

RECEIVED

Jan 19 2022

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 II of II

Kathryn Fiehrer Walton, Esquire
Wood Law Group, LLC
P.O. Box 20550
Charleston, SC 29413
(843) 577-5732
Attorney for Appellants

Regan A. Cobb, Esquire
Holder Padgett Littlejohn + Prickett, LLC
945 Houston Northcutt Blvd.
Mt. Pleasant, SC 29464
(843) 277-0944
Attorney for Respondent Griffin Stafford
North Charleston and Accident Fund General
Insurance Company c/o Accident Fund Ins.
Co. of America

Lynnley D. Ross Esquire
Andrew Thomas Smith, Esquire
Willson Jones Carter & Baxley, P.A.
4922 O'Hear Avenue, Suite 301
North Charleston, SC 29405
(843) 284-1080
Attorneys for Respondent Griffin Stafford
North Charleston and Hartford Accident
& Indemnity Co.

Michael J. Jordan, Jr., Esquire
Steinberg Law Firm, LLP
P.O. Box 1028
Goose Creek, SC 29445
(843) 572- 0700
Attorney for Employee Respondent

Frederick Elliot Quinn, IV, Esquire
Steinberg Law Firm, LLP
103 Grandview Dr., Suite A
Summerville, SC 29483
(843) 871-6522
Attorney for Employee Respondent

INDEX OF RECORD ON APPEAL

Orders:

Decision and Order of Commissioner T. Scott Beck dated August 20, 2019	1
Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission dated May 4, 2021	16
Motion Order of Commissioner Avery B. Wilkerson, Jr. dated June 4, 2018.....	39
Motion Order of Commissioner Mike Campbell dated July 20, 2018.....	40

Pleadings:

Respondent Employee's Motion to Add Hartford dated May 23, 2018	42
Appellants' Reply to Respondent Employee's Motion to Add Hartford dated May 31, 2018.....	46
Respondent Employee's Motion to Add Accident Fund dated June 27, 2018	65
Respondent Employee's Form 50, Employee's Request for a Hearing, dated August 29, 2018	69
Appellants' Amended Form 51 Employer's Answer to Request for Hearing dated September 17, 2018.....	71
Respondent Accident Fund's Form 51 Employer's Answer to Request for Hearing dated September 28, 2018.....	73
Respondent Hartford's Form 51 Employer's Answer to Request for Hearing dated September 27, 2018.....	77
Respondent Employee's Form 58 Pre-Hearing Brief and APA Submissions dated April 9, 2019	79
Respondent Accident Fund's Form 58 Pre-Hearing Brief and APA Submissions dated April 10, 2019	207
Respondent Hartford's Form 58 Pre-Hearing Brief and APA Submissions dated April 10, 2019	538
Appellants' Form 58 Pre-Hearing Brief and APA Submissions dated April 12, 2019 ...	680

Appellants’ Form 30, Request for Commission Review dated August 30, 2019	689
Appellants’ Notice of Appeal dated May 28, 2021	692
Appellants’ Brief to Full Commission dated October 11, 2019	696

Trial Transcripts:

Transcript of Hearing before Commissioner T. Scott Beck on April 23, 2019	723
---	-----

Witness: Ana Rodriguez Galvan

Direct Examination by Mr. Jordan.....	738
Cross Examination by Ms. Walton	746
Cross Examination by Ms. Cobb	749
Cross Examination by Ms. Ross	752

Transcript of Hearing before Appellate Panel of the South Carolina Workers' Compensation Commission on November 19, 2019.....	756
--	-----

Documents:

Emails from Ms. Valerie Deller of SCWCC dated September 26, 2019 and September 27, 2019 regarding APA pages	786
Workers’ Compensation and Employer’s Liability Policy Information Page for Respondent Hartford noting policy period from 04/01/18-04/01/19	788
Certificate of Counsel.....	789
Certificate of Compliance.....	790

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH ATLANTA MYRTLE BEACH

Lynnley D. Ross
Direct (843) 284-1090
Fax (843) 284-1081
ldross@wjlaw.net

421 Wando Park Boulevard
Suite 100
Mount Pleasant, SC 29464
www.wjclaw.com

April 10, 2019

VIA E-MAIL ONLY

Michael Jordan, Esquire
mjordan@steinberglawfirm.com
ldalesandro@steinberglawfirm.com
Attorney for the Claimant

Kathryn Fiehrer Walton, Esquire
kate@woodgroupllc.com
helen@woodgroupllc.com
Attorney for Defendant
Employers Preferred Insurance Company

Regan A. Cobb, Esquire
rcobb@hplplaw.com
kmegovern@hplplaw.com
Attorney for Defendant
Accident Fund Insurance Co. of America

Re: Ana Rodriguez Galvan vs. Griffin Stafford N. Charleston
WCC File No.: 1515209 DOI: 10/9/2015
Carrier: Hartford Accident & Indemnity Company - Claim No.: Y97C00172
WJC&B File No.: 0100.03662

Dear Counselors:

Attached, please find Defendant Hartford Accident & Indemnity Company's Pre-Hearing Brief as well as the Notice of Witnesses and Written Medical Reports, which I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act.

We have provided our Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports to the South Carolina Workers' Compensation Commission via E-Case.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



Lynnley D. Ross

LDR/erl
Enclosures
cc (w/enclosures): Mr. Garrett Jenio (via e-mail)
Ms. Sue Kolcuskus (via e-mail)



PRE-HEARING BRIEF
WCC File No: 1515209

Claimant's Name: <u>Ana Rodriguez Galvan</u>		Employer's Name: <u>Griffin Stafford N. Charleston</u>	
Address: <u>2357 Dunlap Street, Lot #36</u>		Address: <u>7582 Stafford Street</u>	
City: <u>North Charleston</u>	State: <u>SC</u>	City: <u>North Charleston</u>	State: <u>SC</u>
Home Phone: <u>(843) 343-1229</u>	Work Phone: _____	Zip: <u>29406</u>	Zip: <u>29406</u>
Preparer's Name: <u>Lynnley D. Ross</u>		Carrier: <u>Hartford Accident & Indemnity Company</u>	
		Preparer's Phone #: <u>(843) 284-1090</u>	

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 151.10
2. AWW: \$ 228.14
- Date of Injury: 10/9/2015
3. Type of injury and body part(s): Right Shoulder (admitted by initial carrier), Neck (denied by all defendants).
4. Facts in controversy: The Claimant, currently age 35, initially injured her right shoulder on 10/9/15 after she fell and grabbed the handle of a door to catch herself. At the time, her employer was insured by Employer Preferred Insurance Co. (Represented by Kathryn Walton).

The 10/9/15 claim was accepted by Employer Preferred, who authorized care with Concentra and Dr. McCoy. Dr. McCoy performed surgery in February 2016 and released the Claimant at MMI effective September 2016.

The Claimant RTW on 8/15/16 and continued working in a light duty capacity as a supervisor/room inspector. She is responsible for going into the rooms after they have been cleaned to inspect and make sure the condition is acceptable. She has continued to work.

On 9/20/17, the Claimant returned to Dr. McCoy with continued pain and, ultimately, was diagnosed with a "new different tear [that] seemed to be partially supraspinatus and partially infraspinatus." He testified that he thought the new tear likely occurred two to three months prior to her 12/12/17 MRI. Dr. McCoy then recommended repeat surgery with Dr. Schaaf (as Dr. McCoy no longer operates). The employer was insured on both 9/20/17 and 12/12/17 by Accident Fund Insurance Co (represented by Regan Cobb).

The instant Pre-Hearing Brief is submitted on behalf of Hartford Accident & Indemnity (represented by Lynnley Ross). Hartford is not responsible for this case. Hartford has had coverage since 4/1/18, and there is no indication that the Claimant's condition was caused or aggravated by anything work-related occurring between April 1 and the hearing date. Even if something had happened, the Claimant's claim "vested" once the Claimant's MRI showed a surgical lesion (and her physician recommended surgery) during the period of Accident Fund's coverage.

Hartford requests their release from the case.

5. Legal issues involved: See No. 4.
6. Unusual aspects: See No. 4.
7. Witnesses (designate if expert):* Garrett Jenio, Elnora Garrett, James McCoy, Jr., MD (*), and/or another representative of the Employer.
8. Exhibits: The Claimant's deposition transcript and Dr. McCoy's deposition transcripts (*) (x2) will be submitted at the hearing. Otherwise, see APA submissions.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): See APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: James McCoy, Jr., MD
Lowcountry Orthopaedics & Sports Medicine
2880 Tricom Street
North Charleston, SC 29406
11. Impairment rating(s); body part(s); physician and date of opinion: 15% Right Shoulder; Dr. McCoy; 9/28/16
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.

I verify the contents of this form are accurate and true to the best of my knowledge. I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to the following parties of record on the 10th day of April, 2019 via electronic service:

1. Attorney for the Claimant: Michael Jordan, Esquire at mjordan@steinberglawfirm.com and Lacey Dalesandro, Paralegal at ldalesandro@steinberglawfirm.com
2. Attorney for Defendant Employers Preferred Insurance Company: Kathryn Fiehrer Walton, Esquire at kate@woodgroupplc.com and Helen Sanborn, Paralegal at helen@woodgroupplc.com
3. Attorney for Defendant Accident Fund Insurance Company of America: Regan A. Cobb, Esquire at rcobb@hplplaw.com and Kim McGovern, Paralegal at KMcGovern@hplplaw.com

Signature:



Lynnley D. Ross, Esquire
Willson Jones Carter & Baxley, P.A.
Attorney for Defendant Hartford Accident & Indemnity Company

Email:

ldross@wjlaw.net

Date of hearing: 4/23/2019

Time needed for hearing: 30 minutes

South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 500
 P.O. BOX 1715
 Columbia, SC 29202-1715
 (803) 737-5723



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

Claimant's Name: Ana Rodriguez Galvan
 Address: 2357 Dunlap Street, Lot #36
 City: North Charleston State: SC Zip: 29406
 Home Phone: (843) 343-1229 Work Phone:
 Preparer's Name: Lynnley D. Ross

Employer's Name: Griffin Stafford N. Charleston
 Address: 7582 Stafford Street
 City: North Charleston State: SC Zip: 29406
 Carrier: Hartford Accident & Indemnity Company
 Preparer's Phone #: (843) 284-1090

TO: THE HONORABLE T. SCOTT BECK, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSIONER, MICHAEL J. JORDAN, ESQUIRE, ATTORNEY FOR CLAIMANT, KATHRYN FIEHRER WALTON, ESQUIRE, ATTORNEY FOR DEFENDANT EMPLOYERS PREFERRED INSURANCE COMPANY, AND REGAN COBB, ESQUIRE, ATTORNEY FOR DEFENDANT ACCIDENT FUND INSURANCE COMPANY OF AMERICA:

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

<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE</u>
APA (8) Concentra Medical Records	10/19/2015 – 11/24/2015	143 – 154
APA (9) Therapy Centers of South Carolina	7/8/2016 – 8/31/2016	155 – 224
APA (10) James McCoy, Jr., MD Christopher Merrell, MD Keith J. Santiago, MD Lowcountry Orthopaedics & Sports Medicine	7/6/2016 – 3/29/2018	225 – 259
APA (11) Tri-County Radiology	12/12/2017	260
APA (12) Imaging Specialists of Charleston	8/8/2016	261 – 262
APA (A) SCWCC Coverage Verification (9/20/2017)	12/6/2018	263 – 264
APA (B) SCWCC Coverage Verification (12/12/2017)	12/6/2018	265 – 266
APA (C) The Hartford Accident and Indemnity Insurance Company Workers' Compensation Liability Policy	4/4/2018	267
APA (D) Form 20, Statement of Earnings of Injured Employee	N/A	268

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of Employer-Defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of Defendants: See Pre-Hearing Brief.



Lynnley D. Ross, Esquire
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Attorney for Defendant
Hartford Accident & Indemnity Company

April 10, 2019

April 23, 2019
(hearing date)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



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

Claimant's Name: Ana Rodriguez Galvan
Address: 2357 Dunlap Street, Lot #36
City: North Charleston State: SC Zip: 29406
Home Phone: (843) 343-1229 Work Phone: _____
Preparer's Name: Lynnley D. Ross

Employer's Name: Griffin Stafford N. Charleston
Address: 7582 Stafford Street
City: North Charleston State: SC Zip: 29406
Carrier: Hartford Accident & Indemnity Company
Preparer's Phone #: (843) 284-1090

TO: THE HONORABLE T. SCOTT BECK, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSIONER, MICHAEL J. JORDAN, ESQUIRE, ATTORNEY FOR CLAIMANT, KATHRYN FIEHRER WALTON, ESQUIRE, ATTORNEY FOR DEFENDANT EMPLOYERS PREFERRED INSURANCE COMPANY, AND REGAN COBB, ESQUIRE, ATTORNEY FOR DEFENDANT ACCIDENT FUND INSURANCE COMPANY OF AMERICA:

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

<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE</u>
APA (8) Concentra Medical Records	10/19/2015 – 11/24/2015	143 – 154
APA (9) Therapy Centers of South Carolina	7/8/2016 – 8/31/2016	155 – 224
APA (10) James McCoy, Jr., MD Christopher Merrell, MD Keith J. Santiago, MD Lowcountry Orthopaedics & Sports Medicine	7/6/2016 – 3/29/2018	225 – 259
APA (11) Tri-County Radiology	12/12/2017	260
APA (12) Imaging Specialists of Charleston	8/8/2016	261 – 262
APA (A) SCWCC Coverage Verification (9/20/2017)	12/6/2018	263 – 264
APA (B) SCWCC Coverage Verification (12/12/2017)	12/6/2018	265 – 266
APA (C) The Hartford Accident and Indemnity Insurance Company Workers' Compensation Liability Policy	4/4/2018	267
APA (D) Form 20, Statement of Earnings of Injured Employee	N/A	268

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of Employer-Defendant.

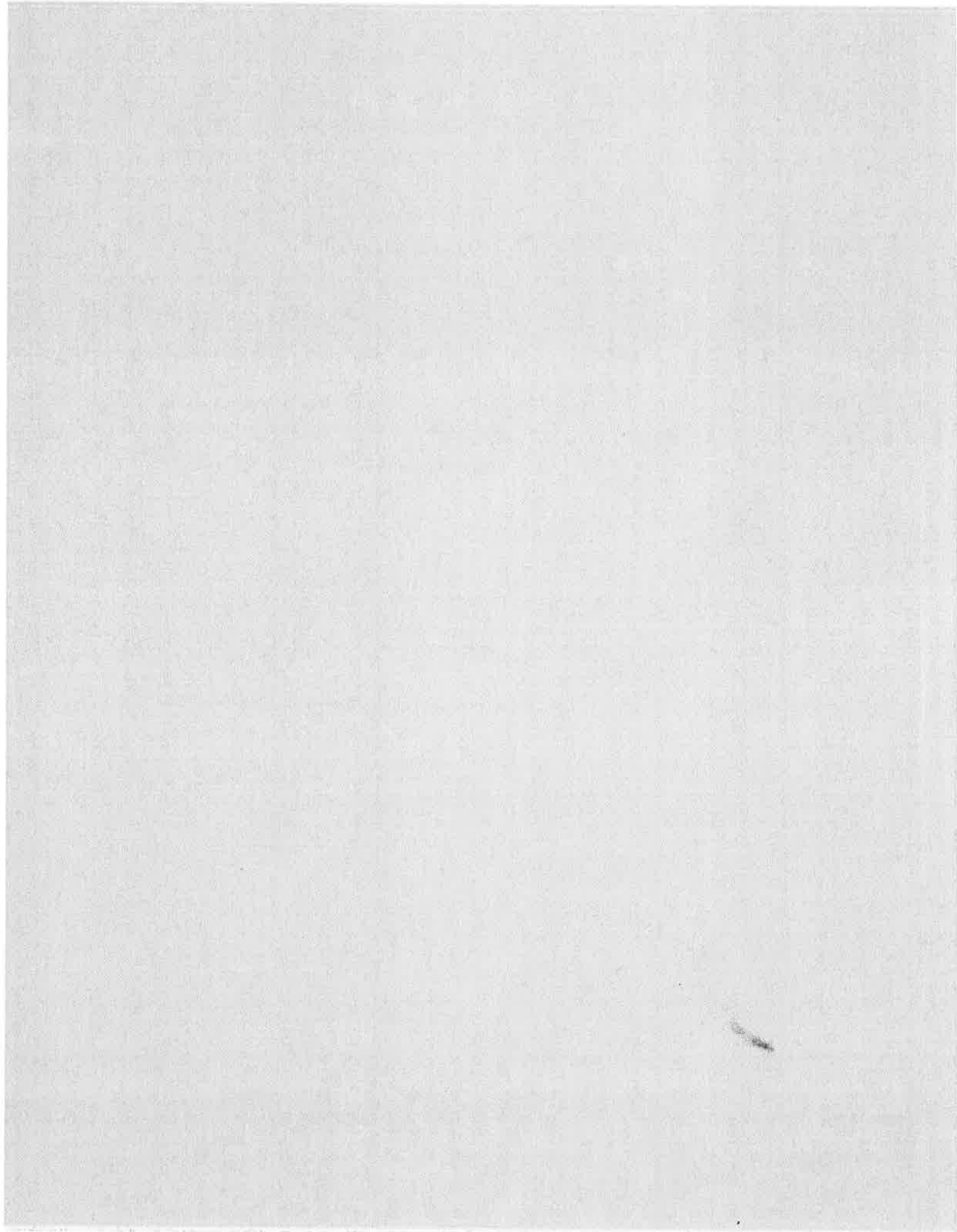
YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of Defendants: See Pre-Hearing Brief.



Lynnley D. Ross, Esquire
Willson Jones Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Attorney for Defendant
Hartford Accident & Indemnity Company

April 10, 2019

April 23, 2019
(hearing date)



Concentra Medical Centers (SC)7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026**Transcription**

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040575459
Soc. Sec. #: XXX-XX-XXXX Referral Q ID: 1040020891
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 10/19/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: W19.XXX UNSPECIFIED FALL, INITI, Dictated By: EMILY MIKA

Notes:**Reason For Visit**

Chief Complaint: The patient presents today with pain in right arm and shoulder, also hurt her right side, hip and leg but it feels better, hurt when she fell in the bathroom at work. Self reported.

Vitals

Vital Signs [Data Includes: Current Encounter]

Recorded by : Pecorara, Marguerite at 19Oct2015 10:10AM

Temperature: 97.9 F

Systolic: 137

Diastolic: 80

Heart Rate: 74

Respiration: 16

Height: 5 ft 3 in

Weight: 153 lb

BMI Calculated: 27.1

BSA Calculated: 1.73

Past Medical History Review

PAST MEDICAL, SOCIAL, FAMILY HISTORY: Non-contributory based on review with patient and/or comprehensive questionnaire except as detailed in the clinical documentation.

History of Present Illness

32 yo female slipped at work and fell onto her right side 10 days ago (10/9/15). She was seen in a Health first clinic with complaints of right shoulder, wrist and hip pain. She had an xray of her right shoulder but was told "they can't tell if I broke it" and she was put in a sling. She was then told that if she didn't wear the sling she would further injury the arm. No radiation of pain, no numbness or tingling. No dislocation per patient. She points to the upper deltoid when asked where the pain is. She says she has trouble moving her arm due to pain. Patient is not taking any medications. She also initially had right hip pain but that has gone away.

Review of Systems

As per documentation in the HPI, all other systems were reviewed and found to be negative.

Physical Exam

Constitutional: Well appearing and well nourished. In no acute distress.

Dictated By: EMILY MIKA

Dictated On: 10/19/2015 11:27 PM

Last Update: 10/19/2015 23:27:49

Last Updated By: mikaes1

Transcription Printed Date: 10/08/2016

r_transcription Page 1 of 4

© 1996 - 2016 Concentra Operating Corporation All Rights Reserved.

Form Revision Date: 11/17/2009

143

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040575459
Soc. Sec. #: XXX-XX-XXXX Referral Q ID: 1040020891
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 10/19/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: W19.XXX UNSPECIFIED FALL, INITI Dictated By: EMILY MIKA

Notes:

Pulmonary: No increased work of breathing or signs of respiratory distress.

Musculoskeletal: Normal gait with full ROM and strength lower extremities, no tenderness right hip.

Right Shoulder:

Appearance: Normal. Generalized shoulder tenderness including deltoid tenderness.

Palpation: Normal, no crepitus and no warmth. AROM limited in all planes due to pain except has full IR. Full PROM but with pain at end of full flexion, abduction, and ER.

Motor Tone: normal tone.

Neuro/Vascular: neurovascular function intact.

Left Shoulder: Appearance normal. No deformity. No tenderness. FROM. Strength normal. No signs of impingement.

Right Upper Arm:

Appearance: Normal. (+) deltoid tenderness.

Palpation: Normal.

Left Upper Arm: Appearance normal. No deformity. No tenderness. FROM. Strength

normal. Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Left Elbow: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Left Forearm: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Left Wrist: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Left Hand/Fingers: Appearance normal. No deformity. No tenderness. FROM. Strength

normal. Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Cervical Spine: Cervical spine with normal lordosis, no tenderness and full ROM.

Skin: Normal without rashes or lesions. Normal turgor.

Neurologic: Normal mental status. Deep tendon reflexes: 2+ right biceps, 2+ left

biceps, 2+ right triceps, 2+ left triceps, 2+ right brachioradialis and 2+ left

brachioradialis. Sensation intact to light touch. Normal gait.

Psychiatric: Judgment and insight are normal. Oriented to person, place, and time.

Mood and affect are appropriate.

ASSESSMENT

1. Fall (E888.9) (W19.XXXA)
2. Right shoulder pain (719.41) (M25.511)
3. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)
4. Contusion of right shoulder (923.00) (S40.011A)

Plan

Dictated By: EMILY MIKA

Dictated On: 10/19/2015 11:27 PM

Concentra Medical Centers (SC)7519 Rivers Ave North Charleston, SC 29408
Phone: (843) 735-5020 Fax: (843) 735-5026**Transcription**

Patient: Rodriguez Galvan, Ana E. **Service ID #:** 1040575459
Soc. Sec. #: XXX-XX-XXXX **Referral Q ID:** 1040020891
Date of Birth: 1/19/82 **Age:** 35 **Injury Date:** 10/9/2015 **Service Date:** 10/19/2015
Service Location: CMC - CHA Rivers Ave **Employer:** Suburban Extended Stay Hotel
Diagnosis: W19.XXX UNSPECIFIED FALL, INITI **Dictated By:** EMILY MIKA

Notes:

1. Start: Start: Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY
Rx By: MIKA, EMILY; Dispense: 15 Days ; #: 30 Tablet; Refill: 0; For: Contusion of right shoulder; DAW = N; Record

2. MRI, Right Shoulder; without contrast material(s) Status: Hold For - To Be Completed

Requested for: 19Oct2015

Perform: Outside Radiology Due: 26Oct2015; Ordered; For: Contusion of right shoulder; Ordered By: MIKA, EMILY

3. Physical Therapy Referral Physical Therapy See Referral Comment! Status: Complete

Done: 19Oct2015

Ordered; For: Contusion of right shoulder, Fall, Right shoulder pain, Rotator cuff insufficiency of right shoulder; Ordered By: MIKA, EMILY Performed: Due: 02Nov2015 Marked Important

4. X-Ray, Right shoulder; complete, minimum of 2 views Status: Complete - To Be Completed Done: 19Oct2015 04:09PM

Perform: In Office Due: 26Oct2015 Marked Important; Last Updated By: Walston, Caroline; 10/19/2015 3:09:56 PM; Ordered; For: Fall, Right shoulder pain; Ordered By: MIKA, EMILY

Translation service used throughout visit and to explain plan of treatment. Patient voiced understanding of the following:

I suspect a right rotator cuff injury and contusion. Will obtain MRI for diagnosis of extent of injury. Will start Physical therapy in the meantime to work on ROM and flexibility. If MRI negative or shows mild injury, will likely continue PT and gradually return to full duty. If MRI positive for possible surgical issue, will refer to Ortho at that time.

Ice as needed.

DO NOT USE a sling.

Follow up in 2-3 days for recheck.

None of the patient's medications for this encounter were dispensed in the center.

Discussion/Summary

The diagnoses and treatment plan were discussed with the patient. The patient expressed understanding and was told to keep their scheduled appointments for follow-up and/or to return to Concentra.

Dictated By: EMILY MIKA

Dictated On: 10/19/2015 11:27 PM

Last Update: 10/19/2015 23:27:49
r_transcription Page 3 of 4

Last Updated By: mikaes1
© 1996 - 2018 Concentra Operating Corporation All Rights Reserved.

Transcription Printed Date: 10/08/2018
Form Revision Date: 11/17/2009

145

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040575459
Soc. Sec. #: XXX-XX-XXXX Referral Q ID: 1040020891
Date of Birth: XXXX-XX-XX Age: 35 Injury Date: 10/9/2015 Service Date: 10/19/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: W19.XXX UNSPECIFIED FALL, INITI Dictated By: EMILY MIKA

Notes:

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 2-3 days with any available provider

Activity Status

Return to modified work/activity today.

Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,

Constantly = up to 8 hours or greater per day

No reaching above shoulders with affected extremity(s).

No lifting pushing or pulling over 15 lbs with right arm.

Signatures

Electronically signed by : EMILY MIKA, ; Oct 19 2015 10:27PM CST - Author

Dictated On: 10/19/2015 11:27 PM

Dictated By: EMILY MIKA

Last Update: 10/19/2015 23:27:49
r_transcription Page 4 of 4

Last Updated By: mikaes1
© 1998 -2018 Concentra Operating Corporation All Rights Reserved.

Transcription Printed Date: 10/08/2018
Form Revision Date: 11/17/2009

146

Concentra Medical Centers (SC)

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040576523
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 10/28/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: W19.XXX UNSPECIFIED FALL, INITI Dictated By: EMILY MIKA

Notes:

Reason For Visit

Chief Complaint: The patient presents today with recheck for right shoulder pain, rotator cuff insufficiencies of right shoulder, contusion of right shoulder. Self reported.

Vitals

Vital Signs [Data Includes: Current Encounter]

Recorded by : Pecorara, Marguerite at 28Oct2015 03:02PM

Temperature: 99.3 F

Systolic: 105

Diastolic: 68

Heart Rate: 75

Respiration: 16

Height: 5 ft 3 in

Weight: 147 lb

BMI Calculated: 26.04

BSA Calculated: 1.7

Past Medical History Review

PAST MEDICAL, SOCIAL, FAMILY HISTORY: Non-contributory based on review of interval history except as detailed in the clinical documentation.

History of Present Illness

32 yo female slipped at work and fell onto her right side on 10/9/15. She was seen in a Health first clinic with complaints of right shoulder, wrist and hip pain. She had an xray of her right shoulder but was told "they can't tell if I broke it" and she was put in a sling. She was then told that if she didn't wear the sling she would further injure the arm. No radiation of pain, no numbness or tingling. No dislocation per patient. She points to the upper deltoid when asked where the pain is. She says she has trouble moving her arm due to pain. This has improved overall with medication prescribed at her visit with us and home ROM exercises. She is tolerating modified duty. Patient received a phone call about her MRI appt and her PT referral but couldn't understand the people that called due to language barrier.

Review of Systems

As per documentation in the HPI, all other systems were reviewed and found to be negative.

Physical Exam

Dictated By: EMILY MIKA

Dictated On: 10/28/2015 10:31 PM

Last Update: 10/28/2015 22:31:27
r_transcription Page 1 of 4

Last Updated By: mlkaes1
© 1996 - 2018 Concentra Operating Corporation All Rights Reserved.

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

147

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040576523
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 10/28/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: W19.XXX UNSPECIFIED FALL, INITI Dictated By: EMILY MIKA

Notes:

Constitutional: Well appearing and well nourished. In no acute distress.

Pulmonary: No increased work of breathing or signs of respiratory distress.

Right Shoulder:

Appearance: Normal. Generalized shoulder tenderness including deltoid tenderness.

Palpation: Normal, no crepitus and no warmth. Very slightly limited ROM in all planes in final few degrees of motion which is an improvement from last visit.

Motor Tone: normal tone.

Neuro/Vascular: neurovascular function intact.

Left Shoulder: Appearance normal. No deformity. No tenderness. FROM. Strength normal. No signs of impingement.

Right Upper Arm: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Appearance: Normal. (+) deltoid tenderness.

Palpation: Normal.

Left Upper Arm: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Right Elbow: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Left Elbow: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Right Forearm: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Left Forearm: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Right Wrist: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Left Wrist: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Right Hand/Fingers: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Left Hand/Fingers: Appearance normal. No deformity. No tenderness. FROM. Strength normal.

Cervical Spine: Cervical spine with normal lordosis, no tenderness and full ROM.

Skin: Normal without rashes or lesions. Normal turgor.

Neurologic: Normal mental status. Sensation intact to light touch. Normal gait.

Psychiatric: Judgment and insight are normal. Oriented to person, place, and time.

Mood and affect are appropriate.

ASSESSMENT

1. Fall (E888.9) (W19.XXXA)
2. Contusion of right shoulder (923.00) (S40.011A)
3. Right shoulder pain (719.41) (M25.511)
4. Rotator cuff insufficiency of right shoulder (726.10) (M25.311)

Plan

Dictated By: EMILY MIKA

Dictated On: 10/28/2015 10:31 PM

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040576523
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 10/28/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: W19.XXX UNSPECIFIED FALL, INITI Dictated By: EMILY MIKA

Notes:

Translation service used throughout visit and to explain plan of treatment. Patient voiced understanding of the following:
I still suspect a right rotator cuff injury and contusion. Will obtain MRI for diagnosis of extent of injury. This was approved and her appt was set at Lowcountry Ortho (address given to patient) on 11/2/15 at 10 am. She should arrive at 9:45 am. Physical therapy was approved by an outside company called Align. Patient would need to contact her insurance adjustor or supervisor to get this set up. She should do this asap. If MRI negative or shows mild injury, will likely continue PT and gradually return to full duty. If MRI positive for possible surgical issue, will refer to Ortho at that time.
Ice as needed. Continue meds as prescribed.
DO NOT USE a sling.
Follow up in 1 week about 2 days after MRI completed.
None of the patient's medications for this encounter were dispensed in the center.

Discussion/Summary

The diagnoses and treatment plan were discussed with the patient. The patient expressed understanding and was told to keep their scheduled appointments for follow-up and/or to return to Concentra.

Activity Status and Restrictions

Treatment Status:

Returning for follow-up: 1 week

Activity Status

Return to modified work/activity today.

Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,

Constantly = up to 8 hours or greater per day

No reaching above shoulders with affected extremity(s).

