. Has had (B) peduncular spurs in
past "but nothing like this". He tells me that if he goes over any bump
in roadway/RR tracks, the sharp pain is exacerbating. His ROS includes an
unexplained 20lb wt loss over last few months.
 See Continuation page WC-5

PHYSICAL EXAMINATION:

PE: unimpaired comprehensible pleasant; gait N; seen
non-tender Distal
OCES

Discrepancy/paraspinal - X-ray show much calcium in vertebral discs!
The L5/S1 disc space and AF gap are narrowed - Has an S-shaped
pattern of calcification in T12/L1 disc space.
this p.p. likely 2° to spurs at L5/S1 (make the relat.
to no he had sciatica (B) in past)
 See Continuation page WC-5

ASSESSMENT & PLAN: See RETURN TO WORK STATUS

PHYSICIAN'S SIGNATURE [Signature] TODAY'S DATE 6-1-2017
 MITCHELL H. HESSON, MD THOMAS M. DYER, MD JUDITH B. HYNES, MD _____ MD

will MPT
to expedite case

PATIENT INFORMATION:

NAME Timothy N. Clayton SS# 338 68 5580
 EMPLOYER SCOOT Compendium OCCUPATION / JOB DESC Mechanic 3 WORK CONTACT PERSON _____

INJURY INFORMATION: DATE OF INJURY 3-28-17 TIME OF INJURY 11:30 (AM) (PM)

ASSESSMENT/IMPRESSION: LIST EACH INJURED BODY PART ALONG WITH DIAGNOSIS. If Rx written must have corresponding Dx
Low Back Pain, rule out surgical condition

PLAN, WORKUP & DATA: 1. Hot Tub Soaks on heat PMS can be soothing
2. Use your OTC NSAID (Ibuprofen, Aleve, etc.) of choice for discomfort

- | | |
|---|--|
| <p>1. Medications</p> <p><input type="checkbox"/> Write / Dispense prescription medication</p> <p><input type="checkbox"/> Continue current prescribed medications</p> <p><input type="checkbox"/> Change previously written prescriptions.</p> <p><input type="checkbox"/> Discontinued medications previously prescribed</p> <p>2. Physical Therapy</p> <p><input type="checkbox"/> New order / Change order</p> <p><input type="checkbox"/> Reviewed PT results / treatment update</p> <p><input type="checkbox"/> Continue PT orders</p> <p><input type="checkbox"/> Discontinued PT</p> <p>3. Radiology</p> <p><input checked="" type="checkbox"/> XRAYs ordered <u>ordered today</u></p> <p><input checked="" type="checkbox"/> MRI ordered <u>ordered</u></p> <p><input type="checkbox"/> Read / Reviewed Xrays / MRI</p> <p><input type="checkbox"/> Consulted with MD re: Xrays / MRI / treatment</p> <p>4. Labs</p> <p><input type="checkbox"/> Tests Ordered or Reviewed</p> | <p>5. Records</p> <p><input type="checkbox"/> Requested</p> <p><input type="checkbox"/> Reviewed Previous records</p> <p>6. Tests, Screening, Data Reviewed</p> <p><input type="checkbox"/> EKG</p> <p><input type="checkbox"/> SPIROMETRY (PFT)</p> <p><input type="checkbox"/> AUDITORY</p> <p><input type="checkbox"/> VISION</p> <p>7. MD orders for (employer requested)</p> <p><input type="checkbox"/> 5 Panel Drug Screen</p> <p><input type="checkbox"/> 10 Panel Drug Screen</p> <p><input type="checkbox"/> Breath Alcohol Test</p> <p>8. Next VISIT</p> <p><input type="checkbox"/> Return in _____ days</p> <p><input checked="" type="checkbox"/> Return after <u>MRI</u></p> <p><input type="checkbox"/> None, patient discharged</p> <p><input type="checkbox"/> Patient referred to _____</p> |
|---|--|

- RETURN TO WORK STATUS:**
- RETURN TO WORK WITH NO LIMITATIONS
- RETURN TO WORK WITH NO LIMITATIONS AS A
- UNABLE TO RETURN TO WORK UNTIL
- RELEASED FROM CARE
- REFERRED FOR SPECIALTY EVALUATION TO
- RETURN TO WORK WITH THE FOLLOWING LIMITATIONS.

Additional Information:

- LIMITATIONS:** See EMPLOYER'S limitation / RTW page
- NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
- NO Prolonged Bending / Stopping
- NO LIFTING MORE THAN 10 POUNDS FROM GROUND
- LIMIT / AVOID PUSHING / PULLING MORE THAN _____ POUNDS
- NO USE OF _____
- SIT FOR NO LONGER THAN _____ HOURS PER 8-HOUR WORKDAY
- STAND FOR NO LONGER THAN _____ HOURS PER 8-HOUR WORKDAY
- WALK FOR NO LONGER THAN _____ HOURS PER 8-HOUR WORKDAY
- ALTERNATE SITTING, STANDING & WALKING - FOR COMFORT
- OTHER RESTRICTIONS / RECOMMENDATIONS _____
- SEE CONTINUATION PAGE

PHYSICIAN'S SIGNATURE _____
 PHYSICIAN'S NAME: EMMETT BEECHER, MD
 CHECK OUT TIME 3:25 INITIALS EB NEXT APPOINTMENT MRI DATE 4-11-2017
 DATE 3-28-17 TIME 11:30

CAROLINA OCCUPATIONAL HEALTHCARE, LLC
 1115 BROADWAY ST. COLUMBIA, SC 29201 TEL: 803.735.3025 FAX: 803.735.1854

PATIENT INFORMATION

CLAYTON, TIMOTHY, N DATE: 11/8/17 TIME: 1:30 TECH: [Signature]
 SSN: 243-47-8418 DATE OF INJURY: 3/29/2017 OCCUPATION/JOB DESC: MECHANIC 3 Case # 2103
338 68-5590

New Injury Follow Up VITALS: HEIGHT: 67 IN. WEIGHT: 155 LBS PULSE: 72 BPM BP: 124, 84

CC: Lower back
 PMH: See WC-1, dated 11/8/17 NKDA or list of Allergies: _____

CURRENT MEDICATIONS: Xanax / Quetiapine

TETANUS IMMUNIZATION STATUS: UTD _____ UNKNOWN _____ RECOMMENDED OTHER IMMUNIZATION INFO: _____

PFH (Family Medical Hx) Reviewed, See WC-1. Comments: Tuberculosis

PSH Reviewed, See WC-1 CURRENT Tobacco USER NON-Smoker WORKED for Current Employer _____

ROS: Cough, Arthralgia, Insomnia, Bleeding Disorder, Depression, Anxiety

All other systems reviewed and are negative/non-contributory 11-8-17 [Signature]

HPI (Location-Quality-Severity-Duration-Timing-Context-Modifying factors - Assoc S & SI) Continues to have sharp pain at a L5/S1 joint that radiates @ upper posterior buttock, around @. With increasing activity he becomes incapacitated. He says relief can be had, or lessens the acute event, by sitting & leaning far forward. Gait over bumps when in vehicle really sets it off.
MPH from active granular Schmorl's nodes; mention transitional vertebra on L5-S1 Sacralized. Mention of concern for bone softening & rapid loss of bone density study

PHYSICAL EXAMINATION: OSR; Gait n/a
Seems to be rather unresponsive to percussion at midline L5/S1 disc space.
discussed: slight worsening, will refer to Ortho

ASSESSMENT & PLAN: See RETURN TO WORK STATUS See CONTINUATION PAGE (WC-5)

PHYSICIAN SIGNATURE: [Signature] DATE: 11/8/17

PHYSICIANS: MITCHELL HEQUIST, MD; THOMAS MORTON, MD; JOHN HYNES, MD; H W BLEDSCOE, MD

CAROLINA OCCUPATIONAL HEALTHCARE, LLC

PATIENT INFORMATION

CLAYTON, TIMOTHY, N

Employer: SC DEPT OF

Diagnosis: MS4.5

RETURN TO WORK STATUS

338-42-5580

SC# 240-47-3445

OCCUPATIONAL DEFECT, MECHANIC'S

DATE OF INJURY: 3/28/2017

Authorization #

0806 1754 252509

Case # 2403

ASSESSMENT

Break down, NOS

PLAN, WORKUP & DATA

*1) Heat, heat, heat may be soothing
2) Compare OTC NSAID (Advil, Hycis, etc) of choice for discomfort
3) TAKE CD-ROM AND X-rays when you visit ORTHO*

1. Medications

- Write / Dispense prescription medication(s)
- Continue current prescribed medication(s) unchanged
- Change previously prescribed medication(s)
- Discontinue previously prescribed medication(s)

2. Physical Therapy

- (New) / Change Order *ADDENDUM 6-5-17*
- Reviewed PT results / treatment update
- Continue PT order(s)
- Discontinue PT

3. Radiology

- X-RAYS ordered
- MRI ordered
- Read / Reviewed - X-rays / MRI
- Consulted with MD re: X-rays / Treatment (see Xray report)

4. Labs

- Tests ordered or reviewed

5. Records

- REQUESTED
- Reviewed Previous Records

6. Tests, Screening, Data Reviewed

- EKG
- SPIROMETRY (PFT)
- AUDITORY
- VISION

7. MD orders for (employer requested)

- 5 Panel Drug Screen
- 10 Panel Drug Screen
- Breath Alcohol Test

8. NEXT VISIT

- RETURN IN _____ DAYS
- RETURN AFTER _____
- NONE, PATIENT DISCHARGED
- PATIENT REFERRED TO ORTHO

*6-8-17
AUGUST
Hold the
visit
until
later
notice
TH*

RETURN TO WORK STATUS

- RETURN TO WORK WITH NO LIMITATIONS FOR CURRENT OCCUPATION
- RETURN TO WORK WITH NO LIMITATIONS FOR LIGHT DUTY
- UNABLE TO RETURN TO WORK UNTIL ...
- RELEASED FROM CARE
- REFERRED FOR SPECIALTY EVALUATION TO ...
- RETURN TO WORK WITH THE FOLLOWING LIMITATIONS ...

Additional Information:

Approved 6-8-17, 10 pound limit

LIMITATIONS See EMPLOYER'S Limitation / RTW page

- NO OPERATING OF HEAVY EQUIPMENT, MACHINERY DRIVING
- NO PROLONGED BENDING, STOODING, SQUATTING
- NO LIFTING MORE THAN 20 POUNDS *From Client*
- LIMIT / AVOID PUSHING/PULLING MORE THAN _____ LBS
- NO USE OF _____
- SIT FOR NO LONGER THAN _____ HOURS PER 8 HR WORK DAY
- STAND FOR NO LONGER THAN _____ HOURS PER 8 HR WORK DAY
- WALK FOR NO LONGER THAN _____ HOURS PER 8 HR WORK DAY
- ALTERNATE SITTING, STANDING & WALKING - FOR COMFORT
- OTHER RESTRICTIONS / RECOMMENDATIONS (use space above)
- SEE CONTINUATION PAGE WC-5

PHYSICIAN SIGNATURE _____

DATE 6/8/17

FAXED

PHYSICIANS MITCHELL HEGQUIST, MD

THOMAS MURPHY, MD

JOHN HYNES, MD

H.W. BLEDSOE, MD

CHECK OUT TIME 2:25

INITIALS LO

Next Appointment Date / Time ORTHO @

WC-5



SOUTH CAROLINA DIAGNOSTIC IMAGING

Palmetto Imaging Downtown
1331 Lady Street, Columbia, SC 29201
p (803) 256-7646 f (803) 256-8046

PATIENT: CLAYTON, TIMOTHY
DOB: 03/15/1971
MRN: 1245255
PHONE: 803-466-5413 (Home)
PHYSICIAN: THOMAS MOTYCKA, MD
EXAM DATE: 06/06/2017

EXAM: MR-Lumbar Spine without contrast

REASON FOR EXAM: Low back pain

TECHNIQUE: The following sequences were obtained on a GE 1.5 Tesla magnet:
Coronal T2, sagittal T1, T2, T2 with fat saturation, axial T1 and T2.

FINDINGS: There is a small disc at the most inferior lumbosacral level consistent with a transitional vertebra. For this dictation, this is assumed to be an L5-S1 disc with a sacralized L5. There is no stenosis at this level. There is dark signal seen in the T12-L1 disc consistent with disc calcification. The conus is seen at T12. There are numerous disc and endplate irregularities consistent with numerous Schmorls nodes. There are Schmorls nodes which are nonacute at T11-12, T12-L1 and L1-2. At L2-3, there is disc desiccation with Schmorls node into the superior endplate of L3 with edema, acute. There is similar-appearing disc desiccation at L3-4 with an acute Schmorls node into the superior endplate of L4. Given the appearance of numerous Schmorls nodes raises the possibility of bone softening. Recommend correlation with lab work including serum protein electrophoresis and a bone density scan. At L4-S, there is an anterior osteophyte.

CONCLUSION: Numerous Schmorls nodes as described above.

Robin Daum Kowalski, MD

RD/amb

DD: 06/07/2017 09:08 A

DT: 06/07/2017 10:03 A

Accession#: 08-2617583 VS#: 131310678 CS#: 2337324

cc:

Electronically Signed and Reviewed by Robin Daum Kowalski, MD 06/07/2017 10:48 A



ROLINA PHYSICAL THERAPY
PATIENT INFORMATION

Name: Clifton, Timothy Date: 6/15/17
Diagnosis: Low Back Spinal Pain
(M54.16 M54.5)

Treatment: 1) Eval 2) Skilled thrust per FTS 3) Skilled thorax per
FTS 4) HEP Instruction / Management 5) US, Phono i dex
@ 1.2 w/cm², 2080, 1MHz 6) MPTC IFC x10' Ls. (R) (L)

History: S.P. is a 46 y/o M, auto mechanic, currently on light
duty, presenting c/c of (R) & central LBP, present since
03/28/2017, when he reports being mowed over by heavy equipment.
He reports a culmination of lifting heavy pumps & saddles resulted in
steady ↑ in low back (R) rendering him unable to get up out of
bed. Pain has improved some since initial injury & is exacerbated
@ 9-10/10 worst, described as sore & aching. Pain is ↑ w/ hitting
a bump while driving, stopping down from a high stop, getting up &
sitting for a while, bending, twisting & ↑ in pain w/ sitting positions &
related P.H. & tingling & numbness reported. P-Cad L5 to L
(R) ↑ mobility to perform work-related tasks.

O.L.S. AROM: Flex 30° (R), Ext 0°, (R) SB 0°, (L) SB 10°;
Slump (-) (R) (R) c moving from flex to ext; LFS 70/80
(R) (L) impaired

A.T. presents w/ ↑ pain, ↓ mobility, ↓ low back, ↓ leg positional tol.,
↓ leg function. He is a good candidate for skilled PT services.
(see 1/6 services) (R) (L) c advanced HEP 2) ↓ @ worst to 6
7/10 3) Normalise: AROM L5 4) ↑ LFS score ≥ 60/80
more

CAROLINA PHYSICAL THERAPY
PROGRESS NOTES

Date

Name Clayton, Timothy

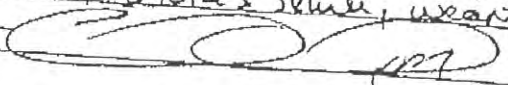
IE (cont)

08/15/17

A (cont): 5) P. able to sit > 1 hr. S & ↑ 6) P. able to squat x 10 reps, proper mechanics & S & ↑

7) P. able to lift > 25# floor to waist S & ↑

P: Employment skilled PT services include, urinary to include x4-6 wks



3/28/17
 • Over in heavy equip. (Dump trucks),
 pumps & saddles into 'hand' & insight caused
 gradual ↑ in back (P) (Central & (R)) ;
 numbness

Mechanic
 "Light Duty"

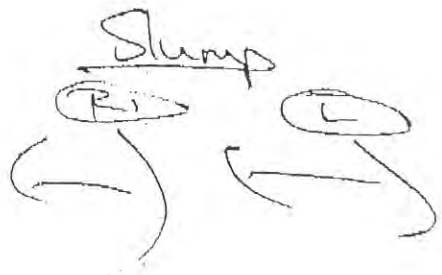
Filmis

Getty up out of bed, with a bump
 getting down from canopy
 getting 15-20 mins heavy (getty up)
 getty up under dash
 Tom (Pain Free)
 • Repositioning, squatty of leg
 • Caroling

achy, sore 1/10
 @ rest 9-10/10
 @ worst 1 @ worst

THU

LS Abdom	Flex	Ext	(R) SB	(L) SB
30	8	8		10



pain = best to eat

CAROLINA PHYSICAL THERAPY
PROGRESS NOTES

Date

Name Clayton, Timothy

- JUN 20 2017 2/10
S: Reports got MRI results @ M.D. appt today - has not sure results, but will bring report next visit. Also reports M.D. just wants him to do it ex/wk. now.
D: ① IFC/MTF @ L5 x 10' ② Phono order over L5 / ③ RW region ④ 1 mHz 100% 1.2W/cm² ⑤ Skilled TE/TA per flow
A: NO C/O added Rx.
P: cont.

JUN 23 2017 3/10
S: Bring MRI report - see in chart. saw Dr. D'Leary on 6/20 - rec. calcium, anti-inflam, all done
D: ① IFC/MTF @ L5 x 10' ② Phono to 10W back area
③ Skilled TE/TA per flow in central 1/2 L4-L5
A: Better understanding of PPT. See MRI in chart
P: cont.

