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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Case No. 2021-000585

Ana Rodriguez Galvan, Respondent,

v.

Griffin Stafford North Charleston, Employer; Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America, Hartford Accident & Indemnity Co., and Employers Preferred Insurance Company, Carriers, Defendants,

of whom Griffin Stafford North Charleston, Employer, and Employers Preferred Insurance Company, Carrier, are the Appellants,

and Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America and Hartford Accident & Indemnity Co. are Respondents.

RECORD ON APPEAL VOLUME I of II

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1515209

Ana Rodriguez Galvan, Employee/Claimant, *v.* Griffin Stafford North Charleston, Employers, *and* Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America; Hartford Accident & Indemnity Co.; and Employers Preferred Insurance Co., Defendants.	**DECISION AND ORDER**

Hearing: Held in Goose Creek, South Carolina on April 23, 2019.

Appearances: Michael J. Jordan, Esquire, of Steinberg Law Firm, of Charleston on behalf of Claimant.

Regan A. Cobb, Esquire, of Holder Padgett Littlejohn + Prickett, of Mount Pleasant on behalf of Griffin Stafford North Charleston and Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America.

Lynnley D. Ross, Esquire of Willison, Jones, Carter & Baxley, P.A., of Mt. Pleasant on behalf of Griffin Stafford North Charleston and Hartford Accident & Indemnity Co..

Kathryn Fiehrer Walton, Esquire of Wood Law Group, LLC, of Charleston on behalf of Griffin Stafford North Charleston and Employers Preferred Insurance Co.

Purpose of Hearing:	To determine the issues as set forth in the Form 50 submitted by Claimant.
Commissioner:	The Honorable T. Scott Beck
Filed:	August 20, 2019

STIPULATIONS

It was stipulated and agreed at the time of this hearing that:

1. The purpose of the hearing was to determine the issues as set forth in the Form 50 and Forms 51, as well as any other issues which may come before the Commissioner;

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

3. Claimant's average weekly wage was $255.58 with a corresponding compensation rate of $170.40; and

4. Venue, set in Berkeley County, is proper as agreed by all parties.

APA SUBMISSIONS

Prior to the taking of testimony and pursuant to notices timely filed and served, the following records were submitted into evidence pursuant to the South Carolina Administrative Procedures Act and S.C. Code. Reg. 67-612.

Claimant's Submissions

APA#	DOCTOR	PROVIDER	DATES	PAGE #'s
1.		Health First	10/05/2015	1-3
2.		Lowcountry Orthopaedics	11/02/2015-06/13/2016	4/37
3.		Concentra Medical Center	03/21/2015-06/13/2016	38-97
4.	G. Robert Richardson, M.D.		10/25/2016	99-99
5.	Bright McConnell, III, M.D.		04/24/2017	100-104
6.	George Pappas, M.D.		02/15/2019	101-107A

APA#	PROVIDER	EXHIBITS	Page #'s
7.	Employer	Personnel File	108-130
8.	Spectrum Court Reporting	Deposition Transcript of Garrett Jenio	131-142

Submissions of Griffin Stafford North Charleston and Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America.

APA#	DOCTOR	PROVIDER	DATES	PAGE #'s
9.	James J. McCoy, Jr., M.D.	Lowcountry Orthopaedics & Sports Medicine	08/03/2016-09/20/2017	143-147
10.		Concentra Physical Therapy	07/06/2016-08/31/2016	148-202
11.	Deposition of Ana Rodriguez Galvan		01/25/2017	203-237
12.	Deposition of Ana Rodriguez Galvan		03/14/2018	238-266
13.	Deposition of Ana Rodriguez Galvan		10/10/2018	267-320
14.	Deposition of Garrett Jenio		03/14/2018	321-341
15.	Deposition of Dr. James J. McCoy		04/12/2018	342-384
16.		Lowcountry Orthopaedics & Sports Medicine	11/02/2015	385
17.	Richard J. Friedman, M.D.	MUSC	12/18/2018	386-389
18.	Deposition of Dr. James J. McCoy		04/04/2019	390-448

Submissions of Griffin Stafford North Charleston and Hartford Accident & Indemnity Co.

APA#	DOCTOR	PROVIDER	DATES	PAGE #'s
8.	Concentra		10/19/2015-11/24/2015	143-154
9.	Therapy Centers of South Carolina		07/08/2016-08/31/2016	155-224
10.	James McCoy, Jr., M.D. Christopher Merrell, M.D. Keith J. Santiago, M.D.	Lowcountry Orthopaedics & Sports Medicine	07/06/2016-03/29/2018	225-259
11.	Tri-County Radiology		12/12/2017	260
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B.	SCWCC Coverage Verification (12/12/2017)	Accident Fund Insurance Company of America	12/6/2018	265-266
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Submissions of Griffin Stafford North Charleston and Employers Preferred Insurance Co.

APA#	DOCTOR	PROVIDER	DATES	PAGE #'s
18.	Dr. James McCoy F14B		02/09/2017	390
19.		Employee Status Sheet	08/29/2016	391

PARTIES

For purposes of this Decision and Order: Defendants Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America will be known as "Defendants Accident Fund"; Defendants Hartford Accident & Indemnity Co, will be known as "Defendants Hartford"; and Defendants Employers Preferred Insurance Co. will be known as "Defendants Employers Preferred".

STATEMENT OF THE CASE

Defendants Employers Preferred object to the Claimant's untimely Supplemental APA submission that was provided on April 14, 2019 in violation of Regulation 67-612. They assert although Claimant referenced Morgan v. JPS Automotives, the report was not specifically identified and is just timely submitted. This objection was overruled based on Defendants

Employers Preferred decline to depose Dr. Pappas regarding his opinion.

Claimant requests an award of medical treatment specifically surgery as recommended by Dr. Pappas and Dr. McCoy. Claimant requests the issue of compensability to her neck be held in abeyance pending the outcome of her right shoulder surgery. In addition, Claimant requests the issue of permanency for her right shoulder be left in abeyance. Claimant requests an Order from the Commission that one of the Carriers provide surgery; however, it is her position that the need for this surgery is related to the original injury and the carrier Employers Preferred has the burden to demonstrate a new injury has occurred. Claimant contends given her work responsibilities and her physical duties since she's returned to work in 2016 where she's limited only in physical activities of opening and closing drawers and folding wash cloths and hand towels does not constitute a work injury or a repetitive trauma injury. Claimant relies on the medical opinions of Dr. Pappas (see APA pages 107 and 107A) as well as Dr. Friedman who states that everything relates back to the original injury as well as the testimony of Dr. McCoy which supports her position (see APA page 219) where he states that her symptoms directly relate to her work injury of 2015 and (see APA page 372) where he states the need for her surgery right now relates back to her original injury.

Defendants Employers Preferred denies they are responsible for her current surgery based on Claimant being at maximum medical improvement on September 28, 2016. Further their position regarding Dr. McCoy's testimony as referenced on APA page 390 is that both of his depositions and pursuant to Geathers v 3V case Claimant has had an aggravation of her right shoulder condition after reaching maximum medical improvement sufficient to break the chain of causation. Defendants Employers Preferred dispute any responsibility for any further medical treatment and rely on Dr. McCoy's testimony that he located a new rotator cuff tear that was not present on the first MRI or at the time of her first surgery and he opined this new tear likely

occurred two to three months prior to the MRI on December 12, 2017 due to the retraction. Further, when asked about mechanism of injury, Defendants Employers Preferred assert Dr. McCoy specifically testified that he had to assume it was the Claimant's repetitive type of work activities and/or some type of acute incident that she didn't pay much attention to at the time. Defendants Employers Preferred assert that the testimony of Dr. McCoy and his comparison of the three MRIs is directly in line with the analysis of Geathers and therefore based on a worsening of Claimant's condition they are not responsible for any further treatment.

Defendants Accident Fund asserts they are not responsible for Claimant's surgery and it is the responsibility of Defendants Employers Preferred based on Claimant's testimony that she has not had a new injury after her initial work injury of October 9, 2015. In addition, Claimant testified that she has not had any worsening, that she does not use her right arm as much at work even in her new role as a supervisor because she uses her other arm, and that she doesn't have a lot of physical activity that would cause the worsening or aggravation. Defendants Accident Fund asserts she was deposed three times and stood by this testimony. Also, Defendants Accident Fund argue that their defense is supported by Dr. McCoy's testimony that even though he might've testified he believes there's a new tear that has occurred, during his last deposition of April 4, 2019, see APA page 432, when asked about the current tear if it was the same supraspinatus tendon that had the prior tear, the doctor answered this was correct. Further, when asked if this was the case and it's in the same tendon and Claimant cannot say when or how then would he believe the need for the surgical repair of the current tear is caually related to the accident of October 9, 2015 and he answered correct to a reasonable degree of medical certainty. Last, when Dr. McCoy is asked whether this new tear was there for two months before MRI scan or four months since we do not do MRI scans every month or even six months then was it still his opinion that no matter when the new tear showed up that it was causally related to the injury that occurred on October 9,

2015, and he answered yes it's causally related to the original injury to a reasonable degree of medical certainty. Defendants Accident Fund further assert that their position is supported by Dr. Pappas who's opinion indicates that more likely than not to a reasonable degree of medical certainty her current shoulder symptoms are due to her original injury or alternatively result from a continuum following that surgery that was necessitated by the original injury because her rotator cuff tear was incompletely addressed during surgery.

Also, Defendants Accident Fund rely on the medical opinion of Dr. Friedman who stated in his report that her current symptoms are related to the original accident of October 9, 2015. Based on all the above, Defendants Accident Fund asserts that Defendants Employers Preferred have not met their burden that there has been a break in the chain to cause Defendants Accident Fund to be responsible and that this is either the original injury and the tear is related to the original injury or even if it's a new tear that it is the natural progression resulting from the original accident that has never been resolved.

Defendants Hartford asserts that the subjective symptoms were increased to such that the Claimant sought out additional medical care in September 2017 prior to Hartford's coverage for the additional treatment. A tear was shown in December 2017 that the doctor stated had been present for two to three months. Defendants Hartford rely on Claimants testimony that she's not been using her right hand to open drawers and that she cannot remember the last time she used her right hand to open drawers. Even if Claimant did open drawers, it did hurt and that of course it hurt as there's a full thickness tear that needs surgery which is correlation and not causation so either Employers Preferred or Accident Fund is responsible providing benefits.

Claimant requested that her authorized treating position either be Dr. Pappas or Dr. Schaaf who is referred to by Dr. McCoy as he no longer does surgeries.

EVIDENCE OF THE CASE

The interpreter, Luna Gainer, was sworn in and questioned by the Commissioner in regards not being a friend, associate, relative of a party or counsel for a party in the preceding and has not done any investigative work for any party in this case and there's no reason for her independence and judgment to be compromised based on providing services to all three defense attorneys in the past. All defense attorneys consented to Luna Gainer as the interpreter in the case. Hr. Tr. p. 14-15

A. TESTIMONY OF THE CLAIMANT

Claimant was the only witness to testify at the hearing. She testified that Griffin Stafford was the employer at the time of her original accident along with the fact that she continues to work there. She even left work early to be at the hearing. Hr. Tr. p. 16 ll. 20-22. She's not worked for any other employers since the time her accident through today's date. Hr. Tr. p. 17 ll. 5-7. She described her accident occurring when she was coming out of the bathroom and the floor is wet so she slipped and she tried to grab the handle of the door so she would not fall but the handle moved so she fell on her right side. Hr. Tr. p. 17 ll. 8-18. She was a housekeeper at the time of the accident. Hr. Tr. p. 17 ll. 21-25. She was given treatment with Concentra and sent to Dr. McCoy who performed surgery in February 2016. Hr. Tr. p. 18 ll. 1-3. Before her surgery, Claimant testified that she had pain in the entire part of her arm along with her neck hurting a little bit. Hr. Tr. p. 18 ll. 9-13. She was indicating the pain went down her arm from her shoulder into the upper arm. Hr. Tr. p. 18 ll. 14-20. She had physical therapy after surgery but it did not help. Hr. Tr. p. 18. When asked about her symptoms being different after finishing surgery and physical therapy, Claimant testified that it was the same pain and that nothing changed after surgery and it was the same pain before and after the surgery. Hr. Tr. p. 19 ll. 1-6. Claimant also testified that she still having pain in the same place as she pointed to in the hearing. She also testified that her pain is

now more than the neck and the numbing of her hand and fingers. Hr. Tr. p. 19 ll. 7-10. She does not remember when she went back to work but it was a few months later with restrictions. Hr. Tr. p. 19 ll. 11-15. At that time, she was promoted to housekeeping supervisor. Hr. Tr. p. 19 ll. 19-23. She's been a supervisor ever since she had surgery. Hr. Tr. p. 20 ll. 2-14. She goes inside the rooms that the housekeepers have been cleaning checking that the bathroom has all the towels and the trash bags and it's completely clean along with making sure the bed is made well, the closest is empty and kitchen is clean. Hr. Tr. p. 21 ll. 2-9. If she finds a problem, she doesn't have to do the actual cleaning. Hr. Tr. p. 21 ll. 10-16. Her physical activities include folding the small towels, wash cloths and hand towels, but not big towels. Hr. Tr. p. 22 ll. 2-12. She does not have to fold every day. Hr. Tr. p. 22 ll. 22-25 and Hr. Tr. p. 23 ll. 1-4. Claimant testified she does have to open and close drawers which there are three drawers and two small ones and she typically uses her left arm to do this. Hr. Tr. p. 23 ll. 5-20. When asked if she has any activites at work that cause increased pain, she testified she does not do it because she knows she has the restrictions. Hr. Tr. p. 23 ll. 21-25 and Hr. Tr. p. 24 ll. 1-6. Claimant testified that she's not had any new accidents since she returned to work. Hr. Tr. p. 24 ll. 7-9. She would like to have surgery. Hr. Tr. p. 24 l.12.

On cross-examination by Defendants Employers Preferred, Claimant was questioned regarding her return to work date on light duty of August 15, 2016 . Hr. Tr. p. 25 ll. 1-4. Claimant was questioned regarding telling the therapist in August 18, 2016 that she was doing better but the Claimant testified the therapies were not helping her and that the pain was still there. Hr. Tr. p. 25 ll. 6-10. Claimant admits to being released from Dr. McCoy on September 28, 2016. Hr. Tr. p. ll. 11-15. Claimant did not remember how much time had elapsed between the visits with Dr. McCoy. Hr. Tr. p. 25 ll. 11-19. Claimant admitted to only taking Tylenol for headaches during the one year between doctor visits. Hr. Tr. p. 25 ll. 20-23. In addition, Claimant admitted during her second deposition on March 14, 2018 that she was worse in regard to her right shoulder and neck pain and

that she had movement with things like opening drawers which was making her pain worse. Hr. Tr. p. 26 ll. 1-7. Further, Claimant admitted that she testified she was folding towels for around two hours per day. Hr. Tr. p. 26 ll. 8-11. Claimant did not recall when she stopped using her right arm to open drawers, but she did stop using it and now she only uses her left arm. Hr. Tr. p. 26 ll. 12-15. Claimant further admitted that the third time she was deposed she did indicate her symptoms were worse since the last time she been deposed. Hr. Tr. p. 26 ll. 16-20. She also admitted that she continuously gotten worse over the last six months since she was deposed in March 2018. Hr. Tr. p.26 ll. 21-24.

On cross-examination by Defendants Accident Fund, Claimant admitted that she testified that her accident occurred when she tried to grab the handle of the door and felt pain in her right shoulder, right arm, and the side of her neck in October 2015. Hr. Tr. p. 27 ll. 12-18. Claimant further testified that she had not had any new accidents while working for the employer and has not had any accidents at home since October 2015. Hr. Tr. p. 27 ll. 19-25. Claimant further testified that the surgery done by Dr. McCoy in February 2016 did not help her pain and that she had the same pain before the surgery that she had after surgery. Hr. Tr. p. 28 ll. 4-7. Claimant also testified that she told Dr. McCoy when she went back in September 2016 this information about her pain, but she was released from treatment. Hr. Tr. p. 28 ll. 11-18. Although the Claimant did not go back for a year to Dr. McCoy, she testified she did not have any new accidents at work and did not go to her supervisor or boss to indicate she been hurt again at work. Hr. Tr. p. 28 ll. 19-24. Claimant testified that she was a supervisor what she went back to work after surgery and never had to do the actual cleaning again. Hr. Tr. p. 28 ll. 25 and Hr. Tr. p. 19 ll. 1-5. Further on cross-examination by Defendants Accident Fund, Claimant confirmed that all she did was check on housekeepers, pull out some drawers and then fold the small square hand towels and that's what she does at work. Hr. Tr. p. 29 ll. 6-9. Since 2015 over 3 1/2 years since her accident, Claimant

testified that her pain has gotten worse. Hr. Tr. p. 29 ll. 12-16. When questioned if it was worse because the doctor told her she had a tear and hasn't had had surgery, Claimant testified the pain she's always had it and it never went away after surgery and now she feels that it's worse but she does not know whether it's because of the time that's lapsed. Hr. Tr. p. 29 ll. 17-22. Claimant testified that she relates the pain now that's worse back to the original accident that occurred in October 2015 as she does not recall anything else happening to her shoulder. Hr. Tr. p.29 ll. 23-25 and Hr. Tr. p.30 ll. 1-4.

On cross-examination by Defendants Hartford, Claimant was asked if she remembered deposition number three in October 2018 and that she testified she's no problems or difficulties doing her job and that she was able to perform all of her job duties. Hr. Tr. p.30 ll. 11-18. She stands by that testimony today because she does it with her other hand. Hr. Tr. p. 30 ll. 19-21. She was further questioned in regard to her deposition and saying her current pain in her neck, her right arm and her right hand is more than it was at the time of you're her deposition and she confirmed yes. Hr. Tr. p. 31 ll. 2-11. When asked whether she related that anything at work the Claimant testified no because the entire time the pain was there. Hr. Tr. p. 31 ll. 13-16. Claimant was shown APA page 289 in regard to this testimony. Hr. Tr. p.31 ll. 17-19.

No other witnesses were called for the hearing.

FINDINGS OF FACT

The undersigned Commissioner has thoroughly reviewed all of the testimony and evidence contained in the record and, after due consideration of the claim and defenses, the following Findings of Fact, as required under § 42-17-40, South Carolina Code of Laws, 1976, as amended, are set forth:

1. Claimant sustained an admitted injury by accident arising out of and in the course and scope of her employment on October 9, 2015 to her right shoulder.

2. The issue of compensability to Claimant's neck as alleged from the accident on October 9, 2015, is in abeyance pending the surgical outcome of the right shoulder. In addition, the issue of any permanency to the right shoulder is in abeyance at this time.
3. Defendants Employers objection to the questionnaire of Dr. Pappas is overruled as I afforded Defendants Employers the opportunity to depose Dr. Pappas before proceeding with the hearing and they declined.
4. Claimant underwent right shoulder surgery as a result of the accident on October 9, 2015, by Dr. McCoy in February of 2016.
5. Claimant was released at MMI by Dr. McCoy on September 28, 2016, for her right shoulder.
6. Claimant returned to work for Employer after her surgery with Dr. McCoy and continues to work for the Employer currently.
7. Claimant returned back to Dr. McCoy for further treatment in September of 2017 and as a result of an MRI in December of 2017, Dr. McCoy has recommended Claimant undergo another right shoulder surgery.
8. The question for the hearing is which Carrier is responsible for Claimant's current right shoulder surgery.
9. The fact that Claimant was placed at MMI for her right shoulder by Dr. McCoy on September 28, 2016 (APA p. 390) is dispositive of nothing.
10. I find Claimant's current condition to her right shoulder is not the results of Post Injury Repetitive Trauma nor Acute Intervening Injury.
11. Based upon the greater weight of the credible evidence, to include, the Claimant's testimony, opinions of Dr. Pappas and opinions of Dr. McCoy, I find Claimant's current condition emanates from her original injury of October 9, 2015.

12. Claimant is not at MMI for her right shoulder injury of October 9, 2015.

13. Defendants Employers Preferred Insurance Company is responsible for ongoing medical care for Claimant's right shoulder recommended by Dr. Pappas and Dr. McCoy.

14. Based on Dr. McCoy no longer performing surgery and Claimant's request, Dr. Pappas is designated as the Authorized Treating Physician.

15. Based upon finding Defendants Employers Preferred Insurance Company being responsible for Claimant's right shoulder medical care, Defendants Accident Fund Insurance Company of America and Defendants Hartford Accident & Indemnity Company are released from the claim.

CONCLUSIONS OF LAW

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

1. That S.C. Code Ann. § 42-3-180 defines the authority of this Commission to determine all questions arising from the Workers' Compensation Act;
2. That S.C. Code Ann. § 42-1-160 is applicable in defining injury;
3. That S.C. Code Ann. § 42-17-40 is applicable in governing the conduct of hearings and the rendering of awards;
4. Under S.C. Code Ann. § 42-1-160, the Claimant sustained an admitted injury to her right shoulder in an accident arising out of the course and scope of her employment on October 9, 2015;

5. Based upon the greater weight of the credible evidence, to include, the Claimant's testimony, opinions of Dr. Pappas and opinions of Dr. McCoy, I find Claimant's current condition emanates from her original injury of October 9, 2015.
6. Based upon the greater weight of the credible evidence, I find Claimant is not at maximum medical improvement for her right shoulder injury of October 9, 2015.
7. Based upon the greater weight of the credible evidence, Defendants Employers Preferred Insurance Company is responsible for ongoing medical care for Claimant's right shoulder with Dr. Pappas.

ORDER

Based on the above Findings of Fact and Conclusions of Law, it is hereby,

ORDERED, ADJUDGED AND DECREED that the Employers Preferred Insurance Company is responsible for ongoing medical care for Claimant's right shoulder recommended by Dr. Pappas and Dr. McCoy; and it is further

ORDERED, ADJUDGED AND DECREED that Defendants Accident Fund Insurance Company of America and Defendants Hartford Accident & Indemnity Company are released from the claim; and it is further;

ORDERED, ADJUDGED AND DECREED that the issue of compensability for Claimant's neck and permanency to the right shoulder are in abeyance.

AND IT IS SO ORDERED!

T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

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

August 20, 2019

By: Shawnee DeBruhl, Administrative Assistant to Commissioner Beck

DECISION AND ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION'S
APPELLATE PANEL
W.C.C. FILE NO. 1515209

Ana Rodriguez Galvan,

Employee/Claimant/Respondent,

v.

Griffin Stafford North Charleston,
Defendant Employer,

and

Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America and Hartford Accident & Indemnity Co.;
Defendant Carriers/Respondents.

and

Employers Preferred Insurance Co.
Defendant Carrier/Appellant

Appellate Panel Review held in Columbia, South Carolina
on November 19, 2019 per notices timely
and properly served on all parties in interest
May 4, 2021

APPEARANCES:

Employee/Claimant/Respondent: Michael J. Jordan, Esquire, of Steinberg Law Firm, of Charleston on behalf of Claimant.

Defendant/Respondent: Regan A. Cobb, Esquire, of Holder Padgett Littlejohn + Prickett, of Mount Pleasant on behalf of Griffin Stafford North Charleston and Accident Fund General Insurance Company c/o Accident Fund Ins. Co. of America.

Defendant/Respondent: Lynnley D. Ross, Esquire of Willison, Jones, Carter & Baxley, P.A., of Mt. Pleasant on behalf of Griffin Stafford North Charleston and Hartford Accident & Indemnity Co.

Defendant/Appellant: Kathryn Fiehrer Walton, Esquire of Wood Law Group, LLC, of Charleston on behalf of Griffin Stafford North Charleston and Employers Preferred Insurance Co.

STATEMENT OF THE CASE

A hearing was held before Commissioner T. Scott Beck on April 23, 2019 to determine issues as set forth on the parties' Forms 50/51.

Defendant Employers Preferred objected to the Claimant's Supplemental APA submission that was provided on April 14, 2019 in citing Regulation 67-612. They assert although Claimant referenced Morgan v. JPS Automotives, 321 S.C. 201, 467 S.E.2d 457 (Ct. App. 1996) the report was not specifically identified and is not timely submitted. This objection was overruled on the basis that on Defendant Employers Preferred's decision to decline to depose Dr. Pappas regarding his opinion(s).

Claimant requested an Order providing an award of medical treatment, specifically surgery as recommended by Dr. Pappas and Dr. McCoy. Claimant requested the issue of compensability to her neck be held in abeyance pending the outcome of her right shoulder surgery. In addition, Claimant requested the issue of permanency for her right shoulder also be left in abeyance. Claimant requested an Order from the Commission that one of the Carriers provide surgery; however, it was her position that the need for this surgery is related to the original injury and that Carrier/Defendant Employers Preferred has the burden to demonstrate a new injury has occurred. Claimant contended her minor physical employment responsibilities upon returning to work in 2016 consisted of (1) opening and closing drawers and (2) folding wash cloths and hand towels only, which does not meet the requirements of a work injury or a repetitive trauma injury. Claimant relied on the

medical opinions of Dr. Pappas (see APA pages 107 and 107A), the opinion of Dr. Friedman who states that everything relates back to the original injury, and the specific testimony of Dr. McCoy which supports her position (see APA page 219) where he states that her symptoms directly relate to her work injury of 2015 and (see APA page 372) where he states the need for her surgery currently relates back to her original injury. In addition to those expert opinions, the Claimant also maintained she did not further injure her shoulder after her work accident.

Defendant Employers Preferred denied they are responsible for the Claimant's current surgery based on Claimant being at maximum medical improvement on September 28, 2016. Further, their position regarding Dr. McCoy's testimony, as referenced on APA page 390, is that both of his depositions, and pursuant to the logic in Geathers v 3V, Inc., 371 S.C. 570, 641 S.E.2d 29 (2007), the Claimant sustained an aggravation of her right shoulder condition after reaching maximum medical improvement sufficient to break the chain of causation. Defendant Employers Preferred disputed any responsibility for further medical treatment and relied on Dr. McCoy's testimony that he located a new rotator cuff tear that was neither present on the first MRI nor at the time of her first surgery and he opined this new tear likely occurred two to three months prior to the MRI on December 12, 2017 due to the retraction. Further, when asked about mechanism of injury, Defendant Employers Preferred asserted Dr. McCoy specifically testified that he had to assume it was the Claimant's repetitive work activities and/or some type of acute incident that she didn't pay much attention to at the time. Defendant Employers Preferred asserts that the testimony of Dr. McCoy and his comparison of

the three MRIs is directly in line with the analysis of *Geathers*, supra; therefore, based on a new accident by the Claimant they are not responsible for any further treatment.

Defendant Accident Fund asserted they are not responsible for Claimant's surgery and Claimant's need for ongoing medical treatment is the responsibility of Defendant Employers Preferred. Defendant Accident Fund relied on Claimant's testimony that she has not sustained any injury after her initial work injury of October 9, 2015. In addition, Claimant testified in her depositions that she has not had a worsening of her medical condition, that her new supervising role is even less demanding and she opts to use her left arm when necessary. Further, she does not engage in physical activity that would cause a worsening or aggravation of her symptoms. Defendant Accident Fund asserted the Claimant was deposed three times and stood by this testimony. Also, Defendant Accident Fund argued that their defense is supported by Dr. McCoy's testimony that even though he might have testified he believes a new tear is present, during his last deposition of April 4, 2019 (see APA page 432) when asked about the current tear he testified the Claimant's current tear is in the same supraspinatus tendon where he performed surgery. Further, Dr. McCoy testified it was his opinion to a reasonable degree of medical certainty that the surgical necessity of the current tear is causally related to the accident of October 9, 2015 if the tear is in the same tendon, as he believes it is, and if there had been no new accident. Last, when Dr. McCoy was asked whether this new tear was there for two months before MRI scan or four months since we do not do MRI scans every month or even six months then was it still his opinion that no

matter when the new tear showed up that it was causally related to the injury that occurred on October 9, 2015, and he answered yes it's causally related to the original injury to a reasonable degree of medical certainty. Defendant Accident Fund further asserted that their position is bolstered by Dr. Pappas, whose opinion indicates that more likely than not, to a reasonable degree of medical certainty, her current shoulder symptoms are due to her original injury, or, alternatively, results from a continuum following her surgery that was necessitated by the original injury because her rotator cuff tear was incompletely addressed during surgery.

Also, Defendant Accident Fund relied on the medical opinion of Dr. Friedman who stated in his report that the Claimant's current symptoms are related to the original accident of October 9, 2015. Based on all the above, Defendant Accident Fund asserted that Defendant Employers Preferred have not met their burden to demonstrate a break in the chain to cause Defendant Accident Fund to be responsible; and, that the Claimant's need for medical treatment is either due to the original injury and the tear is related to the original injury or even if it's a new tear that it is the natural progression resulting from the original accident that has never resolved.

Defendant Hartford took the position that the Claimant's subjective symptoms increased such that the Claimant sought out additional medical care in September 2017 prior to Hartford's coverage for the additional treatment and that a tear existed in December 2017 that the doctor stated had been present prior to the start of their coverage. Defendant Hartford relied on the Claimant's testimony that she has not been using her right hand at work to open drawers and that she cannot

remember the last time she used her right hand to open drawers. Defendant Hartford further asserted that even if the Claimant did open drawers, it did hurt and that, of course, it hurt as there's a full thickness tear that needs surgery which is correlation and not causation so either Employers Preferred or Accident Fund is responsible for providing medical benefits.

Claimant requested that her authorized treating physician either be Dr. Pappas or Dr. Schaaf who is in practice with Dr. McCoy, as Dr. McCoy no longer performs surgeries.

Commissioner Beck filed the Decision and Order on August 20, 2019 issuing the following determinations:

FINDINGS OF FACT

The undersigned Commissioner has thoroughly reviewed all of the testimony and evidence contained in the record and, after due consideration of the claim and defenses, the following Findings of Fact, as required under § 42-17-40, South Carolina Code of Laws, 1976, as amended, are set forth:

1. *Claimant sustained an admitted injury by accident arising out of and in the course and scope of her employment on October 9, 2015 to her right shoulder.*
2. *The issue of compensability to Claimant's neck as alleged from the accident on October 9, 2015, is in abeyance pending the surgical outcome of the right shoulder. In addition, the issue of any permanency to the right shoulder is in abeyance at this time.*

3. *Defendant Employers' objection to the questionnaire of Dr. Pappas is overruled as I afforded Defendant Employers the opportunity to depose Dr. Pappas before proceeding with the hearing and they declined the opportunity to depose Dr. Pappas. and they declined.*
4. *Claimant underwent right shoulder surgery as a result of the accident on October 9, 2015, by Dr. McCoy in February of 2016.*
5. *Claimant was released at MMI by Dr. McCoy on September 28, 2016, for her right shoulder.*
6. *Claimant returned to work for the Employer after her surgery with Dr. McCoy and continues to work for the Employer currently.*
7. *Claimant returned back to Dr. McCoy for further treatment in September of 2017 and as a result of an MRI in December of 2017, Dr. McCoy has recommended Claimant undergo another right shoulder surgery.*
8. *The question for the hearing is which Carrier is responsible for Claimant's current right shoulder surgery.*
9. *The fact that Claimant was placed at MMI for her right shoulder by Dr. McCoy on September 28, 2016 (APA p. 390) is dispositive of nothing.*
10. *I find Claimant's current condition to her right shoulder is not the results of Post Injury Repetitive Trauma nor Acute Intervening Injury.*
11. *Based upon the greater weight of the credible evidence, to include, the Claimant's testimony, opinions of Dr. Pappas and opinions of Dr.*

McCoy, I find Claimant's current condition emanates from her original injury of October 9, 2015.

12. *Claimant is not at MMI for her right shoulder injury of October 9, 2015.*
13. *Defendant Employers Preferred Insurance Company is responsible for ongoing medical care for Claimant's right shoulder recommended by Dr. Pappas and Dr. McCoy.*
14. *Based on Dr. McCoy no longer performing surgery and Claimant's request, Dr. Pappas is designated as the Authorized Treating Physician.*
15. *Based upon finding Defendant Employers Preferred Insurance Company being responsible for Claimant's right shoulder medical care, Defendant Accident Fund Insurance Company of America and Defendant Hartford Accident & Indemnity Company are released from the claim.*

CONCLUSIONS OF LAW

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

1. *That S.C. Code Ann. § 42-3-180 defines the authority of this Commission to determine all questions arising from the Workers' Compensation Act;*
2. *That S.C. Code Ann. § 42-1-160 is applicable in defining injury;*

3. *That S.C. Code Ann. § 42-17-40 is applicable in governing the conduct of hearings and the rendering of awards;*

4. *Under S.C. Code Ann. § 42-1-160, the Claimant sustained an admitted injury to her right shoulder in an accident arising out of the course and scope of her employment on October 9, 2015;*

5. *Based upon the greater weight of the credible evidence, to include, the Claimant's testimony, opinions of Dr. Pappas and opinions of Dr. McCoy, I find Claimant's current condition emanates from her original injury of October 9, 2015.*

6. *Based upon the greater weight of the credible evidence, I find Claimant is not at maximum medical improvement for her right shoulder injury of October 9, 2015.*

7. *Based upon the greater weight of the credible evidence, Defendant Employers Preferred Insurance Company is responsible for ongoing medical care for Claimant's right shoulder with Dr. Pappas.*

ORDER

Based on the above Findings of Fact and Conclusions of Law, it is hereby,

ORDERED, ADJUDGED AND DECREED *that the Employers Preferred Insurance Company is responsible for ongoing medical care for Claimant's right shoulder recommended by Dr. Pappas and Dr. McCoy; and it is further*

ORDERED, ADJUDGED AND DECREED that Defendant Accident Fund Insurance Company of America and Defendant Hartford Accident & Indemnity Company are released from the claim; and it is further;

ORDERED, ADJUDGED AND DECREED that the issue of compensability for Claimant's neck and permanency to the right shoulder are in abeyance.

AND IT IS SO ORDERED!

Following the filing of Commissioner Beck's Decision and Order, Defendant Employers Preferred filed a WCC Form No. 30 appeal. In the WCC Form No. 30 Application for Review, the Appellant raised the following issues on appeal from the Hearing Commissioner to the Appellate Panel of the Commission:

1. *Did the hearing Commissioner err in ruling and finding that the objection to a supplemental questionnaire from Dr. George Pappas should be included in the record in violation of South Carolina Code and Regulation 67 – 612 when the document was mailed to the parties on April 14, 2019 prior to the April 23, 2019 hearing and was not identified on the Claimant's Form 58 Prehearing Brief in accordance with Morgan V JPS Auto, 321 SC 201, 476 S.E.2d 457 (Ct. App. 1996)?*

2. *Did hearing Commissioner err in finding as a fact and concluding as a matter of law that the Claimant is not at maximum medical improvement for her right shoulder injury occurring on October 9, 2015 when the greater weight of the evidence in the record, including the opinions of Dr. James McCoy, Dr. Richard Friedman and Dr. Bright McConnell, indicates that the Claimant reached maximum medical improvement for the October 9, 2015 injury to her right shoulder?*

3. *Did hearing Commissioner err in not finding and concluding that the Claimant has reached maximum medical improvement for the October 9, 2015 right shoulder injury and addressing any related permanent*

disability benefits for the loss of use of the right shoulder based upon the greater weight of evidence in the record and the applicable law?

4. *Did the hearing Commissioner err in finding as a fact and concluding as a matter of law that Employers Preferred Insurance Company is responsible for ongoing medical care for the Claimant's right shoulder after the Claimant had a one year lapse in treatment after reaching maximum medical improvement for the October 9, 2015 injury and sustaining a new rotator cuff tear?*

5. *Did hearing Commissioner err in finding as a fact and concluding as a matter of law that the Claimant's current condition emanates from the original October 9, 2015 injury when the greater weight of the evidence in the record indicates that the Claimant suffered an intervening injury or repetitive trauma to her right shoulder sufficient to break the chain of causation from the October 9, 2015 injury and that the Claimant sustained an aggravation of her right shoulder condition?*

6. *Did the hearing Commissioner err in finding as a fact and concluding as a matter of law that Dr. George Pappas, the Claimant's IME physician, shall be the new treating physician authorized by Employers Preferred Insurance Company when the Defendant shall be entitled to select a treating physician if the previous authorized treating physician has retired from providing a portion of medical treatment?*

Based on Defendant/Appellant Employers Preferred Insurance Company's Brief to the Appellate Panel, the Appellant consolidated her appeal to three (3) issues: (1) "Does the greater weight of evidence in the record and the applicable law suggest that the Claimant reached MMI for her October 9, 2015 injury by accident and that Employers Insurance shall not be responsible for the Claimant's ongoing medical treatment for the worsening of her condition after she reached MMI?" (2) "Does the application of South Carolina Code Ann. Regulation 67-612 and *Morgan v. JPS Auto.*, 321 S.C. 201, 476 S.E.2d 257 (Ct. App. 1996), suggest that the supplemental questionnaire from Dr. George Pappas should be excluded from the evidentiary record?" And, (3) "Did the Single Commissioner err in finding that the

Claimant's IME physician, Dr. George Pappas, shall be the new authorized treating physician due to the prior authorized treating physician retiring from surgical practice?" Accordingly, these issues raised in the Appellant's brief were the only issues before the Appellant Panel on November 19, 2019, and all other issues are deemed to have been waived as a matter of law.

First, the Appellant argued in their brief that the Claimant reached maximum medical improvement for her October 9, 2015 injury and that the Appellant shall not be responsible for the Claimant's ongoing treatment for the worsening of her condition after she was placed at maximum medical improvement by the treating physician. The Appellant relied upon the deposition testimony of Dr. McCoy and his comparison of the Claimant's MRIs. following the October 9, 2015 injury and the December 12, 2017 MRI after the Claimant had been placed at maximum medical improvement on September 28, 2016. The Appellant cited Dr. McCoy's testimony that the December 12, 2017 MRI showed a new acute tear that likely occurred 2-3 months prior to the December 12, 2017 MRI. The Appellant argued that the new tear likely occurred due to repetitive type work or something such as pulling on a stuck door per Dr. McCoy's testimony. As support for the dispute over providing further medical treatment, the Appellant cited Dr. McCoy's testimony that the current tear is not a reoccurrence of the October 9, 2015 injury but is an entirely new finding that either resulted from an acute incident or repetitive activities. The Appellant cites that the Claimant testified on August 14, 2018 that movement at work such as opening drawers and folding small towels two hours per day worsens her pain. The Appellant argues that this timeline for the

occurrence of the new rotator cuff tear correlates with the Claimant seeking medical treatment after a one-year lapse. At the time of the subsequent tear and MRI, the Employer was insured by Accident Fund. Therefore, the Appellant argues that the insurer on risk at the time of the second injury should be solely liable for the worsening of the Claimant's right shoulder condition. The Appellant relies upon the analysis in *Geathers*, supra, to maintain that the last injurious exposure rule should apply in the Claimant's situation. The Appellant goes on to argue the Claimant reached maximum medical improvement and that Dr. McCoy's testimony should be provided greater weight because he has treated the Claimant in the past. In light of the argument that the Claimant reached maximum medical improvement, the Appellant further requested the Commission issue a determination of permanency based upon the impairment ratings that were provided. The Appellant additionally states they are not responsible for any ongoing medical treatment owed to the Claimant and relies upon the Form 14B of Dr. McCoy.

Second, the Appellant asserts the supplemental questionnaire from Dr. George Pappas should be excluded from the record. The Appellant relies on Regulation 67-612 and *Morgan v. JPS Auto*, 321 SC 201, 476 S.E.2d 257 (Ct. App. 1996) in asserting that the supplemental questionnaire was not timely submitted

Third, the Appellant argues the Claimant's IME physician, Dr. George Pappas, should not be the new authorized treating physician for the Claimant's right shoulder problems. Ultimately, the Appellant requests the Decision and Order of the hearing Commissioner be reversed and/or modified.

The Claimant/Respondent, in turn, argues the Claimant has not reached maximum medical improvement and requires surgery in order to reduce her symptoms. The Claimant/Respondent relies upon the statement of Dr. George Pappas who went so far as to state "the patient has **clearly** not reached maximum medical improvement (MMI)" (emphasis added). Further, even Dr. McCoy has stated the Claimant/Respondent should undergo surgery, which clearly means she has not reached maximum medical improvement. The Claimant/Respondent goes on to argue her current symptoms and need for ongoing medical treatment result from her original work injury, and that the Appellant has failed to prove there was a break in the chain of causation. The Claimant/Respondent's current condition is neither the result of a post injury repetitive trauma accident nor is her current condition due to any intervening injury, and, therefore, according to the *Geathers* decision, the Appellant should remain responsible for her ongoing treatment. Next, the Claimant/Respondent argues the supplemental report of Dr. Pappas was timely and properly submitted, and that the Appellant had an opportunity to take the deposition of Dr. Pappas before going forward with the hearing before Commissioner Beck. Last, the Claimant/Respondent argues the Commissioner has the discretion to assign Dr. George Pappas as the authorized treating physician. Further, the Claimant/Respondent maintains the fact that because Dr. Pappas has an actual plan for the Claimant/Respondent's current symptoms, he is in the best position provide for her treatment and care and therefore should be her authorized treating physician.

Defendant/Respondent Accident Fund Insurance Company asserted they are not responsible for the Claimant/Respondent's medical treatment, including surgery. Defendant Accident Fund relies upon the Claimant/Respondent's testimony that she has not sustained any injury after her initial work accident of October 9, 2015. Defendant/Respondent Accident Fund further argues the responsibility of the Claimant/Respondent's ongoing medical treatment falls upon the original responsible party, the Appellant, because they have not met their burden to demonstrate a new accident under the *Geathers* case. Specifically, in this case, there is not a second distinct accident to break the causal chain. In fact, all of the Claimant's testimony, including multiple depositions and also during the hearing, shows that she has not experienced any new intervening accident to her right shoulder since her original accident on October 9, 2015. In all three depositions of the Claimant and in her hearing testimony, Claimant testified she has not experienced a new accident to her right shoulder. Furthermore, Claimant does not have a post-injury repetitive trauma. Claimant's new role with the Employer is as a supervisor. As a supervisor, Claimant has consistently testified that she avoids using her right arm, using her left arm to fold clothes and close drawers. Currently, Claimant testified that she does not use her right arm at all. Therefore, it is impossible for her to have a post-injury repetitive trauma. Defendant Accident Fund argued Dr. McCoy's testimony was that the Claimant's supraspinatus tear was causally related to the October 9, 2015 work accident. Defendant/Respondent Accident Fund went on to state the opinions of Dr. Pappas and Dr. Friedman were that the Claimant/Respondent's current symptoms were

related to her original work accident of October 9, 2015 and therefore the responsibility of the Appellant. Specifically, Dr. Pappas opined that more likely than not to a reasonable degree of medical certainty her current shoulder symptoms are due to her original injury or alternatively result from a continuum following that surgery that was necessitated by the original injury because her rotator cuff tear was incompletely addressed during surgery. Further, Dr. Friedman specifically opined Claimant's current symptoms are related to her work injury of October 9, 2015. Therefore, Defendant/Respondent Accident Fund asserts the Hearing Commissioner did not err in holding Defendant/Appellant Employer's Preferred responsible for the additional medical treatment and releasing Defendant/Respondent Accident Fund from the claim.

Defendant/Respondent The Hartford argued the Claimant/Respondent's testimony was conclusive that her symptoms and pain were the same before her surgery and all the way through the date of the hearing and, therefore, the responsibility of the Appellant. The Hartford went on to argue there was no evidence the Claimant/Respondent sustained a new injury under any circumstance during their period of coverage of the Employer in this matter.

The Appellant filed a Reply Brief maintaining the Claimant/Respondent's MRI showed a new rotator cuff tear and therefore they have met their burden under the *Geathers* case.

DISCUSSION

In an appellate review, the Appellate Panel shall, pursuant to S.C. Code Ann. § 42-17-50, review the award, weigh the evidence as presented at the initial hearing

and, if good grounds be shown therein, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. Based upon a review of the foregoing, the Panel has determined that the Hearing Commissioner did not err in his finding that the Appellant, Employers Preferred, failed to meet their burden of proof that the Claimant sustained a new injury sufficient to break the chain of causation. The Panel has determined that the Hearing Commissioner did not err in his finding that the Appellant, Employers Preferred, was responsible for the Claimant's ongoing medical treatment.

Given that the Claimant testified she did not sustain any other on the job injury and that the work duties alleged to have caused a repetitive accident did not actually cause her increased pain or symptoms, the Hearing Commissioner did not err in determining the Claimant's symptoms emanated from her work accident of October 9, 2015. We agree with the Hearing Commissioner that the Claimant did not sustain a new repetitive trauma or acute accident and therefore her symptoms emanate from her original work accident.

Concerning the Appellant's argument that the supplemental report from Dr. Pappas should not be admitted into evidence, the Hearing Commissioner did not err in allowing the report into evidence. First, the Appellants were provided the opportunity to depose Dr. Pappas and ask him about the substance of the report to which they declined. Second, the Claimant/Respondent cited Morgan v. JPS Automotives, supra, in her Prehearing Brief and submitted the supplemental report in line with the analysis in the case.

Provided that Dr. Pappas has provided a plan of treatment for the

Claimant/Respondent, he is in a position to take over her treatment, and the Hearing Commissioner did not err in deciding that he will be the authorized treating physician moving forward.

Accordingly, the greater weight of the evidence in the record supports the Hearing Commissioner's findings of fact and there was no error of law. The Appellate Panel hereby AFFIRMS the Hearing Commissioner's Decision and Order in its entirety.

FINDINGS OF FACT

The Appellate Panel has thoroughly reviewed all of the testimony and evidence contained in the record and, after due consideration of the claim and defenses, the following Findings of Fact, as required under § 42-17-40, South Carolina Code of Laws, 1976, as amended, are set forth:

1. Claimant sustained an admitted injury by accident arising out of and in the course and scope of her employment on October 9, 2015 to her right shoulder.

2. The issue of compensability to Claimant's neck as alleged from the accident on October 9, 2015, is in abeyance pending the surgical outcome of the right shoulder. In addition, the issue of any permanency to the right shoulder is held in abeyance at this time.

3. Appellant's objection to the questionnaire of Dr. Pappas is overruled as they were afforded the opportunity to depose Dr. Pappas regarding the supplemental submission before proceeding with the hearing and they declined this opportunity.

4. Claimant underwent right shoulder surgery as a result of the accident on October 9, 2015, by Dr. McCoy in February of 2016.

5. Claimant was released at MMI by Dr. McCoy on September 28, 2016, for her right shoulder.

6. Claimant returned to work for the Employer after her surgery with Dr. McCoy and continues to work for the Employer currently.

7. Claimant returned to Dr. McCoy for further treatment in September of 2017 and as a result of an MRI in December of 2017, Dr. McCoy has recommended Claimant undergo another right shoulder surgery.

8. The question before the Appellate Panel is which Carrier is responsible for Claimant's current right shoulder surgery and ongoing treatment.

9. The fact that Claimant was placed at MMI for her right shoulder by Dr. McCoy on September 28, 2016 (APA p. 390) is dispositive of nothing, as she received a surgical recommendation after this date.

10. The Claimant's current condition to her right shoulder is not the result of a post-injury repetitive trauma or an acute intervening injury and the Appellant has failed to meet the burden of proof to establish either scenario under *Geathers*.

11. Based upon the greater weight of the credible evidence, to include the Claimant's testimony, opinions of Dr. Pappas and opinions of Dr. McCoy, the Claimant's current condition emanates from her original injury of October 9, 2015.

12. Claimant has not reached maximum medical improvement for her right shoulder injury of October 9, 2015.

13. Defendant Employers Preferred Insurance Company is responsible for ongoing medical care for Claimant's right shoulder recommended by Dr. Pappas and Dr. McCoy.

14. Based on the fact that Dr. McCoy is no longer performing surgery and per the Claimant's request, Dr. Pappas is designated as the Authorized Treating Physician.

15. Based upon finding that Defendant Employers Preferred Insurance Company is responsible for Claimant's medical treatment for her right shoulder, Respondent Accident Fund Insurance Company of America and Respondent Hartford Accident & Indemnity Company are released from the claim.

CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, South Carolina Code of Laws, 1976, as amended, it is the determination of the Appellate Panel as follows:

1. That S.C. Code Ann. § 42-3-180 defines the authority of this Commission to determine all questions arising from the Workers' Compensation Act;

2. That S.C. Code Ann. § 42-1-160 is applicable in defining injury;

3. That S.C. Code Ann. § 42-17-40 is applicable in governing the conduct of hearings and the rendering of awards;

4. Under S.C. Code Ann. § 42-1-160, the Claimant sustained an admitted injury to her right shoulder in an accident arising out of the course and scope of her employment on October 9, 2015;

5. Based upon the greater weight of the credible evidence, to include the Claimant's testimony, opinions of Dr. Pappas and opinions of Dr. McCoy, the Claimant's current condition emanates from her original injury of October 9, 2015.

6. Based upon the greater weight of the credible evidence, the Claimant has not reached maximum medical improvement for her right shoulder injury of October 9, 2015.

7. The Claimant/Respondent's supplemental report from Dr. Pappas is admitted into evidence and the decision to do so is in line with the analysis in Morgan v. JPS Automotives, supra.

8. Based upon the greater weight of the credible evidence, Defendant Employers Preferred Insurance Company is responsible for ongoing medical care for Claimant's right shoulder with Dr. Pappas.

ORDER

Based on the above Findings of Fact and Conclusions of Law, it is hereby,

ORDERED, ADJUDGED AND DECREED that the Employers Preferred Insurance Company is responsible for the ongoing medical care of the Claimant's right shoulder recommended by Dr. Pappas and Dr. McCoy; and it is further;

ORDERED, ADJUDGED AND DECREED that Dr. Pappas is the Claimant's authorized treating physician for her right shoulder; and it is further;

ORDERED, ADJUDGED AND DECREED that Defendant Accident Fund Insurance Company of America and Defendant Hartford Accident & Indemnity Company are released from the claim; and it is further;

ORDERED, ADJUDGED AND DECREED that the issue of compensability for Claimant's neck and permanency to the right shoulder are in abeyance.

AND IT IS SO ORDERED!

S.C. WORKERS' COMPENSATION COMMISSION

The Hon. Avery B. Wilkerson, Jr., Commissioner

Commissioner Aisha Taylor

The Hon. Aisha Taylor, Commissioner

Commissioner Mike Campbell r

Order Served via E-Mail:

Lynnley D. Ross Wilson, Jones, Carter, Baxley ldross@wjlaw.net Regan A. Cobb Holder, Padgett, Littlejohn, & Pickett, LLC rcobb@hplplaw.com	Kathryn Fiehrer Walton Wood law Group Kate@woodgroupllc.com Matthew J. Fultz Wood Law Group matt@woodgroupllc.com Michael J. Jordan The Steinberg Law Firm, LLP mjordan@steinberglawfirm.com

CERTIFICATE OF SERVICE

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

By Eugenia Hollmon on May 4, 2021

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1515209

Ana Rodriguez Galvan,
Employee,
Vs.

Griffin Stafford N. Charleston,
Employer,
and

Employers Preferred Insurance Company,
Carrier,
Defendants.

MOTION ORDER

Served via U.S. Mail upon:

Hartford Accident & Indemnity Co.
(w/copies of the Form 50, Amended Motion to Add Parties and Motion Order)

Kathryn Fiehrer Walton, Esq.

Matthew J. Fultz, Esq.

Michael J. Jordan, Esq.

A Motion regarding the following issue(s) has been received.

__X__ Claimant's Motion to Add a Party (Hartford Accident & Indemnity Co.)

The following disposition has been made: ____ Granted ___ Denied

____ Set for Hearing

____ Have Attorneys brief the Issue

Reasons: _____

Commissioner Avery B. Wilkerson, Jr.

Columbia, South Carolina June 5, 2018

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 Deborah Hutto on June 5, 2018

BEFORETHE
SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION

WCC FILE NO. 1515209

Ana Rodriguez Galvan,

Claimant,

MOTION ORDER

vs.

Griffin Stafford N. Charleston,

Employer,

Employers Preferred Insurance Company and
Hartford Accident & Indemnity Co.,

Carrier/Defendant,

A Motion regarding the following issues(s) has been received:
Claimant moves that Accident Fund Insurance Company of America be added as a necessary and essential party to this case.

The following disposition has been made:
Motion to Add is hereby GRANTED.

Mike Campbell
Commissioner Mike Campbell

CC: Michael J. Jordan, Esquire
Kathryn Fiehrer Walton, Esquire
Lynnley D. Ross, Esquire
Accident Insurance Company of America (Forms 50 & 51)

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
July 20, 2018

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Campbell

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1515209

ANA RODRIGUEZ GALVAN, Employee, Claimant, vs. GRIFFIN STAFFORD N. CHARLESTON, Employer, and EMPLOYERS PREFERRED INSURANCE COMPANY, Carrier, Defendants.	MOTION TO ADD A PARTY

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND KATHRYN FIEHRER WALTON, ESQUIRE, EMPLOYERS PREFERRED INSURANCE COMPANY, CARRIER AND HARTFORD ACCIDENT & INDEMNITY CO., CARRIER

Ana Rodriguez Galvan, through her undersigned attorney, respectfully moved before the Commission to add additional parties in the above-referenced case. This Motion is pursuant to S.C. Regulation 67-512 and is based on the following:

1. The Claimant alleges an injury arising out of and in the course and scope of her employment on October 9, 2015 to her right shoulder, right arm and neck.
2. At all times here in, Claimant has worked for the above employer.

3. The Defendants have accepted this as an admitted injury by accident and have provided medical treatment, including a shoulder surgery.
4. The Defendants assert that the Claimant has sustained an additional injury by accident through repetitive trauma at work. The Defendants rely upon deposition testimony of Dr. McCoy on April 12, 2018 as support for their contention.
5. On April 12, 2018 (the date of the McCoy deposition), the Employer was covered by Hartford Accident & Indemnity Co.
6. The Claimant needs shoulder surgery per Dr. McCoy.
7. Because of the Defendant's contention that the Claimant sustained an additional injury by accident through repetitive trauma and repetitive work activities, it is necessary, and in the interest of the judicial economy, to add Hartford Accident & Indemnity Co., as a new carrier to this claim and to be present at the hearing requested pursuant to the Claimant's Form 50.

Therefore, based on the above, The Claimant hereby moves that Hartford Accident & Indemnity be added as necessary and essential parties to this case.

Respectfully Submitted,

Michael J. Jordan
THE STEINBERG LAW FIRM LLP
P.O. Box 1028
Goose Creek, South Carolina 29445
(843) 572-0700
Attorney for Claimant

Goose Creek, SC
May 23, 2018

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1515209

ANA RODRIGUEZ GALVAN,
Employee,

Claimant,

vs.

GRIFFIN STAFFORD N. CHARLESTON, Employer, and

EMPLOYERS PREFERRED INSURANCE COMPANY, Carrier,

Defendants.

AFFIDAVIT OF
MICHAEL J. JORDAN

PERSONALLY APPEARS BEFORE ME, the undersigned, MICHAEL J. JORDAN, who after being dully sworn, deposes and states:

1. Affiant verifies the contents of the Motion to Add Party Defendants to this Claim are accurate and true to the best of my knowledge on this date.

FURTHER, AFFIANT SAYETH NAUGHT!

MICHAEL J. JORDAN

SWORN TO AND SUBSCRIBED BEFORE ME
this 23rd day of July, 2017

Notary Public for South Carolina
My Commission Expires: 1/24/2024

CERTIFICATE OF MAILING

I hereby certify that on May 23, 2018, I served the Defendants in the foregoing matter with a copy of the attached Motion to Add a Party by mailing a copy of same via first class mail, postage pre-paid and addressed as follows:

S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Kathryn Fiehrer Walton Esquire
Wood Law Group LLC
PO Box 20550
Charleston, SC 29413

Hartford Accident & Indemnity Co.
SE Workers' Comp. Claim Center
PO Box 14473
Lexington, KY 40512

By: Lacey Dalesandro

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1515209

Ana Rodriguez Galvan, Employee/Claimant, -vs- Griffin Stafford N. Charleston, Employer, and Employers Preferred Insurance Company, Carrier, Defendants.	REPLY TO CLAIMANT'S MOTION TO ADD A PARTY

TO: The South Carolina Workers' Compensation Commission; Commissioner Avery B. Wilkerson, Jr.; Michael Jordan, Esquire, Attorney for the Employee/Claimant; and Hartford Accident & Indemnity Company.

The Defendants above named by and through their undersigned attorney due hereby respond to the Claimant's Motion to Add a Party as follows:

1. The Claimant sustained an admitted right shoulder injury by accident with Griffin Stafford North Charleston on October 9, 2015.
2. Dr. James McCoy, the authorized treating physician, indicated that the Claimant reached maximum medical improvement for her right shoulder injury on September 28, 2016 (see attached Exhibit A).

3. Dr. Bright McConnell agreed that the Claimant reached maximum medical improvement regarding the October 9, 2015 injury according to his second opinion evaluation of the Claimant on April 14, 2017 (see attached Exhibit B).
4. Thereafter the Claimant returned to Dr. James McCoy and had a right shoulder MRI completed on December 12, 2017 revealing a new rotator cuff tear in the right shoulder (see attached Exhibit C).
5. Dr. James McCoy was deposed on April 12, 2018 wherein he testified that he compared the December 2017 MRI to the prior November 2, 2015 MRI and confirmed that the December 2017 MRI reveals a new and different full thickness tear. Furthermore he testified that the previously repaired full thickness tear following the October 9, 2015 accident was still intact according to the MRI (see attached Exhibit D).
6. Dr. McCoy also testified that the new acute tear had fresh edges and no retraction of the muscle; therefore, it likely occurred within 2-3 months prior to the December 12, 2017 MRI (see attached Exhibit E).
7. The Defendants herein deny that the Claimant's new full thickness rotator cuff tear is causally related to the October 9, 2015 injury and therefore deny the Claimant's entitlement to medical treatment in this claim.
8. Dr. McCoy testified that there was either an acute incident or repetitive activities that caused the new tear (see attached Exhibit F).

9. The Defendants herein take no position as to causation with the exception of disputing the causal relationship of the recommended medical treatment to the October 9, 2015 injury.

10. Based upon the Workers' Compensation Coverage Verification for the dates 2-3 months prior to the December 12, 2017 MRI, it appears that Griffin Stafford North Charleston, LLC was insured by Accident Fund Insurance Company of America. As such, it does not appear that Hartford Accident & Indemnity Company would be a proper party to be added to this claim (see attached Exhibit G).

WHEREFORE, the Defendants respectfully request that the South Carolina Workers' Compensation Commission deny the Claimant's Motion to Add Hartford Accident & Indemnity Company to this claim based on Dr. McCoy's testimony over the anticipated time frame when the new right shoulder rotator cuff tear occurred.