No lifting pushing or pulling over 15 lbs with right arm.

Dictated By: EMILY MIKA

Dictated On: 10/28/2015 10:31 PM

Concentra Medical Centers (SC)

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

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040576523
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 10/28/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: W19.XXX UNSPECIFIED FALL, INITI, Dictated By: EMILY MIKA

Notes:

Signatures

Electronically signed by : EMILY MIKA, ; Oct 28 2015 9:31PM CST - Author

Dictated By: EMILY MIKA

Dictated On: 10/28/2015 10:31 PM

Last Update: 10/28/2016 22:31:27
r_transcription Page 4 of 4

Last Updated By: mikaes1
© 1996 - 2018 Concentra Operating Corporation All Rights Reserved.

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

150

Concentra Medical Centers (SC)

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

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040577261
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 11/4/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S46.819A STRAIN OF MUSC/FASC/T Dictated By: EMILY MIKA

Notes:

Reason For Visit

Chief Complaint: The patient presents today with recheck for contusion of right shoulder, right shoulder pain, rotator cuff insufficiency of right shoulder.

Vitals

Vital Signs [Data Includes: Current Encounter]

Recorded by : Pecorara, Marguerite at 04Nov2015 03:39PM

Temperature: 97.7 F

Systolic: 112

Diastolic: 63

Heart Rate: 74

Respiration: 16

Height: 5 ft 3 in

Weight: 148 lb 7 oz

BMI Calculated: 26.29

BSA Calculated: 1.7

Past Medical History Review

PAST MEDICAL, SOCIAL, FAMILY HISTORY: Non-contributory based on review of interval history except as detailed in the clinical documentation.

History of Present Illness

Follow up to discuss MRI findings. Patient continues with pain, started PT today. Naproxen helps and she is tolerating modified duty but seems to be overdoing it at times and not following modifications closely. No new symptoms, no numbness or tingling.

Review of Systems

As per documentation in the HPI, all other systems were reviewed and found to be negative.

Physical Exam

Constitutional: Well appearing and well nourished. In no acute distress.

Musculoskeletal: Limited ROM in all planes secondary to pain in right shoulder. NV intact.

ASSESSMENT

1. Supraspinatus tendon tear (840.6) (S46.819A)

Dictated By: EMILY MIKA

Dictated On: 11/4/2015 4:13 PM

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040577261
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 11/19/1982 Age: 35 Injury Date: 10/9/2015 Service Date: 11/4/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S46.819A STRAIN OF MUSC/FASC/I Dictated By: EMILY MIKA

Notes:

2. Infraspinatus tendon tear (840.3) (S46.819A)
3. Partial tear subscapularis tendon (840.5) (S43.80XA)

Plan

1. Renew: Renew: Naproxen 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAIL
Rx By: MIKA, EMILY; Dispense: 15 Days ; #:30 Tablet; Refill: 0; For: Contusion of
right shoulder; DAW = N; Record
2. Orthopedic Specialist Referral Physician Referral See Referral Comment! Status:
Complete Done: 04Nov2015 04:11PM
Ordered; For: Partial tear subscapularis tendon; Ordered By: MIKA, EMILY Performed:
Due: 18Nov2015 Marked Important
Referral Comment : Dr. McCoy, Dr. Cox
Reason for referral : Evaluate and Treat
Referral to Ortho, Dr. McCoy or Dr Cox, due to full thickness supraspinatus tear
and partial thickness infraspinatus and subscap tears on MRI. Terry Ryder, PT
translated for patient. Refilled naproxen.
None of the patient s medications for this encounter were dispensed in the center.

Discussion/Summary

The diagnoses and treatment plan were discussed with the patient. The patient expressed understanding and was told to keep their scheduled appointments for follow-up and/or to return to Concentra.

Activity Status and Restrictions

Treatment Status:

Specialist Referral - Assume Care.
Continue Therapy/Rehabilitation as scheduled.

Activity Status

Return to modified work/activity today.

Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,

Constantly = up to 8 hours or greater per day

No reaching above shoulders with affected extremity(s).

No lifting pushing or pulling over 5 lbs with right arm.

Dictated By: EMILY MIKA

Dictated On: 11/4/2015 4:13 PM

Last Update: 11/04/2015 16:13:53

r_transcription Page 2 of 3

Last Updated By: mlkaes1

© 1990 -2018 Concentra Operating Corporation All Rights Reserved.

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

152

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040577261
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 11/4/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S46.819A STRAIN OF MUSC/FASC/T Dictated By: EMILY MIKA

Notes:

Signatures

Electronically signed by : EMILY MIKA, ; Nov 4 2015 3:13PM CST - Author

Dictated By: EMILY MIKA

Dictated On: 11/4/2015 4:13 PM

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040579213
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 11/24/2015
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: M75.100 Unspecified rotator cuff tear Dictated By: James McCoy Jr., MD Ortho - General

Notes:

ORTHOPEDIC CONSULT

CHIEF COMPLAINT: Pain, right shoulder.

HISTORY OF PRESENT ILLNESS: This is a lady who injured her right shoulder at work on October 9, 2015. She went through some conservative treatment with antiinflammatory medicines and rest and physical therapy. Failing to improve, an MRI scan was done on November 2 and she is referred in for further evaluation. She continues to have discomfort and pain at night. She is right-handed.

PHYSICAL EXAMINATION: Reveals a 32-year-old Hispanic lady who is daughter is our primary translator. She has no obvious neurovascular deficit in the right upper extremity. Good active assisted range of motion with flexion and extension but pain on the right with the extremes of abduction. She is able to get up to about 90 degrees on the right. She has pain with push-off behind the back and pain abducting against resistance and external rotation. Discomfort but no crepitus with circumduction.

The MRI scan is consistent with a full-thickness tear of the supraspinatus, where it goes into the humerus.

We described this to the patient and her daughter. We talked about a surgical approach to treating this rotator cuff tear. We described the procedure and the anesthesia and the postop course. The patient will consider the different options with her daughter and will have our scheduler call her for a decision. In the meantime, we will keep her on limited duty at work. We will give her a prescription for discomfort. We will await the decision.

Job Number: 817

Dictated By: James McCoy Jr., MD Ortho - General

Dictated On: 11/24/2015 4:26 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 #: 1040603500
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/8/2016
Service Location: CMC - CHA 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): 17
Missed Previous Appointments: 0
of therapy visits authorized: 18.
of authorized visits used: 17 .

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 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:

Dictated By: Terry J Ryder, PT 6786

Dictated On: 7/8/2016 3:49 PM

Last Update: 07/08/2016 15:49:58

Last Updated By: ryder/tj

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

155

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 #: 1040603500
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/8/2018
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Terry J Ryder, 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.

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

Dictated By: Terry J Ryder, PT 6786

Dictated On: 7/8/2016 3:49 PM

Last Update: 07/08/2016 15:49:58

Last Updated By: ryderj

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 4

Form Revision Date: 11/17/2009

156

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 #: 1040603500
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/8/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Terry J Ryder, PT

Notes:

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

Dictated By: Terry J Ryder, PT 6786

Dictated On: 7/8/2016 3:49 PM

Last Update: 07/08/2016 15:49:58

Last Updated By: ryderj

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 4

Form Revision Date: 11/17/2009

157

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040603500
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/8/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SCAPULA Dictated By: Terry J Ryder, PT

Notes:

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

Dictated By: Terry J Ryder, PT 6786

Dictated On: 7/8/2016 3:49 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 #: 1040605054
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/22/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SCALP Dictated By: Terry J Ryder, PT

Notes:

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

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 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.

Dictated By: Terry J Ryder, PT 6786

Dictated On: 7/22/2016 3:53 PM

Last Update: 07/22/2016 16:04:35

Last Updated By: rydertj

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 5

Form Revision Date: 11/17/2009

159

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 #: 1040605054
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/22/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Terry J Ryder, PT

Notes:

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

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.

Dictated By: Terry J Ryder, PT 6786

Dictated On: 7/22/2016 3:53 PM

Last Update: 07/22/2016 16:04:35

Last Updated By: ryderlj

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 5

Form Revision Date: 11/17/2009

160

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040605054
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1/19/1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/22/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Terry J Ryder, PT

Notes:

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.

Right Wrist/Hand:

PAIN:

Pain Rating: 7/10

ROM AND MUSCLE PERFORMANCE:

ROM within normal limits.

Dictated By: Terry J Ryder, PT 6786

Dictated On: 7/22/2016 3:53 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 #: 1040605054
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/22/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Terry J Ryder, PT

Notes:

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 , 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

Dictated By: Terry J Ryder, PT 6786

Dictated On: 7/22/2016 3:53 PM

Last Update: 07/22/2016 16:04:35

Last Updated By: ryderl

Transcription Printed Date: 10/08/2018

r_transcription Page 4 of 5

Form Revision Date: 11/17/2009

162

Therapy Centers of South Carolina, P.A.

7519 Foyers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040605054
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 7/1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/22/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Terry J Ryder, PT

Notes:

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

Dictated By: Terry J Ryder, PT 6786

Dictated On: 7/22/2016 3:53 PM

Last Update: 07/22/2016 16:04:35

Last Updated By: ryderlj

Transcription Printed Date: 10/08/2018

r_transcription Page 5 of 5

Form Revision Date: 11/17/2009

163

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 #: 1040605323
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/26/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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 constant 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 7/26/2016 11:52 AM

Last Update: 07/26/2016 11:52:44

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

164

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 #: 1040605323
Soc. Sec. #: XXX-XX- Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/26/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

Appearance/Palpation Comment: TTP upper trap, supraspinalus

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

Evaluation

Dictated By: Ansley Wall, PT 7783

Dictated On: 7/26/2016 11:52 AM

Last Update: 07/26/2016 11:52:44

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 4

Form Revision Date: 11/17/2009

165

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 #: 1040605323
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1/1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/26/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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, 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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 7/26/2016 11:52 AM

Last Update: 07/26/2016 11:52:44

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 4

Form Revision Date: 11/17/2009

166

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 # :	1040605323
Soc. Sec. #:	XXX-XX-XXXX	Referral Q ID:	
Date of Birth:	1982 Age: 35	Injury Date:	10/9/2015
Service Location:	CMC - CHA Rivers Ave	Service Date:	7/26/2016
Diagnosis:	S40.011A CONTUSION OF RIGHT SI	Employer:	Suburban Extended Stay Hotel
		Dictated By:	Ansley Wall, PT

Notes:

Electronically signed by : ANSLEY ERBACHER, PT; Jul 26 2016 10:52AM CST - Author

Dictated By: Ansley Wall, PT 7783

Dictated On: 7/26/2016 11:52 AM

Last Update: 07/26/2016 11:52:44
r_transcription Page 4 of 4

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

167

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 #: 1040605696
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/28/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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 constant 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.

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: Ansley Wall, PT 7783

Dictated On: 7/28/2016 2:07 PM

Last Update: 07/28/2016 14:07:07

Last Updated By: arbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 3

Form Revision Date: 11/17/2009

168

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040605696
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/28/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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
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)

Dictated By: Ansley Wall, PT 7783

Dictated On: 7/28/2016 2:07 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 #: 1040605696
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 7/28/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

Dictated By: Ansley Wall, PT 7783

Dictated On: 7/28/2016 2:07 PM

Last Update: 07/28/2016 14:07:07

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 3

Form Revision Date: 11/17/2009

170

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 #: 1040606027
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/1/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/1/2016 12:06 PM

Last Update: 08/01/2016 12:06:17

r_transcription Page 1 of 3

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

171

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040606027
Sec. Sec. #: XXX-XX-XX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/1/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

Abduction: AROM of 90 degrees and PROM of 97 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: 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/1/2016 12:06 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 #: 1040606027
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/1/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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; Aug 1 2016 11:06AM CST - Author

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/1/2016 12:06 PM

Last Update: 08/01/2016 12:06:17

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

*_transcription Page 3 of 3

Form Revision Date: 11/17/2009

173

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 #: 1040606498
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/4/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/4/2016 11:53 AM

Last Update: 08/04/2016 11:53:11

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 3

Form Revision Date: 11/17/2009

174

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 #: 1040606498
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/4/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

Abduction: AROM of 95 degrees and PROM of 97 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: 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/4/2016 11:53 AM

Last Update: 08/04/2016 11:53:11
r_transcription Page 2 of 3

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/11/2009

175

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5025

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040606498
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/4/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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 asststed 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; Aug 4 2016 10:53AM CST - Author

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/4/2016 11:53 AM

Last Update: 08/04/2016 11:53:11

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 3

Form Revision Date: 11/17/2009

176

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040606655
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/5/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/5/2016 11:51 AM

Last Update: 08/05/2016 11:51:29

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

177

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040606655
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/5/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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
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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/5/2016 11:51 AM

Last Update: 08/05/2016 11:51:29

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 4

Form Revision Date: 11/17/2009

178

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 Galyan, Ana E. Service ID #: 1040606655
Soc. Sec. #: XXX-XX-XX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/5/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 scapular 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/5/2016 11:51 AM

Last Update: 08/05/2016 11:51:29

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

e_transcription Page 3 of 4

Form Revision Date: 11/17/2009

179

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040606655
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/5/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/5/2016 11:51 AM

Last Update: 08/05/2016 11:51:29

r_transcription Page 4 of 4

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

180

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29408
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040606857
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/8/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SCALP Dictated By: Harry Dinwiddie, PT

Notes:

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

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 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

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/8/2016 12:10 PM

Last Update: 08/08/2016 12:10:14

Last Updated By:

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

181

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 #: 1040606857
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/8/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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
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)

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/8/2016 12:10 PM

Last Update: 08/08/2016 12:10:14

Last Updated By:

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 4

Form Revision Date: 11/17/2009

182

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 #: 1040606857
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/8/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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

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

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/8/2016 12:10 PM

Last Update: 08/08/2016 12:10:14

Last Updated By:

Transcription Printed Date: 10/08/2016

r_transcription Page 3 of 4

Form Revision Date: 11/17/2009

183

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 #: 1040606857
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/8/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/8/2016 12:10 PM

Last Update: 08/08/2016 12:10:14

Last Updated By:

Transcription Printed Date: 10/08/2018

r_transcription Page 4 of 4

Form Revision Date: 11/17/2009

184

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 #: 1040607348
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/11/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/11/2016 11:35 AM

Last Update: 08/11/2016 11:35:32

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

185

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040607348
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/11/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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
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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/11/2016 11:35 AM

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29403
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040607348
Soc. Sec. #: XXX-XX-XX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/11/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

pullles

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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/11/2016 11:35 AM

Last Update: 08/11/2016 11:35:32

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 4

Form Revision Date: 11/17/2009

187

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 #: 1040607348
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/11/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/11/2016 11:35 AM

Last Update: 08/11/2016 11:35:32
r_transcription Page 4 of 4

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

188

Therapy Centers of South Carolina, P.A.

7619 Rivers Ave. North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040607489
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/12/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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

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 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

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/12/2016 12:13 PM

Last Update: 08/12/2016 12:13:14
r_transcription Page 1 of 4

Last Updated By:

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

189

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 #: 1040607489
Soc. Sec. #: XXX-XX- Wound Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/12/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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
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
Impalment 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)

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/12/2016 12:13 PM

Last Update: 08/12/2016 12:13:14
r_transcription Page 2 of 4

Last Updated By:

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

190

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 #: 1040607489
Soc. Sec. #: XXX-XX- Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/12/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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

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

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/12/2016 12:13 PM

Last Update: 08/12/2016 12:13:14

Last Updated By:

Transcription Printed Date: 10/08/2018

Transcription Page 3 of 4

Form Revision Date: 11/17/2009

191

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 #: 1040607489
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: /1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/12/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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 12 2016 11:13AM CST - Author

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/12/2016 12:13 PM

Last Update: 08/12/2016 12:13:14
e_transcription Page 4 of 4

Last Updated By:

Transcription Printed Date: 10/08/2018
Form Revision Date: 11/17/2009

192

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 #: 1040607953
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/16/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/16/2016 4:25 PM

Last Update: 08/16/2016 16:25:27

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

193

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 # :	1040607953
Soc. Sec. #:	XXX-XX-XXXX	Referral Q ID:	
Date of Birth:	1982 Age: 35	Injury Date:	10/9/2015
Service Location:	CMC - CHA Rivers Ave	Service Date:	8/16/2016
Diagnosis:	S40.011A CONTUSION OF RIGHT SCAPULA	Employer:	Suburban Extended Stay Hotel
		Dictated By:	Ansley Wall, PT

Notes:

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
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)

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/16/2016 4:25 PM

Last Update: 08/16/2016 16:25:27

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 4

Form Revision Date: 11/17/2009

194

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040607953
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/16/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/16/2016 4:25 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 #: 1040607953
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/16/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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 16 2016 3:25PM CST - Author

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/16/2016 4:25 PM

Last Update: 08/16/2016 16:25:27

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 4 of 4

Form Revision Date: 11/17/2009

196

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29408
Phone: (843) 735-5070 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040608278
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/18/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/18/2016 4:20 PM

Last Update: 08/18/2016 16:20:33

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

197

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5028

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040608278
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: /1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/18/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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
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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/18/2016 4:20 PM

Last Update: 08/18/2016 16:20:33

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 4

Form Revision Date: 11/17/2009

198

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 #: 1040608278
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/18/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/18/2016 4:20 PM

Last Update: 08/18/2016 16:20:33

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 4

Form Revision Date: 11/17/2009

199

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040608278
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/18/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

R arm distraction mob grade 3-4
R GH PA mob grade 3-4

Signatures

Electronically signed by : ANSLEY ERBACHER, PT; Aug 18 2016 3:20PM CST - Author

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/18/2016 4:20 PM

Last Update: 08/18/2016 16:20:33
r_transcription Page 4 of 4

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

200

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 #: 1040608623
Soc. Sec. #: XXX-XX- Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/22/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/22/2016 3:56 PM

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 # :	1040608623
Soc. Sec. #:	XXX-XX-XXXX	Referral Q ID:	
Date of Birth:	1982 Age: 35	Injury Date:	10/9/2015
Service Location:	CMC - CHA Rivers Ave	Service Date:	8/22/2016
Diagnosis:	S40.011A CONTUSION OF RIGHT SI	Employer:	Suburban Extended Stay Hotel
		Dictated By:	Ansley Wall, PT

Notes:

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
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)

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/22/2016 3:56 PM

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040608623
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1/1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/22/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SCAPULA Dictated By: Ansley Wall, PT

Notes:

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/22/2016 3:56 PM

Last Update: 08/22/2016 15:56:21

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 4

Form Revision Date: 11/17/2009

203

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. **Service ID # :** 1040608623
Soc. Sec. #: XXX-XX-XXXX **Referral Q ID:**
Date of Birth: [REDACTED] /1982 **Age:** 35 **Injury Date:** 10/9/2015 **Service Date:** 8/22/2016
Service Location: CMC - CHA Rivers Ave **Employer:** Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI **Dictated By:** Ansley Wall, PT

Notes:

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 22 2016 2:56PM CST - Author

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/22/2016 3:56 PM

Last Update: 08/22/2016 15:56:21

r_transcription Page 4 of 4

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

204

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 #: 1040608994
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: /1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/24/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/24/2016 3:59 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 # :	1040608994
Soc. Sec. #:	XXX-XX-XXXX	Referral Q ID:	
Date of Brth:	1982 Age: 35	Injury Date:	10/9/2015
Service Location:	CMC - CHA Rivers Ave	Employer:	Suburban Extended Stay Hotel
Diagnosis:	S40.011A CONTUSION OF RIGHT SI	Dictated By:	Ansley Wall, PT
		Service Date:	8/24/2016

Notes:

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
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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/24/2016 3:59 PM

Last Update: 08/24/2016 15:59:07

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 4

Form Revision Date: 11/17/2009

206

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040608994
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/24/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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 mln

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/Acrômion 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/24/2016 3:59 PM

Last Update: 08/24/2016 15:59:07

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

c_transcription Page 3 of 4

Form Revision Date: 11/17/2009

207

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040608994
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/24/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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 24 2016 2:59PM CST - Author

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/24/2016 3:59 PM

Last Update: 08/24/2016 15:59:07
r_transcription Page 4 of 4

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018
Form Revision Date: 11/17/2009

208

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040609289
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/26/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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

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 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

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/26/2016 4:36 PM

Last Update: 08/26/2016 16:36:38

Last Updated By:

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

209

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040609289
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/26/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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
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)

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/26/2016 4:36 PM

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 #: 1040609289
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/26/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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:

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

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/26/2016 4:36 PM

Last Update: 08/26/2016 16:36:38

Last Updated By:

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 4

Form Revision Date: 11/17/2009

211

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29405
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040609289
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/26/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Harry Dinwiddie, PT

Notes:

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

Dictated By: Harry Dinwiddie, PT 7476

Dictated On: 8/26/2016 4:36 PM

Last Update: 08/26/2016 16:36:38

Last Updated By:

Transcription Printed Date: 10/08/2018

r_transcription Page 4 of 4

Form Revision Date: 11/17/2009

212

Therapy Centers of South Carolina, P.A.

7519 Rivers Ave North Charleston, SC 29408
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040609689
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 08/28/1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/30/2016
Service Location: CMC - CHA 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): 32
Missed Previous Appointments: 0
of therapy visits authorized: 43.
of authorized visits used: 30 .

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 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

Dictated By: Terry J Ryder, PT 6786

Dictated On: 8/30/2016 3:46 PM

Last Update: 08/30/2016 15:46:36

Last Updated By: rydertj

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

213

Therapy Centers of South Carolina, P.A.

7515 Rivers Ave. North Charleston, SC 29406
Phone: (843) 735-5020 Fax: (843) 735-5026

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040609689
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/30/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Terry J Ryder, PT

Notes:

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
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)

Dictated By: Terry J Ryder, PT 6786

Dictated On: 8/30/2016 3:46 PM

Last Update: 08/30/2016 15:46:36

Last Updated By: ryderlj

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 4

Form Revision Date: 11/17/2009

214

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 #: 1040609689
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 11/19/1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/30/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Terry J Ryder, PT

Notes:

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
pulls

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 estlm to right shoulder - lateral RC/Acromion arch area and retro
suprascapular area

OTB flexion

OTB abduction

manual PROM as well as mobs

Dictated By: Terry J Ryder, PT 6786

Dictated On: 8/30/2016 3:46 PM

Last Update: 08/30/2016 15:46:36

Last Updated By: rydertj

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 4

Form Revision Date: 11/17/2009

215

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 #: 1040609689
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/30/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Terry J Ryder, PT

Notes:

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

Dictated By: Terry J Ryder, PT 6786

Dictated On: 8/30/2016 3:46 PM

Last Update: 08/30/2016 15:46:36

Last Updated By: ryderij

Transcription Printed Date: 10/08/2018

r_transcription Page 4 of 4

Form Revision Date: 11/17/2009

216

Therapy Centers of South Carolina, P.A.

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

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040609883
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/31/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/31/2016 4:09 PM

Last Update: 08/31/2016 16:09:38

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

217

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 # :	1040609883
Soc. Sec. #:	XXX-XX-XXXX	Referral Q ID:	
Date of Birth:	1982 Age: 35	Injury Date:	10/9/2015
Service Location:	CMC - CHA Rivers Ave	Employer:	Suburban Extended Stay Hotel
Diagnosis:	S40.011A CONTUSION OF RIGHT SI	Dictated By:	Ansley Wall, PT
Service Date:	8/31/2016		

Notes:

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
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)

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/31/2016 4:09 PM

Last Update: 08/31/2016 16:09:38

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 4

Form Revision Date: 11/17/2009

218

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 #: 1040609883
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/31/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

Therapy Assessment

Overall Progress: As Expected, pt had a lot of pain for hours after visit last Friday with increased manual therapy techniques, trouble sleeping that night, and took a couple of days to calm down, pt returned to dr. mccoey 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

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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/31/2016 4:09 PM

Last Update: 08/31/2016 16:09:38

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 4

Form Revision Date: 11/17/2009

219

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 #: 1040609883
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/31/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

Wall Pushups 3x10

Signatures

Electronically signed by : ANSLEY ERBACHER, PT; Aug 31 2016 3:09PM CST - Author

Dictated On: 8/31/2016 4:09 PM

Dictated By: Ansley Wall, PT 7783

Last Update: 08/31/2016 16:09:38

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

transcription Page 4 of 4

Form Revision Date: 11/17/2009

220

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 #: 1040609883
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: XXXX/1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/31/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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 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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/31/2016 4:09 PM

Last Update: 08/31/2016 16:09:38

Last Updated By: crbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 1 of 4

Form Revision Date: 11/17/2009

221

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 #: 1040609883
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: /1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/31/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

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

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)

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/31/2016 4:09 PM

Last Update: 08/31/2016 16:09:38

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 2 of 4

Form Revision Date: 11/17/2018

222

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 #: 1040609883
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/31/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

Therapy Assessment

Overall Progress: As Expected, pt had a lot of pain for hours after visit last Friday 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

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

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/31/2016 4:09 PM

Last Update: 08/31/2016 16:09:38

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

r_transcription Page 3 of 4

Form Revision Date: 11/17/2009

223

Therapy Centers of South Carolina, P.A.

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

Transcription

Patient: Rodriguez Galvan, Ana E. Service ID #: 1040609883
Soc. Sec. #: XXX-XX-XXXX Referral Q ID:
Date of Birth: 1982 Age: 35 Injury Date: 10/9/2015 Service Date: 8/31/2016
Service Location: CMC - CHA Rivers Ave Employer: Suburban Extended Stay Hotel
Diagnosis: S40.011A CONTUSION OF RIGHT SI Dictated By: Ansley Wall, PT

Notes:

Wall Pushups 3x10

Signatures

Electronically signed by : ANSLEY ERBACHER, PT; Aug 31 2016 3:09PM CST - Author

Dictated By: Ansley Wall, PT 7783

Dictated On: 8/31/2016 4:09 PM

Last Update: 08/31/2016 16:09:38
r_transcription Page 4 of 4

Last Updated By: erbachax

Transcription Printed Date: 10/08/2018

Form Revision Date: 11/17/2009

224

7/6/2016 - Dr. McCoy

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 19

Side:
RIGHT

2. Neck pain

M54.2: Cervicalgia

- XR, CERVICAL SPINE
- DOLOR DE CUELLO: INSTRUCCIONES DE CUIDADO - [NECK PAIN: CARE INSTRUCTIONS]

Return to Office

- Keith J. Santiago, MD for RECHECK 10 at LCO_Tricom on 08/01/2016 at 01:55 PM
- James J. McCoy, MD for RECHECK 10 at LCO_Tricom on 08/03/2016 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by Christopher A. Merrell, MD, 07/07/2016.

Encounter performed and documented by Christopher A. Merrell, MD

Encounter reviewed & signed by Christopher A. Merrell, MD on 07/07/2016 at 3:58pm

Encounter Date: 07/06/2016

Patient

Name	RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701	Appt. Date/Time	07/06/2016 08:40AM
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 Case # : 2015279729 Case Injury Date : 10/09/2015 Med Worker's Comp: ALIGN NETWORKS Employer Name : GRIFFIN STAFFORD 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

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 Rt shoulder --and interpreter is here today - Patient reports that it has been a long time and she is still having moderate pain with associated numbness and tingling in the fingers.

Vitals

Ht: 5 ft 5 in

Wt: 145 lbs

BMI: 24.1

225

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED]/1982)

BP: 125/62 sitting

Pulse: 71 bpm

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, 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.

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

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, no vomiting blood, no dyspepsia, and no GERD. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. She reports no abnormal mole, 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 9 months post work-related injury right shoulder, upper extremity. Four and a half months post right rotator cuff repair. Still having some aggravation in the shoulder and the neck and the hand. Saw Dr. Santiago in consult and he has a splint on her right hand and wrist but he thinks the origin of the discomfort may be higher up in the neck area. He is arranging for a consult with one of our pain management physicians.

Physical exam shows good active assisted flexion and extension, right shoulder is tight at about 80° of abduction active-assisted. Overhead reach limited

Assessment / Plan

we're going to continue the physical therapy especially for motion. Gradually she will get stronger. We're going to keep her on limited duty at work. She is scheduled to see one of our pain management physicians this week. We will check 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 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.
- WORK STATUS REPORT -

Note to Provider:

LCO Workcomp Dep Fax Number: 843-793-5442

Date of Injury: Right Shoulder Injury and Surgery 10/9/15

Next Follow up appt: 4 weeks

(XX) Work Related () Not Work Related

() Regular Duty (XX) Modified Duty if available 7/6/16

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

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

(XX) R () L () B

Climbing: (XX) Never () Occasional () Frequent

Standing, Walking: () Never () Occasional () Frequent

Overhead Work: (XX) Never () Occasional () Frequent

Driving: () Yes () No

Alternate between sit/stand: ()

Comments: Limited use of Right Arm

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

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

- Christopher A. Merrell, MD for New Patient 15 at LCO Tricorn on 07/07/2016 at 01:45 PM

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

FAX NO.

FAX NO.

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

Work Status

☐ Return to regular duty on, Date: _____☐ Unable to return to regular duty.☒ Modified duty if available, Date: 7-6-16☐ 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: _____

Recommendations

(Please give W/C copies of all orders.)

Radiograph Studies: _____

Diagnostic Tests: _____

Surgery: _____

Physical Therapy: Physical TherapyConsult to Dr: 7-7-16 @ 1:45Patient ☐ has ☒ hasn't reached MMI. Expected MMI date: _____Physician Signature: [Signature] Date: 7-6-16

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

Claim #: _____

Next Appt: _____

Diagnosis: (P) ShoulderInjury - Surgery

Physical Ability

☐ Restricted standing, walking:☐ Never ☐ Occasional ☐ Frequently Tolerated☒ Restricted climbing, bending, stooping:☒ Never ☐ Occasional ☐ Frequently Tolerated☒ Limited use of ☒ right ☐ left hand/arm☐ Driving ☐ yes ☐ no☐ Alternate position (sit, stand, walk...)☒ Weight lifting restrictions:☒ R ☐ O# ☒ 1-15# ☐ 16-35# ☐ 36-50#☐ L ☐ O# ☐ 1-15# ☐ 16-35# ☐ 36-50#☒ Overhead work: (P)☒ Never ☐ Occasional ☐ Frequently Tolerated

7/7/2016 - Dr. Merrell

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED])

- Keith J. Santiago, MD for RECHECK 5 at LCO_Oakbrook on 08/31/2016 at 09:05 AM
- James J. McCoy, MD for RECHECK 10 at LCO_Tricom on 08/31/2016 at 09:05 AM

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 08/03/2016.

