

**THE STATE OF SOUTH CAROLINA
In The Court of Appeals**

**APPEAL FROM
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1206236**

Appellate Case No. 2019-001936

RECEIVED
MAY 02 2022
SC Court of Appeals

Jennie Cox,.....Appellant,

v.

**Palmetto State Transportation, Employer, and
Cherokee Insurance Company, Carrier;.....Respondents,**

**RECORD ON APPEAL
VOLUME II**

Adrianne L. Turner
Turner Law LLC
P.O. Box 210638
Columbia, South Carolina 29221
(803) 467-8687
aturner@turnerlawsc.com
Attorney for Appellant

George D. Gallagher
PO Box 1169
Columbia, South Carolina 29211
(803) 748-2259
ggallagher@speed-seta.com
Attorney for Respondents

Certificate to return to work or school

Mr.
Mrs.
Miss

Jennie Cox

has been under my care from Mon Apr 29 to Fri May 2

and is able to return to work/school on Mon May 6, 2013

Remarks Dental Surgery

Dr.

Larry Cobb

Date

4-29-13 Am

LARRY W. COBB, D.M.D.
2-C Cleveland Court
Greenville, S.C. 29607
864-271-9990

PIEDMONT ORAL SURGERY, P.A.

W. KEITH WALKER, D.D.S.

LARRY W. COBB, D.M.D.

2 C CLEVELAND COURT

GREENVILLE, SOUTH CAROLINA 29607

**PRACTICE LIMITED
ORAL SURGERY**

**TELEPHONE
(864) 271-9990**

May 9, 2013

Attn: St. Francis Outpatient Nutrition

RE: Jennie Cox

Patient Phone number: 864-243-0032

To Whom It May Concern:

Ms. Jennie Cox has begun oral reconstructive surgery with my office after trauma which she suffered on May 12, 2012. She is a worker's compensation case. Unfortunately, she is very malnourished. The success of our treatments depends upon her ability to heal. I believe that all of our treatment may be in jeopardy if her overall nutrition does not improve. Please have a consultation with her and treat for malnourishment. She is expecting a call from your office.

Sincerely,

Larry W. Cobb, DMD

Certificate to return to work or school

Mr.
Mrs.
Miss

Jeanne Cox

has been under my care from 7-24-2012 to Present

and is able to return to work/school on Tentative return May 20, 2013

Remarks Ms Cox has made steady progress after her surgery but continues to be malnourished. I have referred her to ST Francis nutrition counseling.

Dr.

Larry W. Cobb

Date 5-9-2013

LARRY W. COBB, D.M.D.
2-C Cleveland Court
Greenville, S.C. 29607
864-271-9990

FAXED
7-17-13

PIEDMONT ORAL SURGERY
W. Keith Walker, DDS
Larry W. Cobb, DMD
2C Cleveland Court
Greenville, South Carolina 29607
Tel: 864-271-9990 Fax: 864-235-7959

UNCOVERY APPOINTMENT

Date: 7/17/13

To:

Dr. Don Ridgell
Your patient, Jennie Cox was seen today.

RE: Implant(s) # 20, #23, #25, #27 + #30

☒ Uncovery today

☒ Surgical release scheduled on: 7/17/13

Comments:

Implants # 20, #23, #25, #27 + #30 uncovered
Certain healing abutment (straight) ISHA44 placed
on all implants

Follow up Note:

Pt has appointment w/ Dr. Ridgell 7-17-13 @ 1:30/pm

If you have any questions, please contact our office.
It is a pleasure working with you and providing treatment for your patients.

Larry W. Cobb D.M.D.
Larry W. Cobb DMD

PIEDMONT ORAL SURGERY
W. Keith Walker, DDS
Larry W. Cobb, DMD
2C Cleveland Court
Greenville, South Carolina 29607
Tel: 864-271-9990 Fax: 864-235-7959

RE: Jennie Cox
Dear Dr. Don Ridgell

I would like to take this opportunity to update you on the care of Jennie Cox.
These are the procedures that were performed: 7/17/13

Extractions: #

Implant Placement: # 3, #5, #6, #11, #12 & #14

#3 |  #3 |  #5 |  #6 | 

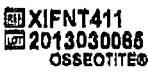
Healing time: 4 months

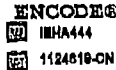
Follow up Appointment:

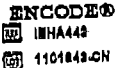
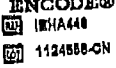
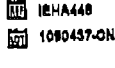
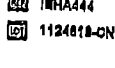
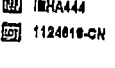
7-29-13

Thank you for referring your patient to our office. The confidence of your referral is greatly appreciated.

Encode healing abutments placed

#11 |  #12 | 

#14 |  ENCODE #3 | 

#5 |  #6 |  #11 |  #12 |  #14 | 

Sincerely,
Larry W. Cobb, DMD
Larry W. Cobb, DMD

Flowers have been sent to patient from Dr. Cobb and Dr.

LARRY W. COBB, D.M.D.
 2-C CLEVELAND COURT
 GREENVILLE, S.C. 29607
 TELEPHONE 271-9990
 PRACTICE LIMITED TO ORAL SURGERY

Jennie Cobb
July 29 AT 8:30
 IT IS IMPORTANT THAT AT LEAST 24 HOURS NOTICE
 BE GIVEN IF THIS APPOINTMENT CAN NOT BE KEPT

Certificate to return to work or school

Mr.
 Mrs.
 Miss

Jennie Cobb

has been under my care from _____ to _____

and is able to return to work/school on 8-8-13

Remarks Jennie was here this AM for
oral surgery.

Dr. Larry Cobb Date 7-17-13

LARRY W. COBB, D.M.D.
 2-C Cleveland Court
 Greenville, S.C. 29607
 864-271-9990

Certificate to return to work or schoolMr.
Mrs.
MissJennie Cox

has been under my care from _____ to _____

and is able to return to work/school on _____

Remarks Mrs Cox was also out of work on
July 15; July 16 in preparation for oral
surgery on July 17, 2013

Dr.

Larry W. Cobb

Date

7-18-13LARRY W. COBB, D.M.D.
20 Cleveland Court
Greenville, S.C. 29607
864-271-8890

Attn:

Scott Justice

Certificate to return to work or school

Mr.
Mrs.
Miss

Jennie Cobb

has been under my care from _____ to _____

and is able to return to work/school on 8-12-13

Remarks Jennie does not need to
go back to work 8-12-13

Dr.

Larry W. Cobb

Date

7-31-13

LARRY W. COBB, D.M.D.
2-C Cleveland Court
Greenville, S.C. 29607
864-271-9990

Time has been reserved for:

Jennie
On Thurs. Aug 15 At 8:30 A.M.
Also Mon. Aug 26 At 8:00 A.M.
Also Thurs Sept. 5 At 8:30 A.M.
Also Mon. Sept. 16 At 8:30 A.M.

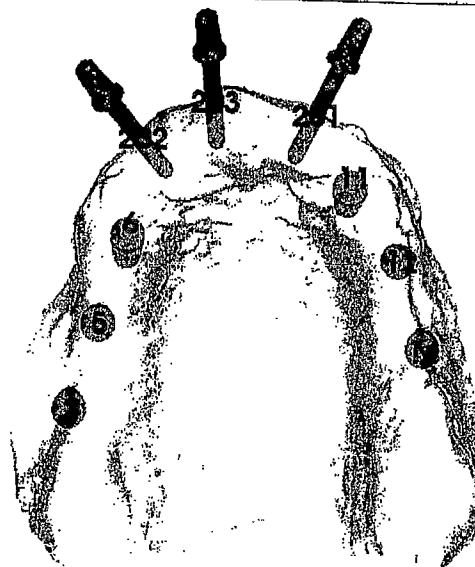
If unable to keep appointment, kindly give 24 hours notice.

Anatomage

Guide Reference Chart – Upper Arch

Anatomage Inc.
111, N. Market St. #800
San Jose, CA 95113
www.anatomage.com
info@anatomage.com
(408)888-1474 Phone
(408)285-9768 Fax

Case Info			Case Image - Upper Arch
Patient Name	16073 Cox, Jennie		
Referring Physician	Cobb, Larry		
Doctor Account	Cobb, Larry		
Guide System	Blomet Navigator (Tapered)		
Note	To reach desired depth, doctor will need to freehand 3mm more at sites 3, 6, 11, 12, 14. Guide may require a tissue punch at site #6 to seat properly.		
Guide Fixation			
Site	Manufacturer / Name / Size	Drill Depth (mm)	
201	(Anchor_Pin Anatomage) Ø2.00 / L14.00	15.0	
202	(Anchor_Pin Anatomage) Ø2.00 / L14.00	15.0	
203	(Anchor_Pin Anatomage) Ø2.00 / L14.00	15.0	



Implant Plan									
Site	3	5	6	11	12	14			
Implant Code	INT411	INT411	INT411	INT411	INT411	INT411			
Implant Length (mm)	11.50	11.50	11.50	11.50	11.50	11.50			
Implant Diameter (mm)	4.00	4.00	4.00	4.00	4.00	4.00			
Prolongation (mm)	8.0 (L)	5.0 (S)	8.0 (L)	8.0 (L)	8.0 (L)	8.0 (L)			
Implant Placement									
Tissue Punch	4	4	4	4	4	4			
Cortical Perforator	4(L)	4(S)	4(L)	4(L)	4(L)	4(L)			
Twist Drill / Handle-Side	e / T - 4	c / T - 4	e / T - 4	e / T - 4	e / T - 4	e / T - 4			
Countersink Drill	4(L)	4(S)	4(L)	4(L)	4(L)	4(L)			
Shaping Drill ^A	3.25x11.5(L)	3.25x8.5(S)	3.25x11.5(L)	3.25x11.5(L)	3.25x11.5(L)	3.25x11.5(L)			
Shaping Drill ^A	-	3.25x11.5(S)	-	-	-	-			
Shaping Drill	4x11.5(L)	4x8.5(S)	4x11.5(L)	4x11.5(L)	4x11.5(L)	4x11.5(L)			
Shaping Drill	-	4x11.5(S)	-	-	-	-			
Tap ^A	4x11.5(L)	4x11.5(S)	4x11.5(L)	4x11.5(L)	4x11.5(L)	4x11.5(L)			
Implant Mount	4(L)	4(S)	4(L)	4(L)	4(L)	4(L)			
Bone Profiler	4	4	4	4	4	4			
Analog Placement									
Analog Mount	4(L)	4(S)	4(L)	4(L)	4(L)	4(L)			
Analog Type	IILA20	IILA20	IILA20	IILA20	IILA20	IILA20			

^AThese Additional Steps are Required for Dense Bone.

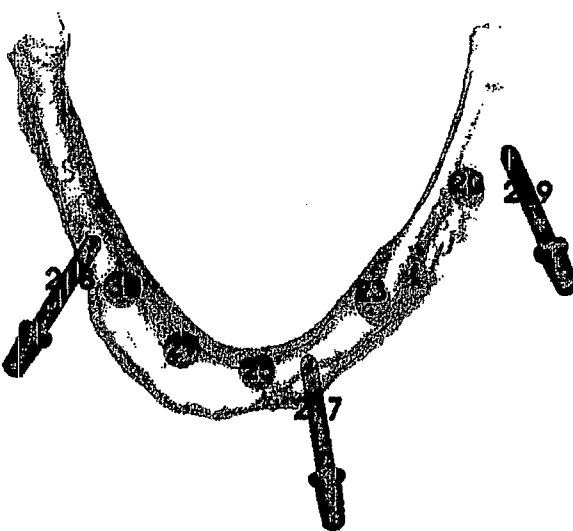
^RDesignates that the Reduction Handle Must be Used during this Step.

REC020 Rev A, 08/23/11

Anatomage

Guide Reference Chart – Lower Arch

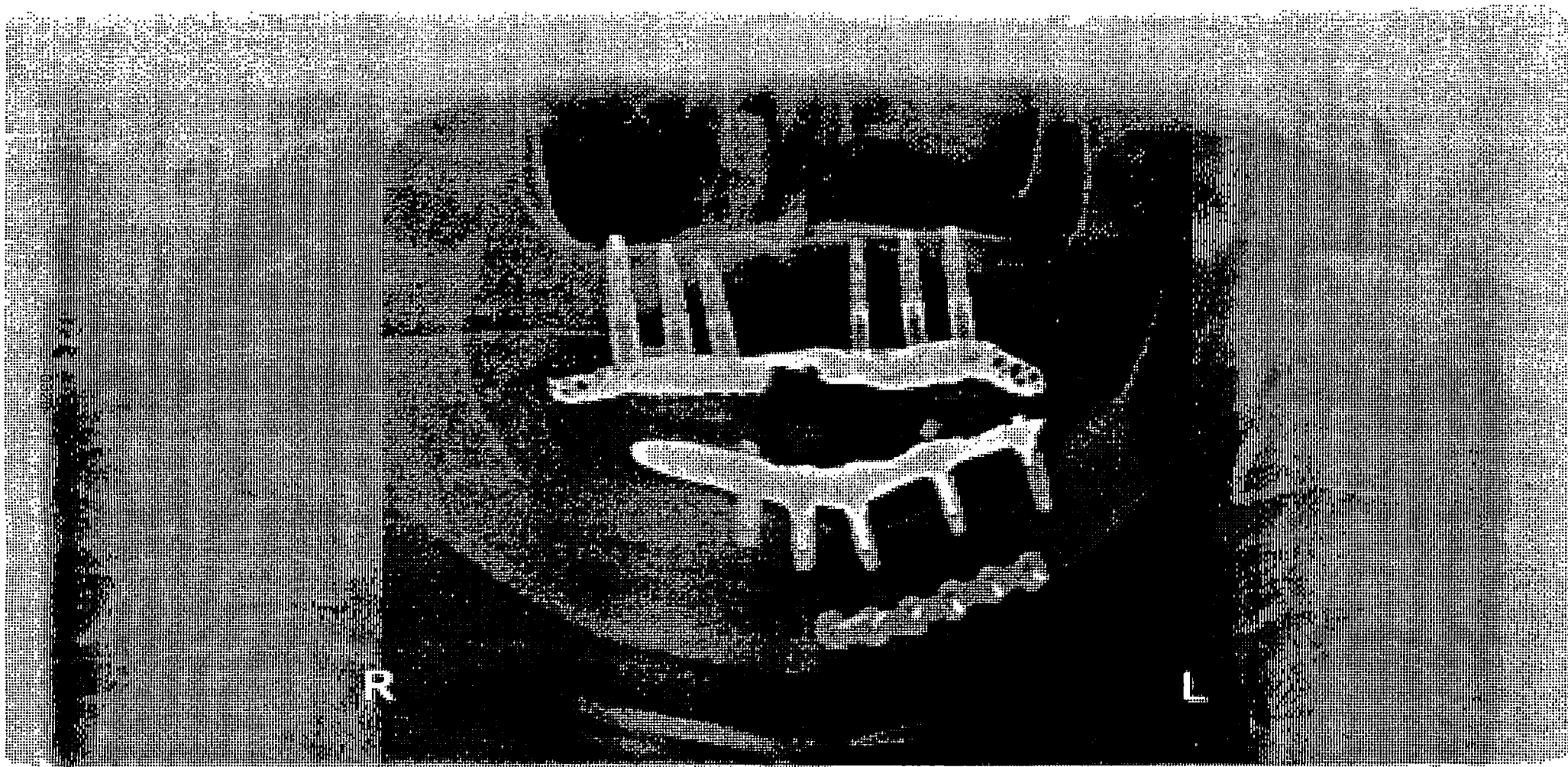
Anatomage Inc.
111, N. Market St., #800
San Jose, CA 95113
www.anatomage.com
info@anatomage.com
(408)865-1474 Phone
(408)295-9766 Fax

Case Info			Guide System: Lower Arch									
Patient Name	13376 Cox, Jennie											
Referring Physician	Cobb, Larry											
Doctor Account	Cobb, Larry											
Guide System	Blomel Navigator (Tapered)											
Note												
												
Guide Fixation												
Site	Manufacturer / Name / Size					Drill Depth (mm)						
217	(Anchor_Pin Anatomage) Ø2.00 / L14.00					15.0						
218	(Anchor_Pin Anatomage) Ø2.00 / L14.00					15.0						
219	(Anchor_Pin Anatomage) Ø2.00 / L14.00					15.0						
Implant Plan												
Site	20	23	25	27	30							
Implant Code	INT410	INT410	INT410	INT410	INT410							
Implant Length (mm)	10.00	10.00	10.00	10.00	10.00							
Implant Diameter (mm)	4.00	4.00	4.00	4.00	4.00							
Prolongation (mm)	5.0 (S)	8.0 (L)	8.0 (L)	8.0 (L)	5.0 (S)							
Implant Placement												
Tissue Punch	4	4	4	4	4							
Cortical Perforator	4(S)	4(L)	4(L)	4(L)	4(S)							
Twist Drill / Handle-Side	b / T - 4	d / T - 4	d / T - 4	d / T - 4	b / T - 4							
Countersink Drill	4(S)	4(L)	4(L)	4(L)	4(S)							
Shaping Drill	3x10(S)	3x10(L)	3x10(L)	3x10(L)	3x10(S)							
Shaping Drill												
Shaping Drill	4x10(S)	4x10(L)	4x10(L)	4x10(L)	4x10(S)							
Shaping Drill	-	-	-	-	-							
Tap	4x10(S)	4x10(L)	4x10(L)	4x10(L)	4x10(S)							
Implant Mount	4(S)	4(L)	4(L)	4(L)	4(S)							
Bone Profiler	4	4	4	4	4							
Analog Placement												
Analog Mount	4(S)	4(L)	4(L)	4(L)	4(S)							
Analog Type	IILA20	IILA20	IILA20	IILA20	IILA20							

*These Additional Steps are Required for Dense Bone.

*R Designates that the Reduction Handle Must be Used during this Step.