JUN 26 2017 4/10
S: Reports his back flared up today @ sitting & bouncing on tractor seat @ work for sev hrs. Reports light duty avail. so work is still trying to figure out approp. job duties the plan to take mm-relaxer tonight. Getting fitted for a back brace tomorrow
D: ① IFC/MTF @ L5 x 10' ② Phono central L5 as a ③ STM @ L5 ④ Skilled TE per flow
A: may be approp for DR500 style decomp. brace. PPT was @ sitting/bouncing on seat today @ work. Pt. would do well to re-assess job req. @ Employer w/c.
P: cont.

CAROLINA PHYSICAL THERAPY
 PROGRESS NOTES

Date

Name Clayton, Timothy

JUN 28 2017	<p>S: Get hard back brace from ortho today (did not actually see ortho) - he is to wear it daily. He also spoke to employer, & he is now to be down. He will now be able to take min. relaxer/pain meds, & since he took some today, he is not hurting as much.</p> <p>O: (1) IFC/MHP @ L5 x 10' (2) Phono & dex 1 MHz @ 100% 1-3 w/cw @ (3) RIS region (4) STM to same (5) skilled TE/TA per flow</p> <p>A: Better tol. to PT since he took pain meds/min. relax. P. cont. PA next visit. Phoxen PA</p>
JUL 05 2017	<p>7/5 6-11 7/6/17 @ 1:30</p>
JUL 06 2017	<p>S: Reports he was doing better since down & able to take meds, then noted pain w/ lifting his niece. He notes pain = 1 hr. p certain activity though he reports being diligent & trying to implement body mech. see P.N.</p> <p>O: (1) IFC/MHP @ L5 x 10' prone (2) Phono central L4-L5 region as a (3) skilled TE/TA per flow (4) rev'd body mech. & core stab. (5) M.D. note</p> <p>A: see M.D. note</p> <p>P: await M.D. advisement. M.D. appt. 7/10. Phoxen PA</p>
7/10/17	<p>Rec'd Rx/auth. for add'l visits - LUM w/ pt to schedule KG</p>

CAROLINA PHYSICAL THERAPY
 PROGRESS NOTES

Date

Name Clayton, Timothy

JUL 12 2017 7/12	S: "Hurting since I woke up this a.m. - not sure what I did yesterday, may have twisted it getting up this morning." Requests to txf → Lexington clinic 20 min closer → home now that he is DOW. ^{next week} O: ① IFC/MTF ② LS x 10' prone ③ phone order 1MT2 100' 1.5w/cm ² ④ PSIS regions ⑤ skilled TE/TA per flow ⑥ Rev. a body mech. & approp squatting tech. A: MOD. VC for approp. squat tech. NO c/o is added core stab. "Pinch" noted in LS is 1-based ex. P: cont.
JUL 13 2017 8/12	S: Reports "soie" across LS region & had tol. to phone-lying. Reports symptoms relieved is slouching in his recliner. Pho-son 27 O: ① IFC/MTF ② LS x 10' prone ③ phone ④ PSIS regions as a ⑤ hip long axis distr. ⑥ skilled TE/TA per flow A: relief noted is hip long axis distr. Extension pos lex. rd symp. held today flexion-biased. P: cont. Pt to txf. → Cur Lexington clinic 20 closer to home. He is sched there or next wk. Pho-son 27

CAROLINA PHYSICAL THERAPY
PROGRESS NOTES

Date 9/12

Name Clayton, Timothy

~~JUL 18 2017~~ S: Reports improvement in sx when resting. C/O feet pain in picking up young niece.

O: 1) Ther out for hrs
 2) Ther ex for hrs
 3) LTx 56 → 25# 40:10 x10'
 4) HP & ES supine

A: Pt responded well to Ltx.

P: ~~CA~~ Dad 6/15/10

~~JUL 18 2017~~ S: "Little extra sore in yesterday!"

10/12 O: 1) Ther out for hrs
 2) Ther ex for hrs
 3) LTx 55 → 25# 40:10
 4) HP & ES

A: TSI Rx well. No feet sore.

P: ~~CA~~ Dad 6/15/10

JUL 24 2017 S: Had cortisone injection this past Thursday which has helped his pain! Had seizure per pt and BP elevated. Better now and it did help his pain. C/O 2/10 LBP today.

O: 1) Ther out per flr
 2) Ther ex per flr
 3) LTx 55# - 25# 40:10.
 4) HP & ES supine x 15 min.

A: Pt reporting relief in JLTx.

P: Cont per pt plan son JLTx

CAROLINA PHYSICAL THERAPY
PROGRESS NOTES

12/12 Date

Name Clayton, Tim

~~7/27~~ 2/5/2017 S: Reports improvement in injection aside from the
 and BP in anxiety.
 O: 1) Ther out per fls
 2) Ther ee per fls
 3) Ltx 60 → 30#
 4) ~~HP~~ ^{CS} ~~CS~~ (B) LS spine declined heat.
 A: Core strength progressing. Responding well to tx.
 P: (at) ~~08/15/17~~

8/8/17 Called pt to schedule doesn't want to
 schedule until he talks to atty — AB
 CXL blurry vision — EB

13/18 AUG 14 2017
AUG 17 2017

S: PT reports some difficulty giving
 subjective comments today because
 he is "heavily medicated"
 O: 1) Ther act per fls
 2) Ther ex per fls
 3) MH to stim to L spine X15
 A: See Progress Report
 P: Cont per plan ~~08/15/17~~

AUG 18 2017

S: Reports Swerness in yesterday.
 O: 1) TM out per fls 2) TM ee per fls
 3) Ltx 65 → 30# < 10' 4) HP CS
 A: Challenged in ther ex 2' fatigue.
 P: (at) ~~08/15/17~~



The Quebec Back Pain Disability Scale

Clayton, Timothy
8/17/17

The Quebec Back Pain Disability Scale

This questionnaire is about the way your back pain is affecting your daily life. People with back problems may find it difficult to perform some of their daily activities. We would like to know if you find it difficult to perform any of the activities listed below, because of your back. For each activity there is a scale of 0 to 5. Please choose one response option for each activity (do not skip any activities) and circle the corresponding number.

Today, do you find it difficult to perform the following activities because of your back?

		0 Not difficult at all	1 Minimally difficult	2 Somewhat difficult	3 Fairly difficult	4 Very difficult	5 Unable to do
1	Get out of bed	0	1	2	3	4	5
2	Sleep through the night	0	1	2	3	4	5
3	Turn over in bed	0	1	2	3	4	5
4	Ride in a car	0	1	2	3	4	5
5	Stand up for 20-30 minutes	0	1	2	3	4	5
6	Sit in a chair for several hours	0	1	2	3	4	5
7	Climb one flight of stairs	0	1	2	3	4	5
8	Walk a few blocks (300-400 m)	0	1	2	3	4	5
9	Walk several kilometres	0	1	2	3	4	5
10	Reach up to high shelves	0	1	2	3	4	5
11	Throw a ball	0	1	2	3	4	5
12	Run one block (about 100m)	0	1	2	3	4	5
13	Take food out of the refrigerator	0	1	2	3	4	5
14	Make your bed	0	1	2	3	4	5
15	Put on socks (panty hose)	0	1	2	3	4	5
16	Bend over to clean the bathtub	0	1	2	3	4	5
17	Move a chair	0	1	2	3	4	5
18	Pull or push heavy doors	0	1	2	3	4	5
19	Carry two bags of groceries	0	1	2	3	4	5
20	Lift and carry a heavy suitcase	0	1	2	3	4	5

THE LOWER EXTREMITY FUNCTIONAL SCALE

Clayton, Timothy
8/17/17


We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity.
Today, do you or would you have any difficulty at all with:

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1 Any of your usual work, housework, or school activities.	0	1	2	3	4
2 Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3 Getting into or out of the bath.	0	1	2	3	4
4 Walking between rooms.	0	1	2	3	4
5 Putting on your shoes or socks.	0	1	2	3	4
6 Squatting.	0	1	2	3	4
7 Lifting an object, like a bag of groceries, from the floor.	0	1	2	3	4
8 Performing light activities around your home.	0	1	2	3	4
9 Performing heavy activities around your home.	0	1	2	3	4
10 Getting into or out of a car.	0	1	2	3	4
11 Walking 2 blocks.	0	1	2	3	4
12 Walking a mile.	0	1	2	3	4
13 Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14 Standing for 1 hour.	0	1	2	3	4
15 Sitting for 1 hour.	0	1	2	3	4
16 Running on even ground.	0	1	2	3	4
17 Running on uneven ground.	0	1	2	3	4
18 Making sharp turns while running fast.	0	1	2	3	4
19 Hopping.	0	1	2	3	4
20 Rolling over in bed.	0	1	2	3	4
Column Totals:	0	1	2	3	4

Minimum Level of Detectable Change (90% Confidence): 9 points

Reprinted from Birkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network. The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application. *Physical Therapy*, 1999, 79, 437-480, with permission of the American Physical Therapy Association.

SCORE: 180

 **Carolina Physical Therapy
 and Sports Medicine, Inc.**

PHYSICAL THERAPY PROGRESS UPDATE

PATIENT: Timothy Clayton DOB: 3/15/71 DATE: 7/16/17
 DIAGNOSIS: low back pain/strain PHYSICIAN: Midlands Ortho - Dr. O'Leary? - 1st pt. 7/20/17

I. TREATMENT INFORMATION

- A. Date of Evaluation 6/15/17 Last Summary eval
- B. Treatment Techniques skilled TE, body mech., post-re-ed
- C. Modalities e-stim/mTP, Phono Edex
- D. Home Program ✓

II. SUBJECTIVE INFORMATION

A. Pain Intensity (0-10) 3/10 on avg., 5/10 yesterday, 7/10 worst

B. Symptoms "aches" "locks up when I do certain things - twist, pain & activ. & work & impact activ. (driving tractor, stepping w/ truck)

III. OBJECTIVE INFORMATION

FROM LS: grossly WNL all planes & pain reported
J → /

- B. MMT @ L5: 5/5 core: fair-good
- C. Strth wears rigid back brace (given by ortho)
- D. Palpation TTE over L5
- E. Other Back Index: 50%

IV. ASSESSMENT

has recently become out of work & able to take meds. completed 6 visits of PT - no more orders or auth. & this time. ROM & strength WNL. BACK IP bothers pt. & work-related tasks & higher impact activ. DOES demo fair understanding of body mech. but may ben. from cont'd work on core stab.

Please advise

V. RECOMMENDATIONS/PLAN

- A. Request to Continue P.T. for core stab / body mech.
 (To Continue P.T. complete script on right and return)
- B. Discharge from PT _____
 Reasons for D/C _____

Thank you!

C. Worsen, M
 Physical Therapist

PRESCRIPTION	
Total Visits:	_____ x/week _____ weeks
Continue P.T.	_____
Area(s) to be treated:	_____
Any Changes:	_____
Contraindications:	_____
<u>X</u> <u>James A. O'Leary</u>	<u>07/18/2017</u>
MD	Date

DOWNTOWN OFFICE FAX: (803) 255-0266

Carolina Physical Therapy and Sports Medicine, Inc.

PHYSICAL THERAPY PROGRESS UPDATE

~~FAKED: 7/25/17 CB~~ ^{to MD}

PATIENT: Clayton, Timothy DOB: 3/15/71 DATE: 7/25/17

DIAGNOSIS: LBP, Strain PHYSICIAN: Dr. O'Leary

I. TREATMENT INFORMATION

- A. Date of Evaluation 6/15/17 Last Summary 7/6/17
- B. Treatment Techniques Strengthening, Flexibility
- C. Modalities Heat, Est. Tx
- D. Home Program

II. SUBJECTIVE INFORMATION

- A. Pain Intensity (0-10) 5/10 @ worst
- B. Symptoms _____

III. OBJECTIVE INFORMATION

- A. AROM WNL
- B. MMT WNL
- C. Girth _____
- D. Palpation _____
- E. Other _____

IV. ASSESSMENT

PT has had core strengthening, ded. 52 overall. PT responds well to lumbar tx. PT would benefit from additional core strengthening.

Thank you!

V. RECOMMENDATIONS/PLAN

A. Request to Continue P.T. 2-3x/wk 3-4 wks
(To Continue P.T. complete script on right and return)

B. Discharge from PT _____
Reasons for D/C _____

[Signature]
Physical Therapist

PRESCRIPTION	
Total Visits: _____	x/week _____ weeks
Continue P.T.	
Area(s) to be treated: _____	
Any Changes: _____	
Contraindications: _____	
MD _____	Date _____

LEXINGTON OFFICE FAX: (803) 359-2206

Carolina Physical Therapy and Sports Medicine, Inc.

PHYSICAL THERAPY PROGRESS UPDATE

Faxed to Care/O

PATIENT: Clayton, Timothy DOB: 3/15/71 DATE: 7/25/17
DIAGNOSIS: LBP, Strain PHYSICIAN: Dr. O'Leary

I. TREATMENT INFORMATION

- A. Date of Evaluation 6/15/17 Last Summary 7/6/17
- B. Treatment Techniques Strengthening, Flexibility
- C. Modalities Heat, E-stim, Tx
- D. Home Program ✓

II. SUBJECTIVE INFORMATION

- A. Pain Intensity (0-10) 3/10 @ worst
- B. Symptoms _____

III. OBJECTIVE INFORMATION

- A. AROM WNL
- B. MMT WNL
- C. Girth _____
- D. Palpation _____
- E. Other _____

IV. ASSESSMENT

It has had some strengthening, led. sz overall. It responds well to lumbar tx. It would benefit from additional core strengthening.

Thank you!

V. RECOMMENDATIONS/PLAN

- A. Request to Continue P.T. 2-3 x wk 3-4 wks
(To Continue P.T. complete script on right and return)
- B. Discharge from PT _____
Reasons for D/C _____

PRESCRIPTION	
Total Visits:	_____ x/week _____ weeks
Continue P.T.	
Area(s) to be treated:	_____
Any Changes:	_____
Contraindications:	_____
<i>X</i> <u>[Signature]</u> MD	07/26/2017 Date

[Signature]
Physical Therapist

LEXINGTON OFFICE FAX: (803) 359-2208

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

MIDLANDS Orthopaedics NEURO-SURGERY			
LAST NAME: Clayton		FIRST NAME: Timothy	
MIDDLE INITIAL: N		GENDER: M	
DATE OF BIRTH: 3/15/71		SSN: 338-68-5580	
MAILING ADDRESS: 249 Bridle ridge Rd.		CITY: Lexington	STATE: SC
HOME #:		ZIP CODE: 29073	WORK #:
MOBILE #: 803-460-5413		CONSENT TO TEXT: YES or NO	
Email: Claytontk@aol.com		Contact preference: (please circle) Home # <input checked="" type="checkbox"/> Work # <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Portal <input type="checkbox"/>	
LANGUAGE: English		RACE: white	ETHNICITY: white
DECLINE TO ANSWER <input type="checkbox"/>		DECLINE TO ANSWER <input type="checkbox"/>	
MARITAL STATUS: M	Emergency Contact Name/Relationship: Kari Clayton WIFE		Mobile #: 727-417-9998
Home #:		Referring Doctor:	
PATIENT'S EMPLOYER: SC DOT		Occupation: Mechanic III	
OCCUPATION:		<input type="checkbox"/> Self referred	
GUARANTOR - PERSON RESPONSIBLE FOR THE BILL IF THE PATIENT IS A MINOR OR STUDENT:			
LAST NAME: Clayton		FIRST NAME: Timothy	
RELATIONSHIP: Self		MAILING ADDRESS: 249 Bridle ridge Rd.	
CITY: Lexington		STATE: SC	
ZIP CODE: 29073		DATE OF BIRTH: 3/15/71	
SSN: 338-68-5580		HOME #:	
MOBILE #: 803-460-5413		WORK #:	
INSURANCE INFORMATION *COPIES OF YOU INSURANCE CARDS ARE REQUIRED*			
INSURANCE #1 (PRIMARY INSURANCE) BCBS		INSURANCE #2 (SECONDARY INSURANCE)	
INSURED'S NAME: Timothy Clayton		RELATIONSHIP TO PATIENT: Self	
SSN OF INSURED (IF DIFFERENT FROM PATIENT): 338685580		SSN OF INSURED (IF DIFFERENT FROM PATIENT):	
<input checked="" type="checkbox"/> SAME AS ABOVE		DATE OF BIRTH OF INSURED:	
<input checked="" type="checkbox"/> SAME AS ABOVE		DATE OF BIRTH OF INSURED:	
INSURED'S EMPLOYER (IF DIFFERENT FROM PATIENT):		INSURED'S EMPLOYER (IF DIFFERENT FROM PATIENT):	
<input checked="" type="checkbox"/> SAME AS ABOVE		<input checked="" type="checkbox"/> SAME AS ABOVE	

I acknowledge that by providing insurance information, I have agreed and promised to pay for services provided in exchange for my information. I understand that fees for services provided by Midlands Orthopaedics & Neurosurgery, PA, and health insurance benefits available for services provided to me. I understand that fees for services provided by Midlands Orthopaedics & Neurosurgery, PA, are my responsibility and I agree to pay any balance left unpaid by my insurance company or third party act. Immediately upon notification of a bill balance, if I do not have insurance, I understand that I am responsible for any uninsured expenses in their entirety.