RESPECTFULLY SUBMITTED,

Wood Law Group, LLC
P. O. Box 20550
Charleston, SC 29413
Ph.: 843-577-5732

By: _____
Kathryn Fiehrer Walton
Attorney for the Defendants

Date: 5/31/18

Charleston, South Carolina

Admin Documents

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

Physician's Statement

Claimant's Name: Ana Rodriguez- Galvin
Physician's Name: James McCoy
Practice/Clinic: Lowcountry Orthopaedics & Sports Medicine/Arcis
Preparer's Name: Marla Barrientos

Employer's Name: Suburban Extended Stay Hotel
Insurance Carrier: Employers Insurance Group
SCWCC File No:
Phone: 843-797-5050

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

Date of injury: 10/09/2015 Date of first office visit: 02/24/2016 Date of last office visit: 09/28/2016

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

Diagnosis or nature of injury or illness: M25.511

Body part(s) injured: right shoulder Body part(s) affected:

Date of **maximum medical improvement**: 09/28/2016

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

If so, the permanent physical impairment is: 15 % medical impairment to the right shoulder (injured body part).

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

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

X The AMA's *Guides to the Evaluation of Permanent Impairment* 5th Edition; or
____ Other medical treatise: ____ or
____ Other: ____

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

If so, the permanent physical limitations are: permanent limited duty

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

If so, the retained hardware is: ____

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

If so, the medical care and treatment that is needed is/are:

medical care in the future with at least anti-inflammatory medicines periodically and an occasional injection of the right shoulder.

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

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

Electronically signed by JAMES J. MCCOY, MD
on 02/09/2017 at 10:39:19 PM

Treating or Evaluating Physician — Date

WCC Form # 14B
12/2016

14B

Physician's Statement

Attachment for claim 643232V7388

Exhibit A

INDEPENDENT MEDICAL EVALUATION

This is in reference to Ana Rodriguez Galvan v Griffin Stafford North Charleston
WCC FILE #: 1515209
CARRIER FILE #: 2015279729
FILE #: 69.252
DATE OF BIRTH: [redacted]1982

DATE OF EVALUATION: 04/14/2017

CHARLESTON SPORTS MEDICINE & Orthopaedic Center
Bright McConnell, III, MD
900 Island Park Drive • Suite 105
Charleston, SC 29492
Phone: 843.284.5200
Fax: 843.284.5201
www.CharlestonSportsMed.com

Kathryn Fiehrer Walton, Attorney
c/o Wood Law Group, LLC
P.O. Box 20550
Charleston, SC 29413

Dear Ms. Walton:

Ms. Ana Galvan was seen in the office today, 04/24/2017, for purposes of independent medical evaluation regarding a work injury to her right dominant shoulder. As you are aware, this now 34-year-old Hispanic female was employed as a housekeeper when she had sustained injury to her right dominant shoulder on 10/19/2015.

On review of the enclosed medical records, as well as the patient's history as interpreted by her daughter, as she is not fluent in English, outlines an injury to her right shoulder when she was mopping a bathroom. The patient states that she fell forward and attempted to grab the doorknob in the room, which gave way, causing her to fall down onto an outstretched right shoulder.

By the patient's history, she noted immediate onset of discomfort and pain.

She did present for evaluation on the following day at Health First in North Charleston, South Carolina, complaining of right shoulder pain. Initially, there were some notes referable to some back pain occurring as well. Unfortunately, this medical record does not document any physical findings with respect to her shoulder other than diminished range of motion, but no bruising present. She was apparently dispensed an arm sling.

The patient was subsequently referred to a Concentra Medical Facility for evaluation of her right arm and shoulder pain primarily. She was seen initially on 10/19/2015 with her history as basically noted above. The office note does reflect an x-ray, which was obtained at Health First, which showed no evidence for acute fracture. She was noted to have problems moving her arm secondary to the pain. The patient did note some right hip pain that had occurred after the injury, but that had basically resolved by the time she was seen at Concentra. Examination at that time documents active range of motion limited in all planes secondary to discomfort. Concern was noted of possible rotator cuff injury and an MRI scan of her right shoulder was requested at that visit.

Exhibit B

CLIENT: GALVAN, ANA RODRIGUEZ **CLIENT #: 58538**
DATE OF SERVICE: 04/14/2017
PAGE 2

MRI scan was obtained at Lowcountry Orthopedics on 11/02/2015. This did reveal a full-thickness minimally retracted tear of the supraspinatus tendon with partial-thickness tear of the infraspinatus and subscapularis. No significant glenohumeral changes were noted or significant labral pathology was noted.

The patient was seen back in follow up at United States Medical Group when she was apparently seen for Orthopedic consult by Dr. James McCoy. Range of motion at that time was noted to be approximately 90 degrees on the right. Pain with abduction against resistance and external rotation.

The patient's MRI scan was reviewed. At that point in time, surgical repair was apparently recommended.

The patient was subsequently referred to Lowcountry Orthopedics. She was apparently seen by the physician's assistant, Savannah Spearman, initially on 02/08/2016. This was apparently for a preoperative evaluation for scheduled rotator cuff repair, which was to be carried out on 02/26/2016 by Dr. McCoy.

The patient did undergo surgery on 02/24/2016. On review of the operative narrative by Dr. McCoy, full-thickness tear of the rotator cuff at its insertion on the humerus was confirmed. A mini open repair through the deltoid of the rotator cuff pathology was carried out with suture anchors.

The patient was subsequently followed by Therapy Centers of South Carolina. On sequential review of those records, the patient's primary residuals with respect to her shoulder surgery were related to problems regaining range of motion. Her final office note at physical therapy dated 08/31/2016 observed range of motions included active forward flexion of approximately 160 degrees, active abduction of 95 degrees, and external rotation of approximately 20 degrees.

Throughout the postoperative notes recorded by Dr. McCoy, the patient was also having complaints of pain and numbness into her right upper extremity. In the office note of 04/21/2016, she was complaining of radiating pain from her shoulder with numbness and tingling into the right hand. At that time, it was felt that a nerve conduction study would be appropriate. This was carried out on 05/12/2016 by Dr. Patel. EMG and nerve conduction study basically was normal.

The patient was also evaluated because of these radicular symptoms by Dr. Patel on 05/12/2016. Further diagnostic imaging was recommended to include MRI scan of the cervical spine, which was carried out eventually on 08/18/2016. It revealed some mild degenerative changes at the C5-C6 level, but otherwise, was relatively unremarkable.

On the office followup note dated 05/19/2016, there was still noted to be some problems regarding range of motion of her shoulder. At that point, she was three and a half months status post rotator cuff repair. Range of motion documented at that time was 75 degrees of active assisted abduction on the right.

Dr. McCoy recommended continuation of her physical therapy with an emphasis on work hardening and to increase her range of motion. Additionally, a second opinion from Dr. Santiago was recommended to evaluate the etiology and possible issues regarding her persistent right hand pain and numbness.

The patient was seen by Dr. Santiago on 06/13/2016. At that point, she was complaining of some persistence of neck pain with radiation distally. X-rays were obtained at that time of her right wrist, which showed no evidence for fracture, dislocation, or other bony abnormality. Possibility of carpal tunnel syndrome was discussed, but a recommendation for carpal tunnel injection with a corticosteroid was deferred.

The patient was also seen apparently for pain management by Dr. Christopher Merrell, also within Lowcountry Orthopedics on 07/07/2016. Her MRI scan and plain x-rays were reviewed. Mild degenerative changes at C5-C6 were confirmed. Conservative management to include physical therapy and a trial of cervical traction was recommended at that time.

The patient was apparently last seen by Dr. Santiago on 11/08/2016. At that point in time, she was felt to be at maximal medical improvement from a standpoint of her hand symptoms. It was not anticipated any medical treatment for her hand would be required. She was assessed a 0% impairment of the upper extremity based upon her hand symptoms and clinical findings.

The last note available for review is a Workers Compensation 14B form electronically signed by Dr. McCoy on 02/09/2017. At that time, she was felt to have reached maximal medical improvement with respect to her right shoulder injury. She was assessed a 15% impairment to the right shoulder. Permanent physical restrictions were noted, specifically "permanent limited duty." Future medical care could include use of antiinflammatory medications and occasional injections to the right shoulder.

The patient states she has not been seen back by Dr. McCoy since that last visit. She has not had any further treatment or treatment recommendations with respect to her residual cervical issues.

Presently, the patient states that her primary residual with respect to her right shoulder is persistence of pain particularly with any type of horizontal and overhead activity. Through her daughter, who was serving as an interpreter, she states that her pain is basically very similar to what she experienced presurgical. She also notes significant loss of motion and has not had any improvement with that for the last several months. She still complains of some numbness in her fingers, particularly the ring and little fingers. She also notes some discomfort and paresthesia type feeling around her surgical incision site.

CLIENT: GALVAN, ANA RODRIGUEZ **CLIENT #: 58538**
DATE OF SERVICE: 04/14/2017
PAGE 4

She is not taking any medications at present other than over-the-counter ibuprofen.

The patient denies any prior history of injury to her right shoulder.

PHYSICAL EXAMINATION: Today reveals the patient to be appropriate throughout the evaluation. She is able to demonstrate essentially full range of motion of her cervical spine today with minimal limitation of flexion, extension, or lateral rotation.

Evaluation of the right shoulder reveals no evidence for any significant deltoid atrophy. Her surgical incision is approximately 5 cm in length. She does have minimal sensory change in the cutaneous distribution of the axillary nerve. However, she has no significant deltoid atrophy documented.

The patient's active forward flexion today is limited to 90 degrees, with end point appreciated on active assist. Active abduction is antalgic and limited to 80 degrees. External rotation passively with arm at side is 45 degrees with end point, 80 degrees on her left side. Her internal rotation is somewhat restricted to the T12 level.

The patient does have antalgic weakness on isolation testing of her right shoulder particularly in forward flexion and abduction. This is rated 4+/5.

The patient has full and painless range of motion of the elbow. There is no evidence for intrinsic atrophy. She can make a full composite fist. Strength is 5/5 throughout in distribution of the radial, median, and ulnar nerve distribution.

IMPRESSION: Status post repair of full-thickness rotator cuff tear of right shoulder with possible residual adhesive capsulitis.

DISPOSITION: This patient is now approximately 14 months status post rotator cuff repair. She does have some significant residuals with respect to her injury, primarily weakness and loss of range of motion. I suspect this patient has developed some degree of adhesive capsulitis.

Realistically, I do not believe that any further surgical intervention would be predictive for proving her range of motion at present. Based upon physical therapy that she has undergone, as well as her findings today with no significant improvement from documented findings previously, I would agree with Dr. McCoy that she is realistically at maximal medical improvement. The patient does have residual impairment as defined by the AMA Guidelines for the Evaluation of Permanent Impairment, fifth edition.

CLIENT: GALVAN, ANA RODRIGUEZ **CLIENT #: 58538**
DATE OF SERVICE: 04/14/2017
PAGE 5

Based upon figure 16-40, 16-43, and 16-46, the patient will have impairment of the upper extremity based upon range of motion loss. A 6% impairment of the upper extremity is based upon her range of motion loss in flexion, 5% based upon her range of motion loss in abduction, 1% of the upper extremity based upon range of motion loss in external rotation, and 0% based upon mild internal rotation restriction.

Additionally, based upon table 16-35, the patient has a ratable impairment of 6% of the upper extremity based upon her strength loss in forward flexion and additional 3% based upon strength loss in abduction totaling 9% upper extremity impairment based upon strength loss.

Utilizing combined values table, this is a 20% impairment of her upper extremity. Utilizing a 60% modifier for the shoulder, this is a 33% impairment to her shoulder.

As noted above, I do not believe that surgical intervention, particularly arthroscopic debridement or capsulotomy, would necessarily afford predictable improvement. However, future medical treatment could be considered to include non-provocative progressive range of motion of her shoulder particularly in forward flexion and abduction with external rotation.

As noted by Dr. McCoy, occasional injection of her shoulder may offer some palliative benefit.

With respect to permanent restrictions, the patient should at this point avoid any type of activity, which would require horizontal or overhead lifting, particularly in weights with excess of 5 pounds. If further restrictions are required, functional capacity evaluation could be considered.

All of my opinions are expressed most probable and to a reasonable degree of medical certainty.

If there are any further questions, please do not hesitate to contact me.

Sincerely yours,

Bright McConnell, III, M.D.
BMcC:ATL 001

SOUTH CAROLINA DIAGNOSTIC IMAGING

Tri-County Radiology North Charleston
2851 Tricom Boulevard North Charleston, SC 29406
p: (843) 529-0600 fi (843) 824-1246

PATIENT: RODRIGUEZ GALVAN, ANA
DOB: [redacted]/1982
MRN: 1033830
PHONE: 843-343-1229(Home)
PHYSICIAN: JAMES MCCOY, MD
EXAM DATE: 12/12/2017

EXAM: MR Right Shoulder Without Contrast

REASON FOR EXAM: Pain in right shoulder

TECHNIQUE: Multiplanar multisequence MRI images right shoulder, high field 1.5 Tesla MRI.

COMPARISON: None.

FINDINGS: Mild primary osteoarthrosis (OA) of the acromioclavicular joint. No Hill-Sachs or Bankart deformities.

Prior rotator cuff repair, metallic artifact partially obscures the distal aspect of the supraspinatus tendon. Tendinosis and low grade intrasubstance partial thickness tear of the supraspinatus tendon mild bursal sided irregularity (coronal image 9). Intact infraspinatus, subscapularis and teres minor tendons.

Near circumferential degenerative fraying of the labrum most pronounced the anteroinferior labrum. No discrete or displaced labral tear.

Intact axillary pouch. The rotator interval is unremarkable. No significant muscular atrophy or edema of the rotator cuff muscles. Moderate tenosynovitis of an otherwise intact long head biceps tendon. Trace subacromial and subdeltoid bursal fluid noted.

IMPRESSION:

1. Prior rotator cuff repair, with low grade intrasubstance partial thickness tear and mild bursal sided irregularity of the supraspinatus tendon (coronal image 9).
2. Moderate tenosynovitis of the long head of the biceps tendon.
3. Near circumferential degenerative fraying of the labrum, with mild irregularity. No discrete or displaced labral tear.

Donald E Olofsson, DO

DEO/
DD: 12/13/2017 04:40 P
DT: 12/13/2017 05:01 P
Accession#: 08-2728115 VS#: 121501959 CS#: 2529318
cc:

Electronically Signed and Reviewed by Donald E Olofsson, DO 12/13/2017 05:01 P

Exhibit C

This fax was received by GFI FaxMaker fax server. For more information, visit: http://www.gfi.com

to reassure myself and you can see where this is a new different tear. And, in my opinion, more of a full thickness tear than the radiologist would have us believe from his interpretation here.

Q. Which tendon is involved in this new tear?

A. It seemed to be partially supraspinatus and partially infraspinatus.

Q. Was the infraspinatus tendon involved or torn on the initial MRI from February 2nd, 2015?

A. Not through and through, but I think it did have some interstitial tearing from the original MRI.

Q. Okay. Are these re-tears of the same tendons that were injured from October 9th, 2015?

A. All right, state that again.

Q. Are these re-tears, like a reoccurrence of the same tendons that were torn, either partially or full tears, that you reviewed on the November 2nd, 2015 MRI?

A. Certainly you can have re-tears of a previously repaired tendon, but if you put the MRIs side by side, I think this was a new tear,

slightly posterior, slightly towards the back of the rotator cuff compared to the full thickness tear that we dealt with the first time.

Q. Was the tear that you repaired the first time still intact -- the repair still intact?

A. Yes. Yes.

Q. I gather from reading the Form 14B that you did not anticipate Ms. Rodriguez would have the subsequent new tear; is that correct?

A. Subsequent?

Q. New tear?

A. Oh, new tear, yes, correct.

Q. Okay. Do you have any idea how the subsequent tear occurred?

A. I have to think it's basically part of the repetitive type work that she does.

Q. Ms. Rodriguez testified that she spends two hours a day of her five-day work week, so ten hours total in a week, folding towels. Is that something that could lead to this new tear?

A. It's part of her repetitive activity and if you've got an area that's damaged, it's certainly possible that this could ultimately lead to a new tear.

it down, other than some point after your surgery and before this MRI?

A. I'm not sure exactly what you're asking, but I can say that the timeline that we're dealing with is consistent with this type of thing happening. She's not the first person to have this happen.

Q. Okay. Do you think more likely than not the re-tears occurred after she was released from your practice in September 2016?

A. Yes.

Q. And when you reviewed this MRI, I assume that you can't tell how long these tears have been in existence, this new MRI from December 12th, 2017?

A. That's -- that's a very good question, because the -- the MRI shows what is a fairly acute tear, fresh edges and no retraction of the muscle. So certainly it fits in the timeframe, yes.

Q. Okay. So when you're reviewing that fairly new or acute tear, how long would that have been present before having some type of retraction evidenced as well?

A. To get retraction you've probably got

to have something that's been there for more than say four to six months.

Q. So the best that you can, you're able to pare this down to state that it's likely that the new tear that is acute and evidenced on the December 12th, 2017 MRI likely occurred between four and six months prior to the MRI?

A. I was thinking two to three.

Q. Okay. And I think from Michael updating me on the fact that you're no longer performing surgery, that's probably the answer to why you have referred Ms. Rodriguez to someone else for further discussions on potential surgical intervention at this point?

A. Correct.

Q. Was there anything else that you discussed with Mr. Jordan last Thursday that we have not covered at this deposition?

A. My nephew's wife being confirmed as a circuit court judge today.

Q. Tailor that down a bit. Regarding Ms. Rodriguez, any injuries that she has in that regard?

A. Not that I recall.

Q. Okay. You didn't sign any pre-drafted

she now has the current tear?

A. That last part is confusing me. I'm sorry.

Q. This tear was not something you expected to happen?

A. Correct.

Q. You obviously did not indicate Ms. Rodriguez was likely -- more likely than not going to require future surgery at the time that you released her at maximum medical improvement in September 2016?

A. Correct.

Q. So something had to have occurred since that time?

A. Yes.

Q. And I believe what you referenced in your opinion more likely than not occurred is that she participated in repetitive activities that aggravated her pre-existing condition with her right shoulder?

A. Yes, but there could also have been an incident that she did not give a lot of significance to as per my example of the stuck drawer. It's possible.

Q. So either there was an acute incident

or the repetitive activities that have led to Ms. Rodriguez having this current tear as evidenced on the December 2017 MRI?

A. Correct.

Q. And the -- Ms. Rodriguez's current referral for a surgical evaluation is due to the new tear?

A. Correct.

Q. And has all of this testimony been to a reasonable degree of medical certainty, more likely than not?

A. Yes.

MS. WALTON: I don't have anything further.

MR. JORDAN: Nothing.

(This deposition concluded at 1:47 p.m.)

(Signature waived.)

South Carolina Workers Compensation Commission (/cvs/?ref=http:%2F%2Fwww.wcc.sc.gov%2FPages%2Fdefault.aspx)

Workers Compensation Coverage Verification

Back To Results

GRIFFIN STAFFORD NORTH CHARLESTON LLC

Insurance Coverage Provider

ACCIDENT FUND INS CO OF AMERICA

Policy Number

WCV6125549

Coverage Date

9/12/17

Click here for claim processing information (and register for mid-term cancellation notice).

Employer Locations

Filter

Showing 1 Employer(s)

Griffin Stafford North Charleston Llc

7582 Stafford Rd
North Charleston, SC 29406-4018

Map

Exhibit G

South Carolina Workers Compensation Commission (/cvs/?ref=http:%2F%2Fwww.wcc.sc.gov%2FPages%2Fdefault.aspx)

Workers Compensation Coverage Verification

Back To Results

GRIFFIN STAFFORD NORTH CHARLESTON LLC

Insurance Coverage Provider

ACCIDENT FUND INS CO OF AMERICA

Policy Number

WCV6125549

Coverage Date

10/12/17

Click here for claim processing information (and register for mid-term cancellation notice).

Employer Locations

Filter

Showing 1 Employer(s)

Griffin Stafford North Charleston Llc

7582 Stafford Rd
North Charleston, SC 29406-4018

Map

PROOF OF SERVICE

I hereby certify that on this 31st day of May 2018, I have caused a true and correct copy of the Reply to Claimant's Motion to Add a Party to be mailed to all interested parties addressed as follows:

Michael J. Jordan, Esquire
P.O. Box 1028
Goose Creek, SC 29445
Via E-Mail & U.S. Mail

Hartford Accident & Indemnity Company
P.O. Box 14473
Lexington, KY 40512

Commissioner Avery B. Wilkerson, Jr.
c/o Deborah Hutto
Via E-Mail Only

Kathryn Fiehrer Walton
Attorney for Defendants

Charleston, South Carolina

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1515209

ANA RODRIGUEZ GALVAN, Employee, Claimant, vs. GRIFFIN STAFFORD N. CHARLESTON, Employer, and EMPLOYERS PREFERRED INSURANCE COMPANY AND HARTFORD ACCIDENT & INDEMNITYCO. Carriers, Defendants.	MOTION TO ADD A PARTY

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND KATHRYN FIEHRER WALTON, ESQUIRE, LYNNLEY D. ROSS, ESQUIRE AND ACCIDENT FUND INS. CO OF AMERICA, CARRIER

Ana Rodriguez Galvan, through her undersigned attorney, respectfully moved before the Commission to add additional parties in the above-referenced case. This Motion is pursuant to S.C. Regulation 67-512 and is based on the following:

1. The Claimant alleges an injury arising out of and in the course and scope of her employment on October 9, 2015 to her right shoulder, right arm and neck.
2. At all times here in, Claimant has worked for the above employer.
3. The Defendants have accepted this as an admitted injury by accident and have provided medical treatment, including a shoulder surgery.
4. The Defendants assert that the Claimant has sustained an additional injury by accident through repetitive trauma at work. The Defendants rely upon

deposition testimony of Dr. McCoy on April 12, 2018 as support for their contention.

5. The Claimant received an MRI on December 12, 2017. On this date, the Employer was covered by Accident Fund Insurance Company of America.
6. On April 12, 2018 (the date of the McCoy deposition), the Employer was covered by Hartford Accident & Indemnity Co.
7. The Claimant needs shoulder surgery per Dr. McCoy.
8. Because of the Defendant's contention that the Claimant sustained an additional injury by accident through repetitive trauma and repetitive work activities, it is necessary, and in the interest of the judicial economy, to now add Accident Fund Insurance Company of America., as a new carrier to this claim and to be present at the hearing requested pursuant to the Claimant's Form 50. This will be the third Carrier on this claim.

Therefore, based on the above, The Claimant hereby moves that Accident Fund Insurance Company of America be added as necessary and essential parties to this case.

Respectfully Submitted,

Michael J. Jordan
THE STEINBERG LAW FIRM LLP
P.O. Box 1028
Goose Creek, South Carolina 29445
(843) 572-0700
Attorney for Claimant

Goose Creek, SC
June 27, 2018

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1515209

ANA RODRIGUEZ GALVAN,
Employee,

Claimant,

vs.

GRIFFIN STAFFORD N. CHARLESTON, Employer, and

EMPLOYERS PREFERRED INSURANCE COMPANY, Carrier,

Defendants.

AFFIDAVIT OF
MICHAEL J. JORDAN

PERSONALLY APPEARS BEFORE ME, the undersigned, MICHAEL J. JORDAN, who after being dully sworn, deposes and states:

1. Affiant verifies the contents of the Motion to Add Party Defendants to this Claim are accurate and true to the best of my knowledge on this date.

FURTHER, AFFIANT SAYETH NAUGHT!

MICHAEL J. JORDAN

SWORN TO AND SUBSCRIBED BEFORE ME
this 29 day of June, 2018

Notary Public for South Carolina
My Commission Expires: 1.24.2024

CERTIFICATE OF MAILING

I hereby certify that on June 27, 2018, I served the Defendants in the foregoing matter with a copy of the attached Motion to Add a Party by mailing a copy of same via first class mail, postage pre-paid and addressed as follows:

S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Kathryn Fiehrer Walton, Esquire
Wood Law Group LLC
PO Box 20550
Charleston, SC 29413

Lynnley D. Ross Esquire
Willson Jones Carter & Baxley, PA
421 Wando Park Blvd., Ste. 100
Mt. Pleasant, SC 29464

Via Certified Mail
Accident Fund Insurance Co. of America
PO Box 40790
Lansing, MI 48901

By: Lacey Dalesandro
Lacey Dalesandro

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

WCC File #: 1515209
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ana Rodriguez Galvan SSN: [redacted]
Address: 2357 Dunlap Street, Lot # 36
City: N. Charleston State: SC Zip: 29406
Home Phone: (843) 751-0064 Work Phone:

Employer's Name: Griffin Stafford N. Charleston
Address: 124 Floyd Smith Drive
City: Charlotte State: NC Zip: 28262
Insurance Carrier: Employers Preferred Insurance Company, Hartford Accident & Indemnity and Accident Fund Ins Co.

Preparer's Name: Michael J. Jordan Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 572-0700

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: October 9, 2015**

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to right shoulder, right arm, neck (Part(s) of Body Injured) on October 9, 2015 (Month/Day/Year) in Charleston County, State of South Carolina.
   Body part(s) affected are: right shoulder, right arm, neck
2. Briefly describe how the accident occurred. Claimant slipped and fell while cleaning a bathroom.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on October 9, 2015 (Month/Day/Year) in the following manner: Employer was aware of the injury
7. ☒ Due to injury, the claimant is in need of (check one):
   ☐ (a) medical examination and treatment for: _____
   ☒ (b) additional medical examination and treatment for: Injuries listed above.
8. ☒ Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: To be determined.
9. ☒ Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
   ☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
   9a. ☒ A determination of permanent disability is premature at this time.
10. ☐ Due to the injury, the Claimant has a serious bodily disfigurement consisting of: None known at this time.
    10a. At the time of the injury, the Claimant was paid weekly wages of $Form 20 requested, and demands accounting of days worked and wages earned as provided by law.
    10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: The Employer herein; and/or to be determined
11. Further grounds or unusual aspects of claim: To provide all benefits under the Act.
    11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
    11b. To the best of your knowledge, did you have any prior permanent disability? No.
    If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.** 14. Estimated time needed for hearing: 45 minutes

☒ 13b. **I am requesting a hearing. A $50 fee is required.**

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

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

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

Preparer's Signature	Attorney for Claimant	mjordan@steinberglawfirm.com	August 29, 2018
	Title	Email	Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50
Revised 7/13

50

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

CERTIFICATE OF SERVICE

I hereby certify that on August 31, 2018, I served the Defendant in the foregoing matter with a copy of the attached WCC Form No. 50 (Employee's Request for Hearing) by mailing a copy of same via certified mail, postage pre-paid and addressed as follows:

S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

Kathryn Fiehrer Walton Esquire
Wood Law Group LLC
PO Box 20550
Charleston, SC 29413

Regan M. Cobb Esquire
Holder Padgett Littlejohn & Prickett, LLC
349 W. Coleman Blvd., Suite 300
Mt. Pleasant, SC 29464

Lynnley D. Ross, Esquire
Willson Jones Carter & Baxley, PA
421 Wando Park Blvd., Ste. 100
Mt. Pleasant, SC 29464

By: Lacey Dalesandro
Lacey Dalesandro

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov

V File #: **1515209**
Carrier File #: **2015279729**
Carrier Code #: **01131**
Employer FEIN #: **Unknown**

Claimant's Name: Ana Rodriguez Galvan SSN: [redacted]
Address: 2357 Dunlap St., Lot #36
City: N. Charleston, SC 29406 State: Zip:
Home Phone: ( ) - Work Phone: ( ) -
Date of Injury: October 9, 2015

Employer's Name: Griffin Stafford N. Charleston
Address: 124 Floyd Smith Dr., Suite 150
City: Charlotte, NC 28262 State: Zip:
Insurance Carrier: Employers Preferred Insurance Company

Preparer's Name: Kathryn Fiehrer Walton Law Firm: Wood Law Group, LLC Preparer's Phone #: (843) 577-5732

Date of Injury or Illness: October 9, 2015 **Estimated time for hearing:**

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is **Admitted** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Admit that Claimant sustained an injury to her right shoulder on October 9, 2015; deny that Employers Preferred Insurance Company is responsible for providing treatment for the Claimant's subsequent rotator cuff tear sustained after she was released at maximum medical improvement.

2. It is **Admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See No.1 above.

3. It is **Admitted** the relationship of employer and employee existed at the time in question. The reasons for denial are:
See No.1 above.

4. It is **Admitted** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See No.1 above; unaware of whether Claimant was in the course and scope of her employment at the time of the subsequent rotator cuff tear noted on a December 12, 2017 MRI.

5. It is **Admitted** notice of injury was given the employer. The reasons for denial are:
See No.1 above.

6. It is **Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Claimant reached maximum medical improvement for the October 9, 2015 injury on September 28, 2016 and the tear from the October 9, 2015 accident remains intact after the repair by Dr. James McCoy according to his deposition testimony.

7. It is **Denied** the employee is entitled to temporary total disability for the period(s) of :
Claimant continues to work for the Employer herein.

8. It is **Denied** the employee is permanently disabled. The reasons for denial are:
Deny that Employers Preferred Insurance Company is liable for providing any permanent disability benefits based on Geathers v. 3V, Inc., 371 S.C. 570 (2007)

9. It is **Denied** the employee has serious disfigurement.

10. It is contended that an average weekly wage of **$255.58** applies, according to attached Form 20 as provided by law.

11. Further contentions, grounds of defense, or unusual aspects are:
Reserve the right to amend; Geathers v. 3V.

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to See attached Proof of Service Address See attached Proof of Service on the 17th day of September 2018, by:
☒ **first class postage** ☐ **certified mail** ☐ **personal service** ☐ **electronic service**

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

Preparer's Signature	Title	Email	Date
	Attorney for Defendants Griffin Stafford N. Charleston and Employers Preferred Insurance Company	**kate@woodgroupllc.com**	September 17, 2018

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

WCC Form # 51
Revised 07/15

Amended 51

Employer's Answer to Request for Hearing

PROOF OF SERVICE

I hereby certify that on this 17th day of September, 2018, I served the foregoing Claimant, Ana Rodriguez Galvan, with a copy of the attached Form 51, Employer's Answer to Request for Hearing, which was forwarded to the South Carolina Workers' Compensation Commission, (1 page) by mailing a copy of same, first class, postage pre-paid, to all interested parties addressed as follows:

Michael J. Jordan, Esquire
P.O. Box 1028
Goose Creek, SC 29445

Lynnley D. Ross, Esquire
Willson Jones Carter & Baxley, P.A.
421 Wando Park Blvd., Suite 100
Mt. Pleasant, SC 29464

Regan A. Cobb, Esquire
Holder Padgett Littlejohn + Prickett, LLC
349 West Coleman Blvd., Suite 300
Mt. Pleasant, SC 29464

Courtz Butler
Per Kathryn Fiehrer Walton
Attorney for Defendants

Charleston, South Carolina

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov

WCC File #: **1515209**
Carrier File #: **AFC230079787**
Carrier Code #: **1111**
Employer FEIN #:

Claimant's Name: Ana Rodriguez Galvan SSN: [redacted]
Address: 2357 Dunlap Street, Lot #36
City: North Charleston State: SC Zip: 29406
Home Phone: 843-751-0064 Work Phone:
Date of Injury: 10/09/2015

Employer's Name: Griffin Stafford North Charleston
Address: 407 North Church Street, Unit A
City: Georgetown State: SC Zip: 29440
Insurance Carrier: Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America

Preparer's Name: Regan Cobb Law Firm: Holder, Padgett, Littlejohn + Prickett, LLC Preparer's Phone #: 843-277-0944

Date of Injury or Illness: 10/09/2015 **Estimated time for hearing: One hour**

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants deny the Claimant sustained an injury arising out of or in the course and scope of her employment on or about October 9, 2015; therefore she is denied benefits under the Act. Defendants Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America deny Claimant sustained a compensable injury during their coverage period.

2. It is **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See No. 1 above

3. It is **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:
See No. 1 above;

4. It is **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See No. 1 above;

5. It is **Denied** notice of injury was given the employer. The reasons for denial are:
See No. 1 above;

6. It is **Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
See No. 1 above;

7. It is **Denied** the employee is entitled to temporary total disability for the period(s) of:
See No. 1 above;

8. It is **Denied** the employee is permanently disabled. The reasons for denial are:
See No. 1 above

9. It is **Denied** the employee has serious disfigurement.

10. It is contended that an average weekly wage of **$ See Form 20** applies, according to attached Form 20 as provided by law.

11. Further contentions, grounds of defense, or unusual aspects are:
Defendants deny the Claimant sustained an injury arising out of or in the course and scope of her employment on or about October 9, 2015; therefore she is denied benefits under the Act. Defendants Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America deny Claimant sustained a compensable injury during their coverage period. Defendants assert Section 42-9-35. Defendants further assert Section 42-15-20. Defendants assert *Geathers*. Defendants object to a lump sum payment or any *Utica Mohawk/James v. Anne* language in an award from the Commission. Defendants reserve the right to add additional parties to this claim. Defendants reserve the right to assert any applicable defenses supported by evidence developed during discovery.

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Michael J. Jordan, Esquire, Steinberg Law Firm, PO Box 1028, Goose Creek, SC, 29445; Lynnley D. Ross, Willson, Jones, Carter & Baxley, P.A., 421 Wando Park Blvd., Suite 100, Mt. Pleasant, SC 29464; Katheryn F. Walton, Esquire, Wood Law Group, LLC, P.O. Box 20550, Charleston, SC 29413; and Matthew J. Fultz, Esquire, Wood Law Group, LLC, P.O. Box 20550, Charleston, SC 29413 on the 28th day of September 2018, by:
☐ **first class postage** ☐ **certified mail** ☐ **personal service** ☒ **electronic service**

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

Preparer's Signature	Attorney Title	rcobb@hplplaw.com Email	9/28/2018 Date

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

WCC Form # 51
Revised 07/15

51

Employer's Answer to Request for Hearing

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1515209

Ana Rodriguez Galvan, Employee, Claimant, vs. Griffin Stafford North Charleston, Employer, AND Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America, Carrier, Defendants.	}	**CERTIFICATE OF SERVICE**

The undersigned certifies that she is an employee of HOLDER, PADGETT, LITTLEJOHN & PRICKETT, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of the same in the United States Mail, postage prepaid, and/or via email addressed to:

TO:	S. C. Workers' Compensation Commission P. O. Box 1715 Columbia, South Carolina 29201
TO:	Michael J. Jordan, Esquire Steinberg Law Firm, PO Box 1028 Goose Creek, SC, 29445
TO:	Lynnley D. Ross, Esquire Willson, Jones, Carter & Baxley, P.A. 421 Wando Park Blvd., Suite 100 Mt. Pleasant, SC 29464

TO:	Katheryn F. Walton, Esquire Wood Law Group, LLC P.O. Box 20550, Charleston, SC 29413
TO:	Matthew J. Fultz, Esquire Wood Law Group, LLC P.O. Box 20550 Charleston, SC 29413
Document:	Form 51
Date of Mailing:	September 28, 2018

Kim McGovern
Paralegal to Regan Cobb

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

WCC File #: **1515209**
Carrier File #: **Y97C00172**
Carrier Code #:
Employer FEIN #:

Claimant's Name: Ana Rodriguez Galvan SSN: [redacted]
Address: 2357 Dunlap Street, Lot #36
City: North Charleston State: SC Zip: 29406
Home Phone: (843) 343-1229 Work Phone:
Date of Injury: 10/9/2015

Employer's Name: Griffin Stafford N. Charleston
Address: 7582 Stafford Street
City: North Charleston State: SC Zip: 29406
Insurance Carrier: Hartford Accident & Indemnity Company

Preparer's Name: Lynnley D. Ross Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (843) 284-1090

Date of Injury or Illness: 10/9/2015 **Estimated time for hearing: 1 hour**

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
   Defendants Griffin Stafford and Hartford Accident & Indemnity deny the Claimant sustained a compensable injury during Hartford's coverage period.
2. It is **Admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
   But see #1.
3. It is **Admitted** the relationship of employer and employee existed at the time in question. The reasons for denial are:
   But see #1.
4. It is **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
   Defendants Griffin Stafford and Hartford Accident & Indemnity deny the Claimant sustained a compensable injury during Hartford's coverage period.
5. It is **Denied** notice of injury was given the employer. The reasons for denial are:
   Defendants Griffin Stafford and Hartford Accident & Indemnity assert the Notice Defense.
6. It is **Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
   Defendants Griffin Stafford and Hartford Accident & Indemnity deny the Claimant sustained a compensable injury during Hartford's coverage period.
7. It is **Denied** the employee is entitled to temporary total disability for the period(s) of :
   Defendants Griffin Stafford and Hartford Accident & Indemnity deny the Claimant sustained a compensable injury during Hartford's coverage period.
8. It is **Denied** the employee is permanently disabled. The reasons for denial are:
   Defendants Griffin Stafford and Hartford Accident & Indemnity deny the Claimant sustained a compensable injury during Hartford's coverage period.
9. It is **Denied** the employee has serious disfigurement.
   [TO BE PROVIDED]
10. It is contended that an average weekly wage of **$** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
    Defendants reserve the right to amend and to assert defenses as they become aware of them.

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

WCC Form # 51
Revised 07/15

51

Employer's Answer to Request for Hearing

☐ **Mediation**

☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐b. Mediation is required pursuant to Reg. 67-1802.

☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Michael J. Jordan, Esquire, Kathryn Fiehrer Walton, Regan A. Cobb, Matthew J. Fultz, and Judicial Analysts **at** mjordan@steinberglawfirm.com, kate@woodgroupllc.com, matt@woodgroupllc.com, rcobb@hplplaw.com, and judicialanalysts@wcc.sc.gov **on the** 27th **day of** September 2018, **by:**

☐ **first class postage** ☐ **certified mail** ☐ **personal service** ☒ **electronic service**

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

Preparer's Signature	**Attorney for the Employer/Insurer**	**ldross@wjlaw.net**	**09/27/2018**
	Title	Email	Date

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

DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
MICHAEL J. JORDAN
BENJAMIN W. AKERY

STEINBERG
LAW FIRM | LLP

CATHERINE D. MEEHAN
KELLY M. ALFREDS
F. ELLIOTTE QUINN, IV
TAYLOR L. GROOMS
CHARLES S. GOLDBERG (1933-2019)
HUGO M. SPITZ (1927-2018)
IRVING STEINBERG (1902-1980)

118 Goose Creek Blvd, South | P.O. Box 1028 | Goose Creek | SC | 29445 | (843) 572-0700 | (843) 572-1871 fax | steinberglawfirm.com

April 9, 2019

VIA ECASE
The Honorable T. Scott Beck
Commissioner
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Claimant: Ana Rodriguez Galvan
Employer: Griffin Stafford N. Charleston
WCC No.: 1515209 (DOI: October 9, 2015)

Dear Commissioner Beck:

I am pleased to enclose herewith the Pre-Hearing Brief and Notice of Witnesses and Written Report(s)/Physician or Other Evidence To Be Introduced on Behalf of the Claimant.

By copy of this letter to Kathryn Fiehrer Walton, Esquire, Lynnley D. Ross, Esquire and Regan M. Cobb, Esquire, attorneys for the Defendants, I am providing them with a copy of the same as required by the Rules and Regulations of the Commission, together with copies of the submissions under the Administrative Procedures Act.

I look forward to appearing before you.

With kindest regards, I am

Sincerely,

Michael J. Jordan
Email: mjordan@steinberglawfirm.com
Direct Fax: (843) 735-6321

MJJ/lld
Enclosures
cc: Ana Rodriguez Galvan
Kathryn Fiehrer Walton, Esquire
Lynnley D. Ross, Esquire
Regan M. Cobb, Esquire

DOWNTOWN | 61 Broad Street | P.O. Box 9 | Charleston | SC | 29402-0009 | 843.720.2800 | 843.722.1190 fax
SUMMERVILLE | 108 Grandview Drive | Suite A | P.O. Box 2670 | Summerville | SC | 29484 | 843.871.6522 | 843.871.8565 fax

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

PRE-HEARING BRIEF
WCC File No: 1515209

Claimant's Name: Ana Rodriguez Galvan
Address: 2357 Dunlap Street, Lot # 36
City: N. Charleston State: SC Zip: 29406
Home Phone: c(843) 751-0064 Work Phone:
Preparer's Name: Michael J. Jordan

Employer's Name: Griffin Stafford N. Charleston
Address: 124 Floyd Smith Drive
City: Charlotte State: NC Zip: 28262
Carrier: Employers Preferred Insurance Company
Preparer's Phone #: (843) 572-0700

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $170.40 2. AWW: $255.58 **Date of Injury:** October 9, 2015
3. Type of injury and body part(s): right shoulder, right arm, neck
4. Facts in controversy: The Claimant sustained an admitted injury by accident when she slipped and fell on October 9, 2015. The Defendants have provided care through Concentra and Lowcountry Orthopedics. Dr. McCoy of Lowcountry Orthopedics performed surgery on the Claimant's right shoulder. However, the Claimant continued to have symptoms both in her shoulder directly and additionally from her neck into the right shoulder and down to the right arm. The Claimant had shoulder surgery with Dr. McCoy. Since that time, she returned to work. The Claimant now needs another surgery on the same shoulder. The original Carrier on the case, Employers, maintains they are not responsible for the Claimant's current need for surgery because she has reinjured herself through repetitive work activities that include opening/closing drawers and lifting towels/laundry. As a result, the Claimant moved to add the Employer's two other Carriers that provided coverage. One of these three Carriers is responsible for the Claimant's ongoing symptoms. However, it remains the Claimant's position that her current symptoms result from the initial accident and not through repetitive work activities. In support of that position, the Claimant was evaluated by Dr. Theodore Pappas of SC Sports Medicine. Dr. Pappas recommended surgery but the type of surgery is dependent on the results of recommended diagnostic testing (a plain film XR arthrogram in conjunction with a CT arthrogram). If the tests confirm rotator cuff tearing Dr. Pappas would recommend revision rotator cuff repair surgery, but, on the other hand, if the tests don't confirm rotator cuff tearing then he would recommend removal of her surgical screw.

   The Claimant maintains she also has a neck injury that is secondary in concern to the shoulder symptoms. The Claimant was evaluated by Dr. Santiago, an upper extremity specialist at Lowcountry Orthopedics. Both Dr. McCoy and Dr. Santiago have recommended that the Claimant be evaluated by a spine specialist. She was evaluated by Dr. G. Robert Richardson at Southeastern Spine. In his physical examination, Dr. Richardson noted the Claimant had diminished right deltoid strength, reduced range of motion in her right arm and cervical spine tenderness and spasms. Dr. Richardson diagnosed the Claimant with a cervical spine injury and frozen shoulder. Dr. Richardson stated to a reasonable degree of medical certainty that the Claimant's "current symptoms are a result of her job-related injured."

   The Employer Representative in this claim testified at his deposition that the Claimant is hardworking, a great employee and goes above and beyond for the Company (the employer representative's deposition will be supplemented upon receipt). The Claimant has returned to work in a light duty capacity and has been promoted to a supervisor.
5. Legal issues involved: (1) Nature and extent of injury - § 42-1-160; All consequences of an injury are compensable; *Mullinax v. Winn Dixie Stores,* 318 S.C. 431, 458 S.E.2d 76 (Ct. App. 1995); *Whitfield v. Daniel Constr.* ,226 S.C. 37, 83 S.E.2d 460 (1954) (2) Present and ongoing medical treatment - § 42-15-60; *Dodge v. Bruccoli, Clark, Layman, Inc.*, 334 S.C. 574, 514 S.E.2d 593 (Ct. App. 1999). (3) Entitlement to temporary compensation - §42-9-10.
6. Unusual aspects: The Claimant requests the record be left open to submit additional medical records/opinions pursuant to *Morgan v. JPS Auto.*, 321 S.C. 201, 467 S.E.2d 457 (Ct. App. 1996); (2) Claimant filed a Motion to Add a New Party – this Motion is outstanding and needs to be addressed prior to the instant hearing.
7. Witnesses (designate if expert):* Claimant and any and all witnesses listed by the Defendant.
8. Exhibits: Deposition transcript of Garrett Jenio, employer representative
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See attached Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of the Claimant.
10. Name, address, and specialty, if any, of the treating physician: Dr. McCoy – Orthopaedic Surgeon; Dr. Bright McConnell – Orthopaedic Surgeon
11. Impairment rating(s); body part(s); physician and date of opinion: NOT AT MMI - Dr. McCoy – 15% to the right shoulder on 09-28-16 and 02-09-17; Dr. McConnell - 33% to the right shoulder on 04-14-17
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.

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.

Signature: _____ Email: mjordan@steinberglawfirm.com

Date of hearing: April 23, 2019 Time needed for hearing: 45 mins.

On behalf of ☒ Claimant ☐ Employer

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

WCC Form # 58
Rev.7/13

58

PRE-HEARING BRIEF

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1515209

ANA RODRIGUEZ GALVAN,
Employee,

Claimant,

vs.

GRIFFIN STAFFORD N. CHARLESTON, Employer, and

EMPLOYERS PREFERRED INSURANCE COMPANY, Carrier,

Defendants.

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF THE CLAIMANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, AND KATHRYN FIEHRER WALTON, ESQUIRE, LYNNLEY D. ROSS, ESQUIRE AND REGAN M. COBB, ESQUIRE, ATTORNEY FOR THE DEFENDANTS

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

APA #	PROVIDER	TYPE OF REPORT	DATED	NUMBER OF PAGES	PAGES
1.	HealthFirst	Medical Records	10/5/15	3	1-3
2.	Lowcountry Orthopaedics	Medical Records	11/2/15 – 6/13/16	34	4-37
3.	Concentra Medical Center	Medical Records	3/21/16 – 6/13/16	60	38-97
4.	G. Robert Richardson, MD	Medical Records	10/25/16	2	98-99
5.	Bright McConnell, III, MD	Medical Records	04/24/17	5	100-104

6.	George Pappas, MD	Medical Records	02/15/19	3	10-107
		EXHIBITS			
7.	Employer	Personnel File		23	108-130
8.	Spectrum Court Reporting	Deposition Transcript of Garrett Jenio	1/25/17	12	131-142

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

YOU ARE FURTHER HEREBY NOTIFIED that the originals of the documents referred to herein, or photocopies of said originals received from said physicians, experts or others, will be forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and for inclusion as evidence in the record of this claim on behalf of the Employee-Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: The Claimant and any and all witnesses listed by the Defendant.

THE STEINBERG LAW FIRM, LLP
P.O. Box 1028
Goose Creek, SC 29445
(843) 572-0700

By: _____
Michael J. Jordan
Attorney for the Claimant

April 9, 2019
Goose Creek, SC

CERTIFICATE OF SERVICE

I hereby certify that on April 9, 2019, I served the Defendant in the foregoing matter with a copy of the attached *WCC Form No. 58* and *Notice of Witnesses and Written Medical Reports to be introduced as Direct Evidence on Behalf of the Claimant* by mailing a copy of same via first class mail, postage pre-paid and addressed as follows:

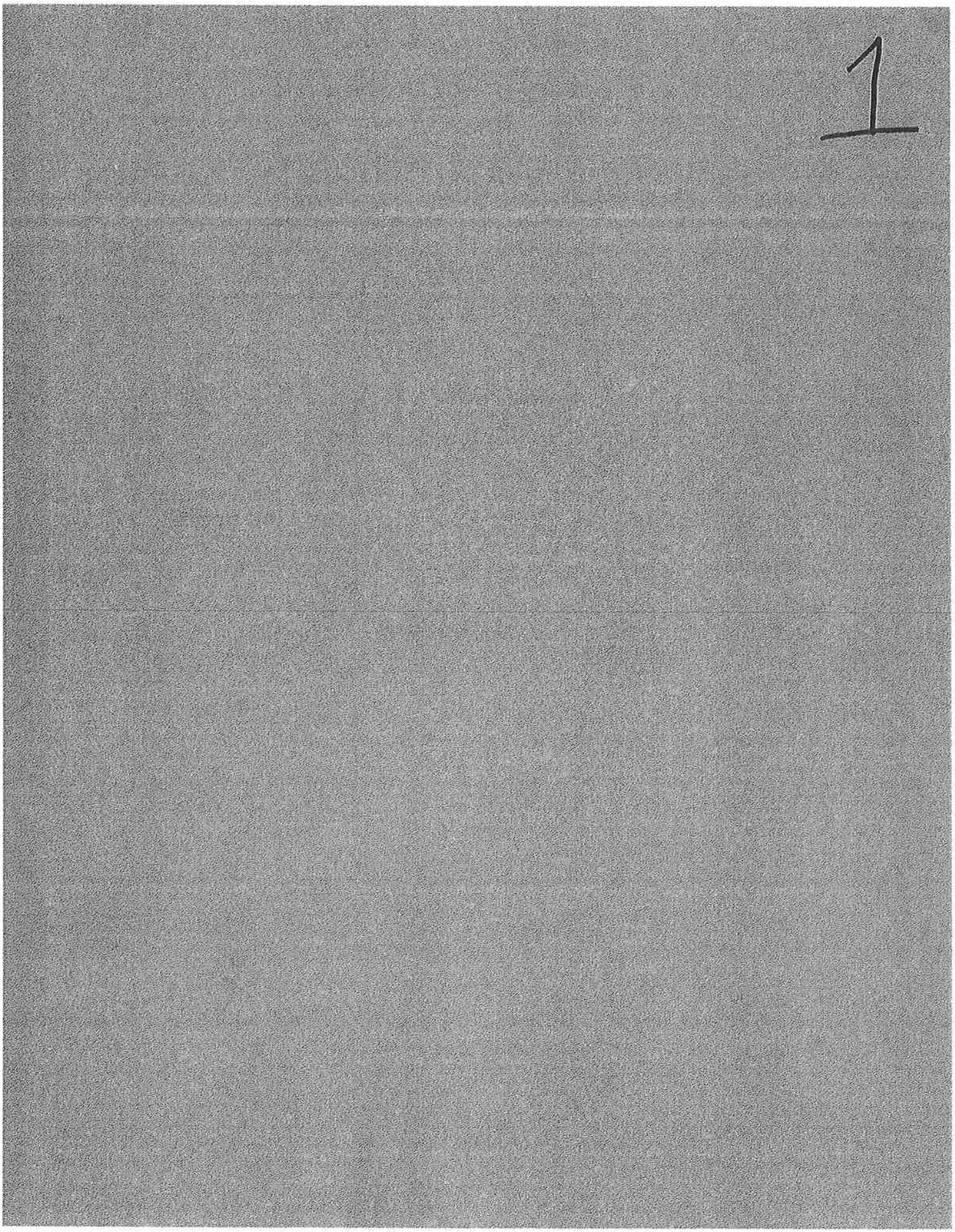
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

Kathryn Fiehrer Walton Esquire
Wood Law Group LLC
PO Box 20550
Charleston, SC 29413

Lynnley D. Ross, Esquire
Willson Jones Carter & Baxley, PA
421 Wando Park Blvd., Ste. 100
Mt. Pleasant, SC 29464

Regan M. Cobb Esquire
Holder Padgett Littlejohn & Prickett, LLC
349 W. Coleman Blvd., Suite 300
Mt. Pleasant, SC 29464

By: Lacey Dalesandro
Lacey Dalesandro


1

HealthFirst
8740 Rivers Avenue
North Charleston, SC 29406
(843) 572-5990

New Patient Office Visit 10/10/2015 Patient: RODRIGUEZ, ANA 168346 DOB [redacted]982

CC / HPI / ROS:

Diagnosis, Additional History, and Plan:
Shoulder pain (arthralgia)
Additional notes, instructions, and more:
[HF/RC] Chlamydia and GC urine [Spectrum code 59930]
Spectrum Labs
Specimen Sent To: Spectrum Labs

Sling (CASH)
10/10/2015 Shoulder X-Ray, 2v (73030) (Right)
10/10/2015 Followup in 5 days if or less immediately if worsens review labs ?Pelvic for vafinal dx
10/10/2015 Ibuprofen, Tabs 600 mg: 1 Tab PO Q6H x PRN pain or fever
Dispense: 30 Tabs
No Refills
Substitutions Allowed
10/10/2015 Return to Work Note (note), Return to Work Note: 1 Unit ASDIR ASDIR
Dispense: 1 Unit
No Refills
Substitutions Allowed
Patient Instructions

Light Duty:

-Patient unable to perform normal duties

Back pain
10/10/2015 Followup in 5 days if or less immediately if worsens review labs ?Pelvic for vafinal dx
10/10/2015 CC / HPI / ROS: inj rt side body x yest, severity mod, better w nothing, worse w movement, no change w time, trend worsening, inj
fell at work
....
Neg N/V/D/F/R/LOC/SOB/CP/C/C/ST/BLD/Dysuria/Blindness/All other ROS Negative Prior visit chart requested

Current Medications:

Allergies:
No medication allergies reported

Vital Signs:
[HF] General Vitals, PFSH BP Sitting (Right Bicep): 133/89
Respiratory rate: 16 rpm
Pulse oximetry: Pulse ox=99 % sat
Heart rate: 66 bpm
Temperature (Oral): 99.6 F
Vaccines up to date?: yes,
Prior Hosp or Surg?: no,

SH: Tobacco Use: no
PMH / FH: Any immediate family with diabetes?: none,,,
Corrective Lenses?: yes
Tetanus Sht Lst 10 Yrs?: text=yes

Labs / Tests / Procedures completed during the Encounter:
Shoulder X-Ray, 2v (73030) (Right)
Comment performed by Natasha Hoskins, pt shielded,
result = Irregular area head of humerous ?Fx

[HF/RC] Chlamydia and GC urine [Spectrum code 59930]

The following procedures were performed during the Encounter:
Services provided during Evening, Weekend or Holiday Office Hours

Sling (CASH)

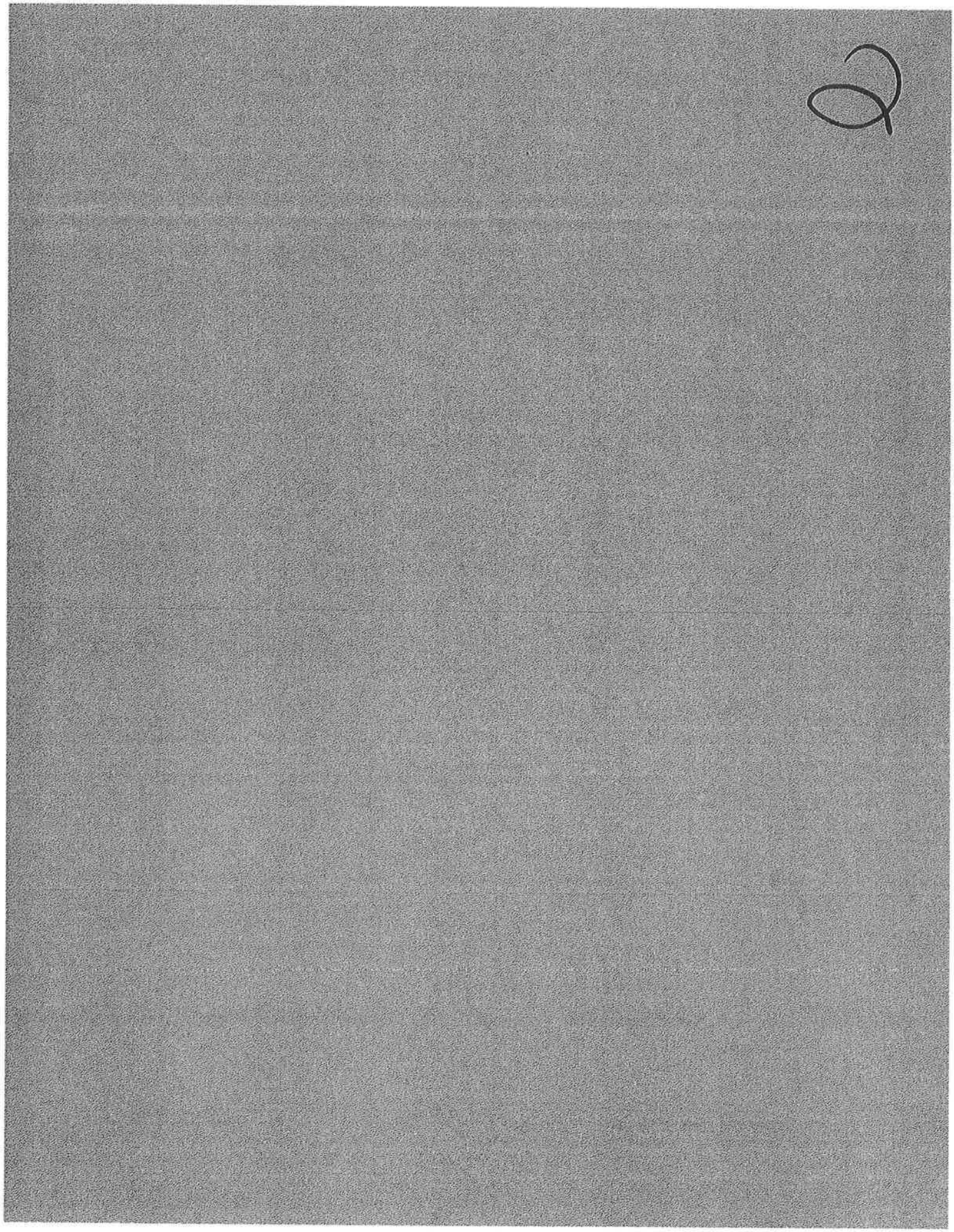
Physical
The MDM per 1/26/06 SC AMA update was Moderate (4)
Comment low ROM R shoulder, no bruising
CONSTITUTION
AlertYes
Vitals noted Yes
Physical entered Yes
ROS & PFSHxs
Remarkable Add'l HX
PMH, FH, SH free of similar ills or exposures Yes
New paralysis No
New vision loss No
Syncopy No
Epistaxsis No
All others negative Yes
SKIN
GENERAL SKIN FINDINGS
Icteris No
Obvious anemia No
EYES
Icteris No
Obvious anemia No
EARS
TYMPANIC MEMBRANE RT NL
TYMPANIC MEMBRANE LT NL
AUDITORY CANAL RT NL
AUDITORY CANAL LT NL
OROPHARYNX No shift if uvula or hint of airway compromise
RESPIRATORY
Lungs CTA
NOSE, THROAT, and MOUTH
Nose, Throat, Mouth Without acute pathology
LYMPH NODES
Significant abnormalities No
HEART

RATE AND RHYTHM NL
Ectopy No
Significant Murmur No
GASTROINTESTINAL
Soft Yes
Significant tenderness No
Peritonitis No
Obvious masses No
NEUROLOGIC
Acute focal abnormalities No
MUSCULOSKELETAL HEAD/NECK
Meningismus No
Hem/Lymph/Imm
Obvious anemia No
CHAPERONE Blinds open
Notes in "Comments" section of physical are intended to overide the default phys yes

Additional Treatments or Instructions:
--Services provided during Evening, Weekend or Holiday Office Hours

Irv Epperson

Please be advised: HealthFirst uses an electronic medical record program to document patient care. The printed version of this program is in no way a good reproduction of the actual program. Please refer to the actual program for clearer representation. Chart not reviewed unless manually signed by Provider. - Medical Director, Bo Machado, FACEP



RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [redacted]/1982)
06/13/2016

From Provider	To Provider
KEITH J. SANTIAGO, MD ARCIS HEALTHCARE 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633	

Order Information

Order
Orders Included: 1 **Carpal tunnel syndrome** ICD-10: G56.01: Carpal tunnel syndrome, right upper limb • WORK STATUS REPORT Note to Provider: LCO Workcomp Dep Fax Number: 843-793-6442 Date of Injury: Next Follow up appt: (x) Work Related ( ) Not Work Related ( ) Regular Duty (x) Modified Duty ( ) Sedentary Duty<10lbs wt lifting ( ) Off work (x) 0lbs ( ) 1-15lbs ( ) 15-35 lbs ( ) 36-50 lbs wt lifting restrictions (x) R ( ) L ( ) B Climbing, Bending Stooping:( ) Never ( ) Occasional ( ) Frequent Standing, Walking: ( ) Never ( ) Occasional ( ) Frequent Overhead Work: ( ) Never ( ) Occasional ( ) Frequent Driving: ( ) Yes ( ) No Alternate between sit/stand: ( ) Comments: recommend OT, referral to spine doctor MMI: ( ) Yes (x) No Date of MMI: *Occasionally is defined as up to one third of the time (33%); 1-4 times per hour *Frequently is defined as up to one third to two thirds (34-66%); 5-12 times per hour *Constantly is defined as over two thirds (67-100%) of the time

Patient Information

Patient Name	RODRIGUEZ-GALVIN, ANA
DOB	[redacted]/1982
Primary Insurance	EMPLOYERS INSURANCE GROUP Group: 2015279729 Policy Holder: SUBURBAN EXTENDED STAY HOTEL
Secondary Insurance	None recorded.