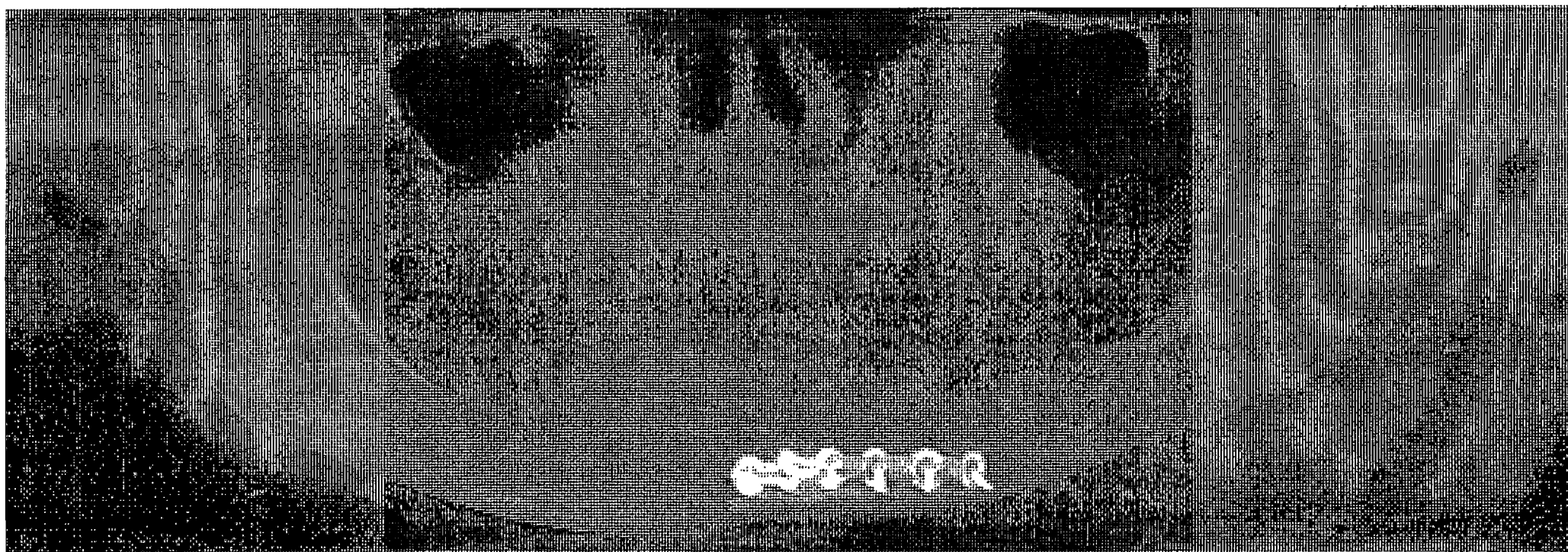
REC020 Rev A, 08/23/11

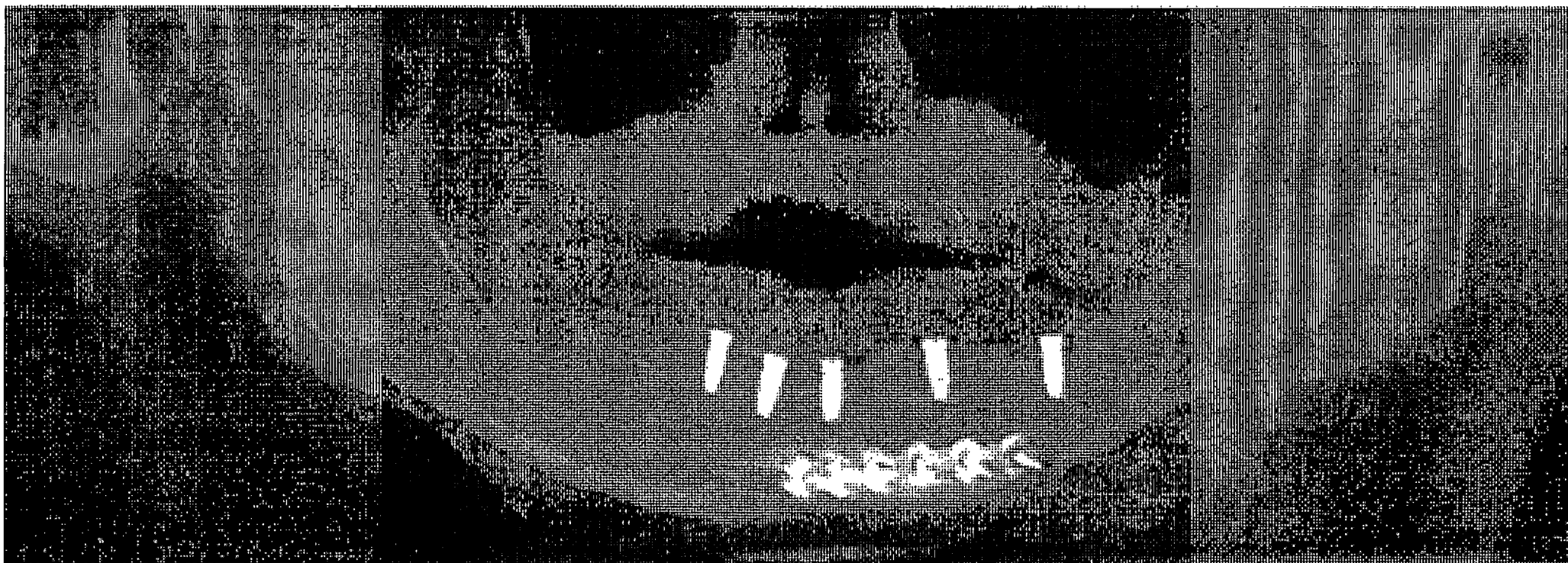


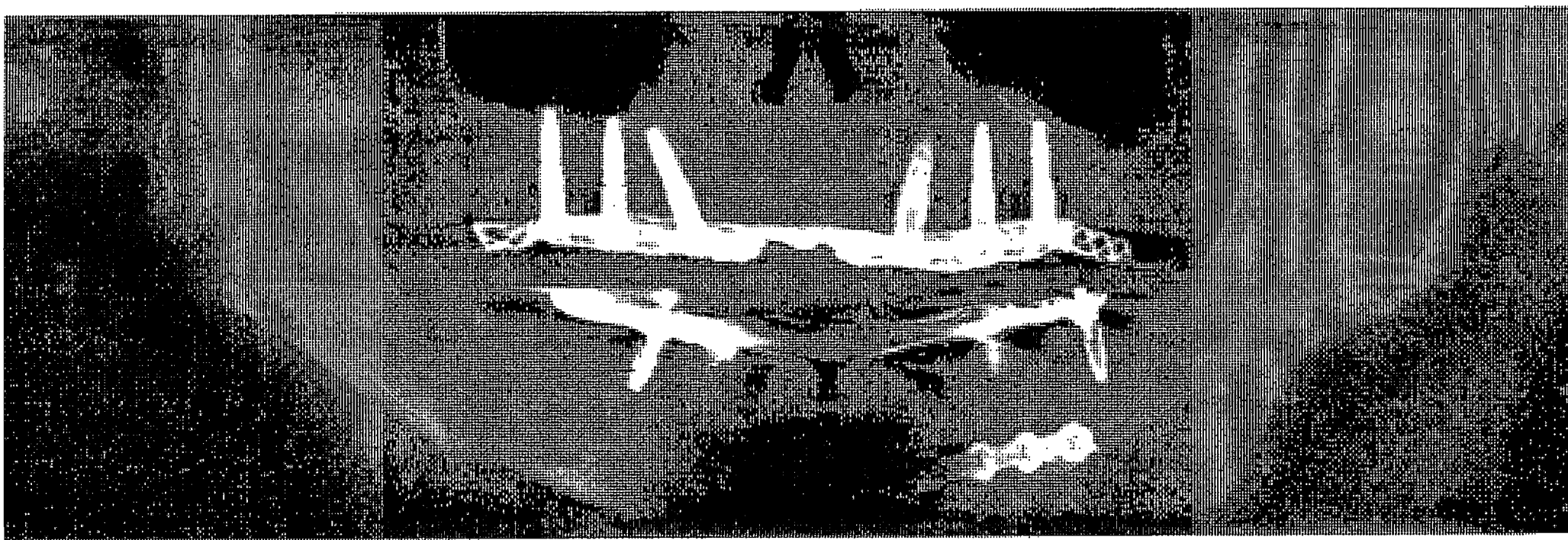














Physician's Statement

Claimant's Name: Jennie Cox

Employer's Name: Palmetto State Transportation

Physician's Name: Larry W. Cobb, D.M.D.

Insurance Carrier: Cherokee Insurance Company

Practice/Clinic: Piedmont Oral Surgery, P.A.

SCWCC File No: 1206236

Preparer's Name: Larry W. Cobb DMD

Phone: 864-271-9990

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

Date of Injury or Illness: May 31, 2012

Date of first office visit: 7/24/2012 Date of last visit: 4/27/2015

Diagnosis or nature of injury or illness: Multiple jaw fractures with fractured and avulsed teeth.

Body part(s) injured: Mandible / Maxilla, teeth Body part(s) affected: Mandible / Maxilla, teeth

Date of Maximum Medical Improvement: 4/27/2015

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

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

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

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

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

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

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

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

She will need prosthetic maintenance and replacement sometime in her life time. Her prosthodontist will make this determination.

Larry W. Cobb DMD
Treating Physician

4/29/2015
Date

PIEDMONT ORAL SURGERY, P.A.

W. KEITH WALKER, D.D.S.

LARRY W. COBB, D.M.D.

2 C CLEVELAND COURT

GREENVILLE, SOUTH CAROLINA 29607

**PRACTICE LIMITED
ORAL SURGERY**

**TELEPHONE
(864) 271-9990**

April 30, 2015

To Whom It May Concern:

It is my opinion that Jennie Cox has reached her maximum medical improvement from her severe maxillofacial injuries. She has sustained some permanent disabilities from these injuries. Using the American Association of Oral and Maxillofacial Surgeons guidelines to the evaluation of impairment of the oral and maxillofacial region the determination of disability is as follows:

Masticatory dysfunction:

15%- diet limited to soft or semi solid foods- 85% of normal function

Impairment of Craniomandibular Articulation:

Interincisal Range of Motion- 30mm 4% impairment

Lateral excursion Range of Motion- 5 to 6 mm 3% impairment

Facial Disorder- Scar 2%

Nerve Disorder- Permanent numbness of lower lip and chin on the left side 1%

Her total whole person disability of 25%

Larry W. Cobb, DMD

PIEDMONT ORAL SURGERY, P.A.

W. KEITH WALKER, D.D.S.

LARRY W. COBB, D.M.D.

2 C CLEVELAND COURT

GREENVILLE, SOUTH CAROLINA 29607

**PRACTICE LIMITED
ORAL SURGERY**

**TELEPHONE
(864) 271-9990**

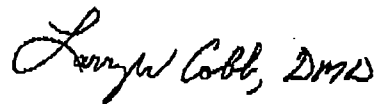
October 27, 2106

Re: Jennie Cox

To Whom It May Concern:

I am not familiar with the therapy that Ms. Cox has stated she is receiving. My recommendation is that she receives the accepted standard of physical therapy for maxillofacial neuromuscular rehabilitation.

Larry W. Cobb, DMD

A handwritten signature in cursive script that reads "Larry W. Cobb, DMD".

APA #11
WILLIAM A. COFER, D.M.D
04/14/16

**WILLIAM A. COFER, D.M.D.**

215 W. Poinsett St.

Greer, SC 29650

(864) 877-1891

4-14-16

Re: Jenny Cox

Jenny Cox presents with the complaint that she has a hard time chewing and eating her food. She has existing upper and lower dentures supported by implants on both arches due to a work related accident four years ago. The existing upper and lower dentures fit well and the bite is very functional. I believe the reason she is having difficulties chewing and eating is due to the numbness on the left side of her lower jaw. She has had a loss of sensation since her accident. She has no real proprioception due to the numbness thus she has difficulties chewing on the left side.

Unfortunately, it is unlikely that she will regain any meaningful sensation due to her accident.

If I may be of any further assistance please contact me.

Sincerely,
Dr. William A. Cofer

APA #12
WALTER GRADY, DO
MEDICAL GROUP OF THE CAROLINAS-
ORTHOPEDIC SURGERY-EASTSIDE
07/21/16

Medical Group of the Carolinas - Orthopedic Surgery - Eastside
 480 Floyd Road Spartanburg, SC 29307-1518
 864-582-2115 Fax: 864-582-2117

July 25, 2016
 Page 1
 Office Visit

JENNIE COX
 Female DOB: 08/14/1952

545141

Home: (864)243-0032

07/21/2016 - Office Visit: IME- LEFT SHOULDER
Provider: Walter Grady DO
Location of Care: Medical Group of the Carolinas - Orthopedic Surgery - Eastside
Status: ON HOLD DOCUMENT. Contents are preliminary

Visit Type: IME Initial

History of Present Illness:
INDEPENDENT MEDICAL EVALUATION ONLY

Attorney: Juliette Mims

Area of focus: Left shoulder..

Employer at time of accident: Palmetto State Transportation..

Job description when injured: 18 wheeler truck driver..

Current employment: Unemployed..

Date of Injury: 5/31/2012..

Description of Injury: Patient reports that a machine rolled off of the truck and hit her. She reports that she lost consciousness as she hit her head. Apparently her head and face took a lot of the impact of the fall. She apparently had facial and jaw surgeries.. She also injured her left shoulder in the fall..

Date of surgery: Not applicable..

Chief complaint: Left shoulder weakness with some associated tingling in the left upper extremity. No pain but popping reportedly as it pertains to her left shoulder..

Past medical history: Noncontributory..

Current medications: Restoril and lorazepam..

Allergies to medications: Magnesium..

Past surgical history: Jaw surgery as described above and multiple abdominal surgeries.

Family history: Both parents are deceased..

Social history: Patient smokes however she does not consume alcohol products..

Injury history: Patient indicates that she has not received any prior treatment in regards to the above-noted problem and she has never filed a Workmen's Compensation claim for similar injury prior to this claim.

Physical Exam

Extremities: Left shoulder Examination:

Inspection reveals symmetrical deltoid and pec major atrophy bilateral shoulders..

Palpation: Tenderness is only noted in the region of the rhomboid muscle left posterior scapula. Crepitation on range of motion excursion is noted left shoulder..

JENNIE COX

Female DOB: 08/14/1952

545141

Home: (864)243-0032

PROM Testing Left Shoulder:

Flexion is 138°, extension 60°, abduction 134°, adduction 24°, Internal rotation 90°, and external rotation is 90°..

Strength Testing L - Shoulder:

Flexion strength is 3/5, extension strength 5 out of 5, abduction strength 3/5, adduction strength 3+ out of 5, and internal and external rotation strength 5 out of 5...

Grip strength measurement:

30 kg of grip is noted on the right and 22 kg on the left at the number to position on the dynamometer.

Provocative testing: Negative.

Stability testing: Negative..

Neurocirculatory status: Intact.

MRI report: The study dated 7/6/12 from Innervision reveals mild DJD AC joint and mild rotator cuff tendinopathy involving the supraspinatus and infraspinatus tendons left shoulder. No rotator cuff tear is noted..

Records review: A complete records review is accomplished. The MRI result was considered in the treatment regimen rendered at GHS. The patient was deemed to be at MMI and a 6% impairment rating was given relative to her left shoulder on the date of 10 6 14.

Allergies or Adverse Reactions (verified):

1) Magnesium (Magnesium) (Moderate)

Impression & Recommendations:

(1) MRI left shoulder 7- 6-12 consistent with mild DJD AC joint

(2) MRI left shoulder 7- 6-12 consistent with mild tendinopathy supraspinatus and infraspinatus tendons..

(3) Clinical exam 7- 21-16 left shoulder consistent with subacromial bursitis..

(4) Clinical exam consistent with muscle weakness left shoulder as specified above

(5) Rhomboid mild fasciitis left shoulder

Plan:

Recommend continued NSAID treatment and home exercise program. Recommend follow up with shoulder surgeon for evaluation and treatment if symptoms continue. Fresh MRI consideration at the discretion of the shoulder surgeon..

Medical Group of the Carolinas - Orthopedic Surgery - Eastside
480 Floyd Road Spartanburg, SC 29307-1518
864-582-2115 Fax: 864-582-2117

July 25, 2016
Page 3
Office Visit

JENNIE COX
Female DOB: 08/14/1952

545141

Home: (864)243-0032

Causation: It is my current medical opinion within a reasonable degree of medical certainty that there is a causal relationship relative to this patient's noted on-the-job injury and her current medical condition..

Impairment rating calculation:

The patient is at maximum medical improvement. Her impairment rating relative to her left upper extremity is 17%. Her left shoulder impairment rating is 28%. Her whole person impairment rating is 10%..

Medical questionnaire: The medical questionnaire is accomplished on Mrs. Jenny Cox. It is scanned into the chart for review..

Physical capacities evaluation form: This form is accomplished and completed on Mrs. Janie Cox. It is scanned into the chart and available for review.

Medications Added to Medication List This Visit:

- 1) Restoril 15 Mg Caps (Temazepam)
- 2) Lorazepam 2 Mg Tabs (Lorazepam)

<u>MEDICAL QUESTIONNAIRE</u>	<u>Yes</u>	<u>No</u>
for Jennie Cox		
1. In your medical opinion, does Ms. Cox need additional medical treatment for her work related injury?	✓	
3. What is Ms. Cox's Medical Impairment Rating according to AMA guidelines? 28 % to the Claimant		
Additional Comments: 28% TO Left Shoulder And 10% Whole person		

I, Walter Grady, DO, certify to a reasonable degree of medical certainty that the above statements are my expert medical opinions.

Dated: 7-2-8-16

Dr. Walter Grady

Walter Grady, DO
480 Floyd Road
Spartanburg, SC 29307

PHYSICAL CAPACITIES EVALUATION

(For Physician's Use)

Name of Claimant: Jennie Cox
 Address of Claimant: 222 West Chapman Road
 Belton, SC 29627
 Social Security Number: ***-**-3648

IMPORTANT: PLEASE COMPLETE THE FOLLOWING ITEMS BASED ON YOUR CLINICAL EVALUATION OF THE CLAIMANT AND OTHER TEST RESULTS. ANY ITEM THAT YOU DO NOT BELIEVE YOU CAN ANSWER SHOULD BE MARKED N/A (NOT ANSWERABLE).

Occasionally: Up to 1/3 of an Eight hour shift.
 Frequently: Between 1/3 and 2/3 of an Eight hour shift.
 Continuously: For a Full Eight hour shift.

I. In an 8 hour work day the Claimant should be able to:

(A) SIT a total of 8 hrs. _____ mins. of which may be done at any one time without interruption.

(B) STAND a total of 8 hrs. _____ mins. of which may be done any one time without interruption.

(C) WALK a total of 8 hrs. _____ mins. of which may be done any one time without interruption.

NOTE: Total need not equal 8 hours if the Claimant does not have sufficient capacity

II. Considering your clinical findings only, the Claimant should be able to LIFT/CARRY.

	<u>Never</u>	<u>Occasionally</u> (0% to 33% of the time)	<u>Frequently</u> (34% to 64%)
Up to 5 lbs	_____	_____	<u>✓</u>
6 to 10 lbs.	_____	<u>✓</u>	_____
11 to 20 lbs.	<u>✓</u>	_____	_____
21 to 25 lbs.	<u>✓</u>	_____	_____
26 to 50 lbs.	<u>✓</u>	_____	_____
51 to 100 lbs.	<u>✓</u>	_____	_____

III. The Claimant should be able to use his extremities for repetitive actions such as

	<u>Neither</u>	<u>Left</u>	<u>Right</u>	<u>Both</u>
A. Hands/arms simple grasping	_____	_____	_____	<u>✓</u>
handling	_____	_____	_____	<u>✓</u>
pushing & pulling	_____	_____	<u>✓</u>	_____
reaching outward	_____	_____	<u>✓</u>	_____
overhead reach	_____	_____	<u>✓</u>	_____
B. Legs/feet operating foot/	_____	_____	_____	<u>✓</u>
Leg controls	_____	_____	_____	<u>✓</u>

IV. The Claimant should be able to:

	<u>Never</u>	<u>Slightly</u> (function limited)	<u>Moderately</u> (seriously limited)	<u>Severely</u> (No useful ability)
A. Climb	☒	☐	☐	☐
B. Bend	☐	☒	☐	☐
C. Squat/Stoop	☐	☒	☐	☐
D. Kneel	☐	☒	☐	☐
E. Crouch/Crawl	☒	☐	☐	☐
F. Hands above shoulder level	☒	☐	☐	☐
G. Twist from side to side	☐	☐	☒	☐

V. The Claimant may be exposed in the following working conditions:

	<u>Never</u>	<u>Slightly</u> (function limited)	<u>Moderately</u> (seriously limited)	<u>Severely</u> (No useful ability)
A. Unprotected heights	☒	☐	☐	☐
B. Moving machinery	☒	☐	☐	☐
C. Noise and vibrations	☐	☒	☐	☐
D. Extreme temperatures	☐	☒	☐	☐
E. Dust, fumes & gases	☐	☒	☐	☐

VI. Has Claimant's current level of function lasted, or is it expected to last for twelve (12) months or more? Yes ☒ No ☐

VII. The following space may be used for any further comments re: the physical capacities of the Claimant.

VIII. Does Claimant's condition(s) cause pain which would be likely to affect his ability to concentrate? Yes ☒ No ☐

IX. Could the Claimant maintain an acceptable attendance record at a competitive, 40-hour per week job? No ☒ Possibly ☐ Yes ☐

X. Does Claimant's condition have facets which would require breaks or rest periods during the day: Examples- nausea, diarrhea, pain, etc. Yes ☒ No ☐
Specify how long and how frequently a rest is needed:

Patient has significant pain

XI. Does any of the medication taken by the Claimant have known side effects and/or require additional limitations on his activity: Yes ☒ No ☐

Specify:

Drowsiness

XII. According to the AMA guidelines, what is the Claimant's impairment rating?

28 %

XIII. Please comment on the Claimant's ability to return to work:

Patient is unable to return to work
at this time.