Patient/Guarantor: [Signature] Date: 6/20/17

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

Patient

Name CLAYTON, TIMOTHY (46yo, M) ID# 2249701 Appt. Date/Time 06/20/2017 09:00AM
DOB 03/15/1971 Service Dept. Blanding
Provider JAMES O'LEARY, MD
Insurance Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND
Employer Name : SC DEPARTMENT OF TRANSPORTATION
Case # : 338685530
Case Injury Date : 03/28/2017
Prescription: ESI1 - Member is eligible. details

Chief Complaint

Low Back

W/C evaluation DOI: 3/28/2017

Patient's Care Team

Insurance Adjuster (Worker's Comp): LARISA DALY: Ph (803) 896-5819

Patient's Pharmacies

WALGREENS DRUG STORE 11362 (ERX): 1903 S LAKE DR, LEXINGTON SC 29073, Ph (803) 356-1001, Fax (803) 356-1006

Vitals

BP: 148/103 sitting 06/20/2017 09:29 am
Pulse: 95 bpm 06/20/2017 09:29 am
BMI: 23.5 06/20/2017 09:16 am
Wt: 150 lbs (68.04 kg) 06/20/2017 09:16 am
Ht: 5 ft 7 in (170.18 cm) 06/20/2017 09:16 am

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

ALPRAZolam 0.5 mg tablet	04/08/17	filled
ALPRAZolam 1 mg tablet	06/08/17	filled
citalopram 20 mg tablet	06/19/17	filled
clobetasol 0.05 % topical foam	05/24/17	filled
clobetasol-emollient 0.05 % topical foam	02/01/17	filled
cyclobenzaprine 5 mg tablet One po qhs prn spasms	06/20/17	prescribed
diclofenac sodium 75 mg tablet, delayed release Take 1 tablet(s) twice a day by oral route	06/20/17	prescribed
HYDROcodone 5 mg-acetaminophen 325 mg tablet	04/20/17	filled
ketoconazole 2 % shampoo	01/10/17	filled
ketoconazole 2 % topical cream	03/13/17	filled
lamoTRigine 100 mg tablet	04/26/17	filled
pantoprazole 40 mg tablet, delayed release	06/13/17	filled

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

QUetiapine 25 mg tablet

06/19/17 filled

tamsulosin 0.4 mg capsule

04/20/17 filled

Ultram 50 mg tablet

Take 1 tablet(s) every 6-8 hours by oral route.

05/20/17 prescribed

Viberzi 100 mg tablet

08/02/16 filled

Vyvanse 30 mg capsule

12/23/16 filled

Problems

Reviewed Problems

No known problems

Family History

Reviewed Family History

Mother

- History of depression

Brother

- History of depression

Paternal Aunt

- History of depression

Unspecified Relation

- Heart disease

- grandfather

Social History

Reviewed Social History

Smoking Status: Never smoker

Cigar/Pipe use: N

Alcohol intake: Occasional

Number of children: 3

Marital status: Married

Occupation: mechanic

Employer: scdot

Type of Work: mechanical

Hand Dominance: Right

Surgical History

Reviewed Surgical History

Orthopedic Surgery - collarbone

Past Medical History

Reviewed Past Medical History

Anxiety: Y

Depression: Y

Heartburn/GERD: Y

High Cholesterol: Y

Irritable Bowel Syndrome: Y

Lupus: Y

Panic Attacks: Y

Sleep Apnea: Y

Tuberculosis: Y

Screening

None recorded.

HPI

Lower Back

Reported by patient.

Location: medial

Quality: aching; stabbing; constant; worsening

Severity: severe; pain level 5/10; worst pain 10/10

Duration: 3 months

Timing: chronic; morning; daytime; nighttime; recurrent

Context: bending; lifting; twisting; work injury; overuse

Alleviating Factors: lying down; position change; rest; limit 7-8 light bearing

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

Aggravating Factors: standing; lifting; carrying; twisting; bending/squatting; getting out of bed; going from sit to stand; upstairs; downstairs; morning; daytime; nighttime

Associated Symptoms: popping/clicking; buckling; weight loss

Previous Surgery: none

Prior Imaging: x ray (hard films available); MRI (images downloaded and report/previous treatment notes available for review)

Previous Injections: none

Previous PT: did not help

Work Related: yes

Working: modified duty

Notes: 46-year-old male presents with three-month history of low back pain. He works for soft on a Department of Transportation. He has been there for 8 years. He states that his low back pops and shifts. It hurts a lot. Pain getting up and down. He was lifting and bending a steel tank on March 28 when symptoms began. He has just started therapy. The pain radiates to the buttocks. No weakness or paresthesias in the legs. No leg pain. No bowel or bladder changes.

ROS

Patient reports weight loss (___ lbs) He reports difficulty hearing. He reports snoring and teeth abnormalities. He reports shortness of breath when walking. He reports change in appetite and frequent diarrhea. He reports muscle aches and back pain. He reports growths/lesions. He reports depression. He reports fatigue.

ROS as noted in the HPI

Physical Exam

None recorded.

Assessment / Plan

PHYSICAL EXAM:

The patient is alert and oriented x3. Affect is normal. Respirations are clear and not labored. Cardiovascular demonstrates regular rate and rhythm by palpitation. No assistive devices.

The gait is normal. The patient can heel and toe walk with some difficulty. The spine is tender over the lumbosacral junction. There is a limited range of lumbar flexion, extension, and side bending. There are no stepoffs or deformities. There is no crepitation. Straight leg raise is equivocal. The hips have a full and painless range of motion is no focal tenderness, weakness, or deformity. The calf compartments are soft and pulses are palpable. Motor strength is 5/5 throughout both lower extremities. Sensation is intact to light touch. Pulses are 1-2+. The skin is intact.

1. Low back strain

- S39.012A: Strain of muscle, fascia and tendon of lower back, initial encounter
- EXOS SPINE BRACE - HCPCS L0642 Dispense Qty: 1 Unit

2. Degeneration of lumbar intervertebral disc

- M51.36: Other intervertebral disc degeneration, lumbar region

Discussion Notes

x-rays of the lumbar spine demonstrate early disc space narrowing with no fracture tumor or other abnormality. Review of an MRI of the lumbar spine demonstrates diffuse degenerative changes with some disc bulging but no spinal stenosis or fracture

I reviewed the x-rays and MRI findings with the patient and his wife. He has an underlying degenerative spine condition which was aggravated by his work injury. I recommended initial nonoperative treatment. there is no indication for immediate surgery. I will send him to physical therapy for spine rehabilitation. I gave him anti-inflammatory medicines and muscle relaxers. consider the use of a brace for support. He may safely perform light duty with limited bending twisting and turning and no lifting over 10 pounds.

the patient's wife was displeased with my evaluation, medical opinion and plan of care and I will therefore release him from my office. I will refer him to one of my spine partners or another orthopedic surgeon for further evaluation and treatment.

Return to Office

- Ivan E. LaMotta, MD for NEW 10 at Irmo on 07/20/2017 at 10:30 AM

Encounter Sign-Off

Encounter signed-off by James O'Leary, MD, 06/21/2017.

Encounter performed and documented by James O'Leary, MD

Encounter reviewed & signed by James O'Leary, MD on 06/21/2017 at 3:38pm

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

CLAYTON, TIMOTHY (id #2249701, dob: 03/15/1971)



Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Timothy Clayton
DATE OF BIRTH: 03/15/1971
PROVIDER'S NAME: JAMES O'LEARY, MD
CARRIER: South Carolina State Accident Fund
WC CLAIM#: 338685580
DX CODE(S) & DESCRIPTION: BACK PAIN M545

ACCOUNT: 2249701
EMPLOYER: SCDOT
DOS: 06/14/2017
DOA: 03/28/2017

WORK STATUS:

- Regular duty as of with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
Medium physical demands as of with restrictions.
[X] Light physical demands as of 06/20/2017 with restrictions.
Remain out of work until
Part-time (whether regular duty or light duty)
Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- None
No kneeling, squatting, crawling
No walking
[X] Pushing or pulling limit 10 (lbs)
No climbing
[X] Lifting and carrying limit 10 (lbs)
No standing
Sedentary duties only
No prolonged standing
No overhead work
Limited bending & twisting
No stretching
No work at heights
Specific restrictions per FCE date:

Other: NO DRIVING LONG DISTANCES NO SUDDEN IMPACTS W/ STOPS/RAILROAD TRACKS

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Handwritten signature of James A. O'Leary

Electronically Signed by: JAMES O'LEARY, MD
JAMES O'LEARY, MD
06/14/2017

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

Referral Order

07/20/2017

To Provider	From Provider
Phone: Fax:	IVAN E. LAMOTTA, MD Midlands Orthopaedics & Neurosurgery 1013 Lake Murray Blvd IRMO, SC 29063-2824 Phone: (803) 256-4107 Fax: (803) 933-6100

Referral Order Information

Diagnosis	Low back pain ICD-10: M54.5: Low back pain
Order Name	PHYSICAL AND OCCUPATIONAL THERAPY REFERRAL
Notes	ROM lumbar spine, core abdominal & paraspinal muscle strengthening, hamstring stretching. Include modalities. May do aquatic therapy as part of treatment. BIW for 6 weeks Dx: low back pain/ lumbar strain/ radiculitis

Patient Information

Patient Name	CLAYTON, TIMOTHY N
Sex - DOB - Age	M 03/15/1971 46yo
Address	249 BRIDLERIDGE RD LEXINGTON, SC 29073
Phone	H: (803) 466-5413 M: (803) 466-5413
Primary Insurance	SOUTH CAROLINA STATE ACCIDENT FUND Policy Holder: SC DEPARTMENT OF TRANSPORTATION
Secondary Insurance	None recorded.

Electronically Signed by: IVAN E. LAMOTTA, MD



IVAN E. LAMOTTA, MD

Referral Order

06/20/2017

To Provider	From Provider
Phone: Fax:	JAMES O'LEARY, MD Midlands Orthopaedics & Neurosurgery 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 256-4107 Fax: (803) 933-6100

Referral Order Information

Diagnosis	Low back pain ICD-10: M54.5: Low back pain
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CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

Patient Name: CLAYTON, TIMOTHY (46yo, M) ID# 2249701 Appt. Date/Time 07/20/2017 10:30AM
DOB: 03/15/1971 Service Dept. Irmo
Provider: MAN E LAMOTTA, MD
Insurance: Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND
Employer Name: SC DEPARTMENT OF TRANSPORTATION
Case #: 232685560
Case Injury Date: 03/28/2017
Prescription: ESI1 - Member is eligible.

Chief Complaint

Low Back

Low back pain referral from Dr. O'Leary

Patient's Care Team

Insurance Adjuster (Worker's Comp): LARISA DALY, Ph (803) 296-6219

Patient's Pharmacies

WALGREENS DRUG STORE 11362 (ERX): 1903 S LAKE DR, LEXINGTON SC 29073, Ph (803) 356-1201, Fax (803) 356-1006

Vitals

BP: 145/85 sitting
07/20/2017 11:45 am

BMI: 23.5 07/20/2017
10:58 am

Ht: 5 ft 7 in (170.18 cm)
07/20/2017 10:30 am

Pulse: 70 bpm 07/20/2017
11:50 am

Wt: 150 lbs (68.04 kg)
07/20/2017 10:58 am

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

ALPRAZolam 1 mg tablet

06/08/17 filled

clobetasol 0.05 % topical foam

05/24/17 filled

cyclobenzaprine 5 mg tablet
One po qhs prn spasms

06/20/17 filled

DEPO-Medrol 40 mg/mL suspension for injection
PSIS injection

07/20/17 administered

diclofenac sodium 75 mg tablet, delayed release
Take 1 tablet(s) twice a day by oral route.

06/20/17 filled

ketoconazole 2 % shampoo

07/13/17 filled

lamoTRigine 100 mg tablet

04/26/17 filled

lidocaine 10 mg/mL (1 %) injection solution
PSIS Injector

07/20/17 administered

Marcaine 0.25 % (2.5 mg/mL) injection solution
PSIS Injector

07/20/17 administered

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

pantoprazole 40 mg tablet, delayed release	06/13/17 filled
QUETiapine 25 mg tablet	06/19/17 filled
IraMADol 50 mg tablet Take 1 table(s) every 6-8 hours by oral route.	06/20/17 filled

Problems

Reviewed Problems
No known problems

Family History

Reviewed Family History

Mother	- History of depression
Brother	- History of depression
Paternal Aunt	- History of depression
Unspecified Relation	- Heart disease - grandfather

Social History

Reviewed Social History
Smoking Status: Never smoker
Cigar/Pipe use: N
Alcohol intake: Occasional
Number of children: 3
Marital status: Married
Occupation: mechanic
Employer: self
Type of Work: mechanical
Hand Dominance: Right

Surgical History

Reviewed Surgical History
Orthopedic Surgery - col arbore

Past Medical History

Reviewed Past Medical History
Anxiety: Y
Depression: Y
Heartburn/GERD: Y
High Cholesterol: Y
Irritable Bowel Syndrome: Y
Lupus: Y
Panic Attacks: Y
Sleep Apnea: Y
Tuberculosis: Y

Screening

None recorded.

HPI

Mr. Timothy Clayton is a 46-year-old male who comes to the clinic for an initial lumbar spine workers' compensation evaluation. The patient was previously seen by Dr. James O'Leary. The patient states around late March 2017 he was lifting steel saddles and working constantly with heavy equipment when his back pain became severe. The patient notes it has improved somewhat since then. He denies working currently as Dr. O'Leary prescribed work restrictions about 3 weeks ago. He notes the pain is localized to his low back and on the right and denies any radiating pain into the legs. For treatment, he has completed 10 or 11 sessions of physical therapy. He notes the pain varies depending on how he moves. Twisting aggravates the pain. He confirms having tried muscle relaxers, pain medication, and anti-inflammatories. The patient confirms having had a brace for a couple weeks as well and is not sure if it is helpful. The caretaker confirms he is currently taking diclofenac, and he denies any benefit from this. He denies having tried Celebrex.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 46-year-old male

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Gait and Station: Gait And Stance: heel to shin test normal and and toe test normal and fluid gait, normal stance, no limp, amputating with no assistive devices, and tandem gait test normal.

Cardiovascular System: Arterial Pulses Right: femoral normal, posterior tibial normal, dorsalis pedis normal, and popliteal normal. Arterial Pulses Left: femoral normal, posterior tibial normal, dorsalis pedis normal, and popliteal normal. Edema Right: none, Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Lymph Nodes: Inspection/Palpation Right: no inguinal LAD. Inspection/Palpation Left: no inguinal LAD.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter and tenderness of the PSIS. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the paraspinous region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the paraspinous region, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis. Active Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion. Passive Range of Motion: flexion normal, extension normal, lateral flexion normal, rotation normal, and no pain with motion.

Motor Strength: L1-2 Motor Strength on the Right: hip flexion iliopsoas 5/5. L1-2 Motor Strength on the Left: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: compression test straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, seated femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

Procedure Documentation

Diagnostic Testing Results:

RESULTS:

MRI of the lumbar spine performed at ___ on ___ reveals residual S1-2 disc. There is a small right sided L4-5 foraminal disc protrusion with no significant stenosis.

Assessment / Plan

IMPRESSION:

Work-related injury
Lumbar sprain.
Right PSIS enthesopathy

DISPOSITION:

Based on my evaluation and the above assessment, I believe this patient would benefit from nonoperative treatment. I recommend a continued course of directed physical therapy for the lumbar spine as well as Celebrex 100 mg twice a day. Therapy may include aquatic therapy and other modalities. Surgery is not indicated for this patient.

PSIS Injection right.

After verbal consent from the patient, the above mentioned area was cleaned with alcohol then sprayed with ethyl chloride for local anesthesia, and a mixture of 2 cc of Depo-Medrol (40 mg/mL), 4 cc of 0.25% Marcaine, 4 cc of 1% Elocaine were injected in a sterile fashion. The patient tolerated the procedure well and there were no complications. Diabetic issues regarding blood

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

sugar and discussed with diabetic patients

The patient was instructed to contact our office if they experienced any significant changes in their symptoms or if the patient has any other major concerns. Current questions have been addressed and patient education has been done during this visit.

The patient will return to the clinic to see me after the above therapy course has been completed. We may consider a work hardening program after he has completed physical therapy.

1. Low back pain

M54.5: Low back pain

- PHYSICAL AND OCCUPATIONAL THERAPY REFERRAL - Schedule Within provider's discretion
Note to Provider:

RDM lumbar spine, core abdominal & paraspinal muscle strengthening, hamstring stretching. Include modalities. May do aquatic therapy as part of treatment.

BIW for 6 weeks

Dx: low back pain/ lumbar strain/ radiculitis

Visits per Week: Number of Weeks: 6 weeks
BIW

- Celebrex 100 mg capsule - Take 1 capsule(s) twice a day by oral route. Qty: 60 capsule(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 11352
- Marcaine 0.25 % (2.5 mg/mL) injection solution - PSIS Injection Administered Lot #: 73355DD Route: Injection Exp Date: 01/01/2019 Administer Qty: 4 mL
- lidocaine 10 mg/mL (1 %) injection solution - PSIS Injection Administered Lot #: 71108DK Route: Injection Exp Date: 11/01/2018 Administer Qty: 4 mL
- Depo-Medrol 40 mg/mL suspension for injection - PSIS Injection Administered Lot #: S4S851 Route: Injection Exp Date: 12/01/2019 Administer Qty: 2 mL

MRI, LUMBAR SPINE, W/O CONTRAST

MRI of the lumbar spine performed at ___ on ___ reveals residual S1-2 disc. There is a small right-sided L4-5 foraminal disc protrusion with no significant stenosis.