Electronically Signed by: KEITH J. SANTIAGO, MD

06/23/2016 10:39 843 414 6801 SUBURBAN HOTEL CHARLESTON SC #2934 P.001 /004

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [redacted]1982)
06/13/2016

From Provider	To Provider
KEITH J. SANTIAGO, MD ARCIS HEALTHCARE 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633	

Order Information

Order
Orders included: 1 **Carpal tunnel syndrome** ICD-10: G56.01: Carpal tunnel syndrome, right upper limb • WORK STATUS REPORT Note to Provider: LCO Workcomp Dep Fax Number: 843-793-5442 Date of Injury: Next Follow up appt: (x) Work Related ( ) Not Work Related ( ) Regular Duty (x) Modified Duty ( ) Sedentary Duty<10lbs wt lifting ( ) Off work (x) 0lbs ( ) 1-15lbs ( ) 16-35 lbs ( ) 36-50 lbs wt lifting restrictions (x) R ( ) L ( ) B Climbing, Bending Stooping:( ) Never ( ) Occasional ( ) Frequent Standing, Walking: ( ) Never ( ) Occasional ( ) Frequent Overhead Work: ( ) Never ( ) Occasional ( ) Frequent Driving: ( ) Yes ( ) No Alternate between sit/stand: ( ) Comments: recommend OT, referral to spine doctor MMI: ( ) Yes (x) No Date of MMI: *Occasionally is defined as up to one third of the time (33%); 1-4 times per hour *Frequently is defined as up to one third to two thirds (34-66%); 5-12 times per hour *Constantly is defined as over two thirds (67-100%) of the time

Patient Information

Patient Name	RODRIGUEZ-GALVIN, ANA
DOB	[redacted]982
Primary Insurance	EMPLOYERS INSURANCE GROUP Group: 2015279729 Policy Holder: SUBURBAN EXTENDED STAY HOTEL
Secondary Insurance	None recorded.

Electronically Signed by: KEITH J. SANTIAGO, MD

06/23/2016 10:39 843 414 6801 SUBURBAN HOTEL CHARLESTON SC #2934 P.001 /004

LOWCOUNTRY ORTHOPAEDICS

Referral Order

08/13/2016

Patient Information	Ordering Provider
Name : RODRIGUEZ-GALVIN, ANA Sex, DOB, Age: F [redacted]1982 33 YR Athena ID #: 2156701	KEITH J. SANTIAGO, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633

Referral Order Information

Diagnosis	• Carpal tunnel syndrome ICD-10: G56.01: Carpal tunnel syndrome, right upper limb
Order Name	OCCUPATIONAL THERAPY REFERRAL
Provider	
Address	
Phone	
Notes	*Please schedule OT services at Lowcountry Ortho (843-569-5260); ROM, stretching, strengthening, pain modals; three times a week for 6wks

Patient Information

Patient Address	2357 DUNLAP ST/LOT 36 NORTH CHARLESTON, SC 29406-4104
Phone	H: (843) 343-1229 M: (843) 343-1229
Primary Insurance	EMPLOYERS INSURANCE GROUP Group: 2015279729 Policy Holder: SUBURBAN EXTENDED STAY HOTEL
Secondary Insurance	None recorded.

Electronically Signed by: KEITH J. SANTIAGO, MD

KEITH J. SANTIAGO, MD

06/23/2016 10:39 843 414 6801 SUBURBAN HOTEL CHARLESTON SC #2934 P.004 /004

DME Orders

LOWCOUNTRY ORTHOPAEDICS

Durable Medical Equipment Order

06/13/2016

Prescriber	Supplier
KEITH J. SANTIAGO, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633	

Patient Information

Patient Name	RODRIGUEZ-GALVIN, ANA
Sex - DOB - Age	F [redacted]/1982 33 YR
Address	2357 DUNLAP ST/LOT 36 NORTH CHARLESTON, SC 29406-4104
Phone	H: (843) 343-1229 M: (843) 343-1229
Primary Insurance	EMPLOYERS INSURANCE GROUP Group: 2015279729 Policy Holder: SUBURBAN EXTENDED STAY HOTEL
Secondary Insurance	None recorded.

DME Order Information

Applicable Diagnoses	• Numbness of hand ICD-10: R20.0: Anesthesia of skin • Pain in wrist ICD-10: M25.531: Pain in right wrist • Carpal tunnel syndrome ICD-10: G56.01: Carpal tunnel syndrome, right upper limb
Supply	WRIST BRACE
Quantity	1
SIG	HCPCS: L3908 Cock up wrist brace
Refills Allowed	
DAW?	
Note to Supplier	

Electronically Signed by: KEITH J. SANTIAGO, MD

Electronically ordered/documented by: KEITH J. SANTIAGO, MD
Ordering Provider NPI#: 1740437052

Imaging Orders

LOWCOUNTRY ORTHOPAEDICS

Imaging Order

06/13/2016

Patient Information	Ordering Provider
Name : RODRIGUEZ-GALVIN, ANA Gender: F ** DOB: [redacted]/1982 ** AGE: 33 YR Athena ID #: 2156701	KEITH J. SANTIAGO, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633

LOWCOUNTRY ORTHOPAEDICS & SPORTS MED (N CHARLESTON)
2880 TRICOM ST
N CHARLESTON, SC 29406
Phone: (843) 797-5050
Fax: (843) 735-5262

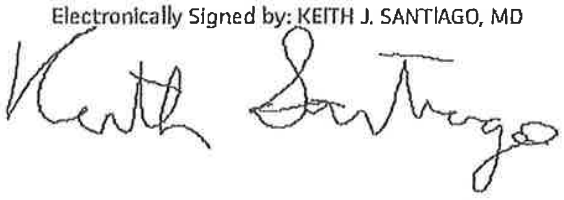
Orders included: 1

Pain in wrist | ICD-10: M25.531: Pain in right wrist
- XR, WRIST

Side: RIGHT
Views (X-RAY, WRIST): PA, Lateral and Oblique

Patient Address	2357 DUNLAP ST/LOT 36, NORTH CHARLESTON, SC 29406-4104	
Patient Phone	H: (843) 343-1229 M: (843) 343-1229	
Primary Ins.	EMPLOYERS INSURANCE GROUP ID: Policy Holder:	Claim Case#: 2015279729 Case Injury Date: 10/09/2015 Case Worker's Name: TERRI LAMPTON
Secondary Ins.	ID: Policy Holder:	

Electronically Signed by: KEITH J. SANTIAGO, MD



Imaging Results

XR, WRIST 06/13/2016 - RIGHT (#7026217)

Interpretation	without any other fracture, dislocation or other boney abnormality

Imaging Result

(#5650851, 11/03/2015)

Encounters and Procedures

Clinical Encounter Summaries
Encounter Date: 06/13/2016
Patient

Name	RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701	**Appt. Date/Time**	06/13/2016 02:55PM
DOB	[redacted]1982	**Service Dept.**	LCO_Tricom
Provider	KEITH J. SANTIAGO, MD		
Insurance	Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS Policy/Group # : OCMP00701655 Referring Provider Name : MIKA, EMILY Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : OCMP00701655 Case Injury Date : 10/09/2015 Med Worker's Comp: EMPLOYERS INSURANCE GROUP Policy/Group # : 2015279729 Referring Provider Name : MCCOY, JAMES J Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : 2015279729 Case Injury Date : 10/09/2015 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

Followup: Numbness of hand

HPI

33yo RHD house cleaner who presents with R hand N/P in all fingers except thumb for 8mo. s/p fall onto R hand at work; reported injury to supervisor on the date of injury and went to see work doc that same day where x-rays were obtained which revealed no fx; + nocturnal symptoms; + neck pain with radiation distally; no previous injuries to hands/wrist/elbow; relief with NSAIDs; no brace; no CSI
Past medical history, past surgical history, medications, allergies, social history and review of symptoms are reviewed noted and documented in the chart

Vitals

Ht:	5 ft 2 in 06/13/2016 02:27 pm	**Wt:**	153 lbs 06/13/2016 02:27 pm	**BMI:**	28 06/13/2016 02:27 pm
BP:	112/68 sitting 06/13/2016 02:55 pm	**Pulse:**	82 bpm 06/13/2016 02:55 pm		

Medications

Reviewed Medications

Excedrin Migraine 250 mg-250 mg-65 mg tablet Take by oral route.	02/08/16	entered
Prilosec 10 mg capsule,delayed release Take 2 capsule(s) every day by oral route.	02/08/16	entered

Allergies

Reviewed Allergies
NKDA

Problems

Reviewed Problems
- Carpal tunnel syndrome
- Shoulder pain
- Pain in wrist
- Cervical radiculitis
- Hand pain
- Numbness of hand
- Full thickness rotator cuff tear

Past Medical History

Reviewed Past Medical History
Acid Reflux: Y
Kidney/Bladder Infection: **Y - Pt. was hospitalized twice for kidney infection in the past**
Migraines: Y

Notes: nausea with anesthesia

Family History

Reviewed Family History
Non-contributory.

Surgical History

Reviewed Surgical History
Other - Tubal Ligation
Repair, ruptured musculotendinous cuff, chronic - 02/24/2016 - RT SHOULDER SCOPE, MINI OPEN RCR

Social History

Reviewed Social History
Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol Intake: None
Number of children: 5
Diet: Regular
Are you currently employed?: Y
Employer: Surburan Hotel

Patient's Pharmacies

CVS 16950 IN TARGET (ERX): 7250 RIVERS AVE, N CHARLESTON SC 29406, Ph (843) 572-8918, Fax (843) 405-5212

Patient's Care Team

Insurance Adjuster (Worker's Comp): TERRI LAMPTON: Ph (704) 285-7831, Fax (800) 371-8204
Referring Provider (Worker's Comp): MIKA, EMILY: 7519 RIVERS AVE, CHARLESTON, SC 29406, Ph (843) 735-5020, Fax (843) 735-5026
Referring Provider (Worker's Comp): MCCOY, JAMES J: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

Patient reports no fever. She reports no dry eyes, no irritation, and no vision change. She reports no difficulty hearing and no ear pain. She reports no frequent nosebleeds and no nose/sinus problems. She reports no sore throat. She reports no chest pain. She reports no cough, no wheezing, and no shortness of breath. She reports no vomiting and no diarrhea. She reports no dizziness and no headaches. She reports no fatigue. She reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 33-year-old female.

No gross thenar/hypothenar atrophy; 5/5 thumb opposition and first dorsal interossei; negative tinel's sign over carpal tunnel and negative tinel's sign over cubital tunnel; full composite finger flexion extension; B wrist DF 60 VF 60; grip of 30 on R and 60 on L

Results / Interpretations

XR, WRIST
- Side: RIGHT, Views (X-RAY, WRIST): PA, Lateral and Oblique

without any other fracture, dislocation or other boney abnormality

Assessment / Plan

R hand numbness/paresthesias with electronegative diagnostic testing concerning for cervical radiculopathy

A lengthy discussion was had with the patient about the patient's condition. Both conservative and surgical treatment options were discussed; after lengthy discussion with the patient, the patient wished to proceed with OT for strengthening; wrist brace given for comfort; referral to Dr. Patel/Merrell for neck evaluation as likely etiology of pain; offered CSI for carpal tunnel for diagnostic/therapeutic purposes but wishes to defer until further evaluation of neck; modified duty work note given; f/u in 8wks with anticipation for return to regular duty

1. Numbness of hand
R20.0: Anesthesia of skin

2. Pain in wrist
M25.531: Pain in right wrist
- XR, WRIST

Side: RIGHT Views (X-RAY, WRIST): PA, Lateral and Oblique

3. Carpal tunnel syndrome

Lowcountry Orthopaedics
Spine Specialists
2880 Tricom St.
Charleston, SC 29406
Phone: 843 797 5050

Shailesh M. Patel, MD
Christopher A. Merrell, MD

Test Date: 5/12/2016

Patient:	Ana Rodriguez-Galvin	**DOB:**	[redacted]1982	**Physician:**	Shailesh Patel, MD
Sex:	Female	**Height:**	' "	**Ref Phys:**	James McCoy, MD
ID#:	2156701	**Weight:**	lbs.	**Technician:**	Shailesh Patel, MD

CHIEF COMPLAINTS:
CC: r hand nunbness

HISTORY OF PRESENT ILLNESS:
HPI: 33yof with complaints of right hand numbness and in the digits.

PHYSICAL EXAM:
GENERAL: Patient is well developed, well nourished, in no acute distress and alert and oriented x4 with appropriate mood and affect.
SPINE: In the cervical area is symmetrical without kyphosis or scoliosis. Moderate tenderness to palpation noted over the cervical paraspinals, rhomboids and trapezius.
NEUROLOGIC: Sensory is decreased to light touch in the right hand. Motor exam is 5/5 in bilateral upper extremity.
EXTREMITY: Pulse is intact distally with no cyanosis, clubbing, or edema.
PSYCHOLOGICAL: Waddell s signs negative.

EMG & NCV Findings:
Temperature was monitored throughout the study and kept greater than 32°C for the upper extremities.
All nerve conduction studies (as indicated in the following tables) were within normal limits.

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

EMG/NCS IMPRESSIONS:
I. Normal Study

2. The electrodiagnostic and nerve conduction studies do not reveal evidence of any other focal nerve entrapment, generalized peripheral neuropathy, or cervical radiculopathy in the right upper limb.

3. Of note, EMG does not evaluate small sensory pain fibers. Thus a lack of active denervation does NOT exclude an active radiculopathy.

4. Clinical correlation is recommended.

Shailesh Patel, MD
Lowcountry Orthopaedics
Physical Medicine and Rehabilitation
Interventional Pain Management

Nerve Conduction Studies
Anti Sensory Summary Table

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (μV)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median Anti Sensory (2nd Digit)											
Wrist		3.2	<3.7	37.7	>10	Wrist	2nd Digit	3.2	14.0	44	>39
Right Radial Anti Sensory (Base 1st Digit)											
Wrist		1.8	<3.1	40.6		Wrist	Base 1st Digit	1.8	0.0		
Right Ulnar Anti Sensory (5th Digit)											
Wrist		2.6	<3.7	84.4	>15.0	Wrist	5th Digit	2.6	14.0	54	>38

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Median Motor (Abd Poll Brev)											
Wrist		3.3	<4.5	7.1	>5						
Right Ulnar Motor (Abd Dig Minimi)											
Wrist		2.4	<4.2	6.4	>3	B Elbow	Wrist	3.8	21.0	55	>53
B Elbow		6.2		3.1		A Elbow	B Elbow	1.1	6.5	59	>53
A Elbow		7.3		6.6							

Comparison Summary Table

Site	NR	Peak (ms)	P-T Amp (μV)	Site1	Site2	Delta-P (ms)	Norm Delta (ms)
Right Median/Ulnar Comparison (Digit 4)							
Median Wr		3.1	52.1	Median Wr	Ulnar Wr	0.4	<.4
Ulnar Wr		2.7	68.0				

EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Right	1stDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Abd Poll Brev	Median	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	PronatorTeres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Cervical Parasp Upper	Rami	Upper	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Cervical Parasp Lower	Rami	Lower	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	

Nerve Conduction Studies
Anti Sensory Left/Right Comparison

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (μV)	R Amp (μV)	L-R Amp (%)	Site1	Site2	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)
Median Anti Sensory (2nd Digit)											
Wrist		3.2			37.7		Wrist	2nd Digit		44	
Radial Anti Sensory (Base 1st Digit)											
Wrist		1.8			40.6		Wrist	Base 1st Digit			
Ulnar Anti Sensory (5th Digit)											
Wrist		2.6			84.4		Wrist	5th Digit		54	

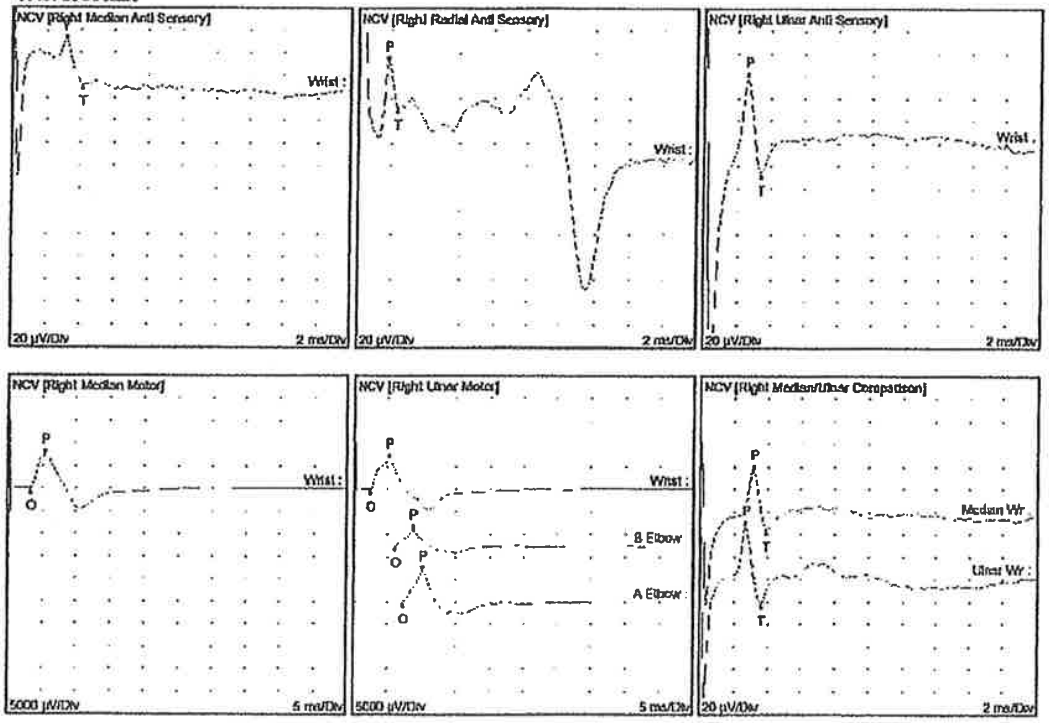
Motor Left/Right Comparison

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (mV)	R Amp (mV)	L-R Amp (%)	Site1	Site2	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)
Median Motor (Abd Poll Brev)											
Wrist		3.3			7.1						
Ulnar Motor (Abd Dig Minimi)											
Wrist		2.4			6.4		B Elbow	Wrist		55	
B Elbow		6.2			3.1		A Elbow	B Elbow		59	
A Elbow		7.3			6.6						

Comparison Left/Right Comparison

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (μV)	R Amp (μV)	L-R Amp (%)
Median/Ulnar Comparison (Digit 4)						
Median Wr		3.1			52.1	
Ulnar Wr		2.7			68.0	

Waveforms:


NCV [Right Median Anti Sensory]
Wrist
20 µV/Div
2 ms/Div
NCV [Right Radial Anti Sensory]
Wrist
20 µV/Div
2 ms/Div
NCV [Right Ulnar Anti Sensory]
Wrist
20 µV/Div
2 ms/Div
NCV [Right Median Motor]
Wrist
5000 µV/Div
5 ms/Div
NCV [Right Ulnar Motor]
Wrist
B Elbow
A Elbow
5000 µV/Div
5 ms/Div
NCV [Right Median/Ulnar Comparison]
Median Wr
Ulnar Wr
20 µV/Div
2 ms/Div

G56.01: Carpal tunnel syndrome, right upper limb
- SÍNDROME DEL TÚNEL CARPIANO: EJERCICIOS - [CARPAL TUNNEL SYNDROME: EXERCISES]
- SPINE CENTER REFERRAL - Schedule Within: provider's discretion Note to Provider: Dr. Patel/Merrell for neck pain
- SÍNDROME DEL TÚNEL CARPIANO: INSTRUCCIONES DE CUIDADO - [CARPAL TUNNEL SYNDROME: CARE INSTRUCTIONS]
- OCCUPATIONAL THERAPY REFERRAL - Schedule Within: provider's discretion Note to Provider: *Please schedule OT services at Lowcountry Ortho (843-569-5260); ROM, stretching, strengthening, pain modals; three times a week for 6wks
- WORK STATUS REPORT -

Note to Provider:
LCO Workcomp Dep Fax Number: 843-793-5442

Date of Injury: 10/09/2015
Next Follow up appt: 08/01/2016

(x) Work Related ( ) Not Work Related

( ) Regular Duty (x) Modified Duty

( ) Sedentary Duty<10lbs wt lifting ( ) Off work

(x) 0lbs ( ) 1-15lbs ( ) 16-35 lbs ( ) 36-50 lbs wt lifting restrictions

(x) R ( ) L ( ) B

Climbing, Bending Stooping:( ) Never ( ) Occasional ( ) Frequent
Standing, Walking: ( ) Never ( ) Occasional ( ) Frequent
Overhead Work: ( ) Never ( ) Occasional ( ) Frequent
Driving: ( ) Yes ( ) No
Alternate between sit/stand: ( )

Comments: recommend OT, referral to spine doctor

MMI: ( ) Yes (x) No Date of MMI:

*Occasionally is defined as up to one third of the time (33%); 1-4 times per hour
*Frequently is defined as up to one third to two thirds (34-66%); 5-12 times per hour
*Constantly is defined as over two thirds (67-100%) of the time

- WRIST BRACE - HCPCS: L3908 Cock up wrist brace Dispense Qty: 1 Unit

Discussion

Discussion Notes

RUE EMG/NCV 5/12/16 Dr. Patel: normal study

Return to Office

- James J. McCoy, MD for RECHECK 10 at LCO_Tricom on 06/15/2016 at 10:15 AM
- Christopher A. Merrell, MD for New Patient 15 at LCO_Tricom on 07/07/2016 at 01:45 PM
- Keith J. Santiago, MD for RECHECK 10 at LCO_Tricom on 08/01/2016 at 01:55 PM

Encounter Sign-Off

Encounter signed-off by Keith J. Santiago, MD, 06/13/2016.

Encounter performed and documented by Keith J. Santiago, MD
Encounter reviewed & signed by Keith J. Santiago, MD on 06/13/2016 at 4:04pm

Encounter Date: 05/19/2016

Patient

Name	RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701	**Appt. Date/Time**	05/19/2016 08:30AM
DOB	[redacted]/1982	**Service Dept.**	LCO_Oakbrook
Provider	JAMES J. MCCOY, MD		
Insurance	Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS Policy/Group # : OCMP00701655 Referring Provider Name : MIKA, EMILY Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : OCMP00701655 Case Injury Date : 10/09/2015 Med Worker's Comp: EMPLOYERS INSURANCE GROUP Policy/Group # : 2015279729 Referring Provider Name : MCCOY, JAMES J Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : 2015279729		

Case Injury Date : 10/09/2015
Prescription: check now

Chief Complaint

Right Shoulder

HPI

Hand/Fingers
Reported by patient.

Location: right
Quality: aching; dull; constant; worsening
Severity: moderate; pain level 6/10
Timing: chronic
Context: work injury (DOI-10/09/15)
Aggravating Factors: lifting; carrying; twisting; pushing/pulling; gripping; grasping; squeezing; throwing; ROM
Associated Symptoms: weakness; numbness; tingling; radiating to thumb/index/middle; radiating to fourth/fifth
Previous Surgery: none
Prior Imaging: none; EMG (5/12/16 Performed by Dr. Patel)
Previous Injections: none
Previous PT: none
Work Related: yes
Working: no
Notes: No GI or GU incontinence. Here today for F/U after EMG --and interpreter is here today

Vitals

05/19/2016 08:36 am

Ht: 5 ft 2 in	Wt: 153 lbs	BMI: 28
BP: 136/86	Pulse: 77 bpm	

Medications

Reviewed Medications

Excedrin Migraine 250 mg-250 mg-65 mg tablet 02/08/16 entered
Take by oral route.

hydrocodone 5 mg-acetaminophen 325 mg tablet 05/11/16 filled
TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED

Prilosec 10 mg capsule,delayed release 02/08/16 entered
Take 2 capsule(s) every day by oral route.

Allergies

Reviewed Allergies
NKDA

Problems

Reviewed Problems
- Shoulder pain
- Cervical radiculitis
- Hand pain
- Numbness of hand
- Full thickness rotator cuff tear

Past Medical History

Reviewed Past Medical History
Acid Reflux: Y
Kidney/Bladder Infection: Y - Pt. was hospitalized twice for kidney infection in the past
Migraines: Y
Notes: nausea with anesthesia

Family History

Reviewed Family History
Non-contributory.

Surgical History

Surgical History not reviewed (last reviewed 04/21/2016)
Other - Tubal Ligation
Repair, ruptured musculotendinous cuff, chronic - 02/24/2016 - RT SHOULDER SCOPE, MINI OPEN RCR

Social History

Reviewed Social History
Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol Intake: None
Number of children: 5
Diet: Regular
Are you currently employed?: Y
Employer: Surburan Hotel

Patient's Pharmacies

CVS 16950 (N TARGET (ERX): 7250 RIVERS AVE, N CHARLESTON SC 29406, Ph (843) 572-8918, Fax (843) 405-5212

Patient's Care Team

Insurance Adjuster (Worker's Comp): TERRI LAMPTON: Ph (888) 682-6671, Fax (800) 371-8204
Referring Provider (Worker's Comp): MIKA, EMILY: 7519 RIVERS AVE, CHARLESTON, SC 29406, Ph (843) 735-5020, Fax (843) 735-5026
Referring Provider (Worker's Comp): MCCOY, JAMES J: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

Musculoskeletal:: see hpi. Neuro:: see hpi. Patient reports no fever, happy/content, normal activity level, and no fatigue. She reports no blurry vision, no eye redness, no eye itchiness, no eye discharge, and normal movement. She reports no ear pain, no sinus pressure, and no sore throat. She reports no chest pain and normal heart rate. She reports no cough, no wheezing, and normal respiration. She reports no nausea, no vomiting, no diarrhea, and no constipation. She reports no discharge, no pain with urination, no increase in frequency of urination, no redness, no itching, and no masses. She reports no rash, no skin lesions, no bruising, and no insect bites. She reports normal drinking and no temperature intolerance.

Physical Exam

Patient is a 33-year-old female.

patient 3-1/2 months post right rotator cuff repair. 7 months post work-related injury to the right shoulder. Still complaining of discomfort in the right shoulder and pain in the right hand. No numbness and tingling at this time.

Physical exam shows good active-assisted flexion and extension. Just a few degrees of external rotation on the right. 75° of active assisted abduction on the right. About the same active assisted overhead reach as last time we saw her.

With the help of the translator we again reviewed the injury and the surgery. We talked about the EMG/nerve conduction study being essentially normal.

Assessment / Plan

we will renew the patient's physical therapy with an emphasis on work hardening. She has improved her abduction on the right since last seen. We'll keep her out of work for nail. We like to get a second opinion from Dr. Santiago the possible etiology and/or treatment of the right hand pain. We'll see her back in 4 weeks.

1. Shoulder pain
M25.511: Pain in right shoulder
- DOLOR EN EL HOMBRO: INSTRUCCIONES DE CUIDADO - [SHOULDER PAIN: CARE INSTRUCTIONS]
- PHYSICAL THERAPY SHOULDER REFERRAL - Schedule Within: provider's discretion Note to Provider: patient 3-1/2 months right rotator cuff repair. Still having discomfort and needs work in abduction. With continued active and active-assisted and passive range of motion exercises. Strengthening and work hardening. To 3 times a week x4 weeks. Modalities p.r.n.
- WORK STATUS REPORT -

Note to Provider:
LCO Workcomp Dep Fax Number: 843-793-5442

Date of Injury: 10/06/2015
Next Follow up appt: 06/15/2016

(XX) Work Related ( ) Not Work Related

( ) Regular Duty ( ) Modified Duty

( ) Sedentary Duty<10lbs wt lifting (XX) Off work

( ) 0lbs ( ) 1-15lbs ( ) 16-35 lbs ( ) 36-50 lbs wt lifting restrictions

(XX) Right Shoulder ( ) L ( ) B

Climbing, Bending Stooping:( ) Never ( ) Occasional ( ) Frequent
Standing, Walking: ( ) Never ( ) Occasional ( ) Frequent
Overhead Work: ( ) Never ( ) Occasional ( ) Frequent
Driving: ( ) Yes ( ) No
Alternate between sit/stand: ( )

Alternate between sit/stand: ( )

Comments: Continue PT

MMI: ( ) Yes (XX) No Date of MMI: 2 months

*Occasionally is defined as up to one third of the time (33%); 1-4 times per hour
*Frequently is defined as up to one third to two thirds (34-66%); 5-12 times per hour
*Constantly is defined as over two thirds (67-100%) of the time

2. Full thickness rotator cuff tear
M75.121: Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
- LESIÓN DEL MANGUITO DE LOS ROTADORES: INSTRUCCIONES DE CUIDADO - [ROTATOR CUFF INJURY: CARE INSTRUCTIONS]

3. Hand pain
M79.641: Pain in right hand
- DOLOR EN LA MANO: INSTRUCCIONES DE CUIDADO - [HAND PAIN: CARE INSTRUCTIONS]
- ORTHOPEDIC REFERRAL - Schedule Within: provider's discretion Note to Provider: Consult Dr. Santiago

Return to Office
- James J. McCoy, MD for RECHECK 10 at LCO_Tricom on 06/15/2016 at 10:15 AM

Encounter Sign-Off
Encounter signed-off by James J. McCoy, MD, 05/23/2016.

Encounter performed and documented by James J. McCoy, MD
Encounter reviewed & signed by James J. McCoy, MD on 05/23/2016 at 7:34pm

Encounter Date: 05/12/2016

Patient

Name	RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701	**Appt. Date/Time**	05/12/2016 03:30PM
DOB	[redacted]1982	**Service Dept.**	LCO_OT Tricom
Provider	SHAILESH M. PATEL, MD		
Insurance	Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS Policy/Group # : OCMP00701655 Referring Provider Name : MIKA, EMILY Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : OCMP00701655 Case Injury Date : 10/09/2015 Med Worker's Comp: EMPLOYERS INSURANCE GROUP Policy/Group # : 2015279729 Referring Provider Name : MCCOY, JAMES J Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : 2015279729 Case Injury Date : 10/09/2015 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint
Right Hand

Problems
Problems not reviewed (last reviewed 04/21/2016)
- Shoulder pain
- Cervical radiculitis
- Numbness of hand
- Full thickness rotator cuff tear

Medications
Medications not reviewed (last reviewed 04/21/2016)

Excedrin Migraine 250 mg-250 mg-65 mg tablet 02/08/16 entered
Take by oral route.

Norco 5 mg-325 mg tablet 04/21/16 prescribed
Take 1 tablet(s) every 6 hours by oral route as needed.

Prilosec 10 mg capsule,delayed release 02/08/16 entered
Take 2 capsule(s) every day by oral route.

Allergies

Allergies not reviewed (last reviewed 04/21/2016)

NKDA

Past Medical History

Past Medical History not reviewed (last reviewed 04/21/2016)
Acid Reflux: Y
Kidney/Bladder Infection: Y - Pt. was hospitalized twice for kidney infection in the past
Migraines: Y
Notes: nausea with anesthesia

Surgical History

Surgical History not reviewed (last reviewed 04/21/2016)
Other - Tubal Ligation
Repair, ruptured musculotendinous cuff, chronic - 02/24/2016 - RT SHOULDER SCOPE, MINI OPEN RCR

Family History

Family History not reviewed (last reviewed 04/21/2016)
Non-contributory.

Social History

Social History not reviewed (last reviewed 04/21/2016)
Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol Intake: None
Number of children: 5
Diet: Regular
Are you currently employed?: Y
Employer: Surburan Hotel

Vitals

05/12/2016 03:50 pm

Ht: 5 ft 2 in	Wt: 153 lbs	BMI: 28
BP: 105/62 sitting	Pulse: 77 bpm	

HPI

Hand/Fingers
Reported by patient.

Location: right
Quality: aching; dull; constant; worsening
Severity: moderate; pain level 6/10
Timing: chronic
Context: work injury (DOI-10/09/15)
Aggravating Factors: lifting; carrying; twisting; pushing/pulling; gripping; grasping; squeezing; throwing; ROM
Associated Symptoms: weakness; numbness; tingling; radiating to thumb/index/middle; radiating to fourth/fifth
Previous Surgery: none
Prior Imaging: none
Previous Injections: none
Previous PT: none
Work Related: yes
Working: no
Notes: No GI or GU incontinence.

Physical Exam

Patient is a 33-year-old female.

Skin: Lesions: no lesions, rash, vesicles, or papules. Edema Right: none. Edema Left: none.

Musculoskeletal System: Cervical Spine: FROM. Right Upper Extremity: normal bulk and tone. Left Upper Extremity: normal bulk and tone. Right Shoulder Strength: FROM and abduction 5/5. Left Shoulder Strength: FROM and abduction 5/5. Right Elbow Strength: FROM, flexion 5/5, and extension 5/5. Left Elbow Strength: FROM, flexion 5/5, and extension 5/5. Right Wrist: extension 5/5. Left Wrist: extension 5/5. Left Hand: hand grip 5/5. Right Hand: hand grip 5/5.

Neurological Exam: Reflexes on the Right: biceps 2/4. Reflexes on the Left: biceps 2/4. Sensation: decreased to pin prick C5 on the right.

Assessment / Plan

Ms Rodriguez-Galvin is here today for initial consultation for her neck pain and right arm paresthesias. She recently has a shoulder arthroscopic rtc repair for a work-related injury. Her EMG/NCS is negative for carpal tunnel or peripheral

a shoulder arthroscopic rtc repair for a work-related injury. Her EMG/NCS is negative for carpal tunnel or peripheral neuropathy. I suspect a more cervical etiology and would recommend xrays/mri of the cspine for further evaluation.

1. **Cervical radiculitis**

   M54.12: Radiculopathy, cervical region

2. **Full thickness rotator cuff tear**
   M75.121: Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
   - LESIÓN DEL MANGUITO DE LOS ROTADORES: INSTRUCCIONES DE CUIDADO - [ROTATOR CUFF INJURY: CARE INSTRUCTIONS]

Return to Office

- James J. McCoy, MD for Post Operative at LCO_Tricom on 05/18/2016 at 09:05 AM

Encounter Sign-Off

Encounter signed-off by Shailesh M. Patel, MD, 05/12/2016.

Encounter performed and documented by Shailesh M. Patel, MD
Encounter reviewed & signed by Shailesh M. Patel, MD on 05/12/2016 at 4:47pm

Encounter Date: 04/21/2016

Patient

Name	RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701	**Appt. Date/Time**	04/21/2016 09:05AM
DOB	[redacted]/1982	**Service Dept.**	LCO_Oakbrook
Provider	JAMES J. MCCOY, MD		
Insurance	Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS Policy/Group # : OCMP00701655 Referring Provider Name : MIKA, EMILY Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : OCMP00701655 Case Injury Date : 10/09/2015 Med Worker's Comp: EMPLOYERS INSURANCE GROUP Policy/Group # : 2015279729 Referring Provider Name : MCCOY, JAMES J Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : 2015279729 Case Injury Date : 10/09/2015 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

Right Shoulder

HPI

Shoulder7388
Reported by patient.

Location: right; states it is radiating down her shoulder--numbness/tingling in her fingers in the Right hand is still ongoing
Quality: no change
Severity: pain level 5/10
Context: work injury (WC 10/9/2015)
Aggravating Factors: lifting; ROM
Associated Symptoms: weakness
Previous Surgery: surgical procedure:
Work Related: yes
Working: no
Notes: WC Pt F/U for RT SHOULDER--here today with a translator--returned the GAMEREADY machine--just taking OTC Ibuprofen--feels she is taking every 5hours

Vitals

04/21/2016 09:38 am

Ht: 5 ft 2 in	**Wt:** 153 lbs	**BMI:** 28
BP: 92/57	**Pulse:** 66 bpm	

Medications

Reviewed Medications

Excedrin Migraine 250 mg-250 mg-65 mg tablet 02/08/16 entered
Take by oral route.

Norco 5 mg-325 mg tablet 04/21/16 prescribed
Take 1 tablet(s) every 6 hours by oral route as needed.

Prilosec 10 mg capsule,delayed release 02/08/16 entered
Take 2 capsule(s) every day by oral route.

Allergies

Reviewed Allergies
NKDA

Problems

Reviewed Problems
- Shoulder pain
- Numbness of hand
- Full thickness rotator cuff tear

Past Medical History

Reviewed Past Medical History
Acid Reflux: Y
Kidney/Bladder Infection: Y - Pt. was hospitalized twice for kidney infection in the past
Migraines: Y
Notes: nausea with anesthesia

Family History

Reviewed Family History
Non-contributory.

Surgical History

Reviewed Surgical History
Other - Tubal Ligation
Repair, ruptured musculotendinous cuff, chronic - 02/24/2016 - RT SHOULDER SCOPE, MINI OPEN RCR

Social History

Reviewed Social History
Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol intake: None
Number of children: 5
Diet: Regular
Are you currently employed?: Y
Employer: Surburan Hotel

Patient's Pharmacies

CVS 16950 IN TARGET (ERX): 7250 RIVERS AVE, N CHARLESTON SC 29406, Ph (843) 572-8918, Fax (843) 405-5212

Patient's Care Team

Insurance Adjuster (Worker's Comp): TERRI LAMPTON: Ph (888) 682-6671, Fax (800) 371-8204
Referring Provider (Worker's Comp): MIKA, EMILY: 7519 RIVERS AVE, CHARLESTON, SC 29406, Ph (843) 735-5020, Fax (843) 735-5026
Referring Provider (Worker's Comp): MCCOY, JAMES J: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

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

Physical Exam

Patient is a 33-year-old female.

patient is 6 months post work-related injury right shoulder and upper extremity. She is 2 months post right rotator cuff

Procedure Orders

LOWCOUNTRY ORTHOPAEDICS

Surgery Order

04/21/2016

Patient Information	Ordering Provider
Name : RODRIGUEZ-GALVIN, ANA ** PATIENT SSN: 854777771 Gender: F ** DOB: [redacted]/1982 ** AGE: 33 YR Athena ID #: 2156701	JAMES J. MCCOY, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633

Orders included: 1

Numbness of hand
ICD-10: R20.0: Anesthesia of skin
- NERVE CONDUCTION STUDY/EMG (PROC)

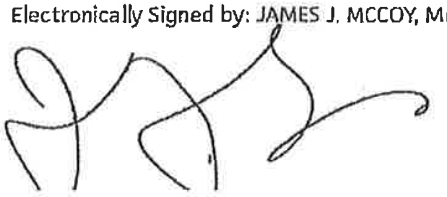
Note to Provider:
To be performed by Dr Patel or Dr Merrell ONLY @ Lowcountry Ortho
( ) Patel ( ) Merrell
( ) LUE (x) RUE
( ) LLE ( ) RLE
-

EMG ( ) 95885 (X) 95886 ( ) 95887
( ) 95907 NCS 1-2
( ) 95908 NCS 3-4
( ) 95909 NCS 5-6
( ) 95910 NCS 7-8
( ) 95911 NCS 9-10
(X) 95912 NCS 11-12
( ) 95913 NCS 13 or more

Prior Authorization #: per Jane Walton ok to sched
Date of Procedure: 05/12/2016
Time of Procedure: 3:30

Patient Address	2357 DUNLAP ST/LOT 36, NORTH CHARLESTON, SC 29406-4104	
Patient Phone	H: (843) 343-1229 M: (843) 343-1229	
Primary Ins.	EMPLOYERS INSURANCE GROUP ID: Policy Holder:	Claim Case#: 2015279729 Case Injury Date: 10/09/2015 Case Worker's Name: TERRI LAMPTON
Secondary Ins.	ID: Policy Holder:	

Electronically Signed by: JAMES J. MCCOY, MD



patient is 8 months post work-related injury right shoulder and upper extremity. She is 2 months post right rotator cuff repair. She is having pain in the shoulder and still numbness in the right hand. She says the numbness in the hand started in January of 2016. She thought it might go away after the surgery.

Physical exam shows good active assisted flexion and extension in both shoulders. The right comes up to about 65° of abduction. No external rotation. Negative Tinel over the right median nerve at the wrist. Negative sensitivity behind the elbow medial condyle. No obvious muscle weakness in the hand.

Assessment / Plan

working through the translator we explained that we felt the patient was doing better in regards to her shoulder than she believes she is. We have encouraged her to continue working in therapy and we will start some strengthening exercises. We'll still keep her out of work. The numbness in the right hand is a bit of a puzzle. It's primarily the middle and little finger. We think at this point a nerve conduction study would be appropriate to determine the level and severity of the problem. We will see her back in 4 weeks to reevaluate.

1. Shoulder pain
M25.511: Pain in right shoulder
- DOLOR EN EL HOMBRO: INSTRUCCIONES DE CUIDADO - [SHOULDER PAIN: CARE INSTRUCTIONS]
- PHYSICAL THERAPY SHOULDER REFERRAL - Schedule Within: provider's discretion Note to Provider: patient 8 weeks post right rotator cuff repair. Patient complaining of discomfort.despite complaints has really good active assisted flexion and extension and abduction to about 75°. No external rotation but told her not to worry. Would benefit from now from starting PRE rotators and scapular stabilizers. Modalities p.r.n. 1-2 times a week x4 weeks plus home program. Believe patient is doing better than she thinks she is.
- Norco 5 mg-325 mg tablet - Take 1 tablet(s) every 6 hours by oral route as needed. Qty: 40 tablet(s) Refills: 0 Pharmacy: CVS 16950 IN TARGET

2. Full thickness rotator cuff tear
M75.121: Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
- LESIÓN DEL MANGUITO DE LOS ROTADORES: INSTRUCCIONES DE CUIDADO - [ROTATOR CUFF INJURY: CARE INSTRUCTIONS]

3. Numbness of hand
R20.0: Anesthesia of skin
- NERVE CONDUCTION STUDY/EMG (PROC) -

Note to Provider:
To be performed by Dr Patel or Dr Merrell ONLY @ Lowcountry Ortho
( ) Patel ( ) Merrell
( ) LUE (x) RUE
( ) LLE ( ) RLE
o _____
EMG ( ) 95885 (X) 95886 ( ) 95887
( ) 95907 NCS 1-2
( ) 95908 NCS 3-4
( ) 95909 NCS 5-6
( ) 95910 NCS 7-8
( ) 95911 NCS 9-10
(X) 95912 NCS 11-12
( ) 95913 NCS 13 or more

Return to Office
- James J. McCoy, MD for Post Operative at LCO_Tricom on 05/18/2016 at 09:05 AM

Encounter Sign-Off
Encounter signed-off by James J. McCoy, MD, 04/21/2016.

Encounter performed and documented by James J. McCoy, MD
Encounter reviewed & signed by James J. McCoy, MD on 04/21/2016 at 11:23pm

Encounter Date: 03/30/2016

Patient

Name	RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701	**Appt. Date/Time**	03/30/2016 09:40AM
DOB	[redacted]1982	**Service Dept.**	LCO_Tricom
Provider	JAMES J. MCCOY, MD		
Insurance	Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS Policy/Group # : OCMP00701655 Referring Provider Name : MIKA, EMILY Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : OCMP00701655 Case Injury Date : 10/09/2015 Med Worker's Comp: EMPLOYERS INSURANCE GROUP Policy/Group # : 2015279729 Referring Provider Name : MCCOY, JAMES J Employer Name : SUBURBAN EXTENDED STAY HOTEL		

Employer Name : SUBURBAN EXTENDED STAY HOTEL
Case # : 2015279729
Case Injury Date : 10/09/2015
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Followup: Full thickness rotator cuff tear

HPI

Shoulder7388
Reported by patient.

Location: right
Quality: improving
Aggravating Factors: lifting; ROM
Associated Symptoms: weakness
Previous Surgery: surgical procedure:
Work Related: yes
Notes: WC Pt F/U for RT SHOULDER

Vitals

Ht:	5 ft 2 in 03/30/2016 10:12 am	**Wt:**	153 lbs 03/30/2016 10:12 am	**BMI:**	28 03/30/2016 10:12 am
BP:	123/84 sitting 03/30/2016 10:16 am	**Pulse:**	73 bpm 03/30/2016 10:16 am		

Medications

Reviewed Medications

Excedrin Migraine 250 mg-250 mg-65 mg tablet 02/08/16 entered
Take by oral route.

Prilosec 10 mg capsule,delayed release 02/08/16 entered
Take 2 capsule(s) every day by oral route.

Allergies

Reviewed Allergies
NKDA

Problems

Reviewed Problems
- Shoulder pain
- Full thickness rotator cuff tear

Past Medical History

Reviewed Past Medical History
Acid Reflux: Y
Kidney/Bladder Infection: Y - Pt. was hospitalized twice for kidney infection in the past
Migraines: Y
Notes: nausea with anesthesia

Family History

Reviewed Family History
Non-contributory.

Surgical History

Reviewed Surgical History
Other - Tubal Ligation
Repair, ruptured musculotendinous cuff, chronic - 02/24/2016 - RT SHOULDER SCOPE, MINI OPEN RCR

Social History

Reviewed Social History
Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol intake: None
Number of children: 5
Diet: Regular
Are you currently employed?: Y
Employer: Suburban Hotel

Employer: Suburban Hotel

Patient's Pharmacies

TARGET PHARMACY #1829 (ERX): 7250 RIVERS AVE, N CHARLESTON SC 29406, Ph (843) 572-8918, Fax (843) 405-5212

Patient's Care Team

Insurance Adjuster (Worker's Comp): TERRI LAMPTON: Ph (888) 682-6671, Fax (800) 371-8204
Referring Provider (Worker's Comp): MIKA, EMILY: 7519 RIVERS AVE, CHARLESTON, SC 29406, Ph (843) 735-5020, Fax (843) 735-5026
Referring Provider (Worker's Comp): MCCOY, JAMES J: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

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

Physical Exam

Patient is a 33-year-old female.

patient is 5 weeks post right rotator cuff repair. 5-1/2 months post work-related injury to the right shoulder. She's been doing well working on motion in therapy.

Physical exam shows good active assisted range of motion in both shoulders. Right shoulder is tight at about 75° of abduction. Active assisted overhead reach is limited.

Assessment / Plan

we're going to write some new orders for strengthening in physical therapy. She'll continue to work on motion. I don't think she is ready for even light duty at this point. We'll keep her out of work and reevaluate in 3 weeks.

1. **Shoulder pain**
   M25.511: Pain in right shoulder
   - DOLOR EN EL HOMBRO: INSTRUCCIONES DE CUIDADO - [SHOULDER PAIN: CARE INSTRUCTIONS]
   - PHYSICAL THERAPY SHOULDER REFERRAL - Schedule Within: provider's discretion Note to Provider: patient 5 weeks right rotator cuff repair. Doing better with motion. Can start PRE rotators and scapular stabilizers. Continue work on motion. 2-3 times a week x3 weeks. Modalities p.r.n.

2. **Full thickness rotator cuff tear**
   M75.121: Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
   - LESIÓN DEL MANGUITO DE LOS ROTADORES: INSTRUCCIONES DE CUIDADO - [ROTATOR CUFF INJURY: CARE INSTRUCTIONS]

Return to Office

- James J. McCoy, MD for Post Operative at LCO_Tricom on 04/27/2016 at 09:05 AM

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 03/30/2016.

Encounter performed and documented by James J. McCoy, MD
Encounter reviewed & signed by James J. McCoy, MD on 03/30/2016 at 10:57pm

Encounter Date: 03/03/2016 (Last amended by James J. McCoy, MD on 03/29/2016 at 8:09pm)

Patient

Name	RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701	**Appt. Date/Time**	03/03/2016 10:15AM
DOB	[redacted]1982	**Service Dept.**	LCO_Oakbrook
Provider	JAMES J. MCCOY, MD		
Insurance	Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS Policy/Group # : OCMP00701655 Referring Provider Name : MIKA, EMILY Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : OCMP00701655 Case Injury Date : 10/09/2015		

Med Worker's Comp: EMPLOYERS INSURANCE GROUP
Policy/Group # : 2015279729
Referring Provider Name : MCCOY, JAMES J
Employer Name : SUBURBAN EXTENDED STAY HOTEL
Case # : 2015279729
Case Injury Date : 10/09/2015
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Right Shoulder problem

HPI

Shoulder7388
Reported by patient.

Location: right
Quality: improving
Previous Surgery: surgical procedure:
Work Related: yes
Notes: She is S/P RT SHOULDER SCOPE, MINI OPEN RCR on 2/24/16. She has started to see some improvement but night time is pretty bad. She states she is only taking Ibuprofen at this point as the pain mediation after surgery was causing her to have nausea and vomiting.

Vitals

Ht:	5 ft 2 in 03/03/2016 10:30 am	**Wt:**	153 lbs 03/03/2016 10:30 am	**BMI:**	28 03/03/2016 10:30 am
BP:	116/74 sitting 03/03/2016 10:34 am	**Pulse:**	68 bpm 03/03/2016 10:34 am		

Medications

Reviewed Medications

Excedrin Migraine 250 mg-250 mg-65 mg tablet 02/08/16 entered
Take by oral route.

Prilosec 10 mg capsule,delayed release 02/08/16 entered
Take 2 capsule(s) every day by oral route.

Allergies

Reviewed Allergies
NKDA

Problems

Problems not reviewed (last reviewed 02/08/2016)
- Shoulder pain
- Full thickness rotator cuff tear

Past Medical History

Reviewed Past Medical History
Acid Reflux: Y
Kidney/Bladder Infection: Y - Pt. was hospitalized twice for kidney infection in the past
Migraines: Y
Notes: nausea with anesthesia

Family History

Reviewed Family History
Non-contributory.

Surgical History

Reviewed Surgical History
- Other - Tubal Ligation
  Repair, ruptured musculotendinous cuff, chronic - 02/24/2016 - RT SHOULDER SCOPE, MINI OPEN RCR

Social History

Reviewed Social History
Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol intake: None
Number of children: 5

Number of children: 5
Diet: Regular
Are you currently employed?: Y
Employer: Surburan Hotel

Patient's Pharmacies

TARGET PHARMACY #1829 (ERX): 7250 RIVERS AVE, N CHARLESTON SC 29406, Ph (843) 572-8918, Fax (843) 405-5212

Patient's Care Team

Insurance Adjuster (Worker's Comp): TERRI LAMPTON: Ph (888) 682-6671, Fax (800) 371-8204
Referring Provider (Worker's Comp): MIKA, EMILY: 7519 RIVERS AVE, CHARLESTON, SC 29406, Ph (843) 735-5020, Fax (843) 735-5026
Referring Provider (Worker's Comp): MCCOY, JAMES J: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

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

Physical Exam

Patient is a 33-year-old female.

patient one-week post right shoulder scope and the mini-open cuff repair. She's doing well. Pain at night. Pain medicines created nausea and she is just using over-the-counter anti-inflammatories.

Physical exam shows the wounds are benign. Patient is resistant to even active-assisted flexion and extension. Abduction tight.

Assessment / Plan

we removed the staples and Steri-Stripped the wound. We gave her a tour through the shoulder using the pictures from surgery with the help of the translator. We'll get her started in therapy and check her progress in 2 weeks. Out of work for now.

1. Shoulder pain
M25.511: Pain in right shoulder
- DOLOR EN EL HOMBRO: INSTRUCCIONES DE CUIDADO - [SHOULDER PAIN: CARE INSTRUCTIONS]
- PHYSICAL THERAPY SHOULDER REFERRAL - Schedule Within: provider's discretion Note to Provider: patient one-week post right shoulder arthroscopy and mini open rotator cuff repair. Would benefit from active-assisted and passive range of motion exercises. No strengthening yet. 2-3 times a week x2 weeks.
- WORK STATUS REPORT -

Note to Provider:
LCO Workcomp Dep Fax Number: 843-793-5442

Date of Injury: 10/09/2015
Next Follow up appt:03/16/2016

(XX) Work Related ( ) Not Work Related

( ) Regular Duty ( ) Modified Duty

( ) Sedentary Duty<10lbs wt lifting (XX) Off work

( ) 0lbs ( ) 1-15lbs ( ) 16-35 lbs ( ) 36-50 lbs wt lifting restrictions

(XX) Right Shoulder ( ) L ( ) B

Climbing, Bending Stooping:( ) Never ( ) Occasional ( ) Frequent
Standing, Walking: ( ) Never ( ) Occasional ( ) Frequent
Overhead Work: ( ) Never ( ) Occasional ( ) Frequent
Driving: ( ) Yes ( ) No
Alternate between sit/stand: ( )

Comments: Begin Physical Therapy

MMI: ( ) Yes (XX) No Date of MMI: 4 months

DATE: 02/24/2016
PATIENT: RODRIGUEZ-GALVIN, ANNA
ASCMR#: 19357
DOB: [redacted]1982

SURGEON: James McCoy, M.D.

ANESTHESIA: Local anesthesia with propofol sedation.

PREOPERATIVE DIAGNOSES:
1. Pain, right shoulder.
2. Rotator cuff tear, right shoulder.

POSTOPERATIVE DIAGNOSES:
1. Pain, right shoulder.
2. Rotator cuff tear, right shoulder.

OPERATION:
1. Arthroscopy, right shoulder, for diagnostic purposes. (29805)
2. Mini open rotator cuff repair, right shoulder. (23412)

PROCEDURE: The patient was brought to the operating room following a shoulder block in the holding area. She transferred to the operating room table and turned to a left lateral decubitus position and was held in place by a deflatable beanbag. The right shoulder was examined and no adhesive capsulitis was noted. The head and neck were draped off with a Steri-Drape. The right shoulder and upper arm were scrubbed with Betadine, prepped with Betadine, and draped with the arm in suspension in the usual fashion. The posterior aspect of the shoulder was probed with a spinal needle and the shoulder inflated with saline and epinephrine.

The scope was introduced posteriorly and inspection showed a good glenohumeral joint with good cartilage on both surfaces. No loose bodies in the inferior recesses. Good biceps tendon coming down to a stable anchor and a good labrum around the glenoid. The anterior glenohumeral ligament was intact. The undersurface of the rotator cuff was benign. The scope was then redirected into the subacromial space and a lateral portal was created for the shaver. Some bursal and connective tissue was excised and there was no obvious instability or bone spurring under the AC joint. The superior surface of the rotator cuff was scuffed but it was not until we looked lateral and anterior that we could see a through and through tear of the rotator cuff at its insertion to the humerus. The power shaver was used to abrade the proximal humerus at the area of insertion and the edges of the rotator cuff were freshened up. At this point the fluid and instruments were removed. Prophylactic antibiotics were given IV. The lateral portal was extended to a 2 inch incision and bleeders were clamped and cauterized. The deltoid was split two fingerbreadths from the edge of the acromion and the shoulder was entered. Self-retaining retractors were placed and the through and through tear of the rotator cuff could be identified. A bone anchor was placed in the proximal humerus and mattress sutures were placed through the rotator cuff and it was brought down to its insertion and tied with mattress sutures without tension. The area was then irrigated and the muscles allowed to fall back into place.

The fascia over the muscle was closed with a running 0 Vicryl and the subcutaneous was approximated with 2-0 Vicryl. The skin edges were approximated with staples. Dry sterile dressings were applied. The

DATE: 02/24/2016
PATIENT: RODRIGUEZ-GALVIN, ANNA
ASCMR#: 19357

patient was awakened, transferred to the gurney, and taken to the recovery room in good condition. The patient tolerated the procedure well.

James McCoy, M.D.

DD: 02/24/2016 DT: 02/25/2016 JM/ETS:bkf 0224-002

*Occasionally is defined as up to one third of the time (33%); 1-4 times per hour
*Frequently is defined as up to one third to two thirds (34-66%); 5-12 times per hour
*Constantly is defined as over two thirds (67-100%) of the time

2. Full thickness rotator cuff tear
M75.121: Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
- LESIÓN DEL MANGUITO DE LOS ROTADORES: INSTRUCCIONES DE CUIDADO - [ROTATOR CUFF INJURY: CARE INSTRUCTIONS]

Return to Office
- James J. McCoy, MD for RECHECK 10 at LCO_Tricom on 03/16/2016 at 10:05 AM

Amendment Sign-Off
Encounter signed-off by James J. McCoy, MD, 03/29/2016.