THE ABOVE OPINIONS ARE HELD WITH A REASONABLE DEGREE OF CERTIANTY BASED ON GENERALLY ACCEPTED STANDARDS IN MY PROFESSION.

Date: 7-28-16

Dr. Walter Grady

Walter Grady, D.O.
480 Floyd Road
Spartanburg, SC 29307

APA #13
ROBERT E. BRABHAM, PH.D.
PSYCHOLOGICAL AND TRAINING SERVICES, PA
08/05/16

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LICENSED PSYCHOLOGIST

MASTER'S IN REHABILITATION COUNSELING

CERTIFIED LIFE CARE PLANNER

ROB BRABHAM JR., MRC

NORA HEAPE, RN, BA

AMYE HAWKINS, ADM. ASST.

BETH BURNETT, BA, ED

PSYCHOLOGICAL and VOCATIONAL EVALUATION

Name: Jennie C. Cox

ID Number: xxx-xx-3648

Date of Birth: 8-14-52

Age at Evaluation: 63

Date of Evaluation: 8-5-16

Date of Report: 8-8-16

Referral and Background Information: Ms. Cox is a 63-year-old former CDL Driver for Palmetto State Transport, for whom she had worked for about 11 years. However, she has worked as a CDL Driver since 1985.

She was referred by her attorney, Ms. Juliette Brown Mims, for an independent psychological and vocational evaluation to determine vocational implications, and earnings issues, if any, related to limitations resulting from on-the-job injuries she sustained on 5-31-12. This evaluation took place at the office of her attorney, in Greer, SC. No one else was present during the evaluation.

Ms. Cox indicated that she was a Co-Driver and drove from Greenville, SC to Brownsville, TX, with a stop in Atlanta, GA. She sustained on-the-job injuries when she was stopped in Atlanta, and had moved cargo, which was on wheels, to the back of the truck. She indicated that, somehow, the load of cargo fell over, and landed on her. In that process, she fell onto the deck area of the trailer. She indicated that there was "blood everywhere" at the scene.

She has no great recall of the actual events of the accident, but has been told that her co-worker lifted the cargo off of her, and turned her over, to assist with breathing. EMS was called to the scene, and she was initially taken to nearby Grady Hospital. She was later transferred to Greenville, SC, for treatment, in order to be closer to home.

To her credit, Ms. Cox tried to return to work, and actually drove a one-week "run." However, she was "exhausted" while doing so, and since that time, she has been unable to return to any gainful employment whatsoever, as a result of her on-the-job injuries on 5-31-12.

She was married twice, but has been divorced since 1995. She has two adult daughters.

Ms. Cox arrived promptly for this evaluation and drove herself to the appointment. She drives about daily, usually locally only, for only about 30 minutes maximum at a time. She indicated that she must vastly limit her driving due to "exhaustion", as well as to neck and shoulder pain. She contrasted her limited ability to drive now with her ability to drive for "thousands of miles" in the past.

Her general appearance, hygiene and personal grooming were good. She had a pleasant general demeanor, but appeared obviously depressed and sad during the evaluation. She is 5' 6" in height, and weighs only about 103 pounds, a loss of about 15-20 pounds since her injuries, due, in her opinion, to ongoing dental issues. As will be noted, as a direct result of her on-the-job injuries, she eventually required dental surgery and lost all of her teeth, upper and lower, in that process. She wears glasses for reading. She has hearing loss in her left ear since her on-the-job injury, a result of broken facial bones near her ear. She does not require the use of any assistive device for mobility or stability.

At the time of this evaluation she was not receiving any income. As a result of her loss of employment, she is undergoing financial hardship at this time. She indicated that she has nearly depleted her modest savings. Fortunately, her company paid for her dental work, and still pays her health insurance coverage, even though she is not receiving any income from them.

Sources of Information:

Medical Records from:

Grady Hospital
Greenville Health System

University Medical Group
Innervision MRI
Jennifer Ellis, MD
ProAxis Physical Therapy
Larry Cobb, DMD
Donald Ridgell, DMD
William Cofer, DMD

James Fowler, III, MD
Brian Svazas, MD
Stacy Newsom, MD
Christopher Sidden, MD

Psychological Testing and Evaluation Results:

Wechsler Adult Intelligence Scale – Fourth Edition
Wide Range Achievement Test – Revision 4
Beck Depression Inventory – II
Diagnostic Screening for Anxiety
Clinical Interview and Behavioral Observations
Mental Status Examination

Activities of Daily Living: She lives in alone in a single-family house. She has about 15 acres of land, and indicated that she previously enjoyed caring for her own lawn. However, following her injuries, even using a riding lawn mower worsened her neck and shoulder pain, and now, she must rely on assistance of family and friends for lawn care.

On most days, she gets up at about 8 AM and is able to handle her personal grooming and toilet needs without assistance. She indicated that she avoids taking prescription medication as much as possible, due to her concern about addiction of those medications. She does not get dressed to leave the house about two days per week.

She still attempts to perform as many light chores as possible around the home, but even then, she requires frequent breaks when doing so. She shops alone, but requires items to be packaged for ease of carrying.

Despite her efforts to do so, she is not able to sustain much activity, due to pain. She indicated that she can walk with her grandchildren "for a few minutes at a time", albeit at a slow and deliberate pace.

In a typical 8-hour day she indicates she must spend about 2-3 hours of the day reclining/resting on the sofa as a result of her physical limitations and pain. She watches television to pass the time. She takes daytime naps of about an hour, something she "never" did prior to her injuries. The inability to remain in an upright position for a full 8-hour day even with sit/stand options clearly prevents her ability to sustain gainful employment at this time.

In a 5-day work week she indicated that she would be unable to remain at any job for a full 8-hour workday due to pain problems associated with medical conditions that resulted from her on-the-job injuries, resulting in her need to be absent more days than not. This would of course greatly exceed the number of days available for personal/sick leave in an average job in South Carolina, about 1-day per month.

She has developed major problems with sleep following her injuries. She returns to bed at about 9 PM but has problems falling asleep. She estimated that she gets only about five hours of non-restorative sleep, usually in short increments, often interrupted by pain. Once awake, she has difficulty returning to sleep. She indicated that she essentially "lies there" for an extended period of time, and worries about her finances. She indicated that she has a history of "some mild sleep issues", but none of such significance as to interfere with her CDL work.

As a direct result of her on-the-job injuries she is now able to participate in far fewer social or leisure activities than was the case prior to her injuries. She mostly stays home now. She also admits that she has inadequate patience and is easily irritated at times, despite her efforts to the contrary. She indicated that her relationships with friends, family and others have also changed as a result of her medical conditions. Her social circle has dwindled, which adds to the depression she is experiencing.

She noted she could no longer attend as many school activities of her grandchildren, work in her yard, go camping, ride horses, travel, or ride rides at amusement parks, all activities she enjoyed prior to her on-the-job injuries.

She noted she has difficulty concentrating and sustaining attention to complete nearly any tasks. The overall quality of her life has clearly been greatly diminished by her injuries.

Educational Background: She graduated from Woodmont High School in 1970. She attended TEC, but did not graduate. She obtained her Truck Driver's Class "A" license in 1985, and has worked in that capacity thereafter.

Work History: Ms. Cox has a quite stable work history as a CDL Driver. She indicated that, as a child, she was one of nine children, and she did not even have shoes for school. As a result, she was "determined" to provide for her children. She indicated that she was one of the first women truck drivers in the United States, a source of pride for her.

At the time of her on-the-job injuries, she was working as a Team Driver for Palmetto State Transport, for whom she had worked for the past 11 years. She earned \$60,000-\$70,000 annually, plus fringe benefits, by her report.

Work as a CDL Driver is defined by The Dictionary of Occupational Titles as Semi-skilled and Medium in physical demands. In her job duties, she was required to lift, bend, stoop, and reach on a regular basis as part of her essential job duties. She has never held an "office job" or a Sedentary position, and has no readily transferrable skills to lesser physically strenuous alternative jobs.

Prior truck driving experience included about six years for US Food Service. She indicated that she left that position for better working conditions with Palmetto State Transport.

She insisted that in her employment she had no personnel or performance problems. She enjoyed her co-workers, her colleagues and got along well with her supervisors.

Ms. Cox indicated that she had no prior injuries. She described herself as being in good health at the time of her injuries. She was only prescribed Xanax, related to the recent death of her grandson, at age 16 in a car crash. Thus, it is reasonable to conclude that it is the on-the-job injury in May 2012, which began her medical problems which have been the basis for her inability to maintain gainful employment.

Medical Problems: The medical aspects of her injury are documented in other reports, and will not be addressed in great detail herein. However, several more recent medical references have vocational significance and are noted accordingly.

On 5-31-12, Grady Hospital indicated, "...unloading a truck at loading dock...heavy machine fell on her back...caused her to fall on the floor face first...was pinned beneath the equipment...missing some upper and lower teeth...left shoulder and scapula pain...right sided lower rib pain...comminuted fracture of the mandible...transfer to Greenville..."

Also on 5-31-12, Atlanta American Medical Response of Georgia indicated, "...transfer to Greenville Memorial Hospital...closer to home...fractured jaw...heavy equipment fell on her...pain in face..."

On 6-1-12, Dr. James Fowler, III, GHS, performed surgery. Records indicated, "...bilateral subcondylar mandible fracture...left body comminuted mandible fracture...avulsed maxillary and mandibular teeth...maxillomandibular fixation with screws...open reduction and internal fixation left body mandible fracture...dental tooth extraction..."

On 6-12-12, Dr. Newsom indicated, "...mandibular fracture...chest wall pain...left shoulder pain...possible rotator cuff injury...Lortab...deep breathing exercises...*sedentary work...no lifting more than five pounds...no operating commercial motor vehicle...*"

On 6-29-15, Dr. Fowler indicated, "...post-op from removal of mandibular plates and screws...denture anchors remain in place...no dentures for one month...*remain out of work...*"

On 7-6-12, Dr. Christopher Sidden, Innervision MRI, indicated, "...MRI left shoulder...degenerative changes...mild tendinopathy in the supra and infraspinatus tendons..."

On 7-17-12, Dr. Stacy Newsom, University Medical Group, indicated, "...left shoulder discomfort...left chest pain...right-sided posterior back pain...significant injury that caused fractured mandible and loss of some teeth...*Sedentary work...no lifting over 5 pounds...no operating commercial vehicle...*"

On 8-7-12, Dr. Newsom indicated, "...weakness in shoulder...physical therapy...*lift, push, pull no more than 15 pounds occasionally...no operating commercial vehicle...*"

On 8-28-12, Dr. Jennifer Ellis noted, "...*Depression...insomnia...getting worse...loss of appetite...loss of interest in pleasurable activities...Anxiety Disorder...Alprazolam...*"

On 9-27-12, Ms. Cox began physical therapy at ProAxis Therapy.

On 10-26-12, GHS Center for Health and Occupational Services indicated, "...*no lifting more than 25 pounds...no operating commercial motor vehicle...*"

On 10-30-12, Larry Cobb, DMD, noted, "...*very complicated case...further compromised by very significant jaw injuries...remaining teeth are terminal due to lack of bone support...all will have to be removed...has very minimal maxillary bone and will lose more when her teeth are removed...will require extensive bone grafting...*"

On 11-5-12, Dr. Fowler indicated, "...is scheduled for dental restoration...nutrition has been affected...having to work to get enough nutrition in...recommend softer food diet..."

On 11-9-12, GHS Center for Health and Occupational Services indicated, "...return to full duty...residual symptoms...at MMI...2% impairment to left shoulder..."

On 5-9-13, Larry Cobb, DMD, indicated, "...*very malnourished...success of our treatments depends upon her ability heal...all of our treatment may be in jeopardy if her overall nutrition does not improve...*"

On 7-15-13, Dr. Ellis indicated, "...doing about the same...fatigue...*25 pound weight loss...loss of appetite...tries to eat but it hurts...*"

On 4-14-14, Dr. Ellis noted, "...out of control feelings...overwhelmed by keeping up with items at home..."

On 10-6-14, Dr. Brian Svazas, GHS, indicated, "...re-evaluation of left shoulder...residual difficulties in left shoulder...sore after long truck runs...difficulties with left ear...intermittent hearing diminution... complaints in left scapular border are likely related to previous injury to shoulder...physical therapy...fit for duty as truck driver...at MMI...6% impairment...may need ongoing therapy for shoulder going forward..."

On 4-8-15, Dr. Svazas indicated, "...at MMI...6% impairment to left shoulder...return to work without restrictions...will need future physical therapy..."

On 4-9-15, Donald Ridgell, DMD, noted, "...at MMI...can work without restriction...will need maintenance procedures annually...replace or refurbish appliances every 6-8 years...oral surgeon visits every 5 years..."

On 4-30-15, Dr. Cobb noted, "...can work without restriction...at MMI from severe maxillofacial injuries...*permanent disabilities from these injuries...total whole person disability of 25%...will need prosthetic maintenance and replacement...*"

On 10-12-15, Dr. Fowler indicated, "...numbness over chin and left lower lip...may be permanent..."

On 3-3-16, Dr. Ellis noted, "...has lost significant weight...*Depression...Insomnia...Anxiety Disorder...will be out of work this week to see how she responds to meds prior to resuming driving...*"

On 3-22-16, Dr. Ellis noted, "...*depression and insomnia...irritability...fatigue...still difficulty with eating...difficulty concentrating...difficulty performing routine ADLs...does not have energy to return to work...feels overwhelmed...decreased endurance...depression worsening...contributing to appetite issues...add Fluoxetine...insomnia worsening...Lunesta...*"

On 4-14-16, Dr. William Cofer indicated, "...has a hard time chewing and eating...existing upper and lower dentures supported by implants on both arches...work-related accident four years ago...numbness on left side of lower jaw...unlikely she will regain any meaningful sensation..."

On 4-22-16, Dr. Ellis indicated, "...*encouraged to pursue less demanding driving position...*"

At the time of this evaluation, Ms. Cox is prescribed Wellbutrin and Restoril for her medical conditions worsened by her on-the-job injuries. As noted previously, she avoids taking prescription pain medications as much as possible, due to her concern about addiction of such medications. However, the absence of treatment for pain does not equate to the absence of pain.

References to pain in records exist over an extended period of time. When asked to describe her pain, she indicated that since her on-the-job injuries she experiences pain at a level 8 on a 10-point scale, 7-days per week. *She is never pain free.* She noted that nearly any daily activity exacerbates her neck and shoulder pain. Her pain is best relieved by resting and avoiding activity.

Mental Status Evaluation: She was well oriented to all spheres, and neither demonstrated nor reported any hallucinations or delusional thought processes. As noted previously, she has been prescribed Xanax related to the death of her grandson. However, she noted no other mental health history of such significance as to interfere with her work or other key activities at the time.

She described, and medical records confirm, clinically significant symptoms sufficient to confirm the continued presence of a level of depression. Her depressive symptoms include a considerable loss of interest or pleasure which is nearly always present. This includes social withdrawal even from family activities; significant reduction in previous levels of sexual interest or desire; decreased energy, tiredness and fatigue out of proportion to actual activity; impaired ability to concentrate; and is easily distracted with memory difficulties.

These symptoms have clearly resulted in significant distress/impairment in social, occupational, and other important areas of functioning. These symptoms are not better described by any other general medical condition and there is no evidence of any substance abuse which would cause these same symptoms. In spite of her depression, she denies any suicidal attempts or plans at this time.

It is worthy to note that considerable recent research evidence, as published in various pain management journals, indicates that the vast majority of individuals who experience pain for more than a year can be expected to develop significant clinical depression. Ms. Cox continues to experience pain, now four years following her on-the-job injuries. Thus, it is not surprising that she also continues to experience a level of depression.

Ms. Cox also described considerable anxiety that she is continuing to experience as a direct result of the on-the-job injuries received in May 2012. This includes awareness as to her future medical prognosis. Her anxiety is worsened by the realization that in spite of full and careful compliance with all recommended medical treatments and allied services, the hoped-for significant improvement simply has not occurred.

In assessing Ms. Cox's symptoms of pain, there are medically determinable impairments that provide a reasonable basis for her reports of severe pain. Records confirm the intensity, persistence, and/or functionally limiting effects of the pain and/or other symptoms. Based on determinable medical evidence, all of these aspects are well established, and support a diagnosis of a pain disorder.

She does not use illegal drugs and does not consume alcohol. She smokes 1½-packs of cigarettes a day. We discussed the correlation between cigarette smoking and pain, and she was urged to stop smoking.

Psychological Test Results: She appeared to cooperate and to give optimal effort during this evaluation. Thus these results are believed to be valid indicators of her current levels of functioning.

On the Wechsler Adult Intelligence Test – Fourth Edition, she obtained a Full Scale IQ score of 85. Relative to examinees of comparable age, she is currently functioning within the "low average" range of intelligence on this standardized measure of intellectual ability. This would be consistent with her age and educational history, albeit 45 years ago.

On the Wide Range Achievement Test – Revision 4, her Reading Standard Score is an 8.1 grade level score, her Arithmetic Standard Score is only a 4.8 grade level score, and her Spelling Standard Score is only a 7.7 grade level score. Her academic skills are not sufficient for use in work settings in which such skills would be essential.

Her responses to the items on the Beck Depression Inventory-II, included as part of this evaluation, confirm that she is experiencing a level of depression. She indicated that she does not wish to be referred for additional mental health services, however helpful such services might be for her.

Diagnoses: After observing her during this evaluation, and from careful review of records of past behavior and levels of functioning, she is clearly manifesting signs and symptoms consistent with the requirements to establish and/or maintain several diagnoses. She is continuing to experience major pain episodes and references to pain exist in several medical records over an extended period of time. She is also anxious about her future, especially since she realizes that her past work is no longer an option for her, an anxiety-provoking thought for someone at the age of 63. Finally, her multiple losses, personal, financial, social and leisure, all have led to a level of depression.

Therefore the following diagnoses apply, in keeping with all diagnostic requirements for each:

307.89 Pain Disorder

296.32 Major Depressive Disorder, Recurrent Episode, Moderate Severity

300.02 Generalized Anxiety Disorder

These medical/mental conditions are in addition to her other physical medical problems that are well documented in her files.

Vocational Opinion and Rationale: Several factors must be considered in reaching a vocational opinion. They include her age of 63, already defined as "approaching retirement age", a negative factor; her high school graduate educational background would be positive, but is offset by her lower than might have been expected academic scores; her stable work history would be positive but is offset by her inability to perform any work on a sustained basis; due consideration must also be afforded to the pain that she experiences on a daily basis which requires that she spend 2-3 hours per day "resting or reclining"; and her depression and anxiety also interfere with her ability to maintain sufficient attention and concentration, which becomes a negative factor.