Return to Office

- Ivan E. LaMotta, MD for ROV 5 at kmo on 08/24/2017 at 08:15 AM

Encounter Sign-Off

Encounter signed-off by Ivan E. LaMotta, MD, 07/21/2017.

Encounter performed by Ivan E. LaMotta, MD

Encounter scribed for Ivan E. LaMotta, MD by Deanna Schmidt

Encounter signed by Deanna Schmidt as scribe at 07/20/2017 at 7:36pm

Encounter reviewed & signed by Ivan E. LaMotta, MD on 07/21/2017 at 9:13am

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)



Phone: (303) 256-4107 * www.midorthoneuro.com * Fax: (303) 253-6670

WORK STATUS INFORMATION

NAME: Timothy Clayton

ACCOUNT: 2249701

DATE OF BIRTH: 03/15/1971

EMPLOYER: SC DEPARTMENT OF TRANSPORTATION

PROVIDER'S NAME: IVAN E. LAMOTTA, MD

DOS: 07/26/2017

CARRIER: SOUTH CAROLINA STATE ACCIDENT FUND

DOA: 03/28/2017

WC CLAIM#: 338635530

DX CODE(S) & DESCRIPTION: BACK PAIN

M545. Low Back pain

WORK STATUS:

- Regular duty as of _____ with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
- Medium physical demands as of _____ with restrictions.
- Light physical demands as of _____ with restrictions.
- Remain out of work until * Thursday, 08/24/2017*
- Part-time (whether regular duty or light duty)
- Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- None
- No walking
- No climbing
- No standing
- No prolonged standing
- No twisting
- No work at heights
- No kneeling, squatting, crawling
- Pushing or pulling limit _____ (lbs)
- Lifting and carrying limit _____ (lbs)
- Sedentary duties only
- No overhead work
- No stretching
- Specific restrictions per FCE date _____

Other

These restrictions are recommended to promote healing of the body part which is injured. It is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date

* Ivan E. Lamotta, MD for NEW 10 at time on Thursday, 08/24/2017 @ 8:15am

Electro Type, Signed by IVAN E. LAMOTTA, MD
IVAN E. LAMOTTA, MD

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)



Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Timothy Clayton ACCOUNT: 2249701
DATE OF BIRTH: 03/15/1971 EMPLOYER: SC DEPARTMENT OF TRANSPORTATION
PROVIDER'S NAME: IVAN E. LAMOTTA, MD DOS: 07/20/2017
CARRIER: SOUTH CAROLINA STATE ACCIDENT FUND DOA: 03/28/2017
WC CLAIM#: 338685580
DX CODE(S) & DESCRIPTION: BACK PAIN
M545: Low back pain

WORK STATUS:

- Regular duty as of with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
Medium physical demands as of with restrictions.
Light physical demands as of with restrictions.
Remain out of work until * Thursday, 08/24/2017 *
Part-time (whether regular duty or light duty)
Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- None
No kneeling, squatting, crawling
No walking
Pushing or pulling limit (lbs)
No climbing
Lifting and carrying limit (lbs)
No standing
Sedentary duties only
No prolonged standing
No overhead work
No twisting
No stretching
No work at heights
Specific restrictions per FCE date:

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

- Ivan E. LaMotta, MD for NEW 10 at Imo on Thursday, 08/24/2017 @ 8-15am.

Electronically Signed by: IVAN E. LAMOTTA, MD
IVAN E. LAMOTTA, MD

CLAYTON, TIMOTHY H (id #2249701, dob: 03/15/1971)

CLAYTON, TIMOTHY H (id #2249701, dob: 03/15/1971)

Patient Name CLAYTON, TIMOTHY (46yo, M) ID# 2249701 Appt. Date/Time 08/24/2017 08:15AM
DOB 03/15/1971 Service Dept. Itmc
Provider MAN E. LAMOTTA, MD
Insurance Med Worker's Comp: SOUTH CAROLINA STATE ACCIDENT FUND
Employer Name: SC DEPARTMENT OF TRANSPORTATION
Case #: 338625530
Case Injury Date: 03/28/2017
Prescription: ESI* - Member is eligible.

Chief Complaint

Low Back

4 Week Follow Up

Patient's Care Team

Insurance Adjuster (Worker's Comp): LARISA DALY, Ph (803) 896-5319

Patient's Pharmacies

WALGREENS DRUG STORE 11362 (ERX): 1303 S LAKE DR, LEXINGTON SC 29073, Ph (803) 356-1001, Fax (803) 356-1006

Vitals

BP: 154/119 08/24/2017
09:45 am

BMI: 23.5 08/24/2017
09:45 am

Ht: 5 ft 7 in (170.18 cm)
08/24/2017 09:38 am

Pulse: 94 bpm 08/24/2017
09:45 am

Wt: 150 lbs (68.04 kg)
08/24/2017 09:38 am

Allergies

Reviewed Allergies

CORTICOSTEROIDS (GLUCOCORTICOIDS): - Seizure following injection

CORTISONE: - Seizure following injection

Medications

Reviewed Medications

ALPRAZolam 2 mg tablet

08/07/17 filled

clobetasol 0.05 % topical foam

05/24/17 filled

cyclobenzaprine 5 mg tablet

One po qhs prn spasms

06/20/17 filled

diazepam 10 mg tablet

05/17/17 filled

diclofenac sodium 75 mg tablet, delayed release
Take 1 tablet(s) twice a day by oral route

06/20/17 filled

ketocoazole 2 % shampoo

01/10/17 filled

lamoTRIgine 100 mg tablet

07/22/17 filled

meloxicam 7.5 mg tablet

Take 1 tablet(s) twice a day by oral route

02/03/17 filled

pantoprazole 40 mg tablet, delayed release

06/13/17 filled

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

QUetiapline 25 mg tablet

08/19/17 filled

traMADol 50 mg tablet

08/20/17 filled

Take 1 tablet(s) every 6-8 hours by oral route.

Problems

Reviewed Problems

No known problems

Family History

Reviewed Family History

Mother

Brother

Paternal Aunt

Unspecified Relation

- History of depression

- History of depression

- History of depression

- Heart disease

- grandfather

Social History

Reviewed Social History

Smoking Status: Never smoker

Cigar/Pipe use: N

Alcohol intake: Occasional

Number of children: 3

Marital status: Married

Occupation: mechanic

Employer: self

Type of Work: mechanical

Hand Dominant: Right

Surgical History

Reviewed Surgical History

Orthopedic Surgery - arthroscopy

Past Medical History

Reviewed Past Medical History

Anxiety: Y

Depression: Y

Heartburn/GERD: Y

High Cholesterol: Y

Irritable Bowel Syndrome: Y

Lupus: Y

Panic Attacks: Y

Sleep Apnea: Y

Tuberculosis: Y

Screening

None recorded

HPI

Mr Timothy Clayton is a 46-year-old male heavy equipment mechanic who comes to the clinic for a follow-up. His previous assessment from 07/20/2017 is work-related injury, lumbar sprain, and right PSIS enthesopathy. The patient reports that his previous reaction to the cortisone injection was not related to his blood sugar. He states that the injection provided mild, temporary relief. He adds that physical therapy aggravated his pain, and that he has not improvement. He states that the meloxicam is minimally effective and that Celebrex was not approved. He explains that he has developed anxiety and agoraphobia since his adverse reaction to the injection and that he was told he had a seizure, so he is unable to drive according to the neurologist. He has seen a psychiatrist twice and has been switched from Xanax to Valium. He adds that he is not taking tramadol at this time.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 46-year-old male

Lumbar spine examination reveals:

Mildly limited range of motion

The patient ambulates without assistive devices

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

~~CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)~~

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

Lower extremity strength reveals no deficits. 5/5
Intact sensation to all major dermatomes. stable
Improvement: n/a
Incision: n/a

Assessment / Plan

IMPRESSION:

Work-related injury
Lumbar sprain.
Right PSIS enthesopathy.

DISPOSITION:

At this time, I recommend that the patient undergo a functional capacity evaluation. I do not expect the patient to be able to return to his previous work as a heavy equipment mechanic. I do not recommend any additional medications at this time. The patient will submit his application for long-term disability today, 08/24/2017.

An additional 5-10 minutes was spent with the case manager, updating them of the patient's progress and condition.

1. Low back pain

- M54.5: Low back pain
- FUNCTIONAL CAPACITY EVALUATION -
Note to Provider.
Functional Capacity Evaluation
4 times a week for 4 weeks

Return to Office

- Ivan E. LaMotta, MD for ROV 5 at Imo on 09/21/2017 at 09:00 AM

Encounter Sign-Off

Encounter signed-off by Ivan E. LaMotta, MD, 08/25/2017.

Encounter performed by Ivan E. LaMotta, MD

Encounter scribed for Ivan E. LaMotta, MD by Kathrine Alvarez

Encounter signed by Kathrine Alvarez as scribe at 08/25/2017 at 4:19am

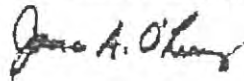
Encounter reviewed & signed by Ivan E. LaMotta, MD on 08/25/2017 at 10:35am

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)
 Order Name PHYSICAL THERAPY REFERRAL
 Notes Low Back Program - 2 x week, 4-6 weeks

Patient Information

Patient Name	CLAYTON, TIMOTHY N
Sex - DOB - Age	M 03/15/1971 46yo
Address	249 BRIDLERIDGE RD LEXINGTON, SC 29073
Phone	H: (803) 466-5413 M: (803) 466-5413
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

Electronically Signed by: JAMES O'LEARY, MD



JAMES O'LEARY, MD

Imaging Results

MRI, LUMBAR SPINE, W/O CONTRAST 07/20/2017 (#200229)

Interpretation MRI of the lumbar spine performed at ___ on ___ reveals residual S1-2 disc. There is a small right sided L4-5 foraminal disc protrusion with no significant stenosis.

Letters

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)



Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Timothy Clayton ACCOUNT: 2249701
 DATE OF BIRTH: 03/15/1971 EMPLOYER: SC DEPARTMENT OF TRANSPORTATION
 PROVIDER'S NAME: IVAN E. LAMOTTA, MD DOS: 08/24/2017
 CARRIER: SOUTH CAROLINA STATE ACCIDENT FUND DOA: 03/28/2017
 WC CLAIM#: 338685580
 DX CODE(S) & DESCRIPTION: LUMBAR SPINE

CLAYTON, TIMOTHY H (id #2249701, dob: 03/15/1971)

WORK STATUS:

- Regular duty as of _____ with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
- Medium physical demands as of * _____ with restrictions.
- Light physical demands as of * _____ with restrictions.
- Remain out of work until * 09/21/2017
- Part-time (whether regular duty or light duty)
- Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- None
- No walking
- No climbing
- No standing
- No prolonged standing
- No twisting
- No work at heights
- No kneeling, squatting, crawling
- Pushing or pulling limit ____ (lbs)
- Lifting and carrying limit ____ (lbs)
- Sedentary duties only
- No overhead work
- No stretching
- Specific restrictions per FCE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

- Ivan E. LaMotta, MD for ROV 5 at Irmo on 09/21/2017 at 9:00am



Electronically Signed by: IVAN E. LAMOTTA, MD
IVAN E. LAMOTTA, MD
08/24/2017

Standard Insurance Company

Long Term Disability Department 400 First Street, Suite 1100, Portland, OR 97201
P.O. Box 2022, Portland, OR 97208

State of South Carolina
Long Term Disability Benefits
Attending Physician's Statement

NOTE: Standard Insurance Company is acting only in an administrative capacity for the Basic LTD Plan

PART A: TO BE COMPLETED BY PATIENT

Name: Timothy Clayton Social Security No: 338-68-5580
Current Home Address: 249 Bardsedge Rd. City: Lexington State: SC Zip Code: 29013
Phone No: 803-406-5463 Business: 318771 P. No. SC

PART B: TO BE COMPLETED BY PHYSICIAN

DEAR DOCTOR: The purpose of this form is to help us determine whether the medical condition of your patient is disabling. We need documentation of functional impairment. Please include laboratory data and results of special tests (x-rays, CAT scan, EEG, etc.). Please attach copies of any pertinent x-rays, reports, hospital admitting history, physician discharge summaries, chart notes, and narrative reports.
This patient is responsible for the completion of this form without expense to this Standard. (Forms may be returned out to unanswered questions.)

The following information is needed to document the patient's inability to work:

1. DIAGNOSIS

A. Primary Diagnosis: LOW BACK PAIN ICD-9 Classification: M54.5
B. Secondary Diagnosis: fracture of vertebrae
C. Current Symptoms: BACK PAIN
D. Diagnostic Testing (Choose Exam, Imaging Studies, Lab Results):
SEE ATTACHED NOTES
E. Patient's History: None Most recent blood pressure: Pulse:

2. PREGNANCY (if applicable)

Expected date of delivery: N/A Antepartum to be normal: Yes No
Actual date of delivery: Type of delivery: Vaginal Cesarean Section

3. HISTORY

A. When did you first notice symptoms of your condition? 2/28/17
B. Did you inform your employer of your condition? Yes No
C. When did you stop work? 7/20/17
D. Why did you stop work? Unable to perform job duties/manual labor
E. Has the patient ever had the same or similar condition? Yes No If yes, when?
F. Is the condition related to the patient's employment? Yes No Uncertain
G. Did you receive a Workers' Compensation report for this condition? Yes No
H. Why was the patient referred to you by? WORK COMP

4. TREATMENT

A. Date patient first called you for an appointment: 7/20/17
B. Date of subsequent visits: 8/24/17 Disability modified: same
C. Date of most recent visit: same
D. Treatment Plan: Physical therapy, chiropractic treatment
E. Medications: SEE ATTACHED

5. PHYSICAL CAPACITIES

Based on the patient's physical, metabolic, and psychiatric findings, how can you best describe the level of ability?

Frequently able to perform:	Self	10	10	10	10	10	10
Slightly able to perform:	10-	20	20	20	20	20	20
Work/Stand in 2 1/2 hours or more:	0	1	2	3	4	5	6
Work/Stand in 1 1/2 hours or more:	0	1	2	3	4	5	6
Stand in 1 hour or more:	0	1	2	3	4	5	6
Stand in 30 min or more:	0	1	2	3	4	5	6
Walk/Stand in 15 min or more:	0	1	2	3	4	5	6
Walk/Stand in 10 min or more:	0	1	2	3	4	5	6
Walk/Stand in 5 min or more:	0	1	2	3	4	5	6
Walk/Stand in 1 min or more:	0	1	2	3	4	5	6

None Occasionally Frequently
 None Occasionally Frequently
 None Occasionally Frequently

6. LEVEL OF FUNCTIONAL IMPAIRMENT

A. The patient is: Ambulatory Partially Confined Bed Confined Hospital Confinement

B. Give a description of the patient's mental and cognitive symptoms and restrictions:

C. Is the patient competent to manage his/her affairs? Yes No

D. Does the patient need assistance to manage his/her affairs? Yes No

E. Other impairments (please be specific):

F. Physical Status: Bed Limb

7. HOSPITALIZATION

A. Date admitted: N/A Date discharged: _____

B. Reason for admission to hospital: _____ Date surgery performed: _____

C. Description of any surgical procedure performed: _____

D. Location: _____

E. Name of Hospital: _____

F. Address: _____ City: _____ State: _____ Zip Code: _____

8. OTHER TREATING MEDICAL PROFESSIONALS (if known)

A. Name: JAMES DEAN WAD Specialty: _____

Address: CAROLAN WAD City: _____ State: _____ Zip Code: _____

B. Name: _____ Specialty: _____

Address: _____ City: _____ State: _____ Zip Code: _____

9. PROGNOSIS

A. Describe patient's condition since onset of symptoms: Improved Stable Worsening Unchanged Depressed

B. When do you expect a fundamental or marked change in patient's condition? determined after FCE

C. How long do you anticipate the patient will be able to work? Indefinite Months Years

D. What percentage of work or job site modifications could the employee make to assist his/her ability to return to work? None Slightly Moderately Severely

E. Assessment and prognosis are complicated by: Multiple Significant organ system dysfunction Dependence on drugs/medications

Please send copies of chest x-rays, diagnostic, laboratory, and -treating/medication findings, as well as operative reports and hospital discharge summaries for the past year.

Acknowledgment

I hereby certify that the answers I have typed to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the applicable fraud notice on page 13 of this form.

Physician's Signature: Evan Lamotta, MD Date: 8/28/17

Address: 300 Blending St City: Columbia State: SC Zip Code: 29201

Phone No.: 803 756 4107 Fax No.: 803 933 6317

Residual Functional Capacity Form

Patient: Lucy A. D. SS #: 338 03-536

Date of Birth: 2/15/71

Dear Doctor: _____

Please respond to the following questions regarding your patient's disability. This will be used as medical evidence for a Social Security disability claim or a private long-term disability claim.