Encounter performed and documented by James J. McCoy, MD

Encounter reviewed & signed by James J. McCoy, MD on 08/03/2016 at 9:27pm

Encounter Date: 07/07/2016

Patient

Name RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701 Appt. Date/Time 07/07/2016 01:45PM
DOB [REDACTED] 982 Service Dept. LCO_Tricom
Provider CHRISTOPHER A. MERRELL, 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
Med Worker's Comp: ALIGN NETWORKS
Employer Name: GRIFFIN STAFFORD
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: Pain in wrist

HPI

C-spine7388*

Reported by patient.

Notes: Ms. Rodriguez-Galvin presents at the request of Dr. Santiago for right sided neck pain and right arm pain since work-related injury 10/9/15. She was working as a house cleaner and she slipped and tried to hold onto the door handle and right arm slid off of the door falling onto her right arm. Pain extends from right side of neck to right shoulder and tricep and to right wrist and right hand in all fingers except for thumb on the right. She reports grip weakness on the right. She is RHD. She had shoulder surgery with minimal relief. She has tried Mobic for anti-inflammatory effect. She started PT, but then it was reportedly cancelled by the provider. She has a translator participating in her history.

Vitals

07/07/2016 01:48 pm

Ht: 5 ft 5 in

Wt: 145 lbs

BMI: 24.1

BP: 127/72 sitting

Pulse: 81 bpm

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

229

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

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) 405-6212

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, 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 muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. She reports no abnormal mole, 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 NAD.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Cardiovascular System: Arterial Pulses Right: radial normal, Arterial Pulses Left: radial normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities. Varicosities Left: no varicosities.

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

Lymph Nodes: Inspection/Palpation Right: no cervical LAD. Inspection/Palpation Left: no cervical LAD.

Cervical Spine: Inspection: alignment normal and no muscle atrophy. Soft Tissue Palpation on the Right: no tenderness of the supraclavicular fossa and tenderness of the paracervicals. Soft Tissue Palpation on the Left: no tenderness of the supraclavicular fossa and tenderness of the paracervicals. Bony Palpation: no tenderness of the occipital protuberance or the spinous process. Active Range of Motion: flexion normal, extension normal, rotation normal, and pain elicited by motion. Passive Range of Motion: flexion normal, extension normal, and rotation normal.

Motor Strength: Neck Strength (Intrinsics): extension 5/5, flexion 5/5, rotation 5/5, and lateral flexion 5/5. C5 on the Right: abduction deltoid 5/5, external rotation infraspinatus 5/5, and internal rotation supraspinatus 5/5. C5 on the Left: abduction deltoid 5/5, external rotation infraspinatus 5/5, and internal rotation supraspinatus 5/5. C6 on the Right: flexion biceps 5/5. C6 on the Left: flexion biceps 5/5. C7 on the Right: extension triceps 5/5 and flexion wrist 5/5. C7 on the Left: extension triceps 5/5 and flexion wrist 5/5. C8 on the Right: flexion fingers 5/5. C8 on the Left: flexion fingers 5/5. T1 on the Right: abduction fingers 5/5. T1 on the Left: abduction fingers 5/5.

Neurological System: Biceps Reflex Right: normal (2). Biceps Reflex Left: normal on the left (2). Brachioradialis Reflex Right: normal (2). Brachioradialis Reflex Left: normal (2). Triceps Reflex Right: normal (2). Triceps Reflex Left: normal (2). Sensation on the Right: C5 normal, C6 normal, C7 normal, C8 normal, and T1 normal. Sensation on the Left: C5 normal, C6 normal, C7 normal, C8 normal, and T1 normal. Special Tests on the Right: Hoffman's reflex absent and Spurling's test positive. Special Tests on the Left: Spurling's test negative and Hoffman's reflex absent.

Skin: Head and Neck: normal. Right Upper Extremity: normal. Left Upper Extremity: normal.

Respirations unlabored

Results / Interpretations

XR, CERVICAL SPINE

loss of lordosis, mild DDD C5/6

Assessment / Plan

Ms. Rodriguez-Galvin has h/o right sided neck pain and right arm pain/paresthesias since work-related injury 10/9/15. Ordered and reviewed xray c-spine which showed loss of lordosis, mild C5/6 DDD. EMG RUE was wnl. Given ongoing sx, severity of pain, weakness, ordered MRI c-spine for diagnostic purposes. Will review at f/u. PT with traction prescribed.

1. Cervical radiculitis

M54.12: Radiculopathy, cervical region

- PHYSICAL THERAPY NECK REFERRAL - Schedule Within: provider's discretion Note to Provider: 2-3x/week for 4-6 weeks, ROM, strengthening, home exercise program, modalities prn; traction as tolerated
- MRI, CERVICAL SPINE, W/O CONTRAST
- WORK STATUS REPORT -

Note to Provider:

LCO Workcomp Dep Fax Number: 843-793-5442

Date of Injury:

Next Follow up appt: After MRI

(XX) Work Related () Not Work Related

() Regular Duty (XX) Modified Duty if available 7/7/16

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

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

(XX) R () L () B

Climbing: (XX) Never () Occasional () Frequent

Standing, Walking: () Never () Occasional () Frequent

Overhead Work: (XX) Never () Occasional () Frequent

Driving: () Yes () No

Alternate between sit/stand: ()

Comments: Limited use of Right Arm

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

8/3/2014 - Dr. McCoy

Encounter performed and documented by Keith J. Santiago, MD
 Encounter reviewed & signed by Keith J. Santiago, MD on 08/09/2016 at 10:53am

Encounter Date: 08/03/2016

Patient

Name	RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701	Appt. Date/Time	08/03/2016 08:30AM
DOB	[REDACTED] 882	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 Case # : 2015279729 Case Injury Date : 10/09/2015 Med Worker's Comp: ALIGN NETWORKS Employer Name : GRIFFIN STAFFORD 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.

Quality: improving (some)

Severity: moderate; pain level 5/10

Previous PT: going to PT--this sometimes makes the pain in the shoulder worse

Work Related: yes

Working: no

Notes: Here today for F/U of Right Shoulder

Vitals

08/03/2016 08:30 AM

Ht: 5 ft 5 in

Wt: 145 lbs

BMI: 24.1

BP: 118/78

Pulse: 74 bpm

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

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

Allergies

Reviewed Allergies

NKDA

Problems

Reviewed Problems

- Carpal tunnel syndrome
- Shoulder pain
- Pain in wrist
- Neck 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

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, 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, no vomiting blood, no dyspepsia, and no GERD. She reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. She reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. She reports no abnormal mole, 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, 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.

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

The patient is 10 months post work-related injury right shoulder. 5-1/2 months post right rotator cuff repair. Still having night discomfort. Still having pain with the extremes of motion.

Physical exam shows good active assisted flexion and extension. Active assisted abduction today is much much better with the right arm coming up to about 80°. Active assisted overhead reach much improved. Still having some discomfort in the neck and wearing the right wrist splint.

Patient has made great progress in motion. We think if she has made this progress in motion she will be able to make progress in strengthening and we can possibly ultimately get her back to her regular job. Still having issues in the neck and the arm.

Assessment / Plan

we have written a note to the adjuster about the need for the C-spine MRI. It was originally denied. We tried to explain how we felt that although many patients have some neck and arm discomfort following surgery such as this, that it usually resolves spontaneously within the first 6 weeks or so. When it persisted we had a consult with our hand surgeon Dr. Santiago who felt that the problem was more cervical in nature. We had one of our conservative spine specialists, Dr. Merrill evaluate the situation and he felt that it was probably cervical and that an MRI scan of the C-spine was indicated. We will put in writing that the 3 physicians concur that an MRI scan is appropriate to determine exactly what the pathology is and what the treatment options are. In the meantime we will continue the patient in physical therapy and light duty at work and reevaluate 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: 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.

• WORK STATUS REPORT -

Note to Provider:

LCO Workcomp Dep Fax Number: 843-793-5442

Date of Injury: 10/09/2015

Next Follow up appt: Wednesday, August 31, 2016 09:05 AM

(XX) Work Related () Not Work Related

() Regular Duty (XX) Modified Duty if available 8/3/15

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

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

(XX) Right Shoulder () L () B

Climbing(XX) Never () Occasional () Frequent

Standing, Walking: () Never () Occasional () Frequent

Overhead Work: () Never () Occasional () Frequent

Driving: () Yes () No

Alternate between sit/stand: ()

Comments: Continue PT---Limited Use of the Right Arm

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

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. Cervical radiculitis

M54.12: Radiculopathy, cervical region

4. Neck pain

M54.2: Cervicalgia

• DOLOR DE CUELLO: INSTRUCCIONES DE CUIDADO - [NECK PAIN: CARE INSTRUCTIONS]

Return to Office

234

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 982)

Aug 4 2010 11:55am

P002/000

Lowcountry Orthopaedics & Sports Medicine

Phone: 843.797.5050 Fax: 843.764.2308

To: _____

From: _____

Date: _____

Chart #: _____

RETURN TO WORK RECOMMENDATIONS

Employee: Ana Rodriguez-Galvin

Claim #: _____

Injury Date: _____

Next Appt: _____

☒ Work relatedDiagnosis: R shoulder☐ Not work relatedInjury & Surgery

Work Status

Physical Ability

☐ Return to regular duty on, Date: _____☐ Restricted standing, walking:☐ Unable to return to regular duty.☐ Never ☐ Occasional ☐ Frequent as Tolerated☒ Modified duty if available, Date: 3 Aug 16☒ Restricted climbing, bending, stooping:☐ Discharged from current care on, Date: _____☒ Never ☐ Occasional ☐ Frequent as Tolerated☐ Return for follow up if needed with Dr: _____☒ Limited use of Right ☐ left hand/arm.☐ Permanent Restrictions: _____☐ Requires sedentary position.☐ Driving: ☐ yes ☐ no☐ Patient must wear brace/cast.☐ Alternate position (sit, stand, walk...)☐ Other: _____

Recommendations

(Please give WAC copies of all orders.)

☒ Weight lifting restrictions:

Radiograph Studies: _____

R ☐ 0# ☒ 1-15# ☐ 16-35# ☐ 36-50#

Diagnostic Tests: _____

L ☐ 0# ☐ 1-15# ☐ 16-35# ☐ 36-50#

Surgery: _____

☒ Overhead work: RPhysical Therapy: continue☒ Never ☐ Occasional ☐ Frequent as Tolerated

Consult to Dr: _____

Patient ☐ has ☒ hasn't reached MMI Expected MMI date: _____Physician Signature: [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

8/9/2016 - Dr.
Santiago

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED])

Provider
Insurance

KEITH J. SANTIAGO, MD

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

Med Worker's Comp: ALIGN NETWORKS

Employer Name: GRIFFIN STAFFORD

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 Wrist problem

HPI

Notes only a slight decrease in N/P with only some relief with OT

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 5 in 08/09/2016
10:22 am

Wt: 145 lbs 08/09/2016
10:22 am

BMI: 24.1 08/09/2016 10:22
am

BP: 132/87 sitting
08/09/2016 10:26 am

Pulse: 73 bpm 08/09/2016
10:26 am

Medications

None recorded.

Allergies

Reviewed Allergies

NKDA

Problems

Reviewed Problems

- Carpal tunnel syndrome
- Shoulder pain
- Pain in wrist
- Neck 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

Reviewed Surgical History

Other - Tubal Ligation

Repair, ruptured musculotendinous cuff, chronic - 02/24/2016 - RT SHOULDER SCOPE, MINI OPEN RCR

236

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

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 irritation. She reports no difficulty hearing. She reports no nose/sinus problems. She reports no sore throat. She reports no chest pain. She reports no cough. She reports no abdominal pain, no vomiting, and no diarrhea. She reports no jaundice and no rashes. She reports no loss of consciousness. She reports no fatigue. She reports no swollen glands. She reports no runny nose, no sinus pressure, no hives, and no frequent sneezing.

Physical Exam

Patient is a 33-year-old female.

No gross thenar/hypothenar atrophy; 5/5 TO/FDI; full finger ROM; wrist DF B 60 VF B 60; grip R 20 L 30; no wrist tenderness

Assessment / Plan

R hand numbness/paresthesias with electronegative diagnostic testing concerning for cervical radiculopathy
 • may return to regular duty as tolerated from R hand stand point; recommend referral to Dr. Merrell/Patel for neck evaluation; cont. OT until plateau; f/u in 3mo. with anticipation for MMI

1. Carpal tunnel syndrome

G56.01: Carpal tunnel syndrome, right upper limb

- SÍNDROME DEL TÚNEL CARPIANO: EJERCICIOS - [CARPAL TUNNEL SYNDROME: EXERCISES]
- SÍNDROME DEL TÚNEL CARPIANO: INSTRUCCIONES DE CUIDADO - [CARPAL TUNNEL SYNDROME: CARE INSTRUCTIONS]
- 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

(x) Regular Duty () Modified Duty

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

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

() 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 neck evaluation; cont. OT until plateau

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

*Occasionally is defined as up to one third of the time (33%); 1-4 times per hour

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED]/1982)

Policy/Group # : 2015279729

Referring Provider Name : MCCOY, JAMES J

Employer Name : SUBURBAN EXTENDED STAY HOTEL

Case # : 2015279729

Case Injury Date : 10/09/2015

Med Worker's Comp: ALIGN NETWORKS

Employer Name : GRIFFIN STAFFORD

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

8/31/2016 - Dr.
MCCOY

Chief Complaint

Right Shoulder

Followup: Shoulder pain

HPI

Shoulder7388

Reported by patient.

Quality: improving (some)

Severity: moderate; pain level 5/10

Previous PT: going to PT--this sometimes makes the pain in the shoulder worse

Work Related: yes

Working: no

Notes: Here today for F/U of Right Shoulder. Patient still having trouble lifting the shoulder. Reports minimal relief since PT. Pain down back of shoulder.

Vitals

8/31/2016 10:00:22 am

Ht: 5 ft 5 in

Wt: 145 lbs

BMI: 24.1

BP: 135/69 sitting

Pulse: 82 bpm

Medications

None recorded.

Allergies

Reviewed Allergies

NKDA

Problems

Reviewed Problems

- Carpal tunnel syndrome
- Shoulder pain
- Pain in wrist
- Neck 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

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

238

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

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, 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 muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. She reports no abnormal mole, 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, 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 10-1/2 months post work-related injury right shoulder. 6 months post right rotator cuff repair. Still with some aggravation in the neck, shoulder and upper extremity.

Physical exam shows good active assisted flexion and extension in the shoulders. Abduction to about 80° on the right. Active assisted overhead reach much improved. Still some restriction in full range of motion of the head and neck.

The MRI scan shows loss of the cervical lordosis and minimal degenerative changes at the C5-6 level.

Assessment / Plan

we will keep her on limited duty. We will defer future therapy orders to our partner Dr. Merrill. We will have her followup with him now that we have the cervical MRI. We will see her back in 4 weeks. We believe to a reasonable degree of medical certainty that these symptoms are all a result of her work related injury.

1. Shoulder pain

M25.511: Pain in right shoulder

- DOLOR EN EL HOMBRO: INSTRUCCIONES DE CUIDADO - [SHOULDER PAIN: CARE INSTRUCTIONS]

Return to Office

- James J. McCoy, MD for RECHECK 10 at LCO Tricom on 09/28/2016 at 09:05 AM
- Keith J. Santiago, MD for RECHECK 5 at LCO Oakbrook on 11/08/2016 at 10:25 AM

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 08/31/2016.

Encounter performed and documented by James J. McCoy, MD

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

Lowcountry Orthopaedics & Sports Medicine

Phone: 843.797.5050 Fax: 843.764.2308

To: _____

From: _____

Date: _____

Chart #: _____

RETURN TO WORK RECOMMENDATIONS

Employee: Ana Rodriguez Galvin

Claim #: _____

Injury Date: _____

Next Appt: _____

☒ Work related

☐ Not work related

Diagnosis: (R) UE injury
should be 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 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 WVC copies of all orders.)

Radiograph Studies: _____

Diagnostic Tests: _____

Surgery: _____

Physical Therapy: _____

Consult to Dr: Hernandez

☒ 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

Patient ☐ has ☒ hasn't reached MMT. Expected MMT date: _____

Physician Signature: [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

9/28/2016 -
Dr. McCoy

Encounter Data: 09/28/2016

Patient

Name RODRIGUEZ-GALVIN, ANA (33yo, F) ID# 2156701 Appt. Date/Time 09/28/2016 09:05AM

DOB [REDACTED] 982

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

Case #: 2015279729

Case Injury Date: 10/09/2015

Med Worker's Comp: ALIGN NETWORKS

Employer Name: GRIFFIN STAFFORD

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: Shoulder pain

HPI

Shoulder7388

Reported by patient.

Hand Dominance: right

Quality: worsening; pain is worse at the end of the day--limited ROM

Severity: moderate; pain level 5/10

Aggravating Factors: ROM

Previous PT: going to PT--this sometimes makes the pain in the shoulder worse

Work Related: yes

Working: regular duty (working 5 days a week)

241

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

Notes: Here today for F/U of Right Shoulder. Patient still having trouble lifting the shoulder. Reports minimal relief since PT. Pain down back of shoulder and down the side of her neck.

Vitals

Ht: 5 ft 5 in 09/28/2016
09:11 am

Wt: 154 lbs 09/28/2016
09:12 am

BMI: 25.6 09/28/2016 09:12
am

BP: 142/88 sitting
09/28/2016 09:12 am

Pulse: 80 bpm 09/28/2016
09:12 am

Medications

Reviewed Medications

Mobic 7.5 mg tablet

09/28/16 prescribed

Take 1 tablet(s) every day by oral route as needed.

Allergies

Reviewed Allergies

NKDA

Problems

Reviewed Problems

- Carpal tunnel syndrome
- Shoulder pain
- Pain in wrist
- Neck 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

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

Hand Dominance: Right

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) 242-2422

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 71982)
5050, Fax (843) 797-3633

ROS

Patient reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. 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 abnormal mole, 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, 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.

Assessment / Plan

with the help of a translator we have explained that we believe she has reached a point of maximum medical improvement. We are going to put her on permanent limited duty. She needs to keep working on stretching on her own. We think she will probably require additional medical care in the future with at least anti-inflammatory medicines periodically and an occasional injection of the right shoulder. She will probably see her motion improved slightly over the next year as well as her strength. We think all things considered this is consistent with a 15% permanent impairment to the right shoulder. We will just see her back on an as-needed basis.

1. Shoulder pain

M25.511: Pain in right shoulder

- DOLOR EN EL HOMBRO: INSTRUCCIONES DE CUIDADO - [SHOULDER PAIN: CARE INSTRUCTIONS]
- Mobic 7.5 mg tablet - Take 1 tablet(s) every day by oral route as needed. Qty: 30 tablet(s) Refills: 3 Pharmacy: CVS 16950 IN TARGET

Return to Office

- Keith J. Santiago, MD for RECHECK 5 at LCO_Oakbrook on 11/08/2016 at 10:25 AM

Obstetric History

Reviewed Obstetric History

GYN History

(not configured)

Physical Exam

Patient is a 33-year-old female.

patient is almost 1 year post work-related injury right shoulder. 7 months post right rotator cuff repair. She has been working light duty at her job. Worker's Comp. is not considering her neck and hand symptoms as part of the original injury. She is still having discomfort in the right shoulder.

Physical exam shows good active assisted flexion and extension. Right shoulder is tight at about 75° of abduction passively. Active assisted overhead reach is limited.

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 09/28/2016.

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 982)

Clinical Documents

arvis

Fax: 843-376-2267

Oct 4 2016 07:35am

P202

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: Shoulder

injury

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 (P)

☐ 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 W/C 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: [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

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 982)

DOB [REDACTED] 982

Service Dept.

LCO_Oakbrook

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

Med Worker's Comp: ALIGN NETWORKS

Employer Name : GRIFFIN STAFFORD

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

11/8/2016 -
Dr. Santiago

Chief Complaint

Followup: Hand pain

HPI

Notes cont. N/P w/o change with neck pain radiating distally; notes that she has not seen a neck specialist; has tolerated regular duty w/o difficulty per pt; hx obtained through help of spanish speaking interpreter

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 5 in 11/08/2016
10:32 am

Wt: 154 lbs 11/08/2016
10:33 am

BMI: 25.6 11/08/2016 10:33
am

BP: 111/75 sitting
11/08/2016 10:33 am

Pulse: 82 bpm 11/08/2016
10:33 am

Medications

Reviewed Medications

Mobic 7.5 mg tablet

09/28/16 prescribed

Take 1 tablet(s) every day by oral route as needed.

Allergies

Reviewed Allergies

NKDA

Problems

Reviewed Problems

- Carpal tunnel syndrome
- Shoulder pain
- Pain in wrist
- Neck 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.

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

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

Hand Dominance: Right

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 arthralgias/joint pain. She 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.

ROS as noted in the HPI

Assessment / Plan

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

It is my opinion to a reasonable degree of medical certainty that the patient has reached maximum medical improvement from her hand standpoint. I continue to recommend evaluation and possible treatment/mgmt by a neck specialist. The patient has been able to tolerate regular duty without any major difficulty and can continue without any permanent restrictions. I do not anticipate any future medical treatment for this patient's hand, more likely than not. The patient's permanent impairment rating according to the 5th edition guides to the evaluation of permanent impairment by the AMA is 0% for the RUE which corresponds to 0% for the whole person. The patient has been rate and released and can follow up with me prn.

1. Numbness of hand

R20.0: Anesthesia of skin

• 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

(x) Regular Duty () Modified Duty

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

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

() R () L () B

Climbing, Bending, Stopping: () Never () Occasional () Frequent

Standing, Walking: () Never () Occasional () Frequent

Overhead Work: () Never () Occasional () Frequent

Driving: () Yes () No

Alternate between sit/stand: ()

9/20/2017 -
Dr. McCoy

Encounter performed and documented by:
Encounter reviewed & signed by James J. McCoy, MD on 11/01/2017 at 9:13pm

Encounter Date: 09/20/2017

Patient

Name RODRIGUEZ-GALVIN, ANA (34yo, F) ID# 2156701 Appt. Date/Time 09/20/2017 08:30AM

DOB

1982

Service Dept. LCO_Tricom

Provider

JAMES J. MCCOY, MD

Insurance

Med Worker's Comp: ONE CALL CARE MANAGEMENT - DIAGNOSTICS

Policy/Group #: OGMP00701655

Referring Provider Name: MIKA, EMILY, MD

Employer Name: SUBURBAN EXTENDED STAY HOTEL

Case #: OGMP00701655

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

Med Worker's Comp: ONE CALL CARE MANAGEMENT

Employer Name: GRIFFIN STAFFORD

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: Shoulder pain

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, MD: 3510 N HWY 17, STE 320, MOUNT PLEASANT, SC 29466, Ph (843) 971-3361, Fax (843) 606-8003

247

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

Referring Provider (Worker's Comp): MCCOY, JAMES J: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

Patient's Pharmacies

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

Vitals

09/20/17 10:50 am

Ht: 5 ft 5 in

Wt: 148 lbs

BMI: 24.6

BP: 135/88 sitting

Pulse: 72 bpm

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

bupivacaine 0.5 % (5 mg/mL) injection solution

09/20/17 administered

Take 1 mL by injection route.

Internal Note: Select administer box for documentation only

DEPO-Medrol 40 mg/mL suspension for injection

09/20/17 administered

Take 1 mL by injection route.

Internal Note: Select administer box for documentation only

lidocaine 10 mg/mL (1 %) injection solution

09/20/17 administered

Take 1 mL by injection route.

Internal Note: Select administer box for documentation only

Mobic 7.5 mg tablet

09/28/16 prescribed

Take 1 tablet(s) every day by oral route as needed.

Vaccines

None recorded.

Problems

Reviewed Problems

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

Family History

Family History not reviewed (last reviewed 11/08/2016)

Non-contributory.

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

Hand Dominance: Right

Employer: Surburan Hotel

Surgical History

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

Reviewed Surgical History

Other - Tubal Ligation

Repair, ruptured musculotendinous cuff, chronic - 02/24/2016 - RT SHOULDER SCOPE, MINI OPEN RCR

GYN History

GYN History not reviewed (last reviewed 11/08/2016)

Obstetric History

Obstetric History not reviewed (last reviewed 11/08/2016)

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

Screening

None recorded.

HPI

Shoulder7388

Reported by patient.

Hand Dominance: right

Quality: no change; pain is bad in the morning and at the end of the day--limited ROM

Severity: moderate; pain level 5/10

Alleviating Factors: rest; OTC medication (Tylenol); NSAIDs

Aggravating Factors: ROM

Prior Imaging: no recent studies

Previous PT: makes the pain in the shoulder worse

Work Related: yes

Working: modified duty

Notes: Here today for F/U of Right Shoulder.---Last seen 10 months ago----Translator present today as well as a friend--still in pain also having going down the R/side of her neck--with numbness and tingling radiating down her arm to her fingers

Chief complaint: Pain right shoulder

History of present illness: Patient is 2 years post work-related injury right shoulder. Ultimately she went on to a right rotator cuff repair. She is one year post maximum medical improvement. We had placed her on permanent limited duty and her employer did keep her on the job. She takes occasional Tylenol for pain. Pain when she is working and pain at night.

ROS

Patient reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. 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 abnormal mole, 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, 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.

Additionally reports:

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. Cervical spine x-rays showed loss of the cervical lordosis and ultimate MRI of the cervical spine showed minimal changes at one level.

Physical Exam

Patient is a 34-year-old female.

Physical exam shows good active assisted flexion and extension in both shoulders. Right is tight at about 85° of abduction (a slight improvement from 1 year ago). Pain but no crepitus with circumduction.

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)
Assessment / Plan

X-rays show the bone anchor in good position. No gross secondary changes in the glenohumeral joint.

We think this is primarily a subacromial bursitis. Patient is reluctant to take a lot of anti-inflammatory medicines so we are injecting the area today with some Xylocaine, Marcaine and 40 mg of Depo-Medrol and we will keep her out of work tomorrow and let go come back to work in 48 hours. Continuing with the work limitations that we had placed one year ago. For this we will followup in about 6 weeks and see her she is doing.

1. Shoulder pain

M25.511: Pain in right shoulder

- DOLOR EN EL HOMBRO: INSTRUCCIONES DE CUIDADO - (SHOULDER PAIN: CARE INSTRUCTIONS)
- XR, SHOULDER

Side:

RIGHT

- lidocaine 10 mg/mL (1 %) injection solution - Take 1 mL by injection route. Administered Lot #: 73315dk Route:
- Injection Site: Right Shoulder Exp Date: 01/01/2019 Administer Qty: 1 mL
- Depo-Medrol 40 mg/mL suspension for injection - Take 1 mL by injection route. Administered Lot #: s85033 Route:
- Injection Site: Right Shoulder Exp Date: 01/01/2020 Administer Qty: 1 mL
- bupivacaine 0.5 % (5 mg/mL) injection solution - Take 1 mL by injection route. Administered Lot #: 74305dk Route:
- Injection Site: Right Shoulder Exp Date: 02/01/2019 Administer Qty: 1 mL
- 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 (XX) Return to Modified Duty 09/22/17

() Sedentary Duty<10lbs w/ lifting () Off work

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

(XX) Right Shoulder Pain () L () B

Climbing:(XX) Never () Occasional () Frequent

Standing, Walking: () Never () Occasional () Frequent

Overhead Work: (XX) Never--Right arm () Occasional () Frequent

Driving: () Yes () No

Alternate between sit/stand: ()

Comments: Limited use of Right arm

MMI: () Yes () 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

XR, SHOULDER

- Side: RIGHT

GH and AC joints OK. Bone anchor in position.

Return to Office

- James J. McCoy, MD for RECHECK 10 at LCO Tricom on 11/01/2017 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by James J. McCoy, MD, 09/20/2017.

Encounter performed and documented by James J. McCoy, MD

Encounter reviewed & signed by James J. McCoy, MD on 09/20/2017 at 8:41pm

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 982)

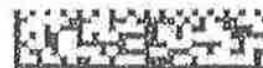
Admin Documents

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: 11/28/1982)



Arco Healthcare
2357 Dunlap Street
CHARLESTON, SC 29406-9171
Phone: (843) 797-6030, Fax: (843) 797-3633

RODRIGUEZ-GALVIN, ANA 11/28/82 #2156701



* 91493521w7368 Admin

Return to Work / School

Patient: RODRIGUEZ-GALVIN, ANA
DOB: 11/28/1982
Address: 2357 DUNLAP ST/LOT 36
NORTH CHARLESTON, SC 29406-4104

Date: 09/20/2017
Patient ID: 2156701

Note to Patient:

- ☒ Was Seen in my office on: 9-20-17
- ☒ 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: _____

R

11/1/2017 -
Dr. McCoy

Encounter performed and documented by James J. McCoy, MD
Encounter reviewed & signed by James J. McCoy, MD on 12/27/2017 at 7:35pm

Encounter Date: 11/01/2017

Patient

Name RODRIGUEZ-GALVIN, ANA (34yo, F) ID# 2156701 Appt. Date/Time 11/01/2017 08:30AM

DOB [REDACTED] 82 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, MD

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

Med Worker's Comp: ONE CALL CARE MANAGEMENT

Employer Name: GRIFFIN STAFFORD

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

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, MD: 3510 N HWY 17, STE 320, MOUNT PLEASANT, SC 29466, Ph (843) 971-3361, Fax (843) 606-8003

Referring Provider (Worker's Comp): MCCOY, JAMES J: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

Patient's Pharmacies

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

Vitals

Ht: 5 ft 5 in 11/01/2017
08:44 am

Wt: 151 lbs 11/01/2017
08:45 am

BMI: 25.1 11/01/2017 08:45
am

BP: 119/73 sitting
11/01/2017 08:46 am

Pulse: 68 bpm 11/01/2017
08:46 am

Pain Scale: 7 11/01/2017 08:49 am

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

bupivacaine 0.5 % (5 mg/mL) injection solution

09/20/17 administered

252

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

HPI

Shoulder7388

Reported by patient.

Hand Dominance: right

Quality: worsening; pain is bad in the morning and at the end of the day--limited ROM

Severity: severe; pain level 7/10

Alleviating Factors: rest; OTC medication (Tylenol); NSAIDs

Aggravating Factors: ROM

Prior Imaging: no recent studies

Previous Injections: did not help

Previous PT: makes the pain in the shoulder worse

Work Related: yes

Working: modified duty

Notes: Here today for F/U of Right Shoulder.--having increased pain in the neck and shoulder area---translator is present today--Angela

Chief complaint: Pain right shoulder

History of present illness: Patient is 6 weeks post injection right shoulder. She did not see improvement and in fact she thinks it may have been more painful afterwards. Patient is 19 months post rotator cuff repair. Early on we had nerve conduction study and MRI of the cervical spine but these did not lead us to believe there was any severe nerve involvement or issues with the cervical spine.