Taking all of these factors into consideration, it is my opinion, to a high degree of professional certainty, based on more than fifty years of vocational rehabilitation and psychology experience, that she must be expected to permanently remain, unable to engage in full-time gainful, competitive employment as a result of her medical conditions resulting from her on-the-job injuries in May 2012.

The rationale for my opinion is essentially based on the following observations:

Credibility: She appeared credible in her description of her limitations and remaining functional capacities. As a result of the combination of her limitations and restrictions, she cannot complete significant tasks or activities on a regular, sustained basis.

It is noted that the information provided during this interview was highly consistent with information reported in other reports. This provided additional confirmation that the responses and description of events and circumstances were candid, were not feigned or exaggerated, and do not appear to represent any symptom magnification.

It is not reasonable to suggest that someone with a stable work history, who is her own sole source of income, would suddenly feign or fake an inability to work, and by doing so, subject herself to the financial hardship she is currently experiencing.

In determining the credibility of Ms. Cox's statements, I have considered the entire case record, including the subjective medical evidence, her own statements about symptoms, statements and other information provided by treating or examining physicians and allied medical personnel about the symptoms and how they affect her. I have also taken into consideration her statements about the intensity and persistence of pain and other symptoms regarding the effect the symptoms have on her ability to work. This is the position and rationale used in several disability adjudication processes, and is one that I follow as well.

Pain Factors and Attendance Implications: She continues to experience significant pain at such levels as to interfere with her ability to sustain physical activity. Her cognitive deficits would also cause difficulty in her ability to pay attention to job tasks and job duties for hours each week, on average. The inability to maintain concentration and persistence interferes with the ability to meet production expectation for even unskilled jobs.

Social Security Considerations: Based on the evidence in her files, and following the guidelines as noted in the Psychiatric Review Technique, SSA Form 2506-BK, she likely meets the requirements of a 12.04 Affective Disorder.

As to the Affective Disorder, her depressive syndrome is characterized by (1) loss of interest in almost all activities, as noted by her withdrawal from social and recreational activities; (2) sleep disturbance; (3) decreased energy, as evidenced by the need to "rest" for hours of typical days; (4) and difficulty concentrating.

She also likely meets the "B" Criteria of the Listings as evidenced by her current "Marked" restriction in activities of daily living; her "Marked" difficulties in maintaining social functioning as evidenced by her withdrawal from nearly all such activities; and her "Marked" difficulties in maintaining concentration and persistence to even simple chores.

She was assessed with limitations in the following abilities: to understand and carry out instructions; maintain attention and concentration; respond appropriately to coworkers, supervisors and the general public; adhere to work schedule and complete tasks in a timely fashion and withstand the stresses and pressures associated with most work settings.

The combination of her limited academic skills, and her multiple physical and psychiatric conditions clearly results in an inability to sustain gainful employment. Additionally, she is 63 years of age, defined as "approaching retirement age"; her previous work as a CDL Driver is so specific that it provides no readily transferrable skills; and various medical records confirm that she is restricted to no more than light, if not sedentary, work. As a result of this combination of factors, she may well meet Social Security requirements for approval of disability benefits.

Summary and Conclusions: Based on all the evidence as described above, consistent with observations during this evaluation and various reports in her file, she would be unable to effectively perform the essential duties in any gainful work activity. It is also clear that the unfortunate combination of factors and characteristics she now faces are directly related to the injuries she sustained while working.

As noted in multiple records, Ms. Cox is unable to maintain any position for more than a brief period of time, less than thirty minutes, and has to frequently change positions. She also is unable to perform any physically strenuous activity. Further, Ms. Cox is also unable to handle any type of work that would require close attention to detail, attention, concentration, persistence or pace. As a result, she would clearly be incapable of performing any type of work that would exist in significant numbers in the regional or local economy. Directly as a result of her on-the-job injuries the only services she could perform are so limited in quality, dependability, or quantity that no reasonably stable market for them exists.

No employer could reasonably be expected to tolerate and accommodate her need for extended breaks, need to lie down throughout the day, and general lack of productivity. Clearly, her limitations eliminate her return to gainful employment on a full time basis.

The opinions noted in this report are offered within a reasonable degree of psychological certainty, based on more than 50 years of vocational rehabilitation and psychology experience. Thank you for the opportunity to work with you in this matter. If you have any questions, or if I could address additional issues, please do not hesitate to contact me.

A handwritten signature in black ink, appearing to read "Robert E. Brabham". The signature is fluid and cursive, with a long horizontal stroke at the end.

Robert E. Brabham, Ph.D.
Licensed Psychologist (SC #77)
Master's in Rehabilitation Counseling

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1206236

JENNIE COX,
Employee
Claimant,

vs.

PALMETTO STATE
TRANSPORTATION,
Employer

AND

CHEROKEE INSURANCE COMPANY,
Carrier

Defendants.

APA SUBMISSIONS

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APA #26
Life Center Health
08/17/06-10/21/16

Name: Jennie Cox

Date: 8-17-16

Exercise	Pos	Sets x Reps	Weight
Airdyne		3:00	
Chest Press		2x12	35
Bicep Curl		2x12	8
Leg Press	9	2x15	120
Chest Fly		2x12	5
Hammer Curl		2x12	8
Step up		2x8	Body

Notes: _____

Date: 8-22-16

Exercise	Pos	Sets x Reps	Weight
Row		250m	Level 5
Bicep curl		2x12	8
Leg Press		2x15	120
Chest Press-Ball		2x10	8
Tricep pushdown		2x12	15
Leg Extension		2x12	10
Low Row		2x15	20
Heel Touches		20	
Reverse Crunch		10-12	

Notes: 114.2 lbs

Date: 8-19-16

Exercise	Pos	Sets x Reps	Weight
Airdyne		3:00	
TRX Row		2x15	
Tricep Pushdown		2x12	17.5
TRX Squat		2x15	
Reverse Fly		2x12	5
Tricep Kickback		2x10	5
TRX Reverse Lunge		2x10	
Plank		2x:10s	
Toe Touches		20	

Notes: 113.6 lbs

Date: 8-31-16

Exercise	Pos	Sets x Reps	Weight
Row		3:00	Level 5
Chest Press		2x12	25
Squat w/ Ball		2x15	Body
TRX Row		2x15	Body
Shoulder Press		2x10	5
Step up		2x10	Body
Sit up		10	
Flutter Kicks		20	

Notes: _____

Name: Jennie Cox

Date: 9-7-16

Exercise	Pos	Sets x Reps	Weight
Airdyne		3:00	
Incline chest Press		2x12	5
Bent over Row		2x15	5
Sit to stand		2x12	Body
Bicep Curl		2x12	8
Leg Press		2x15	120
Russian Twist		:20s	8
Plank		2x10s	

Notes: _____

Date: 9-9-16

Exercise	Pos	Sets x Reps	Weight
Walk Track		10 min	
TRX Reverse Lunge		2x10	Body
TRX Chest Press		2x10	Body
Shoulder Press		2x10	5
Tricep Pushdown		2x12	20
Bicep Curl (21)		21	5
Crunches		15	
Leg Raises		10	

Notes: _____

Date: 9-14-16

Exercise	Pos	Sets x Reps	Weight
Row		250M	Level 4
Tricep Dips		2x12	Body
Chest Fly on Ball		2x12	5
Step Ups		2x10	5
Skull Crushers		2x10	20
Chest press on Ball		2x12	8
leg Extension		2x12	15
Woodchops		2x10	5
Elevated Crunch		2x15	
Sit up		12	

Notes: _____

Date: 9-16-16

Exercise	Pos	Sets x Reps	Weight
Airdyne		2:00	
TRX Courtesy Lunge		2x10	Body
Low Row		2x15	25-30
Bicep Curl		2x15	8
Wall Sits		:20s	Body
Lat Pulldown		2x12	20
Crunch machine		2x20	40
Flutter Kicks		:20	
Plank		2x:15s	

Notes: _____

Name: Jennie Cox

Date: 9-21-16

Exercise	Pos	Sets x Reps	Weight
Kettlebell Swing		2x15	12
Chest Press		2x12	25
Sit to stand		2x12	5
Tricep Kickback		2x10	5
Pull over		2x10	10
Front Raises		2x10	5
The Touches		20	
Heel Touches		20	
Side Bends		15	15

Notes: _____

Date: 10-5-16

Exercise	Pos	Sets x Reps	Weight
Walk Treadmill		5 min	
Shoulder Press		2x12	
Walking Lunges		2x20	
Tricep Pushdown		2x12	
Reverse Fly		2x10	
Leg Extension		2x12-15	
Superman Hold		:20s	
V-Sit Hold		:20s	

Notes: _____

Date: ~~9-21-16~~ 10-3-16

Exercise	Pos	Sets x Reps	Weight
Sled Push		40 yds	
Push ups		2x8	Body
Hammer curl		2x12	8
Leg Press - Plated		2x12	Leg
Incline chest fly		2x15	5
Barbell curl		2x10-12	20
Elevated crunch		2x15	
Crunches		20	

Notes: *Plated Leg press is much harder than selectorizer, so weight will look less. *Sled weighs 85 pounds with no added weight

Date: 10-12-16

Exercise	Pos	Sets x Reps	Weight
Row		300M	Level 6
TRX Squats		2x20	Body
Lat Pulldown		2x15	25
Bicep curl (21)		21	8
Leg Press - Plated		2x12	Leg
Bent over Row		2x15	20
Push ups		2x8	Body
Crunch machine		2x20	45
Plank		2x15s	

Notes: _____

Name: Jennie Cox

Date: 10-14-16

Exercise	Pos	Sets x Reps	Weight
Sled		40 yds	10
Squat Press		2x 12	8
Bench press		2x 12	30
Tricep Dips		2x 12	Body
Leg Extension		2x 15	15
Leg Curl		2x 10	10
Cable chest press		2x 12	7.5
Sit ups		12	
Heel Touches		25	
Side Bends		15	12

Notes: _____

Date: 10-19-16

Exercise	Pos	Sets x Reps	Weight
Airdyne		5 min	
Walking Lunges		2x 12	10
Bicep curl		2x 10	5
Low Row		2x 15	45
Squat w/ Ball		2x 15	65
Tricep pushdown		2x 20	Body
Chest Press on Ball		2x 10	Body
Bicycle crunch		2x 20	~~10~~
Reverse crunch		2x 15	~~10~~
Superman Hold	:30s	~~200g~~	~~Body~~

Notes: _____

Date: 10-21-16

Exercise	Pos	Sets x Reps	Weight
Walk Track		5 min	
Sit to Stand		2x 12	10
Lateral Raise		2x 10	5
Hip Adduction		2x 15	45
Hip Abduction		2x 15	65
TRX Row		2x 20	Body
Push ups		2x 10	Body
crunch machine		2x 20	45
Cable Twist		2x 15	10
decline sit up		2x 5	Body

Notes: _____

Date: _____

Exercise	Pos	Sets x Reps	Weight

Notes: _____

Fitness Test	9/30/2016	10-21-16		
3-min Step up	128 bpm	144 bpm		
Push-up	12	15		
Sit-up	25	30		
1 Rep Max - Bench	40 lb	45 lb		
Leg Press Max	70 lb: Free Motion	90 lb: Free Motion		
	117.2 lbs	120.1		

10-19-16 → 119.7

APA #27
CORA Rehabilitation Clinics
10/24/16-12/19/16

FPT: Greenville

TODAY'S DATE: 10/24/16

Name: Jennie Cox		SS#: 250-94-3648		Sex: Female	Age: 64
Date Admitted to Program: 2/16/2016	Date of Injury: 05/31/2016	Projected Program D/C Date: 6 weeks		First Date Lost Time: 10/24/2016	
Diagnosis: Generalized deconditioning/weakness		Type of Injury: Multiple Body Parts		Ins. Adjuster: Align	
Employer: Palmetto State		Referral Source: Align		Carrier/Claim #:	
Physician:		WCCCC: Cassandra Alewine		PDC: medium-heavy	
Work Status: Not working		Occupation: Truck Driver		Dominant Hand: Right	

PATIENT MEDICAL/ INJURY HISTORY	05/31/2016- Pt is a truck driver. A machine came off of the back of the trailer and fell on her. She has little memory of the accident, all she remembers is opening her eyes, seeing blood and trying to get up but couldn't due to the machine being on top of her. She bruised her lungs, broke her jaw/teeth, and injured primarily the L side. Pt reports having very little energy and strength (noted difficulty getting enough nutrition due to jaw/teeth sx) with her primary limitations being endurance and strength.

MUSCULOSKELETAL ASSESSMENT	STRENGTH:	R: ankle: PF 3+/5, DF 4/5, Inv/Ev 4/5 R: knee: FI 4/5, Ex 3+/5 R: hip: FI 3+/5, abd 3/5, Ex 3/5 L ankle: PF 3+/5, DF 4/5, Inv/Ev 4/5 L knee: Flex 4/5, Ext 3+/5 L hip: flex 3+/5, abd 3+/5, ext 3+/5
	ROM:	R ankle: WFL R: knee: WFL R: hip: WFL L ankle: WFL, inv WFL, ev WFL L knee: WFL grossly L hip: WFL grossly
	OTHER:	B HS: 90/90 L 55 deg knee fl, R 30 deg knee fl

BEHAVIORAL	Validity Testing:	Client passed 3 of 5 validity tests indicating maximal effort.	
	Waddell's:	N/A	
	FPI:	Functional: %	Pain: 0/10

COGNITIVE STATUS	Client is alert, oriented and able to safely follow directions

FUNCTIONAL STATUS	See Attached

PHYSICAL DEMAND	Job Required: medium/heavy	Current: light	Goal: heavy

CARDIOVASCULAR	Pre-Test:	HR: 104	BP: 120/80	Post-Test:	HR: 84	BP: 120/80

BARRIERS	

FACILITATORS	Moderate motivation

TODAY'S DATE: 12/5/16

FPT: Greenville

Name: Jennie Cox		SS#: XXX-XX-3648		Sex: Female	Age: 64
Date Admitted to Program: 2/16/16	Date of Injury: 5/31/16	Projected Program D/C Date: 6 weeks		First Date Lost Time: 10/24/16	
Diagnosis: Generalized Deconditioning/weakness		Type of Injury: Multiple body parts		Ins. Adjuster: Align	
Employer: Palmetto State		Referral Source: Align		Carrier/Claim #:	
Physician:		WCCCC: Cassandra Alewine		PDC: Medium-heavy	
Work Status: not working		Occupation: Truck Driver		Dominant Hand: Right	

PARTICIPATION IN PROGRAM	Attendance: Good	Patient has attended 15 of 17 scheduled visits.	Comments: Pt cancelled 2 appts due to illness
	Motivation: Good		

MUSCULOSKELETAL ASSESSMENT	CURRENT		IMPORTANT GAINS Generalized knee strength gains overall through the lower body	
	STRENGTH:	R ankle: PF 4+/5, DF 5/5, Inv/Ev 5/5 L ankle: PF 4+/5, DF 5/5, Inv/Ev 5/5 R hip: Fl 4/5, abd 4/5, Ext 4/5 L hip: Fl 4/5, abd 4/5, Ext 4/5 R knee: Fl 4+/5, Ext 4/5 L knee: Fl 4+/5, Ext 4/5		
		ROM:		n/a
		OTHER:		

FUNCTIONAL STATUS	See Attached

PHYSICAL DEMAND	Job Required: medium-heavy	Current: medium	Goal: heavy

CARDIOVASCULAR	Pre-Test:	HR: NT	BP: NT	Post-Test:	HR: NT	BP: NT

JOB AVAILABILITY	Modified job duty available? No	Modified duty required PDC:

TRANSFERRABLE SKILLS	

SUMMARY	Pt has been progressing well in terms of her overall strength per objective measurements. She has been steadily increasing her weights and walking time on the treadmill and is able to independently perform her exercise routine with rest breaks. Pt continues to have difficulty with heavier lifting activities, repetitively, due to weakness and neck/back discomfort that would benefit from her continuing her WC program. Remaining goals she has not met lifting/carrying 50# on frequent basis, push/pull 100# on frequent basis, perform 6+ hours of work simulation without symptom increase, and perform 50# push/pull on frequent basis. She has been progressing towards all goals unmet at this time.

GOALS	50% OF SHORT/LONG TERM GOALS MET	
	New goals (if applicable):	1. 2.

COMPLICATIONS/ BARRIERS:	Pt continues to have neck pain and UE shoulder pain with heavier lifting constantly, therefore she has not increased her weights with floor to waist box lifting. She has been able to increase her repetitions and was able to perform 20# box lift and carry with RPE of 8/10 today.	
REASONABLE ACCOMODATIONS:		
RECOMMENDATIONS	☐ Refer to physician. Please advise.	☐ Discharge: % goals met
	☐ FCE to determine safe RTW status (to be completed at D/C)	☐ Discharge: Instructed in HEP
	☒ Continue program	☐ Discharge: Poor Compliance
	☐ Discharge:	☐ Discharge: Meet job requirements
FREQUENCY/DURATION	3 X PER WEEK FOR 2 WEEKS	

X

Physician Signature
, DPT

Therapist Signature: Tyler Gelb, PT

Data Collected with the assistance of: Carrie Manges, Regional
Work Comp Coordinator, PTA



CORA
Rehabilitation Clinics

FUNCTIONAL TESTS

Name: Jennie Cox

SS#: XXX-XX-3648

Date: 12/5/16

MATERIAL HANDLING

	Job Requirement	Initial Eval Date: 10/24/16	Progress Report Date: 12/5/16	Progress Report Date:	Heart Rate	Comments
Client can lift:						
Floor to Waist	50 lbs Occasional	24 lbs Occasional	10lbs constant	lbs		
Floor to Waist	50 lbs Constant	24 lbs Constant	10lbs Constant	lbs		
Vertical push/pull Frequent	50 lbs Frequent	40 lbs Frequent	50lbs occasional	lbs		
Other:	lbs	lbs	lbs	lbs		
Client can:						
Carry 50 ft.	50 lbs Occasional	19 lbs Frequent	20 lbs occasional	lbs		
Push: dynamic	100 lbs Occasional	50 lbs Frequent	30 lbs constant	lbs		
Pull: dynamic	100 lbs Occasional	50 lbs Frequent	30 lbs constant	lbs		

NON-MATERIAL HANDLING

	Job Requirement	Initial Eval Date: 10/24/16	Progress Report Date: 12/5/16	Progress Report Date:	Heart Rate	Comments
Client Can:						
Walk	Frequently	Occasionally	Constant			
Sit	Occasionally	Constantly	Constantly			
Stand	Constantly	Frequently	Constantly			
Alternately sit/stand	Occasionally	Occasionally	Occasionally			
Balance 25 ft.	Frequently	N/A	N/A			
Crawl 25 ft.	Occasionally					
Reach above shoulder height	Constantly	Constantly	Constantly			
Kneel	Occasionally	Occasionally	Occasionally			
Bend	Occasionally	Occasionally	Frequently			
Squat	Frequently	Frequently	Frequently			
Ladder climb	Occasionally	Occasionally	N/T			
Stair climb	Occasionally	Occasionally	Occasionally			
FUNCTIONAL MOVEMENT						
Left foot	Constantly	Occasionally	Constantly			
Right foot	Constantly	Constantly	Constantly			
Other:						

	thus far, at this time I feel an FCE recommendation to determine safe return to work status would be most appropriate.	
GOALS	80% OF SHORT/LONG TERM GOALS MET	
	New goals (if applicable):	1. 2.
COMPLICATIONS/ BARRIERS:	Please see summary report for possible complications with progress	
REASONABLE ACCOMODATIONS		
RECOMMENDATIONS	☐ Refer to physician. Please advise.	☒ Discharge: 80 % goals met
	☒ FCE to determine safe RTW status (to be completed at D/C)	☐ Discharge: Instructed in HEP
	☐ Continue program	☐ Discharge: Poor Compliance
	☐ Discharge:	☐ Discharge: Meet job requirements
FREQUENCY/DURATION	Discharge with recommended FCE to determine return to work status	