Please be specific with regards to your patient's medical ailments and how they affect his or her daily activities both at work and at home:

1. With regards to your contact with the patient, please describe the frequency and purpose:

MONTHLY FOLLOW UP VISITS

2. Please describe the patient's symptoms as completely as possible:

LOW BACK PAIN DUE TO WORK RELATED INJURY IN MARCH 2017

3. Please state all clinical findings and any medical test results and/or laboratory results:

RIGHT PSIS ENTHESOPATHY; LUMBAR STRAIN

4. What is your diagnosis of the patients symptoms and test results?

5. Please describe any treatment done so far and the results of treatment:

** SEEN 6/20/17 BY DR JAMES O'LEARY; PER THAT VISIT: I reviewed the x rays and MRI findings with the patient and his wife. He has an underlying degenerative spine condition which was aggravated by his work injury. I recommended initial nonoperative treatment, there is no indication for immediate surgery. I will send him to physical therapy for spine rehabilitation. I gave him anti-inflammatory medicines and muscle relaxers. consider the use of a brace for support. He may safely perform light duty with limited bending twisting and turning and no lifting over 10 pounds. The patient's wife was displeased with my evaluation, medical opinion and plan of care and I will therefore release him from my office. I will refer him to one of my spine partners or another orthopedic surgeon for further evaluation and treatment.

6. What is your prognosis for this patient?
NO CHANGE AT THIS TIME.

**SEEN BY SPINE SPECIALIST, DR IVAN LAMOTTA, PER HIS RECOMMENDATIONS: PSIS INJECTION; PHYSICAL THERAPY; PER LAST VISIT: At this time, I recommend that the patient undergo a functional capacity evaluation. I do not expect the patient to be able to return to his previous work as a heavy equipment mechanic. I do not recommend any additional medications at this time.

7. Would you expect the patient's disability or impairment to last one year or more, or has it already lasted one year?

Yes No

8. Does the disability or impairment prevent the patient from standing for six to eight hours?

Yes No

Can the patient stand at all, and if so for how long?

YES: NO MORE THAN 1HR AT A TIME WITHOUT A BREAK

9. Does the disability or impairment prevent the patient from sitting upright for six to eight hours?

Yes No

Can the patient sit at all, and if so for how long?

10. If the patient cannot stand and/or sit upright for six to eight hours, what is the reason?

11. Does the disability or impairment require the patient to lie down during the day?

Yes No x

If the answer is yes, please explain why:

12. How far can the patient walk without stopping?

DETERMINED AFTER FCE

13. Please check the frequency with which the patient can perform the following activities:

Percentage of Time	Rarely 0-30%	Frequently 30-70%	Consistently 70-100%
Reach Up Above Shoulders			x
Reach Down to Waist Level			x
Reach Down Towards Floor	x		
Carefully Handle Objects			x
Handle with Fingers			x

14. In pounds, how much weight can the patient lift and carry during an eight-hour period?

DETERMINED PER FCE

Less than 5 5-10 11-20 21-50 over 50

15. In pounds, how much weight can the patient lift and carry regularly/daily?

DETERMINED PER FCE

Less than 5 5-10 11-20 21-50 over 50

16. Does the patient's disability or impairment prevent the him or her from performing certain motions such as lifting, pulling, holding objects, etc.?

YES

17. Does the patient have any difficulty performing the motions below? (Please include any range of motion information.)

Bending YES

Squatting NO

Kneeling NO

Turning any parts of the body BACK/TWISTING

18. Would the patient's disability or impairment prevent him or her from traveling alone?

Yes No X Why?

19. Are there any other factors not addressed in the above questions that you believe may affect the patient's ability to work, or function normally in daily life?

PATIENT REFERRED FOR FUNCTIONAL CAPACITY EXAM TO DETERMINE SPECIFIC RESTRICTIONS

20. If the patient has any complaints of pain, please address the following questions:

What is the nature of the pain?

WORK RELATED INJURY WHICH EXACERBATED UNDERLYING DEGENERATIVE CHANGES

How frequent is the pain?

DAILY

How would you describe the level of pain?

SEVERE PAIN PER PATIENT; NORMAL: 5/10; AT WORST: 10/10

How would you rate the patient's credibility with regards to claims of pain?

SATISFACTORY

Is there an objective medical reason for the pain?

YES

21. Given your experience with the patient, your diagnosis, and the patient's disability or impairment, do you believe he or she could continue or resume work at current or previous employment?

Yes No

If not, please explain why:

WILL NOT BE ABLE TO PERFORM MANUAL TASKS

Is there other work the patient could do given his or her skills and disability or impairment?

DETERMINED AFTER FCE

22. How would you expect the patient's diagnosis/disability to change over time?

Disability is Not Likely to Change

Disability is Temporary, From _____ To _____

***UNTIL SEEN BACK AFTER FCE

23. When would you expect the patient to be able to return to work, with and/or without any restrictions?

SAME AS ABOVE

Please enclose all relevant medical, clinical, and laboratory records you have for this patient, and use the space below for any additional comment or information you feel is relevant.

Date Report Completed:

8/28/17

Signature of Physician:

Ivan LaMotta, MD

Physician Name:

IVAN LAMOTTA, MD

Address:

1910 BLANDING ST. COLUMBIA, SC 29201

Telephone:

803-256-4107

Specialty:

ORTHO

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 09/21/2017
 Patient

Name CLAYTON, TIMOTHY (46yo, M) ID# 2249701 Appt. Date/Time 09/21/2017 09:00AM
 DOB 03/15/1971 Service Dept. Irmo
 Provider IVAN E. LAMOTTA, MD
 Insurance Med Worker's Comp; SOUTH CAROLINA STATE ACCIDENT FUND
 Employer Name : SC DEPARTMENT OF TRANSPORTATION
 Case # : 338685380
 Case Injury Date : 03/23/2017
 Prescription: check now

Chief Complaint

Low Back

4 week Follow Up

Patient's Care Team

Insurance Adjuster (Worker's Comp): LARISA DALY: Ph (803) 896-5819, Fax (803) 612-2707

Patient's Pharmacies

WALGREENS DRUG STORE 11362 (ERX): 1903 S LAKE DR, LEXINGTON SC 29073, Ph (803) 356-1001, Fax (803) 356-1006

Vitals

BP: 159/127 sitting 09/21/2017 09:13 am
 BMI: 23.5 09/21/2017 09:08 am
 Ht: 5 ft 7 in (170.18 cm) 09/21/2017 09:08 am
 Pulse: 95 bpm 09/21/2017 09:13 am
 Wt: 150 lbs (68.04 kg) 09/21/2017 09:08 am

Allergies

Reviewed Allergies
 CORTICOSTEROIDS (GLUCOCORTICOID5): - Seizure following injection
 CORTISONE: - Seizure following injection

Medications

Reviewed Medications

ALPRAZolam 2 mg tablet 08/07/17 filed
 clobetasol 0.05 % topical foam 05/24/17 filed
 diazePAM 10 mg tablet 09/06/17 filed
 diclofenac sodium 75 mg tablet, delayed release
 Take 1 tablet(s) twice a day by oral route. 06/20/17 filed
 ketoconazole 2 % shampoo 01/10/17 filed
 lamoTRigine 100 mg tablet 07/22/17 filed
 meloxicam 7.5 mg tablet
 Take 1 tablet(s) twice a day by oral route. 08/03/17 filed
 pantoprazole 40 mg tablet, delayed release 09/11/17 filed
 QUETiapine 25 mg tablet 09/05/17 filed

Problems

Reviewed Problems
No known problems

Family History

Reviewed Family History
Mother
Brother
Paternal Aunt
Unspecified Relation

- History of depression
- History of depression
- History of depression
- Heart disease
- grandfather

Social History

Reviewed Social History
Smoking Status: Never smoker
Cigar/Pipe use: N
Alcohol intake: Occasional
Number of children: 3
Marital status: Married
Occupation: mechanic
Employer: scdot
Type of Work: mechanical
Hand Dominance: Right

Surgical History

Reviewed Surgical History
Orthopedic Surgery - collarbone

Past Medical History

Reviewed Past Medical History
Anxiety: Y
Depression: Y
Heartburn/GERD: Y
High Cholesterol: Y
Irritable Bowel Syndrome: Y
Lupus: Y
Panic Attacks: Y
Sleep Apnea: Y
Tuberculosis: Y

Screening

None recorded.

HPI

Mr. Timothy Clayton is a 46-year-old male who comes to the clinic for a follow-up. His previous assessment from 08/24/2017 is work-related injury, lumbar sprain, and right PSIS enthesopathy. The patient states he had severe pain during the functional capacity evaluation and it was worsening during the assessment.

I have reviewed a functional capacity evaluation performed at Cora Rehabilitation Clinics on 09/14/2017 and I am in agreement. His lifting ability summary reveals that the patient is capable of working at a heavy physical demand category as defined by the U.S. Department of Labor guidelines.

ROS

Patient reports weight loss (__ lbs). He reports difficulty hearing. He reports snoring and teeth abnormalities. He reports shortness of breath when walking. He reports change in appetite and frequent diarrhea. He reports muscle aches and back pain. He reports growths/lesions. He reports depression. He reports fatigue.
ROS as noted in the HPI

Physical Exam

Patient is a 46-year-old male.

Lumbar spine examination reveals:
Mildly limited range of motion
The patient ambulates without assistive devices
Lower extremity strength reveals no deficits, 5/5
Intact sensation to all major dermatomes, stable
Improvement: not indicated
Incision: n/a

Assessment / Plan

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

IMPRESSION:
Work-related injury
Lumbar sprain
Right PSIS enthesopathy.

DISPOSITION:
The patient has reached maximum medical improvement at this point. The patient has not sustained any loss of function to the lumbar spine. Therefore, there is no permanent impairment to the lumbar spine. He has maximized and exhausted medical care and at this point there is no need for any additional medical treatment. The patient will be released back to work with all the restrictions set forth by the functional capacity evaluation.

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Ivan E. LaMotta, MD, 09/26/2017.

Encounter performed by Ivan E. LaMotta, MD
Encounter scribed for Ivan E. LaMotta, MD by Deanna Schmidt
Encounter signed by Deanna Schmidt as scribe at 09/21/2017 at 5:16pm
Encounter reviewed & signed by Ivan E. LaMotta, MD on 09/26/2017 at 11:02am

Letters

Midlands Orthopaedics and Neurosurgery • 1013 Lake Murray Blvd, IRMO SC 29063-2824

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)



Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Timothy Clayton ACCOUNT: 2249701
DATE OF BIRTH: 03/15/1971 EMPLOYER: SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION
PROVIDER'S NAME: IVAN E. LAMOTTA, MD DOS: 09/21/2017
CARRIER: SOUTH CAROLINA STATE DOA: 03/28/2017
ACCIDENT FUND
WC CLAIM#: 338685580
DX CODE(S) & DESCRIPTION: LUMBAR SPINE

WORK STATUS:

- Regular duty as of 09/21/2016 with restrictions set forth by FCE.
(Availability of light duty is determined by the employer and not the physician).
- Medium physical demands as of * with restrictions.
- Light physical demands as of * with restrictions.
- Remain out of work until *
- Part-time (whether regular duty or light duty)
- Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- None
- No walking
- No climbing
- No standing
- No kneeling, squatting, crawling
- Pushing or pulling limit ___ (lbs)
- Lifting and carrying limit ___ (lbs)
- Sedentary duties only

CLAYTON, TIMOTHY N (id #2249701, dob: 03/15/1971)

- No prolonged standing
- No overhead work
- No twisting
- No stretching
- No work at heights
- Specific restrictions per FCE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date: PRN



Electronically Signed by: IVAN E. LAMOTTA, MD
IVAN E. LAMOTTA, MD
09/21/2017

LAW OFFICES

MCWHIRTER, BELLINGER & ASSOCIATES, P.A.

118 EAST MAIN STREET,
LEXINGTON, SOUTH CAROLINA 29072
(803) 359-5523
FAX (803) 359-1248
mail@mcwhirterlaw.com

H. PATTERSON MCWHIRTER
THOMAS P. BELLINGER
DAVID A. MCWHIRTER
STACEY TAYLOR MYER
JOSEPH A. DAVIS
L. LISA McPHERSON
ELIZABETH McWHIRTER PLATZ

RICHARD W. SIMMONS, II
J. TYLER LEE, JR.
MELISSA G. MOSEY
JOHN P. MENDONIS
AMANDA PATTON
CHRISTOPHER M. CURKINOWSKI

February 15, 2018

VIA FACSIMILE TRANSFER ONLY 803.933.6346:

Ivan E. LaMotta, M.D.
Midlands Orthopaedics, P.A.
1910 Blending Street
Columbia, SC 29201

Re: Our Client: Timothy Neal Clayton; Case No. 338685580
Date of Birth: 3/15/1971
SSN: xxx-xx-5580
Date of Incident: 3/28/2017

Dear Dr. LaMotta:

As you may be aware, I represent Timothy Neal Clayton on a pending March 28, 2017, workers compensation claim. On March 28, 2017, Mr. Clayton injured his low back loading hydraulic pumps and saddles. The low back injury affected the right leg, right hip, and aggravated his psychological condition. You kindly provided treatment July 20, 2017, through September 21, 2017. As you know, on July 1, 2007, our statutes were reformed to require medical causation establishing an injury arose out of and during the course of employment.

Enclosed for reference are the following medical records: July 20, 2017, Lexington County Emergency Medical Services; June 20, 2017 – September 21, 2017, Midlands Orthopaedics and Neurosurgery; and July 20, 2017, Palmetto Health Baptist Parkridge. The July 20, 2017, Midlands Orthopaedic report noted administration of 2 CCs of Depo-Medrol (40mg/mL), 4cc of 0.25% Marcaine, 4cc of 1% lidocaine. Unfortunately, Mr. Clayton had a reaction which necessitate EMS transport to Palmetto Parkridge. The August 24, 2017, report noted the same. Therefore, to move this case forward, we need your insight. Please address the below questions and return to my attention via fax 803.359.1248.

I. To a reasonable degree of medical certainty, it is my opinion that Timothy Neal Clayton's July 20, 2017, seizure was most probably a reaction to the injection given or at minimum most probably a natural consequence flowing from the March 18, 2017, work-related injury.

Yes No

[SECOND SIGNATURE PAGE FOLLOWS]

VIA FACSIMILE TRANSFER ONLY 803.933.6346:

Ivan E. LaMotta, M.D.
Midlands Orthopaedics, P.A.
RE: Timothy Neal Clayton; Case No. 338685580
Page Two
February 15, 2018

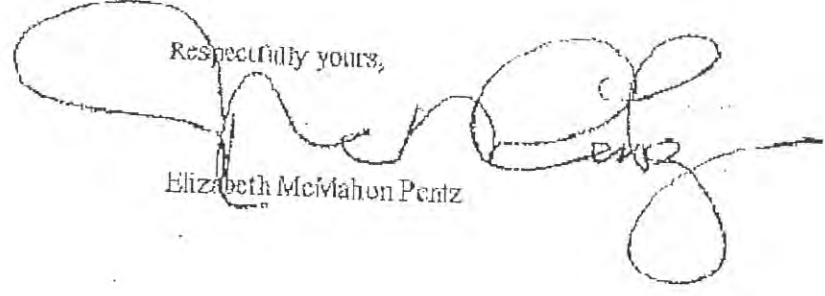
1. To a reasonable degree of medical certainty, it is my opinion that Timothy Neal Clayton's July 20, 2017, seizure required medically necessary care in the form of Lexington County EMS transport to Palmetto Health Baptist Parkridge for follow up.

Yes No

 _____ Date 04/09/2018

Electronically signed by IVAN E. LAMOTTA, MD
on 04/09/2018 at 10:38:54 AM

Please do not hesitate to contact me with any questions or concerns. 803.520.5067 direct, 803.738.1933 call after 5pm. As always, your professional cooperation in addressing these issues is greatly appreciated. Thanking you in advance, I am

Respectfully yours,

Elizabeth McVlahon Pentz

BMP/BKM
Attachments

cc: Timothy Neal Clayton (w/o attachments)

FINAL**Patient Care Report**

Lexington County EMS
 407 BALL PARK ROAD
 LEXINGTON, LEXINGTON, SC, 29072
 (803) 785-8683 Ext.