ROS

Patient reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities; 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 abnormal mole, 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, 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.

Additionally reports:

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. Cervical spine x-rays showed loss of the cervical lordosis and ultimate MRI of the cervical spine showed minimal changes at one level.

Physical Exam

Patient is a 34-year-old female.

Physical exam shows the patient has maintained good active assisted range of motion in both shoulders.

Assessment / Plan

Even though there is no history of new injury we have to be suspicious of the possibility of a new rotator cuff tear we think a new MRI scan of the shoulder would be appropriate. We will keep her on her limited duty restrictions. We will reevaluate after the scan.

4. Shoulder pain

M25.511: Pain in right shoulder

• DOLOR EN EL HOMBRO: INSTRUCCIONES DE CUIDADO - [SHOULDER PAIN: CARE INSTRUCTIONS]

• MRI, SHOULDER, W/O CONTRAST - Note to Imaging Facility: patient 19 months post right rotator cuff repair, Renewed pain. Unresponsive to rest and injection. Suspect new tear rotator cuff.

Side:

RIGHT

• WORK STATUS REPORT -

Note to Provider:

LCO Workcomp Dep Fax Number: 843-793-5442

Date of Injury: 10/09/2015

Next Follow up appt:

12/27/2017 -
Dr. McCoy

Encounter performed and documented by James J. McCoy, MD
Encounter reviewed & signed by James J. McCoy, MD on 03/29/2018 at 11:34pm
Encounter Date: 12/27/2017

Patient

Name RODRIGUEZ-GALVIN, ANA (35yo, F) ID# 2156701 Appt. Date/Time 12/27/2017 08:30AM

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, MD
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
Med Worker's Comp: ONE CALL CARE MANAGEMENT
Employer Name : GRIFFIN STAFFORD
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: Shoulder pain

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, MD: 3510 N HWY 17, STE 320, MOUNT PLEASANT, SC 29466, Ph (843) 971-3361, Fax (843) 606-8003
Referring Provider (Worker's Comp): MCCOY, JAMES J: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

Patient's Pharmacies

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

Vitals

Ht: 5 ft 5 in 12/27/2017
08:44 am

Wt: 151 lbs 12/27/2017
08:45 am

BMI: 25.1 12/27/2017 08:45
am

BP: 128/85 sitting
12/27/2017 08:45 am

Pulse: 83 bpm 12/27/2017
08:45 am

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

bupivacaine 0.5 % (5 mg/mL) injection solution
Take 1 mL by injection route.

09/20/17 administered 254

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

Internal Note: Select administer box for documentation only

DEPO-Medrol 40 mg/mL suspension for injection

Take 1 mL by injection route.

09/20/17 administered

Internal Note: Select administer box for documentation only

lidocaine 10 mg/mL (1 %) injection solution

Take 1 mL by injection route.

09/20/17 administered

Internal Note: Select administer box for documentation only

Mobic 7.5 mg tablet

Take 1 tablet(s) every day by oral route as needed.

09/28/16 prescribed

Vaccines

Reviewed Vaccines

No Flu shot yet this year

Problems

Reviewed Problems

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

Family History

Reviewed Family History

Non-contributory.

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

Hand Dominance: Right

Employer: Surburan Hotel

Surgical History

Reviewed Surgical History

Other - Tubal Ligation

Repair, ruptured musculotendinous cuff, chronic - 02/24/2016 - RT SHOULDER SCOPE, MINI OPEN RCR

GYN History

GYN History not reviewed (last reviewed 11/08/2016)

Obstetric History

Obstetric History not reviewed (last reviewed 11/08/2016)

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

Screening

None recorded.

HPI

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

Shoulder7388

Reported by patient

Hand Dominance: right

Quality: worsening; pain is bad in the morning and at the end of the day--limited ROM

Severity: severe; pain level 7/10

Alleviating Factors: rest; OTC medication (Tylenol); NSAIDs

Aggravating Factors: ROM

Prior Imaging: no recent studies

Previous Injections: did not help

Previous PT: makes the pain in the shoulder worse

Work Related: yes

Working: modified duty

Notes: WC Pt F/U after Right Shoulder MRI

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

Chief complaint: Pain right shoulder

History of present illness: Patient 26 months post original work-related injury right shoulder. 15 months since maximum medical improvement. Had right rotator cuff surgery 2-24-16. Return to permanent limited duty. Has had some new issues in her right shoulder with discomfort. Unresponsive to injections and physical therapy. Had new MRI.

ROS

Patient reports arthralgias/joint pain but reports no muscle aches, no muscle weakness, no back pain, and no swelling in the extremities; see hip. 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 abnormal mole, 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, 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.

Additionally reports:

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. Cervical spine x-rays showed loss of the cervical lordosis and ultimate MRI of the cervical spine showed minimal changes at one level.

Physical Exam

Patient is a 35-year-old female.

Physical exam shows good active assisted flexion and extension. Right-sided tight at about 80° of abduction.

Assessment / Plan

We reviewed the MRI scan with the patient and the interpreter. We think she has a small new through and through tear as well as some partial interstitial tears.

We discussed the possibility of a new surgical repair. We're going to get a consult for her with one of our surgical colleagues. We'll keep her on limited duty.

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

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)
Encounter Date: 03/29/2018

3/29/2018

Dr. McCoy

Patient

Name

RODRIGUEZ-GALVIN, ANA (35yo, F) ID# 2156701

Appt. Date/Time

03/29/2018 09:40AM

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, MD

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

Med Worker's Comp: ONE CALL CARE MANAGEMENT

Employer Name: GRIFFIN STAFFORD

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: Shoulder pain

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, MD: 3510 N HWY 17, STE 320, MOUNT PLEASANT, SC 29466, Ph (843) 971-3361, Fax (843) 606-8003

Referring Provider (Worker's Comp): MCCOY, JAMES J: 2880 TRICOM STREET, CHARLESTON, SC 29406-9171, Ph (843) 797-5050, Fax (843) 797-3633

Patient's Pharmacies

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

Vitals

Ht: 5 ft 5 in 03/29/2018
09:46 am

Wt: 153 lbs 03/29/2018
09:46 am

BMI: 25.5 03/29/2018 09:46
am

BP: 130/80 sitting
03/29/2018 09:48 am

Pulse: 83 bpm 03/29/2018
09:48 am

Pain Scale: 6 03/29/2018 09:47 am

Pain Scale Type: Numeric 03/29/2018
09:47 am

Allergies

Reviewed Allergies

NKDA

Medications

None recorded.

Vaccines

Reviewed Vaccines

No Flu shot yet this year

Problems

Reviewed Problems

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

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

Family History

Reviewed Family History
Non-contributory.

Social History

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

Surgical History

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

GYN History

GYN History not reviewed (last reviewed 11/08/2016)

Obstetric History

Obstetric History not reviewed (last reviewed 11/08/2016)

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

Screening

None recorded.

HPI

Shoulder7388

Reported by patient.

Hand Dominance: right
Quality: worsening
Severity: severe; pain level 7/10
Alleviating Factors: rest; OTC medication (Tylenol); NSAIDs
Aggravating Factors: lifting; ROM
Associated Symptoms: radiation down arm
Prior Imaging: no recent studies
Previous Injections: did not help
Previous PT: makes the pain in the shoulder worse
Work Related: yes
Working: modified duty
Notes: WC Pt F/U for right shoulder pain. Patient states that the pain is now radiating down her arm.

Chief complaint: Pain right shoulder

History of present illness: Patient 30 months post original work-related injury right shoulder. 18 months since maximum medical improvement. Had right rotator cuff surgery 2-24-16. Return to permanent limited duty. Has had some new issues in her right shoulder with discomfort. Unresponsive to injections and physical therapy. Had new MRI December of last year. It appeared she had some new interstitial and possible through and through tears in the rotator cuff.

ROS

Patient reports arthralgias/joint pain but reports no muscle aches, no muscle weakness, no back pain, and no swelling in the

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

extremities; 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 abnormal mole, 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, 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. Additionally reports:

Physical Exam

Patient is a 35-year-old female.

Physical exam shows the patient has maintained an active assisted flexion and extension in both shoulders. Right shoulder still tight at about 80° of abduction.

Assessment / Plan

Patient did not have a good result from the injection in the right shoulder in September of last year. She continues to have aggravation at home and at the job. We think she is probably looking at a new surgery on her right shoulder. This will probably include debridement and/or repair of rotator cuff tear. We think to a reasonable degree of medical certainty that this situation is directly related to her work injury from 2015. We think she has tried and maxed out the available conservative treatments. We will refer her to one of our surgical colleagues. We will continue to keep her on limited duty.

1. Shoulder pain

M25.511: Pain in right shoulder

- DOLOR EN EL HOMBRO: INSTRUCCIONES DE CUIDADO - (SHOULDER PAIN: CARE INSTRUCTIONS)
- WORK STATUS REPORT -

Note to Provider:

LCO Workcomp Dep Fax Number: 843-793-5442

Date of Injury: 10/9/15

Next Follow up appt: N/A

(XX) Work Related () Not Work Related

() Regular Duty (XX) Modified Duty if available 03/29/18

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

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

(XX) Right Shoulder injury/pain () L () B

Climbing: (XX) Never () Occasional () Frequent

Standing, Walking: () Never () Occasional () Frequent

Overhead Work: (XX) Never--Right Arm () Occasional () Frequent

Driving: () Yes () No

Alternate between sit/stand: ()

Comments: Consult Dr. Schaaf---Limited Use of Right Arm

MMI: () Yes () 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

- ORTHOPEDIC REFERRAL - Schedule Within: provider's discretion Note to Provider: Consult: Dr. Schaaf Please Eval & Treat WC Patient--- DX: R/shoulder pain; RTC Tear

2. Full thickness rotator cuff tear

M75.121: Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)
 MRI, SHOULDER, W/O CONTRAST
 (#11026073, 12/12/2017 12:00am)

arcis

Fax: 843-376-2207

Jan 10 2018 05:47pm

P002/003



SOUTH CAROLINA DIAGNOSTIC IMAGING

Tri-County Radiology North Charleston
 2851 Tricom Boulevard North Charleston, SC 29406
 p: (843) 529-0600 f: (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 3.5 Tesla MRI.

COMPARISON: None.

FINDINGS: Mild primary osteoarthritis (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/

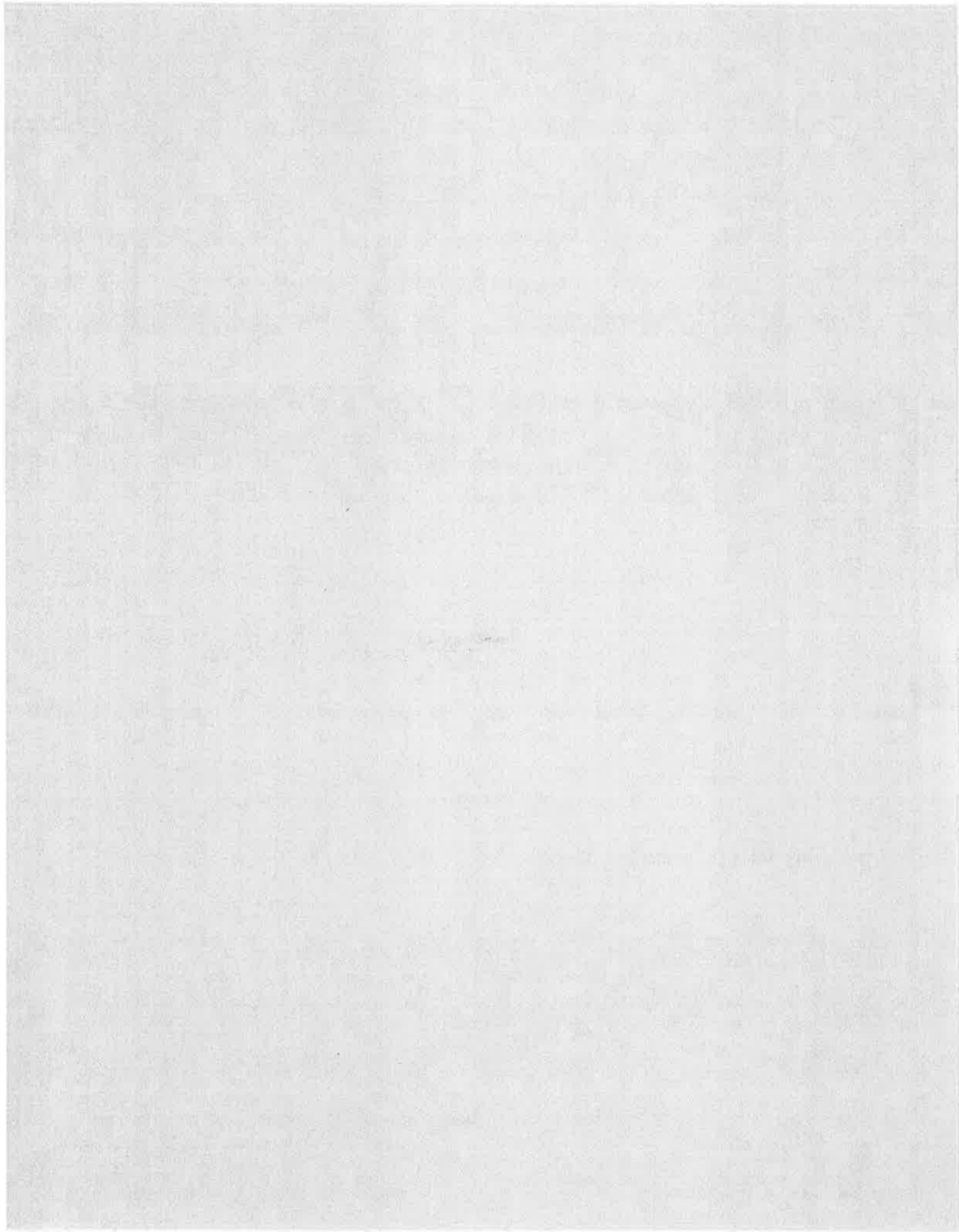
DD: 12/13/2017 04:40 P

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



RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)
 MRI, CERVICAL SPINE, W/O CONTRAST

(#7454205, 08/18/2016 12:00am)

Aug 18 2016 01:40pm

F002/004

Imaging
Specialists

1241 Woodland Avenue Mt. Pleasant, SC 29464 Phone: 843-881-4020 Fax 843-881-7515

PATIENT NAME: ANA RODRIGUEZ GALVAN
 GENDER: Female
 EXAM DATE: 08/18/2016
 MRN: 241155
 DATE OF BIRTH: [REDACTED] 82
 REFERRING DR: MERRELL, MD, CHRISTOPHER
 CC:

CONTRAST: tion contrast

PROCEDURE:
 MRU CERVICAL SPINE W/O CONTRAST

INDICATIONS:
 NECK PAIN

TECHNIQUE:
 The patient was studied on a Siemens Open 3T Verio MRI System at Imaging Specialists of Charleston. Multiple sequences and imaging planes were obtained.

COMPARISON:
 None

FINDINGS:
 Slight straightening of the cervical lordosis, otherwise normal alignment. No acute fractures. The cervical spinal cord is normal in signal and morphology. Visualized portions of the skull base are unremarkable.

C1-2: Evaluated on sagittal views only and appears normal.

C2-3: No significant neuroforaminal or spinal canal narrowing.

C3-4: No significant neuroforaminal or spinal canal narrowing.

C4-5: No significant neuroforaminal or spinal canal narrowing.

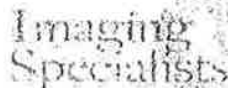
C5-6: Shallow diffuse disc bulge without spinal canal or foraminal stenosis.

This fax was sent with GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>

RODRIGUEZ-GALVIN, ANA (id #2156701, dob: [REDACTED] 1982)

Aug 18 2015 01:43pm

P003/004

Imaging
Specialists

1241 Woodland Avenue Mt. Pleasant, SC 29464 Phone: 843-881-4020 Fax 843-881-7515

PATIENT NAME: ANA RODRIGUEZ GALVAN
GENDER: Female
EXAM DATE: 08/18/2016
MRN: 241155
DATE OF BIRTH: [REDACTED] 1982
REFERRING DR: MERRELL, MD; CHRISTOPHER
CC:

CONTRAST: non contrast

C6-7: No significant neuroforaminal or spinal canal narrowing.

C7-T1: No significant neuroforaminal or spinal canal narrowing.

CONCLUSION:

Minimal degenerative disc disease at C5/6, otherwise unremarkable cervical spine MRI.


Christopher Moses, MD

08/18/2016 08:22 AM

This fax was sent with GFI FaxMaker fax server. For more information, visit: <http://www.gfi.com>

South Carolina Workers Compensation Commission (/cvs/?
ref=https:%2F%2Fwcc.sc.gov%2Finsurance-and-medical-
services%2Fverify-coverage)



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

9/20/17

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

Employer Locations

Showing 1 Employer(s)

Griffin Stafford North Charleston Llc



7582 Stafford Rd

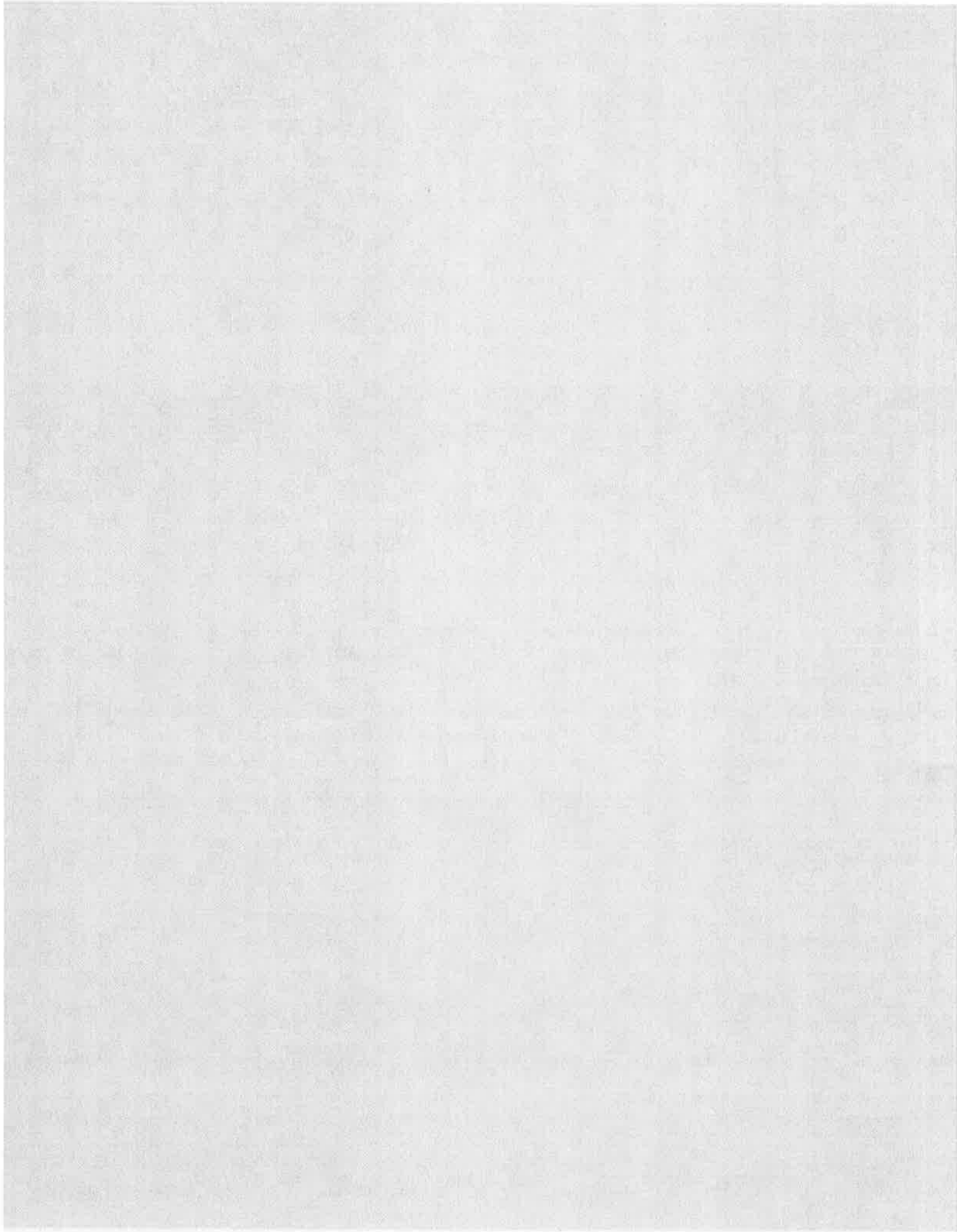
North Charleston, SC 29406-4018

Map



<https://www.ewccv.com/cvs/details?ref=https:%2F%2Fwcc.sc.gov%2Finsurance-and-med...> 12/6/2018 2:63





South Carolina Workers Compensation Commission (/cvs/?
ref=https:%2F%2Fwcc.sc.gov%2Finsurance-and-medical-
services%2Fverify-coverage)



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

12/12/17

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

Employer Locations Filter

Showing 1 Employer(s)

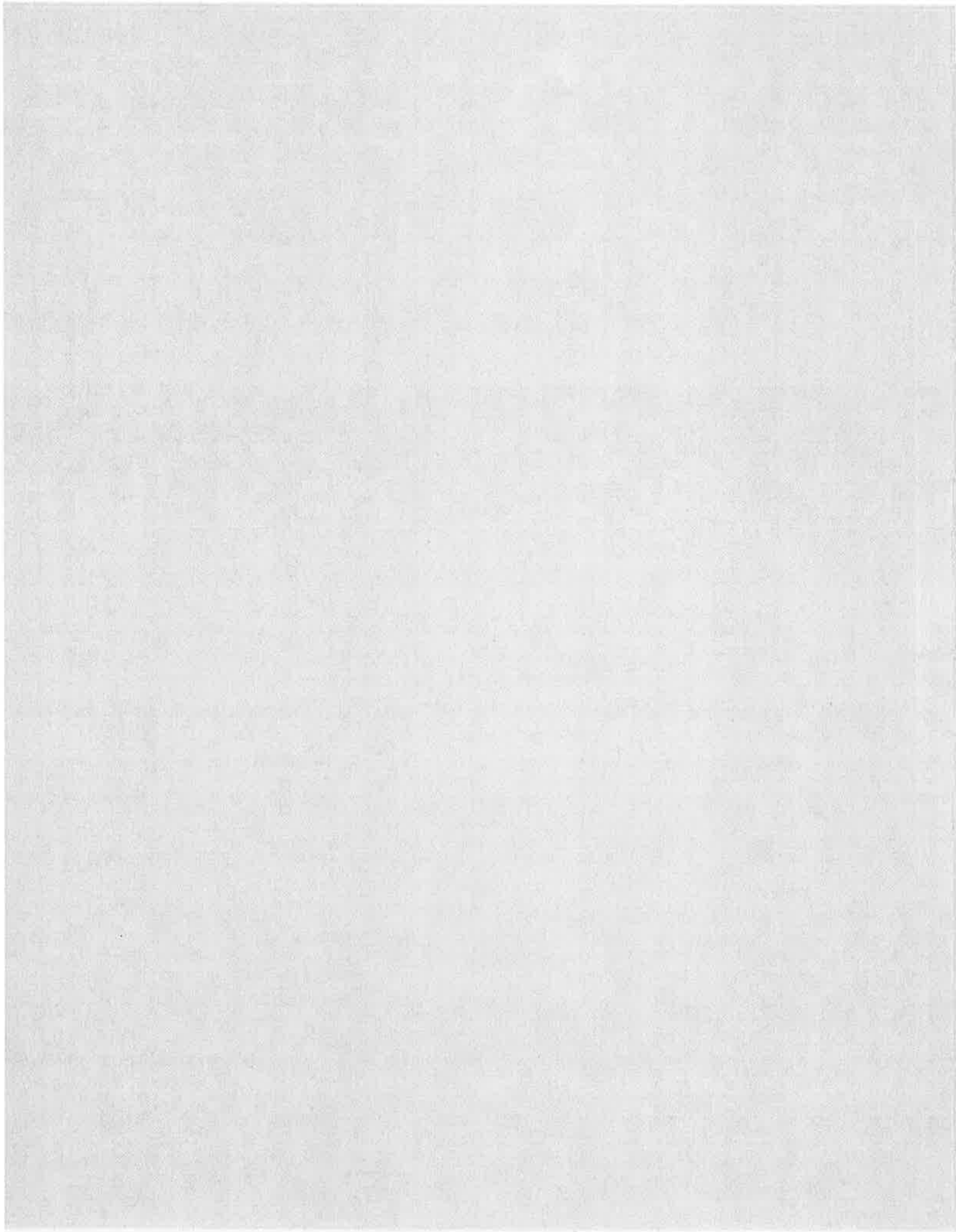
Griffin Stafford North Charleston Llc 

7582 Stafford Rd

North Charleston, SC 29406-4018

 Map





(Policy Provisions: WC000000C)

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: The Hartford Accident and Indemnity Insurance Company
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number:
Company Code: 5

10448

POLICY NUMBER:
Previous Policy Number:

22 WEC AB3S1R
New

Suffix
LARS RENEWAL

1. **Named Insured and Mailing Address:** (No., Street, Town, State, Zip Code) GRIFFIN STAFFORD OF NORTH CHARLESTON LLC
124 FLOYD SMITH OFFICE PARK DR STE 150
CHARLOTTE NC 28262

FEIN Number: 20-8021863

State Identification Number(s):

The Named Insured is: LLC
Business of Named Insured: Hotels (except Casino Hotels) and Motels
Other workplaces not shown above: 7582 Stafford Rd
Charleston SC 29406

2. **Policy Period:** From 04/01/18 To 04/01/19 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: BB&T WOODBURY
1111 MILITARY CUTOFF RD 221
WILMINGTON NC 28405

Producer's Code: 22270418
Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(877) 853-2582

Total Estimated Annual Premium:

Deposit Premium:

Policy Minimum Premium:

Audit Period: ANNUAL

Installment Term:

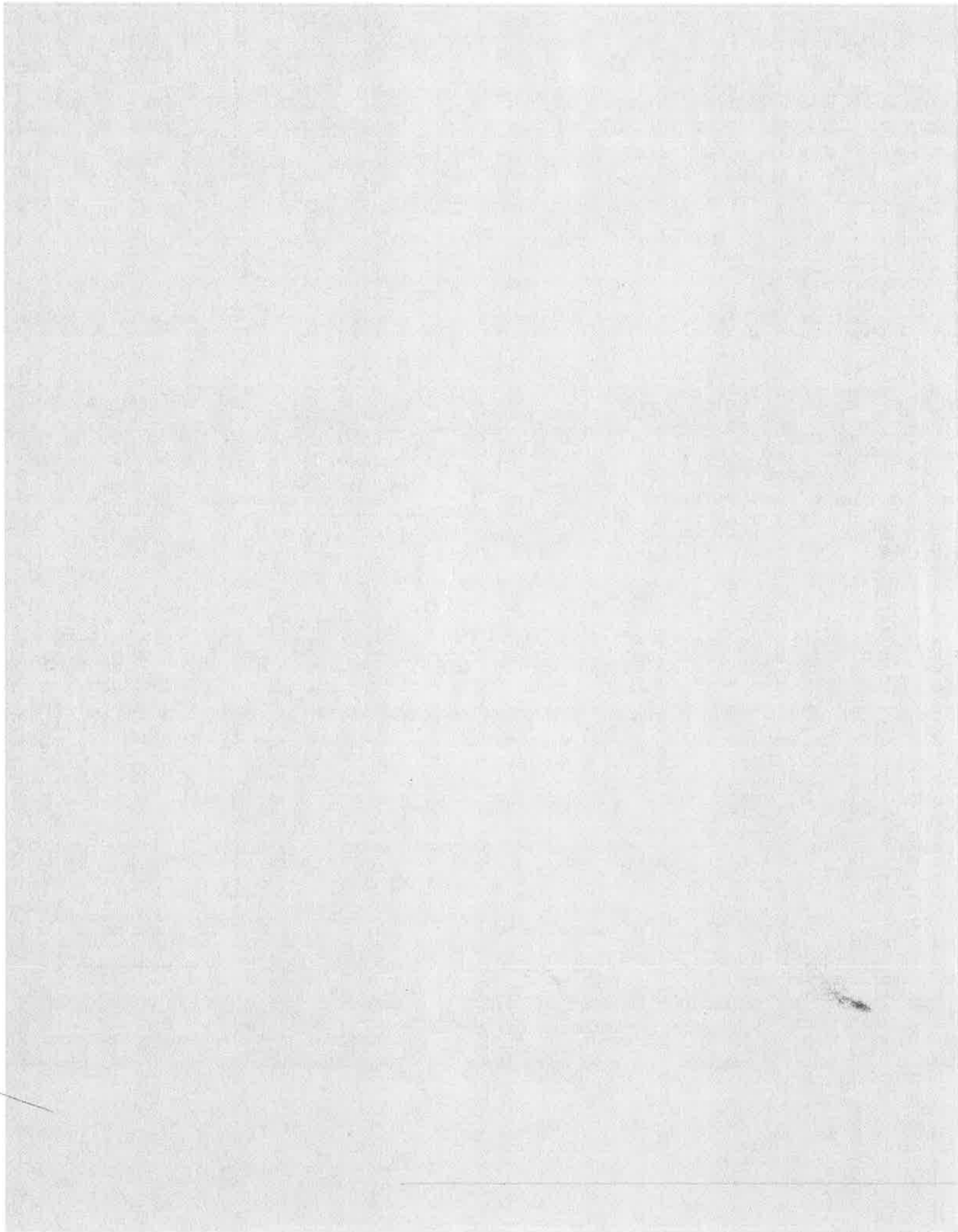
The policy is not binding unless countersigned by our authorized representative.