X

Physician Signature
, DPT

Therapist Signature: Tyler Geib, PT

Data Collected with the assistance of: Carrie Manges, Regional
Work Comp Coordinator, PTA



FIRST
PHYSICAL THERAPY
CORA Rehabilitation Clinics

PHYSICAL RECONDITIONING/
WORK CONDITIONING
☐ PROGRESS ☒ DISCHARGE

TODAY'S DATE: 12/19/16

FPT: Greenville

Name: Jennie Cox		SS#: XXX-XX-3648		Sex: Female	Age: 64
Date Admitted to Program: 2/16/16	Date of Injury: 5/31/16	Projected Program D/C Date: 6 weeks		First Date Lost Time: 10/24/16	
Diagnosis: Generalized Deconditioning/weakness		Type of Injury: Multiple body parts		Ins. Adjuster: Align	
Employer: Palmetto State		Referral Source: Align		Carrier/Claim #:	
Physician:		WCCCC: Cassandra Alewine		PDC: Medium-heavy	
Work Status: not working		Occupation: Truck Driver		Dominant Hand: Right	

PARTICIPATION IN PROGRAM	Attendance: Good	Patient has attended 20 of 22 scheduled visits.	Comments: Pt cancelled 2 appts due to illness
	Motivation: Good		

MUSCULOSKELETAL ASSESSMENT	CURRENT		IMPORTANT GAINS Generalized knee strength gains overall through the lower body
	STRENGTH:	R ankle: PF 5/5, DF 5/5, Inv/Ev 5/5 L ankle: PF 5/5, DF 5/5, Inv/Ev 5/5 R hip: FI 4+/5, abd 4/5, Ext 4/5 L hip: FI 4+/5, abd 4/5, Ext 4/5 R knee: FI 5/5, Ext 4+/5 L knee: FI 5/5, Ext 4+/5	
	ROM:	n/a	
	OTHER:		

FUNCTIONAL STATUS	See Attached

PHYSICAL DEMAND	Job Required: medium-heavy	Current: medium	Goal: heavy

CARDIOVASCULAR	Pre-Test:	HR: NT	BP: NT	Post-Test:	HR: NT	BP: NT

JOB AVAILABILITY	Modified job duty available? No	Modified duty required PDC:

TRANSFERRABLE SKILLS	

SUMMARY	Pt did well with her work comp program and performed all required activities during sessions. She demonstrated improvements in all LE muscle grades per objective measurements. She did continue to have reports of pain and discomfort with lifting and heavier push/pull activity in the cervical and shoulder musculature that limited her overall progression towards her heavier PDC goals. She did have a high fear factor as well due to concerns over pain with heavier activities that could have led to some self-limiting with strenuous activities to include push/pulling as well as lifting activity; however she does have an extensive surgical and trauma history in the cervical region and mandible that would explain her inability to increase strengthening due to strain of the upper quadrant musculature. We did attempt to progress resistance with functional lifting and sled push/pull simulation, however this did increase her pain levels in the L cervical region with RPE levels of 8-9/10, therefore we did not perform higher level strength training. I did educate her on cervical stretching to perform daily to improve soft tissue constraints to improve mobility and reduce her pain reports with future activity. Based off her progress

Revised 7/16/08



FIRST
PHYSICAL THERAPY
CORA Rehabilitation Clinics

FUNCTIONAL TESTS

Name: Jennie Cox

SS#: XXX-XX-3648

Date: 12/19/16

MATERIAL HANDLING

	Job Requirement	Initial Eval Date: 10/24/16	Progress Report Date: 12/5/16	Progress Report Date: 12/19/16	Heart Rate	Comments
Client can lift:						
Floor to Waist	50 lbs Occasional	24 lbs Occasional	10lbs constant	30 lbs occasional		
Floor to Waist	50 lbs Constant	24 lbs Constant	10lbs Constant	10 lbs constant		
Vertical push/pull Frequent	50 lbs Frequent	40 lbs Frequent	50lbs occasional	50 lbs Frequent		
Other:	lbs	lbs	lbs	lbs		
Client can:						
Carry 50 ft.	50 lbs Occasional	19 lbs Frequent	20 lbs occasional	20 lbs occasional		
Push: dynamic	100 lbs Occasional	50 lbs Frequent	30 lbs constant	30 lbs Constant		
Pull: dynamic	100 lbs Occasional	50 lbs Frequent	30 lbs constant	30 lbs constant		

NON-MATERIAL HANDLING

	Job Requirement	Initial Eval Date: 10/24/16	Progress Report Date: 12/5/16	Progress Report Date: 12/19/16	Heart Rate	Comments
Client Can:						
Walk	Frequently	Occasionally	Constant	Constantly		
Sit	Occasionally	Constantly	Constantly	Constantly		
Stand	Constantly	Frequently	Constantly	Constantly		
Alternately sit/stand	Occasionally	Occasionally	Occasionally	Occasionally		

Revised 7/16/08

Balance 25 ft.	Frequently	N/A	N/A	N/A	
Crawl 25 ft.	Occasionally				
Reach above shoulder height	Constantly	Constantly	Constantly	Constantly	
Kneel	Occasionally	Occasionally	Occasionally	Occasionally	
Bend	Occasionally	Occasionally	Frequently	Frequently	
Squat	Frequently	Frequently	Frequently	Frequently	
Ladder climb	Occasionally	Occasionally	N/T	N/T	
Stair climb	Occasionally	Occasionally	Occasionally	Frequently	
FUNCTIONAL MOVEMENT					
Left foot	Constantly	Occasionally	Constantly	Constantly	
Right foot	Constantly	Constantly	Constantly	Constantly	
Other:					

Revised 7/16/08

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1206236

JENNIE COX,
Employee
Claimant,

vs.

PALMETTO STATE
TRANSPORTATION,
Employer

AND

CHEROKEE INSURANCE COMPANY,
Carrier

Defendants.

APA SUBMISSIONS

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APA #28
Robert E. Brabham, PH.D.
07/16/18

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LICENSED PSYCHOLOGIST

MASTER'S IN REHABILITATION COUNSELING

ROB BRABHAM JR., MRC

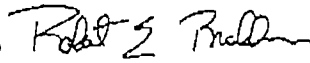
NORA HEAPE, RN, BA

AMYE HAWKINS, ADM. ASST.

BETH BURNETT, BA, EC

To: Juliette Brown Mims

From: Robert Brabham, PhD



Date: July 16, 2018

RE: Jennie Cox DOB 8-14-52

Thank you for the highly critical critique of my report in this matter. In reading my own language, I would have to agree that I was unclear as to her last date of employment, and I apologize for that mistake. The bottom line remains that she has not been able to work since June 2016, now more than two years ago.

I cannot question or explain why other records do not cover the same topics as do my reports. However, I do take exception to the comment that I am not qualified to establish any basis for the fatigue Ms. Cox has experienced since her injuries. As a matter of fact, fatigue, out of proportion to actual exertional efforts, is not an unusual reaction to the type of injury that Ms. Cox experienced. It is, in fact, one of the most common symptoms associated with pain lasting an extended period of time, as well as depression. In that regard, I am legally and professional qualified to render such an opinion.

As to my finding of depression, the fact that there was a pre-existing history exacerbated by the death of a family member does not change the fact that any pre-existing depression only served to exacerbate the quite-obvious depression she has experienced since loss of employment in 2016. I would respectfully point out that Ms. Cox had worked for many years, as pointed out by the defense attorney of record. In fact, I think it is to her credit that, in spite of that background, she had been able to maintain employment, as they pointed out.

I would also respectfully point out that there is extensive literature correlating the relationship between pain and depression. I was not mistakenly reporting her reports of pain, as she was quite clear in that regard. I would also respectfully point out that, somewhat by definition, pain remains a subjective symptom, best identified by the individual.

As to the fact that she has not sought treatment for depression, that is not an uncommon response. Individuals are often hesitant to request the need for such services. I would also respectfully disagree that it is improper for me to use the terms "it is reasonable for me to conclude"...that is, indeed, a very professional and proper term.

The comment that her reports were "self-serving" must be weighed against the credibility of her comments. It remains my professional opinion that consistency in reporting by an individual is entirely different from "self-serving." Indeed, I am quite careful to inquire as to the consistency of reports and am careful to point out consistencies when they are found.

Finally, I would respectfully suggest that many of the comments and quotes that I have made are based on her symptoms/conditions at the time of my evaluation. They were valid points at that time, and nothing pointed out in the rebuttal changes that fact. If anything, her credibility is enhanced by her efforts to continue working. Her efforts to avoid medication should not be used against her, especially in view of considerable publicity of individuals becoming addicted to such medications. Simply stated, it is my opinion that the absence of specific treatment noted by the defendants does not equate to the absence of symptoms, as noted in my report.

Again, I regret that I confused the dates as to her efforts to work and the last date of employment. The bottom line remains that she had a good work history prior to her injuries, and following the injuries, she was unable to maintain employment, with the causal effect being the on-the-job injuries noted.

If you have any further questions, please do not hesitate to contact me.

APA #34
Jennifer T. Ellis, M.D.
05/09/16-08/02/18

Progress Note

Patient Name: Jennie Cox
Patient ID: 55780
Sex: Female
Birthdate: August 14, 1952

Visit Date: May 9, 2016
Provider: Jennifer T. Ellis, MD
Location: Hillcrest Family Practice
Location Address: 717 SE Main St
 Simpsonville, SC 296813737
Location Phone: (864) 522-5400

Chief Complaint

- F/U discuss weight loss.
- Pt declines to discuss smoking cessation.

History Of Present Illness

The patient returns for follow up of Her depression Since the last visit She has been doing better She is currently taking the following prescription medications: fluoxetine 20 mg oral tablet She is not taking any over the counter medications for the symptoms. She has been compliant with the medication regimen. She feels like the following symptoms have improved: sadness. And she feels like the following symptoms have worsened: none have worsened. She is currently experiencing fatigue. She denies difficulty concentrating, difficulty performing routine daily activities, insomnia, loss of interest in pleasurable activities, out of control feelings, and panic attacks. She has the following issues going on that are affecting the condition: job stress. She is not currently seeing a therapist. This patient feels that she is able to care for herself. She currently lives alone.

5/9: chose not to increase fluoxetine, feels she is doing OK. energy level improving.

previous visit: Taking alprazolam 1-2 x/ week, when feeling worried about how going to get things done

Previously running team (had partner). Reports got more rest. Drive 10 hrs alternating.

Now drives - not supposed to drive over 11hours.

Dedicated run: Left greenville 11 am Monday, returned Wed. Leave again Thursday and return Saturday.

Past Medical History

Abdominal Radiologic Abnormality; Anxiety Disorder; Bone Infection; Hypercholesterolemia; Insomnia; Irritable Bowel Syndrome; Joint Pain; Low Back Pain

Past Surgical History

Adenoidectomy; Appendectomy; Colonoscopy; EGD; hysterectomy; jaw surgery; Lysis of adhesions; Tonsillectomy

Medication List

alprazolam 0.5 mg oral tablet; atorvastatin 40 mg oral tablet; fluoxetine 40 mg oral capsule; Restoril 30 mg oral capsule

Allergy List

Magnesium; Nickel; Simvastatin; Ultram

Family Medical History

Alzheimer's Disease; DM Type II; Myocardial Infarction, Acute

Social History

Children; Divorced; Grandchildren; Nondrinker; Smoker; Tobacco (Current every day); Truck Driver

Review of Systems

[Progress Note] [Jennie Cox] [55780]

[Date Printed:8/3/2018] Page 2 of 3

Constitutional

- o Denies : weight loss, weight gain, loss of appetite

HENT

- o Denies : headaches

Neurologic

- o Denies : tingling or numbness

Psychiatric

- o Denies : additional psychiatric symptoms except as noted in the HPI

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat	HC
05/09/2016	01:22 PM	110/80	Sitting				100 - R		97.9	107lbs 6oz					

Physical Examination**Constitutional**

- o Appearance : thin, well developed, alert, in no acute distress, appears about reported age

Respiratory

- o Respiratory Effort : breathing unlabored
- o Auscultation of Lungs : normal breath sounds

Cardiovascular

- o Heart :
 - Auscultation of Heart : regular rate and rhythm, no murmurs present
- o Peripheral Vascular System :
 - Extremities : no edema or cyanosis

Skin and Subcutaneous Tissue

- o General Inspection : no rashes present, no lesions present, no areas of discoloration present
- o General Palpation : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation

Neurologic

- o Mental Status Examination :
 - Orientation : oriented
 - Memory : memory intact
- o Cranial Nerves : cranial nerves intact bilaterally

Psychiatric

- o Judgement and Insight : judgement and insight intact
- o Mood and Affect : normal, appropriate

Assessment

- Anxiety Disorder 300.00/F41.9
long discussion about relationship between job/ injury/ mood/ weight. believe wt loss / fatigue multifactorial. attempted to increase dose encouraged pt to pursue less demanding driving position.
- Weight loss 783.21/R63.4
pt would like to regain weight up to her previous baseline of 120. advised that unable to continue to recommend out of weight without clear deadline. agrees would be reasonable to return to work if maintains current level of weight.

Plan**Instructions**

- o Patient instructed to contact physician if mood disturbance intensifies
- o Patient instructed to seek medical help immediately if suicidal or homicidal ideation occur, or if she is unable to care for herself and/or dependents

Disposition

- o Return Visit Request in/on 2 weeks +/- 2 days (88575).

Correspondence

- o Work/School Excuse (Pain v3.6)FHV1 (Jennie C. Cox) - 05/09/2016

[Digital Signature Validated]

[Progress Note] [Jennie Cox] [55780]

[Date Printed:8/3/2018] Page 3 of 3

Electronically Signed by: Jennifer T. Ellis, MD -Author on May 10, 2016 05:28:27 PM

[Digital Signature Validated]

Progress Note

Patient Name:	Jennie Cox	Visit Date:	May 23, 2016
Patient ID:	55780	Provider:	Jennifer T. Ellis, MD
Sex:	Female	Location:	Hillcrest Family Practice
Birthdate:	August 14, 1952	Location Address:	717 SE Main St Simpsonville, SC 296813237
		Location Phone:	(864) 522-5400

Chief Complaint

- f/u weight gain, general health

History Of Present Illness

The patient returns for follow up of Her depression Since the last visit She has been doing better She is currently taking the following prescription medications: fluoxetine 20 mg oral tablet She is not taking any over the counter medications for the symptoms. She has been compliant with the medication regimen. She feels like the following symptoms have improved: sadness. And she feels like the following symptoms have worsened: none have worsened. She is currently experiencing fatigue. She denies difficulty concentrating, difficulty performing routine daily activities, insomnia, loss of interest in pleasurable activities, out of control feelings, and panic attacks. She has the following issues going on that are affecting the condition: job stress. She is not currently seeing a therapist. This patient feels that she is able to care for herself. She currently lives alone.

5/23: weight continues to improve. worn out when went to wedding over the wedding. still taking fluox. stable mood wise. energy better with her pill. mirtazapine - never discontinued. taking nightly.

5/9: chose not to increase fluoxetine, feels she is doing OK. energy level improving.

previous visit: Taking alprazolam 1-2 x/ week, when feeling worried about how going to get things done

Previously running team (had partner). Reports got more rest. Drive 10 hrs alternating.

Now drives - not supposed to drive over 11hours.

Dedicated run: Left greenville 11 am Monday, returned Wed. Leave again Thursday and return Saturday.

Past Medical History

Abdominal Radiologic Abnormality; Anxiety Disorder; Bone Infection; Hypercholesterolemia; Insomnia; Irritable Bowel Syndrome; Joint Pain; Low Back Pain

Past Surgical History

Adenoidectomy; Appendectomy; Colonoscopy; EGD; hyster/oooph; jaw surgery; lysis of adhesions; Tonsillectomy

Medication List

alprazolam 0.5 mg oral tablet; atorvastatin 40 mg oral tablet; fluoxetine 20 mg oral capsule; Restoril 30 mg oral capsule

Allergy List

Magnesium; Nickel; Simvastatin; Ultram

Family Medical History

Alzheimer's Disease; DM Type II; Myocardial Infarction, Acute

Social History

Children; Divorced; Grandchildren; Nondrinker; Smoker; Tobacco (Current every day); Truck Driver

[Progress Note] [Jennie Cox] [55780]

[Date Printed: 8/3/2018] Page 2 of 3

Review of Systems**Constitutional**

- o Denies : weight loss, weight gain, loss of appetite

HENT

- o Denies : headaches

Neurologic

- o Denies : tingling or numbness

Psychiatric

- o Denies : additional psychiatric symptoms except as noted in the HPI

Vitals

Date	Time	BP	Position	Site	HR	Cuff Size	HR	TEMP(°F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat	HC
05/23/2016	04:12 PM	116/71	Sitting		86 - R			98.4	109lbs	60z				

Physical Examination**Constitutional**

- o Appearance : *thin*, well developed, alert, in no acute distress, appears about reported age

Respiratory

- o Respiratory Effort : breathing unlabored
- o Auscultation of Lungs : normal breath sounds

Cardiovascular

- o Heart :
 - Auscultation of Heart : regular rate and rhythm, no murmurs present
- o Peripheral Vascular System :
 - Extremities : no edema or cyanosis

Skin and Subcutaneous Tissue

- o General Inspection : no rashes present, no lesions present, no areas of discoloration present
- o General Palpation : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation

Neurologic

- o Mental Status Examination :
 - Orientation : oriented
 - Memory : memory intact
- o Cranial Nerves : cranial nerves intact bilaterally

Psychiatric

- o Judgement and Insight : judgement and insight intact
- o Mood and Affect : normal, appropriate

Assessment

- Anxiety Disorder 300.00/F41.9
Informed by patient that has been on mirtazapine whole time. with good weight improvement, will continue. believe wt loss / fatigue multifactorial. If wt gain reverse, will increase dose prozac. encouraged pt to pursue less demanding driving position. will write note to ease back into work.
- Weight loss 783.21/R63.4
pt would like to regain weight up to her previous baseline of 120. however, may not be achievable. encouraged continued calorie supplementation.

Plan**Medications**

- o mirtazapine 7.5 mg oral tablet
SIG: take 2 tablets (15 mg) by oral route once daily at bedtime for 30 days
DISP: (60) tablets with 0 refills
Prescribed on 05/23/2016

Instructions

[Digital Signature Validated]

- o Patient Instructed to contact physician if mood disturbance intensifies
- o Patient Instructed to seek medical help immediately if suicidal or homicidal ideation occur, or if she is unable to care for herself and/or dependents

Disposition

- o Return Visit Request in/on 2 weeks +/- 2 days (89282).

Electronically Signed by: Jennifer T. Ellis, MD -Author on May 25, 2016 10:25:04 AM

[Digital Signature Validated]

Progress Note

Patient Name: Jennie Cox
Patient ID: 55780
Sex: Female
Birthdate: August 14, 1952

Visit Date: June 23, 2016
Provider: Jennifer T. Ellis, MD
Location: Hillcrest Family Practice
Location Address: 717 SE Main St
 Simpsonville, SC 296813237
Location Phone: (864) 522-5400

Chief Complaint

- F/U Anxiety
- Weight Loss

History Of Present Illness

The patient returns for follow up of Her depression Since the last visit She has been doing about the same. She is currently taking no prescription medications for this- stopped them herself after last visit. She is not taking any over the counter medications for the symptoms. She has been compliant with the medication regimen. She feels like the following symptoms have improved: sadness. And she feels like the following symptoms have worsened: none have worsened. She is not currently experiencing any additional or new symptoms. She denies difficulty concentrating, difficulty performing routine daily activities, fatigue, insomnia, loss of appetite, loss of interest in pleasurable activities, out of control feelings, and panic attacks. She has the following issues going on that are affecting the condition: job stress. She is not currently seeing a therapist. This patient feels that she is able to care for herself. She currently lives alone.