NPI: 1154314409
 EMS Agency Number: 044

Run Number: 17-023571
 PCRID: 142507
 Incident Number: 2017208601
 Date of Service: 07/20/2017
 Patient Name: Timothy Clayton

CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Vehicle: 1 Call Sign	Med/Trauma: Medical Call Type: BLS	Type of Service: 911 Response (Scene) Outcome: Treated, Transported to ED Billing Status:	Injury: PSAP: 11:56 07-20-17
Resp No: Primary Role: Ground Transport Crew #1 ID: WILCOX, TAYLOR Crew #1 Role: Driver/Pilot-Transport Crew #1 Level: EMT-Paramedic Crew #2 ID: SANCHEZ, MARILYN Crew #2 Role: Primary Patient Caregiver-Transport Crew #2 Level: EMT-Basic Crew #3 Role	Resp Priority: Lights and Sirens Nature Of Call: Transfer EMD Performed: EMD Card No: Dispatch Delay: Resp. Delay: <None> <None> <None> Call Taken by: 911 Resp. with: Locn Type: Health care provider office	Dest. Reason: Patient's Choice Trans. Priority: No Lights and Sirens Odometer Start: 93.9 At Scene Mileage: 97.5 At Dest. Mileage: 98.9 Odometer End: Patients Txd from Amb: Cond at Dest.: Unchanged Dest Type:	Recvd: Dispatch: 12:00 07-20-17 En route: 12:01 07-20-17 At scene: 12:07 07-20-17 At patient: 12:09 07-20-17 Trans of Care: Transport: 12:20 07-20-17 At dest.: 12:26 07-20-17 In service: 12:32 07-20-17
Crew #3 Level Disp Locn: Disp Zone Disp GPS Locn: Other EMS Agency: Est First At Scene: First At Scene time: Doc'd By: WILCOX, TAYLOR Assisted By:	Location: <None> 1013 LAKE MURRAY BLVD IRMO, Richland, SC 29063 Scene Zone No: Scene GPS Locn: No of Patients: 0 Sending Fac Med Rec No: Mass Casualty Inc: No Possible Injury: No	Protocols Used: Level of care: BLS Barriers to Care: None Noted Pt. Transported: Scene Delay: None/No Delay Trans. Delay: <None> <None> <None> Dest Delay: None/No Delay Destination: 20- Parkridge Hospital 400 PALMETTO HEALTH PARKWAY Columbia, Lexington, SC 29212 Dest Zone No: Dest GPS Locn: Dest Fac Med Rec No: Recv Doctor Transporting Agency: Lexington County EMS	At base: 12:32 07-20-17

PATIENT INFORMATION

Name: Timothy N. Clayton Phone: (727) 417-9998 Home Country: United States
 SSN: 338-63-5580 DOB: 03/15/1971 (46 yrs) Home Addr.: 249 BRIDLERIDGE ROAD
 Sex: Male Weight: LEXINGTON, LEXINGTON, SC 29073
 Race: White Emergency Info Form: No
 Ethnicity: Not Hispanic or Latino DL Info: Mailing Addr.: 249 BRIDLERIDGE ROAD
 Braslow/Luten Color: Advanced Directives: LEXINGTON, SC 29073
 Personal Effects: None Doctor:

NEXT OF KIN

Name: Phone: Relationship:

103
L U I

175

Page 1 of 6

Lexington County EMS 407 BALL PARK ROAD LEXINGTON, LEXINGTON, SC, 29072 (803) 785-8683 Ext. NPI: 1154314409 EMS Agency Number: 044	Run Number: 17-023571 PCRID: 142507 Incident Number: 2017208601 Date of Service: 07/20/2017 Patient Name: Timothy Clayton
---	---

SSN: _____ DOB: _____
 Sex: _____ Home Addr.: SC _____

INSURANCE

Condition code: _____ Modifier: _____

Primary Method: Insurance Certificate Med Nec: _____
 Response Urgency: _____ CMS Service Level: _____
 Work Related: _____
 Occupation: _____ Occupational Industry: _____

Payor Info:

Company: BCBS - PEBA Policy #: ZCS18510788 Group #: _____
 Billing Priority: Primary
 Guarantor: Receiving RN/LPN
 Name: _____ Address: _____
 SSN: 000-00-0000 Phone: _____
 Date of Birth: _____

PATIENT COMPLAINTS

Chief Complaint
 Seizures/Convulsions (Primary)
 30 Seconds

Anatomic Location
 General/Global

Organ System
 CNS/Neuro

Primary Symptom
 Seizura (convulsive)

Other Associated Symptoms
 Weakness

Last Oral Intake

Medical Hx Obtained From
 Patient

HISTORY

Past Medical History
 Neuro-Lupus Psych/Behavior-Anxiety Disorder Psych/Behavior-Depression

Allergies
 No Known Drug Allergy No Known Environmental/Food Allergies

Medications
 Alprazolam - Hydrocodone w/APAP - Prozac - Ultram -
 Xanax -

Medical History Obtained From
 Patient

ASSESSMENT

ETOH/Drug use: _____ Pregnancy: _____

07/20/2017 12:11:00		By: SANCHEZ, MARILYN	
Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Patent	Breathing	Normal Respirations
Circulation	Capillary Refill - < 3 Seconds Hemorrhage - None Pulses - Radial - Normal (2+)	Blood/Fluid Loss	None Noted
Head	Normal	Face	Normal

Lexington County EMS
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Run Number: 17-023571
 PCRID: 142507
 Incident Number: 2017208601
 Date of Service: 07/20/2017
 Patient Name: Timothy Clayton

Left Ear	Normal	Right Ear	Normal
Left Eye	Reactive	Right Eye	Reactive
Nose	Normal	Neck	Normal
Trachea	Normal	Pelvis	Normal
Genitalia	Not Done	Upper Left Arm	Normal
Upper Right Arm	Normal	Upper Left Leg	Normal
Upper Right Leg	Normal	Lower Left Leg	Normal
Lower Right Leg	Normal	Abdomen - Generalized	Normal
Abdomen - Left Lower	Normal	Abdomen - Left Upper	Normal
Abdomen - Right Lower	Normal	Abdomen - Right Upper	Normal
Back-General	Normal	Both Eyes	Reactive
Cervical-Left	Normal	Cervical-Midline	Normal
Cervical-Right	Normal	Chest/Lungs	Normal
External/Skin	Normal	Heart	Normal
Left 1st (Big) Toe	Normal	Left 2nd (Index) Finger	Normal
Left 2nd Toe	Normal	Left 3rd (Middle) Finger	Normal
Left 3rd Toe	Normal	Left 4th (Ring) Finger	Normal
Left 4th Toe	Normal	Left 5th (Smallest) Finger	Normal
Left 5th (Smallest) Toe	Normal	Left Ankle	Normal
Left Dorsal Foot	Normal	Left Dorsal Hand	Normal
Left Elbow	Normal	Left Forearm	Normal
Left Hip	Normal	Left Knee	Normal
Left Palm	Normal	Left Plantar Foot	Normal
Left Shoulder	Normal	Left Thumb	Normal
Left Wrist	Normal	Lumbar-Left	Normal
Lumbar-Midline	Normal	Lumbar-Right	Normal
Mental Status	Normal Baseline for Patient	Mouth	Normal
Neurological	Normal Baseline for Patient	Periumbilical	Normal
Right 1st (Big) Toe	Normal	Right 2nd (Index) Finger	Normal
Right 2nd Toe	Normal	Right 3rd (Middle) Finger	Normal
Right 3rd Toe	Normal	Right 4th (Ring) Finger	Normal
Right 4th Toe	Normal	Right 5th (Smallest) Finger	Normal
Right 5th (Smallest) Toe	Normal	Right Ankle	Normal
Right Dorsal Foot	Normal	Right Dorsal Hand	Normal
Right Elbow	Normal	Right Forearm	Normal
Right Hip	Normal	Right Knee	Normal
Right Palm	Normal	Right Plantar Foot	Normal
Right Shoulder	Normal	Right Thumb	Normal
Right Wrist	Normal	Sacral-Left	Normal
Sacral-Midline	Normal	Sacral-Right	Normal
Thoracic-Left	Normal	Thoracic-Midline	Normal
Thoracic-Right	Normal		

07/20/2017 12:24:00 By: SANCHEZ, MARILYN

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Patent	Breathing	Normal Respirations
Circulation	Capillary Refill - < 3 Seconds Hemorrhage - None Pulses - Radial - Normal (2+)	Blood/Fluid Loss	None Noted
Head	Normal	Face	Normal
Left Ear	Normal	Right Ear	Normal
Left Eye	Reactive	Right Eye	Reactive
Nose	Normal	Neck	Normal
Trachea	Normal	Pelvis	Normal
Genitalia	Not Done	Upper Left Arm	Normal

Lexington County EMS
 407 BALL PARK ROAD
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 PCRID: 142507
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 Date of Service: 07/20/2017
 Patient Name: Timothy Clayton

Upper Right Arm	Normal	Upper Left Leg	Normal
Upper Right Leg	Normal	Lower Left Leg	Normal
Lower Right Leg	Normal	Abdomen - Generalized	Normal
Abdomen - Left Lower	Normal	Abdomen - Left Upper	Normal
Abdomen - Right Lower	Normal	Abdomen - Right Upper	Normal
Back-General	Normal	Both Eyes	Reactive
Cervical-Left	Normal	Cervical-Midline	Normal
Cervical-Right	Normal	Chest/Lungs	Normal
External/Skin	Normal	Heart	Normal
Left 1st (Big) Toe	Normal	Left 2nd (Index) Finger	Normal
Left 2nd Toe	Normal	Left 3rd (Middle) Finger	Normal
Left 3rd Toe	Normal	Left 4th (Ring) Finger	Normal
Left 4th Toe	Normal	Left 5th (Smallest) Finger	Normal
Left 5th (Smallest) Toe	Normal	Left Ankle	Normal
Left Dorsal Foot	Normal	Left Dorsal Hand	Normal
Left Elbow	Normal	Left Forearm	Normal
Left Hip	Normal	Left Knee	Normal
Left Palm	Normal	Left Plantar Foot	Normal
Left Shoulder	Normal	Left Thumb	Normal
Left Wrist	Normal	Lumbar-Left	Normal
Lumbar-Midline	Normal	Lumbar-Right	Normal
Mental Status	Normal Baseline for Patient	Mouth	Normal
Neurological	Normal Baseline for Patient	Periumbilical	Normal
Right 1st (Big) Toe	Normal	Right 2nd (Index) Finger	Normal
Right 2nd Toe	Normal	Right 3rd (Middle) Finger	Normal
Right 3rd Toe	Normal	Right 4th (Ring) Finger	Normal
Right 4th Toe	Normal	Right 5th (Smallest) Finger	Normal
Right 5th (Smallest) Toe	Normal	Right Ankle	Normal
Right Dorsal Foot	Normal	Right Dorsal Hand	Normal
Right Elbow	Normal	Right Forearm	Normal
Right Hip	Normal	Right Knee	Normal
Right Palm	Normal	Right Plantar Foot	Normal
Right Shoulder	Normal	Right Thumb	Normal
Right Wrist	Normal	Sacral-Left	Normal
Sacral-Midline	Normal	Sacral-Right	Normal
Thoracic-Left	Normal	Thoracic-Midline	Normal
Thoracic-Right	Normal		

IMPRESSIONS

Primary Impression: Weakness
 Secondary Impressions: None

TRAUMA

MVA Details: Row Location: Position: Height of Fall:

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
07/20/2017 12:16		0	98, <None>		<None>	100%			
		Lung Sounds Left= Lung Sounds Right=							
Taken by:		<None>							
07/20/2017 12:15		152/96	<None>		<None>				

FINAL**Patient Care Report**

Lexington County EMS
 407 BALL PARK ROAD
 LEXINGTON, LEXINGTON, SC, 29072
 (803) 785-8683 Ext.

NPI: 1154314409
 EMS Agency Number: 044

Run Number: 17-023571
 PCRID: 142507
 Incident Number: 2017208601
 Date of Service: 07/20/2017
 Patient Name: Timothy Clayton

Lung Sounds Left= Lung Sounds Right=

Taken by: SANCHEZ, MARILYN

07/20/2017 12:21 0 103, <None> 99%
 <None>

Lung Sounds Left= Lung Sounds Right=

Taken by: <None>

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Authorized by	Comments
12:23	No	Blood Glucose Analysis	SANCHEZ, MARILYN		98
		<u>Complication</u>	<u>Complication Narrative</u>		

of Attempts=1

NARRATIVE

AOS to find a 46 Y/O white male lying supine on a bed in a doctors office awaiting EMS arrival. CC post seizure. Pt's wife reports her husband received a Corazon shot in his back earlier today and approximately 10 minutes after he began to feel weak and asked to sit down. Post sitting the Pt down the Pt's wife reports the Pt began having a full body seizure. Per healthcare staff the pt experienced the seizure for approximately 30 seconds. Pt never had a postictal period after seizure. Pt was then seated in a chair for a few minutes then transferred to the bed to wait for EMS arrival. Pt denies LOC, SOB, CP, trauma, dizziness, N/V, any pain, or being light headed. Upon Pt sitting up the Pt stated he feels shaky. Pt asked to be transported to Parkridge ER. Pt reports he experienced a seizure 6 years ago prior to this one. Pt assisted onto the cot strapped and secured with seat belts then secured in unit without incident. Pt vitals taken en route. Skin W/D, PERRL, airway patent, COA X4, BBS C/E, BGL 98, positive PMS noted to all extremities. Pt condition was unchanged en route. Post arrival at destination Pt transferred from unit, still remaining secured on cot, into Parkridge ER to room 4 secured in a bed via 2 bed rails without incident. Pt care and report given to nurse Judy McMan without incident.

MISCELLANEOUS

Trauma Registry ID:
 PD Case Number:

Pat ID Band/Tag #:
 Fire Inc Report #:

ER Dept Disposition Not KnownHosp Disposition Not KnownProtective equio used Gloves

SANCHEZ, MARILYN

Fluid Contact No**SIGNATURES**

Time	Type	Who signed	Why patient did not sign
07/20/2017 12:26	Option 1, Patient Signature Form	Self - Clayton, Timothy N	<Not applicable>

Lexington County EMS
407 BALL PARK ROAD
LEXINGTON, LEXINGTON, SC, 29072
(803) 765-8683 Ext.

NPI: 1154314409
EMS Agency Number: 044

Run Number: 17-023571
PCRID: 142507
Incident Number: 2017208601
Date of Service: 07/20/2017
Patient Name: Timothy Clayton

X 

By my signature I, Timothy N Clayton, request payment of authorized Medicare, Medicaid or any other insurance benefits be made on my behalf to Lexington County EMS (LCEMS) for any services provided to me by LCEMS now or in the future.

I understand I am financially responsible for the services provided to me by LCEMS regardless of my insurance coverage and, in some cases, may be responsible for an amount in addition to that which was paid by my insurance.

I agree to immediately remit to LCEMS any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to LCEMS.

I authorize LCEMS to appeal payment denials or other adverse decisions on my behalf without further authorization.

I authorize and direct any holder of medical information or documentation about me to release such information to LCEMS and its billing agents, and/or Centers for Medicare and Medicaid Services and its carriers and agents, and/or any other payors or insurers as may be necessary to determine these or other benefits payable for any services provided to me by LCEMS, now or in the future. A copy of this form is as valid as an original.


Privacy Practices Acknowledgment: by signing below, I acknowledge that I have received information concerning LCEMS's Notice of Privacy Practices.

07/20/2017 12:26 Facility Acceptance

Nurse (RN) - Mcmann, Judy

<Not applicable>

My signature indicates Timothy N Clayton was received by this facility at the date and time indicated and a report was received from crew members WILCOX, TAYLOR, SANCHEZ, MARILYN.

X 

CREW INFORMATION

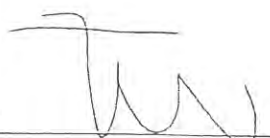
Start Date/Time: 07/19/2017 07:20

Crew # Name
SC02191 WILCOX, TAYLOR
3

Crew # Name
SC02332 SANCHEZ, MARILYN
5

Level: EMT-Paramedic

Level: EMT-Basic

X 

X 

Emergency Dept

CLAYTON, TIMOTHY N - D000620625

Result type: Emergency Dept
Result date: July 20, 2017 15:10 EDT
Result status: Auth (Verified)
Result title: Emergency Dept
Performed by: Baird MD, Joshua P on July 20, 2017 15:10 EDT
Verified by: Baird MD, Joshua P on August 10, 2017 10:08 EDT
Encounter info: D1720101790, Baptist Parkridge, ERD-Emergency Room Patient, 07/20/17 - 07/20/17
Contributor system: Softmed

Emergency Dept (Verified)

PATIENT: CLAYTON, TIMOTHY
MR #: 000520625
ADMITTED: 07/20/2017
ACCOUNT #: 1720101790
DICT: Joshua Phillip Baird, MD
DOB: 03/15/1971
PT.LOC: SVR

DATE OF VISITATION: 07/20/2017

ACCOUNT NUMBER: 1720101790

ATTENDING PHYSICIAN: Joshua Phillip Baird, MD

TIME OF SERVICE: 12:36.

CHIEF COMPLAINT: Seizure.

HISTORY OF PRESENT ILLNESS: This is a 46-year-old Caucasian male who is presenting to the emergency department for evaluation after a possible seizure. Wife describes a generalized tonic-clonic episode with following postictal state. Patient had no loss of bowel or bladder, did not bite his tongue. He is without complaint now other than feeling "jittery." The patient notes that he felt it "coming on," prior to onset of symptoms. Patient does have a history of similar symptoms, in the past. He denies any chest pain, palpitations, or pleurisy, prior to the event. Felt well, prior to going to the doctors' office.

REVIEW OF SYSTEMS: As seen in HPI. All other review of systems negative, unless otherwise stated above.

FAMILY HISTORY: Significant for hypertension and diabetes.

PAST MEDICAL HISTORY: Significant for 1 prior seizure, otherwise, anxiety, also has a history of chronic pain.

MEDICATIONS: Is on multiple medications, list was reviewed.

SOCIAL HISTORY: Reviewed.

ALLERGISS: Reviewed.

Printed by: Giammetta, Nicole Y
Printed on: 10/25/2017 16:03 EDT

Page 1 of 3
(Continued)

Emergency Dept

CLAYTON, TIMOTHY N - D000620625

PHYSICAL EXAMINATION:
VITAL SIGNS: Noted.
NEUROLOGIC: Nonfocal.
HEENT: Normocephalic, atraumatic. Eyes clear.
NECK: Supple.
RESPIRATORY: Clear to auscultation bilaterally. Symmetric chest rise.
CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs, or gallops.
PERIPHERAL VASCULAR: Intact in upper and lower extremities.
ABDOMEN: Soft, nontender. Positive bowel sounds.
MUSCULOSKELETAL: No long bone tenderness. Joints are free active and passive range of motion.
SKIN: Void of rashes, bruises, or lacerations requiring repair.