Encounter performed and documented by James J. McCoy, MD
Encounter reviewed & signed by James J. McCoy, MD on 03/03/2016 at 8:26pm
Amendment closed by James J. McCoy, MD on 03/29/2016 at 8:09pm

Encounter Date: 02/08/2016

Patient

Name	RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701	**Appt. Date/Time**	02/08/2016 01:05PM
DOB	[redacted]1982	**Service Dept.**	LCO_Oakbrook
Provider	SAVANNAH M.SPEARMAN, FNP-BC		
Insurance	Med Worker's Comp: ONE CALL CARE MANAGEMENT Policy/Group # : OCMP00701655 Referring Provider Name : MIKA, EMILY Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : OCMP00701655 Case Injury Date : 10/09/2015 Med Worker's Comp: EMPLOYERS INSURANCE GROUP Policy/Group # : 2015279729 Referring Provider Name : MCCOY, JAMES J Employer Name : SUBURBAN EXTENDED STAY HOTEL Case # : 2015279729 Case Injury Date : 10/09/2015 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint
Right Shoulder problem

HPI
Shoulder7388
Reported by patient.

Location: right
Quality: aching; throbbing; constant; worsening
Severity: moderate
Aggravating Factors: grasping; ROM
Associated Symptoms: numbness; tingling; radiation down arm
Previous Surgery: none
Prior Imaging: MRI; Pt. needs x-ray.
Work Related: yes
Working: regular duty; Pt. was switched in positions at work, however, she still does lifting and lots of movements w/ her shoulder
Notes: Pt. presents today for pre-op Rt REPAIR, RUPTURED MUSCULOTENDINOUS CUFF sx'd for 2/26/16

Vitals

Ht:	5 ft 2 in 02/08/2016 01:23 pm	**Wt:**	153 lbs 02/08/2016 01:24 pm	**BMI:**	28 02/08/2016 01:24 pm
BP:	121/76 sitting 02/08/2016 01:23 pm	**Pulse:**	80 bpm 02/08/2016 01:23 pm		

Medications
Reviewed Medications

Excedrin Migraine 250 mg-250 mg-65 mg tablet 02/08/16 entered
Take by oral route.

Prilosec 10 mg capsule,delayed release 02/08/16 entered
Take 2 capsule(s) every day by oral route.

Allergies

Reviewed Allergies
NKDA

Problems

Reviewed Problems
- Shoulder pain
- Full thickness rotator cuff tear

Past Medical History

Discussed Past Medical History
Acid Reflux: Y
Kidney/Bladder Infection: Y - Pt. was hospitalized twice for kidney infection in the past
Migraines: Y
Notes: nausea with anesthesia

Family History

Discussed Family History
Non-contributory.

Surgical History

Reviewed Surgical History
Other - Tubal Ligation

Social History

Discussed Social History
Smoking Status: Never smoker
Non-smoker
Cigar/Pipe Use: N
Chewing tobacco: none
Alcohol intake: None
Number of children: 5
Diet: Regular
Are you currently employed?: Y
Employer: Surburan Hotel

Patient's Pharmacies

TARGET PHARMACY #1829 (ERX): 7250 RIVERS AVE, N CHARLESTON SC 29406, Ph (843) 572-8918, Fax (843) 405-5212

Patient's Care Team

Insurance Adjuster (Worker's Comp): TERRI LAMPTON: Ph (888) 682-6671, Fax (800) 371-8204
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Referring Provider (Worker's Comp): MCCOY, JAMES J: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

ROS

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

Physical Exam

Patient is a 33-year-old female.

Constitutional: General Appearance: healthy-appearing and well-nourished.

Psychiatric: Orientation: to time, place, and person.

Skin: Inspection and palpation: no lesions.

Lungs: Auscultation: breath sounds normal.

Cardiovascular: Heart Auscultation: RRR.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft and no tenderness (no guarding, no rebound). Liver: non-tender. Spleen: non-tender.

right shoulder. pain with internal rotation and external rotation. positive supraspinatus testing. decreased range of motion. decreased strength. full sensation distally. left shoulder. c/o of numbness and tingling. cervical pain. Left shoulder full ROM. no pain with ROM. full sensation distally.

Assessment / Plan

Surgical intervention was discussed along with the risk and complications, post op protocols and restrictions, along with reasonable outcomes, and the risks of not having surgery. Patient is scheduled for right shoulder arthroscopy, debridement, open rotator cuff repair on 2/24/16 at LOSC with Dr.Spearman. Patient has signed informed consent and would like to proceed with the surgery. Patient will follow-up in our clinic postoperatively.

1. **Shoulder pain**
   M25.511: Pain in right shoulder
   - DOLOR EN EL HOMBRO: INSTRUCCIONES DE CUIDADO - [SHOULDER PAIN: CARE INSTRUCTIONS]

2. **Full thickness rotator cuff tear**
   M75.121: Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
   - LESIÓN DEL MANGUITO DE LOS ROTADORES: INSTRUCCIONES DE CUIDADO - [ROTATOR CUFF INJURY: CARE INSTRUCTIONS]
   - WORK STATUS REPORT -

   Note to Provider:
   LCO Workcomp Dep Fax Number: 843-793-5442

   Date of Injury:
   Next Follow up appt:

   (XX) Work Related ( ) Not Work Related

   ( ) Regular Duty ( ) Modified Duty

   ( ) Sedentary Duty<10lbs wt lifting (XX) Off work

   ( ) 0lbs ( ) 1-15lbs ( ) 16-35 lbs ( ) 36-50 lbs wt lifting restrictions

   (XX) R ( ) L ( ) B

   Climbing, Bending Stooping:( ) Never ( ) Occasional ( ) Frequent
   Standing, Walking: ( ) Never ( ) Occasional ( ) Frequent
   Overhead Work: ( ) Never ( ) Occasional ( ) Frequent
   Driving: ( ) Yes ( ) No
   Alternate between sit/stand: ( )

   Comments:

   MMI: ( ) Yes (XX) No Date of MMI:

   *Occasionally is defined as up to one third of the time (33%); 1-4 times per hour
   *Frequently is defined as up to one third to two thirds (34-66%); 5-12 times per hour
   *Constantly is defined as over two thirds (67-100%) of the time

Return to Office

- James J. McCoy, MD for Surgery at LCO_LOSC on 02/24/2016 at 07:30 AM
- James J. McCoy, MD for Post Operative at LCO_Oakbrook on 03/03/2016 at 10:15 AM

Encounter Sign-Off

Encounter signed-off by Savannah M.Spearman, FNP-BC, 02/08/2016.

Encounter performed and documented by Savannah M.Spearman, FNP-BC
Encounter reviewed & signed by Savannah M.Spearman, FNP-BC on 02/08/2016 at 1:56pm

Ordering Provider NPI#: 1730119090

Prescription is void if more than one (1) prescription is written per blank.

LOWCOUNTRY ORTHOPAEDICS

Durable Medical Equipment Order

01/27/2016

Prescriber	Supplier
JAMES J. MCCOY, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633	

Patient Information

Patient Name	RODRIGUEZ-GALVIN, ANA
Sex - DOB - Age	[redacted]1982 33 YR
Address	2357 DUNLAP ST/LOT 36 NORTH CHARLESTON, SC 29406-4104
Phone	H: (843) 343-1229 M: (843) 343-1229
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

DME Order Information

Applicable Diagnoses	Full thickness rotator cuff tear ICD-10: M75.121: Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
Supply	GAME READY ICE MACHINE Duration/Estimated Length of Need: 28 Days Side: RIGHT Size: Shoulder
Quantity	1
SIG	Game Ready - intermittent pneumatic compression and cold therapy system to help reduce pain and swelling allowing for increased function during post op recovery and rehabilitation.
Refills Allowed	
DAW?	
Note to Supplier	

Electronically Signed by: JAMES J. MCCOY, MD

Electronically ordered/documented by: JAMES J. MCCOY, MD

Surgical Orders

LOWCOUNTRY ORTHOPAEDICS

Surgery Order

12/02/2015

Patient Information	Ordering Provider
Name : RODRIGUEZ-GALVIN, ANA ** PATIENT SSN: 854777771 Gender: F ** DOB: [redacted]/1982 ** AGE: 33 YR Athena ID #: 2156701	JAMES J. MCCOY, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633

Orders included: 1

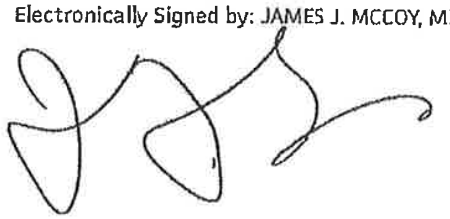
Full thickness rotator cuff tear
ICD-10: M75.121: Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic;
M25.511: Pain in right shoulder

- REPAIR, RUPTURED MUSCULOTENDINOUS CUFF, CHRONIC
  - Send To: LOWCOUNTRY ORTHOPAEDICS (LOSC -SX ORDERS)
  - Note to Provider:
  - Shlder Scope Debrid extens & Open RC rpr
  - CPT 23412& CPT 29823
  - Date of Surgery: 2/24/16 Time:730am Arrival:630am
  - Duration: 90mins
  - Assistant: none
  - Admissions:SDS
  - Facility: LOSC
  - Anesthesia:Regional
  - Films:xrays mri and report

Side: RIGHT
Authorization #: approved from adj via email 1/6/16 scanned into chart...TJT

Patient Address	2357 DUNLAP ST/LOT 36, NORTH CHARLESTON, SC 29406-4104	
Patient Phone	H: (843) 343-1229 M: (843) 343-1229	
Primary Ins.	ID: Policy Holder:	Claim Case#: Case Injury Date: Case Worker's Name:
Secondary Ins.	ID: Policy Holder:	

Electronically Signed by: JAMES J. MCCOY, MD



LOWCOUNTRY ORTHOPAEDICS
& SPORTS MEDICINE

2880 Tricom Street
N Charleston, SC 29406
(844) 242-6809

www.lowcountryortho.com

PATIENT ID: 2156701
PATIENT: ANA RODRIGUEZGALVIN
DATE OF BIRTH: [redacted]1928

EXAM DATE: 11/02/2015
ACCESSION #: 7FB
REFERRED BY: EMILY MIKA

MRI SHOULDER - RIGHT

HISTORY
Right shoulder pain, instability, contusion, fall.

COMPARISON STUDIES
None available.

TECHNIQUE
1.5 Tesla MRI utilizing multiplanar multisequence imaging without contrast.

FINDINGS
Moderate fluid in the subacromial/subdeltoid bursa. Full-thickness minimally retracted tear involving the supraspinatus tendon eccentric anteriorly. This involves approximately 1.5 cm of width of the tendon with less than 1 cm of retraction. Continuation of intrasubstance delamination into the posterior supraspinatus and anterior infraspinatus tendons. Minimal involvement of the subscapularis tendon in the form of a partial thickness tear. No significant atrophy of the rotator cuff muscles.

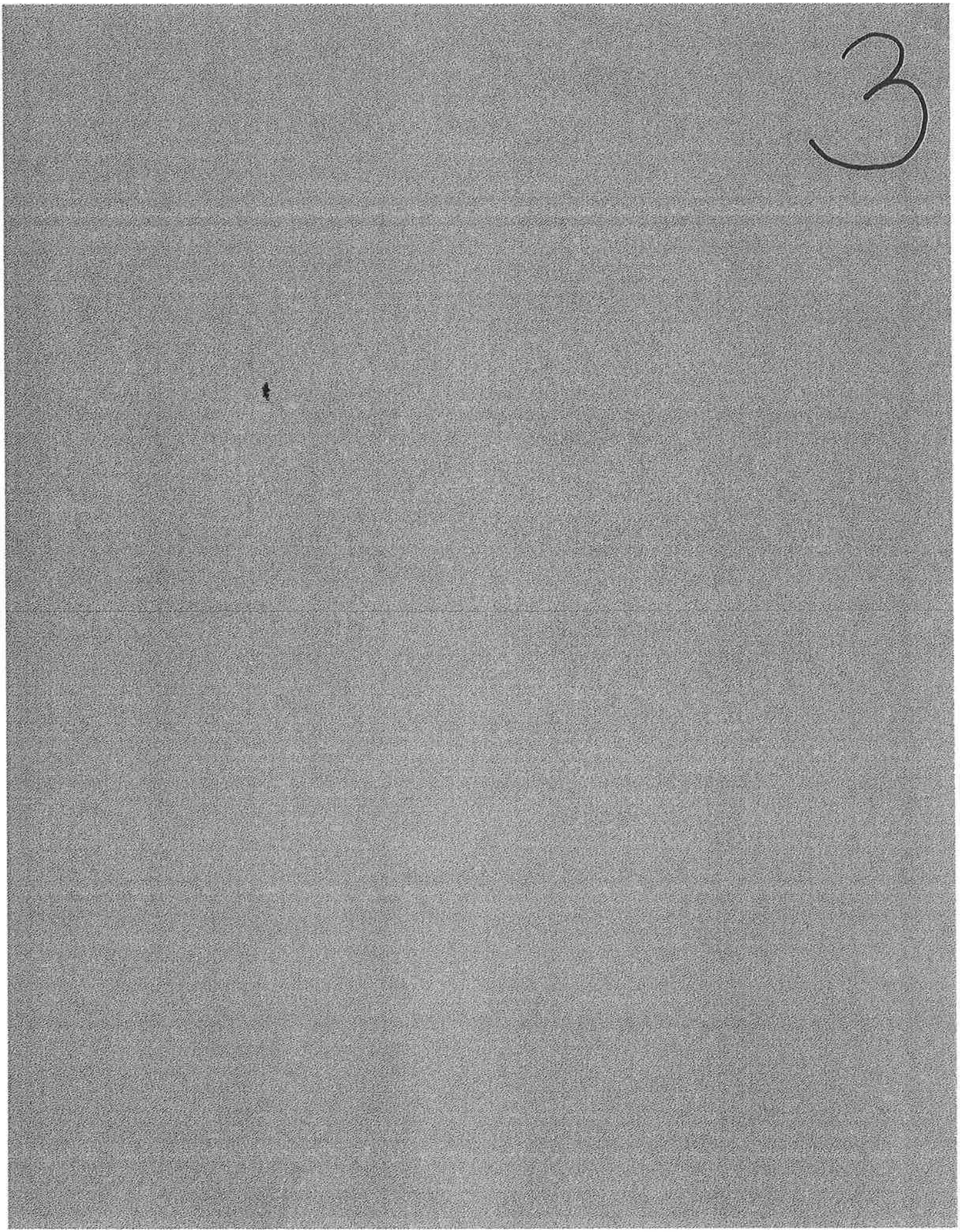
No glenohumeral joint effusion. Unremarkable glenoid labrum. The long head biceps tendon is intact. Preserved articular cartilage. No osseous Bankart lesion or Hill-Sachs deformity.

The AC joint demonstrates no widening with minimal degeneration. There is a curved, type 2 acromion.

IMPRESSION

1. Full thickness minimally retracted tear involving supraspinatus tendon with minimal partial thickness infraspinatus and subscapularis tendon tears. No atrophy of the muscles.
2. Unremarkable glenohumeral joint.

Electronically signed by: Jim Thesing, DO (Nov 02, 2015 15:24:45)


3

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040591223
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015 **Service Date:** 3/21/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Ansley Erbacher, PT

Notes:

Visit History

Total visit(s) (cumulative total):1
Missed Previous Appointments: 0
# of authorized visits used: 1 .

History of Present Condition

Therapy Referral is for a post surgical condition.
Surgery Date: 2/24/16
Surgical Procedure: repair of R supraspinatus tendon
Job Description: Received and Reviewed
Job Title: housekeeping
Date of Injury: 10/9/15
Mechanism of injury: pt was cleaning, tripped and fell on R shoulder
Reason for Therapy: R shoulder pain and limited function
Chief Complaint: R shoulder pain and limited function
Previous treatments include: 2 prior PT sessions; surgical repair of R supraspinatus
Prior Level of Function: Patient reports no functional restrictions prior to this episode of care.

Symptom location:
Right Shoulder -
She describes the pain as aching and burning. Other symptoms include radiating and into fingers. The symptoms occur constantly.
Dominant Hand: Right

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 3/21/2016 1:58 PM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040591223		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	3/21/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Ansley Erbacher, PT		

Notes:

Vitals
Recorded: 21Mar2016 01:33PM
Height5 ft 3 in
Weight148 lb
BMI Calculated26.22
BSA Calculated1.7
Systolic117
Diastolic67
Heart Rate70

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value:

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 3/21/2016 1:58 PM

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040591223
Soc. Sec. #:	XXX-XX-[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015 **Service Date:** 3/21/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Ansley Erbacher, PT

Notes:

below shoulder height Goal Status: Initial
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Initial

Evaluation
1. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
The patient assessment is consistent with the medical diagnosis referenced above. The impairments identified during the examination which prevent the patient from performing their standard activities of daily living and/or work activities are addressed in the Goals section.
Impairment List: AROM, PROM, Pain and Muscle Performance
The impairments listed above correlate with the following preferred practice pattern(s): Impaired joint mobility, muscle performance, and range of motion associated with ligament or other connective tissue disorders and Impaired joint mobility, motor function, muscle performance and range of motion associated with bony or soft tissue surgical procedures
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Prognosis: Therapy is indicated for the above noted practice pattern and impairments. The patient is a good candidate for therapy intervention and demonstrates good prognosis for improvement.

Plan
Frequency and Duration:
Patient to be seen 3 times a week for 2 weeks.
Interventions:
Therapeutic exercises such as stretching, strengthening to address the impairments of range of motion and muscle performance. This will include patient education to address posture, body mechanics and home program. Therapeutic activities such as lifting, pushing, pulling, carrying, gripping to address the ability to perform the identified essential functions. Manual therapy such as joint and soft tissue mobilization to address the impairments of joint mobility and soft tissue restrictions. Modalities such as, electrical stimulation, iontophoresis, ultrasound and heat/cold to address localized pain and inflammation.
Anticipate utilizing the following CPT codes during the course of this patient s treatment:
97002 PT Reassessment
97010 Hot Pack
97010 Cold Packs

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 3/21/2016 1:58 PM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-6020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040591223		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	3/21/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Ansley Erbacher, PT		

Notes:

97014 Electrical Stim Unattended
97033 Iontophoresis 1 units
97035 Ultrasound
97110 Therapeutic Exercise 4 units
97112 Neuromuscular Re-education 2 units
97139 Taping Technique 1 units
97140 Manual Therapy 2 units
97530 Therapeutic Activities 2 units
Informed Consent: The plan of care was discussed with the patient, who voiced understanding and agreed to proceed.

Intervention/Charges

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Interferential Current .
Reason/Goal for treatment includes decrease pain. 2" Round Electrodes used
Skin check: Inspection of the patient s skin after completion of the thermal-electro modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Physical Therapy Evaluation
Procedure Charges:
Therapeutic Exercises: 1 units , 20 minutes
Manual Therapy: 1 units , 10 minutes

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Mar 21 2016 12:58PM CST - Author

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 3/21/2016 1:58 PM

Claim Number: 2015279729

Concentra Medical Centers (SC)

7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Service Date: 03/21/2016
Case Date: 10/09/2015

Therapy Appointment Detail

Patient: Rodriguez Galvan, Ana E.
SSN: XXX-XX[redacted]
Address: 2357 Dunlap Street Lot 36
CHARLESTON, SC 29406
Home: (843) 343-1229
Work: (843) 414-6800 Ext.:

Employer Location: Suburban Extended Stay Hot Contact: Elorna Gathers
Address: 7582 Stafford Rd, Charleston, SC 294064018
Role: Primary Contact
Phone: (843) 414-6800 Ext.:
Auth. by: Elnora Gathers
Fax:

This Visit: Time In: 12:59 pm Time Out: 01:48 pm Visit Type: Recheck

Treating Provider: Ansley Erbacher, PT

Diagnosis:	840.4	M75.100	Unspecified rotator cuff tear or rupture of t
	719.41	M25.519	Pain in unspecified shoulder

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday March 23, 2016 10:30 am
Provider/Facility: Ansley Erbacher, PT

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Therapy Centers of South Carolina, P.A.
7619 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040591805
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]/1982 Age: 33	**Injury Date:**	10/9/2015 **Service Date:** 3/25/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Terry J Ryder, PT

Notes:

Visit History

Total visit(s) (cumulative total):2
Missed Previous Appointments: 0
# of authorized visits used: 2 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt sated she underwent surgery on the 24th, and is now limited to Passive and Active Assisted activity. reports pain level 6/10 today.
Patient reports they are performing their home exercise program daily. shoulder pullies

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:

Dictated By: Terry J Ryder, PT 6786

Dictated On: 3/25/2016 11:54 AM

Therapy Centers of South Carolina, P.A.
7510 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040591805		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	3/25/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Terry J Ryder, PT		

Notes:

PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: below shoulder height Goal Status: Initial
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Initial

Evaluation
1. Infraspinatus tendon tear (840.3) (S46.819A)
2. Partial tear subscapularis tendon (840.5) (S43.80XA)
3. Supraspinatus tendon tear (840.6) (S46.819A)
4. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
5. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Dictated By: Terry J Ryder, PT 6786

Dictated On: 3/25/2016 11:54 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5025

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040591805
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015 **Service.Date:** 3/25/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Terry J Ryder, PT

Notes:

Intervention/Charges

Modalities:
Cold Pack
Location: To affected area
Length of Time: 10 minutes
Reason/Goal for treatment includes decrease pain and decrease inflammation.
Skin check: Inspection of the patient s skin after completion of the thermal-electro modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 45 minutes
Manual Therapy: 1 units , 08 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min

Signatures
Electronically signed by : TERRY RYDER, PT; Mar 25 2016 10:54AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 3/25/2016 11:54 AM

Therapy Centers of South Carolina, P.A.
7510 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040592128
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]/1982 Age: 33	**Injury Date:**	10/9/2015 **Service Date:** . 3/29/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Ansley Erbacher, PT

Notes:

Visit History

Total visit(s) (cumulative total):3
Missed Previous Appointments: 0
# of authorized visits used: 3 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY;
Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states shoulder is painful today
Patient reports they are performing their home exercise program daily. shoulder pullies

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 3/29/2016 11:32 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5028

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040592128
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015 **. Service Date:** 3/29/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Ansley Erbacher, PT

Notes:

Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: below shoulder height Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing as anticipated per protocol

Evaluation
1. Supraspinatus tendon tear (840.6) (S46.819A)
2. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Skin check: Inspection of the patient s skin after completion of the thermal-electro

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 3/29/2016 11:32 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5028

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040592128		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**. Service Date:**	3/29/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Ansley Erbacher, PT		

Notes:

modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 45 minutes
Manual Therapy: 1 units , 10 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Mar 29 2016 10:32AM CST - Author

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 3/29/2016 11:32 AM

Claim Number: 2015279729

Concentra Medical Centers (SC)

7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Service Date: 03/29/2016
Case Date: 10/09/2015

Therapy Appointment Detail

Patient: Rodriguez Galvan, Ana E. SSN: XXX-XX[redacted]

Address: 2357 Dunlap Street Lot 36
CHARLESTON, SC 29406
Home: (843) 343-1229
Work: (843) 414-6800 Ext.:

Employer Location: Suburban Extended Stay Hot
Address: 7582 Stafford Rd,
Charleston, SC 294064018
Auth. by: Elnora Gathers

Contact: Elorna Gathers
Role: Primary Contact
Phone: (843) 414-6800 Ext.:
Fax:

This Visit: **Time In:** 10:20 am **Time Out:** 11:34 am **Visit Type:** Recheck

Treating Provider: Ansley Erbacher, PT

Diagnosis:

719.41	M25.511	PAIN IN RIGHT SHOULDER-M25.511
840.6	S46.819A	STRAIN OF MUSC/FASC/TEND AT SHLDR/UP ARM, UNSP ARM, INIT-S46.819A

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Thursday March 31, 2016 10:30 am
Provider/Facility: Ansley Erbacher, PT

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Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040592372		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	3/31/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT		

Notes:

Visit History

Total visit(s) (cumulative total):4
Missed Previous Appointments: 0
# of therapy visits authorized: 8.
# of authorized visits used: 4 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states shoulder is painful today again
Patient reports they are performing their home exercise program daily. shoulder pullies

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 3/31/2016 11:38 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040592372
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 Age: 33	**Injury Date:**	10/9/2015 **Service Date:** 3/31/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT

Notes:

PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: below shoulder height Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing as anticipated per protocol

Evaluation
1. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: As Expected. Subjective complaint of pain is consistent with objective findings.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 3/31/2016 11:38 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040592372		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	3/31/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT		

Notes:

Skin check: Inspection of the patient s skin after completion of the thermal-electro modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 1 units , 10 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Mar 31 2016 10:38AM CST - Author

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 3/31/2016 11:38 AM

Claim Number: 2015279729

Concentra Medical Centers (SC)

7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Service Date: 03/31/2016
Case Date: 10/09/2015

Therapy Appointment Detail

Patient: Rodriguez Galvan, Ana E.
SSN: XXX-XX[redacted]
Address: 2357 Dunlap Street Lot 36
CHARLESTON, SC 29406
Home: (843) 343-1229
Work: (843) 414-6800 Ext.:

Employer Location: Suburban Extended Stay Hot Contact: Elorna Gathers
Address: 7582 Stafford Rd, Charleston, SC 294064018
Role: Primary Contact
Phone: (843) 414-6800 Ext.:
Auth. by: Elnora Gathers
Fax:

This Visit: **Time In:** 10:30 am **Time Out:** 11:24 am **Visit Type:** Recheck

Treating Provider: Ansley Erbacher, PT

Diagnosis:

719.41	M25.511	PAIN IN RIGHT SHOULDER-M25.511
840.6	S46.819A	STRAIN OF MUSC/FASC/TEND AT SHLDR/UP ARM, UNSP ARM, INIT-S46.819A

Next Visit(s): Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Monday April 4, 2016 10:30 am
Provider/Facility: Ansley Erbacher, PT

Visit Date: Friday April 8, 2016 10:30 am
Provider/Facility: Ansley Erbacher, PT

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AA/EEO Employer

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040593277
Soc. Sec. #:	XXX-XX-[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 Age: 33	**Injury Date:**	10/9/2015 **Service Date:** 4/8/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT

Notes:

Visit History

Total visit(s) (cumulative total):5
Missed Previous Appointments: 0
# of therapy visits authorized: 8.
# of authorized visits used: 5 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states shoulder is painful today again
Patient reports they are performing their home exercise program daily. shoulder pullies

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 4/8/2016 11:55 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040593277
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015 **Service Date:** 4/8/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT

Notes:

PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: below shoulder height Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing as anticipated per protocol

Evaluation
1. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: As Expected. Subjective complaint of pain is consistent with objective findings.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 4/8/2016 11:55 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040593277		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	4/8/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT		

Notes:

Skin check: Inspection of the patient s skin after completion of the thermal-electro modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 49 minutes
Manual Therapy: 1 units , 10 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Apr 8 2016 10:55AM CST - Author

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 4/8/2016 11:55 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040593461
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015 **Service Date:** 4/11/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT

Notes:

Visit History

Total visit(s) (cumulative total):6
Missed Previous Appointments: 0
# of therapy visits authorized: 8.
# of authorized visits used: 6 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states shoulder hurts
Patient reports they are performing their home exercise program daily. shoulder pullies

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 4/11/2016 11:39 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040593461		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015.	**Service Date:**	4/11/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT		

Notes:

PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: below shoulder height Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing as anticipated per protocol

Evaluation
1. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: Slower than Expected. Subjective complaint of pain is consistent with objective findings. pt muscle guards and does not allow for increasing PROM in all planes. Subs with excessive shoulder elevation when moved passively in any direction. States it hurts too badly. states pain even at rest. with AAROM, pt still

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 4/11/2016 11:39 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040593461
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015 . **Service Date:** 4/11/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT.

Notes:

stops with any pain. encouraging pt to keep pushing herself and push a little further each session.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Modalities:
Cold Pack
Moist Hot Pack
Skin check: Inspection of the patient s skin after completion of the thermal-electro modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 45 minutes
Manual Therapy: 1 units , 10 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking – flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Apr 11 2016 10:39AM CST - Author

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 4/11/2016 11:39 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594053		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015 .	**Service Date:**	4/15/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Visit History

Total visit(s) (cumulative total):7
Missed Previous Appointments: 0
# of therapy visits authorized: 8.
# of authorized visits used: 6 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: 6/10 pain today: pt had to walk in the rain, ride bus which is jarring, so shoulder hurting more
Patient reports they are performing their home exercise program daily. shoulder pullies

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/15/2016 11:44 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594053		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	4/15/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: below shoulder height Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing as anticipated per protocol

Evaluation
1. Contusion of right shoulder (923.00) (S40.011A)
2. Infraspinatus tendon tear (840.3) (S46.819A)
3. Partial tear subscapularis tendon (840.5) (S43.80XA)
4. Right shoulder pain (719.41) (M25.511)
5. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
6. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: Slower than Expected. Subjective complaint of pain is consistent with objective findings. pt is having a lot of pain - she also reports that when she went to the Orthopedists office last week, no one spoke spanish so she was unable to communicate the ongoing problems and pain syndrome and did not feel satisfied that they understood or assessed properly.

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/15/2016 11:44 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594053		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	4/15/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 20 minutes
E-Stim Type: Premodulated Current .
Reason/Goal for treatment includes decrease pain. 2" Round Electrodes used
Skin check: Inspection of the patient s skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 45 minutes
Manual Therapy: 1 units , 10 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min

Signatures
Electronically signed by : TERRY RYDER, PT; Apr 15 2016 10:44AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/15/2016 11:44 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-6020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594240
Soc. Sec. #:	XXX-XX-[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]/1982 Age: 33	**Injury Date:**	10/9/2015 **Service Date:** 4/18/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT

Notes:

Visit History

Total visit(s) (cumulative total):8
Missed Previous Appointments: 0
# of therapy visits authorized: 8.
# of authorized visits used: 7 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pain 5-6/10 today , no functional change per patient.
Patient reports they are performing their home exercise program daily. shoulder pullies

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/18/2016 11:30 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594240		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 Age: 33	**Injury Date:**	10/9/2015	**Service Date:**	4/18/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: below shoulder height Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing as anticipated per protocol

Evaluation
1. Contusion of right shoulder (923.00) (S40.011A)
2. Infraspinatus tendon tear (840.3) (S46.819A)
3. Partial tear subscapularis tendon (840.5) (S43.80XA)
4. Right shoulder pain (719.41) (M25.511)
5. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
6. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: Slower than Expected. Subjective complaint of pain is consistent with objective findings. pt is exhibit early signs which may be consistent with developing frozen shoulder post surgery. she states she is doing the pullies at home, and other active assisted exercises, but is not increasing ROM, and having more pain down the arm into hand.
Response to current treatment: plateauing.

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/18/2016 11:30 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 736-5020 Fax: (843) 736-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594240
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015 **Service Date:** 4/18/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT

Notes:

Treatment Progression: Continue therapy per treatment plan.
Follow-up Plans: continue with current emphasis on increasing ROM prior to strengthening. recommend Pt continue skilled PT treatment increasing frequency to 3x/week x 3 more weeks to focus on above stated goals.

Intervention/Charges

Modalities:
Cold Pack
Location: To affected area
Length of Time: 15 minutes
Reason/Goal for treatment includes decrease pain and decrease inflammation.
Skin check: Inspection of the patient s skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 45 minutes
Manual Therapy: 1 units , 10 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min
upper trap stretches 5 x 15 sec (with UE on power table raising table for GH flexion/scaption)

Signatures
Electronically signed by : TERRY RYDER, PT; Apr 18 2016 10:30AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/18/2016 11:30 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594825		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	4/22/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S40.011A CONTUSION OF RIGHT SI	**Dictated By:**	Terry J Ryder, PT		

Notes:

Visit History

Total visit(s) (cumulative total):9
Missed Previous Appointments: 0
# of therapy visits authorized: 8.
# of authorized visits used: 9 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pain 5-6/10 today , no functional change per patient. pt returns from recheck with Ortho and has referral to progress to progressive resistive exercise for RC and Scapular stabilizers
Patient reports they are performing their home exercise program daily. shoulder pullies - progressing now to add Tband scapular retraction and IR/ER

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/22/2016 11:36 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594825
Soc. Sec. #:	XXX-XX-[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 Age: 33	**Injury Date:**	10/9/2015 **Service Date:** 4/22/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S40.011A CONTUSION OF RIGHT SI	**Dictated By:**	Terry J Ryder, PT

Notes:

Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: below shoulder height Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing as anticipated per protocol

Evaluation
1. Infraspinatus tendon tear (840.3) (S46.819A)
2. Partial tear subscapularis tendon (840.5) (S43.80XA)
3. Right shoulder pain (719.41) (M25.511)
4. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
5. Supraspinatus tendon tear (840.6) (S46.819A)
6. Contusion of right shoulder (923.00) (S40.011A)

Therapy Assessment
Overall Progress: Slower than Expected. Subjective complaint of pain is consistent with objective findings. pt returns from Ortho followup with permission to move onto progressive resistive exercise for shoulder RC and Scapula esp.
Response to current treatment: The patient tolerated the current treatment well with

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/22/2016 11:36 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5028

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594825		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	4/22/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S40.011A CONTUSION OF RIGHT SI	**Dictated By:**	Terry J Ryder, PT		

Notes:

no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.
Follow-up Plans: per Ortho continue PT treatment 1-2x/week x 4 weeks

Intervention/Charges

Modalities:
Cold Pack
Location: To affected area
Length of Time: 15 minutes
Reason/Goal for treatment includes decrease pain and decrease inflammation.
Skin check: Inspection of the patient s skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 4 units , 60 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min
upper trap stretches 5 x 15 sec (with UE on power table raising table for GH flexion/scaption)
4/22/16 Adding PRE scap and RC:
orange theraband IR & ER , scapular retraction x 25 reps

Signatures
Electronically signed by : TERRY RYDER, PT; Apr 22 2016 10:36AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/22/2016 11:36 AM

Therapy Centers of South Carolina, P.A.
7619 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5028

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594999		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 Age: 33	**Injury Date:**	10/9/2015	**Service Date:**	4/25/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Visit History

Total visit(s) (cumulative total):10
Missed Previous Appointments: 0
# of therapy visits authorized: 8.
# of authorized visits used: 10 .

Active Problems

No co-morbidities Identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt reports incr. pain today, 6/10 - but also increased range of motion P/AAROM
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/25/2016 12:01 PM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594999		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	4/25/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: below shoulder height Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing as anticipated per protocol

Evaluation
1. Infraspinatus tendon tear (840.3) (S46.819A)
2. Partial tear subscapularis tendon (840.5) (S43.80XA)
3. Right shoulder pain (719.41) (M25.511)
4. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
5. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: Slower than Expected.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/25/2016 12:01 PM

Therapy Centers of South Carolina, P.A.
7619 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040594999		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	4/25/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with cold pack
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient s skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 4 units , 60 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min
upper trap stretches 5 x 15 sec (with UE on power table raising table for GH flexion/scaption)
4/22/16 Adding PRE scap and RC:
orange theraband IR & ER , scapular retraction x 25 reps

Signatures
Electronically signed by : TERRY RYDER, PT; Apr 25 2016 11:01AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/25/2016 12:01 PM

Therapy Centers of South Carolina, P.A.
7619 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040595631		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	4/29/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Terry J Ryder, PT		

Notes:

Visit History

Total visit(s) (cumulative total):11
Missed Previous Appointments: 0
# of therapy visits authorized: 8.
# of authorized visits used: 11 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt reports pain 5/10 today, feels she is doing better slowly

Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/29/2016 11:33 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 736-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040595631
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015 . **Service Date:** 4/29/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Terry J Ryder, PT

Notes:

External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: below shoulder height Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing as anticipated per protocol

Evaluation
1. Contusion of right shoulder (923.00) (S40.011A)
2. Infraspinatus tendon tear (840.3) (S46.819A)
3. Partial tear subscapularis tendon (840.5) (S43.80XA)
4. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
5. Supraspinatus tendon tear (840.6) (S46.819A)
6. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/29/2016 11:33 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040595631		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	4/29/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	M25.511 PAIN IN RIGHT SHOULDEI	**Dictated By:**	Terry J Ryder, PT		

Notes:

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with cold pack
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient s skin after completion of the thermal
modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 4 units , 60 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min
upper trap stretches 5 x 15 sec (with UE on power table raising table for GH flexion/scaption)
4/22/16 Adding PRE scap and RC:
orange theraband IR & ER , scapular retraction x 25 reps

Signatures
Electronically signed by : TERRY RYDER, PT; Apr 29 2016 10:33AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 4/29/2016 11:33 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID #:**	1040595847		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	5/2/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Visit History

Total visit(s) (cumulative total):12
Missed Previous Appointments: 0
# of therapy visits authorized: 8.
# of authorized visits used: 12 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY;
Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt reports pain 4/10 today, feels she is doing better slowly

Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees

Dictated By: Terry J Ryder, PT 6786

Dictated On: 5/2/2016 11:37 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040595847
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015 **Service Date:** - 5/2/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT

Notes:

External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: pt can raise GH to about 100 deg. actively now Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Not addressed in this visit

Evaluation
1. Contusion of right shoulder (923.00) (S40.011A)
2. Infraspinatus tendon tear (840.3) (S46.819A)
3. Partial tear subscapularis tendon (840.5) (S43.80XA)
4. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
5. Right shoulder pain (719.41) (M25.511)
6. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: As Expected, pt appears to be moving UE better, with increased upper range of motion, but this is also perhaps causing more daily inflammation, resulting in some symptoms
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.

Dictated By: Terry J Ryder, PT 6786

Dictated On: 5/2/2016 11:37 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040595847		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	5/2/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with cold pack
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient s skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 4 units , 60 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min
upper trap stretches 5 x 15 sec (with UE on power table raising table for GH flexion/scaption)
4/22/16 Adding PRE scap and RC:
orange theraband IR & ER , scapular retraction x 25 reps

Signatures
Electronically signed by : TERRY RYDER, PT; May 2 2016 10:37AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 5/2/2016 11:37 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040596528		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	5/6/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT		

Notes:

Visit History

Total visit(s) (cumulative total):12
Missed Previous Appointments: 0
# of therapy visits authorized: 8.
# of authorized visits used: 12 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt reports pain 5/10. states whenever she moves her arm, she feels tingling into her hand which the doctor told her is not normal. Is going to see ortho doctor next thurs 5/12/16
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 5/6/2016 11:38 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-6020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040596528
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015 . **Service Date:** 5/6/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT

Notes:

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: pt can raise GH to about 100 deg. actively now Goal Status: Progressing as anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Not addressed in this visit

Evaluation
1. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: As Expected, pt appears to be moving UE better, with increased upper range of motion, but this is also perhaps causing more daily inflammation, resulting in some symptoms. PROM still limited and when assessed manually, motion limited by pain. pt also reporting tingling in fingers with movement of R UE. Pt to return to ortho for apt 5/12.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 5/6/2016 11:38 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID #:**	1040596528		
Soc. Sec. #:	XXX-XX-[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	5/6/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Ansley Erbacher, PT		

Notes:

Intervention/Charges

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with cold pack
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient s skin after completion of the thermal
modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 1 units , 9 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
PROM all planes
Pulley 4 abduction and flexion
AAROM with wand - ER
table walking - flexion and abduction
supine snow angels
wall crawl
UBE level 0.1 slow/active assisted motion 4/4 (8min)
manual GH mobs Gr I/II x 8 min
upper trap stretches 5 x 15 sec (with UE on power table raising table for GH flexion/scaption)
4/22/16 Adding PRE scap and RC:
orange theraband IR & ER , scapular retraction x 25 reps

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; May 6 2016 10:38AM CST - Author

Dictated By: Ansley Erbacher, PT 7783

Dictated On: 5/6/2016 11:38 AM

Therapy Centers of South Carolina, P.A.
7510 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5028

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040599184
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]982 **Age:** 33	**Injury Date:**	10/9/2015 **Service Date:** 6/1/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT

Notes:

Visit History

Total visit(s) (cumulative total):13
Missed Previous Appointments: 0
# of therapy visits authorized: 18.
# of authorized visits used: 13 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt returns to PT today after a recheck with her Orthopedic surgeon 5/24/16. She is still having pain in shoulder at 3/10 level, but is now reporting a lot more pain in her right hand - likely referred from brachial plexus or cervical nerve roots. tingling and numbness
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending more work hardening and strenthening/active therapy at this time. He is also referring her to another physician for the referred/nerve pain.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/1/2016 9:52 AM

Therapy Centers of South Carolina, P.A.
7510 Rivers Ave North Charleston, SC 29406
Phone: (843) 736-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040599184		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	6/1/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: pt can raise GH to about 100 deg. actively now Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing slower than anticipated per protocol

Evaluation
1. Right shoulder pain (719.41) (M25.511)

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/1/2016 9:52 AM

Therapy Centers of South Carolina, P.A.
7518 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040599184		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	6/1/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

2. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
3. Partial tear subscapularis tendon (840.5) (S43.80XA)
4. Infraspinatus tendon tear (840.3) (S46.819A)
5. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: As Expected, AROM today on return : GH Flexion 85deg, Abd 65 deg
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Modify plan per treatment section.
Follow-up Plans: increasing AROM, strengthening per Ortho MD orders (see his note from 5/24/16

Intervention/Charges

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with cold pack
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient s skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 1 units , 10 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat
Rows/Scap retract bilat

Signatures

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/1/2016 9:52 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040599184
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015 . **Service Date:** 6/1/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT

Notes:

Electronically signed by : TERRY RYDER, PT; Jun 1 2016 8:52AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/1/2016 9:52 AM

Claim Number: 2015279729

Concentra Medical Centers (SC)

7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Service Date: 06/01/2016
Case Date: 10/09/2015

Therapy Appointment Detail

Patient: Rodriguez Galvan, Ana E. SSN: XXX-XX[redacted]

Address: 2357 Dunlap Street Lot 36
CHARLESTON, SC 29406
Home: (843) 343-1229
Work: (843) 414-6800 Ext.:

Employer Location: Suburban Extended Stay Hot Contact: Elorna Gathers
Address: 7582 Stafford Rd, Role: Primary Contact
Charleston, SC 294064018 Phone: (843) 414-6800 Ext.:
Auth. by: Elnora Gathers Fax:

This Visit: Time In: 08:59 am Time Out: 09:55 am Visit Type: Recheck

Treating Provider: Terry J. Ryder, PT

Diagnosis:

840.6	S46.819A	STRAIN OF MUSC/FASC/TEND AT SHLDR/UP ARM, UNSP ARM, INIT-S46.819A
726.10	M25.511	PAIN IN RIGHT SHOULDER-M25.511
840.3	S43.80XA	SPRAIN OF OTH PARTS OF UNSP SHOULDER GIRD INIT ENCNTR-S43.80XA

Next Visit(s): Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Monday June 6, 2016 10:30 am
Provider/Facility: Ansley Erbacher, PT

Visit Date: Wednesday June 8, 2016 10:30 am
Provider/Facility: Ansley Erbacher, PT

Visit Date: Friday June 10, 2016 10:30 am
Provider/Facility: Ansley Erbacher, PT

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Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040599806
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]982 **Age:** 33	**Injury Date:**	10/9/2015 **Service Date:** 6/6/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT

Notes:

Visit History

Total visit(s) (cumulative total):14
Missed Previous Appointments: 0
# of therapy visits authorized: 18.
# of authorized visits used: 14 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt returns to PT today after a recheck with her Orthopedic surgeon 5/24/16. She is still having pain in shoulder at 3/10 level, but is now reporting a lot more pain in her right hand - likely referred from brachial plexus or cervical nerve roots. tingling and numbness

Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending more work hardening and strenthening/active therapy at this time. He is also referring her to another physician for the referred/nerve pain.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/6/2016 11:12 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5028

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040599806
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015 . **Service Date:** 6/6/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT

Notes:

Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: pt can raise GH to about 100 deg. actively now Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing slower than anticipated per protocol

Evaluation

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/6/2016 11:12 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040599806
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]1982 Age: 33	**Injury Date:**	10/9/2015 **Service Date:** 6/6/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT

Notes:

1. Infraspinatus tendon tear (840.3) (S46.819A)
2. Partial tear subscapularis tendon (840.5) (S43.80XA)
3. Right shoulder pain (719.41) (M25.511)
4. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
5. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: As Expected, AROM today on return : GH Flexion 85deg, Abd 65 deg
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Modify plan per treatment section.
Follow-up Plans: increasing AROM, strengthening per Ortho MD orders (see his note from 5/24/16

Intervention/Charges

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with cold pack
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient s skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 10 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/6/2016 11:12 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 736-5020 Fax: (843) 735-5028

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040599806		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 Age: 33 .	**Injury Date:**	10/9/2015	**Service Date:**	6/6/2016.
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Signatures
Electronically signed by : TERRY RYDER, PT; Jun 6 2016 10:12AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/6/2016 11:12 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040600140
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**	
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015 . **Service Date:** 6/8/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT

Notes:

Visit History

Total visit(s) (cumulative total):15
Missed Previous Appointments: 0
# of therapy visits authorized: 18.
# of authorized visits used: 15 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY;
Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt reports 5/10 pain today, slow improvement in ROM
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up;
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending more work hardening and strenthening/active therapy at this time. He is also referring her to another physician for the referred/nerve pain.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/8/2016 11:17 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040600140		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]/1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	6/8/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: pt can raise GH to about 100 deg. actively now Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: nt Goal Status: Progressing slower than anticipated per protocol

Evaluation
1. Infraspinatus tendon tear (840.3) (S46.819A)
2. Partial tear subscapularis tendon (840.5) (S43.80XA)
3. Right shoulder pain (719.41) (M25.511)
4. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/8/2016 11:17 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient:	Rodriguez Galvan, Ana E.	**Service ID # :**	1040600140		
Soc. Sec. #:	XXX-XX[redacted]	**Referral Q ID:**			
Date of Birth:	[redacted]1982 **Age:** 33	**Injury Date:**	10/9/2015	**Service Date:**	6/8/2016
Service Location:	CMC - Charleston Rivers Ave	**Employer:**	Suburban Extended Stay Hotel		
Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

5. Supraspinatus tendon tear (840.6) (S46.819A)

Therapy Assessment
Overall Progress: As Expected, AROM today on return : GH Flexion 85deg, Abd 65 deg
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Modify plan per treatment section.
Follow-up Plans: Increasing AROM, strengthening per Ortho MD orders (see his note from 5/24/16

Intervention/Charges

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with cold pack
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient s skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 10 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy

pullies
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area

Signatures
Electronically signed by : TERRY RYDER, PT; Jun 8 2016 10:17AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/8/2016 11:17 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5029

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Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT		

Notes:

Visit History

Total visit(s) (cumulative total):16
Missed Previous Appointments: 0
# of therapy visits authorized: 18.
# of authorized visits used: 16 .

Active Problems

No co-morbidities identified.

Current Meds
1. Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY;
Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt reports 5/10 pain today, slow improvement in ROM
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending more work hardening and strenthening/active therapy at this time. He is also referring her to another physician for the referred/nerve pain.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/13/2016 11:51 AM

Therapy Centers of South Carolina, P.A.
7519 Rivers Ave North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

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Diagnosis:	S46.819A STRAIN OF MUSC/FASC/T	**Dictated By:**	Terry J Ryder, PT

Notes:

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: pt can raise GH to about 100 deg. actively now Goal Status: Progressing slower than anticipated per protocol
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Modalities:
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Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with cold pack
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient s skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

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Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes

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Signatures

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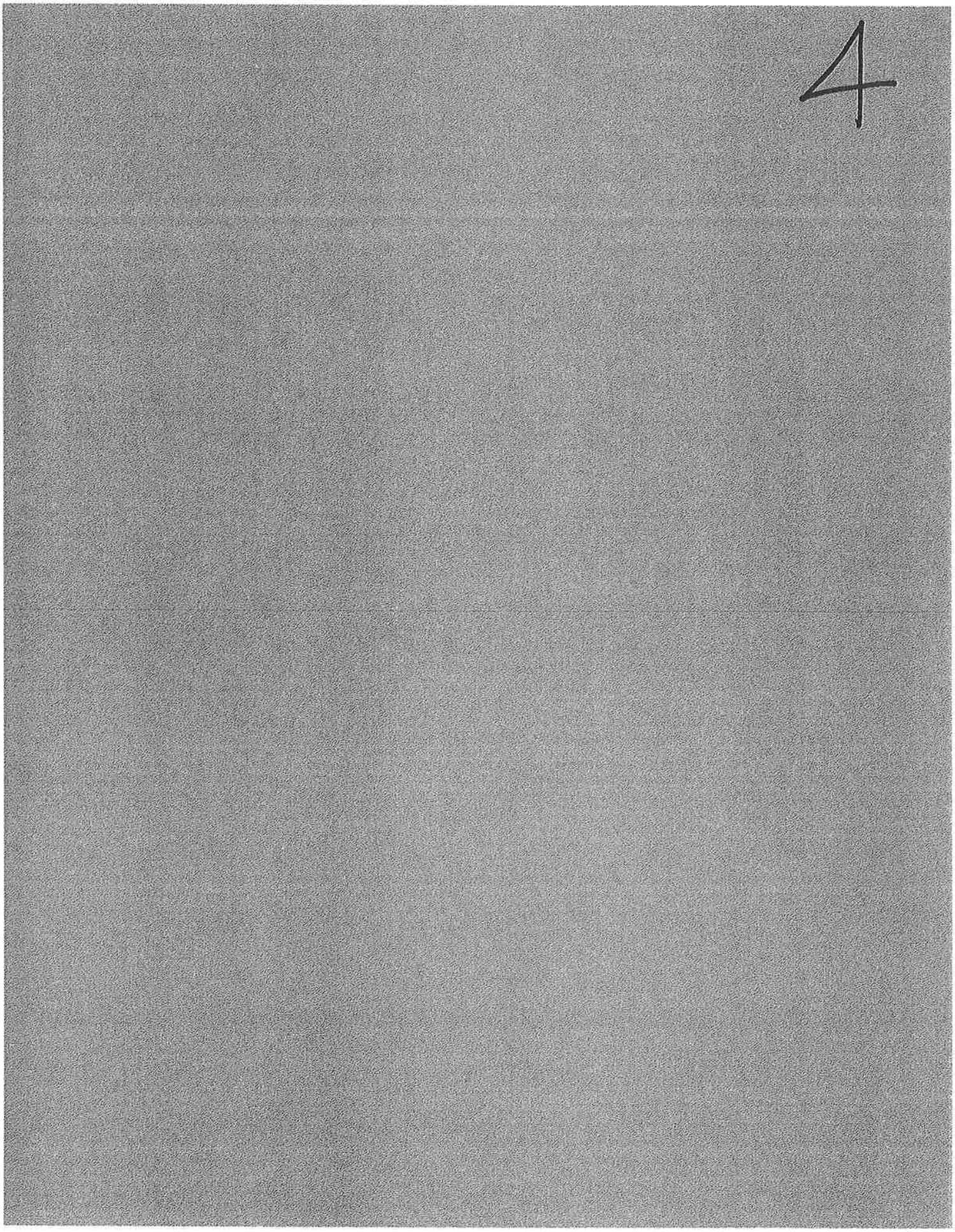
Notes:

Electronically signed by : TERRY RYDER, PT; Jun 13 2016 10:51AM CST - Author

Dictated By: Terry J Ryder, PT 6786

Dictated On: 6/13/2016 11:51 AM


4

SOUTHEASTERN SPINE INSTITUTE
1106 Chuck Dawley Blvd., Suite 200 ■ Mt. Pleasant, SC 29464

Patient Name: Ana R Galvan Encounter Date: 10/25/2016 Date of Birth: [redacted]1982
Account Number: 952400

Chief Complaint: Right neck and shoulder pain as well as hand paresthesias

History of Present Illness: Patient is a 33-year-old female who presents today for the purposes of an independent medical evaluation regarding the above complaints. She states that her shoulder pain began October of last year after she was injured on the job. Apparently she slipped on a wet bathroom floor and tried to break her fall by grabbing the door handle but was unable to do so, and she fell landing on her right side. She was able to finish cleaning that room but left somewhat early from work. She was working in housekeeping. Her pain increased in severity, and she went to HealthFirst the following day where X-rays were taken of the right shoulder. She was prescribed ibuprofen and was given a sling for her shoulder. She was eventually referred to Concentra, but we do not have those records. Physical therapy was prescribed. Her pain in the shoulder continued; and she eventually underwent an MRI scan of the shoulder and required surgery to the right shoulder, which was done by Dr. McKoy. Her neck pain began right after surgery was completed. She has had some complaints of numbness and tingling involving the right hand. Her history is somewhat difficult to follow as she does not speak English, and her entire history has been obtained through the use of an interpreter. It sounds like when she last was seen by Dr. McKoy he did not feel there was anything left that he could do for her shoulder pain. She denies a history of prior symptoms before this fall. Her pain is aggravated with any increase in her activity. She has difficulty using the right arm and really cannot lift her right arm even to shoulder height. Her past medical history is noncontributory.

Past Medical History: No known medical conditions

Current Medications: ibuprofen 100 mg tablet Oral p.r.n. for pain

Drug Allergies: No known allergies

Family History: Per the patient intake questionnaire

Personal and Social History: Patient is working light duty. She denies tobacco use.

Review of Systems: Per the patient intake questionnaire

Physical Examination: Motor: Normal bulk and tone. Her strength is 5/5 in all groups except for the right deltoid where strength is diminished with abduction possibly related to pain. She is unable to abduct her arm to even 90 degrees. Her passive range of motion is limited of the right shoulder as well as with abduction as well as with internal and external rotation. There is diffuse right-sided cervical paraspinal tenderness and spasm noted, which extends to the upper trapezius. Her cervical range of motion is fairly normal. There are no long tract or sensory deficits noted.

DIGITALLY SIGNED G. Robert Richardson, III, MD
11/1/2016

Imaging Findings: Cervical MRI scan has been reviewed and discussed with the patient. This is a fairly normal-appearing study. There is mild disc bulging but without compression.

Diagnosis Codes:
M54.2 Cervicalgia
M25.512 Pain in left shoulder

Impression:
1. Cervical pain likely secondary to chronic sprain/strain-type injury as a result of overuse/compensating for the right shoulder injury
2. Status post right shoulder surgery with possible adhesive capsulitis (frozen shoulder)

Treatment Plan: At this point with respect to her neck pain, I would recommend moving forward with a course of physical therapy. With respect to her shoulder, I feel that we should have her seen by Dr. McKoy again for reevaluation. I feel that it is possible that she does have a frozen shoulder. I feel that based on the patient's history and records that we have for review that her current symptoms are a result of her job-related injury as described. I feel that her neck pain symptoms have begun secondary to overuse as compensation for her right shoulder injury. I, therefore, feel that these are causally related. I do not feel that she has reached maximum medical improvement. Treatment recommendations are outlined above. Impairment rating will be assigned at the time that she has reached maximum medical improvement.

My above opinions are discussed with a reasonable degree of medical certainty.

A course of physical therapy was recommended. Zanaflex 2 mg tablets were prescribed; side effects were discussed and appropriate instructions were provided. Ultram 50 mg tablets were prescribed. Side effects were discussed and appropriate instructions were provided. Patient to return in 4-6 weeks for follow up.

G. Robert Richardson, III, MD

GRR/dmp

CC: Michael J. Jordan, Esquire (FAX #843-572-1871)

DIGITALLY SIGNED G. Robert Richardson, III, MD
11/1/2016

5

INDEPENDENT MEDICAL EVALUATION

This is in reference to Ana Rodriguez Galvan v Griffin Stafford North Charleston
WCC FILE #: 1515209
CARRIER FILE #: 2015279729
FILE #: 69.252
DATE OF BIRTH: [redacted]1982

CHARLESTON SPORTS MEDICINE & Orthopaedic Center
Bright McConnell, III, MD
900 Island Park Drive • Suite 105
Charleston, SC 29492
Phone: 843.284.5200
Fax: 843.284.5201
www.CharlestonSportsMed.com

DATE OF EVALUATION: 04/14/2017

Kathryn Fiehrer Walton, Attorney
c/o Wood Law Group, LLC
P.O. Box 20550
Charleston, SC 29413

Dear Ms. Walton:

Ms. Ana Galvan was seen in the office today, 04/24/2017, for purposes of independent medical evaluation regarding a work injury to her right dominant shoulder. As you are aware, this now 34-year-old Hispanic female was employed as a housekeeper when she had sustained injury to her right dominant shoulder on 10/19/2015.

On review of the enclosed medical records, as well as the patient's history as interpreted by her daughter, as she is not fluent in English, outlines an injury to her right shoulder when she was mopping a bathroom. The patient states that she fell forward and attempted to grab the doorknob in the room, which gave way, causing her to fall down onto an outstretched right shoulder.

By the patient's history, she noted immediate onset of discomfort and pain.

She did present for evaluation on the following day at Health First in North Charleston, South Carolina, complaining of right shoulder pain. Initially, there were some notes referable to some back pain occurring as well. Unfortunately, this medical record does not document any physical findings with respect to her shoulder other than diminished range of motion, but no bruising present. She was apparently dispensed an arm sling.

The patient was subsequently referred to a Concentra Medical Facility for evaluation of her right arm and shoulder pain primarily. She was seen initially on 10/19/2015 with her history as basically noted above. The office note does reflect an x-ray, which was obtained at Health First, which showed no evidence for acute fracture. She was noted to have problems moving her arm secondary to the pain. The patient did note some right hip pain that had occurred after the injury, but that had basically resolved by the time she was seen at Concentra. Examination at that time documents active range of motion limited in all planes secondary to discomfort. Concern was noted of possible rotator cuff injury and an MRI scan of her right shoulder was requested at that visit.

CLIENT: GALVAN, ANA RODRIGUEZ **CLIENT #: 58538**
DATE OF SERVICE: 04/14/2017
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MRI scan was obtained at Lowcountry Orthopedics on 11/02/2015. This did reveal a full-thickness minimally retracted tear of the supraspinatus tendon with partial-thickness tear of the infraspinatus and subscapularis. No significant glenohumeral changes were noted or significant labral pathology was noted.

The patient was seen back in follow up at United States Medical Group when she was apparently seen for Orthopedic consult by Dr. James McCoy. Range of motion at that time was noted to be approximately 90 degrees on the right. Pain with abduction against resistance and external rotation.

The patient's MRI scan was reviewed. At that point in time, surgical repair was apparently recommended.

The patient was subsequently referred to Lowcountry Orthopedics. She was apparently seen by the physician's assistant, Savannah Spearman, initially on 02/08/2016. This was apparently for a preoperative evaluation for scheduled rotator cuff repair, which was to be carried out on 02/26/2016 by Dr. McCoy.

The patient did undergo surgery on 02/24/2016. On review of the operative narrative by Dr. McCoy, full-thickness tear of the rotator cuff at its insertion on the humerus was confirmed. A mini open repair through the deltoid of the rotator cuff pathology was carried out with suture anchors.