Countersigned by *Summer S. Carter, Jr.*
Authorized Representative

04/04/18
Date

Form WC 00 00 01 A (1) Printed in U.S.A.
Process Date: 04/04/18

Page 1 (Continued on next page)
Policy Expiration Date: 04/01/19





Claimant's Name: Ana Rodriguez Galvan Employer's Name: Griffin Stafford N. Charleston
Address: 2357 Dunlap Street, Lot #36 Address: 7582 Stafford Street
City: North Charleston State: SC Zip: 29406 City: North Charleston State: SC Zip: 29406
Home Phone: (843) 343-1229 Work Phone: Insurance Carrier: Hartford Accident & Indemnity Company
Preparer's Name: Lynnley Ross Preparer's Phone #: 843.259.1649

Date of Injury: 10/9/2015
month day year

A. Total Wages Paid

1. Check Applicable Method:
- ☐ Report of earnings of injured employee based on four completed quarters.
 - ☒ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
 - ☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date:
 - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).
2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1 st	Dec. 2014	3015.01
2nd	March 2015	3353.59
3rd	June 2015	2528.68
4th		

Total Paid 2. 8897.28

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3.
4. Add lines 2 and 3. **TOTAL WAGES PAID:** 4. 8897.28
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 39

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5). **AVERAGE WEEKLY WAGE:** 6. 228.14

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7.
8. The compensation rate is as follows (choose one):
- ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
 - ☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
 - ☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
 - ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8.
 - ☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. \$ 151.10

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WOOD LAW GROUP, LLC
ATTORNEYS AT LAW
ONE WESLEY DRIVE
CHARLESTON, SOUTH CAROLINA 29407
(843) 577-5732 FAX (843) 577-4326

J. HUBERT WOOD, III

KATHRYN F. WALTON*
MATTHEW J. FULTZ*

April 12, 2019

REPLY TO
P.O. Box 20550
CHARLESTON, SOUTH CAROLINA 29413

*MEDICARE SET-ASIDE CERTIFIED CONSULTANT
*S.C. CERTIFIED MEDIATOR

Via Certified Mail

7018 2290 0002 1359 4023

Commissioner T. Scott Beck
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Re: Ana Rodriguez Galvan v. Griffin Stafford N. Charleston
W.C.C. File No.: 1515209
Carrier File No.: 2015279729
Date of Accident: October 9, 2015

Dear Commissioner Beck:

Enclosed please find the Pre-Hearing Brief on behalf of Griffin Stafford and Employers Preferred Insurance Company with regard to the above-named matter which is scheduled for a hearing on April 23, 2019.

By Proof of Service to all interested parties, I am notifying them that I have submitted the Brief and I am providing them with copies of the medicals and documents which will be submitted at the time of the hearing to be made a part of the record in the case under the Administrative Procedures Act.

Very truly yours,



Kathryn Fiehrer Walton

KFW/cb
Enclosure

cc: Ms. Terri Lampton (via e-mail only) (w/encl.)
Michael J. Jordan, Esquire (w/encl.)
Claims Mail (via email only) (w/o encl.)
Lynnley D. Ross, Esquire (w/encl.)
Regan A. Cobb, Esquire (w/encl.)



Claimant's Name: Ana Rodriguez Galvan Employer's Name: Griffin Stafford N. Charleston
Address: 2357 Dunlap St., Lot #36 Address: 124 Floyd Smith Dr., Suite 150
City: N. Charleston, SC 29406 State: SC Zip: 29406 City: Charlotte, NC 28262 State: NC Zip: 28262
Home Phone: () - Work Phone: () - Carrier: Employers Preferred Insurance Company
Preparer's Name: Kathryn Fiehrer Walton Preparer's Phone #: (843) 577-5732

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): Claimant sustained a right shoulder injury on October 9, 2015 with subsequent mini rotator cuff repair by Dr. McCoy. Claimant now has a new right shoulder rotator cuff tear in a different location.
4. Facts in controversy: Whether Defendant Employers Preferred Insurance Company is entitled to a credit for overpayment of temporary disability benefits after the Claimant returned to work on August 15, 2016 prior to the suspension of benefits on August 23, 2016; whether Claimant's current right shoulder rotator cuff tear is compensable and, if so, which carrier is responsible for providing further benefits; whether Claimant is entitled to further benefits as a result of the October 9, 2015 injury and whether Employers Preferred Insurance Company shall be released.
5. Legal issues involved: Compensability and causal connection issues regarding the extent of Claimant's injuries pursuant to §42-1-160; Claimant's entitlement to further medical benefits pursuant to §42-15-60; Defendant Employers Preferred Insurance Company's entitlement to credit for overpayment of temporary disability compensation pursuant to §42-9-210; *Geathers v. 3V, Inc.*, 371 S.C. 570, 631 SE2d 29 (2007) and *Shuler v. Gregory*, 366 S.C. 435, 622 SE2d 569 (Ct. App. 2005).
6. Unusual aspects: see attached
7. Witnesses (designate if expert):* Dr. James McCoy* via depositions on April 12, 2018 and April 4, 2019 only.
8. Exhibits: See attached Notice of Submissions and Submissions by other parties.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See attached Notice of Submissions and Submissions by other parties.
10. Name, address, and specialty, if any, of the treating physician: Dr. James McCoy, Lowcountry Orthopaedic and Sports Medicine; second opinion provided by Employers pursuant to the Claimant's request with Dr. Bright McConnell on April 24, 2017. Claimant sought IMEs with Dr. Robert Richardson on October 25, 2016 and Dr. George Pappas on February 15, 2019. Accident Fund provided IME by Dr. Richard Friedman on December 18, 2018.
11. Impairment rating(s); body part(s); physician and date of opinion: 15% to the right shoulder per Dr. McCoy on September 28, 2016 and February 9, 2017.
12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to See attached Address See attached on the 12th 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: Kathryn Fiehrer Walton Email: kate@woodgroupllc.com
Date of hearing: April 23, 2019 Time needed for hearing: 1.5 hours

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.

6. Unusual Aspects: Claimant had an admitted injury on October 9, 2015 while working for Griffin Stafford N. Charleston while it was insured by Employers Preferred Insurance Company (hereinafter "Employers"). Employers authorized evaluations and diagnostics of the right wrist and cervical spine for diagnostic purposes only due to Claimant's complaints and the physician recommendations. The right shoulder is the only admitted body part. Dr. McCoy opined that Claimant reached MMI on September 28, 2016 with a 15% impairment to the right shoulder, no other affected body parts, permanent light duty restrictions and anticipated future medical to include occasional injection of the right shoulder and anti-inflammatory medications periodically (Employers APA pg. 390). A hearing was scheduled for March 9, 2017 and the Claimant requested a 2nd opinion. Employers agreed to authorize the 2nd opinion which was performed by Dr. Bright McConnell on April 14, 2017. Dr. McConnell agreed that Claimant was at MMI for her October 9, 2015 injury (Claimant APA pg. 103).

Regarding the hand, on April 21, 2016 Dr. McCoy indicated that Claimant's hand numbness complaints started in January of 2016 and are a bit of a puzzle (Claimant APA pg. 25). After diagnostics and evaluation, on November 8, 2016 Dr. Santiago referenced Claimant was tolerating regular duty without any major difficulty, can continue without permanent restrictions, does not need any future medical and does not have any impairment for her hand (Hartford APA pg. 246).

In regards to the cervical spine, Dr. McConnell agreed that the MRI was relatively normal (APA pg. 101). The May 12, 2016 EMG was a normal study which did not reveal evidence of any other focal nerve entrapment, generalized peripheral neuropathy or cervical radiculopathy in the right upper limb (Claimant's APA pg. 12-13). Dr. McCoy testified on April 12, 2018 that the cervical MRI did not reveal any findings to explain Claimant's ongoing symptoms (APA pg. 353). Further, when Claimant returned to Dr. McCoy on November 1, 2017, Dr. McCoy referenced that "early on we had a nerve conduction study and MRI of the cervical spine but these did not lead us to believe there was any severe nerve involvement or issues with the cervical spine" (Hartford APA pg. 253). According to Dr. Friedman, the Claimant did not have a neck injury as a result of the October 9, 2015 accident to a reasonable degree of medical certainty (Accident Fund APA pg. 388).

After a 51 week lapse in treatment, the Claimant returned to Dr. McCoy. During the November 1, 2017 visit, Dr. McCoy stated "even though there is no history of new injury we have to be suspicious of the possibility of a new rotator cuff tear we think a new MRI scan of the shoulder would be appropriate" (Hartford APA pg. 253). Employers authorized the MRI which was completed on December 12, 2017 (Hartford APA pg. 260).

During his deposition on April 12, 2018, Dr. McCoy testified that he compared the November 2, 2015 right shoulder MRI and the December 12, 2017 MRI twice to confirm that Claimant has a new rotator cuff tear that was not present on the first MRI or at the time of surgery for the first rotator cuff tear (Transcript pgs. 16, 17, and 32). Further, he confirmed the first rotator cuff tear that was surgically repaired remained intact on the December 12, 2017 MRI (Transcript pg. 18). Dr. McCoy classified the findings on the December 12, 2017 MRI as a worsening of Claimant's

condition (Transcript pg. 19). Due to the fresh edges and no retraction of the muscle, Dr. McCoy testified that the acute new tear likely occurred 2-3 months prior to the December 12, 2017 MRI (Transcript pgs. 20-21). As to the mechanism of injury for the new tear, Dr. McCoy testified that it could have occurred due to repetitive type work or something such as pulling on a stuck door (Transcript pgs. 18 and 26). Regardless, Dr. McCoy testified that the current tear is not a reoccurrence of the October 9, 2015 injury but is an entirely new finding (Transcript pg. 33) that either resulted from an acute incident or repetitive activities (Transcript pgs. 34-35). 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 (Transcript pg. 16, line 10- pg. 19, line 15).

The Claimant submitted an IME report from Dr. George Pappas following a February 15, 2019 evaluation. Dr. Pappas opined that "the appropriate next step would be diagnostic arthroscopy with possible intra-articular surgery, subacrominal decompression, bursectomy followed by rotator cuff debridement vs repair, and possible removal of metal screw." Dr. McCoy performed x-rays on September 20, 2017 when the Claimant returned after a year lapse in treatment and he confirmed that the bone anchor is in position (Hartford APA pg. 250). During his April 4, 2019 deposition, Dr. McCoy reviewed the actual x-ray films of the bone anchor as well as the photograph of the film taken by Dr. Pappas. According to Dr. McCoy, the bone anchor is in good position; is not the source of the Claimant's need for treatment; and it would basically need to come out of the bone to cause a problem (Citations submitted upon receipt of transcript).

Employers respectfully requests to be released due to Claimant having a worsening of her right shoulder condition after the admitted October 9, 2015 right shoulder injury prior to the payment of any permanent disability compensation based on Geathers. Alternatively, Employers asserts any permanency award as a result of the October 9, 2015 injury should be contained to the 15% permanent impairment rating as the Claimant returned to work earning more than prior to the October 9, 2015 injury. If Claimant is entitled to permanent disability for the October 9, 2015 claim, Employers requests a credit for overpayment of TTD benefits after Claimant returned to work on August 15, 2016 prior to the suspension of TTD on August 23, 2016. Employers has no objection to the release of Hartford as requested.

STATE OF SOUTH CAROLINA	)	BEFORE THE
	)	SOUTH CAROLINA
COUNTY OF CHARLESTON	)	WORKERS' COMPENSATION COMMISSION
	)	
Ana Rodriguez Galvan,	)	W.C.C. FILE NO.: 1515209
	)	
Employee/Claimant,	)	
	)	
-vs-	)	NOTICE OF WITNESSES AND
	)	WRITTEN MEDICAL REPORTS
	)	TO BE INTRODUCED AS DIRECT
Griffin Stafford N. Charleston,	)	EVIDENCE
	)	
Employer, and	)	
	)	
Employers Preferred Insurance	)	
Company,	)	
	)	
Carrier,	)	
	)	
Defendants.	)	

TO: Michael J. Jordan, Esquire, Lynnley D. Ross, Regan A. Cobb, Esquire and South Carolina Worker's Compensation Commission:

YOU ARE HEREBY NOTIFIED THAT Kathryn Fiehrer Walton, pursuant to the provisions of the South Carolina Workers' Compensation Act and S. C. Code §1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Defendants; to wit:

<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>NUMBER OF PAGES</u>
18. Dr. James McCoy F14B	02/09/17	Page 390
19. Employee Status Sheet	08/29/16	Page 391

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians-others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

Dr. James McCoy (via deposition)



Kathryn Fiehrer Walton
Attorney for Defendants

Dated: April 12, 2019

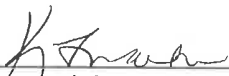
PROOF OF SERVICE

I hereby certify that on this 12th day of April 2019, I served the foregoing Claimant, Ana Rodriguez Galvan, with copies of the attached Pre-hearing Brief, Notice of Witnesses and Written Medical and attached records which are being submitted to be made a part of the record in the case under the Administrative Procedures Act, by having mailed 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



Kathryn Fiehrer Walton
Attorney for Defendants

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 Employer's Name: Suburban Extended Stay Hotel
Physician's Name: James McCoy Insurance Carrier: Employers Insurance Group
Practice/Clinic: Lowcountry Orthopaedics & Sports Medicine/Arcis SCWCC File No: _____
Preparer's Name: Maria Barrientos 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? ☒ 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:

☒ 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? ☒ 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 ☒ 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: ☒ 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.

Treating or Evaluating Physician

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

WCC Form # 14B
12/2016

14B

Physician's Statement



BY CHOICE HOTELS

NORTH CHARLESTON, SOUTH CAROLINA

Employee Change Status Sheet

CHANGE EFFECTIVE DATE:		8-29-2016	
Personal Information	Rodriguez-Galvan		Ana
	Last	First	M.I.
	1990 Hawthorne Drive Lot 219		
	Street Address		Apt./Unit #
	North Charleston		SC 29406
	City		State Zip Code
	843-343-1229		
	Home Phone Number		Alternate Phone Number
Job Information	Change to Full Time		Change to Part Time
	Room Attendant		Housekeeping Supervisor
	Old Position/Job Title		New Position/Job Title
	Old Position Code		New Position Code
	New Department		New Supervisor
	New Department		New Supervisor
Pay Information	Hourly	10.00	9.75
		New Hourly Rate	Old Hourly Rate
	☐ Salaried	New Annual Salary	Old Annual Salary
	Reason for Pay Change: pay review based on performance		
	☐ Merit Based ☒ Job Title Change ☐ Annual Review		
Approvals	Elnora D. Gathers	8/29/16	Garrett Jenio 8/29/16
	Department Manager Signature & Date		General Manager Signature & Date

391



Claimant's Name: Ana Rodriguez Galvan SSN: [REDACTED] Employer's Name: Griffin Stafford N. Charleston
Address: 2357 Dunlap St., Lot #36 Address: 124 Floyd Smith Dr., Suite 150
City: N. Charleston, SC 29406 State: SC Zip: 29406 City: Charlotte, NC 28262 State: NC Zip: 28262
Home Phone: () - Work Phone: () - Insurance Carrier: Employers
Preparer's Name: Kathryn Fiehrer Walton Law Firm: Wood Law Group, LLC Preparer's Phone #: (843) 577 - 5732

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: October 9, 2015
Griffin Stafford N. Charleston &
Employers Preferred Ins. Co.

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

Please see attached.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☒ **Mediation**

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Michael J. Jordan, Esquire et al (see attached Proof of Service)

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

Kathryn Fiehrer Walton
Preparer's Signature

Attorney for Defendants Griffin Stafford
N. Charleston and Employers Preferred Ins. Co.
Title

kate@woodgroupllc.com
Email

8/30/19
Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

Attachment to Form 30

Ana Rodriguez Galvan v. Griffin Stafford N. Charleston

WCC File No.: 1515209

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 Ann. 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 Claimant's Form 58 Pre-Hearing Brief in accordance with Morgan v. JPS Auto., 321 SC 201, 476 S.E.2d 457 (Ct. App. 1996)?
2. Did the 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 the 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 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 the 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 Defendants shall be entitled to select a treating physician if the previous authorized treating physician has retired from providing a portion of medical treatment?

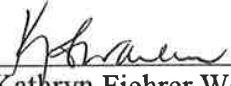
CERTIFICATE OF SERVICE

I hereby certify that on this 30th day of August, 2019, I served the foregoing parties with a copy of the attached Form 30, Request for Commission Review, which was forwarded to the South Carolina Workers' Compensation Commission, 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
Wilson 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



Kathryn Fiehrer Walton
Attorney for Defendants

Charleston, South Carolina

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED

JUN 02 2021

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

SC Court of Appeals

WCC File No. 1515209

Court of Appeals Case No. _____

Ana Rodriguez Galvan.....Claimant/Respondent,

v.

Griffin Stafford North Charleston, Employer, and

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

Employers Preferred Insurance Company.....Carrier/Appellant.

NOTICE OF APPEAL

Griffin Stafford North Charleston and Employers Preferred Insurance Company appeal the Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission dated May 4, 2021.


Kathryn F. Walton, Esquire
Wood Law Group, LLC
P.O. Box 20550
Charleston, South Carolina 29413
(843) 577-5732
Attorney for Appellants Griffin Stafford North
Charleston and Employers Preferred Insurance
Company

Other Counsel of Record:

Michael J. Jordan, Esquire
P.O. Box 1028
Goose Creek, SC 29445
(843) 572-0700
Attorney for Employee/Claimant/Respondent

Lynnley D. Ross, Esquire
421 Wando Park Blvd. Suite 100
Mt. Pleasant, SC 29464
(843) 284-1099
Attorney for Respondent Griffin Stafford
North Charleston and Hartford Accident &
Indemnity Company

Regan A. Cobb, Esquire
945 Houston Northcutt Blvd.
Mt. Pleasant, SC 29468
(843) 278-0100
Attorney for Respondent Griffin Stafford
North Charleston and Accident Fund General
Insurance Company c/o Accident Fund Ins.
Co. of America

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED

JUN 02 2021

SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1515209

Court of Appeals Case No. _____

Ana Rodriguez Galvan.....Claimant/Respondent,

v.

Griffin Stafford North Charleston, Employer, and

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

Employers Preferred Insurance Company.....Carrier/Appellant.

PROOF OF SERVICE

I certify that I have served the Notice of Appeal on the Respondents and the South Carolina Workers' Compensation Commission by depositing a copy of the same in the United States Mail, postage prepaid on May 28, 2021 addressed as follows:

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

Lynnley D. Ross, Esquire
421 Wando Park Blvd. Suite 100
Mt. Pleasant, SC 29464

Regan A. Cobb, Esquire
945 Houston Northcutt Blvd.
Mt. Pleasant, SC 29468

Amy Bracy, Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715


Kathryn F. Walton, Esquire
Wood Law Group, LLC
P.O. Box 20550
Charleston, South Carolina 29413
(843) 577-5732
South Carolina Bar No. 75639
Attorney for Appellants Griffin Stafford
North Charleston and Employers Preferred
Insurance Company

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 1515209

Ana Rodriguez Galvan,	)	
	)	
Employee/Claimant,	)	
	)	
-vs-	)	
	)	
Griffin Stafford N. Charleston,	)	DEFENDANTS' APPELLANT
	)	BRIEF TO FULL COMMISSION
Employer, and	)	
	)	
Employers Preferred Insurance	)	
Company, Hartford Accident and	)	
Indemnity Company and Accident	)	
Fund General Insurance Company,	)	
	)	
Carriers,	)	
	)	
Defendants.	)	
	)	

To: South Carolina Workers' Compensation Commission; Michael J. Jordan, Esquire, Attorney for the Employee/Claimant; Lynnley D. Ross, Esquire, Attorney for Hartford Accident and Indemnity Company; and Reagan Cobb, Esquire, Attorney for Accident Fund General Insurance Company.

Defendants Griffin Stafford N. Charleston and Employers Preferred Insurance Company (herein after referred to as "Employers Insurance") respectfully request the Appellate Panel of the South Carolina Workers' Compensation Commission (herein after referred to as "Full Commission") reverse the Decision and Order of the Single Commissioner filed on August 20, 2019 to the extent that such finds that Employers Insurance is responsible for providing the Claimant with ongoing medical care for her right shoulder. Defendant Employers Insurance contends that the greater weight of the

evidence and applicable law supports that the Claimant reached maximum medical improvement for her October 9, 2015 right shoulder injury and that the Claimant's current need for treatment regarding her right shoulder emanates from either a subsequent injury or repetitive trauma that occurred after the Claimant reached maximum medical improvement.

STATEMENT OF CASE

This matter came before the Single Commissioner pursuant to the Claimant's Form 50 and the Forms 51 filed by all Defendants. The Claimant asserted that she is entitled to additional medical treatment including surgery recommended by Dr. McCoy and Dr. Pappas. The Claimant maintained that the recommended surgery is necessary related to her original October 9, 2015 injury and that Employers Insurance would have the burden of demonstrating a new injury. The Claimant further requested to hold the compensability of her neck in abeyance pending a surgical outcome regarding her right shoulder and also requested to hold permanency in abeyance as well.

Employers Insurance asserted that the Claimant reached maximum medical improvement for her October 9, 2015 injury by September 28, 2016 based on the opinion of the authorized treating physician, Dr. James McCoy. Employers Insurance denied responsibility for the Claimant's further medical treatment after the date she reached maximum medical improvement ("MMI") due to the aggravation of her right shoulder condition. Employers Insurance denied responsibility for providing the Claimant with shoulder surgery to repair a rotator cuff tear identified by Dr. McCoy pursuant to a December 12, 2017 MRI as Dr. McCoy testified that the tear likely occurred two to three months prior to the MRI based on the retraction noted on the images. Dr. McCoy

testified that the new tear likely occurred due to the Claimant's repetitive type of work activities or some acute incident after the Claimant reached MMI for the October 9, 2015 injury. As Dr. McCoy testified that the Claimant had a worsening in her condition after reaching MMI for her October 9, 2015 right shoulder injury, Employers Insurance denied responsibility for providing the Claimant further medical treatment for the new tear.

Accident Fund General Insurance Company (hereinafter "Accident Fund") asserted that the Claimant did not sustain a new injury after the injury on October 9, 2015, that she has not had any aggravation or worsening of her condition and that she does not use her right arm at work in her new role as a supervisor. Further, Accident Fund argued that the Claimant's current condition is a natural progression resulting from the original October 9, 2015 accident that has never been resolved.

Hartford Accident and Indemnity Company (herein after "Hartford") argued that it is not responsible for the Claimant's further medical treatment as the Claimant's subjective symptoms increased to the point that the Claimant sought medical care prior to Hartford's coverage for the Employer. Further, Hartford argued that the tear identified in December of 2017 had been present for two to three months prior to the MRI which was prior to Hartford's coverage. As such, Hartford asserted that either Employers Insurance or Accident Fund is responsible for providing the Claimant further benefits.

A hearing was held before the Single Commissioner on April 23, 2019. Thereafter the Single Commissioner issued a Decision and Order dated August 20, 2019 which included the following Findings of Fact:

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.

Following service of the August 20, 2019 Decision and Order, Defendant Employers Insurance timely requested Full Commission review by way of a Form 30 dated August 30, 2019. Defendant Employers Insurance contends that the Single Commissioner erred pursuant to facts and law in determining that Employers Insurance is liable for providing ongoing benefits to the Claimant pursuant to the Workers' Compensation Act after she reached MMI for the October 9, 2015 injury by accident.

SUMMARY OF EVIDENCE

The Claimant initially presented to Health First on October 10, 2015 complaining of shoulder pain (APA pages 1-3). Thereafter an MRI of the right shoulder was performed on November 2, 2015 at Lowcountry Orthopaedics and Sports Medicine (APA page 37). The MRI report revealed that the Claimant had a full thickness minimally retracted tear involving the supraspinatus tendon with minimal partial thickness infraspinatus and subscapularis tendon tears (APA page 37). Thereafter Dr. James Spearman at Lowcountry Orthopaedics recommended surgical intervention to repair the rotator cuff (APA page 34). Dr. James McCoy performed the arthroscopic right shoulder surgery with mini open rotator cuff repair on February 24, 2016 (APA pages 30-31). At a follow-up visit with Dr. McCoy, he expressed that it was his opinion the Claimant was doing better in regards to her shoulder than she believed she was (APA page 25). The

Claimant also had numbness complaints in the right hand, primarily the middle and little finger, which Dr. McCoy described as a bit of a puzzle (APA page 25). In that respect, Dr. McCoy recommended a nerve conduction study of the right upper extremity which was performed on May 12, 2016 (APA pages 12-13, 25). The EMG/NCS was a normal study (APA page 12). Further, Dr. Shailesh Patel noted on May 12, 2016 that the EMG/NCS was negative for carpal tunnel or peripheral neuropathy. He suspected more of a cervical etiology and recommended x-rays/MRI of the cervical spine (APA pages 20-22). The cervical MRI was performed at Imaging Specialists on August 18, 2018 which was noted to be unremarkable with the exception of minimal degenerative disc disease at C5-6 (Hartford APA pages 261-262). No significant neuroforminal or spinal canal narrowing was noted at any level (Hartford APA pages 261-262). Dr. McCoy indicated that the nerve conduction study and MRI of the cervical spine did not lead the physicians to believe there was any severe nerve involvement or issues with the cervical spine (Hartford APA page 253).

Dr. Keith Santiago, a hand specialist at Lowcountry Orthopaedics, evaluated the Claimant's hand complaints and indicated she could return to regular duty as tolerated from a right hand standpoint (Hartford APA page 237). At the final visit with Dr. Santiago on November 8, 2016, Dr. Santiago noted that the Claimant was performing regular duty without difficulty and thus could continue work without any permanent work restrictions (Hartford APA pages 245-246). Dr. Santiago further indicated that the Claimant would not require any medical treatment for her hand or have any permanent impairment to the right upper extremity (Hartford APA pages 245-246).

The Claimant sought an independent opinion from Dr. Richardson at Southeastern

Spine Institute on October 25, 2016 (APA page 98). Dr. Richardson noted that the Claimant had normal bulk and tone and 5/5 strength in all groups except for the right deltoid where strength was diminished with abduction possibly related to pain (APA page 98). He also noted that the cervical range of motion was fairly normal and there were no long track or sensory deficits noted. Dr. Richardson further indicated that the cervical spine MRI scan was reviewed and discussed with the Claimant which he described as a fairly normal appearing study (APA page 99). Dr. Richardson recommended physical therapy and a return to Dr. McCoy (APA page 99).

After the Claimant's right shoulder surgery and physical therapy, she returned to work on August 15, 2016 (Hartford APA page 193). On August 3, 2016, Dr. McCoy noted that the Claimant had made great strides in regards to motion over the last month and that she was anticipated to make progress in strengthening to ultimately get her back to her regular job (Hartford APA page 234). At the follow-up appointment on September 28, 2016, Dr. McCoy indicated the Claimant had reached maximum medical improvement, would continue on permanent light duty, and would require future medical care including anti-inflammatory medications periodically with an occasional injection of the right shoulder (Hartford APA page 243). Dr. McCoy also indicated the Claimant had a 15% permanent impairment of the right shoulder, could return on an as-need basis and would likely see her motion improve slightly over the next year as well as her strength (Hartford APA page 243).

Pursuant to the Claimant's request, Employers Insurance authorized a second opinion with Dr. Bright McConnell which was performed on April 14, 2017. During that evaluation, the Claimant stated that her residual issue with respect to her right shoulder

was the persistence of pain particularly with her horizontal or overhead activity (APA page 102). Dr. McConnell indicated that the Claimant's right shoulder examination revealed no evidence for any significant deltoid atrophy and that her strength was a 5/5 throughout the radial median and ulnar nerve distribution (APA page 103). Dr. McConnell noted that he agreed with Dr. McCoy that the Claimant reached MMI for her October 9, 2015 right shoulder injury. Specifically, Dr. McConnell indicated that he did not believe surgical intervention would be necessary however the Claimant could consider non-provocative progressive range of motion of the shoulder and an occasional injection (APA page 104).

Dr. McCoy completed a Form 14B on February 9, 2017 verifying that the Claimant reached maximum medical improvement on September 28, 2016 with a permanent impairment of 15% to the right shoulder, no other affected body parts, permanent limited duty work restrictions and future medical care including anti-inflammatory medicines periodically and an occasional injection of the right shoulder (APA page 390).

The Claimant's personnel file verified that she switched from a room attendant to a housekeeping supervisor at Suburban Extended Stay Hotel on August 29, 2016 which resulted in a raise from \$9.75 per hour to \$10.00 per hour (APA page 391).

After a one year lapse in treatment with Dr. McCoy, the Claimant returned on September 20, 2017 complaining of pain when she was working and pain at night (Hartford APA page 249). Dr. McCoy noted that the Claimant was one year post-MMI and occasionally was taking Tylenol for pain (Hartford APA page 249). At that visit, x-rays were performed which revealed that the bone anchor placed during the rotator cuff

repair was in good position (Hartford APA page 250). Dr. McCoy indicated the Claimant may have subacromial bursitis and he injected the right shoulder (APA page 250). The Claimant returned on November 1, 2017 wherein Dr. McCoy indicated that he had to be suspicious of the possibility of a new rotator cuff tear therefore he thought an MRI of the right shoulder would be appropriate (Hartford APA page 253). The MRI of the right shoulder was performed on December 12, 2017 at South Carolina Diagnostic Imaging (Hartford APA page 260). At the follow up visit on December 27, 2017 after the MRI, Dr. McCoy indicated that the Claimant had a small new through and through tear which could possibly require surgical repair (Hartford APA page 256). At the visit on March 29, 2018, Dr. McCoy indicated that the Claimant continued to have aggravation at home and at the job therefore a new surgery including debridement and/or repair of the rotator cuff would be necessary (Hartford APA page 259).

When the Claimant was asked at her March 14, 2018 catch-up deposition as to what was making her right shoulder condition worse, the Claimant cited movement at work such as opening drawers during the course of her housekeeping inspections (Accident Fund APA pages 254-255). The Claimant also described that part of her housekeeping supervisory duties included folding small towels for approximately two hours per day of every shift (Accident Fund APA page 257). At the Claimant's third deposition on October 28, 2018 after Hartford was added as a Carrier Defendant, the Claimant testified that she had continuously been worsening over the six months prior to the March 14, 2018 deposition (Accident Fund APA page 300). At that point the Claimant testified that she had been limiting the use of her right hand at work in the six months prior to the October 28, 2018 deposition (Accident Fund APA pages 301-302).

After Accident Fund was added as a Carrier Defendant to this matter, it scheduled the Claimant for an independent medical evaluation with Dr. Richard Friedman. Dr. Friedman evaluated the Claimant on December 18, 2018 wherein he concluded that the Claimant did not sustain a neck injury as a result of the October 9, 2015 accident (Accident Fund APA page 388). Dr. Friedman also indicated the Claimant had an appropriate work up to date including the cervical spine MRI and EMG nerve conduction study, all of which had been essentially normal (Accident Fund APA page 388). Dr. Friedman opined that the Claimant is not a candidate for any further diagnostic studies, treatment or surgery and he agreed that the Claimant reached MMI for her right shoulder to a reasonable degree of medical certainty (Accident Fund APA page 388).