6/23: not working. worker's comp conversations occurring. patient reports problem with pain once started back driving. returned the week after visit, worked 3 weeks. told HR about pain from turning head / backing up etc.

5/23: weight continues to improve. worn out when went to wedding over the wedding. still taking fluox. stable mood wise. energy better with her pill. mirtazapine - never discontinued. taking nightly.

5/9: chose not to increase fluoxetine, feels she is doing OK. energy level improving.

previous visit: Taking alprazolam 1-2 x/ week, when feeling worried about how going to get things done

Previously running team (had partner). Reports got more rest. Drive 10 hrs alternating.

Now drives - not supposed to drive over 11 hours.

Dedicated run: Left Greenville 11 am Monday, returned Wed. Leave again Thursday and return Saturday.

Past Medical History

Abdominal Radiologic Abnormality; Anxiety Disorder; Bone Infection; Hypercholesterolemia; Insomnia; Irritable Bowel Syndrome; Joint Pain; Low back pain

Past Surgical History

Adenoidectomy; Appendectomy; Colonoscopy; EGD; hyster/ooph; jaw surgery; Lysis of adhesions; Tonsillectomy

Medication List

alprazolam 0.5 mg oral tablet; atorvastatin 40 mg oral tablet; fluoxetine 20 mg oral capsule; mirtazapine 7.5 mg oral tablet; Restoril 30 mg oral capsule

Allergy List

Magnesium; Nickel; Simvastatin; Ultram

Family Medical History

Alzheimer's Disease; DM Type II; Myocardial Infarction, Acute

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[Progress Note] [Jennie Cox] [55780]

[Date Printed:8/3/2018] Page 2 of 3

Social History

Children; Divorced; Grandchildren; Nondrinker; Smoker; Tobacco (Current every day); Truck Driver

Review of Systems**Constitutional**

- o Denies : weight loss, weight gain, loss of appetite

HENT

- o Denies : headaches

Neurologic

- o Denies : tingling or numbness

Psychiatric

- o Denies : additional psychiatric symptoms except as noted in the HPI

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat	HC
06/23/2016	10:07 AM	104/69	Sitting				95 - R		96.5	108lbs 2oz	5' 6"	17.45	1.51		

Physical Examination**Constitutional**

- o Appearance : *thin*, well developed, alert, In no acute distress, appears about reported age

Respiratory

- o Respiratory Effort : breathing unlabored
- o Auscultation of Lungs : normal breath sounds

Cardiovascular

- o Heart :
 - Auscultation of Heart : regular rate and rhythm, no murmurs present
- o Peripheral Vascular System :
 - Extremities : no edema or cyanosis

Skin and Subcutaneous Tissue

- o General Inspection : no rashes present, no lesions present, no areas of discoloration present
- o General Palpation : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation

Neurologic

- o Mental Status Examination :
 - Orientation : oriented
 - Memory : memory intact
- o Cranial Nerves : cranial nerves intact bilaterally

Psychiatric

- o Judgement and Insight : judgement and insight intact
- o Mood and Affect : normal, appropriate

Assessment

- Anxiety Disorder 300.00/F41.9
pt stopped med since last visit. reports feeling no different. watch. (see previous note for recs prior to d/cin) encouraged pt to pursue less demanding driving position. however, no further work excuses provided.
- Weight loss 783.21/R63.4
pt would like to regain weight up to her previous baseline of 120. however, may not be achievable. encouraged continued calorie supplementation.

Plan**Instructions**

- o Patient instructed to contact physician if mood disturbance intensifies
- o Patient instructed to seek medical help immediately if suicidal or homicidal ideation occur, or if she is unable to care for

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[Progress Note] [Jennie Cox] [55780]

[Date Printed:8/3/2018] Page 3 of 3

herself and/or dependents

Disposition

- o Call or Return if symptoms worsen or persist.

Correspondence

- o Work/School Excuse (Pain v3.6)FHV1 (Jennie C. Cox) - 06/23/2016
- o Light Duty Note (Revised)FHV2 (Jennie C. Cox) - 06/23/2016

Electronically Signed by: Jennifer T. Ellis, MD -Author on June 23, 2016 11:08:59 AM

[Digital Signature Validated]

Progress Note

Patient Name:	Jennie Cox	Visit Date:	September 20, 2016
Patient ID:	55780	Provider:	Jennifer T. Ellis, MD
Sex:	Female	Location:	Hillcrest Family Practice
Birthdate:	August 14, 1952	Location Address:	717 SE Main St Simpsonville, SC 296813237
		Location Phone:	(864) 522-5400

Chief Complaint

- f/u weight loss and exercise

History Of Present Illness

The patient returns for follow up of Her depression Since the last visit She has been doing better She is currently taking no prescription medications for this. She is not taking any over the counter medications for the symptoms. She has been compliant with the medication regimen. She feels like the following symptoms have improved: sadness. And she feels like the following symptoms have worsened: none have worsened. She is not currently experiencing any additional or new symptoms. She denies difficulty concentrating, difficulty performing routine daily activities, fatigue, insomnia, loss of appetite, loss of interest in pleasurable activities, out of control feelings, and panic attacks. She has the following issues going on that are affecting the condition: job stress. She is not currently seeing a therapist. This patient feels that she is able to care for herself. She currently lives alone.

9/20: Has been going to Life Center, seeing personal trainer. Needs a note that needs personal training needed to help her gain weight. Has been attending for over a month. Convinced it is helping her a lot. PT directing her on use of the machines. Has been going Wed and Fridays with the personal trainer- 30 min ute each session. Trying to do the weights and exercise balls.

Sees her daughter periodically q few weeks/ once per month;

Grits/ fruit/ burgers/ chicken.

Taking Restoril nightly, alprazolam once daily.

Still talking to workers comp

Pt reports she has contacted workers comp about missed work. Her attorney spoke with her about

6/23: not working. worker's comp conversations occurring. pateint reports problem with pain once started back driving. returned the week after vist, worked 3 weeks. told HR about pain from turning head / backing up etc.

5/23: weight continues to improve. worn out when went to wedding over the wedding. still taking fluox. stable mood wise. energy better with her pill. mirtazipine - never discontinued. taking nightly.

5/9: chose not to increase fluoxetine, feels she is doing OK. energy level improving.

previous visit: Taking alprazolam 1-2 x/ week, when feeling worried about how going to get things done

Previously running team (had partner). Reports got more rest. Drive 10 hrs alternating.

Now drives - not supposed to drive over 11hours.

Dedicated run: Left greenville 11 am Monday, returned Wed. Leave again Thursday and return Saturday.

Past Medical History

Disease Name	Date Onset	Notes
Abdominal Radiologic Abnormality	3/5/08	see CT report- L adrenal gland abnormality
Anxiety disorder	--	--
Bone Infection	2001	Dr. devault- I & D ? R hamstring Insertion/ infection. a/w overuse unloading hand truck. Infxn noted upon re-attachment

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[Progress Note] [Jennie Cox] [55780]

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Hypercholesterolemia	11/26/2010	of hamstring per pt? h/o given. willing to work on diet/ exercise. re check 4 mos. Did not tolerate simvastatin- felt "sick," malaise
Insomnia	--	--
Irritable Bowel Syndrome	2004-2007	w/u by GI Assoc- for IBS- Hartley- upper GI, small bowe series, U/S, HIDA Scan 2004-2007
Joint Pain	--	--
Low back pain	--	? HNP L5/s1

Past Surgical History

Procedure Name	Date	Notes
Adenoidectomy	--	--
Appendectomy	? at time of ooph	--
Colonoscopy	8/16/04	int/ext hemorrhoids; tortuous colon- Dr. Hartley- FU 10 yrs. (Refuses more scopes, b/c hospitalized after with emesis)
EGD	10/04	mild erythema
hystw/ooph	age 20s/ 1990s	hyst for bleeding; took out ovaries later b/c of adhesions to colon and previous tubal surgery
jaw surgery	5/2012- multiple	Lower jaw crushed in accident (machine fell off truck onto her) 5/2012- plate, studs, screws- Dr Folwer + Dr Cobb- oral surgeon, Dr Ridgill prosthetic orthodontist
Lysis of adhesions	1990s	bladder adhesions to colon after hyst/ ooph surgeries- x3 Dr Blouin and May
Tonsillectomy	--	--

Medication List

Name	Date Started	Instructions
alprazolam 0.5 mg oral tablet	08/30/2016	take 1 tablet (0.5 mg) by oral route 3 times per day
Restoril 30 mg oral capsule	08/30/2016	take 1 capsule (30 mg) by oral route once daily at bedtime as needed for 30 days

Allergy List

Allergen Name	Date	Reaction	Notes
Magnesium	--	--	--
Nickel	--	?metal allergy?	--
simvastatin	--	malaise	--
Ultram	--	--	--

Family Medical History

Disease Name	Relative/Age	Notes
Alzheimer's Disease	/	--
	Aunt/ Grandmother (maternal)/ Mother/	
DM Type II	/	--
	Aunt/ Uncle/	
Myocardial Infarction, Acute	/	--
	Father/70	

Social History

Finding	Status	Start/Stop	Quantity	Notes
Children	--	--/--	--	2 daughters
Divorced	--	--/--	--	--
Grandchildren	--	--/--	--	5 gkids- 3 girls, 2 boys; had gson oldest that lost 2008; 2 younger girls (Madison 12, Emily 7) with same mom (tammy); oldest 40 yo

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Sonya- with twin brother and son (17 yo)
 Marthow and Meghan), older brother died-
 Michael -was at 16 yo from MVA

Nondrinker	--	--/--	--	--
Smoker	--	--/--	2 ppd	--
Tobacco	Current every day	18/--	2 PPD	--
Truck Driver	--	--/--	--	--

Review of Systems

Constitutional

- o Denies : weight loss, weight gain, loss of appetite

HENT

- o Denies : headaches

Neurologic

- o Denies : tingling or numbness

Psychiatric

- o Denies : additional psychiatric symptoms except as noted in the HPI

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP(°F)	WT	HI	BMI kg/m ²	BSA m ²	O2 Sat	Hc
09/20/2016	12:40 PM	120/88	Sitting				121 - R		98.2		116lbs 6oz				

Physical Examination

Constitutional

- o Appearance : thin, well developed, alert, in no acute distress, appears about reported age

Respiratory

- o Respiratory Effort : breathing unlabored
- o Auscultation of Lungs : normal breath sounds

Cardiovascular

- o Heart :
 - Auscultation of Heart : regular rate and rhythm, no murmurs present
- o Peripheral Vascular System :
 - Extremities : no edema or cyanosis

Skin and Subcutaneous Tissue

- o General Inspection : no rashes present, no lesions present, no areas of discoloration present
- o General Palpation : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation

Neurologic

- o Mental Status Examination :
 - Orientation : oriented
 - Memory : memory intact
- o Cranial Nerves : cranial nerves intact bilaterally

Psychiatric

- o Judgement and Insight : judgement and insight intact
- o Mood and Affect : normal, appropriate

Assessment

- Anxiety Disorder 300.00/F41.9
pt stopped med x few months. mood appears stable. monitor.
- Hypercholesterolemia 272.0/E78.0
- Weight loss 783.21/R63.4
has regained weight - striving to reach previous baseline of 120. encouraged continued calorie supplementation/ resistance and endurance training.

[Progress Note] [Jennie Cox] [55780]

[Date Printed:8/3/2018] Page 4 of 4

Plan**Instructions**

- o Patient instructed to contact physician if mood disturbance intensifies
- o Patient instructed to seek medical help immediately if suicidal or homicidal ideation occur, or if she is unable to care for herself and/or dependents

Disposition

- o CPX

Correspondence

- o Work/School Excuse (Pain v3.6)FHV1 (Jennie C. Cox) - 09/20/2016

Electronically Signed by: Jennifer T. Ellis, MD -Author on September 20, 2016 01:38:46 PM

[Digital Signature Validated]

LabCorp - Lab - General Lab

Specimen #: 328-076-2309-0 Report Status: Final Results

Patient Information:

Name: Cox, Jennie C

PatientID: 55780

Sex: F

DOB: 08/14/1952

Address: 222 W Chapman Road
Belton, SC 29627-

Phone #: (864)243-0032

SSN: ###-##-3648

Date of Specimen: 11/23/2016 11:09

Date Received: 11/23/2016 00:00 Specimen Source:

Date Reported: 11/24/2016 07:39

Physician: ELLIS, J

Information:

Test Name	Result	Flags	Reference Range	Lab

Comments: Fasting=Y

CMP12+LP+6AC+CBC/D/Pit+TSH+Fer

Glucose, Serum	85 mg/dL		65-99 mg/dL	BN
Uric Acid, Serum	6.4 mg/dL		2.5-7.1 mg/dL	BN
	Therapeutic target for gout patients: <6.0			
BUN	18 mg/dL		8-27 mg/dL	BN
Creatinine, Serum	1.01 mg/dL	H	0.57-1.00 mg/dL	BN
eGFR If NonAfricn Am	59 mL/min/1.73	L	>59 mL/min/1.73	BN
eGFR If Africn Am	68 mL/min/1.73		>59 mL/min/1.73	BN
Sodium, Serum	138 mmol/L		136-144 mmol/L	BN
Potassium, Serum	4.9 mmol/L		3.5-5.2 mmol/L	BN
Chloride, Serum	100 mmol/L		97-106 mmol/L	BN
Calcium, Serum	9.8 mg/dL		8.7-10.3 mg/dL	BN
Phosphorus, Serum	3.6 mg/dL		2.5-4.5 mg/dL	BN
Protein, Total, Serum	7.3 g/dL		6.0-8.5 g/dL	BN
Albumin, Serum	4.6 g/dL		3.6-4.8 g/dL	BN
Globulin, Total	2.7 g/dL		1.5-4.5 g/dL	BN
Bilirubin, Total	0.3 mg/dL		0.0-1.2 mg/dL	BN
Alkaline Phosphatase, S	97 IU/L		39-117 IU/L	BN
LDH	184 IU/L		119-226 IU/L	BN
AST (SGOT)	23 IU/L		0-40 IU/L	BN
ALT (SGPT)	13 IU/L		0-32 IU/L	BN
GGT	13 IU/L		0-60 IU/L	BN
Iron, Serum	67 ug/dL		27-139 ug/dL	BN
Ferritin, Serum	49 ng/mL		15-150 ng/mL	BN
Cholesterol, Total	258 mg/dL	H	100-199 mg/dL	BN
Triglycerides	179 mg/dL	H	0-149 mg/dL	BN
HDL Cholesterol	56 mg/dL		>39 mg/dL	BN
LDL Cholesterol Calc	166 mg/dL	H	0-99 mg/dL	BN
T. Chol/HDL Ratio	4.6 ratio units	H	0.0-4.4 ratio units	BN

T. Chol/HDL Ratio

	Men	Women
1/2 Avg. Risk	3.4	3.3
Avg. Risk	5.0	4.4
2X Avg. Risk	9.6	7.1
3X Avg. Risk	23.4	11.0

Estimated CHD Risk	1.1 times avg.	H	0.0-1.0 times avg.	BN

T. chol/HDL Ratio

	Men	Women
1/2 Avg. Risk	3.4	3.3
Avg. Risk	5.0	4.4
2X Avg. Risk	9.6	7.1
3X Avg. Risk	23.4	11.0

The CHD risk is based on the T. Chol/HDL ratio. Other factors affect CHD risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

TSH	1.730 uIU/mL	0.450-4.500 uIU/mL	BN

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WBC	6.4 x10E3/uL	3.4-10.8 x10E3/uL	BN
RBC	4.74 x10E6/uL	3.77-5.28 x10E6/uL	BN
Hemoglobin	15.4 g/dL	11.1-15.9 g/dL	BN
Hematocrit	43.6 %	34.0-46.6 %	BN
MCV	92 fL	79-97 fL	BN
MCH	32.5 pg	26.6-33.0 pg	BN
MCHC	35.3 g/dL	31.5-35.7 g/dL	BN
RDW	12.5 %	12.3-15.4 %	BN
Platelets	323 x10E3/uL	150-379 x10E3/uL	BN
Neutrophils	63 %		BN
Lymphs	27 %		BN
Monocytes	6 %		BN
Eos	3 %		BN
Basos	1 %		BN
Neutrophils (Absolute)	4.0 x10E3/uL	1.4-7.0 x10E3/uL	BN
Lymphs (Absolute)	1.7 x10E3/uL	0.7-3.1 x10E3/uL	BN
Monocytes(Absolute)	0.4 x10E3/uL	0.1-0.9 x10E3/uL	BN
Eos (Absolute)	0.2 x10E3/uL	0.0-0.4 x10E3/uL	BN
Baso (Absolute)	0.1 x10E3/uL	0.0-0.2 x10E3/uL	BN
Immature Granulocytes	0 %		BN
Immature Grans (Abs)	0.0 x10E3/uL	0.0-0.1 x10E3/uL	BN

Lab Name: LabCorp Burlington (BN)
Address: 1447 York Court
 Burlington, NC 27215-3361

Director: William F Hancock
Phone #: 8007624344

History and Physical

Patient Name:	Jennie Cox	Visit Date:	November 23, 2016
Patient ID:	55780	Provider:	Jennifer T. Cills, MD
Sex:	Female	Location:	Hillcrest Family Practice
Birthdate:	August 14, 1952	Location Address:	717 SE Main St Simpsonville, SC 296813237
		Location Phone:	(864) 522-5400

Chief Complaint

- Comprehensive exam
- Pt declines flu and tetanus vaccines.
- Pt declines to discuss smoking cessation.

labs drawn this morning
vision checked yearly
pt needs pelvic exam
pt needs mammogram

History Of Present Illness

Jennie C. Cox is a 64 year old Caucasian/White female who presents for her annual comprehensive exam. It has been 1 year since her last check up. She is due for the following health maintenance items: DRE, EKG, fasting labs, hemocult testing, mammogram, pap smear, urinalysis, and visual exam.

Exercise History

She does not exercise regularly but is very active.

Dietary Habits

She provided the following examples for meals on an average day. A typical breakfast might consists of some or all of the following: usu ensure. Lunch is usually comprised of some or all of the following: snacks of chicken, veges. Some examples of typical supper food would be some or all of the following: a home cooked meal of a meat and three and chicken/potatoes/ veges. She does not eat desert very often. Typical beverages consumed throughout the day include coffee and sweet tea. She regularly consumes sugar-sweetened beverages. On a typical day she might consume two sweet drinks. She does not drink alcohol.

Tobacco History

She uses cigarettes 1 pack/s per day.

Current Medical Problems Followed by Us

She is followed by us for hyperlipidemia and an anxiety disorder. The patient's mixed lipid levels have been poorly controlled with diet alone and are detailed in the laboratory reports. The anxiety disorder has been essentially unchanged since the last visit and waxing and waning in severity.

Jennie C. Cox is a 64 year old Caucasian/White female who presents for her annual exam. She is a GRAVIDA PARA who underwent a TAH/BSO 25 years ago for menorrhagia. Since her last visit, there have been no significant changes in her health history.

She has no current complaints.

The patient is not taking HRT medication. She is having no vasomotor symptoms.
She has not had a recent mammogram. A screening mammogram has been ordered.
She does not perform self breast exams.
The patient has no maternal family history of breast cancer.
She is currently single.