The patient was subsequently followed by Therapy Centers of South Carolina. On sequential review of those records, the patient's primary residuals with respect to her shoulder surgery were related to problems regaining range of motion. Her final office note at physical therapy dated 08/31/2016 observed range of motions included active forward flexion of approximately 160 degrees, active abduction of 95 degrees, and external rotation of approximately 20 degrees.

Throughout the postoperative notes recorded by Dr. McCoy, the patient was also having complaints of pain and numbness into her right upper extremity. In the office note of 04/21/2016, she was complaining of radiating pain from her shoulder with numbness and tingling into the right hand. At that time, it was felt that a nerve conduction study would be appropriate. This was carried out on 05/12/2016 by Dr. Patel. EMG and nerve conduction study basically was normal.

The patient was also evaluated because of these radicular symptoms by Dr. Patel on 05/12/2016. Further diagnostic imaging was recommended to include MRI scan of the cervical spine, which was carried out eventually on 08/18/2016. It revealed some mild degenerative changes at the C5-C6 level, but otherwise, was relatively unremarkable.

CLIENT: GALVAN, ANA RODRIGUEZ **CLIENT #: 58538**
DATE OF SERVICE: 04/14/2017
PAGE 3

On the office followup note dated 05/19/2016, there was still noted to be some problems regarding range of motion of her shoulder. At that point, she was three and a half months status post rotator cuff repair. Range of motion documented at that time was 75 degrees of active assisted abduction on the right.

Dr. McCoy recommended continuation of her physical therapy with an emphasis on work hardening and to increase her range of motion. Additionally, a second opinion from Dr. Santiago was recommended to evaluate the etiology and possible issues regarding her persistent right hand pain and numbness.

The patient was seen by Dr. Santiago on 06/13/2016. At that point, she was complaining of some persistence of neck pain with radiation distally. X-rays were obtained at that time of her right wrist, which showed no evidence for fracture, dislocation, or other bony abnormality. Possibility of carpal tunnel syndrome was discussed, but a recommendation for carpal tunnel injection with a corticosteroid was deferred.

The patient was also seen apparently for pain management by Dr. Christopher Merrell, also within Lowcountry Orthopedics on 07/07/2016. Her MRI scan and plain x-rays were reviewed. Mild degenerative changes at C5-C6 were confirmed. Conservative management to include physical therapy and a trial of cervical traction was recommended at that time.

The patient was apparently last seen by Dr. Santiago on 11/08/2016. At that point in time, she was felt to be at maximal medical improvement from a standpoint of her hand symptoms. It was not anticipated any medical treatment for her hand would be required. She was assessed a 0% impairment of the upper extremity based upon her hand symptoms and clinical findings.

The last note available for review is a Workers Compensation 14B form electronically signed by Dr. McCoy on 02/09/2017. At that time, she was felt to have reached maximal medical improvement with respect to her right shoulder injury. She was assessed a 15% impairment to the right shoulder. Permanent physical restrictions were noted, specifically "permanent limited duty." Future medical care could include use of antiinflammatory medications and occasional injections to the right shoulder.

The patient states she has not been seen back by Dr. McCoy since that last visit. She has not had any further treatment or treatment recommendations with respect to her residual cervical issues.

Presently, the patient states that her primary residual with respect to her right shoulder is persistence of pain particularly with any type of horizontal and overhead activity. Through her daughter, who was serving as an interpreter, she states that her pain is basically very similar to what she experienced presurgical. She also notes significant loss of motion and has not had any improvement with that for the last several months. She still complains of some numbness in her fingers, particularly the ring and little fingers. She also notes some discomfort and paresthesia type feeling around her surgical incision site.

She is not taking any medications at present other than over-the-counter ibuprofen.

The patient denies any prior history of injury to her right shoulder.

PHYSICAL EXAMINATION: Today reveals the patient to be appropriate throughout the evaluation. She is able to demonstrate essentially full range of motion of her cervical spine today with minimal limitation of flexion, extension, or lateral rotation.

Evaluation of the right shoulder reveals no evidence for any significant deltoid atrophy. Her surgical incision is approximately 5 cm in length. She does have minimal sensory change in the cutaneous distribution of the axillary nerve. However, she has no significant deltoid atrophy documented.

The patient's active forward flexion today is limited to 90 degrees, with end point appreciated on active assist. Active abduction is antalgic and limited to 80 degrees. External rotation passively with arm at side is 45 degrees with end point, 80 degrees on her left side. Her internal rotation is somewhat restricted to the T12 level.

The patient does have antalgic weakness on isolation testing of her right shoulder particularly in forward flexion and abduction. This is rated 4+/5.

The patient has full and painless range of motion of the elbow. There is no evidence for intrinsic atrophy. She can make a full composite fist. Strength is 5/5 throughout in distribution of the radial, median, and ulnar nerve distribution.

IMPRESSION: Status post repair of full-thickness rotator cuff tear of right shoulder with possible residual adhesive capsulitis.

DISPOSITION: This patient is now approximately 14 months status post rotator cuff repair. She does have some significant residuals with respect to her injury, primarily weakness and loss of range of motion. I suspect this patient has developed some degree of adhesive capsulitis.

Realistically, I do not believe that any further surgical intervention would be predictive for proving her range of motion at present. Based upon physical therapy that she has undergone, as well as her findings today with no significant improvement from documented findings previously, I would agree with Dr. McCoy that she is realistically at maximal medical improvement. The patient does have residual impairment as defined by the AMA Guidelines for the Evaluation of Permanent Impairment, fifth edition.

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

ANA RODRIGUEZ GALVAN,
Claimant,
-versus-
GRIFFIN STAFFORD
N. CHARLESTON,
Employer,
and
EMPLOYERS PREFERRED
INSURANCE COMPANY,
Carrier,
Defendants.

WCC File Number
1515209

Telephone Deposition of GARRETT JENIO, taken by Counsel for the Claimant on the 25th day of January, 2017, at The Steinberg Law Firm, LLP, 119 Goose Creek Boulevard South, Goose Creek, South Carolina, commencing at approximately 10:15 a.m.

APPEARANCES

For the Claimant: Michael J. Jordan, Esquire
THE STEINBERG LAW FIRM, LLP
Post Office Box 1028
Goose Creek, South Carolina 29445

For the Employer/ Carrier: Matthew J. Fultz, Esquire
WOOD LAW GROUP, LLC
Post Office Box 20559
Charleston, South Carolina 29413

Reported by: Matthew Hazen Anderson
Notary Public/Court Reporter

Interpreter: Corina Saavedra
Ana Rodriguez Galvin

---oOo---

INDEX TO DEPOSITION

Direct Examination by Mr. Jordan 3

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GARRETT JENIO, called as a witness, having been first duly sworn, was examined and testified as follows:

MR. JORDAN: Good morning. My name is Michael Jordan.

DIRECT EXAMINATION

BY MR. JORDAN:

Q If you could, give us your full name for the record, please.

A Garrett Michael Jenio.

Q And do you mind if I call you "Garrett," because I'll just mispronounce your name over and over otherwise.

A Yes, that's perfect.

Q Garrett, we're going to take your deposition today in the case of Ana Rodriguez Galvan in her workers' compensation claim. Okay?

A Right.

Q And I'm going to ask you some questions about her work. All right?

A Okay.

Q And if I ask you a question and you don't understand it, if you don't hear what I'm asking you, you need it repeated or rephrased, please feel free to ask me to do that. Okay?

A Yes.

Q You'll need to answer all the questions verbally, because you're on the telephone today. All right?

A Yes.

Q And just one aside, the parties are stipulating that we can take your deposition by telephone, and that the court reporter is going to be present here in Charleston rather than with you in your office. Okay?

A Right.

MR. JORDAN: Right, Matt?

MR. FULTZ: That's correct.

BY MR. JORDAN:

Q Garrett, who do you work for?

A Griffin Stafford Hospitality.

Q How long have you been with Griffin Stafford?

A Fourteen -- going on fifteen years.

Q What is your current job title?

A Vice-president, business development.

Q How long have you been in that title?

A It's probably been four years. Three, four years.

Q All right. Can you tell me what -- what is Griffin Stafford Hospitality? What do you do?

A Yeah. We're a managed -- hotel management, ownership and development company. So, in summary, basically, we primarily -- number one, we're operators of

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hotels of all varieties, all franchises, or all -- in all brands, various brands. We develop and own hotels. So we purchase and/or build and own properties and manage, operate those hotels. But then, we're also a management company, which just simply means that a hotel owner, you know, hires us to operate a hotel that we have zero ownership and equity in, so we're what's called or referred to as a third-party management company, as well.

Q How many hotels and properties does Griffin Stafford Hospitality own?

A Own? Let's see. Four.

Q How many properties does Griffin Stafford Hospitality provide management services or third-party management services, as you called it?

A We have six additional, so we have a total of 10 in our portfolio -- in our group right now.

Q And in your job as the vice president of business development, what do you do?

A My role is basically that of, you know, a regional manager, regional responsibility. I oversee a group of hotels between the -- between North and South Carolina. That's the -- you know, that's the territory, you know, currently for all of our properties. But I oversee properties in Charleston and then multiple properties in North Carolina, as well. My role is

Page 6

responsible -- or in my role, I'm responsible for operations of the hotel, as well as our sales and revenue achievement, as well.

Q What was the last part?

A Responsible for sales and revenue achievement, as well, so the top line, hotel sales, business development, as well.

Q All right. Do you have any other responsibilities?

A Chief bottle washer. That's about it.

Q Tell me what hotels y'all have in the Charleston area, the greater Charleston area?

A Yeah. We've got two properties. One is the Suburban Extended Stay, and then the second is Comfort Suites in Mount Pleasant.

Q And where is the Suburban located?

A 7582 Stafford Road, North Charleston.

Q And do you know Ana? Have you ever met her?

A Oh, absolutely.

Q Okay. Did you hire her?

A I did.

Q And during that process, I guess you did some sort of a personal interview where you had some face time with her?

A Yes.

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Q And are you Ana's direct supervisor or is there somebody in between?

A There is somebody in between.

Q Are there multiple people in between?

A No, just -- just one.

Q Who is that person?

A The first name is Elnora. Her last name is Gathers. She's our operations supervisor at the hotel, at the Suburban Extended Stay.

Q Can you spell her first and last name for the court reporter?

A Sure. It's E-L-N-O-R-A. Gathers is G-A-T-H-E-R-S.

Q As the operations supervisor, what does Elnora do?

A Elnora's responsibility is basically seeing to all of the day-to-day operations at the hotel. So in a kind of short summary, she is overseeing the operation for our front desk, front-of-the-house operation, if you will, as well as our back-of-the-house operation, which would include housekeeping and maintenance operations.

Q In these two -- I guess with Ana, we're really just talking about the Suburban hotel in North Charleston?

A Correct.

Q And do y'all own that hotel, or is that one of the third-party management deals?

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A No, that's owned. We own that property.

Q Okay. Do you recall when you hired Ana?

A To be honest with you, I don't. It's been -- you know, it's been some time. I forgot. I can look through the personnel file things here, but I want to say it was -- you know, mid-October of '14. But, you know, I'm relying on my paperwork here, but I think that's the time frame.

Q And what did you hire her to do?

A She was hired in to be a housekeeping room attendant.

Q And was that her job at the time of her fall?

A Yes.

Q Tell me, what are all of the duties and responsibilities of a housekeeping room attendant?

A Sure. Well, basically, our room attendants, and her role at that time, was basically the duty of cleaning and servicing any -- you know, all our guest rooms at the hotel. So, primarily, you know, for the housekeeping room attendants, that operation kind of consists of kind of two separate services, if you will, both pertaining to the guest rooms. But she's responsible for providing regular weekly, what we would call stay-over service, so when a guest checked into the hotel, the housekeeping team is cleaning their room, basically, as the guest are still checking in on a regular basis, recurring basis.

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And then, the other side of that is cleaning the, you know, same rooms. I say cleaning. You know, style or, you know, set up for what we call a checkout. So when a guestroom is vacated, when a guest leaves the hotel, a cleaning process is a little different there. It's a little more detailed as somebody leaves the hotel, as opposed to what we call again that stay-over service.

But the housekeeping room attendant is responsible for cleaning in the room, changing all the, you know, bed linen, bathroom linen, removal of trash, cleaning bathrooms. We have small kitchenettes in each of our guestrooms at this hotel.

And then, also, at times, it certainly would be -- you know, it could be, or would include, handling the laundry service. We've got a commercial laundry that we operate in the hotel. It certainly would include, you know, working in our laundry facility, which is, you know, putting sheets and towels in the washers, from washer to dryer, and then also removal from dryer and folding.

Additional duties would be, you know, anything -- any cleanliness type of needs on the property, so -- we don't really have a large public area, so to speak, in this hotel. But, you know, cleaning duties that, you know, would be outside of the guestroom, as well. Community dusting, doing, you know, maybe -- certainly vacuuming,

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cleaning pictures. Just anything that's needed, or as assigned, by our operations supervisor or assigned by me.

Q It sounds like this is a manual labor type position.

A Yes, sir, it is.

Q And what are the physical requirements of this job? What does she have to be able to lift, push, pull, et cetera?

A Right. The lifting requirements we list for this position is a range of 20 to 30 pounds. You know, fortunately, it's not necessarily -- it's not so much of a heavy lifting of a single item type of requirement here, but it's repetition based for a housekeeping room attendant. As I described today, you know, the cleaning process -- you know, 40 guestrooms.

In a given day, Michael, we're looking at, you know, what might be as few as five or six rooms, probably on a small or short day, if you will, and then going up to every bit of 10 to 12. And sometime, you know -- it could be more, depending on the demand -- 10 to 12 guestrooms, as well.

So it's more about repetition, or all those duties that I explained, in terms of moving around. You know, cleaning the guest room, moving around, moving from room to room, you know, it's -- the physical lifting part

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isn't necessarily so much of a, you know, a big part of it, but it's just that repetition process.

Q Sure. It sounds like it's a long day.

A It absolutely is. It absolutely is.

Q And before her work accident and between the time that you hired her, was Ana physically able to do all of those requirements that y'all asked of her?

A Yes.

Q Did y'all have any problems with her physical ability to do the work before the work accident?

A No.

Q Did Ana ever complain to you or to Elnora about having any problems with her shoulder, her right shoulder, before this accident?

A Not to me, and certainly not that I'm aware of, to Elnora.

Q And I assume that's something Elnora would be responsible to tell you about, if one of your employees had a physical problem doing their job; right?

A Absolutely.

Q So did she ever complain to you or to Elnora about having any symptoms in her neck, or in her right arm, or in her -- the fingers of her right hand before the accident?

A No, she did not.

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Q All right. Do you remember when the accident occurred?

A Well, time frame, you know, "ish." I was not on the property at that time, but, you know, it was reported to me from Elnora, so I certainly remember it happening, but not -- you know, not the exact day.

Q All right. I've got the date of accident in October 2015. Does that sound right to you?

A Say that again, Michael.

Q I have the date of accident, October 9th, 2015. Does that sound right to you?

A It does. It does.

Q What's your understanding, because I know you weren't there, about how she was hurt?

A My understanding and recollection of this is that she was, I think, finishing up in the bathroom, that portion of the guestroom itself, and I think was literally walking out of the bathroom and, you know, she was preparing to leave the room and slipped on the floor. All the bathrooms in the hotel are tiled. They have a tile floor.

So, basically, she was walking out, slipped, and in the process of falling, started to, or tried to, you know, just catch herself and break her fall, and my understanding is grabbed the door handle of the bathroom

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door, and, you know, kind of broke the fall a little bit, but still, you know -- you know, fell to the ground, and realized at that point, you know, that she has really kind of wrenched her arm and shoulder.

So, you know, at that point, she reported it to -- you know, to Elnora, and Elnora reported it back to me. And, you know, at that point, she is -- I don't recall if she -- you know, what she did at that point, if she was able to finish or do any other work that day. I don't believe that was the case.

But, in essence, at that point, you know, we knew that she, you know, had injured herself, and started the process to get her over to one of our medical facilities that we refer to through our workmen's comp coverage, through our workmen's comp provider.

Q Have you followed Ana's medical treatment fairly closely?

A Yeah, to a degree. At the beginning, we were -- you know, we were getting most of the correspondence directly to the hotel, so -- you know, so it was, you know, coming our way. Eventually, that started to kind of, you know, minimize. You know, we weren't seeing as much of that correspondence.

And, you know, I think she was -- you know, again, as she was kind of getting underway with the

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treatment, you know, she was handling all that on her own, because I think she was doing things along the lines of, you know, seeing maybe a physician, but also starting -- was doing physical therapy, as well. So we've kind of gotten out of the loop as it got a little more extensive.

Q Okay. It looks like sort of right after the accident happened, she was out of work for just a little bit, and then there was some light duty. Did y'all provide her with a light-duty job at that point?

A We did, you know, and I don't recall, you know, the time frame there exactly, Michael, but we knew as she came back that she had limitations. And, in essence, what we were doing at that point was trying to get her out of heavy guest rooms, but, in essence, really pulling her from the room attendant duties that she had been doing and doing more of non-lifting, non-physical work.

And, primarily, I think most of that was probably working in our laundry facility, you know, where the physical demands aren't quite as strong. They're certainly not as much of the weight issue, and, you know, not making beds, not vacuuming, doing those type of things. That's primarily the gist.

We have, you know, other light-duty things that we -- you know, that we could assign to her, or somebody in that situation, for instance. So we tried to certainly

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keep her working and, you know, provide the hours, at least as many hours as we possibly could.

Q And I assume you're aware that Ana had surgery on her shoulder?

A Absolutely.

Q And after surgery, she was back out of work for a while?

A Right.

Q And at the end of August of last year, y'all offered her some light-duty work again?

A Um-hum.

Q Right?

A Yes. I'm sorry. Yes.

Q You're okay. And you didn't get the chance to listen to Ana's testimony before we started today, but she said that she was moved into a different type of role when she came back in August, where she's really more of a supervisor. Is that a fair statement?

A It absolutely is.

Q Okay. Tell me about her new role as a supervisor, and what's --

A Yeah.

Q -- her new title?

A Basically, it's not so much of a title position here, you know, that we've done officially, so much as

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we've really tried to kind of create the workspace or the work environment for her. She's just -- she's been a great employee since she first started, specifically as room attendant.

And as we -- you know, as we talked about that position, I explained those duties. It is a physically-demanding job. It's a tough job, no matter what hotel it is. And she's always done very well with it. Just a hardworking person. So she performed very well as a room attendant, certainly one of our better employees, and certainly better, specifically, a room attendant.

So the thought process that we had was, we realized that, you know, the limitations may still be there. She's just not physically, you know, at 100 percent. So the next step, or opportunity for her, we felt, was a supervisory role or an inspector role, where she could be charged with the task of going behind the room attendants as they clean the rooms. And this is basically just the inspection process that we have in the hotel.

After a room is cleaned, no matter who it is, you know, regardless of cleaning, you know, service that's provided, we go back behind -- somebody goes back behind in a supervisory level to basically just confirm and make sure that the -- you know, the room has been cleaned and up to the standards that -- you know, that we require, and that

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our brand requires of us, to operate and to maintain on a daily basis.

So, due to her experience and, you know, just the level of her performance, it was, you know, certainly a natural fit for us, since she's good at what she does, that we wanted to put her in this role and give her some of that responsibility where it's much less physical, in essence, where she's walking into rooms that have already been cleaned, and, in essence, you know, the hope is that the rooms are ready for the next guest to check in, or somebody to come back to their room.

So she might have some light touch-up things, some corrections to make in the room, if that makes sense, but not nearly as physical, because it's not actually cleaning the room. It's just inspecting the work that's been done. That's kind of a summary of the supervisor role that we've -- that we've put her in, you know, since she's come back to us full-time.

Q The restrictions have basically been the same since the end of last summer. Do you know what they are?

A Not specifically. I know that, as I've talked to her -- I saw her a few weeks ago, and even at this time going through the fall, you know, with our -- with the language barrier that we have. My Spanish is not great by any means, but I know that most of that -- or my guess is,

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and understanding, is that a lot of it is the elevation, maybe the range of movement is limited. I don't know specifically if there's, you know, a weight restriction to that, but -- in terms of lifting, that type of specific. But we know that, for the most part, that she has the clearance to, you know, do most of the stuff that's needed, in essence, in a guestroom, and, you know, some of the duties that she would have had in her previous role as a room attendant, but not anything beyond that.

Q And so going forward, is the plan to keep her in this inspector role?

A It is, yes.

Q And what -- she said that there may have been a change in pay when she was a housekeeping room attendant versus her pay now. Is that accurate?

A It is. I don't have that specific in front of me. I've got some of our payroll reports here. I don't know exactly the date that it went up, Michael, but there was an increase.

Q She thought it was from nine to ten dollars an hour. Does that sound like that would --

A Yeah, that's the ballpark. I'm not sure she's -- let me see if I've got that. I don't know that she's at ten right now, but I think it's very close to that. Yeah, she's at nine seventy-five right now. Her starting wage --

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I want to say it was nine, maybe. I'm not sure if it was eight fifty. Sorry. Yeah, she started -- she started, it looks like, at nine twenty-ish. It's gone up, but I think right now, what I'm seeing, she's at nine seventy-five right now.

Q Okay. So one of the reasons that we're here is because we had previously requested, and her doctor requested, that she get an MRI of her neck because the -- basically, the doctor's notes say we want to kind of rule out the neck as being a cause of the symptoms going into her arm, into her shoulder. Did the adjuster ever talk to you about that?

A No, not at all. I'll be honest with you. I had a fair amount of communication with her, and I don't have -- do not have her name, but she was actually based, I think, right here in Charlotte. So she and I spoke initially as the claim really kind of, you know, took shape, and, you know, the correspondence was very thorough.

Again, part of the challenge here, we were pretty hands on, Elnora and myself. It's just that entirely, because of some of that language barrier, we wanted to make sure Ana was getting the right information. And then the folks, I think, at the insurance company were -- you know, were aware of her, you know, being Spanish speaking, so they were -- you know, at least explained to me that they

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have folks, you know, that could make sure the translations were completed.

So as that went on, as it went on in the process, that's why I say that my interaction, Elnora as well, was -- Elnora's really was not -- you know, not really happening at all, but it was my conversations with the folks that -- not anything specific, just other than here's what's happening next, in terms of she's being referred to -- you know, from a primary -- say, maybe, a primary care to a specialist, and then also to physical therapy.

Once we got to that point, and this is even well before the surgery was confirmed to be happening, my conversation -- my interaction was really limited with the insurance company.

Q Okay. You know, we've made an allegation that she does have some symptoms in her neck, and you told me earlier that she had never told you about any problems with her neck before this fall. Do you have any reason to doubt that Ana would not be telling the truth about her -- about having symptoms in her neck now or before the accident?

A I'm not sure if I -- I think I understand what you're asking.

Q Well, let me ask it a different way.

A She didn't --

Q Let me ask it a different. I'll break it up --

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A She didn't say anything --
Q Right. Let me go at a couple of ways.
A Okay.
Q Ana's a person -- you've already told me she's a great employee, hard working, and --
A Yes.
Q -- one of your better house attendants that you've had.
A Right.
Q You've now put her into a supervisory role, so I presume that means that you have trust in Ana; right?
A Yes.
Q And so do you think Ana would make up, or create, or fabricate, that she now has a neck problem that she didn't have before this fall?
A No, I don't have any reason to believe that.
Q All right. So we're requesting that she get some treatment for her neck at this point. Do you have any problem with that request?
A No, I don't.
Q And is that something you'd like for her -- to see her get?
A Well, I certainly want her to be 100 percent. You know, I hate that this happened. I hate, you know, that she's, you know, still having to deal with this. I

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certainly -- you know, as she's told me and she's explained, you know, the arm and the shoulder is not 100 percent, you know, I don't -- you know, I believe her. I don't have any reason not to.
She's at work and, for the most part, willing to do anything that's asked of her, so I absolutely want to see her be, you know -- you know, be 100 percent healthy. So, you know, if your question is just wanting, you know, her to be, you know, 100 percent, then absolutely I do.
Q Okay. And as you know, Ana does speak English, at least not very fluently.
A Right. Right.
Q Would you agree with me that it's important for her to have a translator at her appointments?
A I do. I do. I know that -- well, I'll just -- yes, absolutely.
MR. JORDAN: Garrett, I appreciate your help today. Your attorney, Mr. Fultz, may have some questions for you.
WITNESS: Sure.
MR. JORDAN: Otherwise, I think we're probably getting close to getting done.
MR. FULTZ: Garrett, I don't have any questions for you. I appreciate your time today.
WITNESS: Yeah, absolutely. Thank you guys.

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If you need anything from me, just let me know.
MR. FULTZ: Thank you.
MR. JORDAN: Thank you.
(WHEREUPON, this deposition was concluded at approximately 10:43 a.m.)

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STATE OF SOUTH CAROLINA
COUNTY OF BEAUFORT

CERTIFICATE OF COURT REPORTER

I, Matthew Hazen Anderson, Court Reporter and Notary Public in and for the State of South Carolina, do hereby certify that the foregoing twenty-three (23) pages of typewritten testimony were taken down by me, and then transcribed by me; that the same is a true, correct and complete transcript of the proceedings as stated in the caption.
I further certify that I am not of kin nor counsel to any of the parties hereto, and, further, that I have no interest whatsoever in the outcome of said proceedings.
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th day of February, 2017.

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires
April 25, 2021

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DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
MICHAEL J. JORDAN
BENJAMIN W. AKERY

STEINBERG
LAW FIRM | LLP

CATHERINE D. MEEHAN
KELLY M. ALFREDS
F. ELLIOTTE QUINN, IV
TAYLOR L. GROOMS
CHARLES S. GOLDBERG (1933-2019)
HUGO M. SPITZ (1927-2018)
IRVING STEINBERG (1902-1980)

118 Goose Creek Blvd, South | P.O. Box 1028 | Goose Creek | SC | 29445 | (843) 572-0700 | (843) 572-1871 fax | steinberglawfirm.com

April 14, 2019

VIA EMAIL &FIRST CLASS MAIL

Regan M. Cobb, Esquire
Holder Padgett Littlejohn & Prickett
349 W. Coleman Blvd., Suite 300
Mt. Pleasant, SC 29464

Lynnley D. Ross, Esquire
Willson Jones Carter & Baxley, PA
421 Wando Park Blvd., Ste. 100
Mt. Pleasant, SC 29464

Kathryn Fiehrer Walton Esquire
Wood Law Group LLC
PO Box 20550
Charleston, SC 29413

Re: Claimant: Ana Rodriguez Galvan
Employer: Griffin Stafford N. Charleston
WCC No.: 1515209 (DOI: October 9, 2015)

Dear Regan, Kate and Lynnley:

Enclosed please find Dr. Pappas's Supplement to his IME report, dated 3/30/2019 (1 page), which we will be submitting into evidence under the Administrative Procedures Act. Please accept this letter as an amendment to Claimant's Pre-Hearing Brief and APA submissions.

With kindest regards, I am

Sincerely,

Michael J. Jordan
Email: mjordan@steinberglawfirm.com
Direct Fax: (843) 735-6321

MJJ/mjj
Enclosures

cc: Ana Rodriguez Galvan

SUPPLEMENT TO FEBRUARY 15, 2019 IME REPORT

I evaluated Mrs. Ana Galvan Rodriguez on February 15, 2019 for the purposes of an Independent Medical Examination. In follow up to the Independent Medical Examination I have been asked to address an additional concern regarding the root cause for Mrs. Galvan Rodriguez's ongoing symptoms.

As I stated in my report, Mrs. Galvan Rodriguez has not reached maximum medical improvement for her shoulder symptoms. It is my opinion that she requires diagnostic testing in the form of a plain film XR arthrogram in conjunction with a CT arthrogram. If the tests confirm rotator cuff tearing I would recommend revision rotator cuff repair surgery. On the other hand if the tests are still equivocal then I would recommend removal of her surgical screw.

It is my opinion to a reasonable degree of medical certainty, more likely than not, that Mrs. Galvan Rodriguez's current shoulder symptoms are due to her original injury or, alternatively, result from a continuum following the surgery that was necessitated by the original injury because her rotator cuff tear was incompletely addressed during surgery.

These are my opinions to a reasonable degree of medical certainty, more likely than not.

George Pappas

March 30, 2019

George Pappas, M.D.
SC Sports Medicine
9100 Medcom Street
N. Charleston, SC 29406

GALVAN RODRIGUEZ,A 11/28/82 #187536 INDEPE
* 9349111w1516 Single Page A-Legal

HOLDER
PADGETT
LITTLEJOHN+
PRICKETT LLC
ATTORNEYS AT LAW

Regan A. Cobb

Reply to: *Charleston*
direct: **843.277.0944**
fax: **843.589.9000**
rcobb@hplplaw.com

April 10, 2019

VIA ECASE
The Honorable Susan S. Barden
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

RE: Ana Rodriguez Galvan v. Griffin Stafford North Charleston and Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America, et al
WCC File No.: 1515209
DOI: 10/09/2015
Claim No.: AFC230079787
HPLP File No.: 5073.00017

Dear Commissioner Barden:

Enclosed herein please find the Defendants' Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports which lists the documents I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act.

By copy of this letter to Kathryn Walton, Esquire; Matthew Fultz, Esquire; Lynnley Ross, Esquire; and Michael Jordan, Esquire, I am providing them with a copy of the same as required by the Rules and Regulations of the Commission.

With kindest regards,

HOLDER PADGETT LITTLEJOHN & PRICKETT

Regan A. Cobb

Enclosures
cc (w/enclosures): Nicole DeLoia, Accident Fund Insurance Company of America (via email)
Kathryn Walton, Esquire (via email)
Matthew Fultz, Esquire (via email)
Lynnley Ross, Esquire (via email)
Michael Jordan, Esquire (via email)

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

PRE-HEARING BRIEF
WCC File No: 1515209

Claimant's Name: Ana Rodriguez Galvan
Address: 2357 Dunlap Street, Lot #36
City: North Charleston State: SC Zip: 29406
Home Phone: (843) 906-5669 Work Phone:
Preparer's Name: Regan A. Cobb, Esquire

Employer's Name: Griffin Stafford North Charleston
Address: 407 North Church Street, Unit A
City: Georgetown State: SC Zip: 29440
Carrier: Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America,
Preparer's Phone #: (843) 277-0944

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $ 170.40 [based on the other parties] 2. AWW: $ 255.58 **Date of Injury:** 10/09/2015

3. Type of injury and body part(s): Alleged Right shoulder, right arm, and neck

4. Facts in controversy:

Claimant sustained an accident on October 9, 2015 which was accepted by the carrier at the time - Employer Preferred Insurance Company - for her right shoulder only but denied for her right arm and neck. Although treatment was recommended for Claimant's neck, and pled on a Form 50 dated December 16, 2015, it was never provided. Claimant did receive surgery to her right shoulder on February 24, 2016 by Dr. McCoy and Claimant went back to work on light duty after shoulder surgery and continues to work for the insured as a supervisor. Claimant was released at MMI by Dr. McCoy but settlement was never reached between Employer Preferred Insurance Company and the Claimant for the 15% impairment rating given by Dr. McCoy. Defendants assert that this issue needs to be addressed along with the following two questions: 1) Which Carrier is responsible for the Claimant's allegations of a neck injury?; and 2) Which Carrier is responsible for Claimant's current complaints to her right shoulder?3) Defendants assert based on Claimant's testimony that she has not had any new accidents or injuries after her initial work injury on October 9, 2015, and has not had any repetitive trauma since then, that her current neck and right shoulder issues are all related to the October 9, 2015 claim and they are not responsible for any benefits or treatment.

After Claimant's surgery and return to work on light duty, Claimant continued to complain of pain and went back to Dr. McCoy who has recommended additional surgery to her shoulder. However, Claimant has not alleged a new injury to her right shoulder while working at the insured and relates all of her pain back to the original date of accident on October 9, 2015. In addition, Claimant's supervisor, Garrett Jenio, testified Claimant has not had a new accident and has continued to have pain related to her original accident in October of 2015.

On January 25, 2017, Claimant was deposed and testified she started feeling numbness in her hand after the accident. (D. Tr. p. 19). These problems in her hand started getting worse about a month after the accident (D. Tr. p. 19). Claimant further testified that she started having neck problems after the surgery to her shoulder. (D. Tr. p. 20) Claimant further testified that her arm was not better after the surgery. (D. Tr. p. 21).

Claimant was deposed again on March 14, 2018, where she continued to testify that she related her neck, part of her neck, shoulder and fingers to the accident on October 2015. She testified that she has this pain that has never gone away since her surgery. (D. Tr. p. 18).

Claimant was deposed again on October 10, 2018. Her testimony remained the same that the body parts she injured in October of 2015 was the right side of her neck, right arm, fingers on her right hand. (D. Tr. p. 19-20) She testified she related this pain in her neck, right arm and right hand to her accident on October 9, 2015. (Dr. Tr. p. 22) She further testified her neck pain started before Dr. McCoy did her shoulder surgery. (D. Tr. p. 25) She also felt the pain in her fingers on her right hand before surgery. (D. Tr. p. 27) Further, she testified the very first day she went back to work after her shoulder surgery on light duty she had painful right-sided neck pain and that it never went away since the first day she felt it. (D. Tr. p. 30) Claimant testified that when she continued to work on light duty the pain her right shoulder did not get worse. (D. Tr. p. 32) She has been told the other tendon in her shoulder is broken but she does not know when as she has always had pain since the surgery. (D. Tr. p. 33). Claimant also testified in October of 2018 that she did not recall another accident when her shoulder was hurt because she has continuously had right shoulder pain since her surgery and further testified that it's continuously gotten worse over the last six months since her deposition in March of 2018. (D. Tr. p. 33)

Dr. McCoy's medical narrative dated November 1, 2017 indicates "in the past we felt there were some neck issues also secondary to her work-related injury but the insurance company denied including those of her workcomp care." On March 29, 2018 Dr. McCoy states "we think to a reasonable degree of medical certainty that this situation is directly related to her work injury from 2015."

The medical narrative from Dr. McCoy dated April 21, 2016 indicates her numbness in her hand started in January of 2016 Dr. Merrill states Claimant has a history of right sided neck pain and right arm pain/parasthesias since the work related injury on October 9, 2015. Dr. McCoy stated on August 31, 2016 that Claimant needs to return to Dr. Merrill to go over the cervical MRI and we believe to a reasonable degree of medical certainty that these symptoms are all a result of her work injury. Dr. Santiago opined on November 8, 2016, that he continues to recommend evaluation and possible treatment/management by a neck specialist.

Dr. McCoy was deposed on April 12, 2018, that Claimant's MRI taken in November of 2015 showed not only a full thickness tear of the supraspinatus but also partial tears of the infraspinatus and subscapularis which he did not repair in surgery. (D. Tr. p. 6-7) and the partial tears occurred during her fall on October 9, 2015. (D. Tr. p. 9) In regards to the new tear, Dr. McCoy said it seemed to be partially supraspinatus and partially infraspinatus. (D. Tr. p. 17) Further he testified that she essentially had the same symptoms in September 2017 that she had in September 2016. (D. Tr. p. 25) Also, Dr. McCoy testified that the need for surgery right now relates back to the initial accident in his mind (D. Tr. p. 30) and further stated he did not think she would be where she is now if it had not been for the original work related injury. (D. Tr. p. 31)

5. Legal issues involved: See Number 4 above; Section 42-1-160; Section 42-15-60; Section 42-9-30; Section 42-9-35; Section 42-1-40; Section 42-15-20; *Morgan v. JPS Automotives*, 321 S.C. 201, 487 S.E.2d 457 (Ct. App. 1996); *Geathers v. 3V Inc.;* any and all applicable caselaw and statutes.

6. Unusual aspects: Defendants Accident Fund were last added to the claim. They were not involved in the prior deposition of Dr. McCoy. Therefore, they scheduled his deposition which was taken on April 4, 2019. Therefore, Defendants reserve the right to supplement their Pre-hearing brief and APA submissions with Dr. McCoy's deposition transcript along with any evidence and information gleaned in response to Dr. McCoy's testimony.

7. Witnesses (designate if expert):* Garrett Jenio, and/or other representatives from the Employer may be called to testify.

8. Exhibits: Claimant's personnel and/or payroll records may be submitted in response to testimony; Ex. 11) Deposition Transcript of Ana Rodriguez Galvan dated January 25, 2017, consisting of 35 pages; Ex. 12) Deposition Transcript of Ana Rodriguez Galvan dated March 14, 2018, consisting of 29 pages; Ex. 13) Deposition Transcript of Ana Rodriguez Galvan dated October 10, 2018, consisting of 53 pages; Ex. 14) Deposition Transcript of Garrett Jenio dated March 14, 2018, consisting of 21 pages; Ex. 15) Deposition Transcript of Dr. James J. McCoy, dated April 12, 2018, consisting of 43 pages.

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

Records of Lowcountry Orthopaedics & Sports Medicine dated August 3, 2016 through September 20, 2017, consisting of 5 pages; Records of Concentra Physical Therapy dated July 6, 2016 through August 31, 2016 consisting of 55 pages; Records of Lowcountry Orthopaedics & Sports Medicine dated November 2, 2015, consisting of 1 page; Records of MUSC dated December 18, 2018, consisting of 4 pages.

10. Name, address, and specialty, if any, of the treating physician: James J. McCoy, Jr., M.D., Lowcountry Orthopaedics & Sports Medicine

11. Impairment rating(s); body part(s); physician and date of opinion: Dr. Santiago gave a 0% for her right hand on November 8, 2016; 15% to the right shoulder by Dr. McCoy on September 28, 2016.

12. I am amending my Form 50/51 in the following manner: not applicable

☐ **Mediation**

☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐b. Mediation is required pursuant to Reg. 67-1802.

☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☒d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Michael Jordan, Esquire, Steinberg Law Firm Address P.O. Box 1028, Goose Creek, SC 29445 and Lynnley D. Ross, Esquire, Willson, Jones Carter & Baxley, P.A., 421 Wando Park Blvd., Suite 100, Mt. Pleasant, SC 29464; Kathryn Walton, Esquire, One Wesley Drive, Charleston, South Carolina 29407; Matthew Fultz, Esquire, One Wesley Drive, Charleston, South Carolina, 29407 on the 10th day of April 2019, by:

☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service

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

Signature: _____ Email: rcobb@hplplaw.com

Date of hearing: April 23, 2019 3:00 P.M. Time needed for hearing: One Hour

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

WCC Form # 58
Revised 7/15

58

PRE-HEARING BRIEF

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1515209

ANA RODRIGUEZ GALVAN,

Employee,

Claimant,

vs.

GRIFFIN STAFFORD NORTH CHARLESTON,

Employer,

AND

ACCIDENT FUND GENERAL INSURANCE COMPANY C/O ACCIDENT FUND INSURANCE COMPANY OF AMERICA, ET AL,

Carrier,

Defendants.

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION; KATHRYN WALTON, ESQUIRE; MATTHEW FULTZ, ESQUIRE; LYNNLEY ROSS; ESQUIRE; AND MICHAEL JORDAN, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PROVIDER	DATES	PAGE #'s
9.	James J. McCoy, Jr. M.D.	Lowcountry Orthopaedics & Sports Medicine	08/03/2016-09/20/2017	143-147
10.		Concentra Physical Therapy	07/06/2016-08/31/2016	148-202

11.	Deposition of Ana Rodriguez Galvan		01/25/2017	203-237
12.	Deposition of Ana Rodriguez Galvan		03/14/2018	238-266
13.	Deposition of Ana Rodriguez Galvan		10/10/2018	267-320
14.	Deposition of Garrett Jenio		03/14/2018	321-341
15.	Deposition of Dr. James J. McCoy		04/12/2018	342-384
16.		Lowcountry Orthopaedics & Sports Medicine	11/02/2015	385
17.	Richard J. Friedman, M.D.	MUSC12/18/2018		386-389

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, shoulder you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purpose of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Garrett Jenio and/or other representatives may be called to testify.

Regan A. Cobb
HOLDER, PADGETT, LITTLEJOHN + PRICKETT, LLC
349 West Coleman Blvd., Suite 300
Mt. Pleasant, SC 29464
(843) 277-0944
Attorneys for the Employer/Carrier

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1515209

ANA RODRIGUEZ GALVAN,

Employee,

Claimant,

vs.

GRIFFIN STAFFORD NORTH CHARLESTON,

Employer,

AND

ACCIDENT FUND GENERAL INSURANCE COMPANY C/O ACCIDENT FUND INSURANCE COMPANY OF AMERICA,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee of HOLDER, PADGETT, LITTLEJOHN + PICKETT, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of the same via email/mail addressed to:

TO: **VIA EMAIL**
Michael Jordan, Esquire
Steinberg Law Firm
P.O. Box 1028
Goose Creek, SC 29445

TO: **VIA EMAIL**
Lynnley D. Ross, Esquire
Willson, Jones Carter & Baxley, P.A.
421 Wando Park Blvd., Suite 100
Mt. Pleasant, SC 29464

TO: **VIA EMAIL**
Kathryn Walton, Esquire
One Wesley Drive
Charleston, South Carolina 29407

TO:	**VIA EMAIL** Matthew Fultz, Esquire One Wesley Drive Charleston, South Carolina 29407
TO:	**VIA eCase** S. C. WORKERS' COMPENSATION COMMISSION Post Office Box 1715 Columbia, South Carolina 29202-1715
Document:	Pre-Hearing Brief and Notice of Witnesses and Written Medical Evidence
Date of Mailing:	4/10/2019

Kimberly McGovern, Paralegal to
Regan Ankney Cobb, Esquire

APA
9.

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [redacted]/1982)

Aug 4 2016 11:55am P002/003

To: _____
Fax: _____
Date: _____

Lowcountry Orthopaedics & Sports Medicine
Phone: 843.797.5050 Fax: 843.764.2308

Chart #: _____

RETURN TO WORK RECOMMENDATIONS

Employee: Ana Rodriguez-Galvin
Injury Date: _____

☒ Work related
☐ Not work related

Claim #: _____
Next Appt: _____
Diagnosis: R shoulder injury & surgery

Work Status

☐ Return to regular duty on, Date: _____
☐ Unable to return to regular duty.
☒ Modified duty if available, Date: 3 Aug 16
☐ Discharged from current care on, Date: _____
☐ Return for follow up if needed with Dr: _____
☐ Permanent Restrictions: _____
☐ Requires sedentary position.

☐ Patient must wear brace\cast.
☐ Other: _____

Physical Ability

☐ Restricted standing, walking:
☐ Never ☐ Occasional ☐ Frequent\as Tolerated

☒ Restricted climbing, bending, stooping:
☒ Never ☐ Occasional ☐ Frequent\as Tolerated

☒ Limited use of ~~☒ right~~ ☐ left hand/arm.

☐ Driving ☐ yes ☐ no

☐ Alternate position (sit, stand, walk…)

Recommendations

(Please give WC copies of all orders.)

Radiograph Studies: _____
Diagnostic Tests: _____
Surgery: _____
Physical Therapy: ~~Ophthalmic~~
Consult to Dr: _____

☒ Weight lifting restrictions:

R	☐ 0#	☐ 1-15#	☐ 16-35#	☐ 36-50#
L	☐ 0#	☐ 1-15#	☐ 16-35#	☐ 36-50#

☒ Overhead work: 10
☒ Never ☐ Occasional ☐ Frequent\as Tolerated

Patient ☐ has ☒ ~~hasn't~~ reached MMI. Expected MMI date: _____.

Physician Signature: _____ Date: 3 Aug 16

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee's signature: _____ Date: _____

WHITE - CHART YELLOW - WORK COMP PINK - PATIENT

143

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [redacted]1982)

LOWCOUNTRY ORTHOPAEDICS

Joel R. Cox, M.D. 1975
Founder

Sports Medicine
David H. Jaskwhich, M.D.
James J. McCoy Jr., M.D.
James D. Spearman, M.D.
Adam Schaaf, M.D.
Savannah M. Spearman, FNP-BC
Justin T. Bailey, PA-C
John M. Covington, PA-C

Spine and Pain Management
Don O. Stovall, Jr, M.D.
William E. Wilson, M.D.
Shailesh M. Patel, M.D.
Christopher A. Merrell, M.D.
Kelly L. Merrell, ANP-BC
Amy M. Stanton, PA-C
Christopher S. Schafer, PA-C
Katherine R. Moredock, PA-C
Kathleen D. Bukowsky, PA-C
Carita K. McWilliams, PA-C

Hip and Knee
Richard H. Zinkus, M.D.
Eric S. Stein, M.D.
Sarah E. Burden, FNP-BC
Tony N. McCurry Jr., PA-C

Foot and Ankle
Joel R. Cox, II, M.D.
William S. Carey, M.D.
Matthew M. Munn, PA-C

Hand
Keith A. Santiago, M.D.
Kathryn B. Conner, PA-C

Occupational Therapy
Christopher DeRosa, OTR/L, CHT
Rachel K. Mink, OTR/L
Renae Boyd, COTA

All Offices (Mail) 2500-101
2964 Tricom Street
N. Charleston, SC 29406

930 Sparrow Ave
Summerville, SC 29485

130 East Third North Street
Summerville, SC 29483

2961 Tricom Street, Suite U
N. Charleston, SC 29406

2061 Highway 52
Moncks Corner, SC 29461

905 Island Park Drive, Suite 201 (Open Soon)
Daniel Island, SC 29492

LOWCOUNTRY ORTHOPAEDICS

Date. 08/03/2016
RE: Ana Rodriguez-Galvin

DOB: [redacted]1982

PT ID #2156701

To whom it may concern ,

Question from claims adjuster
Why and how the right hand / wrist / C-Spine and neck is related to the right shoulder?
At this time, the claims adjuster is not authorizing the right hand/wrist , C-spine and neck.

Patient was having post-op symptoms in right arm and hand. these can be seen on occasion following a shoulc procedure. since they were persisting and not spontaneously improving with time, consults and testing were initiated to better determine the etiology and what treatment options were appropriate.
We are primarily waiting approval on the MRI of the cervical spine. - Per Dr. James McCoy.

This is in response to the letters sent to Dr. McCoy, Dr. Merrell, and Dr. Santiago on July 20, 2016.

Sincerely,

Tonya McCoy NP
Keith Santiago

144

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [redacted]1982)

P. 003

To: _____
Fax: _____
Date: _____

Lowcountry Orthopaedics & Sports Medicine
Phone: 843.797.5050 Fax: 843.764.2308

Chart #: _____

RETURN TO WORK RECOMMENDATIONS

Employee: Ana Rodriguez Galvin Claim #: _____
Injury Date: _____ Next Appt: _____

☒ Work related
☐ Not work related

Diagnosis: (R) UE injury shoulder surgery

Work Status

☐ Return to regular duty on, Date: _____
☐ Unable to return to regular duty.
☒ Modified duty if available, Date: 31 Aug 16
☐ Discharged from current care on, Date: _____
☐ Return for follow up is needed with Dr: _____
☐ Permanent Restrictions: _____
☐ Requires sedentary position.

☐ Patient must wear brace\cast.
☐ Other: _____

Physical Ability

☐ Restricted standing, walking:
☐ Never ☐ Occasional ☐ Frequent\as Tolerated

☒ Restricted climbing, bending, stooping:
☒ Never ☐ Occasional ☐ Frequent\as Tolerated

☒ Limited use of ☒ right ☐ left hand\arm.

☐ Driving ☐ yes ☐ no

☐ Alternate position (sit, stand, walk…)

☒ Weight lifting restrictions:

(R)	☐ 0#	☒ 1-15#	☐ 16-35#	☐ 36-50#
L	☐ 0#	☐ 1-15#	☐ 16-35#	☐ 36-50#

☒ Overhead work: (R)
☒ Never ☐ Occasional ☐ Frequent\as Tolerated

Recommendations

(Please give WC copies of all orders.)

Radiograph Studies: _____
Diagnostic Tests: _____
Surgery: _____
Physical Therapy: _____
Consult to Dr: Worrell

Patient ☐ has ☒ hasn't reached MMI. Expected MMI date: _____

Physician Signature: _____ Date: 31 Aug 16

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee's signature: _____ Date: _____

WHITE - CHART YELLOW - WORK COMP PINK – PATIENT

145

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [redacted]982)

arcis Fax:843-376-2207 Oct 4 2016 07:36am P002

To: _____

Fax: _____

Date: _____

Lowcountry Orthopaedics & Sports Medicine

Phone: 843.797.5050 Fax: 843.764.2308

Chart #: _____

RETURN TO WORK RECOMMENDATIONS

Employee: Ana Rodriguez Galvin

Injury Date: _____

☒ Work related

☐ Not work related

Claim #: _____

Next Appt: _____

Diagnosis: R shoulder impingement

Work Status

☐ Return to regular duty on, Date: _____

☐ Unable to return to regular duty.

☒ Modified duty if available, Date: 28 Sep 16

☐ Discharged from current care on, Date: _____

☐ Return for follow up if needed with Dr: _____

☒ Permanent Restrictions: See (R)

☐ Requires sedentary position.

☐ Patient must wear brace\cast.

☐ Other: _____

Physical Ability

☐ Restricted standing, walking:
☐ Never ☐ Occasional ☐ Frequent\as Tolerated

☒ Restricted climbing, bending, stooping:
☒ Never ☐ Occasional ☐ Frequent\as Tolerated

☒ Limited use of ☒ right ☐ left hand/arm:

☐ Driving ☐ yes ☐ no

☐ Alternate position (sit, stand, walk…)

☒ Weight lifting restrictions:

R	☐ 0#	☐ 1-15#	☐ 16-35#	☐ 36-50#
L	☐ 0#	☐ 1-15#	☐ 16-35#	☐ 36-50#

☒ Overhead work: (P)
☒ Never ☐ Occasional ☐ Frequent\as Tolerated

Recommendations

(Please give WC copies of all orders.)

Radiograph Studies: _____

Diagnostic Tests: _____

Surgery: _____

Physical Therapy: _____

Consult to Dr: _____

Patient ☒ has ☐ hasn't reached MMI. Expected MMI date: 28 Sep 16

Physician Signature: _____ Date: 28 Sep 16

I hereby authorize the attending physician to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand that return to work recommendations are made on medical issues concerning this injury only.

Employee's signature: _____ Date: _____

WHITE – CHART YELLOW – WORK COMP PINK – PATIENT

146

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [redacted]1982)

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [redacted]1982)

LOW COUNTRY ORTHOPAEDICS

Ares Healthcare
2880 Tricom Street
CHARLESTON, SC 29406-9171
Phone: (843) 797-5050 Fax: (843) 797-3633

RODRIGUEZ-GALVIN, ANA[redacted]82 #2156701

*94403521w7388 Admin

Return to Work / School

Patient: RODRIGUEZ-GALVIN, ANA
DOB: [redacted]1982
Address: 2357 DUNLAP ST/LOT 36
NORTH CHARLESTON, SC 29406-4104

Date: 09/20/2017
Patient ID: 2156701

Note to Patient:

X Was Seen in my office on: 9-20-17

X May return to work/school on: 9-23-17

___ May Not return to work/school on: _____

___ Work limitations _____

___ May Not participate in physical education: _____

___ May return to physical education: _____

___ Limitations for physical education: _____

___ May Not participate in jury duty: _____

RD

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APA
10

LOWCOUNTRY ORTHOPAEDICS SPORTS MEDICINE

* Call Adjuster!

Referral Order

07/06/2016

Patient Information	Ordering Provider
Name : RODRIGUEZ-GALVIN, ANA Sex, DOB, Age: F [redacted]1982 33 YR Athena ID #: 2156701	JAMES J. MCCOY, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633

Referral Order Information

Diagnosis	• Shoulder pain ICD-10: M25.511: Pain in right shoulder
Order Name	PHYSICAL THERAPY SHOULDER REFERRAL
Provider	
Address	
Phone	
Notes	patient four and a half months post right rotator cuff repair. Would still benefit from some active assisted and passive abduction stretching on the right shoulder. Strengthening and work hardening. 1-2 times a week x4 weeks. Modalities p.r.n. 8 visits

Patient Information

Patient Address	2357 DUNLAP ST/LOT 36 NORTH CHARLESTON, SC 29406-4104
Phone	H: (843) 343-1229 M: (843) 343-1229
Primary Insurance	EMPLOYERS INSURANCE GROUP Group: 2015279729 Policy Holder: SUBURBAN EXTENDED STAY HOTEL
Secondary Insurance	None recorded.

Electronically Signed by: JAMES J. MCCOY, MD

JAMES J. MCCOY, MD

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LOWCOUNTRY ORTHOPAEDICS

Referral Order

07/07/2016

Patient Information	Ordering Provider
Name : RODRIGUEZ-GALVIN, ANA Sex, DOB, Age: F [redacted]882 33 YR Athena ID #: 2158701	CHRISTOPHER A. MERRELL, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633

Referral Order Information

Diagnosis	• Cervical radiculitis ICD-10: M54.12: Radiculopathy, cervical region
Order Name	PHYSICAL THERAPY NECK REFERRAL
Provider	
Address	
Phone	
Notes	2-3x/week for 4-6 weeks, ROM, strengthening, home exercise program, modalities prn; traction as tolerated

Patient Information

Patient Address	2367 DUNLAP ST/LOT 36 NORTH CHARLESTON, SC 29406-4104
Phone	H: (843) 343-1229 M: (843) 343-1229
Primary Insurance	EMPLOYERS INSURANCE GROUP Group: 2015279729 Policy Holder: SUBURBAN EXTENDED STAY HOTEL
Secondary Insurance	None recorded.

Electronically Signed by: CHRISTOPHER A. MERRELL, MD

CHRISTOPHER A. MERRELL, MD

149

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]1982
MRN: 101-622-321

Encounter Date: 07/08/2016

Visit History

Total visit(s) (cumulative total):17
Missed Previous Appointments: 0
# of therapy visits authorized: 18.
# of authorized visits used: 17 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt returns today with similar/same complaints of radiating pain from neck into right shoulder and down to fingers, tingling/numb in hand/fingers at times and very limited AROM due to pain/weakness. She also brings a new referral from her Ortho consult for eval and treat of cervical based radiculopathy - This new referral will have to be submitted to insurance approval and then scheduled for a new eval for neck dx.
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending another physician for the referred/nerve pain. and she now returns with a new referral.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees

150

Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: pt can raise GH to about 100 deg. actively now Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Contusion of right shoulder (923.00) (S40.011A)
2. Right shoulder pain (719.41) (M25.511)
3. Partial tear subscapularis tendon (840.5) (S43.80XA)
4. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)

Therapy Assessment
Overall Progress: As Expected, AROM today on return : GH Flexion 85deg, Abd 65 deg
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Modify plan per treatment section.
Follow-up Plans: increasing AROM, strengthening per Ortho MD orders (see his note from 5/24/16

Intervention/Charges

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with cold pack
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy

pullies
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area

Signatures
Electronically signed by : TERRY RYDER, PT; Jul 8 2016 2:49PM CST - Author

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]/1982
MRN: 101-622-321

Encounter Date: 07/22/2016

Visit History

Total visit(s) (cumulative total):18
Missed Previous Appointments: 0
# of therapy visits authorized: 18.
# of authorized visits used: 18 .

Total visit(s) (cumulative total):18
Missed Previous Appointments: 0
# of therapy visits authorized: 18.
# of authorized visits used: 18 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY;
  Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt returns to clinic today reporting that she was supposed to have an MRI of her neck today but the insurance case manager called to cancel this appt without explanation. She continues to report 5-8/10 pain radiating from her neck down into right UE to hand with numb fingers, difficulty gripping and difficulty sleeping. She reaffirms that she did not have neck/spine pain before her accident.
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending another physician for the referred/nerve pain. and she now returns with a new referral.
Activity Status
No work .
I am unclear as of this point which physician is following this patient.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

153

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 6/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: pt can raise GH to about 100 deg. actively now Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 6/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.

ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
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PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: pt can raise GH to about 100 deg. actively now Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Contusion of right shoulder (923.00) (S40.011A)
2. Fall (E888.9) (W19.XXXA)
3. Strain of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, initial encounter (840.8)
4. Partial tear subscapularis tendon (840.5) (S43.80XA)
5. Right shoulder pain (719.41) (M25.511)
6. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
7. Strain of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, initial encounter (840.8)

Therapy Assessment
Overall Progress: As Expected, AROM today on return : GH Flexion 85deg, Abd 65 deg
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Modify plan per treatment section.
Follow-up Plans: increasing AROM, strengthening per Ortho MD orders (see his note from 5/24/16

Intervention/Charges

Modalities: [1]
Unattended Electrical Stimulation [1]
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with hot pack [1] , ~~with cold pack.~~[1]
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units [1] , 40 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy

pullies
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables

premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area

[1] Amended By: RYDER, TERRY; Jul 22 2016 3:04 PM CST

Signatures
Electronically signed by : TERRY RYDER, PT; Jul 22 2016 2:53PM CST - Author
Electronically signed by : TERRY RYDER, PT; Jul 22 2016 3:04PM CST - Author

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]1982
MRN: 101-622-321

Encounter Date: 07/26/2016

Visit History

Total visit(s) (cumulative total):19
Missed Previous Appointments: 0
# of therapy visits authorized: 26.
# of authorized visits used: 19 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY;
  Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states work cancelled her MRI of her neck. states she is still getting tingling of the fingers (especially 2-5). States the pain in the shoulder is consant whenever she goes to use it
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending another physician for the referred/nerve pain. and she now returns with a new referral.
Activity Status
No work.
I am unclear as of this point which physician is following this patient.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 60 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 40 degrees and PROM of 85 degrees

157

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 6/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 85 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: pt can raise GH to about 100 deg. actively now Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Right shoulder pain (719.41) (M25.511)
2. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)

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Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Premodulated Current . with hot pack
Reason/Goal for treatment includes increase mobility, decrease pain and reduce spasm.
Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 2 units , 25 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy

pullies
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Jul 26 2016 10:52AM CST - Author

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]982
MRN: 101-622-321

Encounter Date: 07/28/2016

Visit History

Total visit(s) (cumulative total):20
Missed Previous Appointments: 0
# of therapy visits authorized: 26.
# of authorized visits used: 20 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states work cancelled her MRI of her neck. states she is still getting tingling of the fingers (especially 2-5). States the pain in the shoulder is consant whenever she goes to use it
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Activity Status and Restrictions

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Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 90 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 90 degrees and PROM of 97 degrees
Internal Rotation: AROM of 60 degrees

160

External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 6/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Right shoulder pain (719.41) (M25.511)
2. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 90 degrees of flexion and abduction actively.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Modify plan per treatment section.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 45 minutes
Manual Therapy: 1 units , 15 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy

pullies
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables

premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Jul 28 2016 1:07PM CST - Author

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]1982
MRN: 101-622-321

Encounter Date: 08/01/2016

Visit History

Total visit(s) (cumulative total):21
Missed Previous Appointments: 0
# of therapy visits authorized: 26.
# of authorized visits used: 21 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states shoulder is still hurting
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending another physician for the referred/nerve pain. and she now returns with a new referral.
Activity Status
No work.
No work restrictions.
Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 90 degrees and PROM of 115 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 90 degrees and PROM of 97 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees

163

NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 6/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 60 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 115 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 40 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 90 degrees of flexion and abduction actively.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Modify plan per treatment section.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 1 units , 15 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy

pulleys
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion

164

OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Aug 1 2016 11:06AM CST - Author

LOWCOUNTRY ORTHOPAEDICS

Referral Order

08/03/2016

Patient Information	Ordering Provider
Name : RODRIGUEZ-GALVIN, ANA Sex, DOB, Age: F [redacted]1982 33yo Athena ID #: 2156701	JAMES J. MCCOY, MD LCO_Tricom 2880 Tricom Street CHARLESTON, SC 29406-9171 Phone: (843) 797-5050 Fax: (843) 797-3633

Referral Order Information

Diagnosis	• Shoulder pain ICD-10: M25.511: Pain in right shoulder
Order Name	PHYSICAL THERAPY SHOULDER REFERRAL
Provider	
Address	
Phone	
Notes	the patient and a half months post right rotator cuff repair. He has made great strides in the last month in regards to motion. Would continue working on motion and strengthening and work hardening. 2 to 3 times a week x4 weeks. Modalities p.r.n.