Dr. McCoy was deposed on April 12, 2018. During the deposition, Dr. McCoy testified that the nerve conduction study performed prior to the Claimant reaching MMI indicated that there was no evidence of peripheral neuropathy, cervical radiculopathy or carpal tunnel syndrome (Accident Fund APA page 352, lines 19-23). Furthermore, Dr. McCoy described the rationale on referring the Claimant for a cervical MRI and indicated that the findings on the MRI did not explain the Claimant's complaints (Accident Fund APA page 353, lines 2-18). Dr. McCoy confirmed that he placed the Claimant at MMI for the October 9, 2015 injury on September 28, 2016 (Accident Fund APA page 353, lines 19-22). Dr. McCoy also testified that the only future medical treatment that he anticipated at the time of placing the Claimant at MMI was anti-inflammatory medications periodically and occasional injections for the right shoulder related to the October 9, 2015 injury (Accident Fund APA page 355, lines 4-11).

Dr. McCoy testified that he did not see the Claimant for a year after he placed her

at MMI (Accident Fund APA page 355, lines 22-24). According to Dr. McCoy, when the Claimant returned, she indicated that she was having pain at work (Accident Fund APA page 356, lines 10-13). Dr. McCoy testified that he performed an injection of the shoulder and based on the Claimant's lack of improvement, he ruled out bursitis as the source of her discomfort (Accident Fund APA page 357, lines 2-13). Dr. McCoy also testified that the radiologist who performed the subsequent MRI on December 12, 2017 did not read it in comparison with the November 2, 2015 MRI but Dr. McCoy was able to obtain the images and place them side by side (Accident Fund APA page 357, lines 21-25). According to Dr. McCoy, when comparing the MRIs, you could see that there was a new different tear in the rotator cuff which he interpreted to be a full thickness tear (Accident Fund APA page 358, lines 2-5). When asked whether the new tear was a reoccurrence, Dr. McCoy testified that you can have a re-tear of a previously repaired tendon but in this situation, the Claimant had a new tear which was slightly posterior and slightly towards the back of the rotator cuff compared with the full thickness tear that was addressed after the October 9, 2015 injury (Accident Fund APA page 358, line 19 - APA page 359, line 3). Furthermore, Dr. McCoy testified that the rotator cuff tear that was surgically repaired after the October 9, 2015 accident was still intact in reviewing the December 12, 2017 MRI (Accident Fund APA page 359, lines 4-7). Dr. McCoy also testified that he did not anticipate from the October 9, 2015 injury that the Claimant would have any new subsequent tears after being released at maximum medical improvement (Accident Fund APA page 359, lines 8-13). Dr. McCoy was asked if he had any idea how the Claimant's subsequent tear occurred and he testified "I have to think it is basically part of the repetitive type work that she does" (Accident Fund APA

page 359, lines 14-17). Dr. McCoy confirmed that the 10 hours per week that the Claimant spends folding towels could have been the repetitive activity that lead to the new rotator cuff tear (Accident Fund APA page 359, lines 18-25).

Dr. McCoy also testified that the new tear addressed on the December 12, 2017 MRI demonstrates a worsening of the Claimant's prior condition from the October 9, 2015 accident (Accident Fund APA page 360, lines 1-6). In terms of the timeline of the new rotator cuff tear occurring, Dr. McCoy testified that the December 12, 2017 MRI revealed an acute tear with fresh edges and no retraction of the muscle. Therefore it was his opinion that the new tear likely occurred between 2-3 months prior to the December 12, 2017 MRI (Accident Fund APA page 361, line 12 – APA page 362, line 8). Furthermore, Dr. McCoy testified that he is no longer performing surgery and that is the only reason that the Claimant has been referred to someone else in his practice at this point (Accident Fund APA page 362, lines 9-15).

Dr. McCoy confirmed that the Claimant's need for treatment at this point is related to the new rotator cuff tear identified on the December 12, 2017 MRI which was not present on the first MRI in November 2015 or at the time of her rotator cuff repair for the October 9, 2015 injury (Accident Fund APA page 371, lines 22-25 and APA page 373, lines 6-12). Although Dr. McCoy is of the opinion that the original injury on October 9, 2015 predisposed the Claimant to another injury, Dr. McCoy confirmed that the current tear requiring medical treatment is not a reoccurrence of the initial injury (Accident Fund APA page 374, lines 3-10). Dr. McCoy concluded that there was either an acute incident or repetitive activities that lead the Claimant to having the current tear as evidenced on the December 12, 2017 MRI (Accident Fund APA page 375, line 25 –

APA page 376, line 4).

During Dr. McCoy's subsequent deposition on April 4, 2019, he reaffirmed that the Claimant's current right shoulder condition involves a new tear that is not a reoccurrence of the prior rotator cuff tear from October 9, 2015; the Claimant's need for a surgical evaluation is related to the new tear as evidenced on the December 2017 MRI; that to a reasonable degree of medical certainty the new rotator cuff tear identified in December 2017 MRI occurred between 2-3 months prior to said MRI; the new tear in the Claimant's rotator cuff is a worsening of the Claimant's condition with regard to her right shoulder and none of these opinions changed after his first deposition (Accident Fund APA page 417, line 24 – page 419, line 10). Dr. McCoy also testified that once the Claimant returned after a year lapse in treatment, he performed an x-ray to analyze the bone anchor because it is possible for the hardware to move and be the source of the Claimant's aggravation (Accident Fund APA page 420, lines 4-11). At the time of the re-evaluation on September 20, 2017, Dr. McCoy confirmed that the bone anchor was in position without any movement (Accident Fund APA page 420, lines 12-15). During the course of the April 4, 2019 deposition, Dr. McCoy also reviewed the photograph of films taken by Dr. Pappas (Claimant's IME provider) on February 15, 2019 and confirmed that the bone anchor was still in position based on those films as well (Accident Fund APA page 421, lines 5-20). As such, Dr. McCoy indicated that in his opinion to a reasonable degree of medical certainty, the bone anchor is not the cause of the Claimant's need for surgery, it is the new rotator cuff tear identified in the December 12, 2017 MRI (Accident Fund APA page 421, line 21 – page 422, line 5). After reviewing the actual images per request of the Claimant's attorney, Dr. McCoy testified that the bone anchor heights were

in the same place in 2017 as the x-ray performed by Dr. Pappas in 2019 (Accident Fund APA page 424, lines 6-15). In regards to causation, Dr. McCoy testified at the April 4, 2019 deposition that it is his opinion to a reasonable degree of medical certainty more likely than not that the Claimant participated in repetitive activities or she had some type of acute incident that lead to the tear documented on the December 12, 2017 MRI, that the new tear occurred after she had been released at MMI for the October 9, 2015 injury, and therefore she has had a subsequent worsening of her shoulder condition (APA page 434, lines 7-17).

STANDARD OF REVIEW

In an Appellant Review, the Full Commission shall, pursuant to South Carolina Code Ann. §42-17-50, review the Award, weigh the evidence as presented at the initial hearing and if good grounds be shown therefore, make its own findings of fact and reach its own conclusion of law consistent with or inconsistent with those of the hearing Commissioner. Lowe v. Am-Can Transport Services, Inc., 283 S.C. 534, 324 S.E.2d 87 (Ct. App. 1984).

ARGUMENT

The Claimant had an admitted injury on October 9, 2015 while working for Griffin Stafford N. Charleston while the hotel was insured by Employers Insurance. The right shoulder is the only admitted body part. Dr. McCoy opined that Claimant reached MMI for her right shoulder on September 28, 2016; that she has a 15% impairment to the right shoulder; that there are no other affected body parts; that the Claimant has permanent light duty restrictions; and the Claimant's anticipated future medical included

an occasional injection of the right shoulder and anti-inflammatory medications periodically (Hartford APA page 243, APA page 390). A hearing was scheduled for March 9, 2017 and the Claimant requested a 2nd opinion. Employers Insurance agreed to authorize the requested 2nd opinion which was performed by Dr. Bright McConnell on April 14, 2017 (APA pages 102-103). Dr. McConnell agreed with Dr. McCoy that Claimant reached a level of MMI for her October 9, 2015 injury and that further surgical intervention would not be necessary (APA pages 103-104). The Claimant continued to work for the Employer herein. The current issues in controversy include whether the Claimant in fact reached MMI for the October 9, 2015 injury and which, if any, party is responsible for treating the Claimant's subsequent rotator cuff tear identified on a December 12, 2017 MRI of the right shoulder.

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?

A year after the Claimant reached MMI and had a lapse in treatment, she returned to Dr. McCoy on September 20, 2017 with shoulder pain complaints (Hartford APA page 249). At a follow up appointment on November 1, 2017, Dr. McCoy stated "even though there is no history of new injury we have to be suspicious of the possibility of a new rotator cuff tear we think a new MRI scan of the shoulder would be appropriate" (Hartford APA page 253). Employers Insurance authorized the MRI which was completed on December 12, 2017 (Hartford APA page 260). Dr. McCoy reviewed the MRI and confirmed that there was a new through and through tear (Hartford APA page

256). Thereafter, at the visit on March 29, 2018, Dr. McCoy recommended debridement and/or repair of the rotator cuff due to continued aggravation at home and at the job (Hartford APA page 259).

During his deposition on April 12, 2018, Dr. McCoy testified that he compared the November 2, 2015 right shoulder MRI and the December 12, 2017 MRI twice to confirm that Claimant has a new rotator cuff tear that was not present on the first MRI or at the time of surgery for the first rotator cuff tear (Accident Fund APA pages 358-359). Further, Dr. McCoy testified that the first rotator cuff tear which was surgically repaired remained intact as of the December 12, 2017 MRI (Accident Fund APA page 359, lines 4-7). Dr. McCoy classified the findings on the December 12, 2017 MRI as a worsening of the Claimant's condition (Accident Fund APA page 360, lines 1-6). Due to the fresh edges and no retraction of the muscle, Dr. McCoy testified that the acute new tear likely occurred 2-3 months prior to the December 12, 2017 MRI (Accident Fund APA page 361, line 12- page 362, line 8). Further, Dr. McCoy confirmed that this new tear is not a reoccurrence of the tear that occurred in the initial injury (Accident Fund APA page 374, lines 3-10).

As to the mechanism of injury for the new tear, Dr. McCoy testified that he has "to think it is basically part of the repetitive type work that she does" "...but there also could have been an incident that she did not give a lot of significance to as per [his] example of the stuck drawer." (Accident Fund APA 359, lines 14-17, page 375, lines 16-24). At the Claimant's deposition after the subsequent tear was discovered, she was asked what caused her pain and she cited movement at work such as opening drawers and folding small towels two hours per day (Accident Fund APA pages 254-255, 257). It

wasn't until the Claimant's third deposition, after the additional defendants were added, that the Claimant alleged she no longer used her right upper extremity at work (Accident Fund APA pages 301-302). Dr. McCoy confirmed that it could have been the 10 hours per week folding towels that led to the new tear (Accident Fund APA page 359, lines 18-25). Dr. McCoy also testified that the current tear requiring surgery is an entirely new finding that either resulted from an acute incident or repetitive activities (Accident Fund APA page 375, line 25- 376, line 4). Dr. McCoy did not testify that this tear was a natural occurrence from the October 9, 2015 injury and confirmed that it was not anticipated to occur as a result of the October 9, 2015 injury at the time she was released at MMI (Accident Fund APA page 359, lines 8-13).

SC Code Ann §42-9-35 states that the Commission may award compensation benefits to an employee who has a permanent physical impairment or preexisting condition and who incurs a subsequent disability of the permanent physical impairment or preexisting condition and the subsequent injury. However, Employers Insurance disputes responsibility for treating the Claimant's current condition as the evidence suggests that the Claimant had a worsening of her condition after being placed at MMI by multiple physicians and after Employers Insurance's coverage for the Employer terminated.

At the time of the subsequent tear and the MRI, the Employer was insured by Accident Fund. In Geathers, the court discussed the last injurious exposure rule which holds the insurer on risk at the time of the second injury solely liable when the second injury aggravates the first injury. Geathers v. 3V, Inc., 371 S.C. 570, 580, 461 S.E.2d 29, 34 (2007). This claim is somewhat distinguishable from Geathers in that the Claimant did

not admit to a second accident; however, Dr. McCoy testified that the Claimant may not have known when exactly it occurred. This claim is similar to Geathers in most aspects including that the Claimant clearly had an aggravation of her condition. The Court in Geathers found that the aggravation of the claimant's condition made the injuries intertwined and therefore the carrier who provided coverage for the employer at the time of the aggravating incident was solely liable for paying benefits to the claimant as the court adopted the last injurious exposure rule as opposed to the apportionment rule. Id.

In this claim and Geathers, both employees returned to work after the initial injury. In Geathers the lapse in treatment was only four months and the claimant was contacting the physician to request pain medication during that time. The lapse of treatment between injuries in this claim was even longer. In one year, the Claimant made no request for pain medication or other treatment. In both claims, the employees were released from care by the authorized treating physician prior to the aggravation; however, the employee in Geathers did not specifically have an MMI statement (although Dr. Wilkins, the treating physician, later testified that Geathers had reached MMI at the time of her release). Dr. Wilkins testified in the Geathers claim that the first and second problem that he saw the Geathers for are all the same problem in his mind and he would just consider the second injury to be an aggravation of the initial injury. Id. at 574, 31. In fact, Dr. Wilkins was asked in Geathers whether the claimant's current condition flowed from the first accident and Dr. Wilkins responded that yes if the claimant did not have the original injury, he would think it would be reasonable that she probably would not have had the second injury which is actually an aggravation. Id. Dr. Wilkins in the Geathers claim identified the first accident as the "proximate cause of the entire thing" even though

he attributed the claimant's current condition to the aggravation. Id at 574-575, 31. Just as in Geathers, the Claimant in this situation had a worsening of her condition that is not totally independent of the first accidental injury. Id at 575, 31. However, the Single Commissioner found that the Claimant is not at MMI and Employers Insurance, the Insurer during the original injury, is responsible for treating the aggravation of the right shoulder injury.

The Court in Geathers went on to discuss that the last injurious exposure rule makes the insurer at risk at the time of the second injury liable even if the aggravation injury would have been much less severe in the absence of the prior condition and even if the prior injury significantly contributed to the final condition as the employer takes the employee as he finds her. Id at 578, 33. Further, the Court in Geathers discussed that the Gordon rule addressing an aggravation of a pre-existing condition should also apply when injuries are not separate and distinct. Id at 579-580, 34 citing Gordon v. E. I. DuPont Nemours & Company, 228 S.C. 67, 88 S.E.2d 844 (1955). As such, Employers Insurance respectfully requests that the Full Commission apply the analysis from Geathers and Gordon in finding that the Claimant sustained an aggravation of her right shoulder condition sufficient to break the chain of causation from the October 9, 2015 accident.

- A. Should the opinions of Dr. James McCoy, Dr. Richard Friedman and Dr. Bright McConnell be afforded greater weight than the opinion of Dr. George Pappas?

Dr. McCoy opined the Claimant reached MMI for the October 9, 2015 injury on September 28, 2016 (APA page 390, Accident Fund APA page 353, lines 19-22, Hartford APA page 243). Dr. McConnell agreed with Dr. McCoy that the Claimant reached MMI

for the October 9, 2015 injury following the 2nd opinion on April 14, 2017 (APA pages 103-104). Dr. Friedman, Accident Fund's IME provider, also opined that the Claimant reached MMI for her right shoulder to a reasonable degree of medical certainty (Accident Fund APA page 388). Only Dr. Pappas, the Claimant's 2nd IME provider who saw her on February 15, 2019 (three and a half years after the October 9, 2015 injury), opined that she did not reach MMI for the October 9, 2015 right shoulder injury.

Dr. Pappas stated "the patient reports that due to continued complaints of pain and weakness, Dr. McCoy ordered a repeat postoperative MRI" (APA 106). There was no acknowledgement that the surgery occurred on February 24, 2016 and the MRI was ordered 21 months later during which time the Claimant had been released at MMI and continued to work with a year lapse in treatment. Dr. Pappas further indicated the physical exam and imaging were consistent with right shoulder subacromial impingement and bursitis. However, Dr. McCoy also initially thought the Claimant's complaints in September 2017 were related to bursitis but he recommended an injection which reportedly provided no benefit and thus he ruled out bursitis as a cause of the complaints (Accident Fund APA page 357, lines 2-13).

Dr. Pappas also referenced that if the Claimant does not require rotator cuff repair surgery, then he would recommend removal of the bone anchor (Supplement to February 15, 2019 IME Report). However, Dr. McCoy already performed a x-ray on September 20, 2017 at the first return appointment and he confirmed that the bone anchor is in position (Hartford APA pg. 250; Accident Fund APA page 420, lines 12-15). During the course of Dr. McCoy's second deposition on April 4, 2019, Dr. McCoy reviewed the photograph of films taken by Dr. Pappas on February 15, 2019 and confirmed that the

bone anchor was still in position based on those films as well (Accident Fund APA page 421, lines 5-20). As such, Dr. McCoy testified that in his opinion to a reasonable degree of medical certainty, the bone anchor is not the cause of the Claimant's need for surgery, rather it is the new rotator cuff tear identified in the December 12, 2017 MRI (Accident Fund APA page 421, line 21 – APA page 422, line 5). Further, after reviewing the actual images per request of the Claimant's attorney, Dr. McCoy testified that the bone anchor heights were in the same place in 2017 as the x-ray performed by Dr. Pappas in 2019 (Accident Fund APA page 424, lines 6-15). As Dr. Pappas did not have the benefit of evaluating the Claimant over the years and he is recommending diagnostics to address potential causes of complaints that have already been ruled out, greater weight should be placed on the opinion of Dr. McCoy, the Claimant's treating physician, and the concurring opinions of Dr. McConnell and Dr. Friedman.

- B. In light of the fact that the Claimant reached maximum medical improvement for the October 9, 2015 right shoulder injury, it is ripe to address the Claimant's permanent disability benefits as a result of loss of use of the right shoulder.

Employers Insurance respectfully requests that the Commission reach a determination as to the Claimant's entitlement to permanent disability benefits based on the admitted October 9, 2015 right shoulder injury. Unlike in Geathers, the Claimant's impairment was assessed as a result of the initial injury. According to Dr. McCoy, the Claimant has 15% impairment to her right shoulder with no other affected body parts (APA page 390). According to Dr. McConnell, the Claimant has 33% impairment to her shoulder based on loss of strength and range of motion (APA page 104). According to Dr. Friedman, based on his examination of the Claimant on December 18, 2018, the

Claimant has a 16% impairment to her right shoulder with no restriction limitations (Accident Fund APA page 388). The Claimant's disability related to the initial injury is limited as she has returned to work and has no loss in her earnings capacity post initial injury (APA page 391). Further, the alleged hand and cervical spine components have been ruled out through evaluations.¹ As such, Employers Insurance respectfully requests that the Full Commission reach a decision as to the Claimant's permanent disability for her right shoulder only related to the October 9, 2015 accident.

- C. In light of the Claimant reaching maximum medical improvement, it is ripe to determine whether Employers Insurance is liable for providing any ongoing medical treatment for the Claimant's October 9, 2015 right shoulder injury.

The Form 14B from Dr. McCoy states that to a reasonable degree of medical certainty, the Claimant can only anticipate future medical treatment related to the October 9, 2015 injury to include injections and periodic medications (APA page 390, Accident Fund APA page 355, lines 4-11). Dr. McConnell agreed that an occasional injection to her shoulder may offer some palliative benefit and the Claimant should consider non-provocative range of motion of her shoulder (APA 104). Dr. McConnell specifically stated that surgical intervention, particularly arthroscopic debridement or capsulotomy

¹ Regarding the hand, on April 21, 2016 Dr. McCoy indicated that Claimant's hand numbness complaints started in January of 2016 and are a bit of a puzzle (Claimant APA page 25). After diagnostics and evaluation, on November 8, 2016 Dr. Santiago referenced Claimant was tolerating regular duty without any major difficulty, can continue without permanent restrictions, does not need any future medical and does not have any impairment for her hand (Hartford APA page 246).

Regarding the cervical spine, Dr. McConnell agreed that the MRI was relatively normal (APA page 101). The May 12, 2016 EMG was a normal study which did not reveal evidence of any other focal nerve entrapment, generalized peripheral neuropathy or cervical radiculopathy in the right upper limb (APA page 12-13). Dr. McCoy testified on April 12, 2018 that the cervical MRI did not reveal any findings to explain Claimant's ongoing symptoms (APA page 353). Further, when Claimant returned to Dr. McCoy on November 1, 2017, Dr. McCoy referenced that "early on we had a nerve conduction study and MRI of the cervical spine but these did not lead us to believe there was any severe nerve involvement or issues with the cervical spine" (Hartford APA page 253). According to Dr. Friedman, the Claimant did not have a neck injury as a result of the October 9, 2015 accident to a reasonable degree of medical certainty (Accident Fund APA page 388).

would not provide improvement (APA 104). Dr. Friedman opined that there is no indication for any further diagnostic studies, treatment or surgery (Accident Fund APA page 388). As such, to the extent that the subsequent rotator cuff tear does not break the chain of causation in regards to medical treatment for the right shoulder, Employers Insurance should only be responsible for the injections and medication that Dr. McCoy stated to a reasonable degree of medical certainty will tend to lessen the casually related disability from the October 9, 2015 accident in accordance with SC Code Ann. §42-15-60.

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?

Employers Insurance asserts that the Claimant's supplemental APA submission should not have been included in the evidentiary record over the objection of Employers Insurance. Pursuant to Regulation 67-612, the Claimant's evidence was due to be submitted 15 days prior to the hearing, April 9, 2019. The supplemental APA submission was provided on April 14, 2019. The Claimant referenced on her Pre-Hearing Brief that she would request 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). The IME report from Dr. Pappas was already in the evidentiary record. The Claimant did not reference that she was moving to submit a supplement to the IME report of Dr. Pappas. As discussed in *Morgan v. JPS Auto*, S.C. Code Ann. Regulation 67-613(D), the Commission will allow a party to procure additional evidence to be included in a hearing record when the evidence is "in existence, identified and necessary for the decision but

unavailable”. *Id* at 204-5. In Morgan v. JPS Auto, the physician had already evaluated the claimant’s records and created the evidence that was not available. In this claim, the medical record following the IME was in existence and submitted into the record. However, the attorney generated supplemental statement was not only untimely but it was not “identified and necessary” for the decision. As such, Employers Insurance requests a finding that the Claimant’s supplemental APA provided on April 14, 2019 shall be excluded from the record as it was not identified on the Claimant’s Pre-Hearing Brief, it is not a medical record and it was not timely submitted pursuant to Regulation 67-612.

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?

Employers Insurance concedes that the Commission has the authority to select a treating physician; however, Employers Insurance requests reversal of the finding that Dr. Pappas be the new treating physician. Before the Claimant’s most recent IME with Dr. Pappas, she was evaluated by Dr. Spearman, Dr. McCoy, Dr. Santiago, and Dr. Patel, all at Lowcountry Orthopaedics and Sports Medicine. She also had second opinions with Dr. Richardson, Dr. McConnell and Dr. Friedman. Dr. Pappas, the Claimant’s second IME provider, was the 8th physician to evaluate her. This evaluation took place 3 ½ years after the original injury. Employers Insurance asserts that Dr. Spearman, the first orthopaedic to evaluate the Claimant’s condition after the October 9, 2015 injury, would be a reasonable selection for providing further treatment as he practices with Lowcountry Orthopaedics and has access to the Claimant’s medical chart. Dr. McCoy only took over as the treating physician for Dr. Spearman when Dr. McCoy was available to perform the

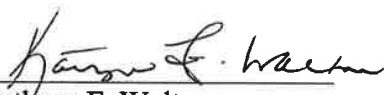
first rotator cuff repair. Alternatively, Dr. Bright McConnell would be a reasonable selection for a future treating physician. The Claimant and Employers Insurance previously consented to Dr. McConnell to provide a 2nd opinion and he is already familiar with the Claimant's condition having evaluated her between the rotator cuff tears. Wherefore, Employers Insurance would respectfully request that Dr. Spearman or Dr. McConnell be the new treating physician in the event that Employers Insurance is determined by the Full Commission to be responsible for providing further treatment for the Claimant's right shoulder.

CONCLUSION

Employers Insurance respectfully requests that the Decision and Order dated August 20, 2019 be reversed and/or modified. Employers Insurance specifically requests that the Full Commission issue its own Decision and Order finding that the Claimant reached MMI for her October 9, 2015 right shoulder injury and determine whether the Claimant is entitled to any benefits under the Act for the initial injury. Employers Insurance additionally requests that the Full Commission find the untimely submission of Dr. Pappas' supplemental questionnaire be excluded from the evidentiary record. Alternatively, Employers Insurance would request that the finding that the new authorized treating physician shall be Dr. Spearman or Dr. McConnell for the reasons set forth hereinabove.

Respectfully submitted,

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

By: 
Kathryn F. Walton
Attorneys for Defendants
Griffin Stafford N. Charleston and
Employers Preferred Insurance Company

Date: October 11, 2019
Charleston, South Carolina

PROOF OF SERVICE

I hereby certify that on this 11th day of October 2019, I have caused a true and correct copy of the Defendants Appellant Brief to be mailed postage prepaid to all interested parties addressed as follows:

Certified Mail

Ms. Amy Bracy, Judicial Director
S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

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



Kathryn Fiehrer Walton
Attorney for Defendants

Charleston, South Carolina

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

ANA RODRIGUEZ GALVAN,	)	
	)	
CLAIMANT,	)	
	)	
VS.	)	TRANSCRIPT OF PROCEEDINGS
	)	
GRIFFIN STAFFING NORTH	)	APRIL 23, 2019
CHARLESTON,	)	
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
EMPLOYERS PREFERRED	)	
INSURANCE CO., ACCIDENT	)	
FUND INSURANCE CO. OF	)	
AMERICA, HARTFORD ACCIDENT	)	
AND INDEMNITY CO.,	)	
	)	
CARRIERS,	)	
	)	
DEFENDANTS.	)	

THIS HEARING WAS HELD BEFORE
COMMISSIONER T. SCOTT BECK, REPORTED BY SKYLET KEAN,
COURT REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE
OF SOUTH CAROLINA; SAID PROCEEDINGS WERE HELD AT
GOOSE CREEK MAGISTRATE OFFICE, 303-B NORTH GOOSE
CREEK BOULEVARD, GOOSE CREEK, SOUTH CAROLINA, ON
TUESDAY, APRIL 23, 2019, COMMENCING AT 2:48 P.M.

SKYLET KEAN (803) 609-0134
fttpam@aol.com

APPEARANCES

FOR THE CLAIMANT:

MICHAEL J. JORDAN, ESQUIRE
STEINBERG LAW FIRM, LLP
61 BROAD STREET
CHARLESTON, SOUTH CAROLINA 29401

FOR THE DEFENDANTS ACCIDENT FUND:

REGAN A. COBB, ESQUIRE
HOLDER, PADGETT, LITTLEJOHN + PRICKETT, LLC
349 WEST COLEMAN BOULEVARD, SUITE 300
MOUNT PLEASANT, SOUTH CAROLINA 29464

FOR THE DEFENDANTS HARTFORD ACCIDENT & INDEMNITY:

LYNNLEY D. ROSS, ESQUIRE
WILLSON, JONES, CARTER & BAXLEY, P.A.
421 WANDO PARK BOULEVARD, SUITE 100
MOUNT PLEASANT, SOUTH CAROLINA 29464

FOR THE DEFENDANTS EMPLOYERS PREFERRED:

KATHRYN FIEHRER WALTON, ESQUIRE
WOOD LAW GROUP, LLC
POST OFFICE BOX 20550
CHARLESTON, SOUTH CAROLINA 29413

SKYLET KEAN (803) 609-0134
fttpam@aol.com

INDEX

PAGE

ANA RODRIGUEZ GALVAN

DIRECT EXAMINATION BY MR. JORDAN

16

CROSS-EXAMINATION BY MS. WALTON

24

CROSS-EXAMINATION BY MS. COBB

27

CROSS-EXAMINATION BY MS. ROSS

30

EXHIBITS

NONE

PROCEEDINGS

THE COURT: Today's date is April 23rd, 2019. This is Workers' Compensation File No. 1515209. The claimant in this matter is Ana Rodriguez Galvan represented today by Attorney Michael Jordan. The employer is Griffin Stafford North Charleston. There are three carriers present that have all had coverage during relevant periods of this matter with Griffin Stafford. The first is Employers Preferred Insurance Company. They are represented today by Attorney Kate Walton. The second is Accident Fund Insurance Company of America. They are represented today by Attorney Regan Cobb. And third is Hartford Accident and Indemnity Company and they are represented today by Attorney Lynnley Ross. Date of accident in this matter is October 9, 2015. The parties have stipulated to an average weekly wage of \$255.58 yielding a compensation rate of \$170.40.

I received APAs from all the parties in this matter. Are there any objections to APAs, jurisdiction, venue or any other matter? Mr. Jordan?

MR. JORDAN: None from the claimant.

THE COURT: Ms. Ross?

1 MS. ROSS: No, sir.

2 THE COURT: Ms. Cobb?

3 MS. COBB: No, sir.

4 THE COURT: Ms. Walton?

5 MS. WALTON: The Defendant Employers
6 objects to the claimant's untimely supplemental APA
7 submission that was provided on April 14th, 2019. It
8 is in violation of Regulation 67-612. And although
9 the claimant referenced Morgan v. JPS Auto on his
10 pre-hearing brief, he did not specifically identify
11 what record was prepared and just not timely
12 submitted. Therefore, we take the position that it
13 is not proper to admit this portion of evidence.
14 However, we do not wish to depose Dr. Pappas and
15 delay the proceedings further in order to -- in order
16 to question him on this statement.

17 THE COURT: So you're withdrawing the
18 objection?

19 MS. WALTON: I just wanted the objection
20 noted for the record.

21 THE COURT: All right. I'm going to
22 overrule the objection as I've provided the
23 opportunity for Employers Preferred to depose
24 Dr. Pappas and that opportunity has been declined.

25 Any other objections, Ms. Walton?

1 MS. WALTON: No, sir.

2 THE COURT: All right. Without further
3 objection the Commission file becomes a part of the
4 record with the exception of self-serving
5 declarations and unstipulated medical reports.

6 Also during the pre-hearing conference in
7 this matter the respective positions of the parties
8 was discussed. From the standpoint of the claimant
9 Ms. Galvan is here seeking an award of medical care.
10 Specifically the claimant seeks a surgery that's been
11 recommended by Dr. Pappas and Dr. McCoy. She wishes
12 to hold the issue of compensability to the neck in
13 abeyance pending the surgical outcome of the right
14 shoulder and ask that permanency under any scenario
15 be held in abeyance in this matter as well.