LABORATORY DATA/RADIOLOGY DATA: CT of the head shows no acute intracranial process. CBC is grossly unimpressive. Differential was unimpressive. EMP is unimpressive. EKG shows normal sinus rhythm with no signs of Brugada, preexcitation, with a normal QT interval.

EMERGENCY DEPARTMENT COURSE/MEDICAL DECISION MAKING: This is a 46-year-old who is presenting with possible seizure. He will be discharged with appropriate seizure precautions. CT of the head was obtained and was grossly unimpressive with no focal intracranial abnormality. Patient's EKG is unimpressive. Workup is otherwise unimpressive. Patient has rested comfortably throughout the duration of her stay while under my care with history of 1 prior seizure. Patient will be started on Keppra 750 mg p.o. b.i.d. Will have him follow up with USC Neurology outpatient in expedited fashion. He will return to the ER with any worsening or change in symptoms. He is afebrile, nontoxic, otherwise well appearing with no nuchal rigidity. Therefore, lumbar puncture was not obtained. The patient will be discharged home.

CLINICAL IMPRESSION: New onset seizure.

DISPOSITION: Discharge.

D: 07/20/2017 15:03 T: 07/22/2017 09:33 TID: 420211
Job #: 12029 Doc #: 00105762
cc: Joshua Phillip Baird, MD

Signature Line

Electronically Signed & Verified on 08/10/2017 10:08
by Baird MD, Joshua P

Completed Action List:

- * Perform by Baird MD, Joshua P on July 20, 2017 15:10 EDT
- * Modify by Baird MD, Joshua P on August 10, 2017 10:08 EDT
- * Sign by Baird MD, Joshua P on August 10, 2017 10:08 EDTRequested on July 22, 2017 13:15 EDT

Printed by: Giammetta, Nicole Y
Printed on: 10/25/2017 16:03 EDT

Page 2 of 3
(Continued)

Emergency Dept

CLAYTON, TIMOTHY N - D000620625

* VERIFY by Baird MD, Joshua P on August 10, 2017 10:09 EDT

Printed by: Giammetta, Nicole Y
Printed on: 10/25/2017 16:03 EDT

Page 3 of 3
(End of Report)

CT Head W/O IV Contrast
* Final Report *

CLAYTON, TIMOTHY N - D000620625

Result type: CT Head W/O IV Contrast
Result date: July 20, 2017 14:32 EDT
Result status: Auth (Verified)
Performed by: Elvis RT(N),CNMT,(CT), Christopher C on July 20, 2017 14:32 EDT
Verified by: Aitchison MD, Paul M on July 20, 2017 15:11 EDT
Encounter info: D1720101790, Baptist Parkridge, ERD-Emergency Room Patient, 07/20/17 - 07/20/17

* Final Report *

Reason For Exam
seizure

Finding:
HEAD CT

CLINICAL DATA: Seizure.

TECHNIQUE: Noncontrast head CT is performed from the skull base to the vertex.

FINDINGS: The ventricles and cisterns are normal in size, shape, and configuration. There is no mass effect or midline shift. Gray-white differentiation is intact. There are no extraaxial fluid collections or masses.

There is no orbital pathology. The paranasal sinuses are clear. There is no mastoid or middle ear effusion.

IMPRESSION: No acute finding.

Signature Line

*** Final ***

Read by: Aitchison MD, Paul M

Released By: Aitchison MD, Paul M

Released on: 07/20/2017 15:11

Trans On: 07/20/2017 14:50 by: EH

Technologist: Elvis RT(N),CNMT,(CT), Christopher

Technical Comments

All CT scans are performed using radiation dose reduction techniques. Technical factors are evaluated and adjusted to ensure appropriate moderation of exposure. Automated dose management technology is applied to adjust the radiation dose to minimize exposure while achieving a diagnostic-quality image.

Printed by: Giammetta, Nicole Y
Printed on: 10/25/2017 16:03 EDT

Page 1 of 2
(Continued)

CT Head W/O IV Contrast
* Final Report *

CLAYTON, TIMOTHY N - D000620625

Completed Action List:

- * Order by Baird MD, Joshua P on July 20, 2017 14:16 EDT
- * Perform by Elvis RT(N), CNMT, (CT), Christopher C on July 20, 2017 14:32 EDT
- * Assist by Singleton RT(R), Cisco on July 20, 2017 14:32 EDT
- * VERIFY by Aitchison MD, Paul M on July 20, 2017 15:11 EDT

Printed by: Giammetta, Nicole Y
Printed on: 10/25/2017 16:03 EDT

Page 2 of 2
(End of Report)

Neurology Office (Final Note)

CLAYTON, TIMOTHY N - A000017529

Neuro Note *

Patient: CLAYTON, TIMOTHY N MRN: A00017529 FIN: A0000026202
Age: 46 years Sex: Male DOB: 02/15/71
Associated Diagnostics: None
Author: Venkatesh MD, Yedatore S

Attending note. Patient seen with Dr. Kodumuri. Notes reviewed. History and physical reviewed. Diagnostic possibilities and investigative plan discussed. Patient reviewed and diagnosed. Agree with assessment and plan as shown. Referred to primary MR. Patient AED. Patient on Keppra. Increase dose of Lamictal for AED prophylaxis. They will talk to their Psychiatrist and then decide.

Completed Action List:

- * Perform by Venkatesh MD, Yedatore S on August 02, 2017 14:38 EDT
- * Sign by Venkatesh MD, Yedatore S on August 02, 2017 14:38 EDT
- * VERIFY by Venkatesh MD, Yedatore S on August 02, 2017 14:38 EDT

Printed by: Meems, Jessica
Printed on: 01-02-2017 10:25 EDT

Page 1 of 1
(End of Report)

Neurology Office Clinic Note

CLAYTON, TIMOTHY N - A00017528

USC Neuro Clinic note

Patient: CLAYTON, TIMOTHY N MRN: A00017528 FIN: A0000026202
Age: 46 years Sex: Male DOB: 03/15/71
Associated Diagnoses: None
Author: Kodumuri MD, Nishanth

History & Physical

DOB: 03/02/2017

CC: new onset seizure

HPI: Patient is a 46-year-old Caucasian male with a past medical history of anxiety, depression, chronic low backache was seen in emergency department 2 weeks ago with one episode of witnessed seizure rest of the clinic for follow-up. Patient reports he was in orthopedic clinic where he got a steroid shot on his back, tenderness greater patient reported he was not feeling well sat in a chair piercings later started having generalized shaking of his body associated with up rolling of his eyes. His wife witnessed this episode reports patient was shaking his both upper and lower extremities are approximately 1-1-1/2 minutes later was confused and altered for approximately 20-25 minutes. No reported bowel or bladder incontinence, frothing through his mouth, tongue bite associated. Patient reports he was able to sense something is abnormal before this episode but couldn't exactly describe what he felt. He was brought immediately to Richland emergency for possible seizure. However at the time of arrival patient is completely back to baseline, routine workup that included CBC, electrolyte, chest x-ray, CT head was negative and hence patient was discharged home to have a close follow-up with USC neurology. Family also reports he had one episode of passing out but did not have any shaking movements at the time. He regained consciousness immediately and was back to baseline. Never had a seizure-like episode in the past. Denies postictal weakness, tingling numbness but reports he has some tremor and more anxious for approximately one week after this episode. Patient is concerned that steroid shot might have caused his seizure and wants to know about it. Denies recent illness, fevers, chills, headache, blurred vision, double vision, sore throat, nausea, vomiting, chest pain, abdominal pain, diarrhea, weakness, tingling, numbness, change in gait, difficulty swallowing but reports occasional palpitations, anxiousness, generalized weakness for approximately one week after this episode.

ROS: 14 point ROS conducted and otherwise negative unless stated above

PMH: Anxiety, depression, chronic back pain

PSH: No significant past surgical conditions

PH: Anxiety, depression, drug addiction

Social: Lives with his wife, chews tobacco, denies drugs, social alcohol

Medx: Reviewed

- 1. Alprazolam 0.5 mg when necessary for anxiety
2. Lamictal 100 mg twice daily for mood stabilization
3. Quete yet been 25 mg, one and half tablet daily

Allergies: No known drug allergies

Physical Exam

Table with 2 columns: Vitals, Signs (last 24 hrs) and Last Charted. Rows include Heart Rate, BP, Weight, and Height.

Printed by: Means, Jessica
Printed on: 11-02-2017 10:25 EDT

Neurology: Office Clinic Note

CLAYTON, TIMOTHY N - AUG172017

BMI 23.59 (AUG07 14.02)

General: Comfortably sitting on chair, not in acute distress

HEENT: N/A/T

CVS: good peripheral perfusion.

Neuro:

Mental Status: A&O x4, no dysarthria, no aphasia (Fluency intact / Comprehension intact / Repetition intact / Naming intact) fund of knowledge wnl, concentration and attention were appropriate

Cranial Nerves: visual fields full, PERL, EOMI, intact smooth pursuit, no nystagmus, no ptosis, facial sensation intact bilaterally, 5/5 jaw strength nasolabial fold & smile symmetric, eyebrow raises & 5/5 eye closure symmetric, hearing symmetric and normal to rubbing fingers, palate elevated symmetrically, head turning and shoulder shrug intact and symmetric bilaterally, tongue protrusion is midline

Motor: 5/5 all ext.

Reflexes: 2+ Globally.

normal muscle bulk no significant atrophy, normal tone, no spasticity or rigidity appreciated

Sensory: Sensation is intact to fine touch.

Coordination/Movement: no tremor noted, no dysmetria on finger-to-nose, Romberg's negative

Gait: normal weight bearing

labs reviewed from 07/20/2017: WBC 4.9, hemoglobin 15.2, platelet count 258, sodium 140, potassium 3.5, chloride 102, bicarbonate 25, anion gap 13, creatinine 1.04, calcium 9.4

imaging:

CT head: No acute finding

Assessment and plan: Patient is a 48-year-old Caucasian male with a past medical history of anxiety, depression, chronic low backache was seen in emergency department 2 weeks ago with one episode of witnessed seizure rest of the clinic for follow-up.

1. New onset non provoked seizure:

- Patient with this seizure episode at orthopedic clinic 2 weeks ago
- Colicous combing: As described by his wife general tonic-clonic event associated with bowel or bladder incontinence, tongue bite, frothing. Postictal confusion for approximately 20-25 minutes but no weakness.
- CT head negative for bleed, masses, clear ventricles.
- no electrolyte abnormalities noted.
- since the first non-provoked seizure in middle age, would recommend MRI brain, routine EEG to rule out any structural abnormalities versus epileptiform discharges
- discussed with the patient regarding increased chance of having a recurrent seizure and hence recommended increasing his lamictal dose from 100 mg twice daily to 150 mg twice daily.
- discussed routine seizure precautions and advised no driving for 6 months seizure free as per SC law.
- return to clinic in 3-6 months, advised patient to go to emergency if he had a seizure in between.

Case seen and discussed with Dr. Maniatis in clinic.

Wenatche, Madeline MD
 PGY2 Neurology
 153-0241
 on call pager: 363-1018

Completed Action List:

Printed by: Meents, Jessica
 Printed on: 11/02/2017 10:25 (TDT)

Page 2 of 3
 (Continued)

Neurology Office Clinic Note

CLAYTON, TIMOTHY S - A09017528

- * Perform by Kodumuri MD, Nishanth on August 02, 2017 14:59 EDT
- * Modify by Kodumuri MD, Nishanth on August 02, 2017 15:07 EDT
- * Sign by Kodumuri MD, Nishanth on August 02, 2017 15:07 EDT
- * Sign by Venkatesh MD, Yedatore S on August 02, 2017 15:07 EDT Requested by Kodumuri MD, Nishanth on August 02, 2017 15:07 EDT
- * VERIFY by Venkatesh MD, Yedatore S on August 02, 2017 15:07 EDT

Printed by: Menas, Jessica
 Printed on: 11/02/2017 10:25 EDT

Page 3 of 3
 (End of Report)



PATIENT HISTORY SHEET

Date: 9/14/17

PATIENT INFORMATION

Name: Timothy Clayton
 Address: 249 Bridle Ridge Ln Lexington, SC 29073
 Home: 727-417-9998 Mobile: 803-466-5413
 Date of Birth: 3/15/71 SS#: 338-68-5580
 I consent to receiving text message, email and/or phone reminders, and understand I can opt out at any time.
 Do not send text reminders Do not send emails
 How did you hear about CORA? Self Friend/Family Doctor Employer Event Google Website Facebook Other
 Name/Title of person who referred you: _____ Phone: _____
 Primary Care Physician: Dr. Shaikhan Phone: 803-779-5356
 Emergency Contact/Relationship: Kasi Clayton wife Phone: _____
 Home: _____ Mobile: 727-417-9998 Work: _____

MEDICAL HISTORY

Do you have/had any of the following medical illnesses/concerns? Please circle YES (Y) or NO (N)

Heart Problems	Y	(N)	Pregnant	Y	(N)	Smoke/Tobacco Products	(Y)	N	Seizures	(Y)	N
High Blood Pressure	Y	(N)	Diabetes	Y	(N)	Asthma	Y	(N)	HIV/AIDS	Y	(N)
Pacemaker	Y	(N)	Cancer	Y	(N)	Osteoporosis	Y	(N)	Stroke	Y	(N)

List all current medications, and include amount/frequency (i.e. Darvocet, 100 mg, every 6 hours):

Quelapine 25mg 1 1/2 per day
 Pantaprazole 40mg 1 x day
 Cortisone
 Valium
 Lamictal 100mg 2x day
 Xanax
 Meloxicam 75mg
 Do you have any allergies? If yes, please list: _____
 Please describe your chief physical complaint and (i.e. back pain): back pain, right leg pain/numbness
 How/When it happened (i.e. lifted a box at work, two weeks ago): 3/28/17 lifting heavy truck parts
 Have you had previous therapy for this problem/injury? Yes No If yes, was it helpful? Yes No
 What other surgeries/injuries have you had in the last five years? n/a

WORK INFORMATION

Injury related to a work accident? Yes No If yes, please complete this section.
 Employer name: SC DOT Phone: 803-737-6635
 Address: 1500 Shop Rd.
 What is your regular job? Mechanic III
 Present work status (circle):
 Full-time/Regular Part-time/Regular Full-time/Modified Part-time/Modified Not working Unemployed Retired

AUTO ACCIDENT INFORMATION

Injury related to an auto accident? Yes No If yes, please complete this section.
 Auto insurance company: _____
 Attorney name: _____ Phone: _____
 Do you have a letter of exhaustion from your auto carrier? Yes No Can you provide us with a copy? Yes No
 Health insurance company: _____
 Name of primary insured: _____ Phone: _____
 ID number: _____

A 24-hour prior notification of all cancellations is required and appreciated so that the appointment time may be used for others in need of therapy. If two scheduled appointments are missed without reasonable cause, CORA reserves the right to notify the referring physician's office and/or case manager/insurance company.

Patient Signature: _____



Acknowledgement of Receipt of Notice of Privacy Practices and Release Authorization

I certify that I have received a copy of First Physical Therapy, LLC, a CORA Physical Therapy Clinic's ("CORA") Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of CORA's health care operations. The Notice of Privacy Practices also describes my rights and CORA's duties with respect to my protected health information. The Notice of Privacy Practices is also posted in the Front Desk area and on CORA's website at www.corahealth.com.

CORA reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment or accessing CORA's website.

By signing this Authorization Form, I understand that I am giving my authorization to CORA's designated medical record custodians, database custodians, central billing / collections office personnel to use and/or disclose my protected health information (PHI), as described in more detail in the paragraphs below, to the following person(s) or organization(s):

Name of person(s) or organization(s): Kari Clayton
Street address: 249 Bridle Ridge Rd
City, State, and zip code: Lima, OH 43028
Telephone number: 727-417-9998
Fax number: _____
Relationship to patient: wife

If this authorization is for any purpose other than the release of medical records for personal reasons, please state the purpose of the authorization to release PHI below:

I may revoke this authorization at any time by notifying CORA in writing to Attention Collections Manager, 1110 Shawnee Road, Lima, OH, 45805 of my intent to revoke this authorization. However, I also understand that such a revocation will not have any effect on any information already used or disclosed by CORA before CORA received my written notice of revocation. Unless earlier revoked, this authorization will expire on the 180th day of the signing (or as otherwise specified _____).

AUTHORIZATION CONSENT FOR CARE AND TREATMENT

I hereby give my consent to the facility and/or treating physicians and their agents to release all records, including via electronic transmittal, prepared in the course of my treatment, to any entity which provides financial assistance for my health care, including, but not limited to, insurance companies and their agents, self-insured employers or public welfare agencies. I certify that the information given by me in applying for payment under Title XVII of the social security act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and/or the Medicare program or its intermediaries or carriers, or to the professional standards review organizations any information needed for this or a related Medicare claim. I understand that by signing this form, records of a confidential nature, such as Social Security Numbers and those for HIV testing, AIDS or AIDS related condition, psychiatric problems or substance abuse, will be released to the entities providing financial assistance for my health care. This release includes disclosing data to local, state, federal, other entities for routine operational purpose of regulatory, legal or contract compliance, accreditation, peer review, quality improvement, continuity of care, or processing appeals for claims denials. I also understand that I may revoke this consent at any time and without revocation and that it will expire one year from this date, or if admitted, one year from the date of discharge. I acknowledge that I have been provided and given the opportunity to review the Facility's Information regarding patient's rights and responsibilities. I hereby authorize CORA Physical Therapy to provide care and treatment under my physician's direction or as allowed under my state's direct access provisions.