Patient Information

Patient Address	2357 DUNLAP ST/LOT 36 NORTH CHARLESTON, SC 29406-4104
Phone	H: (843) 343-1229 M: (843) 343-1229
Primary Insurance	EMPLOYERS INSURANCE GROUP Group: 2015279729 Policy Holder: SUBURBAN EXTENDED STAY HOTEL
Secondary Insurance	None recorded.

Electronically Signed by: JAMES J. MCCOY, MD

JAMES J. MCCOY, MD

166

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]982
MRN: 101-622-321

Encounter Date: 08/04/2016

Visit History

Total visit(s) (cumulative total):22
Missed Previous Appointments: 0
# of therapy visits authorized: 26.
# of authorized visits used: 22 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states shoulder is still hurting; no changes
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending another physician for the referred/nerve pain. and she now returns with a new referral.
Activity Status
No work.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees
Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees

#167

NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 6/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 105 degrees of flexion and 90 abduction actively, passively, flexion is improving but abduction and ER are still limited.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Modify plan per treatment section.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 2 units , 25 minutes

Exercises performed today include: Therapeutic Exercise and Manual Therapy

pullies
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion

168

OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Aug 4 2016 10:53AM CST - Author

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4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]1982
MRN: 101-622-321

Encounter Date: 08/05/2016

Visit History

Total visit(s) (cumulative total):23
Missed Previous Appointments: 0
# of therapy visits authorized: 26.
# of authorized visits used: 23 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states she is a little sore from yesterday
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending another physician for the referred/nerve pain. and she now returns with a new referral.
Activity Status
No work.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees
Internal Rotation: AROM of 60 degrees

170

External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 6/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 105 degrees of flexion and 90 abduction actively. passively, flexion is improving but abduction and ER are still limited. PROM limited by pain
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Modify plan per treatment section.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 4 units , 55 minutes
Manual Therapy: 1 units , 9 minutes
Supplies:
POINT RELIEF COLDSPOT 3OZ ROLL ON

Exercises performed today include: Therapeutic Exercise and Manual Therapy

pulleys
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals

17

Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Aug 5 2016 10:51AM CST - Author

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]/1982
MRN: 101-622-321

Encounter Date: 08/08/2016

Visit History

Total visit(s) (cumulative total):24
Missed Previous Appointments: 0
# of therapy visits authorized: 26.
# of authorized visits used: 23 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states she is a little sore today. Pt has interpreter today
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending another physician for the referred/nerve pain. and she now returns with a new referral.
Activity Status
No work.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees
Internal Rotation: AROM of 60 degrees

173

External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
2. Fall (E888.9) (W19.XXXA)
3. Contusion of right shoulder (923.00) (S40.011A)
4. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 105 degrees of flexion and 90 abduction actively. passively, flexion is improving but abduction and ER are still limited. PROM limited by pain
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Modify plan per treatment section.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 1 units , 15 minutes
Manual Therapy: 3 units , 40 minutes
Supplies:

Exercises performed today include: Therapeutic Exercise and Manual Therapy

174

pullies
UBE level 2 slow/active assisted motion 10 min (5/5)
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM

R T2 mob grade 3-4
R R2 mob grade 3-4
R R1 mob grade 3-4
R lev scap stretch
R arm distraction mob grade 3-4
R GH PA mob grade 3-4

Signatures
Electronically signed by : HARRY DINWIDDIE, ; Aug 8 2016 11:10AM CST - Author

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]1982
MRN: 101-622-321

Encounter Date: 08/11/2016

Visit History

Total visit(s) (cumulative total):25
Missed Previous Appointments: 0
# of therapy visits authorized: 26.
# of authorized visits used: 25 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states she is a little sore today
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending another physician for the referred/nerve pain. and she now returns with a new referral.
Activity Status
No work.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees
Internal Rotation: AROM of 60 degrees

176

External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 105 degrees of flexion and 90 abduction actively, passively, flexion is improving but abduction and ER are still limited. PROM limited by pain
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 2 units , 25 minutes
Supplies:

Exercises performed today include: Therapeutic Exercise and Manual Therapy
pulleys
UBE level 2 4/4
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables

Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM
Table ER stretch leaning forward 15 s/h 5x

R T2 mob grade 3-4
R R2 mob grade 3-4
R R1 mob grade 3-4
R lev scap stretch
R arm distraction mob grade 3-4
R GH PA mob grade 3-4

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Aug 11 2016 10:35AM CST - Author

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4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]1982
MRN: 101-622-321

Encounter Date: 08/12/2016

Visit History

Total visit(s) (cumulative total):26
Missed Previous Appointments: 0
# of therapy visits authorized: 26.
# of authorized visits used: 25 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states she is a little sore today. Interpreter with pt today
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Ortho MD is recommending another physician for the referred/nerve pain. and she now returns with a new referral.
Activity Status
No work.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees
Internal Rotation: AROM of 60 degrees

179

External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Contusion of right shoulder (923.00) (S40.011A)
2. Fall (E888.9) (W19.XXXA)
3. Partial tear subscapularis tendon (840.5) (S43.80XA)
4. Right shoulder pain (719.41) (M25.511)
5. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 105 degrees of flexion and 90 abduction actively. passively, flexion is improving but abduction and ER are still limited. PROM limited by pain
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 1 units , 15 minutes
Manual Therapy: 3 units , 40 minutes
Supplies:

Exercises performed today include: Therapeutic Exercise and Manual Therapy
pullies

180

UBE level 2 4/4
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM
Table ER stretch leaning forward 15 s/h 5x

R T2 mob grade 3-4
R R2 mob grade 3-4
R R1 mob grade 3-4
R lev scap stretch
R arm distraction mob grade 3-4
R GH PA mob grade 3-4

Signatures
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Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]/1982
MRN: 101-622-321

Encounter Date: 08/16/2016

Visit History

Total visit(s) (cumulative total):27
Missed Previous Appointments: 0
# of therapy visits authorized: 43.
# of authorized visits used: 27 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states she is sore today because yesterday was her first day back to work in months
She can perform Activities of Daily Living independently.
She cannot perform recreational activities independently.
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Activity Status
Return to modified work/activity today.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees

182

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 105 degrees of flexion and 90 abduction actively, passively, flexion is improving but abduction and ER are still limited. PROM limited by pain
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 2 units , 25 minutes
Manual Therapy: 2 units , 25 minutes
Supplies:

Exercises performed today include: Therapeutic Exercise and Manual Therapy
pullies
UBE level 2 4/4
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals

Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM
Table ER stretch leaning forward 15 s/h 5x

R T2 mob grade 3-4
R R2 mob grade 3-4
R R1 mob grade 3-4
R lev scap stretch
R arm distraction mob grade 3-4
R GH PA mob grade 3-4

Signatures
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Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]1982
MRN: 101-622-321

Encounter Date: 08/18/2016

Visit History

Total visit(s) (cumulative total):28
Missed Previous Appointments: 0
# of therapy visits authorized: 43.
# of authorized visits used: 28 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states she is feeling a little better
She can perform Activities of Daily Living independently.
She cannot perform recreational activities independently.
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Activity Status
Return to modified work/activity today.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees

185

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 105 degrees of flexion and 90 abduction actively. passively, flexion is improving but abduction and ER are still limited. PROM limited by pain
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 1 units , 10 minutes
Supplies:

Exercises performed today include: Therapeutic Exercise and Manual Therapy
pullies
UBE level 2 4/4
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals

186

Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM
Table ER stretch leaning forward 15 s/h 5x

R T2 mob grade 3-4
R R2 mob grade 3-4
R R1 mob grade 3-4
R lev scap stretch
R arm distraction mob grade 3-4
R GH PA mob grade 3-4

Signatures
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Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]1982
MRN: 101-622-321

Encounter Date: 08/22/2016

Visit History

Total visit(s) (cumulative total):29
Missed Previous Appointments: 0
# of therapy visits authorized: 43.
# of authorized visits used: 29 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states after work her shoulder is sore but she is putting on ice it
She can perform Activities of Daily Living independently.
She cannot perform recreational activities independently.
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Activity Status
Return to modified work/activity today.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 108 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees

188

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 105 degrees of flexion and 90 abduction actively. passively, flexion is improving but abduction and ER are still limited. PROM limited by pain. tenderness all along medial boarder of R scapula
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 1 units , 15 minutes
Supplies:

Exercises performed today include: Therapeutic Exercise and Manual Therapy
pulles
UBE level 2 4/4
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals

189.

Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM
Table ER stretch leaning forward 15 s/h 5x

R T2 mob grade 3-4
R R2 mob grade 3-4
R R1 mob grade 3-4
R lev scap stretch
R arm distraction mob grade 3-4
R GH PA mob grade 3-4

Signatures
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190

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]/1982
MRN: 101-622-321

Encounter Date: 08/24/2016

Visit History

Total visit(s) (cumulative total):30
Missed Previous Appointments: 0
# of therapy visits authorized: 43.
# of authorized visits used: 30 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states she is feeling okay today
She can perform Activities of Daily Living independently.
She cannot perform recreational activities independently. -
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Activity Status
Return to modified work/activity today.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees

191

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 105 degrees of flexion and 90 abduction actively. passively, flexion is improving but abduction and ER are still limited. PROM limited by pain. tenderness all along medial boarder of R scapula. pt to return to doctor on 8/31.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 45 minutes
Manual Therapy: 1 units , 15 minutes
Supplies:

Exercises performed today include: Therapeutic Exercise and Manual Therapy
pullies
UBE level 2 4/4
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals

192

Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM
Table ER stretch leaning forward 15 s/h 5x
theracane
R T2 mob grade 3-4
R R2 mob grade 3-4
R R1 mob grade 3-4
R lev scap stretch
R arm distraction mob grade 3-4
R GH PA mob grade 3-4

Signatures
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193

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]/1982
MRN: 101-622-321

Encounter Date: 08/26/2016

Visit History

Total visit(s) (cumulative total):31
Missed Previous Appointments: 0
# of therapy visits authorized: 43.
# of authorized visits used: 30 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt states she is feeling okay today
She can perform Activities of Daily Living independently.
She cannot perform recreational activities independently.
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Activity Status
Return to modified work/activity today.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees

194

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: **7/10**
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Contusion of right shoulder (923.00) (S40.011A)
2. Fall (E888.9) (W19.XXXA)
3. Partial tear subscapularis tendon (840.5) (S43.80XA)
4. Right shoulder pain (719.41) (M25.511)
5. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)

Therapy Assessment
Overall Progress: As Expected, active ROM has improved since last visit. Pt now able to obtain 105 degrees of flexion and 90 abduction actively, passively, flexion is improving but abduction and ER are still limited. PROM limited by pain, tenderness all along medial boarder of R scapula, pt to return to doctor on 8/31. Worked on R lev scap and R GH PROM. Pt c/o pain in neck between C4-T2
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 2 units , 30 minutes
Manual Therapy: 2 units , 30 minutes
Supplies:

195.

Exercises performed today include: Therapeutic Exercise and Manual Therapy
pullies
UBE level 2 4/4
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM
Table ER stretch leaning forward 15 s/h 5x
theracane
R T2 mob grade 3-4
R R2 mob grade 3-4
R R1 mob grade 3-4
R lev scap stretch
R arm distraction mob grade 3-4
R GH PA mob grade 3-4
Wall Pushups 3x10

Signatures
Electronically signed by : HARRY DINWIDDIE, ; Aug 26 2016 3:36PM CST - Author

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]1982
MRN: 101-622-321

Encounter Date: 08/30/2016

Visit History

Total visit(s) (cumulative total):32
Missed Previous Appointments: 0
# of therapy visits authorized: 43.
# of authorized visits used: 30 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt reports she had a lot of pain after the manual therapy during last session
She can perform Activities of Daily Living independently.
She cannot perform recreational activities independently.
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Activity Status
Return to modified work/activity today.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees

197

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Partial tear subscapularis tendon (840.5) (S43.80XA)
2. Right shoulder pain (719.41) (M25.511)
3. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)

Therapy Assessment
Overall Progress: As Expected, pt had a lot of pain for hours after last visit with increased manual therapy techniques, trouble sleeping that night, and took a couple of days to calm down
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Modalities:
Unattended Electrical Stimulation
Location: To affected area
Length of Time: 15 minutes
E-Stim Type: Interferential Current . with hot pack
Reason/Goal for treatment Includes decrease pain and decrease inflammation.
Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 45 minutes
Therapeutic Activities: 1 units , 10 minutes
Supplies:

Exercises performed today include: Therapeutic Exercise and Manual Therapy
pullies
UBE level 2 4/4
manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM
Table ER stretch leaning forward 15 s/h 5x
theracane

Wall Pushups 3x10

Signatures
Electronically signed by : TERRY RYDER, PT; Aug 30 2016 2:46PM CST - Author

Concentra®

4213 Dorchester Road
4115 Dorchester Road, Suite 100
Charleston, SC, 29405
(843) 554-6737

Patient: Ana E. Rodriguez Galvan DOB: [redacted]1982
MRN: 101-622-321

Encounter Date: 08/31/2016

Visit History

Total visit(s) (cumulative total):33
Missed Previous Appointments: 0
# of therapy visits authorized: 43.
# of authorized visits used: 33 .

Active Problems

No co-morbidities identified.

Current Meds

- Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY; Therapy: 19Oct2015 to (Evaluate:19Nov2015); Last Rx:04Nov2015 Ordered

History of Present Condition

Patient Status: pt reports she is feeling okay today
She can perform Activities of Daily Living independently.
She cannot perform recreational activities independently.
Patient reports they are performing their home exercise program daily.

Activity Status and Restrictions

Treatment Status:
Returning for follow-up:
Specialist Referral - Assume Care.
Specialist Referral - Treatment but returning.
Continue Therapy/Rehabilitation as scheduled.
Activity Status
Return to modified work/activity today.

Restrictions carried forward from Treating Clinician.

Tests and Measures

Right Shoulder:
PAIN:
Pain Rating: 5/10
Appearance/Palpation Comment: TTP upper trap, supraspinatus
Flexion: AROM of 106 degrees and PROM of 135 degrees
Extension: AROM of 60 degrees
Abduction: AROM of 95 degrees and PROM of 97 degrees

2D.

Internal Rotation: AROM of 60 degrees
External Rotation: AROM of 20 degrees
NEUROVASCULAR SCREEN:
Sensation grossly intact, myotomes and deep tendon reflexes symmetrical.
JOINT MOBILITY:
Normal and pain free.
WOUND:
Wound Type: Surgical Incision
Wound Type Comment: healing well
Impairment Goals
PAIN: Initial Value: 5/10. Goal: 1/10. Current Value: 5/10.
FLEXION AROM: Initial Value: 60 degrees. Goal: 160 degrees. Current Value: 106 degrees.
FLEXION PROM: Initial Value: 115 degrees. Goal: 160 degrees. Current Value: 135 degrees.
ABDUCTION AROM: Initial Value: 40 degrees. Goal: 150 degrees. Current Value: 95 degrees.
ABDUCTION PROM: Initial Value: 85 degrees. Goal: 150 degrees. Current Value: 97 degrees.
EXTERNAL ROTATION AROM: Initial Value: 20 degrees. Goal: 70 degrees. Current Value: 20 degrees.
Right Wrist/Hand:
PAIN:
Pain Rating: 7/10
ROM AND MUSCLE PERFORMANCE:
ROM within normal limits.
Neurovascular Screen Comment: pt reports whole hand aching and numb/tingling
Impairment Goals
PAIN: Initial Value: 7/10. Goal: Pain Free. Current Value: 7/10.
Essential Function/ADL Goals
UE elevation : Initial Value: below shoulder height Goal: overhead Current Value: shoulder height Goal Status: Progressing slower than anticipated per protocol
lifting 10# 10x : Initial Value: nt Goal: able Current Value: can lift 5# Goal Status: Progressing slower than anticipated per protocol

Evaluation

1. Partial tear subscapularis tendon (840.5) (S43.80XA)
2. Right shoulder pain (719.41) (M25.511)

Therapy Assessment
Overall Progress: As Expected, pt had a lot of pain for hours after visit last firday with increased manual therapy techniques, trouble sleeping that night, and took a couple of days to calm down. pt returned to dr. mccoy 8/31/16 and he is referring pt to specialist for cervical spine due to consistent pain and DJD of the C spine. Dr. McCoy also recommended holding PT until pt is consulted by ortho specialist for C spine. will with hold PT until further notice.
Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Skin check: Inspection of the patient's skin after completion of the thermal modality revealed no significant skin changes other than normal mild erythema.

Visit Type: Progress Note
Procedure Charges:
Therapeutic Exercises: 3 units , 40 minutes
Manual Therapy: 1 units , 8 minutes
Supplies:
POINT RELIEF COLDSPOT 3OZ ROLL ON

Exercises performed today include: Therapeutic Exercise and Manual Therapy
pullies
UBE level 2 4/4

207

manual GH mobs Gr I/II x 8 min
cable 3# (1 plate) D1 and D2 diagonals
Lat pull downs bilat = cables
Rows/Scap retract bilat = cables
premod, 2 channel estim to right shoulder - lateral RC/Acromion arch area and retro suprascapular area
OTB flexion
OTB abduction
manual PROM as well as mobs
OTB horizontal abduction
Swiss ball flexion for ROM
wall slides in abduction and flexion for ROM
Table ER stretch leaning forward 15 s/h 5x
theracane

Wall Pushups 3x10

Signatures
Electronically signed by : ANSLEY ERBACHER, PT; Aug 31 2016 3:09PM CST - Author

APA
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In the Matter Of:

ANA RODRIGUEZ GALVAN vs GRIFFIN STAFFORD

ANA RODRIGUEZ GALVAN

January 25, 2017

COPY

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BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

ANA RODRIGUEZ GALVAN,	)	
	)	
Claimant,	)	
-versus-	)	
	)	
GRIFFIN STAFFORD	)	WCC File Number
N. CHARLESTON,	)	1515209
	)	
Employer,	)	
and	)	
	)	
EMPLOYERS PREFERRED	)	
INSURANCE COMPANY,	)	
	)	
Carrier,	)	
Defendants.	)	
	)	

Deposition of ANA RODRIGUEZ GALVAN, taken by Counsel for the Employer/Carrier on the 25th day of January, 2017, at The Steinberg Law Firm, LLP, 118 Goose Creek Boulevard South, Goose Creek, South Carolina, commencing at approximately 9:18 a.m.

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APPEARANCES

For the Claimant:	Michael J. Jordan, Esquire THE STEINBERG LAW FIRM, LLP Post Office Box 1028 Goose Creek, South Carolina 29445
For the Employer/ Carrier:	Matthew J. Fultz, Esquire WOOD LAW GROUP, LLC Post Office Box 20550 Charleston, South Carolina 29413
Reported by:	Matthew Hazen Anderson Notary Public/Court Reporter
Interpreter:	Corina Saavedra

---o0o---

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ANA RODRIGUEZ GALVAN, called as a witness, having been first duly sworn, was examined and testified as follows:

MR. FULTZ: Mrs. Rodriguez, my name is Matt Fultz. I'm the attorney for Griffin Stafford North Charleston and their workers' compensation carrier, and we're here to take your deposition today. Do you prefer Mrs. Rodriguez or Mrs. Galvan?

WITNESS: Rodriguez is fine.

MR. FULTZ: Okay. Mrs. Rodriguez, have you ever had your deposition taken before?

WITNESS: No, she has not. It's her first time.

MR. FULTZ: Okay. Well, obviously, I don't speak Spanish, and we have a translator today. So it's important that you let the translator say everything I've said before you answer, even if you understand a little bit; okay?

WITNESS: All right.

MR. FULTZ: Also, it's important, because we have a translator, that you verbalize all answers and allow her to interpret the answer back to me. Sometimes we nod our head, but if you could verbalize all answers, that would be great; okay?

WITNESS: Okay.

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MR. FULTZ: And, finally, if there's anything that I ask today that you don't understand or doesn't make sense, feel free to ask me to rephrase it. I'm not trying to trick you. I just want to make sure you've understood the question I've asked when you answer it.

WITNESS: She is okay with that.

DIRECT EXAMINATION

BY MR. FULTZ:

Q Okay. Mrs. Rodriguez, would you please state your full name for the record?

A It's Ana; middle is Erika; Rodriguez Galvan.

Q And your date of birth, ma'am?

A It's the [redacted] 1982.

Q Okay. And your social security number?

A She didn't bring her card, and she doesn't remember --

Q Okay.

A -- it right away.

Q Okay. Well, what's your current address, Mrs. Rodriguez?

A 2357 Dunlap Street, Lot 36, in North Charleston, South Carolina, 29406 ZIP code.

Q Okay. And do you have a South Carolina driver's license?

A She does have a driver's license, a permit.

Q Okay. And do you drive?

A Yes, she does.

Q What type of vehicle do you have?

A In other words, the model and make? Is that --

Q Well, yeah. You -- I mean, generally.

A It's a Taurus. She doesn't know the year of the car.

Q That's okay. It doesn't matter. Is that the only car that you have?

A She has another car, but her husband drives that other car.

Q And what type of car is that?

A She doesn't know what model it is, what type of car.

Q How long have you been married?

A She has 17 years of marriage.

Q Okay. And what is your husband's name?

A Rafael Lomeli -- okay. L-O-M-E-L-I, and V-E-R-N-A-L, V as in Victor.

Q And do you have any children?

A Yes.

Q How many children do you have?

A Five kids.

Q How old are they?

A The oldest is 18 years old, the second one is 16 years, the third one is 13 years, seven years, and the last one is seven months old.

Q A little one. Do all of your children live with you and your husband?

A Yes, they all live with her.

Q And does anyone besides your husband and your five children live at the Dunlap Street residence?

A No, they don't. Just them.

Q Mrs. Galvan, I want to talk a little bit about -- excuse me. Mrs. Rodriguez, I want to talk a little bit about your educational background now. How far did you go in school?

A She stopped at the sixth grade.

Q Any high school or school beyond the sixth grade?

A No, she has not.

Q Okay. Aside from your driver's license, do you hold any other licenses or certifications?

A No, she does not.

Q Okay. Have you ever served in the military?

A No, she has not.

Q Have you ever been arrested or convicted of a crime?

A No, she has not.

Q Mrs. Rodriguez, where are you currently employed?

A She's employed by a hotel. The hotel name is Suburban.

Q Suburban?

A Um-hum.

Q And how long have you worked at the Suburban hotel?

A In August, it'll be four years since she's working there.

Q And what do you do there?

A Okay. She supervises rooms.

Q Do you supervise rooms, or do you clean rooms? What do you do there?

A She supervises to make sure that the cleaning crew left, you know, a good, clean place.

Q Okay. So you're a supervisor of the housekeepers?

A Yes.

Q Is that a new position that you've been promoted to there?

A Yes, it is.

Q And did that new job or new position happen after you came back to work?

A In other words -- I'm sorry. I didn't understand the question. Again do you mind asking it?

Q Sure. Is that new position of supervisor

something that you've started doing since you've returned to work from your medical treatment?

A Yes, it is.

Q And how long have you been back to work?

A She doesn't remember.

Q Can you estimate it for me?

A After July.

Q Of 2016?

A Yes, after July 2016.

Q Okay. During your time at the Suburban hotel, have you had a job anywhere else, like, a second job?

A No, she has not.

Q Who is your supervisor at the Suburban hotel?

A Elnora Gary (sic). Elnora.

Q Gary and Elnora, or Gary Elnora?

A It's a man, Elnora. Elnora is his first name, and Gary is the last name.

Q Okay. And what is your rate of pay at the Suburban hotel?

A It's $10 an hour, and the rate changes depending on how many hours she works.

Q So it can go up if there's more hours?

A Yes, depending on how many hours, it --

Q Sure.

A -- goes up.

Q Did you -- was there an increase in your pay when you were promoted to supervisor?

A They raised it to $10 an hour, because it was one year she had been working there.

Q Okay. Before October of 2015 when you were injured, were you working year round?

A Yes, she have.

Q Okay. And so you worked 52 weeks a year?

A Yes, she did.

Q Okay. And where did you work before the Suburban hotel?

A She used to clean houses with another girl.

Q Mrs. Rodriguez, before October of 2015, had you ever been hurt at work before?

A No, she had not.

Q Have you had any injuries at work since you returned in 2016?

A No, she has not.

Q Is this your only workers' compensation claim?

A Yes, it is.

Q Have you ever been involved in a motor vehicle accident where you sustained an injury?

A No, she has not.

Q Have you ever been involved in a personal injury claim?

A **No, she has not.**

Q Okay. Mrs. Rodriguez, do you have a family doctor?

A **Yes, she has.**

Q Who is that?

A **It's a clinic. It's called Franklin Center.**

Q Is that Franklin Fetter clinic?

A **Yes, it is.**

Q Before October of 2015, were you aware of any health conditions from which you suffered?

A **In 2015; right?**

Q Sure. Before this injury, were you -- did you have any health conditions?

A **No, she did not.**

Q Did you take any medications for any problems?

A **No, she did not.**

Q Okay. What did you treat at Franklin Fetter clinic for?

A **Regular treatment, like her OB/GYN treatment.**

Q Just regular --

A **A checkup.**

Q -- physicals?

A **Um-hum. And that's where she was treated for her last baby.**

Q When was your last baby born?

A June 17, 2016.

Q Okay. Are you currently taking any medication?

A Just for the pain in the arm.

Q Okay. And what medication are you being prescribed?

A She's taking Advil.

Q Okay. So there are -- you're not under any prescription currently?

A No. No, she's not.

Q Prior to October of 2015, had you ever had surgery?

A No, she had not.

Q Before October 2015, had you ever had any problems with your right arm?

A No, she did not.

Q Before October 2015, had you ever had any problems with your right shoulder?

A No, she did not.

Q Okay. And prior to October 2015, had you ever had any problems with your neck?

A No, she did not.

Q Mrs. Rodriguez, we've been referencing October 9, 2015, as the date of injury. Does that sound correct to you?

A Yes, it does.

Q And where -- let me ask it this way. Was the Suburban motel your only employer on that day?

A Yes, it was.

Q And where is the job -- where did the injury occur?

A It was in a room.

Q In a hotel room?

A Yes.

Q Okay. Go ahead and tell me, if you would, exactly what happened on October 9th, 2015.

A She was cleaning the bathroom, and there was water on the floor and she slipped, and then she tried to hold onto the doorknob, but the doorknob goes down, so she slipped -- her arm -- her hand slipped off. So, then, with her body weight, she ended up going -- falling sideways, and her whole arm got the brunt of her body as she fell on the floor.

Q So as you slipped, you grabbed a doorknob with your right arm?

A And she says it's those type of doorknobs that go down, so --

Q Right.

A -- when she tried to hold on, it just slipped from her hand, and then her body weight -- she just fell on the side. And as she fell down, all the brunt of her body

weight went on that arm.

Q Let me ask her this. As you slipped, you grabbed the doorknob with your right hand?

A Yes. In order not to fall, she tried to hold onto the door and it just gave in.

Q But it was your right hand?

A Yes, it was her right hand.

Q And did you continue to hold the doorknob as you fell to the ground?

A It's not a doorknob. It's kind of like a thing that goes down, like a vertical handle? So, as she tried to grab it, the thing just went off and she couldn't, so that's when she fell.

Q Okay. And did you land on your right arm?

A Yes, she did.

Q Was anyone in the room with you?

A Yeah, there was another worker with her.

Q And who was that?

A It was a maid called Fabiola. She works there, too.

Q Okay. What happened immediately after you fell?

A This lady came to her aid. And she couldn't stand up at the beginning, so she kind of had to wait a little bit, and then this lady helped her stand up.

Q As this coworker helped you stand up, where were

you having pain?

A Her pain was in her right arm.

Q Anywhere else?

A At that moment, it was only her arm in pain.

Q What happened after she helped you up?

A She tried to finish cleaning her area, and then the other lady called the supervisor and asked if she could leave, and she gave her the okay to leave.

Q Did you speak with the supervisor?

A Yes, she did.

Q Who was that supervisor?

A It was Elnora.

Q Okay. And did Elnora send you for a medical evaluation anywhere?

A Yes, he (sic) did.

Q Where did he send you?

A Concentra.

Q Concentra?

A It's a clinic, Concentra.

Q Okay. How did you get to Concentra?

A Well, she had pain in her arm. Were you trying to say who took her in?

Q Yeah, where did she go. How did she physically get to Concentra?

A She drove herself to the clinic.

Q And when you arrived at Concentra, what did you -- what were your physical complaints to the admitting physician?

A They took x-rays of her arm.

Q And what did you tell the doctor? What were your physical complaints that you made to the doctor?

A That she was in a lot of pain from her arm and she couldn't move her arm.

Q And they gave you an x-ray?

A Yes, they took x-rays.

Q How many times did you see Concentra?

A She started taking therapy there, and then from there, they sent her to another place.

Q Okay. Did they put you out of work?

A They said that she could still work.

Q Okay. And did you continue to work initially?

A Yes, she did continue to work --

Q Okay. While you were --

A -- initially.

Q I'm sorry. And you continued to work while you were treating at Concentra and doing physical therapy?

A Yes, she did.

Q Okay. And where did they send you after Concentra?

A They said that the x-ray did not show well of her

arm, so they're going to send her to another place where she could get an MRI.

Q Okay. And where -- did Concentra send you for an MRI?

A Yes. It was Concentra, the one that sent her.

Q Following your MRI, did you continue to treat at Concentra?

A No, she did not.

Q Okay. Where did they send you?

A The MRI showed that she had a torn tendon, and she couldn't do therapy.

Q Maybe I'm not asking the question well. Were you sent to a different doctor?

A She went to another doctor after the MRI.

Q Okay. And who was that doctor?

A Dr. McCoyne (sic).

Q Dr. McCoy?

A McCoy.

Q Where does Dr. McCoy practice?

A It's a clinic where he works at, but she doesn't remember the name of the clinic.

Q Who referred you to Dr. McCoy?

A Concentra's the one that told her to go to see Dr. McCoy.

Q Where, specifically, does Dr. McCoy practice?

A **It's in Summerville.**

Q Is Dr. McCoy an orthopaedic specialist?

A **She doesn't know.**

Q What type of treatment did you receive from Dr. McCoy?

A **He's the one that did the surgery on her arm.**

Q Okay. Were you working until you had surgery?

A **Yes.**

Q And when did you have surgery?

A **February 24th.**

Q Of 2016?

A **Yeah, 2016.**

Q Okay. Through your treatment at Concentra initially and when you began treating with Dr. McCoy, were you having any problems other than your right arm?

A **No, she did not.**

Q Okay. Did Dr. McCoy -- did you have follow-up appointments with Dr. McCoy after the surgery?

A **Yes, she did.**

Q And has Dr. McCoy now released you from treatment?

A **Yes, he did.**

Q Okay. Have you seen any other doctors besides Dr. McCoy and Concentra for treatment of these injuries?

A **No, she has not.**

Q Okay. Have you ever been to the Roper Emergency Room since October 2015?

A No, she has not.

Q Okay. So the only places you went were Concentra and this doctor in Summerville named Dr. McCoy?

A Then she had another doctor. They send her for the hands.

Q Okay.

A But she's trying to remember the name of that doctor.

Q Okay. When did you go to see this other doctor for your hands?

A She doesn't remember.

Q Okay. So do you know who that doctor was?

A Dr. McCoy is the one that referred her to this doctor for the hands.

Q So when did you go see -- was this after Dr. McCoy had released you?

A Before she ended her treatment with Dr. McCoy, Dr. McCoy referred her to this doctor for the hand. Dr. Santiago is his name.

Q How many times did you see Dr. Santiago?

A Like about four times.

Q And when did you start having problems with your hands?

A Before the surgery, she was having problems with four of her fingers on her right hand.

Q Okay. What type of treatment did Dr. Santiago provide for you?

A Her fingers were getting numb so the doctor did some tests on her hand.

Q Okay. When did that start to happen?

A She started feeling the numbness in her hand after she had the accident. It started getting worse.

Q Did you have problems in your hand before the accident?

A No, she had not.

Q Okay. When did the problems in her hand start to develop after the accident?

A About a month after the accident.

Q Okay. All right. So you were seeing -- I'm trying to paint a picture or figure out exactly where you've been for medical treatment. Okay. So you were seen initially at Concentra on several occasions; is that right?

A Yes, she did.

Q And subsequently, you were seen by Dr. McCoy for treatment of your right arm; is that correct?

A Yes.

Q And while you were treating with Dr. McCoy, you were referred to Dr. Santiago for your right hand; is that

correct?

A Yes.

Q Have you seen any other medical providers for treatment of injuries sustained on October 9, 2015?

A No, she has not.

Q Did Dr. Santiago release you from treatment?

A Yes, he did.

Q Okay. Did he provide any treatment for your right hand?

A No, he did not.

Q What did he do on the four visits that you saw him?

A He tried to see if the numbness in her fingers had to do with her arm, but then, eventually, he said that he'd have to look at her neck.

Q Okay. Were you having neck problems at that time?

A Yes, she did.

Q When did you start to notice that you were having neck problems?

A After the surgery.

Q Had you ever had any neck problems before the surgery?

A No, she did not.

Q Did you report those neck problems to Dr. McCoy?

A **Yes, she did.**

Q And what did Dr. McCoy tell you about your neck issues?

A **He was going to send her to another specialist that would deal with the neck problems.**

Q And did he send you to another specialist?

A **The insurance company did not agree to pay for that visit.**

Q Have you seen any doctors since you were released by Dr. McCoy in the summer of 2016?

A **No, she did not.**

Q Have you been working since your release back to work in July of 2016?

A **Yes, she did.**

Q How's your arm now?

A **Bad.**

Q Okay. Did the surgery help?

A **No.**

Q Okay. So your arm is no better following the surgery?

A **No.**

Q Okay. Specifically, where do you have pain in your right arm?

A **It all that area.**

Q It looks to me like you're pointing at your right

shoulder.

A Yes.

Q Anywhere else?

A In the neck area that goes to her right shoulder.

Q Okay. So the right side of your neck?

A Yes.

Q And that's been going on since the surgery?

A Yes, it is since the surgery.

Q And how about your right hand?

A Her fingers continue getting numb and with pain.

Q Mrs. Rodriguez, aside from your right shoulder, your right neck, and the numbness and pain in your right fingers, do you have any other pain?

A It's starting to feel down, and it's going down to her back area.

Q Okay. So also the back of your right shoulder?

A Yes.

Q Okay. Anything else?

A No.

Q Okay. Are you able to perform your job duties at work?

A Yes.

Q Tell me about any recreational activities or hobbies you used to enjoy that you can no longer participate in.

A No.

Q No?

A No, she doesn't.

MR. JORDAN: Would you like to read it completely?

MR. FULTZ: No. Oh, I will, but is that it, other than what we've talked about?

MR. JORDAN: Me?

MR. FULTZ: From her. Is that it? Other medical? There's no other medical besides this?

MR. JORDAN: No.

BY MR. FULTZ:

Q Who did you coordinate with at the hotel about your return to work following the surgery?

A Okay. With Elnora, the supervisor.

Q Okay. And they took you back, put you back in your job, when the doctor said you could come back?

A Yes, she came back to work, but with restrictions.

Q Okay. And are you still under restrictions?

A Yes, she is.

Q And what are those restrictions?

A Okay. She can't pick up anything that's over 15 pounds, and she can only pick up her arm at a certain height, and that's it.

Q At any time since the day of the accident, have you applied for unemployment benefits?

A This is after the accident?

Q Yes. At any time since October of 2015, have you applied for unemployment benefits?

A No, she has not.

Q Okay. Have you ever applied for social security disability benefits?

A No, she has not.

Q Are you currently receiving weekly checks from the workers' compensation carrier?

A No, she is not.

Q Did you receive those while you were out of work?

A Yes, after she finished working, she did. She was thinking you were asking about now.

Q Right. I guess I am asking about now. Did those -- did you get weekly checks while you were out of work?

A Yes. While she was out of work, she did.

Q Okay. And how much were those for?

A A hundred and seventy-three weekly.

Q Did those checks stop when you went back to work?

A Yes. As soon as she started working, they stopped.

Q Do you have any outstanding medical bills related to your treatment for these injuries?

227.

A No.

Q Do you have any appointments currently scheduled with any doctors?

A No, she has not.

Q Have you ever been to treat at Franklin Fetter for your right arm or your neck?

A No, she has not.

MR. FULTZ: Michael, I don't have any other questions.

CROSS-EXAMINATION

BY MR. JORDAN:

Q Just in follow-up. We talked about the numbness you were having into your right fingers?

A With pain.

Q Is that a problem you're still having?

A Yes, she has.

Q When did that start?

A After the accident.

MR. JORDAN: No other questions.

MR. FULTZ: I'm good.

(WHEREUPON, this deposition was concluded at approximately 10:07 a.m.)

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COUNTY OF BEAUFORT

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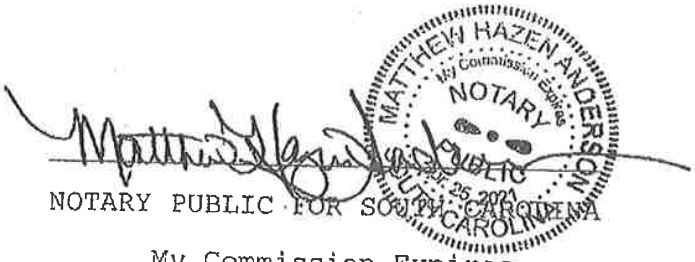

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APA
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In the Matter Of:

Ana Rodriguez Galavan vs Griffin Stanford, et al

ANA RODRIGUEZ GALVAN

March 14, 2018

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BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

ANA RODRIGUEZ GALVAN,	)	
	)	
Claimant,	)	
-versus-	)	
	)	
GRIFFIN STAFFORD	)	WCC File Number
N. CHARLESTON,	)	1515209
	)	
Employer,	)	
and	)	
	)	
EMPLOYERS PREFERRED INSURANCE COMPANY,	)	
	)	
Carrier,	)	
Defendants.	)	
	)	

Deposition of ANA RODRIGUEZ GALVAN, taken by Counsel for the Employer/Carrier on the 14th day of March, 2018, at The Steinberg Law Firm, LLP, 118 Goose Creek Boulevard South, Goose Creek, South Carolina, commencing at approximately 9:05 a.m.

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APPEARANCES

For the Claimant:	Michael J. Jordan, Esquire THE STEINBERG LAW FIRM, LLP Post Office Box 1028 Goose Creek, South Carolina 29445
For the Employer/ Carrier:	Matthew J. Fultz, Esquire WOOD LAW GROUP, LLC Post Office Box 20550 Charleston, South Carolina 29413
Reported by:	Matthew Hazen Anderson Notary Public/Court Reporter
Interpreter:	Carla Collins

---o0o---

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---o0o---

** REPORTER'S NOTE **

No Exhibits Were Marked

---o0o---

ANA RODRIGUEZ GALVAN, called as a witness, having been first duly sworn, was examined and testified as follows:

MR. FULTZ: Ms. Galvan, we've met previously, but I'll introduce myself again. My name is Matt Fultz. I'm the attorney for the employer and their workers' compensation carrier. I'm sure you remember from last time we spoke in January of last year, but I'll touch on a couple of the ground rules for our deposition today.

Obviously, we have an interpreter today so that we can speak to each other. It's important that you let her finish translating before you start to answer, and I'll try to do the same with my questions. Also, it's important that you verbalize all answers to allow our interpreter an opportunity to translate it back to me; okay? Sometimes we nod our heads or say um-hum and huh-uh. If you could verbalize, saying yes or no, where appropriate, that would be great.

WITNESS: Of course.

MR. FULTZ: And finally, Ms. Galvan, if there's anything that I ask today that you don't understand or confuses you, feel free to ask me to rephrase it. I want to make sure that you've understood the question I've asked when you answer it.

WITNESS: Okay.

MR. FULTZ: Ms. Galvan, what we're doing today is called a catch-up deposition, so I'll only be asking you questions about what's happened since we last spoke in January of 2017.

WITNESS: Okay.

DIRECT EXAMINATION

BY MR. FULTZ:

Q Ms. Galvan, please state your full name for the record.

A Ana Erika Rodriguez Galvan.

Q And your date of birth, ma'am?

A [redacted]1982.

Q Ms. Galvan, what is your current address?

A 2357 Dunlap Street, Lot 36, North Charleston, South Carolina.

Q Ms. Galvan, do you have a driver's license?

A A permit.

Q A permit. Who issues that permit?

A I got it at the DMV.

Q Does it allow you to drive?

A Yes.

Q By yourself?

A Yes.

Q Okay. Do you drive?

A **Yes.**

Q What type of vehicle do you have?

A **A Kia van.**

Q Okay. Do you own any other vehicles?

A **No.**

Q Ms. Galvan, are you still married?

A **Yes.**

Q And have you had any children since January of 2017?

A **No.**

Q You still have five children?

A **Yes.**

Q Okay. And do all your children live with you?

A **Yes.**

Q Aside from your children, does anyone else live with you?

A **No.**

Q Ms. Galvan, have you had any formal education or classes of any kind since we last spoke in January of last year?

A **No.**

Q Aside from your driving permit, do you hold any other licenses or certifications?

A **No.**

Q Since January of last year, have you been

arrested or convicted of a crime?

A No.

Q Since January of last year, have you been treated for substance or alcohol abuse?

A No.

Q Where are you currently employed?

A It's a hotel. The interpreter needs to ask for the particular name. Choice Suburban.

Q Choice Suburban?

A Choice Suburban.

Q Okay. The same place you've been working?

A Yes.

Q Since we spoke in January of 2017, have you worked anywhere aside from Choice Suburban Hotel?

A No.

Q Are you currently working full time at Choice Suburban?

A Yes.

Q How many hours a week are you working?

A Forty.

Q What is your job title there?

A Housekeeping supervisor.

Q Also the same title you had when we spoke last time?

A Yes.

Q Okay. What is your current rate of pay?

A Ten seventy-five.

Q Is that more or less than the last time we spoke?

A It's the -- the same.

Q It's the same?

A Yes.

Q So there's been no change in your rate of pay?

A No.

Q Okay. Are you making the same amount of money each paycheck that you were making when we spoke last?

A Yes.

Q Tell me about what your job duties are, currently, at Choice Suburban.

A I have restrictions.

Q Okay. We'll talk about your restrictions in a minute, but what do you -- what do you do? What is your job? What do you do on a daily basis?

A I supervise rooms.

Q Okay. And what does that mean? What does that specifically entail?

A I have to check that the bathrooms are clean, that there are enough towels, and that the necessary items are in each room.

Q Do you actually clean rooms?

A No, I supervise.

Q Okay. You mentioned being under certain restrictions.

A Yes.

Q What are those restrictions?

A Not to lift more than 15 pounds with my arm, not to lift my arm higher than my shoulder.

Q Are you able to do your supervisor job within those restrictions?

A Yes.

Q Who is your supervisor?

A Interpreter phonetic pronunciation, Elnora Gary.

Q Is it a man or a woman?

A Woman.

Q And how many people do you supervise as the housekeeping supervisor?

A Five.

Q Do you work Monday through Friday? What's your regular work schedule?

A I have two days off a week. I work Monday through Thursday and have off Saturday and Sunday -- I have off Friday and Saturday.

Q So you work Sunday through Thursday?

A Yes.

Q Okay. Since we last spoke in January of 2017, have you been working full time as a housekeeping

supervisor at Choice Suburban Hotel?

A Yes.

Q You have not been put out of work since that time?

A No.

Q Okay. Have you worked anywhere else, besides Choice Suburban, since January of 2017?

A No.

Q Do you have any form of income other than your pay from Choice Suburban?

A No.

Q Okay. Do you have health insurance?

A No.

Q Okay. Ms. Galvan, since January of 2017, have you been hurt at work at all?

A No.

Q Is this your only workers' compensation claim?

A Yes.

Q Okay. Since January of 2017, have you been involved in a motor vehicle accident?

A No.

Q Have you been involved in any personal injury claim since January of 2017?

A No.

Q Have you been involved in any injuries or

accidents of any kind since January of 2017?

A No.

Q Ms. Galvan, who is your current family doctor?

A I was at the Franklin clinic.

Q Franklin Fetter?

A Yes.

Q Do you still use Franklin Fetter as your family doctor?

A Yes.

Q Aside from your at-work injury, do you have any other health conditions for which you treat?

A No.

Q Are you currently taking any medication?

A Just for headaches.

Q Is that something you buy at the drugstore, or is that a prescription?

A Advil, but by the drugstore.

Q You're not currently taking any prescription medication prescribed by any medical providers?

A No.

Q Okay. Since January of 2017, have you had surgery?

A No.

Q Ms. Galvan, I want to talk a little bit about your medical treatment.

A **Okay.**

Q With whom are you currently treating?

A **Dr. McCoy. Yes.**

Q When was the last time you saw Dr. McCoy?

A **I don't remember the date.**

Q Okay. Was it this year?

A **Yes.**

Q The last time you saw Dr. McCoy, what were your physical complaints?

A **Could you repeat the question again?**

Q Sure. What did you tell Dr. McCoy was bothering you the last time you saw him?

A **Interpreter wants to clarify. He told me that I needed another surgery.**

Q Before he told you you needed this surgery, what were your physical complaints to him? What body parts were you telling him were bothering you?

A **All of my shoulder, the right side of my neck to my shoulder, my fingers go numb, and the pain is going farther down.**

Q And when you say "farther down," you mean further down your right arm?

A **Yes.**

Q Just to clarify, we're talking about your right shoulder, your right fingers, and your right arm; correct?

A **Yes.**

Q Aside from your right side of your shoulder into your neck, your right finger numbness, and the pain that's radiating down your right arm, do you have any other problems which you've been complaining of to Dr. McCoy?

A **No.**

Q Okay. And you've not had another surgery since we last spoke; correct?

A **No.**

Q Okay. Aside from the recommendation for a surgery, what other type of treatment has Dr. McCoy been providing you?

A **Nothing for now.**

Q Have you been seeing Dr. McCoy regularly since we last spoke?

A **Yes.**

Q And has he provided any other types of treatment when you've been seeing him?

A **Yes.**

Q And what types of treatment is that?

A **To see another doctor to check me out, but I don't think the insurance covers it because the appointments get canceled.**

Q So he's recommended that you see another doctor?

A **The last time I saw him, he recommended another**

doctor to me.

Q Okay. He's also recommended a potential other surgery?

A Yes, with a different doctor.

Q And these are both recommendations; right?

A Could you repeat that again?

Q Sure.

A I didn't understand.

Q This referral and this discussion of a possible second surgery are recommendations of Dr. McCoy; correct?

A Yes.

Q What type of treatment has he actually provided to you -- not recommendations, but treatment -- since we last spoke?

A The recommendation has been in -- in work -- what's it called? At work, to not do too much, to respect --

Q Okay. Have you seen any other doctors, besides Dr. McCoy, since we last spoke in January of 2017?

A No.

Q So you've been treating with Dr. McCoy for the last year, little bit more than a year since we last spoke, only?

A Yes.

Q Have you been back to see Dr. Santiago at any

time since we spoke in January of last year?

A No.

Q Have you been back to Concentra at any time since January of last year?

A No.

Q Has Dr. McCoy sent you for physical therapy at any time since January of last year?

A I don't remember.

Q If you went to physical therapy since we last spoke, where did Dr. McCoy send you?

A Concentra.

Q Has all of your physical therapy been done at Concentra?

A Yes.

Q Okay. But you've seen no other doctors, aside from Dr. McCoy, since January of 2017?

A No.

Q Do you currently have any medical appointments scheduled?

A No.

Q Have you been to Franklin Fetter since January of 2017?

A No.

Q So Dr. McCoy is it, since we last spoke?

A Yes.

Q Ms. Galvan, tell me about your current physical complaints, what body parts you're currently having problems with, that you relate to your October 2015, at-work injury.

A My neck, part of my neck, my shoulder, my -- my fingers.

Q That's your right shoulder and your right fingers?

A Yes.

Q Okay. Has that pain in your right shoulder, your neck, and your right fingers gotten worse, gotten better, stayed the same, since the last time we spoke?

A Some days, worse.

Q Okay. Would you say, overall, worse?

A Yes.

Q Is there something you're doing regularly at work that you think is making this worse?

A The movement.

Q And is there anything specific, any type of movement that you're doing regularly?

A No.

Q Is there any -- go ahead. I'm sorry.

A It's the same as -- as the whole time.

Q Okay. What activity? What do you do, regularly, that requires this same motion?

A Likeb trying to, like -- when I open boxes or I'm checking things, it's -- any movement, it's always there.

Q What boxes are you opening?

A Interpreter -- interpreter correction. Drawers. The drawers that you open, where they put clothing in, to make sure that's okay.

Q And each room you go in, you have to open these drawers?

A Yes.

Q And how many rooms do you do a day?

A Ten? It varies each day.

Q So you supervise the housekeeping in about ten rooms?

A Yes, because there are two of us supervisors.

Q Okay. And do each of you do ten rooms?

A Like, ten. There are two kinds. One is, like, for checked -- checked out, and the other is for occupied. It's a diff -- it's different for each one.

Q But you'd say, every day, you're responsible for supervising the housekeeping of ten rooms, whether it's a checkout or just picking up after the guests who are still there?

A Ten, or it varies. Sometimes it's more.

Q Okay. And in each of these rooms --

A Yes.

Q -- one of your responsibilities is to open drawers to check?

A Yes.

Q And I assume there's multiple drawers in each room?

A It depends.

Q Okay. How many drawers are in a room?

A One chest of drawers has three drawers.

Q Okay. And your -- part of your job is to look in those drawers and make sure there's nothing left in there by the guests?

A Yes.

Q Does regularly going in and opening each of these drawers in all of the rooms that you're doing every day -- has that worsened the pain you have in your neck, right shoulder, and right fingers?

A Yes. But the pain has never gone away. Since the surgery happened, it's always been there.

Q Okay.

A Yeah.

Q Anything else you do at work, regularly, that motion hurts your arm and your shoulder?

A No. That's all.

Q Do you do anything with the towels, or is it the housekeepers putting those in the bathrooms?

A The -- the people who clean put them in there.

Q Okay. So other than checking the ten rooms and opening the drawers, what else do you do in your housekeeping supervisory duties?

A I fold small towels.

Q Do you do that in the rooms, or do you do that in a -- in an office or a shop somewhere?

A In the laundry room.

Q How much towel folding are you doing a day? How long?

A I don't know how many a day, but it's like two hours.

Q Okay. So two hours of every shift, you're folding towels?

A Yes.

Q Okay. Any other specific job duties that you have as a housekeeping supervisor?

A No.

Q Okay. Have you been able to perform your job properly since January of 2017?

A No.

Q Okay. What aren't you able to do at work that they're asking you to do?

A Could you repeat it? I got confused.

Q Sure. Tell me about what you can't do. Tell me

how you're not performing your job properly.

A As far as supervisor, I do everything fine. They tell me what I can't do. I don't do it.

Q So you're able to do all of the supervisory roles that they're asking you to do within your restrictions at this time?

A Yes.

Q Ms. Galvan, since we last spoke, have you had any new problems, new physical issues that have arisen, that you associate with your original October 2015 injury?

A No.

Q Ms. Galvan, tell me about any recreational activities that you're no longer able to participate in as a result of your physical issues.

A At work or during the day?

Q Anything that -- any hobbies or recreational activities that you used to enjoy that you can no longer do.

A Be able to hug my child.

Q You can't hug your child?

A No.

Q Any other activities you can't do?

A At work, I can't do what I like to do, which is cleaning rooms. I -- I, practically, regularly cannot do anything, because I can't have a lot of movement. There

are a lot of things.

Q Do you make more money as a housekeeping supervisor than you did as a housekeeper?

A Yes.

Q Okay. Do you know Garrett Jenio?

A Yes.

Q Who is that?

A The manager of the hotel.

Q How often do you see him?

A One time a month.

Q Who do you coordinate with at work regarding your work restrictions or any medical appointments you may have?

A With Eleanora -- Edna Nora Gary (sic), interpreter phonetic pronunciation.

Q That's your supervisor; correct?

A Yes.

Q At any time since January of 2017, have you applied for unemployment benefits?

A No.

Q Have you applied for social security disability benefits since January of 2017?

A No.

Q Do you currently have any outstanding medical bills related to your treatment for your at-work injuries?

A No.

Q And just again to confirm, the only doctor you've seen since January of 2017 is Dr. McCoy; correct?

A Yes.

Q And you currently have no medical appointments scheduled?

A No.

MR. FULTZ: Michael, those are all the questions that I have.

MR. JORDAN: No questions.

(WHEREUPON, this deposition was concluded at approximately 9:50 a.m.)

---o0o---

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFICATE OF COURT REPORTER

I, Matthew Hazen Anderson, Court Reporter and Notary Public in and for the State of South Carolina, do hereby certify that the foregoing twenty-two (22) pages of typewritten testimony were taken down by me, and then transcribed by me; that the same is a true, correct and complete transcript of the proceedings as stated in the caption.

I further certify that I am not of kin nor counsel to any of the parties hereto, and, further, that I have no interest whatsoever in the outcome of said proceedings.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 26th day of March, 2018.

MATTHEW HAZEN ANDERSON NOTARY PUBLIC SOUTH CAROLINA

NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires

April 15, 2021

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APA
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State of South Carolina
Before the
South Carolina Workers' Compensation Commission
WCC File No.: 1515209

Ana Rodriguez Galvan,

Employee,
Claimant,

vs.

Griffin Stafford
N. Charleston,

Employer,

and

Hartford Accident & Indemnity Company,

Carrier,

and

Employers Preferred Insurance Company,

Carrier,

and

Accident Fund Insurance Company of America,

Carrier,
Defendants.

Deposition of
ANA ERIKA
RODRIGUEZ GALVAN
October 10, 2018

Deposition on oral examination of ANA ERIKA RODRIGUEZ GALVAN, reported by Lana Edmonds, Certified Shorthand Reporter and Notary Public in and for the State of South Carolina; said deposition taken pursuant to notice of deposition and in accordance with the South Carolina Rules of Civil Procedure, at The Steinberg Law Firm, LLP, 118 S. Goose Creek Boulevard, Goose Creek, South Carolina, commencing on Wednesday, October 10, 2018, at the hour of 3:45 PM.

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A P P E A R A N C E S

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Also present: Cynthia Hernandez - interpreter

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(No exhibits proffered)

P R O C E E D I N G S

(The interpreter was duly sworn at this time.)

Thereupon, ANA ERIKA RODRIGUEZ GALVAN, the deponent, called for examination by counsel for Defendants and, after having been duly sworn by the notary through the interpreter, was examined and testified as follows:

EXAMINATION BY COUNSEL FOR THE DEFENDANTS

BY MS. SHAHID:

Q All right. Ms. Rodriguez, my name is Sarah Shahid, and I represent The Hartford and your employer in regards to your workers' compensation claim.

All right. It's my understanding that you've had your deposition taken two times in the past, one on January 25th of 2017 and then again on March 14th of 2018; is that correct?

A Yes.

Q All right. So I understand you already know the rules, but I'll just go over the basic ground rules right when we get started today.

A Yes.

Q All right. So you understand you were just placed under oath, correct?

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A Yes.

Q Do you understand what that means?

A Yes.

Q So it's fair for me to assume today that everything you say today is going to be honest and truthful, correct?

A Yes.

Q All right. The next thing I'd like to remind you is that we do have an interpreter here with us today.

And you want to make sure to let the interpreter finish interpreting my questions before you start to answer even if you understand the questions a little bit.

A Okay.

Q All right. And I'm not trying to trick you in any question. So if I ask a confusing question, just ask me to rephrase or explain and I'll be happy to do that. Okay?

A Yes.

Q If you don't ask me to rephrase or explain, I'm just going to assume that you understood the question and you're answering honestly and truthfully.

A Yes.

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Q Are you under the influence of any substances or medications today that would prevent you from answering the questions?

A No.

Q What is your full name for the record?

A Ana Erika Rodriguez Galvan.

Q Do you still live at 2357 Dunlap Street, Lot 36, North Charleston, South Carolina, 29406?

A Yes.

Q All right. Have you had any additional educational training or training for a job since your last deposition on March 14th of 2018?

A No.

Q Do you still have a driver's permit or have you gotten a South Carolina driver's license since March 14th of 2018?

A It's just a permit.

Q What car are you currently driving?

A A Kia.

Q Is the Kia automatic transmission?

A Yes.

Q Are you right-handed or left-handed?

A Right.

Q Did you drive yourself to the deposition today?

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A Yes.
Q How long did it take for you to get to the deposition today?
A Fifteen minutes.
Q Are you still married to Rafael Lomeli Bernal?
A Yes.
Q Have you had any additional children since your last deposition on March 14th of 2018?
A No.
Q All right. I have October 9th, 2015 as the date of your work accident; is that correct?
A Yes.
Q And you didn't have any prior workers' compensation claims before October 9th, 2015?
A No.
Q Had you ever had any prior on-the-job injuries before October 9th of 2015 even if you didn't file a claim?
A No.
Q Have you had any criminal charges, arrests, or convictions since your last deposition on March 14th of 2018?
A No.
Q And you haven't served any time in jail

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since March 14th of 2018?

A No.

Q What type of employment did you have before you went to work for Griffin Stafford or Suburban Extended Stay?

THE INTERPRETER: Suburban?