16 Mr. Jordan, anything in addition to that
17 with regard to the claimant's position you'd like to
18 get on the record or any other matter you're here to
19 litigate today, sir?

20 MR. JORDAN: Yes, Your Honor. I just want
21 to put a couple of things on the record with regard
22 to our position.

23 We maintain that -- well, you know, our
24 primary position is we'd like to have surgery for
25 Ms. Galvan and it is the responsibility of one of the

1 carriers to do that and ultimately that's up to you.
2 But we maintain it's the original injury and the
3 original carrier/employer's responsibility. They
4 have the burden, we believe, to demonstrate there was
5 a new injury. And I think that's a difficult
6 position to take given the nature of Ms. Galvan's
7 work responsibilities and her physical duties since
8 she's returned to work in 2016 where she's limited
9 only in physical activities of opening and closing
10 drawers and folding wash cloths and hand towels. I'm
11 not sure that constitutes a work injury or a
12 repetitive trauma injury.

13 And we rely upon as we said the opinion of
14 Dr. Pappas on Pages 107 and 107A as, well as that of
15 Dr. Friedman who says that everything relates back to
16 the original injury as well as Dr. McCoy. I'll just
17 point to three different pages -- excuse me, two
18 different pages in his testimony that I think support
19 our position. Page 219 he says that her symptoms
20 directly relate to the work injury of 2015. And on
21 Page 372 he says the need for surgery relates back --
22 her need for surgery right now relates back to her
23 original injury.

24 THE COURT: All right. Thank you, sir.
25 Anything further?

1 MR. JORDAN: Nothing further.

2 THE COURT: With regard to the defendants'
3 position, Employer Preferred Insurance Company is of
4 the opinion this is not -- that they are not
5 responsible for the surgery. That it would either be
6 Accident Fund Insurance Company or Hartford.

7 Ms. Walton, anything in addition to that
8 you'd like to add with regard to your position?

9 MS. WALTON: Yes, sir. Thank you.

10 Employers takes the position that the
11 claimant reached maximum medical improvement on
12 September 28th, 2016. According to APA 390, that
13 relates back to the accident which was admitted on
14 October 9th, 2015. Pursuant to Dr. McCoy's testimony
15 during both of his depositions and the Geathers v. 3V
16 case, we take the position that the claimant has had
17 an aggravation of her right shoulder condition after
18 reaching maximum medical improvement sufficient to
19 break the chain of causation.

20 We would dispute any responsibility for
21 further medical treatment and we're relying on
22 Dr. McCoy's testimony that he located a new rotator
23 cuff tear that was not present on the first MRI or at
24 the time of the first surgery. That he opined that
25 this new tear likely occurred two to three months

1 prior to the MRI on December 12th, 2017 due to the
2 retraction. And that when asked what the mechanism
3 of injury he suspected regarding that new tear,
4 Dr. McCoy specifically testified that he had to
5 assume it was the claimant's repetitive type of work
6 activities and/or some type of acute incident that
7 she did not pay much attention to at the time.

8 Although I understand that a prior injury
9 predisposes someone to a worsening of her condition,
10 I think that Dr. McCoy's testimony and his comparison
11 of the MRIs three times is directly in line with the
12 analysis in Geathers in terms of someone sustaining a
13 worsening of the condition and therefore Employers is
14 not responsible for any further treatment for
15 Ms. Galvan regarding her right shoulder.

16 THE COURT: All right. Thank you, ma'am.

17 With regard to Accident Fund Insurance
18 Company, Ms. Cobb, it's my understanding that your
19 client's position is they are not responsible for the
20 surgery and that Employers Preferred is the
21 responsible carrier in this matter. Anything in
22 addition to that you'd like to add?

23 MS. COBB: Yes, Commissioner. Thank you.
24 Just briefly.

25 Our position is supported by Ms. Galvan's

1 testimony that she has not had a new injury after the
2 initial injury that occurred on October 9th, 2015.
3 That she's not had any aggravation. That she's not
4 had any worsening. That she does not use her right
5 arm as much at work even in her new role as a
6 supervisor because she uses her other arm and that's
7 supported by her deposition testimony. That she
8 doesn't have a lot of physical activity that would
9 cause the worsening or aggravation. She was deposed
10 three times and stood by this testimony.

11 Our, also, defense is supported by the
12 fact that Dr. McCoy, although he might have testified
13 that he believes there's a new tear that occurred,
14 during his latest deposition of April 4th, 2019,
15 specifically my APA Page 432, I asked him in regard
16 to the current tear if it was the same supraspinatus
17 tendon that had the prior tear? His response was
18 "Correct." I asked him: "If that's the case and it's
19 in the same tendon that Ms. Rodriguez can't say when
20 or how, would that mean you believe the need for the
21 surgical repair of the current tear is causally
22 related to the accident of October 9th, 2015?" His
23 answer: "Correct." I asked if that was to a
24 reasonable degree of medical certainty. He said
25 correct.

1 So I asked him, "Regardless of whether
2 this new tear was there for two months before the MRI
3 scan or four months since we don't do MRIs every
4 month or even six months, is it still your opinion no
5 matter when that new tear showed up that it's
6 causally related to the injury that she informed you
7 about of October 9th, 2015?" His response, "Because
8 as we've been discussed, there's injury to the
9 rotator cuff. And even though we see a full
10 thickness tear or interstitial tear, there's injury
11 to the structure and the tissue that is not
12 appreciated by the MRI or necessarily looking at the
13 top or bottom surface. And yes, I believe it's
14 causally related to the original injury to a
15 reasonable degree of medical certainty."

16 Based on his testimony in full with that
17 deposition and his first deposition his opinion is
18 that it's related to the initial injury of
19 October 9th, 2015. This is supported by Dr. Pappas
20 who's opinion submitted indicates that "more likely
21 than not to a reasonable degree of medical certainty
22 her current shoulder symptoms are due to her original
23 injury or alternatively result from a continuum
24 following that surgery that was necessitated by the
25 original injury because her rotator cuff tear was

SKYLET KEAN (803)609-0134
fttpam@aol.com

1 incompletely addressed during surgery."

2 In addition, Dr. Friedman in his report
3 testified -- opined that her current symptoms were
4 related to the original accident of October 9th,
5 2015. So we do not believe that Defendant Employers
6 has met their burden. That there has been a break in
7 the chain to cause Accident Fund to be responsible
8 and that this is either the original injury and the
9 tear is related to the original injury or even if it
10 is a new tear that it is the natural progression
11 resulting from the original accident that has never
12 been resolved. Thank you.

13 THE COURT: Thank you.

14 All right. With regard to Hartford
15 Accident and Indemnity Company, it is also their
16 position they are not responsible and that it's
17 either Employers or Accident Fund responsible for the
18 medical care.

19 Ms. Ross, anything you'd like to add?

20 MS. ROSS: We just would like to add that
21 the subjective symptoms were increased to such that
22 the claimant sought out additional medical care prior
23 to Hartford's coverage. That was in September of
24 2017. A tear was shown in December of 2017 that the
25 doctor stated had been present for two to three

1 months. All of that occurred before Hartford's
2 coverage. The claimant has testified that she is not
3 using her right hand to open drawers. She can't
4 remember the last time she used her right hand to
5 open drawers. And even if she did and it hurt, well,
6 of course it hurts. She has a full thickness tear in
7 there that needs surgery. That is correlation and
8 not causation. So we assert that either Employers
9 Preferred or Accident Fund is responsible for
10 providing benefits.

11 THE COURT: All right. Mr. Jordan, it's
12 my understanding you have one witness today?

13 MR. JORDAN: Correct, Your Honor.

14 THE COURT: And any witnesses on behalf of
15 any defendant here?

16 MS. COBB: No, Commissioner. The employer
17 was deposed and his testimony has been submitted in
18 the APAs.

19 THE COURT: Ms. Walton, you agree?

20 MS. WALTON: That's correct.

21 THE COURT: Ms. Ross?

22 MS. ROSS: Correct.

23 MR. JORDAN: Could I add one other thing?
24 Sorry to her interrupt. I'll just ask that either
25 Dr. Pappas be named as authorized treating doctor, or

1 Dr. McCoy had referred Ms. Galvan to one of his
2 surgical partners Dr. Schaaf at Lowcountry
3 Orthopaedics, one of those to be named as the
4 authorized treating doctor.

5 MS. WALTON: For the record, Dr. McCoy is
6 no longer performing surgeries.

7 MR. JORDAN: Correct.

8 THE COURT: Okay.

9 MS. COBB: And that's why he referred her
10 to one of the, yeah, surgical partners.

11 THE COURT: All right. Ms. Gainer, a few
12 questions. Number one, are you a friend, associate
13 or relative of a party or counsel for a party
14 involved in this proceeding?

15 THE TRANSLATOR: Not at all, Your Honor.

16 THE COURT: Have you served in any
17 investigative capacity for any party involved in this
18 case?

19 THE TRANSLATOR: No, Your Honor.

20 THE COURT: Do you or your spouse or child
21 have any financial interest in the outcome of this
22 matter?

23 THE TRANSLATOR: None, Your Honor.

24 THE COURT: Have you been involved in the
25 choice of counsel or law firm in this case?

1 THE TRANSLATOR: None.

2 THE COURT: Are you an attorney or an
3 employee of any attorney of this case?

4 THE TRANSLATOR: No, sir.

5 THE COURT: Have you previously been
6 retained for private employment by any of the parties
7 in this matter?

8 THE TRANSLATOR: Have I in the past? Is
9 that what you're saying?

10 THE COURT: Yes, ma'am.

11 THE TRANSLATOR: Maybe. Probably. I know
12 all these attorneys. So in the last 18 years I'm
13 sure I've worked with all of them.

14 THE COURT: Okay. Any reason your
15 independence and judgment would be compromised in the
16 course of providing these services?

17 THE TRANSLATOR: Not at all, Your Honor.

18 THE COURT: Do the lawyers consent to
19 Ms. Gainer serving as our interpreter here today?

20 MR. JORDAN: Yes, sir.

21 MS. COBB: Yes, sir.

22 MS. WALTON: Yes, sir.

23 MS. ROSS: Yes, sir.

24 THE COURT: All right. Ms. Gainer, would
25 you raise your right hand, please?

1 LUNA GAINER,

2 AFTER BEING DULY SWORN TO TRANSLITERATE THE TESTIMONY
3 TRULY, ACCURATELY AND IMPARTIALLY AS FOLLOWS:

4 THE COURT: Ms. Galvan, would your right
5 hand, please.

6 ANA RODRIGUEZ GALVAN,
7 AFTER BEING DULY SWORN TO TELL THE TRUTH, TESTIFIED
8 AS FOLLOWS:

9 THE COURT: Please state your full name
10 for the record.

11 THE WITNESS: Ana Rodriguez Galvan.

12 THE COURT: All right. Mr. Jordan.

13 MR. JORDAN: Thank you, Your Honor.

14 DIRECT EXAMINATION

15 BY MR. JORDAN

16 Q. Ms. Galvan, we're here today for a work
17 injury that you sustained at Griffin Stafford; is
18 that right?

19 A. Yes. Correct.

20 Q. Was that your employer when you had your
21 original accident?

22 A. Yes. That's correct.

23 Q. Have you had any -- well, do you continue
24 to work there today? Do you continue to work there
25 today?

SKYLET KEAN (803) 609-0134
fttpam@aol.com

1 A. Yes.

2 Q. And I think you actually left work early
3 today to be here?

4 A. Yes.

5 Q. Have you worked for any other employers
6 since the time your accident until today?

7 A. No.

8 Q. At the time of your accident -- well, tell
9 us how you were hurt originally.

10 A. I was getting out of -- well, because I
11 used to clean hotel rooms. As I came out of the
12 bathroom I didn't see that the floor was wet. So I
13 came out and I slipped. What I did was I tried to
14 hold on with this arm (indicating) of the handle of
15 the door so that I would not fall. So I tried to
16 hold on because it's like a handle like those
17 (indicating). It's like just a handle. So I fell
18 right on my right side.

19 Q. And you pointed to that, the door in the
20 corner of this room?

21 A. Like that one (indicating). The hand
22 slipped off and I fell down.

23 Q. And at that time I think you said you were
24 a housekeeper?

25 A. Yes.

1 Q. After the accident you were provided some
2 additional treatment with Concentra; is that right?

3 A. Yes.

4 Q. And then you were sent to Dr. McCoy?

5 A. Yes.

6 Q. Did he perform surgery on you in February
7 of 2016?

8 A. Yes.

9 Q. Before you had surgery what problems were
10 you having as a result of the accident?

11 A. Pain in this entire part of my arm
12 (indicating). My neck was also hurting but just a
13 little. Mostly the part of my arm.

14 Q. Okay. And you had sort of indicated.
15 You're pointing. Was the pain going down your arm as
16 well?

17 A. All this part here (indicating).

18 Q. Okay. And just for the record, you're
19 pointing to your shoulder and into your upper arm?

20 A. Yes. This (indicating).

21 Q. Then after surgery did you have physical
22 therapy?

23 A. Yes.

24 Q. Did it help?

25 A. No.

1 Q. All right. How were your symptoms
2 different after you finished surgery and physical
3 therapy?

4 A. It was the same pain. Nothing changed
5 after the surgery. The pain was the same before and
6 after the surgery.

7 Q. And were you having the pain in those same
8 places that you pointed to just a few minutes ago?

9 A. Yes. Now is more than the neck and the
10 numbing of my hand and fingers.

11 Q. When did you return to work after surgery?

12 A. I don't remember the date.

13 Q. Approximately how many months after
14 surgery were you out of work?

15 A. About three months more or less.

16 Q. When you went back to work were you doing
17 light duty?

18 A. Yes, because I had restrictions.

19 Q. Correct. And then were you promoted at
20 some point around that same time period?

21 A. Yes.

22 Q. And what is your job now?

23 A. Supervisor. Housekeeping supervisor.

24 Q. Do you remember when you were promoted to
25 housekeeping supervisor?

1 A. I don't remember.

2 Q. Was your job any different when you were
3 doing light duty under restrictions after coming back
4 from surgery versus when you were promoted to
5 supervisor?

6 A. Can you explain it again, please?

7 Q. Sure. The first time you came back to
8 work after surgery you were doing light-duty work.
9 Were you a supervisor at that point?

10 A. Yes. They changed my position.

11 Q. Okay. And so you've been a supervisor the
12 entire time you've been back to work after your
13 surgery in 2016?

14 A. Yes.

15 Q. Has your job changed at all between that
16 time and today?

17 A. Only -- only restrictions that I have.
18 But it's the same.

19 Q. Your job is the same and what you do at
20 work is the same?

21 A. Comparing to before the surgery? I'm
22 sorry.

23 Q. No. No. No. Since you returned to work
24 after surgery is your job essentially the same that
25 entire time through today?

1 A. Yes. Only the limitations now.

2 Q. What do you do at work?

3 A. I go inside the rooms that the
4 housekeepers have been cleaning checking that the
5 bathroom has all the towels and that the trash bags
6 and is completely clean. Checking the room to make
7 sure the bed is well made and that that the closet
8 doesn't have any clothing or things like that and
9 that the Kitchen is clean and not dirty.

10 Q. And if you find that there's a problem in
11 one of the rooms, do you have to perform the
12 housekeeping work yourself?

13 A. No. I have to let the person know, the
14 person that just cleaned the room to come back so
15 that she can either replace the things that were not
16 replaced or fix whatever was not well done.

17 Q. So what physical activities do you have to
18 perform at work other than walking from room to room
19 to check them?

20 A. What else do I have to do besides that you
21 mean?

22 Q. Yes, ma'am.

23 A. Just supervise.

24 Q. Okay. Do you have to help with the
25 laundry?

1 A. No, not now.

2 Q. Did you used to have to help with the
3 laundry?

4 A. No. Only folding the small towels for
5 face and hands.

6 Q. So you would fold wash clothes? Is that
7 what you're talking about?

8 A. Yes.

9 Q. And would you fold hand towels as well?

10 A. Yes.

11 Q. But not the big towels?

12 A. No.

13 Q. Okay. How often per day would you have to
14 fold those wash cloths and hand towels?

15 THE TRANSLATOR: The interpreter could ask
16 for clarification. Did you say did you have to or
17 you have to now?

18 BY MR. JORDAN

19 Q. No. Right now.

20 A. I don't have a specific number because we
21 have someone who works in laundry.

22 Q. Is that something you have to do every day
23 at work?

24 A. Sorry?

25 Q. Is that something you have to do at work

1 to every day?

2 A. You mean folding the towels?

3 Q. Yes, ma'am.

4 A. No.

5 Q. Do you have to open and close drawers?

6 A. When I inspect the room, yes. The small
7 drawers I have to open and close because they might
8 have clothing.

9 THE TRANSLATOR: The interpreter is going
10 to ask for clarification.

11 THE WITNESS: And the bureaus, the small
12 bureaus next to the bed.

13 BY MR. JORDAN

14 Q. So how many drawers are you opening and
15 closing in a room?

16 A. There are three. Three drawers and two
17 small ones. They are small. They are small.

18 Q. Typically what arm do you use to open and
19 close the drawers?

20 A. My left.

21 Q. Do you have any activities that you
22 perform at work that cause you increased pain?

23 A. Only if I tried to do like this
24 (indicating). But I try not to. Like I always try
25 to use my left arm.

1 Q. When you try to do like what?

2 A. Like, for example, if I want to pick up
3 something, I don't. I don't do it. I mean, well,
4 especially because I know I have the restrictions.
5 So I don't do it. I just -- I just do whatever I
6 can.

7 Q. Have you had any new accidents since you
8 have returned to work?

9 A. No.

10 Q. What treatment would you like to have at
11 this time?

12 A. My surgery so I can be well.

13 Q. And how many hours do you work a day?

14 A. It varies. Seven, eight, six and a half.
15 It depends.

16 Q. How many days do you work a week?

17 A. Five days a week.

18 Q. How many hours do you average in a week?

19 A. Between 35 and 40 hours. It varies.

20 MR. JORDAN: Thank you, ma'am. I don't
21 have any other questions.

22 THE COURT: Ms. Walton.

23 MS. WALTON: Thank you.

24 CROSS-EXAMINATION

25 BY MS. WALTON

1 Q. According to the records that have been
2 submitted by Hartford on Page 193 it indicates you
3 returned back to work on August 15th, 2016. Does
4 that sound correct?

5 A. Yes.

6 Q. And do you recall reporting to the
7 therapist on August 18th, 2016 that you were doing
8 better?

9 A. I told her that the therapies were not
10 helping me. That the pain was still there.

11 Q. Do you recall Dr. McCoy releasing you from
12 treatment on --

13 A. Sorry.

14 Q. On September 28th, 2016?

15 A. Yes.

16 Q. And you did not see him again for an
17 entire year; correct?

18 A. I don't remember how much time had
19 elapsed.

20 Q. Do you remember testifying that during
21 that one year the only medication you took was
22 Tylenol for headaches?

23 A. Yes.

24 Q. And during your second deposition on
25 March 14th, 2018, do you recall being asked whether

1 you were any worse in terms of your right shoulder
2 and neck pain?

3 A. Yes.

4 Q. And you testified that your movement with
5 things like opening drawers is what made your pain
6 worse; correct?

7 A. Yes.

8 Q. And at that time you testified that you
9 were folding towels for around two hours per day;
10 correct?

11 A. Yes.

12 Q. And do you recall when you stopped using
13 your right arm as much to open these drawers?

14 A. I don't remember the date but I did stop
15 using it. I was using my left now.

16 Q. During the third time that you had a
17 deposition do you recall being asked whether your
18 symptoms were worsening since the last time you had
19 been deposed?

20 A. Yes.

21 Q. And you testified that your symptoms had
22 continuously gotten worse over the last six months
23 since you were deposed in March 2018; correct?

24 A. Yes. Yes.

25 MS. WALTON: I don't have any further

1 questions. Thank you for your time.

2 THE COURT: Ms. Cobb.

3 CROSS-EXAMINATION

4 BY MS. COBB

5 Q. Good afternoon. I know you've had your
6 deposition taken three times. So you've probably
7 been asked a lot of the same questions over and
8 again. So I apologize if we keep asking the same
9 questions, but we just want to make sure we
10 understand what you're telling us. Okay?

11 A. Yes. That's fine.

12 Q. So your accident that you have testified
13 about occurred when you tried to grab the handle of a
14 door and you felt pain in your right shoulder, your
15 right arm and the side of your neck; is that right?

16 A. Yes.

17 Q. And that was in October of 2015?

18 A. Yes.

19 Q. Since that accident that we just
20 discussed, have you had any new accidents while
21 working for the employer?

22 A. No.

23 Q. Did you have any accidents at home that
24 you had since October of 2015?

25 A. No.

1 Q. And Dr. McCoy did surgery to your right
2 shoulder in February of 2016; is that right?

3 A. Yes.

4 Q. And it's my understanding that you've
5 testified that the surgery Dr. McCoy did did not help
6 your pain; is that right?

7 A. That's correct.

8 Q. And that the same pain you had before he
9 did surgery is the same pain you had after surgery?

10 A. Yes.

11 Q. And that's what you told Dr. McCoy when
12 you went back to see him in September of 2016; is
13 that correct?

14 A. Yes.

15 Q. And even though you told Dr. McCoy that in
16 September of 2016, he released you for treatment and
17 you didn't go back for a year; is that right?

18 A. Yes.

19 Q. But you didn't have any new accidents at
20 work?

21 A. No.

22 Q. You didn't go to your supervisor or your
23 boss and say I've hurt myself again today at work?

24 A. No.

25 Q. And when you went back to work after

1 surgery, that's when you became a supervisor?

2 A. Yes. Correct.

3 Q. So after surgery you never had to do the
4 actual cleaning again; is that right?

5 A. Correct.

6 Q. And what you do is check on other
7 housekeepers, pull out some drawers, and then fold
8 the small square hand towels; is that right?

9 A. Yes. Correct.

10 Q. And that's what you still do at work?

11 A. Yes.

12 Q. Is we're in the year 2019. So
13 three-and-a-half years since your accident. Is the
14 pain that you've had since October 2015, has that
15 ever gone away, that same pain?

16 A. Now it's worse.

17 Q. Is it worse because the tear that the
18 doctor told you hasn't had surgery yet?

19 A. That pain I have always had it. It never
20 went away after the surgery. But now I feel that
21 it's worse. I don't know whether it's because of the
22 time that has lapsed.

23 Q. Do you relate the pain you have now that's
24 worse back to the original accident that occurred in
25 October of 2015?

1 A. Yes.

2 Q. Because you didn't have anything else
3 happen to your shoulder that you recall?

4 A. No.

5 MS. COBB: Thank you. Please answer any
6 other questions.

7 THE WITNESS: Thank you.

8 THE COURT: Ms. Ross.

9 CROSS-EXAMINATION

10 BY MS. ROSS

11 Q. Ms. Galvan, going back to your most recent
12 deposition No. 3 of 3 in October of 2018. Do you
13 remember that?

14 A. Yes.

15 Q. And did you testify there that you had no
16 problems or difficulties doing your job and that you
17 were able to perform all your job duties?

18 A. Yes.

19 Q. And do you stand by that today?

20 A. Yes, because I try to do it with my other
21 hand.

22 Q. Okay. And do you also remember asking --
23 or excuse me. Do you also remember being asked
24 whether you related getting worse to anything at
25 work?

1 A. Can you repeat it again, please?

2 Q. That wasn't very good, was it? On Page 23
3 you were asked, "And you said your current pain in
4 your neck, your right arm and your right hand is more
5 than it was at the time of your last deposition?"

6 THE TRANSLATOR: Your Honor, is it okay if
7 the interpreter looks at that long script --

8 THE COURT: Certainly.

9 THE TRANSLATOR: -- of thing that she has
10 just read. Thank you, Your Honor.

11 THE WITNESS: Yes.

12 BY MS. ROSS

13 Q. And you were asked whether you related
14 that to anything at work?

15 A. No, because the entire time the pain was
16 there. So no.

17 MS. COBB: Commissioner, just for the
18 record, that was page -- APA Page 289 that she showed
19 the claimant.

20 THE COURT: Yes, ma'am.

21 MS. COBB: Of my APAs. Sorry.

22 MS. ROSS: That's all I have.

23 THE COURT: Anything further?

24 MR. JORDAN: Nothing further.

25 THE COURT: Anything from anybody else?

1 MS. ROSS: No, sir.

2 MS. COBB: No, sir.

3 THE COURT: All right. Any other
4 witnesses on behalf of the claimant?

5 MR. JORDAN: None from the claimant.

6 THE COURT: Ms. Cobb?

7 MS. COBB: No, sir.

8 THE COURT: Ms. Walton?

9 MS. WALTON: No, sir.

10 THE COURT: Ms. Ross?

11 MS. ROSS: No, ma'am.

12 THE COURT: All right. That will conclude
13 this proceeding.

14 (WHEREUPON, THE HEARING WAS CONCLUDED AT 3:32 P.M.)

15

16

17

18

19

20

21

22

23

24

25

SKYLET KEAN (803) 609-0134
fttpam@aol.com

1 CERTIFICATE OF REPORTER

2
3 STATE OF SOUTH CAROLINA

4 COUNTY OF RICHLAND

5
6 I, SKYLET KEAN, COURT REPORTER AND NOTARY
7 PUBLIC, FOR THE STATE OF SOUTH CAROLINA, DO HEREBY
8 CERTIFY THAT SAID HEARING TRANSCRIPT IS A
9 STENOGRAPHIC REPORT AND WAS TRANSCRIBED THROUGH
10 COMPUTER-AIDED TRANSCRIPTION; THAT THE FOREGOING
11 TRANSCRIPT CONTAINS A TRUE RECORD OF SAID HEARING.
1213 I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY
14 NOR COUNSEL FOR, NOR RELATED TO NOR EMPLOYED BY ANY
15 OF THE PARTIES CONNECTED TO THE ACTION, NOR AM I
16 FINANCIALLY INTERESTED IN THE ACTION.
1718 WITNESS MY HAND AT COLUMBIA, SOUTH CAROLINA,
19 THIS 14TH DAY OF MAY 2019.
20
21
2223
24 SKYLET KEAN, COURT REPORTER
25 NOTARY PUBLIC FOR THE STATE OF
SOUTH CAROLINA
MY COMMISSION EXPIRES: 07/30/2024SKYLET KEAN (803) 609-0134
fttpam@aol.com

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1515209

Ana Rodriguez Galvan,)
)
Claimant,)
)
v.)
)
Griffin Stafford North)
Charleston,)
)
Employer,)
)
and)
)
Employer Preferred Insurance)
Company, State Accident Fund,)
and Hartford Fire,)
)
Carrier/Defendants.)
)
-----)

FULL COMMISSION HEARING

Tuesday, November 19, 2019
10:26 a.m. - 10:58 a.m.

The Full Commission Hearing was heard before Commissioners Aisha Taylor, R. Michael Campbell, II, and Avery Wilkerson at the South Carolina Workers' Compensation Commission, 1333 Main Street, Columbia, South Carolina on the 19th day of November, 2019, before Amber Scarborough, Court Reporter and Notary Public in and for the State of South Carolina.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

APPEARANCES

Michael J. Jordan, Esquire

The Steinberg Law Firm, LLP
118 S. Goose Creek Boulevard
Goose Creek, South Carolina 29445
Attorney for the Claimant/Respondent

Kathryn Fiehrer Walton, Esquire

Wood Law Group, LLC
1 Wesley Drive
Charleston, South Carolina 29407
Attorney for the Defendant/Appellant
(Employer Preferred)

Regan A. Cobb, Esquire

Holder, Padgett, Littlejohn & Prickett, LLC
945 Houston Northcutt Boulevard
Mount Pleasant, South Carolina 29464
Attorney for the Defendant/Respondent
(Accident Fund Insurance Company of America)

George T. Miars, Jr., Esquire

Willson, Jones, Carter & Baxley, P.A.
421 Wando Park Boulevard
Suite 100
Mount Pleasant, South Carolina 29464
Attorney for the Defendant/Respondent
(Hartford Fire)

INDEX

PAGE

CALL TO ORDER:

COURT REPORTER. 4

DEFENDANT/APPELLANT'S POSITION (Employer Preferred):

MS. WALTON. 4

CLAIMANT/RESPONDENT'S POSITION:

MR. JORDAN. 14

DEFENDANT/RESPONDENT'S POSITION (Accident Fund):

MS. COBB. 19

DEFENDANT/RESPONDENT'S POSITION (Hartford Fire):

MR. MIARS. 23

DEFENDANT/APPELLANT'S REPLY (Employer Preferred):

MS. WALTON. 24

Certificate 31



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

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



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

CALL TO ORDER:

COURT REPORTER: Today is November 19th, 2019. This is South Carolina Worker's Compensation case number 1515209. This is the case of Ana Rodriguez Galvan versus Griffin Stafford North Charleston and Employer Preferred Accident Fund and Hartford Fire. The Appellant is the defendant represented by Kathryn Walton. The respondent is represented by Michael Jordan for the claimant. Regan Cobb for Accident Fund and George Miars for the Hartford Fire. Each side is allowed ten minutes for oral argument and the Appellant three minutes in reply. You are requested argue the grounds of exception and stay within the record.

COMMISSIONER TAYLOR: And I believe there was an amendment on the time so that the Appellant will have ten minutes, each Respondent will have five minutes and then Appellant will have three minutes on rebuttal.

MS. WALTON: Thank you, Commissioners.