Signature of Patient or Representative: [Signature]
Witness: [Signature]

Name of Patient or Representative: Tim Clayton

Date: 9/14/17



FINANCIAL RESPONSIBILITY

I understand that my insurance contract is between me, my employer (if applicable) and the insurance carrier and that First Physical Therapy, LLC, a CORA Physical Therapy Clinic ("CORA") is not a party to that contract. I understand that, as a matter of process, CORA will contact my insurance carrier (including Medicare) to verify my benefits and the services covered under my insurance contract. I acknowledge that providing accurate insurance and other information is critical to determining my eligibility under my insurance contract. I understand that CORA is verifying benefits as a courtesy and that ultimately it is my responsibility to understand what is covered and required under my policy.

I understand that CORA will bill my insurance carrier (including Medicare) for services rendered upon verification of coverage by my insurance carrier. I understand that verification of benefits is not a guarantee of payment and my financial responsibility is subject to change. If my insurance carrier fails to render payment for services rendered, I hereby personally guarantee payment for medical care and services rendered. If my insurance carrier does not remit payments, including if I am denied benefits under workers compensation, I understand that I will be responsible for the balance due in full.

I understand that I am responsible for paying my co-payments, co-insurance (including co-insurance from Medicare) and deductibles at the time of service which I acknowledge may be an estimate at that time. Further, I understand that federal and state laws and insurance carrier contracts prevent CORA from adjusting, writing off or waiving co-payments, co-insurance (including co-insurance from Medicare) and deductibles. I also understand that I am responsible for any balance due after payment by my insurance carrier.

Pursuant to the assignment of benefits herein; I hereby request that my insurance carrier make payment directly to CORA for all services rendered by this facility. If my current policy prohibits direct payment to CORA, I hereby instruct and direct my insurance carrier to make the check out in my name but send the check to: CORA, 1110 Shawnee Road, Lima, OH 45805. If my insurance carrier makes payments to me I agree to immediately pay over these funds to CORA. I also authorize CORA to deposit check received on my account when made out to me.

I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees and attorney fees.

ASSIGNMENT OF BENEFITS

I, the undersigned, hereby assign to CORA (hereinafter "Assignee") any and all rights, claims, benefits, and causes of action for personal injury protection benefits and medical payment benefits available to me under the policy affording coverage to me for any and all treatment, services, and medical claims resulting from an automobile accident that occurred on _____. This is to act as an assignment of my rights and benefits to the extent of Assignee's services provided. In the event that I do not have insurance coverage, I understand that I remain personally responsible for payment of services rendered including all costs of collection, including attorney's fees and costs.

ASSIGNMENT OF CAUSE OF ACTION

I hereby assign by this instrument all rights and causes of action in tort, in contract and the laws of the state where I am being treated against the personal injury protection carrier, if any for its failure to pay for services rendered unto me by Assignee in relation to my accident that occurred on _____.

Please call our Billing Office if you have any questions on your account or if you are unable to pay your balance in full they will be able to discuss payment arrangements with you. The number is 866-493-9410.

VERIFICATION OF BENEFITS

Your primary health insurance carrier had verified that you have a \$ _____ yearly deductible of which \$ _____ has been met. After your deductible has been satisfied, your insurance carrier estimates your therapeutic benefits are covered at _____%. You have an estimated responsibility of \$ _____ or % _____ due at each visit.

Your insurance carrier has advised us that your policy has the following limitations:

WC

Print Name of Patient _____

Print Name of Guardian (if applicable) _____

Relationship to Patient (if applicable) _____

Print Guardian Signature _____

Witness _____

Danielle



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

- Circle One
1. Has your doctor ever said you have heart trouble? Y N
 2. Do you frequently suffer from pains in your chest? Y N
 3. Do you often feel faint or have spells of severe dizziness? Y N
 4. Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? Y N
 5. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Y N
 6. Are you over the age of 65 and not accustomed to vigorous exercise? Y N

Client signature: [Signature] Date: 9/14/17
Evaluator signature: Jessica S. Cannon Date: 9/14/17

Revised 11/1/04

Reference: PAR-Q Validation Report
British Columbia Department of Health, June 1975 (Modified version)



To our Workers Compensation Patients:

Please fill out the below information.

It pertains to your Employer Information at the time of your injury.

Employee Name: Timothy Clayton

Employer Name: SC DOT

Employer Address: 1500 Shap Rd.

City: Columbia State: SC Zip Code: _____

Employer Phone #: 803-737-6635

Patient's Social Security Number: 338-68-5580

We must have this information to file our claim.

PATIENT DATA
ID# 12127 Date 9/14/17
Name Timothy Clayton
Therapist _____ Tx Clinician _____
Insurance SCSAF Copay Due _____
PDOC Due _____ Exp Date _____ Date Entered Charges _____

DATE NOTES

THERAPIST SIGNATURE: Jessica S. Cannon, PTA
CO-SIGNATURE: _____
SUBJECTIVE: _____

PATIENT REPORTS PAIN: 1/10

EXERCISES: See Functional/ADL Log
 See Exercise Log

PROCEDURES: _____
Verbal Cues were needed for: _____ % of the time
Manual Cues were needed for: _____ % of the time

TESTS/MEASUREMENTS: _____

ASSESSMENT _____

FUNCTIONAL PROGRESS:
Indicate the level of assist needed for each activity using:
I (Independent), MxI (Modified Independent), S (Supervision),
MinA (Minimal Assist), MedA (Moderate Assist),
MaxA (Maximal Assist), and TA (Total Assist).
Bed Mobility: _____ Self-Care: _____ Transfers: _____
Home Care: _____ Dressing: _____ Bathing: _____

Indicate Normal, Good, Fair, Poor, None for the following:
Standing Tolerance: _____
Sitting Tolerance: _____

PI Ambulates _____ feet/minutes _____ for household ambulation
PI Ambulates _____ feet/minutes _____ for community ambulation

GOAL PROGRESS:
STG: _____ % met
STG: _____ % met
LTG: _____ % met
LTG: _____ % met

PLAN: See FCE

TREATMENT TIME MINUTES: (10-20) (21-30) (31-40) (41-50) (51-60) (61-70) (71-80)

- EVALUATIONS
- ENTER UNITS DELIVERED (NO CHECK MARKS)
 - 97001 Physical Therapy Evaluation (1 only)
 - 97002 Physical Therapy Re-Evaluation
 - 97750 Physical Performance Test, ea. 15 min.
 - PPQC PT Plan of Care-Required for Medicare Patients
 - NSFCE No Show FCE (NSI Only)
 - WRF Work Ready Form
 - PROCEDURES
 - 84550 TNS Application (1 only)
 - 97033 Iontophoresis, ea. 15 min.
 - 97012 Traction, Mechanical (1 only)
 - 97032 Electrical stim, manual, ea. 15 min.
 - 97016 Vasopneumatic device (1 only)
 - 97014 (G0283) Electrical stim, unattended (1 only)
 - 97035 Ultrasound, ea. 15 min.
 - 97010 Hot or cold pack (1 only)
 - THERAPEUTIC PROCEDURES
 - 97140 Manual therapy, ea. 15 min.
 - 97535 Self care/home management, ea. 15 min.
 - 97112 Neuromuscular re-educ, ea. 15 min.
 - 97118 Gait training, ea. 15 min.
 - 97110 Therapeutic exercises, ea. 15 min.
 - 97530 Therapeutic activities, ea. 15 min.
 - 97124 Massage, ea. 15 min.
 - 97150 Therapeutic prog.-group
 - 97026 Analgesic/Infiltrated
 - Medx 1 Fitness Program 1 x week
 - Medx 2 Fitness Program 2 x week
 - TESTS AND MEASUREMENTS
 - 95823 MMT-Total body (no hands)
 - 95831 MMT-Extremity (no hand) or Trunk
 - 95832 MMT-Hand (s) (1 only)
 - 95851 ROM-Each extremity (no hands)
 - 95852 ROM-Hand (s) (1 only)
 - *WORKERS COMP-USE ONLY FOR W/C PLS
 - 97750 Functional Capacity Evaluation
 - 97850 Physical Record, Assessment (1 hour)
 - 97851 Physical Record, Assessment (add. 30 min)
 - 97852 Physical Reconditioning (1 hour)
 - 97853 Physical Reconditioning (add. 30 min)
 - 97845 Work Hardening (2 hours)
 - 97846 Work Hardening (add. Hour)
 - 97752 ROM-MMT (Progress Report)
 - ERGON Job Site Ergo Analysis
 - OTHER CHARGES
 - FIT 1 Fitness Program Unassisted (1 month charge)
 - FIT 2 Fitness Program Assisted (1 month charge)
 - FREEMP Pre-Employment Screening
 - PRE 1 Combined Test
 - PRE 2 Comprehensive Only
 - 97050A Post-Op/Eval _____ NS FCE
 - 97050B Return to Work Eval _____ NS RWE
 - 97050C Baseline FCE _____ NS BFCE
 - 97750D Full Abilities FCE _____ NSFAPCE
 - Speed & Agility _____
 - Speed & Agility (Group) _____
 - 99456 Impairment Rating _____

of Entries _____
Total Charges for Day _____

12

Functional Capacity Evaluation

Mr. Timothy Clayton was referred to CORA Rehabilitation for an FCE to define his return to work ability. A job specific FCE was performed to determine if he can perform the required job demands of a Heavy Equipment Mechanic.

Name	Timothy Clayton
Occupation	Heavy Equipment Mechanic
Employer	SC DOT
Job Req. PDC	Heavy
Body Part/System	Lumbar/Thoracic
Date of Injury	03/28/2017
Ref. Physician	Dr. Lamotta
Total FCE Time	3 hours - testing/reporting

Sincerity of Effort

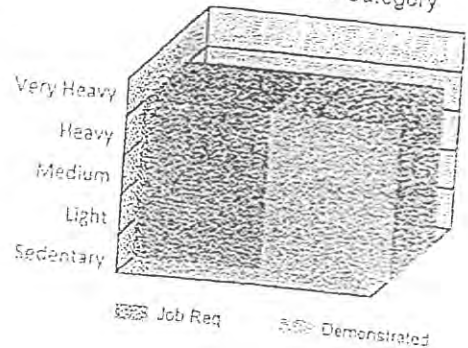
The results of this evaluation show that Mr. Clayton demonstrated consistent and maximal effort. The test results and the referral diagnosis correlate. Therefore this FCE is a reliable indication of his true functional abilities at this time.

Lifting Ability Summary

Mr. Clayton's occasional lifting capabilities are at a Heavy physical demand category (PDC). According to the US Department of Labor guidelines, Heavy work is defined as lifting 50-100 pounds 0-33% of the workday.

Job Requirement	Client Performance
Lifting dump truck lights - Client is required to lift dump truck lights approx. 20# overhead on an Occasional basis.	Met
Get down to Creeper - Client is required to get up/down from creeper on an Occasional basis.	Met
Lift saddle from chest to truck - Client is required to lift 70# saddle from chest and stabilize with 1 UE while bolting it in on an Occasional basis.	Not Met
Lift parts from floor to tire - Client is required to lift 70# from floor to 36" tire on an Occasional basis.	Met with Restrictions

Physical Demand Category



Functional Restrictions & Limitations

Mr. Clayton put forth good and sincere effort with today's FCE, although was unable to meet job required material handling tasks on Heavy PDC level, (as discussed by client and clinician). Client put forth good effort, and appropriate physiological/biomechanical responses (facial redness and/or pallor, sweating, labored breathing) were noted. Client's grip strength and static strength testing were congruent with lifting, and general deconditioning of client; played a role in today's FCE. All max lifts were performed slow and controlled with good body mechanics.

- Floor to Waist: 59 lbs Occasional
- 12 in to Knuckle: 41 lbs Occasional
- Carry: 51 lbs Occasional
- Push/Pull: 70 lbs Occasional

Recommendations & Accommodations

Despite Mr. Clayton putting forth good effort with today's FCE, client is limited to the Medium PDC as outlined above. Client able to meet most non-material requirements; however, the following accommodations for nonmaterial handling and essential job demands are recommended:

FCE
Timothy Clayton
September 14, 2017

- Walking limited to an Occasional basis.
- Supine lifting from chest to truck: limited to Never.
- Lifting parts floor to 36 in: limited to 59 lbs Occasional
- Lifting parts overhead: Limited to 26 lbs Occasional

Evaluator 1	<i>Jessica Cason</i> Jessica Cason, PTA	09/14/2017
Evaluator 2	<i>James Mullenax</i> James Mullenax, PT	09/14/2017
Physician	Dr. Lamotta	← Physicians Signature
		← Date

FCE
Timothy Clayton
September 14, 2017

Patient Demographics

Name:	Timothy Clayton	Gender:	Male
SS#: XXX-XX-5580		Age:	46
Referring Physician:	Dr. Lamotta	Height:	5 ft. 7 in.
Date of Onset/Injury:	March 28, 2017	Weight:	150 lbs
Surgery Date:	N/A	Hand Dominance:	Right

Employment Information

Employer:	SC DOT	Job Req. PDC:	Heavy
Occupation:	Heavy Equipment Mechanic	DOT Code:	625.281-010
Claim #:	338685580	Work Status:	Not Working
Insurance/Payer:	SC State Accident Fund		

Diagnosis

ICD-10	Description	Code	Description
M545	Low back pain		

History & Mechanism of Injury

Mr. Clayton reports that he was injured on March 28, 2017 while working as a Heavy Equipment Mechanic for SC DOT.

Patient's Report of Injury:

Client reports he was lifting hydraulic pumps and saddle, and loaded 5-6 pumps 5-6 saddles when he had increased low back pain. Pain was not reported waited 3 months and was reported to supervisor. Was sent to MD, for MRI, was sent to PT for 12 weeks, then was sent to Ortho June 20th, and was referred to spine MD. July 20 saw Dr. Lamotta, who said "I had degenerative disc disease", gave cortisone injection same day, client had seizure and was sent by EMS to hospital. Client reports he is independent with ADL's but has difficulty getting in/out of bed. Client reports radicular symptoms in R LE down to knee. Client states pain in a constant ache.

Past Medical History

He did attend therapy for this diagnosis. He did not have surgery for this injury.

Broken collar bone 2007, kidney stone removal in 2003

Medication

Mr. Clayton is currently taking the following medications: Valium 5 times a day, Anxiety Meds Daily, Acid reflux Meds Daily, and Meloxicam Daily. Mr. Clayton reports that he did not take pain medication prior to the evaluation.

Sincerity of Effort

Hand grip, pinch grip and static testing were used to determine if Mr. Clayton's performance is consistent and reliable.

Test	Value	Criteria	Method	Result	
Jamar Hand Test	MVE Pos 1 Right	9.1%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 1 Left	10.2%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 2 Right	9.1%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 2 Left	9.5%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 3 Right	4.6%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 3 Left	4.2%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 4 Right	5.2%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 4 Left	5.2%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 5 Right	10.4%	≤11%	COV	Yes
Jamar Hand Test	MVE Pos 5 Left	10.2%	≤11%	COV	Yes
Jamar Hand Test	Rapid Exchange - Left	REG < MVE	REG < MVE	REG	Yes

The results of the sincerity of efforts testing show that Mr. Clayton demonstrated consistent and maximal effort during the evaluation.

In addition to the sincerity of effort testing results, Mr. Clayton was observed throughout the FCE using distraction based testing, a technique used to detect insincere effort. Distraction based testing is a clinical testing situation in which the client is unaware of all information being gathered by the tester making it difficult if not impossible to consciously control performance.

There were no inconsistencies noted during the test.

JAMAR Hand Tests

The JAMAR hand dynamometer was used to quantify grip strength and determine whether Mr. Clayton exerted consistent effort during grip strength testing. Mr. Clayton was tested using the maximum voluntary effort (MVE) and rapid exchange hand grip (REG) protocols.

Maximum Voluntary Effort

The MVE protocol tests strength over a range of five positions on the hand dynamometer. With maximal effort, the strength graphs obtained will result in a bell-shaped curve. Research has shown that both normal and injured hand strength should be strongest in positions 2, 3 and 4 and weaker in positions 1 and 5. The average and standard deviation is analyzed for coefficient of variation (COV) at each test position. Any COV < 11% indicates consistent effort. Anything between 11% and 20% does not indicate either consistent or inconsistent effort and is therefore not relevant for determining consistency of effort.

Position	1	2	3	4	5	Avg	SD	COV
1	50.0	60.0	55.0	55.0	5.0	55.0	5.0	9.1%
2	51.0	50.0	43.0	48.0	4.4	48.0	4.4	9.1%
3	55.0	50.0	52.0	52.3	2.5	52.3	2.5	4.8%
4	49.0	46.0	51.0	48.7	2.5	48.7	2.5	5.2%
5	49.0	47.0	40.0	45.3	4.7	45.3	4.7	10.4%

Position	1	2	3	4	5	Avg	SD	COV
1	53.0	65.0	60.0	59.3	6.0	59.3	6.0	10.2%
2	70.0	74.0	84.0	76.0	7.2	76.0	7.2	9.5%
3	64.0	60.0	65.0	63.0	2.6	63.0	2.6	4.2%
4	48.0	52.0	53.0	51.0	2.6	51.0	2.6	5.2%
5	42.0	36.0	44.0	40.7	4.2	40.7	4.2	10.2%