MS. SHAHID: Extended Stay.

THE WITNESS: Cleaning houses.

BY MS. SHAHID:

Q Did you clean houses for a particular cleaning service, or did you work for yourself?

A I worked for someone who cleaned houses.

Q Do you remember that person's name?

A No.

Q Did you have any other significant employment before going to work for Suburban Extended Stay?

A No.

Q Who is your direct supervisor with Suburban Extended Stay or Griffin Stafford?

A Elnora Garrett.

Q And that's the same Elnora that you had as a supervisor as of March 14th of 2018?

A Yes.

Q Has your pay rate stayed the same since

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your last deposition on March 14th of 2018?

A Yes.

Q What are your current hours at Suburban Extended Stay?

A It varies.

Q Do you still work Sunday through Thursday, or does the weekday vary, as well?

A It's still that way.

Q What time do you normally get to work, and what time do you normally leave?

A I go in at 7:30, and I leave 2:00, 2:30, or 3:00. It varies.

Q Is that 7:30 in the morning?

A Yes.

Q And then 2:00, 2:30, or 3:00 in the afternoon?

A Yes. The one in the afternoon is the one that varies.

Q Have you ever received any reprimands while working for Griffin Stafford or Suburban Extended Stay?

A No.

Q Have you worked for any other employers since October 9th of 2015?

A No.

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Q When you aren't working, what do you like to do in your spare time?

A To be with my kids.

Q Do you guys do any specific activities together?

A Just be at home with them.

Q Do you have any other hobbies or things you like to do for fun?

A No.

Q Have you ever been terminated from a job?

A No.

Q Have you ever been self-employed where you worked for yourself?

A No.

Q Have you ever held a supervisory position with any of your employers?

A No.

Q Have you gone on any vacations since October 9th of 2015?

A Yes.

Q Where have you gone on vacation?

A At home with my kids.

Q Have you gone on any trips anywhere since October 9th, 2015?

A Can you repeat the question?

Q Sure. Have you gone away from home on any trips since October 9th, 2015?

A Yes.

Q Where have you gone on any trips since October 9th, 2015?

A I went to see my father because he was very ill.

Q Where does your father live?

A In Mexico.

Q When did you go see your father in Mexico?

A September -- I don't remember the date.

Q Do you remember the year?

A '16.

Q How long were you in Mexico?

A One week.

Q Have you been on any other trips since October 9th, 2015?

A No.

Q Do you have any pets?

A No.

Q Do you do any gardening around your house?

A No.

Q Do you do the housework around your

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house?

A A little.

Q What housework do you do?

A Cook, wash dishes.

Q Do you do the yard work around your house?

A No.

Q Do you exercise regularly?

A No.

Q Do you have a gym membership?

A No.

Q All right. Do you smoke?

A No.

Q You don't use illegal drugs?

A No.

Q Do you have any past sports or recreational injuries? And what I mean by that is if you played any sports for fun and you got injured in some way.

A No.

Q Were you taking any medications before October 9th of 2015?

A No.

Q As of today, what medications are you taking?

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A Ibuprofen.
Q Is that ibuprofen that you can buy over the counter, or is that prescription grade?
A You can buy at the drugstore.
Q Have your medications changed since your last deposition on March 14th of 2018?
A No.
Q Do you still treat with Franklin Fetter clinic as your primary care physician?
A Yes.
Q Have you treated with any new primary care physicians since your last deposition on March 14th of 2018?
A No.
Q When is the last time you went to Franklin Fetter clinic for treatment?
A I don't remember. It's been a while.
Q Have you had any surgeries since your last deposition on March 14th of 2018?
A No.
Q Where do you get your prescriptions filled?
A CVS.
Q What location of CVS do you go to?
A Rivers Avenue.

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Q How long have you gone there?
A It's been a long time. I don't remember.
Q Have you ever treated with a chiropractor in the past?
A Yes.
Q What chiropractor have you treated with in the past?
A Excuse me. The chiropractor is the one that sees you about your bones?
Q So that would be an orthopedist, but a chiropractor would be someone for your back or your spine.
A No.
Q Prior to October 9th of 2015, have you treated with anyone for your bones or an orthopedist?
A No.
Q Have you been in any car accidents since your last deposition on March 14th of 2018?
A No.
Q Have you been in any car accidents since October 9th of 2015?
A No.
Q Do you have any significant health problems? And what I mean by that is if you have

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diabetes, arthritis, fibromyalgia, any sort of health condition.

A No.

Q All right. If you could very briefly just describe to me what happened in the accident on October 9th of 2015.

MR. JORDAN: Objection. Can we go off the record for a minute?

MS. SHAHID: Sure.

(Off-the-record conference.)

MS. SHAHID: All right. So we'll go back on the record.

BY MS. SHAHID:

Q Okay.

THE INTERPRETER: Do you want to repeat the question?

MS. SHAHID: Sure.

BY MS. SHAHID:

Q So, if you could, very briefly describe for me the accident that took place on October 9th of 2015.

A I was cleaning the bathroom. I came out of the bathroom. I didn't know that the floor was wet.

When I was leaving and I took a step

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towards the door to go out of the room, I slipped, and I grabbed the door handle with this (indicating) hand, and my arm slipped off, and I fell on this (indicating) side, right side.

Q And it was your right hand and the right arm that slipped off the handle?

A Because it was that kind of a handle that goes up and down. I tried to grab it to prevent the fall, but it didn't work. So I fell on this (indicating) side.

Q And when you say this side, you're talking about the right side?

A Yes.

Q Okay. And it's my understanding after the accident on October 9th of 2015 you treated with Concentra. You also did therapy with Concentra. You treated with Dr. McCoy where you had surgery in February of 2016. You treated with Dr. Santiago, and you treated with Dr. Bright McConnell.

A Yes.

Q Were you released from medical treatment after the surgery with Dr. McCoy?

A After the surgery?

Q Yes.

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A No. He kept giving me appointments.
Q Did Dr. McCoy release you to go back to work after the surgery?
A First, no, I wasn't allowed to work.
Q Did he ultimately let you go back to work?
A Yes.
Q Have you been released to work without any restrictions, or do you still have work restrictions?
A Yes.
Q Do you have work restrictions right now?
A Yes.
Q Okay. Since your last deposition on March 14th of 2018, what medical treatment have you had since then?
THE INTERPRETER: She's asking for repetition.
THE WITNESS: None.
BY MS. SHAHID:
Q Do you have any future appointments scheduled with any medical providers?
A No.
Q All right. In relation to your October 9th, 2015 work accident, I have that you treated

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with Concentra, you've done physical therapy with Concentra, you treated with Dr. Santiago, Dr. McCoy, and Dr. Bright McConnell.

Have you received medical treatment from any other medical providers in relation to the October 9th, 2015 accident?

A I don't remember.

Q All right. It's my understanding that you returned to work on restrictions after the surgery with Dr. McCoy, and when you returned to work, you were working as a supervisor; is that correct?

A Yes.

Q Do you remember when you returned to work?

A No.

Q Are you still working as a supervisor?

A Yes.

Q What are your typical job duties as a supervisor right now?

A That the girls do their job well in cleaning the rooms and that the rooms have the towels and everything's as it should be in the rooms.

Q What specific job duties do you perform

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as a supervisor?

A What I said, I have to make sure that all the articles that are supposed to be in the room including the kitchen are there and that the beds are well made and there's no dust anywhere, that kind of thing.

Q Have you had any work injuries since you went back to work as a supervisor?

A No.

Q Have you noticed any issues while working right now?

THE INTERPRETER: The interpreter needs clarification by what you mean by issues.

MS. SHAHID: Sure.

BY MS. SHAHID:

Q Do you have any problems or difficulties working right now as a supervisor?

A No.

Q Are you able to perform all your job duties?

A Yes.

Q All right. As a result of the work accident on October 9th of 2015, what body parts did you injure?

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A This (indicating) part of my neck.
Q And that's the right side of your neck?
A Yes. All of my arm here (indicating) and my fingers.
Q And that's the right arm?
A Yes.
Q And the fingers on your right hand?
A Yes.
Q Has your right-sided neck pain improved or stayed the same since the last time you had your deposition taken on March 14th of 2018?
A It's more.
Q Is the pain activity related?
A No.
Q If you had to rate your right-sided neck pain on a scale of 1 to 10 with 1 being very minimal and 10 being excruciating pain, how would you rate your current pain in your neck?
A 7.
Q Is the pain constant, or does it come and go?
A Constant.
Q And you continue to have pain in the neck?
A Yes.

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Q All right. Same questions in relation to the right arm. Has your right arm pain stayed the same, gotten worse, or improved since your last deposition on March 14th of 2018?

A It's more.

Q Is the pain in your right arm activity related?

A It doesn't really matter what I'm doing. The pain is the same.

Q On that same scale 1 to 10, how would you rate your current pain in your right arm?

A A 7.

Q And is the pain in the right arm constant, or does it come and go?

A Constant.

Q All right. In relation to the right hand, has your right hand pain increased, improved, or stayed the same since your last deposition on March 14th of 2018?

A It's worse.

Q Is it activity related?

A It's always the same.

Q On that same scale 1 to 10, how would you rate your current pain in your right hand?

A A 5, 6.

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Q Is the pain in the right hand constant, or does it come and go?

A Yes, constant.

Q Do you relate the pain in your neck, your right arm, and your right hand to the accident on October 9th of 2015?

A Yes.

Q Do you have any other issues that you associate with your workers' compensation claim?

A No.

Q Do you have any physical limitations or any physical activities that you feel like you're currently limited in doing as a result of the accident on October 9th of 2015?

A Yes.

Q What specific activities do you feel like you're currently limited in doing?

A To do my hair. I can't go out shopping, carry my child, to do the job I used to do. There's many things. I can't play with kids. I can't do the garden work.

Q When you say shopping, are you talking about grocery shopping?

A Yes.

Q Are you able to carry any groceries with

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your right hand?

A No.

Q What are your current work restrictions?

A To not lift my arm higher than my shoulder, to not carry more than 15 pounds or not push anything that's more than 15 pounds.

Q Do you have to do any of those activities as a supervisor?

A No.

Q And you said your current pain in your neck, your right arm, and your right hand is more than it was at the time of your last deposition.

A Yes.

Q Do you relate that to anything at work?

A No.

Q All right. Have you been to any emergency rooms or hospitals since your last deposition on March 14th of 2018?

A No.

Q I think those are all the questions I have for you. Thank you so much for your time, and please answer any questions that the other attorneys may have.

EXAMINATION BY COUNSEL FOR THE DEFENDANTS

BY MS. COBB:

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Q Ms. Rodriguez, my name is Regan Cobb. I also represent your employer, but I have a different insurance company that I represent, Accident Fund.

THE INTERPRETER: Accident Fund?

MS. COBB: Accident Fund.

BY MS. COBB:

Q I wasn't at your last two depositions. So I apologize that you have to go through this again, but I do need to ask you some questions in more detail about your accident.

A Okay.

Q So I understand the original accident date was October 9th, 2015; is that correct?

A Yes.

Q And you've told us again today that the injuries you got from that accident were the right side of your neck, the top of your right shoulder which goes into your right arm, and then the fingers on your right hand?

A Yes.

Q Did you have pain in all of those areas on the actual day of accident of October 9th, 2015?

A No, not that same day.

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Q So on the day of the accident of October 9th, 2015, where were you having pain?
A I just felt some pain, but not much.
Q Where did you feel the pain?
A This (indicating) right here.
Q So you are pointing to the right shoulder down to your right elbow?
A No, just here. (Indicating)
Q The top of your right shoulder?
A Yes.
Q And it goes down a few inches into your right arm?
A Yes, to here. (Indicating)
Q So halfway down to your biceps?
A Yes.
Q When did you first start experiencing the pain in the right side of your neck?
A I don't remember.
Q Was it before Dr. McCoy did shoulder surgery?
A Yes.
Q Was your surgery in February of 2016?
A '15, '16.
Q February 2016?
A I don't remember.

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Q All right. So if your accident occurred in October of 2015, do you think you had surgery about five months later?

A Yes. It was February.

Q Of 2016?

A Yes.

Q Between October 9th, 2015 and surgery in February 2016, had you gone back to work at the employer on light duty?

THE INTERPRETER: She would like a repetition of the question.

BY MS. COBB:

Q Between the date of the accident on October 9th, 2015 and the day you had your surgery in February 2016, had you gone back to work at the employer on light duty?

A You mean after October and before the surgery?

Q Yes, ma'am.

A Yes.

Q Was it the same role as the supervisor that you are now?

A No. I was cleaning.

Q Before surgery you were cleaning?

A Yes.

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Q And during that time that you were cleaning before surgery, that is when you started to feel pain in the right side of your neck?

A Yes.

Q Did you tell Dr. McCoy about the pain that you started to experience in the right side of your neck before you had surgery?

A I don't remember.

Q Before you had surgery in February 2016, were you starting to feel the pain in the fingers of your right hand?

A Yes.

Q Do you know exactly when or what month the pain in your fingers began?

A No.

Q But you know it was before the surgery in February of 2016?

A Yes.

Q Would you describe the pain in the fingers in your right hand as pain, or is it more numbness, or is it like a tingling feeling?

A Pain.

Q Did you tell Dr. McCoy about the pain in the fingers in your right hand before your surgery?

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A Yes.
Q Did Dr. McCoy tell you why he was going to do surgery on your shoulder?
A Yes.
Q What did he tell you?
A That I had a torn tendon or ligament.
THE INTERPRETER: The interpreter would note that the word is same in Spanish.
MS. COBB: Thank you.
BY MS. COBB:
Q And then you had surgery. Did you stay out of work for a little while after surgery?
A Yes.
Q And you would have received weekly checks from an insurance company?
A Yes.
Q And then at some point you went back to work?
A Yes.
Q How many months after surgery do you think it was before you went back to work?
A I don't remember exactly.
Q Do you think it was only about two to three months that you were out of work from

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surgery?

A Yes.

Q So sometime at the end of April 2016? Does that sound about right when you went back to work?

A I don't remember.

Q But it was definitely not longer than three months that you missed from work, correct?

A Yes.

Q And when you went back to work after those three months, is that when you went back on light duty?

A Yes.

Q At that point after those three months, were you doing the supervisor role?

A Yes.

Q And the checks from the insurance company stopped?

A Yes.

Q And you were paid by the employer?

A Yes.

Q Now, when Dr. McCoy released you to go back to work on light duty after surgery, how were you feeling in regards to the right side of your neck?

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A Painful.

Q So the first day you went back to work on light duty after surgery you had painful right-sided neck pain?

A Yes.

Q Can you describe what that pain was at that point in time?

A It's like when you sleep in the wrong position and you have like a crick in your neck.

Q Did you have the crick in your neck before surgery?

A I don't remember.

Q But you definitely had pain in the right side of your neck before surgery?

A Yes.

Q And then you had it after surgery?

A Yes.

Q And you had it when you went back to work in 2016 doing the supervisor job?

A Yes.

Q Did the right-sided neck pain ever go away since the first day you felt it?

A No.

Q Did any doctors give you treatment for your right-sided neck pain?

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A No.
Q Were you denied treatment for the neck?
A Yes.
Q But your testimony has been today along with in the past that your right-sided neck pain has been there since before Dr. McCoy did your surgery?
A Yes.
Q And you haven't had any new injuries which would have caused this neck pain?
A No.
Q And you feel that this right-sided neck pain is from the original accident that occurred on October 9th, 2015?
A Yes.
Q And no one's ever given you any treatment for it?
A Dr. McCoy referred me to someone about my neck, but they denied treatment.
Q When did he first refer you? Do you know?
A No, I don't remember.
Q How did your right shoulder feel after the surgery when you went back to work on light duty?

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A Painful.
Q Did the surgery help at all?
A No.
Q Before surgery on a scale of 1 to 10, what was your right shoulder pain?
A Before the surgery?
Q Yes.
A 5 or 6.
Q And then after surgery when you first went back to work on light duty, which would have been about three months after surgery, what would you describe the pain on a scale of 1 to 10 in your right shoulder?
A A 6.
Q When you continued to work on light duty, did that pain in your right shoulder get worse?
A No. Same.
Q So it's the same pain after surgery as it is when you were back at work on light duty?
A Yes.
Q But today you testified that your right shoulder is worse today than it was in March of 2018; is that correct?
A Yes.
Q Have you done something new to the right

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shoulder since March of this year to make it feel worse?

A The other tendon broke.

Q Do you know when it broke?

A No, I don't, because I've always had pain since the surgery.

Q So it could have broke a month after surgery and you didn't know?

MR. FULTZ: Object to the form.

THE WITNESS: I don't know.

MS. COBB: I'll note the objection.

BY MS. COBB:

Q And you can't recall a specific incident when the other tendon broke?

A No. I don't know since the operation -- since the day of the accident, but they did an MRI, and that's where it showed up.

Q But you don't know when it happened because since the date of surgery you have continuously had right shoulder pain?

A Yes.

Q And it's continuously gotten worse over the last six months since your deposition in March?

A Yes.

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Q When you work every day checking the drawers after the other housekeepers, does that cause your right shoulder to have worse pain?

A I use the other hand, this (indicating) hand.

Q Do you ever use your right hand?

A I try to not use it.

Q But are there days in the last six months where you've used your right hand at work?

A Just a little if I need to.

Q And in doing those activities when you need to use your right arm, does that make it worse?

A Yeah.

Q So there are things in the last six months that you've done at work that have made your right shoulder pain worse?

A The pain's always there no matter what I'm doing.

Q But you know it's worse now than it was six months ago?

MR. JORDAN: Object to the form.

MS. COBB: Note the objection.

BY MS. COBB:

Q Please answer.

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MS. COBB: Can you instruct her to please answer?

THE INTERPRETER: She wants a repetition.

MS. COBB: Oh, I'm sorry.

BY MS. COBB:

Q But you know now today that your shoulder pain is worse than it was six months ago?

MR. JORDAN: Objection.

MS. COBB: Note the objection.

THE WITNESS: Yes.

BY MS. COBB:

Q But today it's a 7?

A Yes.

Q And it wasn't a 7 after surgery?

A I don't remember.

Q But you testified earlier it was a 6 after surgery.

A Yeah, a 6.

Q After surgery?

A Yes.

Q But now it's a 7?

A Yes.

Q And that's happened since your last deposition in March of 2018?

A Yes.

Q Now, the pain in your right hand, do you still have that today?

A Yes.

Q What would that pain have been on a scale of 1 to 10 before your shoulder surgery?

A A 6.

Q What was it after surgery?

A 6 or 7. Between 6 and 7.

Q Was it a 6 or 7 when you first went back to work on light duty after surgery?

A Yes.

Q But today it's worse because I think you described it as a 7; is that correct?

A Yes.

Q And that -- your right fingers on your right hand have gotten worse since your last deposition?

A It's the same.

Q The fingers are the same since your last deposition?

A Yes.

Q Is your right hand the same as your last deposition?

A I don't remember.

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Q But you don't recall any new accidents where you felt pain like you did that day on October 9th, 2015 when you tried to grab the door handle?

A Can I have repetition?

Q You do not recall any new injuries since the day you felt the pain trying to grab the door handle on October 9th, 2015?

A No.

Q Do you remember when Dr. McCoy released you from treatment in September of 2016?

A No.

Q Do you remember seeing him in September of 2016 so about two years ago?

A I don't remember.

Q Do you ever remember him using the words maximum medical improvement or MMI?

A No, I don't remember that.

Q Was there a year that went by without treatment with Dr. McCoy?

A No.

Q When is the last time you saw Dr. McCoy?

A I don't remember the date.

Q Has it been a year?

A I don't remember.

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Q You said that you can't pick up your child?
A No.
Q How old is your child?
A 3.
Q How much does your child weigh?
A I don't remember.
Q Can you pick up to 15 pounds based on the restrictions from the doctor?
A Can I lift more than 15 pounds? No.
Q Can you lift up to 15 pounds?
A Yes.
Q What do you have to do currently at work that makes you lift up to 15, meaning below 15 pounds?
A Nothing.
Q Do you have to lift five pounds at work?
A No.
Q Do you have to lift piles of towels?
A No.
Q Do you have to still fold towels?
A Just the little ones.
Q The hand towels or the wash cloths?
A Both.
Q Do you have any issues with folding the

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towels in regards to pain?

A No.

Q I don't have any other questions at this point. Please answer if there's any questions from Matt or Sarah.

MR. FULTZ: Ms. Galvan, we've met several times before. My name is Matt Fultz, and I am here for a different insurance company called Employers.

I'm just going to put my name on the record. You've answered enough questions for me today and pass it off to your attorney if he has any.

MR. JORDAN: No questions.

FURTHER EXAMINATION BY COUNSEL FOR THE DEFENDANTS BY MS. SHAHID:

Q I just have a couple of follow-up questions. Okay. In relation to the right shoulder, you testified earlier that your right shoulder pain has increased since the time of your last deposition on March 14th, 2018, correct?

A Yes.

Q And you said you typically now use your left hand to open drawers?

A Yes.

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Q All right. Since the time of your last deposition on March 14th of 2018, how frequently do you use your right arm or your right hand at work?

A I've tried to use it hardly at all.

Q Do you do any -- scratch that. Do you relate the increased pain in the right shoulder to any specific activities that you've been doing at work since your last deposition on March 14th of 2018?

A No.

Q Those are all the questions I have. Thank you again for your time.

FURTHER EXAMINATION BY COUNSEL FOR THE DEFENDANTS

BY MS. COBB:

Q I have a follow-up question. Your last deposition was in March of this year. In January and February of this year, were you using your right hand to open drawers at work?

A No.

Q When is the last time you used your right hand to open drawers at work?

A I don't remember.

Q Has it been more than a year?

A I don't remember.

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Q Was there a specific date that you were at work that you decided you should stop using your right hand and start using your left hand to open drawers?

A No.

Q When you first went back to work after your surgery, so it would be about three months after your surgery in February of 2016, were you still using your right hand then?

A I don't remember.

Q All right. Thank you. I don't have any other questions.

MR. FULTZ: Nothing from me.

MR. JORDAN: Nothing.

MS. SHAHID: Nothing for me either.

(The deposition concluded at 5:00 PM, and the deponent waived signature.)

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STATE OF SOUTH CAROLINA

C-E-R-T-I-F-I-C-A-T-E

COUNTY OF DORCHESTER

I, Lana Edmonds, CSR and Notary Public, certify that I did have ANA ERIKA RODRIGUEZ GALVAN to appear before me at 3:45 PM on October 10, 2018, in the Law Offices of The Steinberg Law Firm, LLP, 118 S. Goose Creek Boulevard, Goose Creek, South Carolina; that the witness was duly sworn and cautioned to tell the truth, the whole truth and nothing but the truth; that the foregoing pages constitute a true and accurate transcript of her testimony given at that time and place.

I further certify that I am not of counsel or kin to any of the parties to this cause of action, nor am I interested in any manner in its outcome.

IN WITNESS WHEREOF I have hereunto set my hand and seal this the 28th day of October, 2018.

Lana Edmonds

Lana Edmonds
Certified Shorthand Reporter and
Notary Public for South Carolina
My Commission Expires August 1, 2022

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South Carolina Rules of Civil Procedure

Part V. Depositions and Discovery

Court Rule 30

(e) Submission to Witness; Changes; Signing. When the testimony is fully transcribed the deposition shall be submitted to the witness for examination and shall be read to or by him unless such examination and reading are waived by the witness and by the parties. Any changes in form or substance which the witness desires to make shall be entered upon the deposition by the officer with a statement of the reasons given by the witness for making them. The deposition shall then be signed by the witness, unless the parties by stipulation waive the signing or the witness is ill or cannot be found or refuses to sign. If the deposition is not signed by the witness within 30 days of its submission to him, the officer shall sign it and state on the record the fact of the waiver or of the illness or absence of the witness or the fact of the refusal to sign together with the reason, if any, given therefor; and the deposition may then be used as fully as though signed unless on a motion to suppress under Rule 32(d)(4) the court holds

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that the reasons given for the refusal to sign require rejection of the deposition in whole or in part.

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In the Matter Of:

Ana Rodriguez Galvan vs Griffin Stafford, et al

GARRETT JENIO

March 14, 2018

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BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

ANA RODRIGUEZ GALVAN,	)	
	)	
Claimant,	)	
-versus-	)	
	)	
GRIFFIN STAFFORD	)	WCC File Number
N. CHARLESTON,	)	1515209
	)	
Employer,	)	
and	)	
	)	
EMPLOYERS PREFERRED INSURANCE COMPANY,	)	
	)	
Carrier,	)	
Defendants.	)	

Telephonic Deposition of GARRETT JENIO, taken by Counsel for the Claimant on the 14th day of March, 2018, at The Steinberg Law Firm, LLP, 118 Goose Creek Boulevard South, Goose Creek, South Carolina, commencing at approximately 10:28 a.m.

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APPEARANCES

For the Claimant:	Michael J. Jordan, Esquire
	THE STEINBERG LAW FIRM, LLP
	Post Office Box 1028
	Goose Creek, South Carolina 29445
For the Employer/ Carrier:	Matthew J. Fultz, Esquire
	WOOD LAW GROUP, LLC
	Post Office Box 20550
	Charleston, South Carolina 29413
Reported by:	Matthew Hazen Anderson
	Notary Public/Court Reporter

---o0o---

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** REPORTER'S NOTE **

No Exhibits Were Marked

---o0o---

GARRETT JENIO, called as a witness, having been first duly sworn, was examined and testified as follows:

DIRECT EXAMINATION

BY MR. JORDAN:

Q Will you state your full name for the record?

A Garrett Michael Jenio.

Q And do you mind if I call you Garrett today?

A Yeah, please. Please.

Q Okay. Garrett, we took your deposition back in January of last year. Do you remember that?

A I do, yeah.

Q Okay. And I'm going to ask you some questions today about Ms. Galvan's work with the Griffin Stafford Hotel between that time and today; okay?

A Yes, sir.

Q Okay. You may remember the rules from the deposition, previously, but I'm going to go over them with you anyways, and we're doing this by telephone --

A Yes.

Q -- so you don't have to drive from Charlotte to come down here.

A Thankfully.

Q But you have to answer all the questions verbally; okay?

A **Right.**

Q And if I ask you a question you don't understand, you don't get me, you don't hear because we have a telephone problem, please let me know, and I'll repeat or rephrase the question; okay?

A **Yes, sir.**

Q I don't want you to answer any questions you don't fully understand.

A **Okay.**

Q All right. Is Ana Galvan still one of your employees?

A **Yes.**

Q And what is her job title now?

A **Right. Housekeeping supervisor/inspector.**

Q And at the time we took your deposition last year, is that the same job?

A **Yes.**

Q Okay. Has your job changed at all?

A **No.**

Q Okay. So can you tell me a little bit about what her responsibilities are as the supervising housekeeper and inspector?

A **Yes. Ana, basically, in her role, her primary function is to inspect all of the hotel guest rooms once they've been cleaned by one of our -- one of our team**

members in housekeeping, one of our room attendants. So that's basically her role, one of the many hats that she wears.

But it's a -- it's -- certainly a primary role is that she's going behind the housekeeping room attendants to inspect the rooms and the level of cleanliness. So that's a process of going into, you know, a number of given rooms each day, a section of the hotel every day, and going into the room to make sure that, you know, just the -- the housekeeping team member, the room attendant, has done the job and, you know, gotten the room cleanliness up to the standard that -- you know, that we -- that we require, that we need.

So during that process, it's -- it's visual inspection, but also, you know, it can be, and certainly will be, you know, some touch-up items, you know, that -- you know, finding and re-cleaning, touching up things that just might not have been done, you know, well enough, or things that may have just been missed during the cleaning process. So, you know, that's the -- the bulk of it, in terms of going, you know, through the day and through the hotel, room by room, during her day.

You know, additionally, another duty would be that of, you know, overseeing and, you know, supervising the team of room attendants and the team in housekeeping

for any given day to make sure that all of the assignments and everything is -- you know, is completed, you know, entirely, and that's just, you know, helping out to make sure that, you know, cleanliness duties are taken care of in the hotel's common or public areas, back-of-the-house stations, as well, and just making sure that the -- again, the entire housekeeping operation has been completed on -- on -- on any given day.

Q Okay. And so what are the physical aspects of this job that she would be doing on a regular basis? And I understand it may vary from time to time because of --

A Right.

Q -- some small issue that's popped up in a particular room, but just on a day-to-day basis, what -- what does she do that's physical?

A Yeah. The -- well, you know, certainly, first and foremost, a lot of walking, you know, lots of walking. That's -- that's without a doubt, you know, the primary physical requirement or need.

But going into the rooms, you know, in her role, you know -- you know, the touch-up is not -- shouldn't be, you know, real excessive, you know, physical labor that's needed with that part of it. But what happens is, you know, on any given day, I'm certain that she's helping the -- the team members, the room attendants in the room, and

that might be, you know, helping them strip a bed. It could be, you know, helping somebody make a bed, conversely; helping them remove laundry, any dirty laundry from the room; and they pull trash, you know, and things along those lines.

You know, she's also going to be -- you know, would be involved with helping in -- in our laundry department, which might be, you know, loading a commercial washer, you know, putting sheets and towels in, transferring those items from the washer to a dryer, as needed, you know -- you know, pulling, you know, towels and linens out, as needed, as well.

You know, the -- everything that I've just explained there, again, you know, as far as to have everybody there every day, every shift that's completing those jobs, and she's supervising that, but, you know, she -- you know, in that role, certainly, you know -- you know, part of her responsibility and part, you know, of who she is, she's helping everybody do those things, as well, on any given day.

Q Okay. Do you know what her current restrictions are?

A I'm sorry. Again?

Q Do you know what her current work restrictions are?

A I don't. You know, I haven't spoken to her about it, you know, really, anytime recently. So I -- I hate to say it. I don't know, you know, that she has any, you know, or to say what they are, to be honest with you.

Q Okay. That's not something you keep track of?

A Well, no, not necessarily. Not directly. You know, she -- you know, she's been, you know -- how do I say this? Just, you know, very communicative to us, certainly, all right, through this entire process, to let us know if and when she had, you know, any kind of restriction or anything she couldn't do.

And, you know, for me and just, you know, thinking about this now, this goes back probably a few years, right when she first had the surgery, came back, and through that process, she had some limitations, which, you know, kind of even led to a little bit of the change and transition of her role, you know, the things asked of her.

But, you know, as of now, as of more recently, and certainly in the last -- going to back to, you know, last year's deposition, that time frame, you know, I haven't had much conversation about that directly with her at all.

Q Okay. Is her supervisor still Glenora Gary?

A Yeah. Well, Elnora.

Q Eleanor. Sorry. Eleanor.

A That's okay. Yep.

Q Is it Eleanor or Elnora?

A It's -- it's Elnora.

Q Okay.

A E-L-N-O-R-A. Yeah.

Q All right. And do you communicate more with Ms. Galvan or with Elnora on a regular basis?

A Elnora.

Q Okay. Has Elnora ever told you, or has Ms. Galvan ever told you, in the last year, that she's had any other accidents at work?

A No, neither have told me that.

Q Okay. Have either one of them told you, or anybody else, for that matter, that Ms. Galvan is having difficulty performing her work activities?

A No. You know, this goes to, you know, the conversations that I do have with Ana, Ana (pronouncing AH-na), talking about how she's doing, and, you know, her comment to me is that, you know, it's -- it's so-so. You know, she indicates she doesn't -- you know, doesn't necessarily have the -- you know, the -- the range of motion, you know, that she's -- that she had before the original accident.

And that's where, you know, it's been a little bit of a challenge, quite honestly, for me, just, you know,

as we talk about it. You know, I -- I -- I know it's been some time. You know, I understand she's still working through some things. But, you know, at this point, I don't -- you know, I've realized that I don't have a whole lot that I can offer or, you know, can do at that point. So I certainly do check in with her, and we talk about it, but it's -- you know, it's kind of brief.

But Elnora, you know, has not brought anything to me at all, and I don't -- you know, so, therefore, I don't know of any conversations that Ana and Elnora have had, you know, since -- since last January. You know, she's still, you know, completing the work and in -- in the role that she's been in for -- for quite some time now.

Q Have you been following Ms. Galvan's medical treatment?

A No.

Q Okay. So in the past few months, she's had an MRI, and the MRI showed a tear in her rotator cuff, and she's been recommended for a surgery consult. Are you aware of any of that?

A No.

Q All right. It's my understanding that the surgery consult has not occurred because there was concerns that Ms. Galvan may have had a new injury on the job. Has she had a new injury on the job?

A Not that I'm aware of, at all.

Q Has she worsened her condition through her work activities on the job?

A Not that I'm aware of, at all.

Q I assume that's something that you would become aware of; correct?

A Absolutely. Let me tell you this, something I'll point out, too, certainly, a second, you know, type of injury or worsening, you know, condition, if it were to a point where she was unable to work, then I'm absolutely certain, yes, I, you know, would be made aware of that, yeah, absolutely, you know, due to all the circumstances.

Q And nobody has complained to you that her work activities are causing some type of new symptom; is that accurate?

A Yes, that's accurate.

Q Okay. When we took your deposition last time, you told me that Ms. Galvan was a great employee. She was hardworking. Is that still the case?

A It is. Absolutely.

Q Okay. Do you have any knowledge as to why Ms. Galvan cannot have this surgery consult?

A I don't know, no.

Q Okay. Would you like for her to have the surgery consult so that she can figure out if she needs surgery

again and attempt to get better?

A Well, I guess that's a little difficult for me to answer. I -- you know, I want her to be well. I want her to, you know, just be able to work without any -- you know, any kind of issues or pain or any, you know, discomfort.

I know this has gone on for quite some time. So at this point, you know, I don't know -- you know, I don't know where things stand with it, you know, and -- and as I kind of alluded to just a minute ago that, you know, I want to ask -- you know, I certainly want to ask -- you know, check in on her, but I also feel bad that there's just -- you know, whatever the comment is, I just -- I don't have, really, anything to offer at this point, in terms of a solution; right? So we, you know, do everything we can there to make sure that she's, you know, able to work and can do the job and, certainly, is performing.

So, you know, I want her to be better. I don't know what's going on with it, but, you know, I hate that she's in this mess, quite frankly. It's unfortunate. But I know this is some -- you know, sometimes the way it works. So, for me, I want her to be better. I don't know what that takes, but I think she's tired of it, as well, probably more than any of us, in the room there.

MR. JORDAN: I think you're probably right about that. I don't have any other questions for you.

WITNESS: Okay.

MR. JORDAN: Mr. Fultz might have a couple.

MR. FULTZ: Mr. Jenio, just a couple questions.

WITNESS: Sure.

CROSS-EXAMINATION

BY MR. FULTZ:

Q Mr. Jordan asked you --

A Yep.

Q -- some questions about an MRI and a tear.

A Yeah.

Q Are you aware of any -- of that information? I mean, were you aware of any of the results of any MRIs of Ms. Galvan?

A No. I mean, I think -- just to make sure I understand how you're asking it and what I'm answering, it's that I'm pretty sure she had an MRI done years ago, before the original surgery. So that, I'm, yes, aware of. If you're saying since, you know, January -- last January, anything recent, no, I'm not aware of any MRI request or schedule, you know, of that being done, one way or the other.

Q Regardless, you're not aware of the results of any MRI since January of 2017?

A No, not at all.

MR. FULTZ: Okay. And you're -- that's all the questions I have.

MR. JORDAN: Thank you for your time.

(WHEREUPON, this deposition was concluded at approximately 10:41 a.m.)

---o0o---

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

CERTIFICATE OF COURT REPORTER

I, Matthew Hazen Anderson, Court Reporter and Notary Public in and for the State of South Carolina, do hereby certify that the foregoing fifteen (15) pages of typewritten testimony were taken down by me, and then transcribed by me; that the same is a true, correct and complete transcript of the proceedings as stated in the caption.

I further certify that I am not of kin nor counsel to any of the parties hereto, and, further, that I have no interest whatsoever in the outcome of said proceedings.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 26th day of March, 2018.

NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires

April 25, 2021

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STATE OF SOUTH CAROLINA

BEFORE THE WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO:

ANA RODRIGUEZ GALVAN,

Employee/Claimant,

-vs-

GRIFFIN STAFFORD NORTH CHARLESTON,

Employer,

and

EMPLOYERS PREFERRED INSURANCE CO.,

Defendants.

THE DEPOSITION OF JAMES J. MCCOY, M.D., taken on behalf of the Employer/Carrier on Thursday, April 12, 2018, commencing at 12:51 p.m. at the Offices of Lowcountry Orthopaedics, 93-B Springview Lane, Summerville, South Carolina.

Reported by: Nicole D. White

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

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E X H I B I T S

(No exhibits were proffered.)

(JAMES J. MCCOY, JR., having been first duly sworn, testified as follows:)

E-X-A-M-I-N-A-T-I-O-N

BY MR. WALTON:

Q. Dr. McCoy, just to formally introduce myself for the Record, my name is Kate Walton. I represent Griffin Stafford North Charleston in the Workers' Compensation claim filed by Ana Rodriguez Galvan. Obviously you treated Ms. Rodriguez as part of this claim. If you don't mind for us, can you just give us a little bit of background starting with your medical school and up through your current position.

A. Graduated from University of Buffalo medical school. Did a year of surgical internship at the Millard Fillmore Hospital in Buffalo. Four years of orthopaedic residency at the Buffalo University system, which incorporates five hospitals. Board certified in orthopaedic surgery. Spent two years in the Navy as an orthopaedic surgeon. Came to Charleston and opened a solo practice in orthopaedics in 1978 and have been practicing continuously since then.

Q. And you are currently practicing with Lowcountry Orthopaedic?

A. Correct.

Q. I understand that you recently stopped performing surgeries; is that correct?

A. Fourteen months ago I had my own back issues and I stopped doing surgery.

Q. So you still see patients in clinic and so forth?

A. I do.

Q. And is the first time that you saw Ms. Rodriguez, was that on the date of surgery or are my notes incorrect?

A. Not necessarily incorrect as not complete as apparently are my notes. I believe I first saw the patient at Concentra a couple of years ago.

Q. Okay.

A. Dr. Cox and I used to go to Concentra one half day a week and they would save up their orthopaedic patients and have us take a look at them. Because the first MRI was ordered by Emily Meeka (ph), who was the general practice physician at Concentra.

So I just -- we don't have Concentra's notes, apparently, but I had seen her at Concentra and got the story, did a physical exam.

Already had the MRI and it was determined that she had a full thickness tear of the rotator cuff and so surgery was scheduled from there.

Q. Just by way of background regarding the rotator cuff and the tendon that was torn, can you tell us just what that looks like anatomically?

A. Well, typically people look at the back of their hands and move their fingers and they see small cords moving back and forth under the skin. And that is what we usually think of as tendons.

In the shoulder, however, the rotator cuff is like half a tennis ball. It is a big broad structure and is actually the combination of four broad tendons that come over the top of the shoulder and help lift the arm.

Q. And which of those four broad tendons was torn on the November 2nd, 2015 MRI?

A. The radiologist reports that there was a full thickness tear involving the supraspinatus and partial thickness infraspinatus and subscapularis. So the supraspinatus is the large tendon at the top, as it were, and the other structures are kind of supporting structures on

either side.

Q. Okay. I understand you performed the repair operation on February 24th, 2016?

A. Correct.

Q. Once you got in there and were performing the arthroscopy, did you notice any other issues, other than the findings documented on the MRI?

A. Referring back to my surgical notes from that day, it does not appear that there were any other marked abnormalities.

Q. And were there any complications with performing the repair of the full thickness tear?

A. No.

Q. Did you do anything in terms of the partial tears?

A. No.

Q. And what happens with a partial tear?

A. If you try to picture a through and through tear as if you brought a knife down directly on the top of your hand and it cut the tendon through and through as opposed to what we talk about as partial or interstitial tears where if you brought the blade horizontal to your hand and kind of made a cut in the substance of the

tendon, but it did not disrupt the continuity of the tendon.

Q. Do you need to perform anything surgically once there is that partial disruption of the tendon?

A. Usually no.

Q. Is it something that's anticipated to improve with time or how does that --

A. The vast majority do and sometimes they can go on to tear themselves more through and through.

Q. When they do tear further, is that usually activity driven where it caused some additional strain on the tendon?

A. Correct.

Q. In your opinion, was both the full thickness tear as well as the partial thickness tears related to the incident of Ms. Rodriguez grabbing the handle on the bathroom door while falling?

A. To a reasonable degree of medical certainty, I believe that the injuries that I saw and repaired were directly related to her work injury.

Q. Just for clarification purposes, you

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did not, I guess, repair those partial tears though; is that correct?

A. Correct.

Q. Do you believe those partial tears, that the actual tear occurred during the course of the incident on October 9th, 2015 when she was grabbing the handle on the bathroom door while falling?

A. Repeat the question, please.

Q. In your opinion, did the partial tears occur when Ms. Rodriguez was involved in the incident on October 9th, 2015 when she grabbed the handle on the door while falling?

A. Yes.

Q. I saw in the course of the follow-up treatment after the operation, that Ms. Rodriguez had complaints regarding her middle and little finger on her right hand. And specifically I'm referring to your office note on April 21st, 2016.

A. I'm looking at my notes to see primarily if it was documented as you stated of the middle and little finger, but now I've forgotten what the question was.

Q. Fair enough. I was just referencing

in review of your follow-up note from April 21st, 2016, I saw where Ms. Galvan or Ms. Rodriguez had some complaints of involving her middle and little fingers and complaints of numbness. Do you have any idea of the etiology of those type of complaints?

A. Good question. And it was a puzzle at the time. The things that were being considered sometimes after surgery or an injury, until somebody is using the extremity again, there can be swelling of the extremity just because of disuse. And that kind of swelling can create carpal tunnel like symptoms in the hand. And what she was describing most reassembled carpal tunnel as opposed to other specific things going on.

We had to consider other possibilities. Possibly with the initial injury there was some stretching of the soft tissues around the shoulder and we had to consider did that possibly involve some of the nerves, but this didn't really seem to appear until as you pointed out, April 21st, after surgery.

Q. Just in terms of the layout of the human body, what does that usually tell you that

the little finger and the middle finger, where is that coming from?

A. When you have carpal tunnel syndrome and you have compression and irritation of the median never in the arm, that is the nerve that supplies feeling to the middle and ring fingers and the thumb side of the little finger. It can be variable like it was in this case where it's middle and just little, but that is typically median nerve.

Q. Is that why you referred Ms. Rodriguez for evaluation with Dr. Santiago?

A. Correct.

Q. And he recommended the nerve conduction study, which was performed, I believe.

A. By Dr. Patel?

Q. Yes.

A. Correct.

Q. And the nerve conduction study did not reveal any evidence of any peripheral neuropathy or cervical radiculopathy or carpal tunnel; is that correct?

A. Correct.

Q. And Dr. Santiago has since released Ms. Rodriguez regarding the symptoms in her hand?

A. Yes.

Q. And I saw that you also recommended a cervical MRI due to the ongoing complaints?

A. There were some complaints of neck discomfort and even for the orthopedist, sometimes it's difficult to see a patient who's complaining of shoulder pain and determine is this neck, is this shoulder, is it a little of each? And early on it certainly seemed that everything was shoulder focused, but had to consider the possibility that maybe neck was involved with the original injury, as well.

Q. Did you review the cervical MRI?

A. Yes.

Q. Did you note any findings on that MRI to explain Ms. Rodriguez's ongoing symptomatology?

A. No.

Q. I believe you originally placed Ms. Rodriguez at maximum medical improvement on September 28th, 2016?

A. Correct. And she had made some progress in rehabilitating the shoulder, but not terrific. And I think she had maxed out physical therapy and what we could do for her to try to

get her to optimum function. And so I thought it was going to be safest to send her back to work in a permanent limited duty situation.

I explained to her, like I do with all my patients in this situation, that it's possible that the employer will let you go at this point. They don't necessarily want somebody on permanent limited duty. But apparently the employer was willing to work with her and to the best of my knowledge, she stayed on.

Q. And what is the permanent limited duty, can you be specific on the restrictions that you discussed with Ms. Galvan or Ms. Rodriguez?

A. I don't remember exactly, but it was primarily a limitation on the lifting with the right arm and minimizing work at or above shoulder level.

Q. Would there have been any restriction on the frequency of movements?

A. I may have written that, but I don't think I did.

Q. I'm not trying to trick you. Your notes just say permanent limited duty. I wasn't sure if you recalled any specific restrictions

that you discussed with Ms. Rodriguez?

A. I don't usually designate frequencies as much as weights and position.

Q. Okay. And I saw you completed the Form 14B on February 9th, 2017, indicating that Ms. Rodriguez could anticipate future medical care to include anti-inflammatory medications periodically and an occasional injection of the right shoulder.

A. That is what I foresaw at that point, yes.

Q. Are you aware that Ms. Rodriguez had a second opinion performed with Dr. Bright McConnell on April 14th, 2017, and he agreed with your opinion in terms of Ms. Rodriguez reaching a level of maximum medical improvement?

A. I was not aware.

Q. Was the next time you physically had an interaction with Ms. Rodriguez the appointment on September 20th, 2017?

A. Yes.

Q. So it had been almost exactly a year after she reached maximum medical improvement?

A. Yes.

Q. And at that point you recommended the

right shoulder MRI?

A. Well, I listened to the story through a translator and examined her and at that point in time thought that this might be primarily some subacromial bursitis, which is a bursitis in the area next to the rotator cuff and talked to her about different treatment options, but at that time elected to inject the bursa with some Xylocaine and Cortisone.

Q. Do you recall what the "story" was that Ms. Rodriguez told you at that time?

A. My notes reflect that she just said that she was having pain at work.

Q. And it appears from your notes that Ms. Rodriguez updated you that her employer did keep her on the job?

A. Correct.

Q. Do you have any recollection of what Ms. Rodriguez's job entails?

A. No, I do not.

Q. After you -- or did you see Ms. Rodriguez again before the MRI was performed on December 12th?

A. Yes. I don't know if you have notes from November 1st.

Q. No.

A. But at that time she was about six weeks since the injection and again, through the translator, we learned that she was apparently not impressed by any improvement in the shoulder discomfort with the injection and so at that time I thought we needed to entertain the possibility that there was a tear in the rotator cuff and at that point we ordered the new MRI.

Q. From a diagnostic standpoint, did the injection tell you that the suspected bursitis was not the source of her discomfort?

A. That would be a pretty good summation.

Q. And what were the findings of the MRI on December 12th, 2017?

A. The radiologist noted some changes consistent with prior rotator cuff repair and then low grade intrasubstance partial thickness tear and mild bursal sided irregularity of the supraspinatus tendon.

Q. Was this MRI read in comparison with the November 2nd, 2015 MRI?

A. Not according to the radiologist's note here. But I obtained the new MRI and put them side by side and I repeated this last week

to reassure myself and you can see where this is a new different tear. And, in my opinion, more of a full thickness tear than the radiologist would have us believe from his interpretation here.

Q. Which tendon is involved in this new tear?

A. It seemed to be partially supraspinatus and partially infraspinatus.

Q. Was the infraspinatus tendon involved or torn on the initial MRI from February 2nd, 2015?

A. Not through and through, but I think it did have some interstitial tearing from the original MRI.

Q. Okay. Are these re-tears of the same tendons that were injured from October 9th, 2015?

A. All right, state that again.

Q. Are these re-tears, like a reoccurrence of the same tendons that were torn, either partially or full tears, that you reviewed on the November 2nd, 2015 MRI?

A. Certainly you can have re-tears of a previously repaired tendon, but if you put the MRIs side by side, I think this was a new tear,

slightly posterior, slightly towards the back of the rotator cuff compared to the full thickness tear that we dealt with the first time.

Q. Was the tear that you repaired the first time still intact -- the repair still intact?

A. Yes. Yes.

Q. I gather from reading the Form 14B that you did not anticipate Ms. Rodriguez would have the subsequent new tear; is that correct?

A. Subsequent?

Q. New tear?

A. Oh, new tear, yes, correct.

Q. Okay. Do you have any idea how the subsequent tear occurred?

A. I have to think it's basically part of the repetitive type work that she does.

Q. Ms. Rodriguez testified that she spends two hours a day of her five-day work week, so ten hours total in a week, folding towels. Is that something that could lead to this new tear?

A. It's part of her repetitive activity and if you've got an area that's damaged, it's certainly possible that this could ultimately lead to a new tear.

Q. Would you state then that the findings on this February or I'm sorry, December 12th, 2017 MRI are a worsening or an aggravation of Ms. Rodriguez's prior condition?

A. Worsening is probably a good word, yes.

Q. Ms. Rodriguez also testified that she performs room inspections as part of her housekeeper supervisor duties and estimates going to about ten rooms every day pulling out drawers, things of that nature. Is that a type of repetitive activity that could lead to the new tear as evidenced on the December 12th, 2017 MRI?

A. Well, I think it's one more piece of repetition that adds to the strain on the camel's back.

Q. Other than the repetitive type activities that we've discussed today, is there anything else that you are aware of, whether a new injury or another activity that Ms. Rodriguez has participated in that could have caused this new tear?

A. Not that I'm aware of.

Q. In terms of a timeline of when these new tears occurred, do you have any way to pare

it down, other than some point after your surgery and before this MRI?

A. I'm not sure exactly what you're asking, but I can say that the timeline that we're dealing with is consistent with this type of thing happening. She's not the first person to have this happen.

Q. Okay. Do you think more likely than not the re-tears occurred after she was released from your practice in September 2016?

A. Yes.

Q. And when you reviewed this MRI, I assume that you can't tell how long these tears have been in existence, this new MRI from December 12th, 2017?

A. That's -- that's a very good question, because the -- the MRI shows what is a fairly acute tear, fresh edges and no retraction of the muscle. So certainly it fits in the timeframe, yes.

Q. Okay. So when you're reviewing that fairly new or acute tear, how long would that have been present before having some type of retraction evidenced as well?

A. To get retraction you've probably got

to have something that's been there for more than say four to six months.

Q. So the best that you can, you're able to pare this down to state that it's likely that the new tear that is acute and evidenced on the December 12th, 2017 MRI likely occurred between four and six months prior to the MRI?

A. I was thinking two to three.

Q. Okay. And I think from Michael updating me on the fact that you're no longer performing surgery, that's probably the answer to why you have referred Ms. Rodriguez to someone else for further discussions on potential surgical intervention at this point?

A. Correct.

Q. Was there anything else that you discussed with Mr. Jordan last Thursday that we have not covered at this deposition?

A. My nephew's wife being confirmed as a circuit court judge today.

Q. Tailor that down a bit. Regarding Ms. Rodriguez, any injuries that she has in that regard?

A. Not that I recall.

Q. Okay. You didn't sign any pre-drafted

questionnaires or anything that I'm not aware of that we need to touch base on while we're here so that we don't have to come back?

A. Not that I know of.

Q. Okay. Has all your testimony today been to a reasonable degree of medical certainty, more likely than not?

A. Yes, ma'am.

MS. WALTON: I don't have any further questions for you. Please answer any questions Mr. Jordan has.

E-X-A-M-I-N-A-T-I-O-N

BY MR. JORDAN:

Q. When we look back to September 2016 when you released her the first time, what were her symptoms at that time?

A. Looking back at my notes, I don't see where either I didn't document very well or they skipped a page.

As I recall, her biggest complaint was that she was not pain free. She was not able to do all the things that she wanted to do and do them comfortably. And in examining her, her ability to lift her arm above shoulder level was diminished compared to the other side and yet she

had been pretty well working in physical therapy for quite a while, including some work hardening, but she just was not pain free.

Q. Do you think you're missing a page?

A. Do you have any documentation of something more specific?

MS. WALTON: I think mine are probably complete.

THE DEPONENT: Well, this is definitely a part I didn't have, but still, it just says having discomfort in the right shoulder.

BY MR. JORDAN:

Q. Okay.

A. And the motion restrictions that I mentioned.

Q. And the raising of the shoulder or the arm above the shoulder level, is that abduction?

A. Correct.

Q. And what percentage or what degree was she up to at that point?

A. I didn't see it documented, but it seemed to me it was in the area of 75 percent or 75 degrees, I'm sorry, 75 degrees abduction on the right side.

Q. And then the next time she comes to see you is a year later, right?

A. Correct.

Q. And at that point I see in your note that what you say in the physical exam is that -- I can wait a second so you can catch up.

A. Go ahead. Did you say September?

Q. Yes, sir.

A. Go ahead.

Q. That physical exam in September 2017, a year later, she had good active assisted flexion and extension both shoulders; is that right?

A. Correct.

Q. Is that the same as in 2016?

A. Correct.

Q. And then she had tightness in the right shoulder?

A. Correct.

Q. And abduction, but could get up to 85 percent at that point?

A. Correct.

Q. And that's a slight improvement?

A. Correct.

Q. She did not have any crepitous,

grinding noise, correct?

A. Correct.

Q. But she was still in pain?

A. Yes.

Q. And was still in discomfort?

A. Correct.

Q. Did she have any other symptoms?

A. Just primarily pain when working.

Q. Okay. So essentially she has the same symptoms in September 2017 that she had in September 2016; is that fair?

A. Fair.

Q. And would you consider that to be consistent symptoms over that year-long period?

A. If she was continuing to work, it seems reasonable.

Q. And you don't know about any other work accidents or car wrecks or falls or anything of that nature that she's had?

A. I don't.

Q. She didn't talk to you about any of that, I assume?

A. No.

Q. Okay. I will promote to you that in her deposition testimony, she confirmed all of

that, that she'd been in no other accidents or work accidents or car wrecks or anything of that nature, okay? So my question is if she's having the same symptoms in September 2016 as she is when she comes back in September 2017, is there really a change in what's going on with her anatomically, I guess, is the best way to say that?

A. It must have changed to a degree to get her back into the office. And a lot of times patients do not recall a specific injury when they're coming in with a joint that hurts. And even if you dig into their last couple of month history, it's difficult to pinpoint. But as was described as her work routine, I'm sure we've all been in a situation where we've walked into a room and went to pull open a drawer and the drawer was stuck and it can be as simple as that, something pulling against resistance that doesn't give and she may not have thought about it at the time, but that may have been the mechanism.

Q. You're just speculating with that, right?

A. I am.

Q. You're just using that as a potential

example?

A. Exactly.

Q. Okay. Is the MRI the -- well, strike that. Are the findings on the December MRI consistent with the symptoms she was having of pain, discomfort and abduction of the shoulder?

A. Yes.

Q. Should she be having any other symptoms based on what you see on the MRI?

A. There was a note that she was having pain at night, but that's typical of shoulder problems, people have pain at night.

Q. I guess the better question would be, in the December 17, 2000 (sic) MRI, it shows tears in the supraspinatus and infraspinatus tendons, right?

The second question would be do those types of tears lead to certain types of symptoms that we would normally associate with them?

A. It would be difficult to look at an MRI and see where a specific tear is and then say that the patient is gonna have a specific symptom. For instance, some patients say when it really hurts is when I reach into the refrigerator to grab that jug of milk and

suddenly I have to use two hands. But that could be an anterior tear, a posterior tear. It's rotator cuff, but you can't get more specific as to which injury causes which activity problem.

Q. If she's having the same problems in September of 2016 as she was in September of 2017 and I assume still is having those same symptoms, right?

A. Correct.

Q. And you saw her pretty recently, like in the past few weeks?

A. I don't recall.

Q. March 29th; is that right?

A. Correct.

Q. Did she have those same symptoms at the March 29th visit?

A. Correct.

Q. Then how can you say the tears on the MRI from December of 2017 resulted during some specific time period or due to some work activity after you initially released her?

A. Gonna have to simplify that question.

Q. Yeah, that was a really long question. So if she's having the same symptoms from September 2016 to now, how can we attribute those

-- those symptoms to a tear that you say occurred two to three months before the December 2017, MRI?

A. Probably gonna have to get into the personality and the language barrier at this point. Even with a good translator, there was a lot of difficulty interpreting a lot of things that the patient was trying to get across to the physician. Her specificity did not change a lot over a couple of years. "My shoulder hurts." And to get her to specify what direction or what activity was quite difficult. I am going on the basis that she was having increased pain and that got to the point that got her to come back into the office. And assuming that it might be some bursitis, that she aggravated things, we injected it. That did not help.

Even with the Xylocaine in, that's gonna give her a day or two of relief, but very quickly she was back to where she was, so we had to entertain the possibility of a new tear. The MRI was obtained and I think that answered the question.

Q. Okay. Based on your review of the MRI and her recent visit with you, does she need

surgery?

A. I think the injection, in addition to being hopefully therapeutic, was diagnostic. I think it needs surgical repair to quiet it down, yes.

Q. Okay. Is her need for surgery at this point -- strike that. If she never had the first accident at work, the fall, would she need surgery right now?

A. I don't think so.

Q. Okay. So her need for surgery right now really relates back to the initial work accident?

A. In my mind it does.

Q. Okay. So what is the most contributing factor to her need for surgery right now? Is it those work activities we talked about, the folding of the laundry and the drawers, or does to go to her initial work accident?

A. Rephrase that.

Q. Sure. Mrs. Galvan has a need for surgery right now to repair her rotator cuff and reduce her symptoms, right?

A. Correct.

Q. Does the need for that surgery relate back to the first accident that she had in 2015 or is it more related to the work activities she had in the past year and a half, the opening, closing of the draws and the folding of the laundry?

A. I don't think she would be where she is right now if it hadn't been for the original work-related injury.

Q. Okay. And is that your opinion to a responsible degree of medical certainty?

A. Yes.

Q. More likely than not?

A. Yes.

MR. JORDAN: Okay. I don't have any other questions.

R-E-E-X-A-M-I-N-A-T-I-O-N

BY MS. WALTON:

Q. In follow-up to your most recent testimony, why is it that you believe that the initial work injury in October 2015, I guess has presupposed Ms. Rodriguez to requiring the current surgery?

A. I think it damaged a lot of tissue and I don't think the present situation would have

occurred if she didn't have that original damaged tissue with the original injury.

Q. And the current damage that we're talking about, these are new tears, correct?

A. Correct.

Q. So this is not something that was evidenced on the first MRI in November 2015 or even when you operated on Ms. Galvan in order to correct her acute injuries from the October 9th, 2015, accident?

A. A very good question. And correct to both of them.

Q. So even if Ms. Rodriguez was presupposed to some further tearing regarding her shoulder, there had to have been additional activities that led to the actual tears occurring, correct?

A. All right, rephrase that, please.

Q. Just the fact that Ms. Rodriguez had a prior surgery and had a prior injury to her rotator cuff, that alone did not cause these tears? There had to have been some additional activity in order to worsen her condition?

A. I'm sorry, that's just -- it's too many -- you're throwing too many variables into

one area. I can't answer that the way it is right now.