DEFENDANT/APPELLANT'S POSITION (Employer Preferred):

MS. WALTON: As was just referenced I represent Griffin Stafford which is a hotel that operates as Extended Stay in North Charleston. At the



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 time of the Claimant's original accident on
2 October 9th, 2015, the hotel was insured by
3 Employers Preferred Insurance Company, who I
4 represent here today. The main issue in
5 controversy is whether the Single Commission
6 applied the full analysis in the *Geathers*
7 decision from the Supreme Court or whether the
8 Single Commissioner erred by only applying part
9 of the *Geathers* analysis. The Single
10 Commissioner determined that the Claimant's
11 current condition for which she needs medical
12 treatment in her right shoulder emanates from
13 the October 9th, 2015, admitted injury which we
14 insured. However, I would assert to the court
15 that full analysis in *Geathers* is whether the
16 Claimant had a recurrence of that injury from
17 October 9th, 2015, or she had a worsening, an
18 objective worsening of her condition. It would
19 be my contention that the objective worsening
20 occurred based on the evidence in the record,
21 which I'll go into detail on and therefore the
22 -- and that there is no evidence that she had
23 a symptom recurrence from the October 9th, 2015
24 injury. Therefore, we would request that the
25 Claimant be placed at maximum medical



1 improvement for the October 9th, 2015 injury
2 and that Employer Preferred would not be held
3 liable for the Claimant's ongoing medical
4 treatment including her pending surgery. As
5 referenced, the injury occurred on October 9th,
6 2015. She had a right shoulder rotator cuff
7 repair operation by Dr. James McCoy that took
8 place on February 24th, 2016. Thereafter,
9 after some post operative physical therapy she
10 was placed at maximum medical improvement on
11 September 28th, 2016. At that time Dr. McCoy
12 opined that she had a 15 percent permanent
13 impairment to her right shoulder and could
14 anticipate future medical treatment to include
15 anti-inflammatory medications and occasional
16 injections into her right shoulder.
17 Thereafter, at the Claimant's request the
18 Defendants in that claim approved a second
19 opinion with Dr. Bright McConnell, that took
20 place on April 14th, 2017. Dr. McConnell
21 agreed -- McConnell agreed that the Claimant
22 was in fact at maximum medical improvement,
23 that she can anticipate the same future
24 conservative treatment to maintain maximum
25 medical improvement and that surgery was not



1 going to be warranted in the future. At that
2 point the Claimant had already been back to
3 work for several months. She returned back to
4 work on August 15th, 2016. She had no medical
5 treatment, no request for follow-up care, and
6 no medications filled for an entire year. It
7 wasn't until September 20th, 2017, that she
8 returned back to Dr. McCoy. He indicated in
9 the follow-up visits that an MRI would be
10 warranted and the MRI was -- was taken -- took
11 place on December 12th, 2017, and revealed a
12 new rotator cuff tear. And the Claimant was
13 deposed then in follow-up on March 14, 2018,
14 and when asked what -- you know what was giving
15 her trouble and things and she cited that when
16 she was at work she was having symptom
17 aggravation when she was at that point working
18 as a supervisor. She would go into the -- to
19 the hotel rooms it was -- she said it varied
20 some, but on average it was 10 rooms per day.
21 She would open all of the drawers in there and
22 that she would also fold towels for two hours
23 per day. We took Dr. McCoy's deposition to ask
24 him about causation on the second tear, and he
25 testified, open ended question, what do you



1 think caused this tear and he said I'd have to
2 say that it's her repetitive activities at
3 work. He also confirmed that this tear was --
4 he said it was causally related, which is also
5 what the physician testified to in *Geathers*,
6 but that it was not a reoccurrence. This is
7 not a reoccurrence of the same tear, that it's
8 in a different location, that the prior MRI and
9 subsequent MRIs were compared. He compared
10 them multiple times to confirm that this tear
11 is in a new location. The -- he also
12 confirmed that the prior tear remained in tack,
13 the one that was repaired during the operation,
14 that something -- he also testified something
15 had to have led to this new tear. And
16 therefore he concluded that her repetitive work
17 likely caused it but there's a possibility that
18 an incident such as pulling on a -- a stuck
19 drawer, something that she didn't give a lot of
20 significance to at the time, that that caused
21 this new tear as well. At that point Dr. McCoy
22 was asked when this tear likely occurred and he
23 testified that he had thought it was two to
24 three months prior to the December 2017 MRI
25 because there was no retraction of the muscle



1 around the tear, that it was acute, it had
2 fresh edges. That time line of two to three
3 months prior to the MRI is also the same time
4 frame that the Claimant returned back to Dr.
5 McCoy after a year lapse in treatment. All of
6 this points to the time frame when Accident
7 Fund Insured the hotel, when she had the MRI
8 when she returned. In the *Geathers* case which
9 we are arguing applies in this situation, the
10 second Carrier was determined to be liable even
11 if the first injuries significantly contributes
12 to the final condition. Now, the position in
13 *Geathers* testified that he thought it was --
14 the first injury was approximate cause of the
15 entire thing, that the subsequent condition
16 would not have occurred if it wasn't for the
17 first injury, that the subsequent condition
18 flowed from the first injury. I think that is
19 similar to the Single Commissioner's Order that
20 the Claimant's current condition emanates from
21 the original injury, but the analysis that our
22 order is lacking, the Single Commissioner did
23 not reach any conclusions on and the *Geathers*
24 case did apply is that there has to be a
25 distinguished -- a distinguishing whether their



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 claimant had a reoccurrence, whether this is a
2 reoccurrence which no one has testified that it
3 is, or if there was an aggravation or worsening
4 of the condition. Dr. McCoy testified that
5 there was clearly a worsening of her condition.
6 It's a new tear in a different place. Just
7 because the Claimant had similar symptoms did
8 not mean that she did not have a worsening of
9 her condition. The Claimant in *Geathers* had
10 testified that she felt she had the same
11 symptoms. She had also had a lapse in medical
12 treatment, although it was only four months
13 instead of the 12 that are -- is in our case,
14 is released from treatment as well. Therefore,
15 I think that there is a clear case law here
16 showing that the Claimant had a worsening of
17 her condition. Just because she doesn't recall
18 exactly when it happened is not pertinent in
19 this situation because she had a worsening of
20 her condition and we have the time frame of
21 when it occurred. We also have a doctor
22 testifying as to when it occurred.

23 **COMMISSIONER TAYLOR:** Ms. Walton don't we -- also
24 that there's testimony that she actually felt
25 like she never got any relief from the first



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 surgery and that she indicated that at least to
2 the therapist I believe and maybe even to the
3 doctor, but that she had still kind a released
4 anyway. So I think based on her testimony I
5 don't -- I wouldn't think she's saying that
6 there was something new that happened, she said
7 she never got better.

8 **MS. WALTON:** But in fact she had. I mean, she had
9 stopped with any medication. She had stopped
10 any treatment for an entire year. And that's
11 also the change and condition time frame. It's
12 a long time. An entire year. She's working
13 during this time. I know that in hindsight
14 when she's at a hearing she says oh, I now
15 stopped using my right arm and I think I just
16 was bad all along. Dr. McCoy even testified
17 that she has never been good with describing
18 the degree and level of her pain, that
19 throughout the course of treatment she's always
20 said I just have pain. And so he didn't think
21 she was a good, accurate historian. I mean,
22 we're also working through a translator and
23 have those issues as well. I understand Ms.
24 Galvan's perspective that she, you know,
25 probably never will think that she had gotten



1 fully better because she does have permanent
2 impairment after the October 9th, 2015 injury.
3 I mean, you don't get back to baseline and to
4 have permanent impairment.

5 **MR. WILKERSON:** And a fairly significant impairment.

6 **MS. WALTON:** Right.

7 **MR. WILKERSON:** It wasn't a slight impairment.

8 **MS. WALTON:** Right. So I think that that also
9 shows, yes, of course she had ongoing problems.
10 She was going to have ongoing problems. But I
11 -- even through her range of motion was doing
12 really well he thought she was going to
13 continue to improve and obviously we all
14 thought that until she had a worsening of her
15 condition and had to be returned to the doctor.
16 You know, there's Dr. Pappas has been listed as
17 the new treating physician since Dr. McCoy is
18 no longer performing surgeries and he's the one
19 who issued this opinion saying oh, one way or
20 another it all relates back to the October 9th,
21 2015 injury. But the way he -- if you read his
22 report everything that he's recommending has
23 already been done. He's saying, oh, maybe it's
24 bursitis. Well, Dr. McCoy also thought that
25 initially when she returned in September of



1 2017. He injected her shoulder. She didn't
2 have improvement, so he testified that in his
3 opinion that ruled out bursitis from the
4 October 9th, 2015 injury being the cause of her
5 symptoms. Dr. Pappas also says, well, maybe we
6 can evaluate this surgical screw or bone anchor
7 in her shoulder, maybe that's giving her a
8 problem. Dr. McCoy also thought that might be
9 a situation. He did x-rays during the return
10 visits. During his second deposition he was
11 looking at pictures of the films that Dr.
12 Pappas took as well as the ones he took after
13 it and he said the bone anchor is in place,
14 it's not causing any of the problems. So it
15 just feels like Dr. Pappas' opinion, coming in
16 as the eighth physician to evaluate the
17 Claimant, is really just redundant. What he's
18 recommending has already been done. And Dr.
19 McCoy testified that, yes, we ruled out the
20 bursitis, we ruled out the bone anchor and what
21 we're in fact dealing with is a new tear.

22 **COMMISSIONER WILKERSON:** Go ahead and finish your
23 thoughts.

24 **MS. WALTON:** Based on all this information and
25 outlined in our brief the Defendant's,



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 Employers Preferred Insurance Company, would
2 respectfully request that the Commission find
3 that the Claimant reached maximum medical
4 improvement due to the October 9th, 2015 injury
5 and that Employer's Insurance is not
6 responsible for the Claimant's ongoing
7 treatment due to the worsening of her
8 condition.

9 **COMMISSIONER WILKERSON:** Mr. Jordan?

10 **CLAIMANT/RESPONDENT'S POSITION:**

11 **MR. JORDAN:** I talk very fast, so I'm going to talk
12 somehow faster than that.

13 **COMMISSIONER WILKERSON:** Please don't. We can't
14 listen to you.

15 **MR. JORDAN:** Thank you. Michael Jordan for the
16 Claimant/ Respondent. As Kate stated, Ms.
17 Walton sus- -- or Ms. Galvan sustained an
18 admitted injury in October of 2015. We're
19 really here today to talk about one part of her
20 injuries. We're talking about her right
21 shoulder and whether she's re-aggravated or
22 worsened it and Geathers applies, but aside
23 from that we have a neck injury that still
24 needs to be addressed, that Kate's client
25 ultimately is still going to be on the hook for



1 to address even though that's not an admitted
2 injury, that's been held in abeyance to deal
3 with the right shoulder first. By all accounts
4 Ms. Galvan's been a great Employee for the
5 hotel. After this accident and after her
6 surgery she came back to work, promoted to
7 supervisor because they wanted to keep her
8 around and what's important is that when they
9 promoted her to supervisor they changed what
10 her worker -- what her work duties were. And
11 so it's during this time period that Kate has
12 talked about is when the alleged reoccurrence
13 occurs that we don't think did occur and don't
14 think possibly could have occurred because her
15 work duties were she would fold small towels
16 and she would open and close drawers and she
17 was -- she wasn't actually doing the
18 housekeeping work she was a supervisor going
19 behind the housekeepers to check their work.
20 What's important I think for Ms. Galvan is that
21 one way or another, regardless of the decision
22 of the Court about the Order, that she's going
23 to get her medical treatment either with --
24 with Kate's client or through Regan's client
25 and Ms. Galvan is sort of a neutral party.



1 She's gonna get her medical treatment and so
2 she doesn't really have that much of a dog in
3 the fight other than she wants to get better.
4 But from my perspective and from the Claimant's
5 perspective as Claimant's attorney, if I came
6 to the Commission and I had a repetitive trauma
7 case that consisted of opening and closing
8 drawers about 10 times a day, folding small
9 towels and I also had a Claimant who says they
10 did not get injured and maybe more importantly
11 an Employer who says that there was no injury
12 -- and their testimony's is on page 333 of the
13 APAs, which I'll read it off to you in -- in
14 just one second -- and a doctor who's sort of
15 I think speculating as to what the cause was.
16 I think this was just a situation where she
17 didn't have a good result from her surgery and
18 doctor's not necessarily willing to own up to
19 it and she needs some sort of revision surgery
20 like it's been recommended by Dr. Pappas. He
21 says, you know, just a diagnostic, that they
22 come back one way, needs revision surgery on
23 her shoulder. They come back the other way,
24 she's to have the screw taken out. What the
25 Employer says is that -- it was asked in April



1 of 2018, has Ms. Galvan worsened her condition
2 through work activities on the job and he says,
3 no, I'm not aware of that at all. Then he was
4 asked, I assume that's something you have --
5 you would have become aware of, correct, and he
6 says, absolutely. And he goes on then to talk
7 a little bit about that he would be aware of
8 it. Then he's asked, and nobody has complained
9 to you that her work activities are causing
10 some type of new symptoms, is that accurate?
11 Yes, that's accurate. And again that's on page
12 333 of the APAs. And so we have a situation
13 where Ms. Galvan has the same symptoms that
14 she's had since the surgery. She's performing
15 work activities that are not necessarily
16 repetitive in nature. She -- the Claimant
17 herself says there was no new accident.
18 Employer says there's no new accident, but one
19 of the Carriers involved is maintaining there
20 was a new accident. What I think is also
21 important with regard to maximum medical
22 improvement is that Dr. Pappas, I think, hits
23 the nail on the head about what she needs, but
24 also Dr. McCoy that the -- that Employers
25 Preferred relies on, on page 425 of the APAs,



1 which is page 35 of his transcript line six
2 through twenty says, that he agrees that she's
3 a surgical candidate. He says that she needs
4 treatment to get better and improve her
5 symptoms and that if that's the case then she's
6 not -- then she -- how could she be at maximum
7 medical improvement. So we have the two
8 doctors who seem to be at issue in this case.

9 Dr. Pappas and Dr. McCoy, who both say she
10 needs -- she's going to need surgery, who both
11 say that she has not reached maximum medical
12 improvement. And again we think it's just not
13 necessarily a case where -- it wasn't a good
14 surgical result and that's sort of the bottom
15 line in this case. Logistically if the panel
16 were to agree with Kate's position the case
17 would proceed such that Regan's client would be
18 -- well, Kate would have to pay some permanency
19 to the shoulder for up 'til that date of
20 maximum medical improvement and then Regan
21 would take over and her client would take over
22 treatment on the shoulder from there forward,
23 but also Kate would be responsible for any
24 alleged injuries to and disability to the neck,
25 medical treatment for the neck, etcetera.



1 There's been the -- it was briefed about who
2 should be authorized treating physician, and we
3 maintain Dr. Pappas is really the only doctor
4 who has a plan for Ms. Galvan. Dr. McConnell
5 was one of the doctors mentioned by Kate as
6 somebody who could take over as the authorized
7 treating physician, but it's my understanding
8 that if he does an IME he is unwilling to take
9 over treatment at that point. Dr. Spearman
10 would be fine, but again he doesn't have a
11 plan. The only person with a plan is Dr.
12 Pappas and really all that Ms. Galvan wants is
13 -- is to get better. But the elements of the
14 Geathers case are not met here. There's not a
15 repetitive trauma, accident to even start the
16 Geathers case. We're talking about recur --
17 Kate was talking about reoccurrence. The
18 symptoms never changed and so there is no
19 reoccurring of symptoms. It's just a
20 continuation of -- of symptoms that she's had
21 from a bad result from surgery. Thank you.
22 Are there any questions?

23 COMMISSIONER WILKERSON: No.

24 MR. JORDAN: Okay.

25 DEFENDANT/RESPONDENT'S POSITION (State Accident



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 Fund) :

2 MR. COBB: Thank you, Commissioners. As indicated I
3 represent Accident Fund Insurance Company of
4 America. I was the last Defendant added to
5 this claim so I get to come to this fun party
6 that we're having and mainly I was added based
7 on the speculation of Dr. McCoy indicating of
8 when this new tear occurred based on when he
9 did the MRI in December 2017. So being last
10 added to the party that's why there was a third
11 deposition of the Claimant then she had to
12 testify at the hearings. So four different
13 times she testified no new accident. That's
14 also why there's two different depositions of
15 Dr. McCoy because once I got at it I had to
16 take his deposition again and he also stated
17 this is -- this relates to the original
18 accident of October 9th, 2015. So based on the
19 greater weight of the evidence supportings
20 related to the original accident, the fact that
21 there's been no evidence to prove a second
22 accident either by the Claimant or by the
23 doctor, which is all speculation, and that
24 there's no repetitive trauma based on her
25 testimony, all of that evidence points to the



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 fact that the Single Commissioner's decision
2 Order should be affirmed in full, that the
3 Claimant's continued treatment for her right
4 shoulder is the responsibility of Employers
5 Preferred and that Accident Fund should be
6 dismissed from this claim. As Mr. Jordan
7 indicated his client testified no new accident.
8 She is the best to know whether or not there
9 was a new injury. As Commissioner Taylor
10 indicated she -- the -- Ms. Galvan testified
11 that her pain never changed before the surgery
12 or after the surgery, and that once she went
13 back to work after her surgery she was then
14 promoted to supervisor and her job duties
15 changed, so the only thing she had to do were
16 open drawers and fold hand towels. And in that
17 testimony she also said she never used her
18 right arm and she would use her left arm most
19 of the time to do all those activities. So if
20 anybody is going to know she had a new injury
21 it would be Ms. Galvan. She also testified
22 that nothing happened at home to lead to a new
23 injury. So all of the evidence based on the
24 Claimant -- as Mr. Jordan said she has no dog
25 in the fight so why would she lie. Why would



1 she not just say there was a new injury to
2 support -- or a new -- a second accident to
3 support the new tear? But that's because she
4 told the truth four different times that there
5 was no injury. Dr. McCoy uses words like
6 basically, probably, maybe; she didn't put
7 significance on a new accident. That's just
8 speculation. He cannot say what happened to
9 her because she can't even say there was a
10 second accident. Geathers is very clear as to
11 when a Carrier is responsible and when the
12 change of causation is broken and that's if
13 there's two accidents. There was not two
14 accidents in this case. All of the evidence
15 point to the fact that there was one accident.
16 She never got better. She went back to work
17 and didn't use her arm again and she continued
18 to say it was related to the original injury.
19 But even when you do ask Dr. McCoy, as I did,
20 he states, yes, this still is the original
21 injury. Dr. Pappas said this is still the
22 original injury. It would be very easy for
23 them to point to the second Carrier or even the
24 third Carrier, but they did not do that. Also,
25 and the fact that speculation he says a tear



1 would not go unnoticed. That's because she
2 never got better so there was not a point where
3 she was pain free or even at the level of the
4 15 percent impairment given by Dr. McCoy. She
5 always had the same pain. In his last
6 deposition of April 4th, 2019, Dr. McCoy
7 testified that the new tear, that he thinks is
8 there, is in the same superspondis tendon as
9 the original injury. That right there, plus
10 all of the evidence of the testimony from Ms.
11 Galvan and her Employer, shows that this tear
12 goes back to the original injury. And based on
13 that evidence, based on the testimony the
14 greater weight shows that we do not need to be
15 responsible, Accident Fund is not responsible
16 for her current condition, that *Geathers* is
17 actually applied correctly in this case because
18 it's not the last injury exposure because there
19 was not two separate accidents. And based on
20 all that we would ask that you affirm the
21 decision order in full and dismiss Accident
22 Fund from this claim. Any questions?

23 MR. WILKERSON: Mr. Miars?

24 DEFENDANT/RESPONDENT'S POSITION (Hartford Fire):

25 MR. MIARS: Thank you, Your Honors. George Miars,



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 here on behalf of the Hartford. First, I'd
2 like to reiterate exactly what Regan and
3 Michael said and support their positions. The
4 Hartford did not become on the risk from this
5 claim until April of 2018. The tear had
6 already been diagnosed at that point in
7 December. Surgery had already been
8 recommended. We were not on the hook when any
9 of this occurred. We clearly do not believe
10 there's been any repetitive trauma. We'd
11 request that the Full Commission's decision --
12 sorry the Single Commission's decision be
13 upheld in full and that we be released from
14 this claim.

15 **DEFENDANT/APPELLANT'S REPLY (Employer Preferred):**

16 **MS. WALTON:** Thank you, Commissioners. A couple of
17 points. The Claimant's subsequent condition
18 and the cause of it has been documented by
19 evidence. Just because she doesn't recall when
20 it happened does not mean that she didn't have
21 a worsening of her condition that did not exist
22 at the time that she initially had an MRI, she
23 initially had surgery, and just because it's,
24 you know, the same area does not mean it's in
25 the same location. Yes, it's her right



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 shoulder, but Dr. McCoy testified that this is
2 in a completely different location and he
3 described I think more to the back and to the
4 right and his -- and so I mean this is
5 something completely new that did not exist at
6 the time of her initial injury, the MRI -- her
7 initial MRI or her initial surgery. No one is
8 saying that the Claimant's lying. It's just
9 simply that she doesn't know when this
10 worsening occurred.

11 **COMMISSIONER TAYLOR:** But doesn't it mean that
12 nobody knows when it occurs because if it -- we
13 know that it -- but take your argument, we know
14 that there was an MRI done at the beginning and
15 the doctor did surgery based on the MRI.
16 Anything after that we don't know when this --
17 however you're going to describe the tear
18 whether it's new, ongoing, a separate tear
19 doesn't matter. We don't know when it came and
20 I don't -- and I understand that Dr. McCoy said
21 that based -- there was no fraying and things
22 like that, but other than that opinion which I
23 think he kinda was not so firm on in the second
24 deposition, other than that how do we know when
25 it occurred? We don't know that she didn't



1 have this when she was released at MMI is my
2 point.

3 **MS. WALTON:** Well, we knew -- if you look at the
4 time line though she had a lapse in treatment,
5 almost as long as she actually treated for the
6 additional tear. So we've -- that entire time
7 line when she asked to go back to the doctor an
8 entire year has passed and if you take that in
9 -- and what she was doing that year -- her
10 testimony of what she was doing during that
11 year and two hours a day I mean every single
12 day of folding towels, that is not a non-
13 repetitive activity as Michael was arguing. If
14 you take that, her time line when she went back
15 and then Dr. McCoy's testimony over this being
16 a fresh tear without any of these fraying or
17 issues that would suggest that it had occurred
18 longer than two to three months prior to that
19 MRI everything parts back to September 2017.
20 The Claimant, if you look at her testimony even
21 during her third deposition she testified as to
22 when she was having that -- or the six months
23 prior to that and that was in October she was
24 having, you know, her symptoms had increased in
25 the six months prior. It all leads to --



1 points to that same time frame of when this
2 occurred. I understand that she didn't say
3 that she had a new accident, but I think that
4 the record and Dr. McCoy's testimony and the
5 time line all point to when it actually
6 occurred. I mean, are you going to hold a
7 Carrier on the hook for anything in the future
8 so long as the Claimant says I just don't
9 remember how this worsening happened. I just
10 don't know how it happened. Is it going to be
11 that first Carrier going to be responsible for
12 it?

13 **COMMISSIONER TAYLOR:** She said it was the same pain.

14 **COMMISSIONER WILKERSON:** Same pain.

15 **MS. WALTON:** But that's the -- that's exactly what
16 the Claimant testified to in *Geathers*, that it
17 was the same pain that she had the same
18 symptoms. If -- if you read the *Geathers* case
19 and look at it you are looking at almost the
20 identical situation. The Claimant clearly had
21 a worsening. She says it's the same symptoms.
22 She says, you know, the doctor says that
23 approximately -- approximate cause of the
24 whole thing but clearly she had a worsening.

25 **COMMISSIONER TAYLOR:** Where's the -- but those are



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 my questions and where is the worsening because
2 she doesn't testify to any worsening. I think
3 in *Geathers* when we got back to the second
4 occurrence then there was this pain was the
5 same that it was the first time but there was
6 kinda an ebb and flow. In this case this
7 Claimant is saying it -- it's hurt the whole
8 time.

9 **MS. WALTON:** I don't think that -- if I would direct
10 you to her testimony on, let's see, on pages --
11 Accident Fund's 300 through 302. What your
12 saying of when she had the worsening, which was
13 the fall of 2017 where she had the increased
14 pain to the point that she went to the doctor.
15 If you are having the same pain for an entire
16 year surely would request at least medication
17 during that time. To say, you know, I -- I get
18 that it's in the same location and she's saying
19 it feels the same now, but we had such a lapse
20 where she had no treatment, no requests for
21 anything. I mean, this is, you know, what
22 about -- what do you do with the new tear. I
23 mean, it's not something anybody has said is a
24 natural progression from the initial injury.
25 Dr. McCoy said it was not anticipated. Nobody



1 anticipated surgery. And I would also point
2 out just quickly -- I know time has expired --
3 to page 22 of my brief on the Form 50, the
4 Claimant had pled the neck. It's proper to
5 address. Dr. McConnell, Richards & McCoy all
6 said she had a relatively normal MRI, she had
7 a negative EMG. Dr. McCoy testified she
8 doesn't have an issue with her cervical spine.
9 Dr. Freeman stated that she has no neck injury
10 related to October 9th, 2015 so I do think
11 that's an issue to be addressed at this time as
12 well.

13 **COMMISSIONER WILKERSON:** Is it addressed by itself,
14 Commissioner?

15 **COMMISSIONER TAYLOR:** No.

16 **COMMISSIONER WILKERSON:** How can we address it now?

17 **COMMISSIONER TAYLOR:** It was still in abeyance.

18 **COMMISSIONER WILKERSON:** That's right. So we can't
19 address it.

20 **MS. WALTON:** It's on the Form 50. It should have
21 been addressed.

22 **COMMISSIONER TAYLOR:** I believe that was the Single
23 Commissioner.

24 **COMMISSIONER WILKERSON:** Right. That's not us.

25 **COMMISSIONER TAYLOR:** All right.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 COMMISSIONER WILKERSON: Thank you.

2 MS. WALTON: Thank you.

3 (There being nothing further, the full commission
4 hearing concluded at 10:58 a.m.)
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

Kate Fiehrer Walton

From: Deller, Valerie <VDeller@wcc.sc.gov>
Sent: Friday, September 27, 2019 8:36 AM
To: Lynnley D. Ross
Cc: Liz R. Lawrence; Regan Cobb; adonaghy@hplplaw.com; Kate Fiehrer Walton; Helen Sanborn; Matt Fultz; Michael Jordan; Lacey Dalesandro
Subject: RE: [External] RE: Ana Rodriguez Galvan vs. Griffin Stafford N. Charleston Y97C00172: 1515209 Rodriguez Galvan

Good morning. I am just letting all parties know that I will be attaching the below email to the file as explanation of page 299 for the APA's. As part of my responsibility for the Appeals Hearings, I have to verify all documents of the APA's are uploaded correctly and are on file before the Appeal Hearing can go forward.

With that, if there are any discrepancies or disputes, I will need to be made aware as soon as you know them. Thank you for your time in this matter.

From: Lynnley D. Ross <ldross@wjlaw.net>
Sent: Thursday, September 26, 2019 4:04 PM
To: Deller, Valerie <VDeller@wcc.sc.gov>
Cc: Liz R. Lawrence <erlawrence@wjlaw.net>
Subject: [External] RE: Ana Rodriguez Galvan vs. Griffin Stafford N. Charleston Y97C00172: 1515209 Rodriguez Galvan

Hi Valerie!

From what I can see, my APAs stopped at 268. I think Regan Cobb picked up from there on behalf of Accident Fund. But I checked my file and I don't think there is a page 299. That whole section is a part of the Claimant's depo. I attached 297 – 301 that I have in my file – no 299 either. But the page numbers for the depo are consecutive (top right). They go 31, 32, 33, 34 with no skip even though 299 is "missing."

This makes me think that there is no 299.

Lynnley



**WILLSON JONES CARTER
& BAXLEY, P.A.**

Lynnley D. Ross, Attorney
ldross@wjlaw.net
421 Wando Park Blvd., Suite 100
Mount Pleasant SC, 29464
Phone: (843) 284-1090
Fax: (843) 284-1081
wjcbllaw.com

This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you received this message in error, please send a reply, delete the message immediately and do not forward this message to any other person.

From: Deller, Valerie <VDeller@wcc.sc.gov>
Sent: Thursday, September 26, 2019 3:31 PM

To: Lynnley D. Ross <ldross@wjlaw.net>

Cc: Liz R. Lawrence <erlawrence@wjlaw.net>

Subject: Ana Rodriguez Galvan vs. Griffin Stafford N. Charleston Y97C00172: 1515209 Rodriguez Galvan

Good afternoon. Reviewing the APA's in this file. I'm missing page 299 of your APA. Can you please scan and email me just that page?

Valerie D. Deller

SCWCC Judicial Department

vdeller@wcc.sc.gov

803 737 5732

CONFIDENTIAL & PRIVILEGED

The preceding email message, including any attachments, may be confidential and/or protected by the attorney-client or other applicable privileges. It is intended for the sole use of the individual or entity named above. If the reader of this transmission is not the intended recipient, please notify the sender immediately and destroy any copies, electronic, paper or otherwise, that you may have of this communication. Any unauthorized review, use, disclosure or distribution is strictly prohibited and may be unlawful.

(Policy Provisions: WC000000C)

INFORMATION PAGE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
INSURER: The Hartford Accident and Indemnity Insurance Company
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number: 10448
Company Code: 5

POLICY NUMBER:
Previous Policy Number:

22 WEC AB3S1R
New

Suffix
LARS RENEWAL

1. **Named Insured and Mailing Address:** GRIFFIN STAFFORD OF NORTH CHARLESTON LLC
(No., Street, Town, State, Zip Code) 124 FLOYD SMITH OFFICE PARK DR STE 150
CHARLOTTE NC 28262

FEIN Number: 20-8021863

State Identification Number(s):

The Named Insured is: LLC
Business of Named Insured: Hotels (except Casino Hotels) and Motels
Other workplaces not shown above: 7582 Stafford Rd
Charleston SC 29406

2. **Policy Period:** From 04/01/18 To 04/01/19 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: BB&T WOODBURY
1111 MILITARY CUTOFF RD 221
WILMINGTON NC 28405

Producer's Code: 22270418
Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(877) 853-2582

Total Estimated Annual Premium: *
Deposit Premium:
Policy Minimum Premium: *

Audit Period: ANNUAL **Installment Term:** *
The policy is not binding unless countersigned by our authorized representative.

Countersigned by *Sumit K. Chatterjee*
Authorized Representative

04/04/18
Date

Form WC 00 00 01 A (1) Printed in U.S.A.
Process Date: 04/04/18

Page 1 (Continued on next page)
Policy Expiration Date: 04/01/19

RECEIVED

Jan 19 2022

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, Employee, 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.....Appellants,

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

CERTIFICATE OF COUNSEL

The undersigned certifies that the Record on Appeal contains all material proposed to be included by all parties and not any other material.

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

By: 
Kathryn Fiehrer Walton, Esquire
Attorney for Appellants
Griffin Stafford North Charleston
and Employers Preferred Insurance Co.

December 14, 2021

THE STATE OF SOUTH CAROLINA
In the Court of Appeals
APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

RECEIVED
Jan 19 2022
SC Court of Appeals

Case No. 2021-000585

Ana Rodriguez Galvan, Employee, 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.....Appellants,

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

CERTIFICATE OF COMPLIANCE

The undersigned counsel for the Appellant certifies that the Record on Appeal complies with the
Supreme Court's Revised Order Concerning Personal Identifying Information and Other Sensitive
Information.

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

By: 
Kathryn Fiehrer Walton, Esquire
Attorney for Appellants
Griffin Stafford North Charleston
and Employers Preferred Insurance Co.