[History and Physical] [Jennie Cox] [55780]

[Date Printed:8/3/2018] Page 2 of 7

went through PT. ordered 20 sessions, has been approx 1/2 way through. strengthening program- lifting boxes, near Patewood

2012/13- jaw surgeries. back to work 2013. back out of work 10/2015.

In/ out

has been out since June 2016 this round.

Initial eval L arm - 4.5 yrs ago

cvs moonville 2990234

Past Medical History

Disease Name	Date Onset	Notes
Abdominal Radiologic Abnormality	3/5/08	see CT report- L adrenal gland abnormality
Anxiety disorder	--	--
Bone Infection	2001	Dr. devault- I & D R hamstring insertion/ Infection. a/w overuse unloading hand truck. Infxn noted upon re-attachment of hamstring per pt
Hypercholesterolemia	11/26/2010	h/o given. willing to work on diet/ exercise. re check 4 mos. Did not tolerate simvastatin- felt "sick," malaise
Insomnia	--	--
Irritable Bowel Syndrome	2004-2007	w/u by GI Assoc- for IBS- Hartley- upper GI, small bowe series, U/S, HIDA Scan 2004-2007
Joint Pain	--	--
Low back pain	--	MNP L5/S1

Past Surgical History

Procedure Name	Date	Notes
Adenoidectomy	--	--
Appendectomy	at time of ooph	--
Colonoscopy	8/16/04	int/ext hemorrhoids; tortuous colon- Dr. Hartley- FU 10 yrs. (Refuses more scopes, b/c hospitalized after with emesis)
EGD	10/04	mild erythema
hystw/ooph	age 20s/ 1990s	hyst for bleeding; took out ovaries later b/c of adhesions to colon and previous tubal surgery
jaw surgery	5/2012- multiple	Lower jaw crushed in accident (machine fell off truck onto her) 5/2012- plate, studs, screws- Dr Folwer + Dr Cobb- oral surgeon, Dr Ridgill prosthetic orthodontist
Lysis of adhesions	surgeries 1990s	bladder adhesions to colon after hyst/ ooph surgeries- x3 Dr Biouln and May
Tonsillectomy	--	--

Medication List

Name	Date Started	Instructions
alprazolam 0.5 mg oral tablet	08/30/2016	take 1 tablet (0.5 mg) by oral route 3 times per day
Restoril 30 mg oral capsule	08/30/2016	take 1 capsule (30 mg) by oral route once daily at bedtime as needed for 30 days

Allergy List

Allergen Name	Date	Reaction	Notes
Magnesium	--	--	--
Nickel	--	metal allergy	--
simvastatin	--	malaise	--

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[History and Physical] [Jennie Cox] [55780]

[Date Printed: 8/3/2018] Page 3 of 7

Ultram

-- --

Family Medical History

Disease Name	Relative/Age	Notes
Alzheimer's Disease	/	--
	Aunt/ Grandmother (maternal)/ Mother/	
DM Type II	/	--
	Aunt/ Uncle/	
Myocardial Infarction, Acute	/	--
	Father/70	

Social History

Finding	Status	Start/Stop	Quantity	Notes
Children	--	--/--	--	2 daughters
Divorced	--	--/--	--	--
Grandchildren	--	--/--	--	5 gkids- 3 girls, 2 boys; had gson oldest that lost 2008; 2 younger girls (Madison 12, Emily 7) with same mom (Tammy); oldest 40 yo Sonya- with twin brother and son (17 yo) Marthow and Meghan), older brother died- Michael -was at 16 yo from MVA
Nondrinker	--	--/--	--	--
Smoker	--	--/--	2 ppd	--
Tobacco	Current every day	18/--	2 PPD	--
Truck Driver	--	--/--	--	--

Review of Systems**Constitutional**

- o Admits : tired very easily;
- o Denies : fever, chills, weight loss, weight gain

Eyes

- o Denies : double vision, changes in vision, floaters

HENT

- o Admits : painful to chew, cannot open mouth wide, unable to bite down
- o Denies : headaches, nose bleeding, hearing loss, tinnitus, snoring, hoarseness

Breasts

- o Denies : lumps, tenderness, nipple discharge, masses, skin changes

Cardiovascular

- o Denies : chest pain, dyspnea on exertion, orthopnea, lower extremity edema, palpitations

Respiratory

- o Denies : shortness of breath, cough, hemoptysis

Gastrointestinal

- o Denies : nausea, vomiting, change in bowel habits, dysphagia, heartburn, frequent heartburn, abdominal pain, blood in stools

Genitourinary

- o Denies : urgency, frequency, dysuria, nocturia, hematuria, incontinence, decreased stream, decreased libido

Integument

- o Denies : rash, new skin lesions, changes to existing skin lesions or moles

Neurologic

- o Denies : tingling or numbness, memory difficulties, tremors

Musculoskeletal

- o Admits : shoulder pain after PT
- o Denies : joint pain, joint swelling, muscle pain

Endocrine

- o Denies : polyuria, polydipsia, cold intolerance, heat intolerance, weight gain

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Psychiatric

- o **Admits** : believes mood reasonable; does worry about finances; girls provide strength/ supportive, gklds
- o **Denies** : anxiety, depression, difficulty sleeping

Heme-Lymph

- o **Denies** : easy bleeding, easy bruising, lymph node enlargement or tenderness

Allergic-Immunologic

- o **Denies** : sinus allergy symptoms

Physical Examination**Constitutional**

- o **Appearance** : *thin*, well developed, alert, in no acute distress, appears about reported age

Head and Face

- o **Head** :
 - **Inspection** : atraumatic, normocephalic
 - **Palpation** : no tenderness or masses present
- o **Face** :
 - **Inspection** : no facial lesions

Eyes

- o **Vision** :
 - **Acuity** : visual acuity grossly normal at distance O.U., near vision grossly intact O.U.
- o **Conjunctivae** : conjunctiva normal
- o **Sclerae** : sclera white
- o **Pupils and Irises** : pupils equal, round, and reactive to light and accommodation bilaterally
- o **Ophthalmoscopic Exam** : retinas are normal without hemorrhage or exudate, no AV crossing changes, optic disk normal with normal cup to disk ratio
- o **Corneas** : no lesions present
- o **Eyelids/Ocular Adnexae** : eyelid appearance normal, no erythema or lesions noted

Ears, Nose, Mouth and Throat

- o **Ears** :
 - **External Ears** : appearance within normal limits, no lesions present
 - **Otoscope Examination** : tympanic membrane appearance within normal limits bilaterally without perforations, mobility normal
 - **Hearing** : intact to conversational voice both ears
- o **Nose** :
 - **External Nose** : appearance normal
 - **Intranasal Exam** : mucosa within normal limits, no intranasal lesions present
 - **Nasopharynx** : no lesions or inflammation
- o **Oral Cavity** :
 - **Oral Mucosa** : no worrisome oral lesions present
 - **Lips** : lip appearance normal
 - **Teeth** : normal dentition for age
 - **Gums** : gums pink, no lesions
 - **Tongue** : tongue appearance normal, no lesions
 - **Palate** : hard palate normal, soft palate appearance normal
- o **Throat** :
 - **Oropharynx** : no inflammation or lesions present
 - **Hypopharynx** : appearance within normal limits, no erythema or lesions

Neck

- o **Inspection/Palpation** : normal appearance, no masses or tenderness, trachea midline
- o **Range of Motion** : cervical range of motion within normal limits
- o **Thyroid** : not enlarged, no nodules, non-tender

Respiratory

- o **Respiratory Effort** : breathing unlabored
- o **Inspection of Chest** : normal appearance, no retractions
- o **Auscultation of Lungs** : clear and equal bilaterally

Cardiovascular

- o **Heart** :
 - **Auscultation of Heart** : regular rate and rhythm, no appreciable murmurs, rubs or gallops
 - **Palpation of Heart** : normal apical impulse, no cardiac thrill present
- o **Peripheral Vascular System** :
 - **Carotid Arteries** : no appreciable bruits present
 - **Abdominal Aorta** : aortic pulse normal without bruits

[History and Physical] [Jennie Cox] [55780]

[Date Printed:8/3/2018] Page 5 of 7

- **Femoral Arteries** : normal femoral pulses, no appreciable bruits
- **Pedal Pulses** : normal dorsalis pedis and posterior tibial pulses bilaterally
- **Extremities** : no clubbing, cyanosis or edema

Breasts

- **Inspection of Breasts** : no dimpling, retractions or other skin changes
- **Palpation of Breasts, Axillae** : no masses, tenderness or adenopathy noted on palpation

Gastrointestinal

- **Abdominal Examination** : bowel sounds positive, non-distended, no appreciable masses or tenderness
- **Liver and spleen** : no appreciable hepatomegaly present, liver nontender to palpation, spleen not palpable
- **Hernias** : no appreciable hernias present

Genitourinary

- **External Genitalia** : no inflammation, no lesions present
- **Vagina** : normal vaginal vault, no discharge present, no inflammatory lesions present, no masses present
- **Urethra** : no inflammation, no lesions
- **Bladder** : nontender to palpation
- **Cervix** : *cervix not present*, no lesions present, nontender to palpation, no discharges, no bleeding present, normal midline position
- **Uterus** : *surgically absent*, no masses present, position midline/midplane, size normal
- **Adnexa** : no tenderness or masses present on bimanual examination
- **Anus** : no inflammation or lesions present
- **Perineum** : perineum within normal limits
- **Digital Rectal Examination** : normal sphincter tone, no rectal masses present
- **Occult Blood in Stool** : Hemoccult test negative, normal appearing stool present on glove

Lymphatic

- **Neck** : no lymphadenopathy present
- **Axilla** : no lymphadenopathy present
- **Groin** : no lymphadenopathy present
- **Supraclavicular Nodes** : no supraclavicular nodes
- **Preauricular Nodes** : no preauricular nodes present

Musculoskeletal

- **Spine** :
 - **Inspection/Palpation** : no spinal tenderness, scoliosis or kyphosis present
- **Right Upper Extremity** :
 - **Inspection/Palpation** : no atrophy or deformity noted, no edema, swelling or erythema present, no ecchymosis, no tenderness to palpation
 - **Range of Motion** : full passive range of motion, full active range of motion, no joint crepitus present
- **Left Upper Extremity** :
 - **Inspection/Palpation** : no atrophy or deformity noted, no edema swelling or erythema present, no ecchymosis, no tenderness to palpation
 - **Range of Motion** : full passive range of motion, full active range of motion, no joint crepitus present
- **Right Lower Extremity** :
 - **Inspection/Palpation** : no atrophy or deformity noted, no edema, swelling, or erythema present, no ecchymosis, no tenderness to palpation
 - **Range of Motion** : range of motion normal, no joint crepitus present, no pain on motion
- **Left Lower Extremity** :
 - **Inspection/Palpation** : no atrophy or deformity noted, no edema, swelling, or erythema present, no ecchymosis, no tenderness to palpation
 - **Range of Motion** : range of motion normal, no joint crepitus present, no pain on motion

Skin and Subcutaneous Tissue

- **General Inspection** : no rashes or worrisome lesions present
- **General Palpation** : no skin or subcutaneous tissue masses present, no tenderness to palpation, skin turgor normal
- **Body Hair** : scalp palpation normal, hair normal for age, general body hair distribution normal for age
- **Digits and Nails** : no clubbing or cyanosis, normal appearing nails

Neurologic

- **Mental Status Examination** :
 - **Orientation** : grossly oriented to person, place and time
 - **Memory** : intact in that we were able to conduct the interview
- **Cranial Nerves** : cranial nerves intact and symmetric throughout
- **Motor Examination** : grossly normal
- **Reflexes** : DTR's 2 bilaterally
- **Sensation** : grossly intact
- **Gait and Station** : normal gait, able to stand without difficulty

[Digital Signature Validated]

Psychiatric

- o **Judgement and Insight** : judgment and insight intact
- o **Thought Processes** : rate of thoughts normal, thought content logical, abstract reasoning within normal limits
- o **Mood and Affect** : mood normal, affect appropriate
- o **Presence of Abnormal Thoughts** : no hallucinations, no delusions present, no psychotic thoughts

Results**In-Office Procedures****Lab procedure****Automated urinalysis without microscopy (81003)**

- Bilirub Ur Ql Strip: neg
- Glucose Ur-sCnc: neg
- Hgb Ur Ql Strip: moderate
- Ketones Ur Ql Strip: neg
- Nitrite Ur Ql Strip: neg
- pH Ur-LsCnc: 5.5
- Prot Ur Ql Strip: neg
- Sp Gr Ur Qn: 1.020
- Urobilinogen Ur-mCnc: 0.2 E.U./dL
- WBC Est Ur Ql Strip: neg

Assessment

- Annual physical exam V70.0/Z00.00
- Anxiety disorder 300.00/F41.9
- Hypercholesterolemia 272.0/E78.00
call with labs
- General Medical Exam, Adult V70.0/Z00.00
wrote down zostavax for her to assess if covered
- Insomnia 307.40/F51.9
Stable
- Anxiety Disorder 300.00/F41.9
- Hypercholesterolemia 272.0/E78.00
Did not tolerate simvastatin- felt "sick," malaise. trial low dose atorvastatin.
- Microscopic hematuria 599.72/R31.29
urology for persistent hematuria- referred again 11/2016. did not FU in past. discussed risk of bladder cancer.
- Abdominal Radiologic Abnormality 793.6
see CT report- L adrenal gland abnormality- CT to review along with above.

Plan**Orders**

- o General health panel (80050) - V70.0/Z00.00, 300.00/F41.9, 272.0/E78.00 - 11/23/2016 - - (Standing Order 1 of 1 - occurring every 0 days)
- o ECG (12-lead electrocardiogram) (0178T, 0179T, 0180T, 93041, 93042, 93224, 93226, 93000, 93005, 93010, 93040, 93225, 93227, 93000) - - 11/23/2016
- o General health panel This panel must include the following: Comp (80050, 80050) - - 11/23/2016
- o Lipoprotein, direct measurement; high density cholesterol (HDL c (83718, 83718) - - 11/23/2016
- o Urine culture (87086, 87086) - - 11/23/2016

Instructions

- o Recommend regular exercise
- o Recommend working on weight loss as we discussed
- o Recommend a heart healthy diet
- o Schedule screening mammogram
- o The labs you had drawn today should be back within 3 business days. We will call you only if there are abnormalities that we need to discuss.

Disposition

- o Return Visit Request In/on 2 months +/- 2 days (97450).

[History and Physical] [Jennie Cox] [55780]

[Date Printed:8/3/2018] Page 7 of 7

Electronically Signed by: Jennifer T. Ellis, MD -Author on November 23, 2016 10:18:07 AM

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Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.



**GREENVILLE
HEALTH SYSTEM**

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681-3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 11/22/2017

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

Progress Notes Encounter Date: 11/22/2017

Jennifer Taylor Ellis, MD

Family Medicine

Subjective:**Chief Complaint**

Patient presents with

- Annual Exam

Welcome To Medicare, labs in emr, vision checked yearly, pt declines mammogram and pelvic exam.

HPI

Subjective

Patient ID: Jennie C Cox is a 65 y.o. female.

The patient returns today for an Annual Wellness Visit (AWV), medication refills, and review of chronic medical problems.

Health Questionnaire

1. Do you have any difficulty managing your finances? **NO**
2. Do you have any difficulty managing your medication? **NO**
3. Do you have any difficulty getting up and down off a toilet? **NO**
4. Do you have any difficulty getting into and out of the bathtub? **NO**
5. Do you use a cane or a walker? **NO**
6. Have you fallen recently? **NO**
7. In the last 2 weeks, have you had little interest or pleasure in doing things? **NO**
8. In the last 2 weeks, have you felt down, depressed or hopeless? **NO**
9. Have you discussed with your family what you would like to have happen when you are close to death? (Living Will) **YES**
10. Overall, how would you rate your health? **good**

Health Risk Assessment/ Medicare Annual Wellness Visit, Hillcrest Family Practice completed and reviewed.

Six-Item Screener to Identify Cognitive Impairment: Passed.

MNI- Mental State Examination score if performed:

Preventive Health

Date of most recent vaccination below, or: Are all up to date? Yes

Pneumococcal Pneumovax

Pneumococcal Prevnar

Influenza

Varicella Zoster

Tetanus/Pertussis

Cancer Screening: UTD or will schedule: Yes

Mammogram

Colonoscopy

Annual LDCT (age 55-80, 30 pack year ho, currently smoke or have quit in 15 yrs)

Disease Screening: UTD, n/a or will schedule: Yes

Bone Density UTD

Eye exam UTD

Cholesterol reviewed

Diabetes reviewed

Smoking counseling n/a

High Risk Only

EKG

Hepatitis B vaccine No

Hepatitis C screening (DOB 1945-1965) Declines

HIV screening Declines

Objective:

Vitals:

Vitals:

11/22/17 1619

BP: 117/66

Pulse: (I) 95

Temp: 97.7 °F (36.5 °C)

Weight: 55.5 kg (122 lb 6.4 oz)

Height: 1.689 m (5' 6.5")

Body mass index is 19.46 kg/m².

BMI counseling: Due to this patient's BMI, I have provided counseling regarding nutrition. and Due to this patient's BMI, I have provided counseling regarding physical activity.

Cognitive screen performed as above.

Hearing screen performed and passed.

Visual Acuity performed and normal.

Get up and Go Test performed and passed.

My health assessment and suggested preventive care plan were reviewed with the patient today and shared decision-making with appropriate action was taken based on information obtained and the patient's wishes.

Electronically signed by Jennifer Taylor Ellis, MD at 11/22/2017 8:59 PM

Office Visit on
11/22/2017

Chart Review Routing History

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**GREENVILLE
HEALTH SYSTEM**

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681-3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 8/21/2017

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

Progress Notes Encounter Date: 8/21/2017

Jennifer Taylor Ellis, MD

Family Medicine

Office Visit Note

8/21/2017

Subjective:

Subjective

Jennie C Cox is a 65 y.o. female.

Chief Complaint

Patient presents with

- Medication Refill

HPI

Weight: Currently stable. Not active. Not working since June 2016. Hearing.

Anxiety: Medicine called in while I was out. Taking approx once daily. Using Restoril nights.

Hypertipidemia: Still not interested in medicines. No regular exercise.

Review of Systems

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

Respiratory: Negative for apnea and cough.

Cardiovascular: Negative for chest pain and palpitations.

Psychiatric/Behavioral: Positive for sleep disturbance. Negative for dysphoric mood and agitation.

Objective:

BP 98/71 mmHg | Pulse 107 | Temp(Src) 98 °F (36.7 °C) | Wt 55.157 kg (121 lb 9.6 oz)

Objective

Physical Exam

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

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal.

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

Psychiatric: She has a normal mood and affect. Her behavior is normal. Thought content normal.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

Other

Anxiety - Primary

Stable. No change in medicines. Recheck at CPE.

Hyperlipidemia

Insomnia

Medications

These changes are accurate as of: 8/21/17 12:10 PM. If you have any questions, ask your nurse or doctor.

Existing Medications

	Sig	Disp	Refill	Start	End

	Sig	Disp	Refill	Start	End
ALPRAZolam 0.5 mg tablet Commonly known as: XANAX	Sig: Take 1 tablet (0.5 mg) by mouth 3 (three) times a day as needed for anxiety.	Disp: 60 tablet	Refi II: 5		
CHANTIX CONTINUING MONTH BOX 1 mg tablet Generic drug: varenicline			Refi II: 0		
HYDROcodone- acetaminophen 5-325 mg per tablet Commonly known as: NORCO			Refi II: 0		
temazepam 30 mg capsule Commonly known as: RESTORIL	Sig: Take 1 capsule (30 mg) nightly.	Disp: 30 capsul e	Refi II: 5		

Electronically signed by Jennifer Taylor Ellis, MD at 8/21/2017 12:43 PM

Office Visit
on
8/21/2017

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.