Q. Okay. You testified on cross-examination that it was the original injury that has, I guess, predisposed Ms. Galvan to reaching this current condition?

A. Yes.

Q. But these current tears were not a reoccurrence of her initial injury, correct?

A. Correct.

Q. This is something -- an entirely new finding?

A. Correct.

Q. Something that you've class --

A. But wouldn't be there without the original injury.

Q. But in order to get to this point, she had to have been doing some type of activity which you referenced was likely the repetitive nature of her work, in order to reach the point of having this new tear?

A. Correct.

Q. So it had to have been additional activities, not just the fact that she had a prior shoulder injury that led to the point where

she now has the current tear?

A. That last part is confusing me. I'm sorry.

Q. This tear was not something you expected to happen?

A. Correct.

Q. You obviously did not indicate Ms. Rodriguez was likely -- more likely than not going to require future surgery at the time that you released her at maximum medical improvement in September 2016?

A. Correct.

Q. So something had to have occurred since that time?

A. Yes.

Q. And I believe what you referenced in your opinion more likely than not occurred is that she participated in repetitive activities that aggravated her pre-existing condition with her right shoulder?

A. Yes, but there could also have been an incident that she did not give a lot of significance to as per my example of the stuck drawer. It's possible.

Q. So either there was an acute incident

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or the repetitive activities that have led to Ms. Rodriguez having this current tear as evidenced on the December 2017 MRI?

A. Correct.

Q. And the -- Ms. Rodriguez's current referral for a surgical evaluation is due to the new tear?

A. Correct.

Q. And has all of this testimony been to a reasonable degree of medical certainty, more likely than not?

A. Yes.

MS. WALTON: I don't have anything further.

MR. JORDAN: Nothing.

(This deposition concluded at 1:47 p.m.)

(Signature waived.)

CERTIFICATE OF REPORTER

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

I, Nicole D. White, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken, and further, that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

_____ Date 04/28/18
Nicole D. White
Notary Public in and for the
State of South Carolina

My Commission expires September 8, 2027

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ADA
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RODRIGUEZ-GALVIN, ANA (Id #2156701, dob: [redacted]982)
Imaging Result
(#5650851, 11/03/2015)

LOWCOUNTRY ORTHOPAEDICS
2880 Tricom Street
N Charleston, SC 29406
(844) 242 6809

PATIENT ID: 2156701
PATIENT: ANA RODRIGUEZGALVIN
DATE OF BIRTH: [redacted]

EXAM DATE: 11/02/2015
ACCESSION #: 7HB
REFERRED BY: EMILY MIKA

MRI SHOULDER - RIGHT

HISTORY
Right shoulder pain, instability, contusion, fall.

COMPARISON STUDIES
None available.

TECHNIQUE
1.5 Tesla MRI utilizing multiplanar multisequence imaging without contrast.

FINDINGS
Moderate fluid in the subacromial/subdeltoid bursa. Full-thickness minimally retracted tear involving the supraspinatus tendon eccentric anteriorly. This involves approximately 1.5 cm of width of the tendon with less than 1 cm of retraction. Continuation of intrasubstance delamination into the posterior supraspinatus and anterior infraspinatus tendons. Minimal involvement of the subscapularis tendon in the form of a partial thickness tear. No significant atrophy of the rotator cuff muscles.

No glenohumeral joint effusion. Unremarkable glenoid labrum. The long head biceps tendon is intact. Preserved articular cartilage. No osseous Bankart lesion or Hill-Sachs deformity.

The AC joint demonstrates no widening with minimal degeneration. There is a curved, type 2 acromion.

IMPRESSION

1. Full thickness minimally retracted tear involving supraspinatus tendon with minimal partial thickness infraspinatus and subscapularis tendon tears. No atrophy of the muscles.
2. Unremarkable glenohumeral joint.

Electronically signed by: Jim Thesing, DO (Nov 02, 2015 15:24:45)

Thank you for entrusting your patient's care to us.

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APA
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MUSC Health
Medical University of South Carolina

Richard Joel Friedman, MD 12/18/2018 4:34 PM Signed
Ana Rodriguez Galvan
[redacted]982
[redacted]
12/18/2018

History of Present Illness

The patient is a 36-year-old right-handed lady who presents today for independent medical evaluation regarding her right shoulder. She has no prior history. She injured her shoulder at work back in October 19, 2015. She slipped on a wet floor and she fell down she went to break her fall by grabbing on a door handle but lost her grip and fell down on the floor. She had immediate pain. The pain is persisted. Plain x-rays did not show any fractures or dislocations. She was treated conservatively. However, she failed to improve. Therefore on November 2, 2015 she obtain an MRI scan which showed a full-thickness minimally retracted tear the supraspinatus. She socially underwent surgery on February 24, 2016 with a mini open rotator cuff repair of her right shoulder. She's put through an appropriate course of physical therapy afterwards. However her pain is persisted. She's also been complaining of neck symptoms. She had an EMG nerve conduction study done on May 12, 2006 and was entirely normal. She had a cervical spine MRI scan done on August 18, 2016 was essentially normal for her age. There is no obvious cause for her radicular symptoms. She did also have a hand evaluation by Dr. Santiago. She may have carpal tunnel symptoms but no treatment was prescribed, this has not felt this is related to her shoulder injury. She also had pain management by Dr. Merrill. Her surgeon felt that she was MMI on February 9, 2017, approximately one year after her surgery. She was given a 15% partial permanent impairment to her right shoulder and given a permanent restriction of light duty only. Currently the patient states that her pain persists. She said that she had absolutely no relief of her pain from the surgery that was performed in February 2016. Her pain is located about the right aspect of her neck which radiates down from her shoulder down dropping her arm. Is worse activity and also bothers her at night. She has no other musculoskeletal complaints.

Past Histories

Past Medical History:
Diagnosis Date
- Migraine

Past Surgical History:
Procedure Laterality Date
- ROTATOR CUFF REPAIR
- TUBAL LIGATION

Providers: *This clinical information can be easily retrieved from MUSC's electronic medical record via MUSC CareLink. To register, go to carelink@musc.edu.*

Patients: *An electronic summary of this visit as well as other health information is available via MUSC MyChart. To register, go to www.mychart.muschealth.com.*

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History reviewed. No pertinent family history.

Social History

Social History

- Marital status: Married
  Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use: No
- Drug use: No
- Sexual activity: Not on file

Other Topics Concern

- Not on file

Social History Narrative

- No narrative on file

Social History
Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use: No

Medications

Current Outpatient Prescriptions:

- atorvastatin (LIPITOR) 40 mg tablet, Take 40 mg by mouth daily., Disp: , Rfl: 5
- Ibuprofen (ADVIL,MOTRIN) 200 mg tablet, Take 200 mg by mouth. Take with food or milk., Disp: , Rfl:

Allergies

Allergies as of 12/18/2018

- (No Known Allergies)

Providers: *This clinical information can be easily retrieved from MUSC's electronic medical record via MUSC CareLink. To register, go to carelink@musc.edu.*

Patients: *An electronic summary of this visit as well as other health information is available via MUSC MyChart. To register, go to www.mychart.muschealth.com.*

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Patient has no known allergies.

Review of Systems

A complete 14-point review of systems was negative with the exception of pertinent positives mentioned in the HPI. A review of systems questionnaire was reviewed by the examiner, reviewed with the patient and scanned in the electronic medical chart.

Physical Exam

BP 132/70 | Pulse 73 | Ht 154.9 cm (5' 1") | Wt 68.8 kg (151 lb 9.6 oz) | BMI 28.64 kg/m²
On examination the patient a healthy well-developed 36-year-old lady resting comfortably no acute distress. Her vital signs are normal as listed in the chart. She is alert and oriented x3. Examination of the shoulder shows the contours are intact. The skin is intact. No atrophy. She is a healed right shoulder incision. On the left she is 180° of elevation was 70° of ER and IR to T7. On the right her numbers 100, 60 and T11. She is normal strength with abduction and rotation. Her rotator cuff is intact. All provocative tests provoke diffuse pain throughout her shoulder not specific to the test being performed. She has full cervical spine range of motion is pain with lateral rotation and lateral bend to the left. Gross motor and sensory examination intact. Peripheral pulses are palpable. Reflexes are symmetrical. There is no lymphadenopathy.

Radiographic Findings

Her radiographic studies are reviewed and are as noted above.

Active Problems

There are no active problems to display for this patient.

Impression/Plan

The patient is almost 3 years following her mini open right rotator cuff repair. She's been through an appropriate course of physical therapy afterwards. Her current symptoms are related to her work-related injury of October 9, 2015. She did not sustain a neck injury as result of her work-related injury of October 9, 2015. The patient persists in having neck and shoulder pain. She's had an appropriate workup to date including cervical spine MRI scan EMG nerve conduction studies, all of which have been essentially normal. At this time, there is no indication for any further diagnostic studies or treatment. There is no indication for any further surgery. Based on her examination today, she is at MMI. She can return to full unrestricted activity with no limitations. Based on her examination today, she has a 16% impairment to her right shoulder. All these opinions are to reasonable degree of medical certainty.

Richard J. Friedman, MD, FRCSC
Department of Orthopaedic Surgery

Providers: *This clinical information can be easily retrieved from MUSC's electronic medical record via MUSC CareLink. To register, go to carelink@musc.edu.*

Patients: *An electronic summary of this visit as well as other health information is available via MUSC MyChart. To register, go to www.mychart.muschealth.com.*

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MUSC Health
Medical University of South Carolina

Medical University of South Carolina

Providers: *This clinical information can be easily retrieved from MUSC's electronic medical record via MUSC CareLink. To register, go to carelink@musc.edu .*

Patients: *An electronic summary of this visit as well as other health information is available via MUSC MyChart. To register, go to www.mychart.muschealth.com .*

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HOLDER
PADGETT
LITTLEJOHN+
PRICKETT LLC
ATTORNEYS AT LAW

Regan A. Cobb

Reply to: *Charleston*
direct: **843.277.0944**
fax: **843.589.9000**
rcobb@hplplaw.com

April 23, 2019

VIA ECASE
The Honorable T.Scott Beck
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

RE: Ana Rodriguez Galvan v. Griffin Stafford North Charleston and Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America, et al
WCC File No.: 1515209
DOI: 10/09/2015
Claim No.: AFC230079787
HPLP File No.: 5073.00017

Dear Commissioner Beck:

Enclosed herein please find the Defendants' Supplemental Pre-Hearing Brief and Supplemental Notice of Witnesses and Written Medical Reports which lists the documents I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act.

By copy of this letter to Kathryn Walton, Esquire; Matthew Fultz, Esquire; Lynnley Ross, Esquire; and Michael Jordan, Esquire, I am providing them with a copy of the same as required by the Rules and Regulations of the Commission.

With kindest regards,

HOLDER PADGETT LITTLEJOHN & PRICKETT

Regan A. Cobb

Enclosures
cc (w/enclosures): Nicole DeLoia, Accident Fund Insurance Company of America (via email)
Kathryn Walton, Esquire (via email)
Matthew Fultz, Esquire (via email)
Lynnley Ross, Esquire (via email)
Michael Jordan, Esquire (via email)

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

PRE-HEARING BRIEF
WCC File No: 1515209

Claimant's Name: Ana Rodriguez Galvan
Address: 2357 Dunlap Street, Lot #36
City: North Charleston State: SC Zip: 29406
Home Phone: (843) 906-5669 Work Phone:
Preparer's Name: Regan A. Cobb, Esquire

Employer's Name: Griffin Stafford North Charleston
Address: 407 North Church Street, Unit A
City: Georgetown State: SC Zip: 29440
Carrier: Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America,
Preparer's Phone #: (843) 277-0944

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $ 170.40 [based on the other parties] 2. AWW: $ 255.58 **Date of Injury:** 10/09/2015

3. Type of injury and body part(s): Alleged Right shoulder, right arm, and neck

4. Facts in controversy:

Claimant sustained an accident on October 9, 2015 which was accepted by the carrier at the time - Employer Preferred Insurance Company - for her right shoulder only but denied for her right arm and neck. Although treatment was recommended for Claimant's neck, and pled on a Form 50 dated December 16, 2015, it was never provided. Claimant did receive surgery to her right shoulder on February 24, 2016 by Dr. McCoy and Claimant went back to work on light duty after shoulder surgery and continues to work for the insured as a supervisor. Claimant was released at MMI by Dr. McCoy but settlement was never reached between Employer Preferred Insurance Company and the Claimant for the 15% impairment rating given by Dr. McCoy. Defendants assert that this issue needs to be addressed along with the following two questions: 1) Which Carrier is responsible for the Claimant's allegations of a neck injury?; and 2) Which Carrier is responsible for Claimant's current complaints to her right shoulder?3) Defendants assert based on Claimant's testimony that she has not had any new accidents or injuries after her initial work injury on October 9, 2015, and has not had any repetitive trauma since then, that her current neck and right shoulder issues are all related to the October 9, 2015 claim and they are not responsible for any benefits or treatment.

After Claimant's surgery and return to work on light duty, Claimant continued to complain of pain and went back to Dr. McCoy who has recommended additional surgery to her shoulder. However, Claimant has not alleged a new injury to her right shoulder while working at the insured and relates all of her pain back to the original date of accident on October 9, 2015. In addition, Claimant's supervisor, Garrett Jenio, testified Claimant has not had a new accident and has continued to have pain related to her original accident in October of 2015.

On January 25, 2017, Claimant was deposed and testified she started feeling numbness in her hand after the accident. (D. Tr. p. 19). These problems in her hand started getting worse about a month after the accident (D. Tr. p. 19). Claimant further testified that she started having neck problems after the surgery to her shoulder. (D. Tr. p. 20) Claimant further testified that her arm was not better after the surgery. (D. Tr. p. 21).

Claimant was deposed again on March 14, 2018, where she continued to testify that she related her neck, part of her neck, shoulder and fingers to the accident on October 2015. She testified that she has this pain that has never gone away since her surgery. (D. Tr. p. 18).

Claimant was deposed again on October 10, 2018. Her testimony remained the same that the body parts she injured in October of 2015 was the right side of her neck, right arm, fingers on her right hand. (D. Tr. p. 19-20) She testified she related this pain in her neck, right arm and right hand to her accident on October 9, 2015. (Dr. Tr. p. 22) She further testified her neck pain started before Dr. McCoy did her shoulder surgery. (D. Tr. p. 25) She also felt the pain in her fingers on her right hand before surgery. (D. Tr. p. 27) Further, she testified the very first day she went back to work after her shoulder surgery on light duty she had painful right-sided neck pain and that it never went away since the first day she felt it. (D. Tr. p. 30) Claimant testified that when she continued to work on light duty the pain her right shoulder did not get worse. (D. Tr. p. 32) She has been told the other tendon in her shoulder is broken but she does not know when as she has always had pain since the surgery. (D. Tr. p. 33). Claimant also testified in October of 2018 that she did not recall another accident when her shoulder was hurt because she has continuously had right shoulder pain since her surgery and further testified that it's continuously gotten worse over the last six months since her deposition in March of 2018. (D. Tr. p. 33)

Dr. McCoy's medical narrative dated November 1, 2017 indicates "in the past we felt there were some neck issues also secondary to her work-related injury but the insurance company denied including those of her workcomp care." On March 29, 2018 Dr. McCoy states "we think to a reasonable degree of medical certainty that this situation is directly related to her work injury from 2015."

The medical narrative from Dr. McCoy dated April 21, 2016 indicates her numbness in her hand started in January of 2016 Dr. Merrill states Claimant has a history of right sided neck pain and right arm pain/parasthesias since the work related injury on October 9, 2015. Dr. McCoy stated on August 31, 2016 that Claimant needs to return to Dr. Merrill to go over the cervical MRI and we believe to a reasonable degree of medical certainty that these symptoms are all a result of her work injury. Dr. Santiago opined on November 8, 2016, that he continues to recommend evaluation and possible treatment/management by a neck specialist.

Dr. McCoy was deposed on April 12, 2018, that Claimant's MRI taken in November of 2015 showed not only a full thickness tear of the supraspinatus but also partial tears of the infraspinatus and subscapularis which he did not repair in surgery. (D. Tr. p. 6-7) and the partial tears occurred during her fall on October 9, 2015. (D. Tr. p. 9) In regards to the new tear, Dr. McCoy said it seemed to be partially supraspinatus and partially infraspinatus. (D. Tr. p. 17) Further he testified that she essentially had the same symptoms in September 2017 that she had in September 2016. (D. Tr. p. 25) Also, Dr. McCoy testified that the need for surgery right now relates back to the initial accident in his mind (D. Tr. p. 30) and further stated he did not think she would be where she is now if it had not been for the original work related injury. (D. Tr. p. 31)

5. Legal issues involved: See Number 4 above; Section 42-1-160; Section 42-15-60; Section 42-9-30; Section 42-9-35; Section 42-1-40; Section 42-15-20; *Morgan v. JPS Automotives*, 321 S.C. 201, 487 S.E.2d 457 (Ct. App. 1996); *Geathers v. 3V Inc.;* any and all applicable caselaw and statutes.

6. Unusual aspects: Defendants Accident Fund were last added to the claim. They were not involved in the prior deposition of Dr. McCoy. Therefore, they scheduled his deposition which was taken on April 4, 2019. Therefore, Defendants reserve the right to supplement their Pre-hearing brief and APA submissions with Dr. McCoy's deposition transcript along with any evidence and information gleaned in response to Dr. McCoy's testimony.

7. Witnesses (designate if expert):* Garrett Jenio, and/or other representatives from the Employer may be called to testify.

8. Exhibits: Claimant's personnel and/or payroll records may be submitted in response to testimony; Ex. 11) Deposition Transcript of Ana Rodriguez Galvan dated January 25, 2017, consisting of 35 pages; Ex. 12) Deposition Transcript of Ana Rodriguez Galvan dated March 14, 2018, consisting of 29 pages; Ex. 13) Deposition Transcript of Ana Rodriguez Galvan dated October 10, 2018, consisting of 53 pages; Ex. 14) Deposition Transcript of Garrett Jenio dated March 14, 2018, consisting of 21 pages; Ex. 15) Deposition Transcript of Dr. James J. McCoy, dated April 12, 2018, consisting of 43 pages. **Ex. 18) Deposition Transcript of Dr. James J. McCoy dated April 4, 2019, consisting of 59 pages.**

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

Records of Lowcountry Orthopaedics & Sports Medicine dated August 3, 2016 through September 20, 2017, consisting of 5 pages; Records of Concentra Physical Therapy dated July 6, 2016 through August 31, 2016 consisting of 55 pages; Records of Lowcountry Orthopaedics & Sports Medicine dated November 2, 2015, consisting of 1 page; Records of MUSC dated December 18, 2018, consisting of 4 pages.

10. Name, address, and specialty, if any, of the treating physician: James J. McCoy, Jr., M.D., Lowcountry Orthopaedics & Sports Medicine

11. Impairment rating(s); body part(s); physician and date of opinion: Dr. Santiago gave a 0% for her right hand on November 8, 2016; 15% to the right shoulder by Dr. McCoy on September 28, 2016.

12. I am amending my Form 50/51 in the following manner: not applicable

☐ **Mediation**

☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐b. Mediation is required pursuant to Reg. 67-1802.

☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☒d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Michael Jordan, Esquire, Steinberg Law Firm Address P.O. Box 1028, Goose Creek, SC 29445 and Lynnley D. Ross, Esquire, Willson, Jones Carter & Baxley, P.A., 421 Wando Park Blvd., Suite 100, Mt. Pleasant, SC 29464; Kathryn Walton, Esquire, One Wesley Drive, Charleston, South Carolina 29407; Matthew Fultz, Esquire, One Wesley Drive, Charleston, South Carolina, 29407 on the 23rd day of April 2019, by:

☐ **first class postage** ☐ **certified mail** ☐ **personal service** ☒ **electronic service**

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

Signature: _____ Email: rcobb@hplplaw.com

Date of hearing: April 23, 2019 3:00 P.M. Time needed for hearing: One Hour

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

WCC Form # 58
Revised 7/15

SUPPLEMENTAL
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PRE-HEARING BRIEF

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1515209

ANA RODRIGUEZ GALVAN,

Employee,

Claimant,

vs.

GRIFFIN STAFFORD NORTH CHARLESTON,

Employer,

AND

ACCIDENT FUND GENERAL INSURANCE COMPANY C/O ACCIDENT FUND INSURANCE COMPANY OF AMERICA, ET AL,

Carrier,

Defendants.

SUPPLEMENTAL NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION; KATHRYN WALTON, ESQUIRE; MATTHEW FULTZ, ESQUIRE; LYNNLEY ROSS; ESQUIRE; AND MICHAEL JORDAN, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PROVIDER	DATES	PAGE #'s
9.	James J. McCoy, Jr. M.D.	Lowcountry Orthopaedics & Sports Medicine	08/03/2016-09/20/2017	143-147
10.		Concentra Physical Therapy	07/06/2016-08/31/2016	148-202

11.	Deposition of Ana Rodriguez Galvan		01/25/2017	203-237
12.	Deposition of Ana Rodriguez Galvan		03/14/2018	238-266
13.	Deposition of Ana Rodriguez Galvan		10/10/2018	267-320
14.	Deposition of Garrett Jenio		03/14/2018	321-341
15.	Deposition of Dr. James J. McCoy		04/12/2018	342-384
16.		Lowcountry Orthopaedics & Sports Medicine	11/02/2015	385
17.	Richard J. Friedman, M.D.	MUSC12/18/2018		386-389
18.	Deposition of Dr. James J. McCoy		04/04/2019	390-448

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, shoulder you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purpose of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Garrett Jenio and/or other representatives may be called to testify.

Regan A. Cobb
HOLDER, PADGETT, LITTLEJOHN + PRICKETT, LLC
349 West Coleman Blvd., Suite 300
Mt. Pleasant, SC 29464
(843) 277-0944
Attorneys for the Employer/Carrier

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1515209

ANA RODRIGUEZ GALVAN,

Employee,

Claimant,

vs.

GRIFFIN STAFFORD NORTH CHARLESTON,

Employer,

AND

ACCIDENT FUND GENERAL INSURANCE COMPANY C/O ACCIDENT FUND INSURANCE COMPANY OF AMERICA,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee of HOLDER, PADGETT, LITTLEJOHN + PICKETT, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of the same via email/mail addressed to:

TO: **VIA EMAIL**
Michael Jordan, Esquire
Steinberg Law Firm
P.O. Box 1028
Goose Creek, SC 29445

TO: **VIA EMAIL**
Lynnley D. Ross, Esquire
Willson, Jones Carter & Baxley, P.A.
421 Wando Park Blvd., Suite 100
Mt. Pleasant, SC 29464

TO: **VIA EMAIL**
Kathryn Walton, Esquire
One Wesley Drive
Charleston, South Carolina 29407

TO: **VIA EMAIL**
Matthew Fultz, Esquire
One Wesley Drive
Charleston, South Carolina 29407

TO: **VIA eCase**
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

Document: Supplemental Pre-Hearing Brief and Notice of Witnesses and Written Medical Evidence

Date of Mailing: 4/23/2019

Kimberly McGovern, Paralegal to
Regan Ankney Cobb, Esquire

APA
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In the Matter Of:

Galvan vs Griffin Stafford North Charleston

1515209

JAMES MCCOY, M.D.

April 04, 2019

ESQUIRE
DEPOSITION SOLUTIONS

800.211.DEPO (3376)
EsquireSolutions.com

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO: 1515209

Ana Rodriguez Galvan,

Employee,

Claimant,

vs.

Griffin Stafford North Charleston,

Employer,

and

Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America,

Carrier,

Defendants.

The deposition of James McCoy, M.D., taken before Lori Webber, Professional Court Reporter and Notary Public, at Lowcountry Orthopaedics, 2880 Tricom Street, North Charleston, South Carolina, on Thursday, April 4, 2019, commencing at 1:04 p.m.

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

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For the Employer and Employers Preferred Insurance Company

INDEX TO EXAMINATION

Witness:
McCoy, M.D., James (sworn)
Examination by Ms. Cobb 4, 41, 45
Examination by Ms. Walton 27, 44
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INDEX TO EXHIBITS

(None offered.)

JAMES McCOY, M.D.,

being first duly sworn by LORI WEBBER, a Notary Public within and for the State of South Carolina, was examined and testified on his oath as follows:

EXAMINATION

BY MS. COBB:

Q Dr. McCoy, we've met before and we said hello before this deposition started. My name is Regan Cobb. I'm the attorney that represents Griffin Stafford North Charleston and their insurance company, Accident Fund Insurance Company. The other two defense attorneys in the room also represent Griffin; but as we talked about off the record, we all had coverage at different points for Ms. Rodriguez's employer. Your deposition was taken in this case before back on April 12th, 2018. At that time my insurance company was not part of the claim so I didn't get the opportunity to be part of that, so we are here to take your deposition so that I could ask some questions now that I've been added to the claim. I'm not gonna go through your education and background and specialty because I think everybody here would agree you're an expert. Anybody object?

MS. WALTON: No objection.

BY MS. COBB:

Q And also because you've had this deposition

taken before. We are here about Ms. Rodriguez's treatment that you provided to her right shoulder, including surgery, which I believe was done on February 24th, 2016. Is that correct?

A Correct.

Q Okay. And I know you've probably gone through some of these records before, and your deposition before surgery was done I believe based on an MRI scan that you had completed on November 2nd, 2015. Is that correct? And I have a copy of that if you would like to see it.

A Correct.

Q Okay. And just for the record, again, what was the result of the MRI done on November 2nd, 2015?

A The radiologist described a full thickness tear of the supraspinatus, which is one of the muscles of the rotator cuff in the right shoulder.

Q And I believe also the radiologist noted that there were partial thickness infraspinatus and subscapularis tendon tears, is that correct, on that MRI scan?

A Correct.

Q All right. So other than the full tear, there were two other partial tears based on this MRI done in November of 2015?

A Would you repeat that?

Q Yeah. Other than the full thickness tear, there was also two other partial tears based on the results of this MRI scan done in 2015?

A Correct.

Q When you did the surgery on February 24th, 2016, did you repair the full thickness tear which involved the supraspinatus tendon?

A Correct.

Q Okay. What about the two partial tears? Were those fixed during the surgery that you did on February 24th, 2016?

A No.

Q So what happened with those partial tears after the surgery that you did? Were they ever repaired?

A Those tears have the potential to scar in. If we think of the rotator cuff as the top of this table, then a full thickness tear would be where the seam in the table is from top to bottom, whereas a partial thickness tear is typically in the plain of the table separating fibers.

Q So you did not fix the partial tears, but is that something that could have been done at the time you did the full thickness tear?

A No, that is something that usually heals in with scar tissue on its own.

Q The partial tears, were those causally related to the accident that she had on October 9th, 2015?

A In my opinion, yes.

Q Okay. Is that to a reasonable degree of medical certainty?

A Correct.

Q Now, you testified that the partial tears tend to scar in and sometimes resolve on their own. Did they actually resolve after you performed the surgery on the full thickness tear?

A I am assuming so.

Q Okay. So by assuming, does that mean there was not another MRI done after the surgery in February of 2016 to determine if those tears that were partial had healed?

A No.

Q All right. I believe you released her at maximum medical improvement on September 28th, 2016. Is that correct?

A Correct.

Q At that point in time, which is September 28th, 2016, had you done another MRI scan to determine if the partial tears had healed?

A No.

Q Why not?

A Why?

Q Would you not want to know if they had healed at that time?

A I have faith in God and nature that they heal.

Q So in order to determine, though, that they did heal, other than your faith, wouldn't an objective test be the best way to make that determination?

A An objective test would give some indications as to whether or not they had healed, yes.

Q Okay. And one was not done at the time she was released at maximum medical improvement?

A Correct.

Q At the time you released her at maximum medical improvement, I believe she had been doing physical therapy. But your notes indicated she hadn't really done terrific in therapy; is that correct?

A She showed progress and she made advances in motion, and to some extent in strength, but she always maintained the complaint that she was dealing with pain.

Q So at the time you released her at maximum medical improvement, she was still indicating to you that she had pain in her right shoulder.

A Correct.

Q Was it the same pain that she had indicated to you before you did the surgery in February of 2016?

A In location but not to extent.

Q In regards to the pain when you released her, she did, though, indicate she was still having pain in her right shoulder.

A Correct.

Q Is it possible that this pain that she described would have been coming from the partial tears that had been revealed on the MRI scan done in November of 2015?

A It's possible.

Q So if she was making those pain complaints, why not do an MRI at that time to determine if that was the source of her pain?

A MRIs are usually done to determine the pathology in an area to usually help make a decision for surgery. Since it did not seem that there was any new injury at that time and that new additional surgery was probably not indicated, we did not see the need for a new MRI scan. This is also colored by my impression of her dealing with pain, which was not terrific in my opinion.

Q So other than the fact that surgery would not have been needed even for the partial tears, and the fact that you felt that she didn't have a high tolerance of pain, it is possible those partial tears could have been the source of her complaints at the time you released her at maximum medical improvement.

A It is possible.

Q Okay. Is it also possible that she could have had another tear at that time that had occurred when you released her at maximum medical improvement that could have been the source of her pain?

A Less possible.

Q Less possible than the partial tears?

A Yes.

Q So is the partial tears greater than 50 percent more likely the source of her pain than a new tear?

A Less than 50 percent.

Q The partials are greater or less than?

A Start from the beginning and please repeat that entire question so that I can answer as best as possible.

Q Yes, sir; thank you. So, you said it was possible partial tears could be causing the problem but less likely that a new tear was causing the problem.

A Correct.

Q Okay. And if that's the case, is it more likely than not the partial tears would be the source of her pain at the time of maximum medical improvement?

A I don't understand your question.

Q Well, if the partial tears were never fixed and she was still complaining --

A We don't know the partial tears did not heal.

They were not fixed, but we don't know that they didn't scar in.

Q Do we know if they've ever healed?

A I don't know.

Q When you did a new MRI scan in December of 2017, were the partial tears still on that scan? And I have a copy. Do you want me to just hand it to you? Dr. McCoy, I have an extra copy. Would you like to see mine? Would that make it easier for you? Does anybody need a copy of it?

A The reason I'm looking for my copy is when I reviewed these I highlighted certain things, and I want to try to go back to the things that I highlighted.

Q I understand.

A Well, in essence of time we will use your copy here. Please repeat the question.

Q Yes, sir. When you did a new MRI or had a new MRI performed by the radiologist in December of 2017, were the partial tears healed based on this report?

A I can't tell from the report.

Q So it's possible at the time in December 2017 that those partial tears that had been evident in November of 2015 had not healed.

A Possible.

Q Okay. Would that have been something you would

have requested a different view of the shoulder to determine based on her complaints of pain at the time?

A No.

Q Why not?

A Because when I looked at the MRI scan from December of 2017, I did not agree entirely with the radiologist's interpretation, and I felt there was a new tear posterior to the original tear and that that was primarily the source of her discomfort.

Q Okay. Is that the main disagreement, is the new tear posterior to the original tear?

A In my opinion, yes.

Q Okay. And what was the radiologist's opinion that you disagreed with? Like what part of his report are you disagreeing with, if you could clarify that for me?

A He did not report a full thickness tear.

Q The posterior thickness tear?

A Correct.

Q Okay. And do you normally have people go to South Carolina Diagnostic Imaging or is that like a regular place to go and get testing done?

A We have a lot of people seen there and I know Dr. Olofsson and have usually agreed with most of his readings in the past, and it just happened that when I looked at the MRI I did not agree with this particular

reading.

Q Because he didn't note a posterior full thickness tear?

A Correct.

Q But your evaluation of the actual film led you to believe that there was a posterior tear?

A Yes. And I reviewed this again prior to the deposition today.

Q Today. You reviewed the actual film itself?

A Again, yes.

Q Okay. And in regards to this new tear that you indicate you evaluated differently than Dr. Olofsson, you testified last time that you felt it had been there for about three months; is that correct?

A That sounds like an appropriate approximation.

Q Is there any way to really know when that tear occurred?

A How precise do you want to be?

Q Well, is there any way to know for sure unless you do an MRI scan every month as to when that actual posterior tear occurred?

A That sounds like an excellent and economical way to approach the situation, yes.

Q But because two years went by, it could have happened anywhere in those 24 months?

A Doubtful.

Q Okay. Why is that doubtful?

A The appearance of the tear, the amount of retraction opening up the gap was not consistent with a longer period of time.

Q But is it possible?

A Possible.

Q And Ms. Rodriguez had indicated when she came to you in September of 2017 that she had the same pain complaints that she had when she was released at maximum medical improvement in September of 2016; is that correct?

A Can you specify a date?

Q Yes; I'm sorry. She came to see you in September of 2017. But I do not have the exact date in front of me, so let me find that.

A I think it could be September 20.

Q It was right at one year from when you released her, so I think it was the 20th or the 21st of 2017.

A September 20th, 2017. In my notes, "Chief complaint pain right shoulder. Patient is two years post work-related injury right shoulder, one year post MMI. Pain when she is working and pain at night."

Q And I believe you were asked in your last deposition if these were the same pain complaints when she was released at maximum medical improvement. In reviewing

your note just now, do you agree that these are the same complaints that she had about her right shoulder from September 2016 to September 2017?

MS. WALTON: Object to the form.

MS. COBB: I'll note the objection. Please answer.

THE WITNESS: Well, if she was back, I'm assuming it was greater than it was before.

BY MS. COBB:

Q But did she indicate it was greater?

A Again, I had difficulty determining her degree of pain at different times because I did not feel she always dealt with pain objectively.

Q As a doctor, do you usually believe the patient when they come and talk to you about their pain and their complaints and what's going on with them?

A I do.

Q I know I've deposed you in the past and we kind of ask you about injured workers and patients and their credibility; and I think you've indicated before that unless there's a reason to doubt otherwise, you always believe your patients.

A I was brought up to try to believe what most people tell me.

Q Now, Ms. Rodriguez has been deposed three

times; and obviously, you weren't there for them. But one time was January 2017, she was deposed again in March of 2018, and then the last time she was deposed was October of 2018. So three times in a year and nine months. And during her deposition her testimony stayed the same, that she has had the same pain in her right shoulder that she's had since your surgery done in February of 2016.

MS. WALTON: Objection to form.

MS. COBB: I'll note the objection.

BY MS. COBB:

Q Based on that indication that she's had the same pain since surgery and the fact that she came back and complained of pain, do you believe that she has had this pain since her surgery date that you performed in February of 2016?

A I believe she's been complaining of pain since that surgery date.

Q And Ms. Rodriguez testified in all three of her depositions that the pain that she had after her surgery has never gone away in that time period. Would you believe her based on that, that she has stuck to the fact that the pain has never gone away?

A I believe she is experiencing pain in her mind.

Q So do you think she doesn't have any pain at all?

A I did not say that.

Q What about the fact that Ms. Rodriguez has testified all three times that she has not had a new accident at work to cause whatever is currently going on with her? Based on that testimony, would you agree that you believe her that this pain is related from her original accident in October of 2015?

A Can you rephrase that question?

Q Yes, I can. So Ms. Rodriguez was asked based on her complaints if she had a new injury or a new incident or something happened to her at work since you released her at MMI, and she testified that nothing new has happened. There's been no incident, no moment where she felt pain in her shoulder because it's been the same since she was released at MMI. Based on that testimony, would you believe her that she's been having the same pain since the original accident of October 2015?

MS. WALTON: Just objection for the record.

MS. COBB: I'll note the objection. Please answer.

THE WITNESS: I don't think she's been having the same pain. People go through waves of pain, and it goes up and down depending on their activities and the time in their lives. And there is a language barrier

here that although I've had excellent interpreters over the years to work with her, I believe that she believes she has never been pain free. And I believe I testified in the past that I think it's possible that she did something while she was working that exacerbated the situation and made the pain and the injury newer than what she was dealing with originally. But to just try to come to a conclusion based on her level of quote I have pain unquote, I think it's very difficult in our present setting here.

BY MS. COBB:

Q But if she's testifying that nothing at work exacerbated it and there's interpreters used in both depositions and when she comes to see you, why not believe her that she says nothing new has happened and that this is all related to the original injury of October 2015?

A Because I see people constantly who injure their knees and their shoulders and don't seem to recall any specific injury and, yet, I know there has to be some kind of twist or pull or tug that has created the situation that I'm dealing with.

Q Wouldn't this tear that she has that you've seen on the MRI done in December of 2017 be related to the original accident in October of 2015 when she does describe a very specific incident of when her right

shoulder had pain?

A I think it's quite possible that the rotator cuff was injured, as we've noted from the original tear and the intrasubstance tears; and this tissue has been changed, it's been weakened, and I think it is possibly again a set-up because of the original injury to a reasonable degree of medical certainty that that is why she has had the ability to reinjure this without perhaps doing anything remarkable in her mind.

Q Would it be possible that the partial tears that we can't confirm whether they were healed or not from the original MRI scan could have caused or exacerbated this new tear that you have testified has occurred since the MRI scan of December of 2017?

A No.

Q Why not?

A Different place.

Q So the partial tears that were not fixed during surgery in February 2016 have nothing to do with what you believe is a tear on the 2017 MRI scan?

A They're an indication of injury to the rotator cuff, but they are not in the same location as this new tear.

Q And if you feel that she's done something without knowing, do you know that she's back at work and

does not use her right arm to do work activities, that she testified that she uses her left arm to open drawers, that she doesn't have to lift anything heavy, and she only folds the little towels. Based on that testimony, would that change your opinion that she's not done anything at work to exacerbate her current condition?

MS. WALTON: Objection for the record.

MS. COBB: I'll note the objection. Please answer the question.

THE WITNESS: I could answer the question if I could understand it and if you'll repeat it in a different manner, please.

BY MS. COBB:

Q Well, Ms. Rodriguez is back at work. Are you aware of that?

A Yes.

Q Okay. Are you aware that you gave her permanent restrictions to go back to work when you released her at maximum medical improvement?

A I believe no heavy lifting at or above shoulder level or something to that extent.

Q And do you know that based on her return to work that she is not doing any lifting at all and that all she does is check drawers to see if there's anything left in them and fold small towels?

A I think I have read that.

MS. WALTON: Objection.

BY MS. COBB:

Q So based on reading that, does that change your testimony that she could have done something at work that exacerbated her current condition?

A No.

Q Why not?

A Because it's my opinion.

Q That even though she's --

A Based on a reasonable degree of medical certainty, based on the information that I have, and based on dealing with this patient and having looked at the shoulder from the inside out.

Q Is it possible that the surgery that you did did not completely heal her shoulder which has then caused the subsequent problems?

A Again, I looked at the MRI scan. The area that was repaired remains healed. This is a tear posterior to that area.

Q And unless you have done an MRI scan every month, there's no way to know when that tear occurred; is that correct?

A We have established that it is probably a three-month range from the second MRI.

Q And that's just based on your view of what the tear looks like?

A Correct.

Q Did you get any other doctors to look at that scan to see if they could determine when that tear actually occurred?

A I believe after seeing that scan and seeing the patient, I believe I referred her to one of my colleagues that does shoulder surgery; and I don't recall if I had him look at the scan or not.

Q Do you remember which colleague you referred her to?

A I don't see it in the notes.

Q Did you talk to this colleague about Ms. Rodriguez's case?

A I don't recall.

Q And do you know if they've looked at the MRI scans to see the difference to make any determination regarding treatment for her?

A I don't know.

Q Have you seen her back since this MRI scan done in December of 2017?

A I saw her December 27, 2017.

Q Is that the last time that you saw Ms. Rodriguez?

A I saw her March 29, 2018. I believe that was the last time.

Q And how was she when you saw her on March 29th, 2018?

A Complaining of pain in the right shoulder.

Q Is that the same pain she had in September of 2017?

A Difficult to tell.

Q Why is that?

A Because I'm not inside her head.

Q But did you ask her to complete a pain chart or give a whether or not on a scale of 1 to 10 or anything like that?

A I never do that.

Q Did you do any range of motion testing or see how she was doing in regards to strength to see if it was the same as it was when you released her at maximum medical improvement?

A March 29, 2018, I've noted that the patient has maintained active flexion and extension in both shoulders and that abduction, which is moving the arm out to the side, was still limited at about 80 degrees.

Q Is that the same as it was in September of 2017?

A Yes.

Q Is that the same as it was in September of 2016 when you released her at maximum medical improvement?

A I can't find that documentation. Sorry.

Q Not noted at the time that she was released if whether or not you did those tests; is that what you mean?

A No; I mean I can't find that. I'm sure I looked at that at the time.

MS. WALTON: I can find it with an interest in time.

MS. COBB: Do you need my note? I have it, as well.

MS. WALTON: Under "Physical Exam" on the note from September 28th, 2016. The bottom right.

THE WITNESS: "Slightly improved."

BY MS. COBB:

Q At the time you released her at MMI compared to the other two we just talked about?

A Compared to September 28th, 2016.

Q All right. And again, I'm gonna be just a tad confused, as well. So she slightly improved in September 2016 versus 2017?

A Slightly improved in '17 over '16.

Q All right. And if she's slightly improved after MMI when you saw her in 2017, would that explain how there's a tear in her shoulder that you've diagnosed,

because wouldn't you think she'd be worse?

A No.

Q Why not?

A Motion has nothing to do -- when five degrees are being considered, it has nothing to do with whether or not things have changed tear-wise.

Q When you note that the tear in December had fresh edges and no retraction of the muscle, what things or activities does someone have to do with their shoulder and arm to get those edges not be fresh and to have retraction start in the muscle? Like are there certain activities or does that just happen over time?

A Time.

Q How much time?

A Three to nine months.

Q Does it depend on how that individual uses their arm?

A To some extent.

Q So if someone who does not use their right arm and kind of keeps it like in a sling position for several months versus someone who's using it actively, would that show a difference of appearance in the way that the edges and retraction is in the muscle?

A Probably not.

Q Why not?

A My opinion.

Q Because Ms. Rodriguez testified that she hardly uses her arm. So if there's fresh edges and no retraction, could that not be from the fact that she just doesn't use her right arm?

A I believe not, but I totally don't understand your question.

Q Well, I would think that your testimony that it's been there for three months before the MRI scan based on your experience is due to the fact that you feel like she was using her arm and/or the way the tear is, so I'm trying to figure out if it's possible that that tear could have been there longer because she is inactive with her right arm.

A Ah, now I think I understand. No.

Q And why is that?

A My opinion.

Q And you've not asked any other doctors or the one you referred her to of their opinion how long it's been there?

A No.

Q Is it likely another doctor could say it's been there for six to nine months?

A It's possible.

Q Based on their experience and what they've

done?

A Possible.

Q Is this patient someone you don't believe when she says she has pain? Because you indicated earlier that you don't think she understands what pain is. Does that mean you don't believe her?

A No. It's more of a degree of pain. Everybody experiences pain differently, and it's the degrees of pain and the concept of being pain free as opposed to having some discomfort.

Q Do you feel the need for her current treatment for the right shoulder is causally related to the accident of October 9th, 2015?

A Correct.

Q To a reasonable degree of medical certainty?

A Correct.

MS. COBB: Please answer any other questions any of the other lawyers have. Thank you, Dr. McCoy.

MS. WALTON: Dr. McCoy, I have a few questions for you.

EXAMINATION

BY MS. WALTON:

Q You previously offered testimony indicating when we had your deposition on April 12th, 2018, that this

was a new tear as opposed to a reoccurrence of her prior tear; correct?

A Correct.

Q And it's your opinion that this new tear has caused the need for Ms. Rodriguez to have a surgical evaluation and additional treatment?

A I'm sorry. Repeat the question.

Q Is it your opinion that this new tear that was documented on the MRI in December 2017 is the reason that Ms. Rodriguez requires a surgical evaluation?

A Correct.

Q And it's your opinion to a reasonable degree of medical certainty that that tear, as documented in December 2017, occurred between two to three months prior to the MRI.

A Correct.

Q And you previously testified that you would classify this new tear as a worsening of Ms. Rodriguez's condition with regard to her right shoulder.

A Correct.

Q And you have not seen Ms. Rodriguez at all since your last deposition; is that accurate? I think you said that March 2018 was the last visit, and we had your deposition on April 12th, 2018?

A Correct.

Q After going through the examination today, have any of your opinions changed with regard to causation of Ms. Rodriguez's current tear?

A Repeat the question, please.

Q After going through the questions that you just answered, have you learned any new information that changes your opinion as to causation with regard to Ms. Rodriguez's tear that's documented on the December 2017 MRI?

A No.

Q When you saw Ms. Rodriguez after the year delay at the visit on September 20th, 2017, you performed --

A I'm sorry. Did you say '17?

Q September 20th, 2017.

A Oh, I'm sorry.

Q After that one year where you didn't treat Ms. Rodriguez and you saw her for these complaints on September 20th, 2017, you had ordered X-rays at that visit.

A Yes.

Q Under the "Assessment and Plan" section, it appears that the X-rays showed that the bone anchor was in good position?

A Correct.

Q Did you note at that time that there were any

issues with this bone anchor that could have been explaining Ms. Rodriguez's complaints?

A Rephrase, please.

Q Did you note any issues with that bone anchor on your review of that X-ray which would have explained Ms. Rodriguez's symptoms?

A Well, the main purpose in my mind for the X-ray was to look at the position of the bone anchor because it is possible for hardware to move, and if it had changed position or come out of position it was possible that that could be the source of her aggravation.

Q And at that time on September 20th, 2017, did you confirm that the bone anchor was in position without any movement?

A Correct.

Q If Ms. Rodriguez has had any issue with the bone anchor moving, do you know what would be a cause for that? I could rephrase the question if you'd like.

A Over the years we have seen hardware move for no explicable reason.

Q How much movement would be necessary in order for you to consider there to be an issue with the bone anchor?

A It would have had to have basically come out of the bone and be in the joint.

Q Okay. Are you aware that Ms. Rodriguez has sought a second opinion with Dr. Pappas at South Carolina Sports?

A No.

Q And I don't have any original films. The only thing that I have is a photograph, so I don't know if this is any help to you at all. This is an X-ray that was reportedly taken on February 15th of 2019. So about six weeks ago. From your review of this X-ray, does there appear to be any movement of the bone anchor?

A From my review of this picture of an X-ray I can't determine if there's been any movement.

Q Okay. Does it appear that the bone anchor is still in the bone?

A Yes.

Q Okay. And your testimony was that it would basically have to come out of the bone in order for there to be a significant enough movement to do something with this bone anchor?

A Correct.

Q And I understand that you're working with limited information here, but does this photograph of an X-ray showing Ms. Rodriguez's bone anchor as of February 15th, 2019, does that change any of your opinions with regard to Ms. Rodriguez's need for surgery related to this

new rotator cuff tear?

A No.

Q Is that to a reasonable degree of medical certainty?

A Correct.

MS. WALTON: I do not have any further questions. I appreciate your time.

MR. HOURIHAN: I don't have any questions.

EXAMINATION

BY MR. JORDAN:

Q With regard to the X-ray --

A Picture of an X-ray.

Q -- picture of an X-ray, it's my understanding that the bone anchor, which is also the screw; correct?

A Correct.

Q -- is supposed to be flush with the bone at the top. Is that correct?

A Correct.

Q Would you agree with me that the screw is not flush at the top with Ms. Galvan's bone according to this X-ray?

A Not from that angle of the X-ray.

Q What would you need to see?

A Well, typically when we evaluate a shoulder we

get X-rays from three different angles which give us a little bit better approximation of what's going on.

Q Do you think the screw could potentially be the cause of Ms. Galvan's ongoing symptoms?

A No.

Q Has the screw moved at all based on what you see in that picture of an X-ray?

A Based on the picture of the X-ray, no.

Q Do you have access to the 2017 X-ray?

A Not on me.

Q I mean, in this office. Is that available somewhere?

A Somewhere.

Q Okay. Is that something you looked at before today's deposition?

A No.

Q Would it be possible to take a few minutes for you to look at that?

MR. JORDAN: Go off the record.

(The deposition took a short recess.)

THE WITNESS: Repeat the question, please.

BY MR. JORDAN:

Q So I think the last question was actually, "Do you have the ability to access the 2017 X-ray?" Is that

something you were able to look at?

A I'm sorry; repeat.

Q The last question was, "Do you have the ability to access the 2017 X-ray?"

A Yes.

Q And then we went off the record, you left the room. Were you able to access the 2017 X-ray?

A Yes.

Q Could you tell any difference between what you looked at on the 2017 X-ray and the picture of this 2019 X-ray?

A No.

Q Were the screw heights in the same place in 2017 as it is in the picture of the 2019 X-ray?

A Yes.

Q The last time you saw Ms. Galvan was in March of 2018; right?

A Correct.

Q At that point you had referred her out for an evaluation with Dr. Schaaf to determine if she needed surgery?

A Schaaf is one of my partners who does a lot of shoulder surgery so, yes, it could be. And now that I look at the bottom of this other page, it is Dr. Schaaf that I was having her see, hopefully.

Q What was the purpose of the recommendation to Dr. Schaaf?

A Since I'm no longer doing surgery, I was going to refer her to one of my colleagues that does shoulder surgery.

Q Okay. To determine if she is a surgical candidate?

A Correct.

Q And so would you then agree that she has not reached maximum medical improvement for her ongoing shoulder problems as of the referral in March of 2018?

A That's always a difficult concept in my mind.

Q What about this question, then: Does it appear at this point that Ms. Galvan needs more treatment to improve her symptoms?

A Correct.

Q Okay. And so if she needs additional treatment to get better, would you then agree that she's not necessarily reached maximum medical improvement?

A Phrased that way, yes.

Q Okay. You stated earlier -- and probably in the other depositions, as well -- that you believe there was a posterior tear to the original tear that was new; is that fair?

A Correct.

Q What's the diagnosis for that? Is it in the same supraspinatus tendon or is it somewhere else?

A Same.

Q Okay. And could you tell in the new MRI whether there was any improvement in the partial tears that were noted in the 2015 MRI?

A I think we established that it's difficult to compare partial interstitial tears from one timeframe to another, so I'm not sure I can make a determination there.

Q And at the time of the 2017 MRI, Ms. Galvan had the bone anchor in her shoulder; correct?

A Correct.

Q And I understand that a metal artifact can sometimes skew what you see on an MRI. Did the metal artifact in Ms. Galvan's shoulder skew your ability in any way to see what was going in the 2017 MRI?

A That's a good question. And certainly MRIs have improved. The old technology created quite-psychedelic pictures on the view screen, and the newer technologies have gotten much better so that this was not affected by the scatter created by the hardware. This was fairly well seen.

Q The tear was fairly well seen?

A Yes.

Q Do you think she probably needs surgery to

repair the tear at this point?

A That was my opinion back in 2018, March.

Q So I see on Dr. Olofsson's MRI report of December 2017, he states "prior rotator cuff repair," and then he goes on to say "with low grade intrasubstance partial thickness tear and mild bursal sided irregularity of the supraspinatus tendon." That's the same tendon we were talking about; right?

A Correct.

Q And is he in that describing the surgery you performed or is he describing a different tear, this partial thickness tear?

A Repeat the question.

Q Sure. He says "low grade intrasubstance partial thickness tear." Is he describing that you had repaired that tear or is he describing a different or new tear?

A I think he's describing a different area.

Q Okay. And when you said there was a new tear, is that what you were talking about, as well?

A I don't know.

Q Okay. Can you describe to us what a low grade intrasubstance partial thickness tear of the supraspinatus tendon would be? What would we be looking at if we saw that?

A Do you want me to go through my analogy of the tabletop again?
Q Yeah, if you don't mind.
A If this tabletop represents the rotator cuff and that seam in the tabletop goes from top to bottom, that is a full thickness tear. If we have a tear in the plain of the table, that in my way of thinking is an interstitial tear.
Q Well he said "intrasubstance partial thickness tear."
A Same thing.
Q Is that the same thing?
A Same thing.
Q Okay. And so it would start on the plain and go down?
A It can.
Q Okay. Did you earlier testify that you had looked at the 2017 MRI before the deposition today?
A Correct.
Q And did you see that tear that he's describing?
A I was just looking at what I saw, which I saw was a full thickness tear.
Q So could we be talking about two separate tears that she has in her supraspinatus tendon, what you saw and then what the radiologist saw on the September of 2017

MRI?

A Possibly.

Q Okay. How can we as lawyers figure out what tear needs to be addressed? Can you tell us what tear needs to be addressed at this point?

A You, as attorneys, are dealing with an orthopaedic surgeon who has an opinion, and his opinion is there's a full thickness tear in the rotator cuff as of a year ago. And it was my opinion to a reasonable degree of medical certainty that that needed to be addressed surgically.

Q And does the partial thickness tear that's noted in the December 2017 MRI report also need to be repaired?

A Probably not.

Q All right. Is that because that's one of the tears you think healed from the inside out with scar tissue?

A Correct.

Q Okay. And can you provide us your opinion about the timing of that one tear, the full thickness tear and/or the full thickness tear and the partial tear? Can you tell us when those occurred or how you think they occurred?

A Rephrase, please.

Q Sure. We're dealing with maybe one or two tears. I -- well, strike that. We're dealing with one tear that needs to be addressed surgically, the full thickness tear that you talked about; right?

A Yes.

Q And can you provide us your opinion as to when that tear would have developed and how you think it developed?

A Haven't we addressed that?

Q Yes; probably.

MS. WALTON: Sometimes he zones out.

MR. JORDAN: No, I was paying attention. I just want to make sure we're all on the same page.

THE WITNESS: I don't see the relevance.

BY MR. JORDAN:

Q About how or when the tear developed?

A The difference between what I consider to be the full thickness tear and what you're describing as the partial thickness tears.

Q Sorry. I'm only asking about the full thickness tear, because that's the only thing that needs to be addressed surgically at this point; right?

A At the point a year ago.

Q At that time, that tear that you think needs to be addressed surgically, can you tell us how you think

that tear developed and when you think it developed?

A I believe it was testified that in my opinion it was two to three months prior to the MRI scan. Is that the answer you're looking for?

Q Yes, sir. And how are you able to tell that?

A I believe we went through the idea of the amount of retraction in the tear and its pathology appearance.

Q Okay.

MR. JORDAN: I don't have any other questions.

MS. COBB: I just have a couple follow-ups.

FURTHER EXAMINATION

BY MS. COBB:

Q The partial tear that Dr. Olofsson sees on the MRI in 2017, is that the same partial tears that were there in 2015 on the MRI scan?

A Possibly.

Q So the intrasubstance is the same word as the one that you used, which was intrastitial?

A Yes.

Q So just because he used a different word, it is very possible that that is the same tear that's been there since 2015 and has not healed.

A Or it has healed in with scar tissue and just appears to be a new tear interstitially.

Q Okay. And in regards to the current tear, I think what you just testified, it is the same supraspinatus tendon that had the prior tear; correct?

A Correct.

Q Okay. And so if that's the case and it's in the same tendon and Ms. Rodriguez can't say when or how, would that mean that you believe that the need for the surgical repair of the current tear is causally related to the accident of October 9th, 2015?

A Correct.

Q And that's to a reasonable degree of medical certainty.

A Correct.

Q So regardless of whether this new tear was there for two months before the MRI scan or four months, since we didn't do MRIs every month, or even six months, it's still your opinion no matter when that new tear showed up that it's causally related to the injury that she informed you about of October 9th, 2015.

A Because, as has been discussed, there is injury to the rotator cuff. And even though we see maybe a full thickness tear or interstitial tears, there is injury to the structure and the tissue that is not appreciated by

MRI or necessarily looking at the top or bottom surface of the cuff at the time of surgery. And yes, I believe it's causally related to the original injury to a reasonable degree of medical certainty.

Q And I asked that because, you know, hypothetically if somebody has this same injury that Ms. Rodriguez did and then they get in a car accident which caused significant trauma to their shoulder and then you look at MRI scan, you would be able to see that that possible new trauma caused this new tear; is that correct? Is that something that you could determine?

A Hypothetically, you lost me.

Q Okay. So what I'm just basically trying to say, if Ms. Rodriguez does not say there's been a new accident and she had a prior problem and you've testified about the tissue and all that damage to that area, that's why you feel this new tear, regardless of when it actually appeared, is causally related to the original accident of October 9th, 2015.

A Yes.

Q And that's to a reasonable degree of medical certainty.

A Correct.

MS. COBB: Thank you, doctor. No further questions for me.

FURTHER EXAMINATION

BY MS. WALTON:

Q Dr. McCoy, at the end of your last deposition you testified consistent with that that Ms. Rodriguez had her prior injury from October 2015 had predisposed her to worsening of her condition, I guess, regarding her shoulder. But you also testified that in your opinion more likely than not to a reasonable degree of medical certainty that she either participated in repetitive activities or she had some type of acute incident that led to this current tear documented in December 2017.

A I believe so.

Q Do you still believe that there had to have been something that occurred after you had released Ms. Rodriguez at maximum medical improvement that led to this new tear and a worsening of her shoulder condition?

A Yes.

MS. WALTON: I don't have any follow-up questions. Thank you.

MR. JORDAN: Nothing else.

MR. HOURIHAN: Nothing else.

MS. COBB: Just want to make sure I understand.

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FURTHER EXAMINATION

BY MS. COBB:

Q If Ms. Rodriguez hasn't indicated that she's doing repetitive, and if Ms. Rodriguez has indicated there's been no new accident, would that mean your opinion is regardless of the new tear it's still related from the initial trauma that occurred on October 9th, 2015?

A I believe that's what I've been saying all along, yes.

Q Okay. To a reasonable degree of medical certainty?

A Yes.

MS. COBB: Thank you, sir. I appreciate it. No further questions.

MS. WALTON: We're done.

(The deposition was concluded at 2:09 p.m.)

COURT REPORTER'S CERTIFICATE

I DO HEREBY CERTIFY THAT THE TESTIMONY CONTAINED IN SAID DEPOSITION WAS, BY ME, REDUCED TO WRITING IN THE PRESENCE OF SAID WITNESS BY MEANS OF A COMPUTERIZED TRANSCRIPTION. THE SAID DEPOSITION IS A TRUE AND ACCURATE TRANSCRIPT OF THE WHOLE OF THE TESTIMONY GIVEN BY SAID WITNESS, AS AFORESAID.

I DO FURTHER CERTIFY THAT I AM NOT CONNECTED BY BLOOD OR MARRIAGE WITH ANY OF THE PARTIES OR THEIR ATTORNEYS OR AGENTS, AND THAT I AM NOT AN EMPLOYEE OF EITHER OF THEM, NOR INTERESTED DIRECTLY OR INDIRECTLY IN THE MATTER OF CONTROVERSY EITHER AS COUNSEL, ATTORNEY, AGENT, OR OTHERWISE.

SIGNED THIS 15th DAY OF APRIL, 2019.

Lori Webber

LORI WEBBER, NOTARY PUBLIC

My commission expires: April 7, 2027

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