Assessment

Assessment/Plan:

Tests ordered based on risk factors.

No Follow-up on file.

A portion of the information above was entered by my medical assistant. I have reviewed the documentation in detail and agree the documentation is accurate and complete.

Electronically signed by Jennifer Taylor Ellis, MD at 11/22/2017 8:59 PM

Office Visit on
11/22/2017

Chart Review Routing History

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**GREENVILLE
HEALTH SYSTEM**

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681-3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 11/22/2017

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

Progress Notes Encounter Date: 11/22/2017

Jennifer Taylor Ellis, MD

Family Medicine

Annual Adult Female Wellness Visit

Patient ID: Jennie C Cox is a 65 y.o. female who presents today for her Annual Wellness Visit, medication refills, and review of chronic medical problems.

Anxiety: Using Xanax 1-3 x/ day. Appealing workers comp issues. Causing lots of anxiety.

Hyperlipidemia: Reports taking medicine most of the time since call about high cholesterol. Reviewed previous labs in November 2016 her total cholesterol was 258 and her LDL was 166, Resumed after we called about labs earlier in the year/ late last year. Does not have current script- will look in Prime Suite.

LBP: None currently

The patient's Past Medical History, Past Surgical History, Family History, Social History, and Immunizations were reviewed and updated with her today.

Preventive Health:

Exercise: none

Nutrition: Skips bfast, lunch - steam vegetable, supper- same; Sweet tea- 1/2 gallon tea, no Etoh

PHQ 2 depression screen negative.

Immunizations:

There is no immunization history on file for this patient.

Cancer Screening: Reviewed and UTD or will schedule? Yes

Mammogram defers

Pap Smear defers

Colonoscopy defers, agrees cologuard

Annual LDCT (age 55-80, 30 pack year ho, currently smoke or have quit in 15 yrs)

Disease Screening: Reviewed and UTD or will schedule? Yes

Eye exam Has not had done- wants to wait

Dental care UTD

Cholesterol: Reviewed

Fasting blood glucose: Reviewed

Bone Density

Smoking counselling

Hepatitis C screening (DOB 1945-1965)

HIV screening

Patient Care Team:

Jennifer Taylor Ellis, MD as PCP - General

Review of Systems

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

HENT: Positive for trouble swallowing. Negative for congestion, dental problem, drooling, ear discharge, ear pain, facial swelling, hearing loss, mouth sores, nosebleeds, postnasal drip, rhinorrhea, sinus pain, sinus pressure, sneezing, sore throat, tinnitus and voice change.

Facial pain due to accident, cannot sleep on Left side of face; Mouth pain

Eyes: Negative for photophobia, pain, discharge, redness, itching and visual disturbance.

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

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal pain, anal bleeding, blood in stool, constipation, diarrhea, nausea and vomiting.

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

Genitourinary: Positive for frequency. Negative for difficulty urinating, dysuria, hematuria, urgency and vaginal bleeding.

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

Skin: Negative for rash.

Allergic/Immunologic: Negative for immunocompromised state.

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

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

Psychiatric/Behavioral: Positive for sleep disturbance (uses med nightly, sleeps 4-5 year). Negative for confusion and dysphoric mood. The patient is nervous/anxious (worried about finances).

Physical exam:

Vitals:

Vitals:

11/22/17 1619

BP: 117/66

Pulse: (I) 95

Temp: 97.7 °F (36.5 °C)

Weight: 55.5 kg (122 lb 6.4 oz)

Height: 1.689 m (5' 6.5")

Body mass index is 19.46 kg/m².

BMI counseling: Due to this patient's BMI, I have provided counseling regarding nutrition. and Due to this patient's BMI, I have provided counseling regarding physical activity.

Physical Exam

Constitutional: She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Tympanic membrane, external ear and ear canal normal.

Left Ear: Tympanic membrane, external ear and ear canal normal.

Nose: Nose normal.

Mouth/Throat: Uvula is midline, oropharynx is clear and moist and mucous membranes are normal

Eyes: Conjunctivae, EOM and lids are normal. Pupils are equal, round, and reactive to light.

Neck: Trachea normal and normal range of motion. No JVD present. No muscular tenderness present. No thyroid mass and no thyromegaly present.

Cardiovascular: Normal rate, regular rhythm, S1 normal and S2 normal. Exam reveals no gallop. No murmur heard.

Pulses:

Carotid pulses are 2+ on the right side, and 2+ on the left side.

Femoral pulses are 2+ on the right side, and 2+ on the left side.

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

Posterior tibial pulses are 2+ on the right side, and 2+ on the left side.

Pulmonary/Chest: Effort normal and breath sounds normal. She has no wheezes. She has no rales. She exhibits no mass and no deformity.

Abdominal: Soft. Normal appearance and bowel sounds are normal. She exhibits no abdominal bruit and no mass. There is no splenomegaly or hepatomegaly. There is no tenderness. No hernia. Hernia confirmed negative in the right inguinal area and confirmed negative in the left inguinal area.

Musculoskeletal: Normal range of motion.

Lymphadenopathy:

She has no cervical adenopathy.

She has no axillary adenopathy.

Right: No supraclavicular adenopathy present.

Left: No supraclavicular adenopathy present.

Neurological: She is alert. She has normal strength. No cranial nerve deficit. Gait normal.

Skin: Skin is warm and dry. No rash noted. Nails show no clubbing.

Various seborrheic keratoses on back

Psychiatric: She has a normal mood and affect. Her speech is normal and behavior is normal.

Judgment and thought content normal.

Anxiety (Primary)

Assessment & Plan:

Unchanged, encouraged SSRI.

Mixed hyperlipidemia

Assessment & Plan:

Will confirm dose of med she resumed on her own. Most recent note showed atorvastatin 40. We'll have her bring in bottle. Current lipid significant improvement compared to November 2016 Encouraged daily use. Recheck prior to Fu.

Orders:

- Lipid Panel
- Basic Metabolic Panel (BMP)(BMET)

Insomnia, unspecified type

Assessment & Plan:

Stable

Low back pain, unspecified back pain laterality, unspecified chronicity, with sciatica presence unspecified

Mandible pain

Assessment & Plan:

Chronic. Still the middle of her Worker's Comp. case.

Screen for colon cancer

- Cologuard - External

Annual physical exam

Comments:

Defer mammo, DEXA for now. Agrees to discuss at FU. Cologuard.

Orders:

- Urinalysis, Auto without Microscopic-POC

Return in about 3 months (around 2/22/2018).

Insomnia

Refill temazepam. As always advised on need to wean.

Medications

Accurate as of 2/22/18 4:41 PM. If you have any questions, ask your nurse or doctor.

Modified Medications

	Sig	Disp	Refill	Start	End
atorvastatin 20 MG tablet	Sig: Take 1 tablet (20	Disp: 30	Refill:		
Commonly known as:	mg) by mouth daily.	tablet	11		
LIPITOR					
What changed:					
	• medication strength				
	• how much to take				
Changed by: Jennifer Taylor					
Ellis, MD					

Existing Medications

	Sig	Disp	Refill	Start	End
ALPRAZolam 0.5 mg tablet	Sig: Take 1 tablet (0.5	Disp: 60	Refill:		
Commonly known as:	mg) by mouth 3 (three)	tablet	5		
XANAX	times a day as needed				
	for anxiety.				
temazepam 30 mg capsule	Sig: Take 1 capsule (30	Disp: 30	Refill:		
Commonly known as:	mg) nightly.	capsule	5		
RESTORIL					

BMI counseling: Due to this patient's BMI, I have provided counseling regarding nutrition. and Due to this patient's BMI, I have provided counseling regarding physical activity.

Electronically signed by Jennifer Taylor Ellis, MD at 2/22/2018 4:43 PM

Office Visit
on
2/22/2018

Existing Medications

	Sig	Disp	Refill	Start	End
ALPRAZolam 0.5 mg tablet Commonly known as: XANAX	Sig: Take 1 tablet (0.5 mg) by mouth 3 (three) times a day as needed for anxiety.	Disp: 60 tablet	Refill: 5		
atorvastatin 20 MG tablet Commonly known as: LIPITOR	Sig: Take 1 tablet (20 mg) by mouth daily.	Disp: 30 tablet	Refill: 11		
miscellaneous medication	Sig: Coenzyme Q10 100 mg Take 1 tab 1-2 x each daily as needed for muscle aches	Disp: 60	Refill: 5		
temazepam 30 mg capsule Commonly known as: RESTORIL	Sig: Take 1 capsule (30 mg) nightly.	Disp: 30 capsule	Refill: 5		

BMI counseling: Due to this patient's BMI, I have provided counseling regarding nutrition. and Due to this patient's BMI, I have provided counseling regarding physical activity.

Electronically signed by Jennifer Taylor Ellis, MD at 5/24/2018 11:03 AM

Office Visit
on
5/24/2018

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.



**GREENVILLE
HEALTH SYSTEM**

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681-3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 2/22/2018

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

Progress Notes Encounter Date: 2/22/2018

Jennifer Taylor Ellis, MD
Family Medicine

Office Visit Note

2/22/2018

Subjective:**Subjective**

Jennie C Cox is a 65 y.o. female.

Chief Complaint

Patient presents with

- Anxiety
3 month f/u visit
- URI
sore throat, congestion, cough, body aches yesterday- family have the flu
- Hyperlipidemia
pt. stopped her Lipitor due to pain

Anxiety

Presents for follow-up visit. Symptoms include depressed mood, excessive worry, nervous/anxious behavior and panic. Patient reports no chest pain, confusion, decreased concentration, dizziness, feeling of choking, irritability or nausea. The severity of symptoms is mild. The quality of sleep is good. Nighttime awakenings: several.

URI

This is a new problem. The current episode started in the past 7 days. The problem has been unchanged. There has been no fever. Associated symptoms include coughing, headaches, rhinorrhea, sinus pain and a sore throat. Pertinent negatives include no chest pain, congestion, diarrhea, ear pain, nausea or vomiting. She has tried acetaminophen for the symptoms. The treatment provided mild relief.

Hyperlipidemia

This is a chronic problem. The current episode started more than 1 year ago. The problem is uncontrolled. Recent lipid tests were reviewed and are high. There are no known factors aggravating her hyperlipidemia. Associated symptoms include myalgias (L neck after last visit). Pertinent negatives include no chest pain, focal sensory loss, focal weakness or leg pain. She is currently on no antihyperlipidemic treatment. The current treatment provides mild improvement of lipids. Compliance problems include adherence to diet, adherence to exercise and medication side effects.

Was taking chol medicine at CPE 11/2017. Started after labs 11/2017. Continued after that for undetermined time. Willing to resume with Co-Q10.

1 meal/ day. Grilled chicken

Mood: As above. Still not working. Still going to court over her Worker's Comp. Using alprazolam variably. Reports not taking every day but may take another days once or twice.

Review of Systems

Constitutional: Negative for irritability.

HENT: Positive for rhinorrhea, sinus pain and sore throat. Negative for congestion and ear pain.

Respiratory: Positive for cough.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for diarrhea, nausea and vomiting.

Musculoskeletal: Positive for myalgias (L neck after last visit).

Neurological: Positive for headaches. Negative for dizziness and focal weakness.

Psychiatric/Behavioral: Negative for confusion and decreased concentration. The patient is nervous/anxious.

Objective:

BP 96/54 | Pulse 83 | Temp 98.6 °F (37 °C) | Wt 57 kg (125 lb 9.6 oz) | BMI 19.97 kg/m²

Objective

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits no edema or tenderness.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

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

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

Other

Anxiety - Primary

Advised to continue to consider SSRI. Fluoxetine 20 and 40 mg were attempted March through May 2016. At that time she was suffering with weight loss. She was taking alprazolam at that time only 1-2 times per week. In follow-up in 2016 mood appeared to be stable.

Hyperlipidemia

Agrees to resume at a lower dose and add coenzyme Q 10. Close recheck 2 months

Relevant Medications

atorvastatin (LIPITOR) 20 MG tablet

Progress Notes Encounter Date: 5/24/2018

Jennifer Taylor Ellis, MD

Family Medicine

Office Visit Note

5/24/2018

Subjective:

Subjective

Jennie C Cox is a 65 y.o. female.

Chief Complaint

Patient presents with

- Hyperlipidemia
F/U to discuss lab results.

HPI

Last visit 2/2018:

Hyperlipidemia: Agreed to resuming statin with coQ10. Was taking chol medicine at CPE 11/2017. Started after labs 11/2017. Continued after that for undertermined time. Reports has been taking since the last visit. No labs since the last visit bc Medicare not paying for labs- she is trying to work this out. Believes CoQ10 has helped avoid muscle aches.

1 meal/ day. Grilled chicken

Mood: Discussed SSRI again last visit as well as today-- still not interested. Stressors include continued battles over workers comp. Still sees daughters regularly, who are both good sources of support. Symptoms are unchanged and include depressed mood, excessive worry, nervous/anxious behavior and panic. Patient reports no chest pain, confusion, decreased concentration, dizziness, feeling of choking, irritability or nausea. The severity of symptoms is mild. The quality of sleep is good. Nighttime awakenings: several. . Still not working. Still going to court over her Worker's Comp. Using alprazolam variably- similar to previous visit. Reports not taking every day but may take another days once or twice.

Review of Systems

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

Respiratory: Negative for chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, diarrhea and nausea.

Objective:

BP 110/72 | Temp 97.9 °F (36.6 °C) | Wt 56.9 kg (125 lb 6.4 oz) | BMI 19.94 kg/m²

Objective

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

Skin: Skin is warm and dry. No rash noted. She is not diaphoretic. No erythema.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

Other

Anxiety

Continues to take alprazolam regularly temazepam at bedtime. Discussed SSRI yet again. Will be due for refills in August and can send it electronically if needed

Hyperlipidemia

Currently has an issue where Medicare is not paying for her labs or office visits. Did not get repeat labs prior to today's visit because of that. Did encourage her to continue on Lipitor and get labs prior to follow-up. However I do understand the financial limitations at this time

Return in about 3 months (around 8/24/2018).

Medications

Accurate as of 5/24/18 11:03 AM. If you have any questions, ask your nurse or doctor.



**GREENVILLE
HEALTH SYSTEM**

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681 3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 8/2/2018

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

Progress Notes Encounter Date: 8/2/2018

Jennifer Taylor Ellis, MD

Family Medicine

Office Visit Note

8/2/2018

Subjective:

Subjective

Jennie C Cox is a 65 y.o. female.

Chief Complaint

Patient presents with

- Follow-up
Patient Care, Paperwork

HPI

Patient presents for documentation of chronic issues for workers comp paperwork. Her sister who is a nurse practitioner was present to help fill in the history

Weight loss: Since weight has resumed normal weight, she has been able to maintain her baseline weight. However as per previous history she did have significant weight loss associated with her mandibular surgery as well as depression associated with it

A review of her treatment for the workers comp injury included: L shoulder pain and PT; treatment of mandibular fractures by oral surgeon Dr Cobb and dental implant. Dr Ridgil. Needs continued care of dental implants q 6 months. Continue mouth/ dental pain, and sholder pain.

Depression: Continues to feel regularly depressed, anxiety- most days. Needs restoril to sleep. Concentration poor, appetite poor, very nerouse, calls sister crying on the phone. Lack of interest in cleaning Poor compliance. Sister believed she tried Prozac, Wellbutrin.

Machine fell on her while on a dock. Mandibular fracture/ teeth avulsed into sinuses. Surgery with plate in place, infection, approx 6 months.

Review of Systems

Constitutional: Positive for activity change and appetite change. Negative for chills and fever.

HENT: Positive for dental problem.

Respiratory: Negative for chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, diarrhea and nausea.
 Psychiatric/Behavioral: Positive for agitation, dysphoric mood and sleep disturbance. The patient is nervous/anxious.

Objective:

BP 119/75 (BP Location: Left arm, Patient Position: Sitting) | Pulse 77 | Temp 98 °F (36.7 °C)
 (Oral) | Wt 56 kg (123 lb 6.4 oz) | BMI 19.62 kg/m²

Objective

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits no edema or tenderness.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

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

Psychiatric: Her behavior is normal. Judgment and thought content normal. She exhibits a depressed mood.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

Other

Anxiety - Primary

Mild episode of recurrent major depressive disorder (HCC)

Discussed the importance of prevention as we have on previous visits. Patient understands but still refuses SSRI. Sister will continue to talk with her as well

No Follow-up on file.

Medications

Accurate as of 8/2/18 5:52 PM. If you have any questions, ask your nurse or doctor.

Existing Medications

	Sig	Disp	Refill	Start	End
ALPRAZolam 0.5 mg tablet	Sig: Take 1 tablet (0.5 mg) by mouth 3 (three) times a day as needed for anxiety.	Disp: 60 tablet	Refill: 5		
Commonly known as: XANAX					
atorvastatin 20 MG tablet	Sig: Take 1 tablet (20 mg) by mouth daily.	Disp: 30 tablet	Refill: 11		
Commonly known as: LIPITOR					
miscellaneous medication	Sig: Coenzyme Q10 100 mg Take 1 tab 1-2 x each daily as needed for muscle aches	Disp: 60	Refill: 5		
temazepam 30 mg-capsule	Sig: Take 1 capsule (30 mg) nightly.	Disp: 30 capsule	Refill: 5		
Commonly known as: RESTORIL					

BMI counseling: Due to this patient's BMI, I have provided counseling regarding nutrition, and Due to this patient's BMI, I have provided counseling regarding physical activity.

Electronically signed by Jennifer Taylor Ellis, MD at 8/2/2018 5:52 PM

Office Visit
on 8/2/2018

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.



**GREENVILLE
HEALTH SYSTEM**

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681-3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 5/24/2018

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

<u>MEDICAL QUESTIONNAIRE</u>	<u>Yes</u>	<u>No</u>
for Jennie Cox		
1. It is our understanding that you are Ms. Cox's personal physician and have treated her for many years. Please state the time frame you have that you have been treating Ms. Cox. From 8/24/2010 Present		
2. Have you ever treated M. Cox for her work related injury of May 31, 2012 other than being authorized by the Workers' Compensation Insurance Carrier to issue a prescription for work hardening in 2016?		✓
3. In your medical opinion, does Ms. Cox need continued care relative to her injuries sustained?	✓	
4. It is our understanding that you have been treating Ms. Cox for depression prior to her work related injury. In your medical opinion, has Ms. Cox's depression worsened due to her work related accident on May 31, 2012 and if so, is that attributed to her accident?	✓	
5. In your medical opinion, has Ms. Cox's overall health deteriorated since her work related accident on May 31, 2012?	✓	
6. Did Ms. Cox complain to you relative to problems she may have had relating to her workers compensation claim of May 31, 2012?	✓	
Additional Comments:		

I, Jennifer T. Ellis, M.D., certify to a reasonable degree of medical certainty that the above statements are my expert medical opinions.

Dated: 8/2/18


 Jennifer T. Ellis, M.D.
 Hillcrest Family Practice
 717 SE Main St
 Simpsonville, SC 29681

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1206236

JENNIE COX,
Employee
Claimant,

vs.

PALMETTO STATE
TRANSPORTATION,
Employer

AND

CHEROKEE INSURANCE COMPANY,
Carrier

Defendants.

APA SUBMISSIONS

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Robert E. Brabham, PH.D.
07/16/18

PSYCHOLOGICAL AND TRAINING SERVICES, P.A.

920 St. Andrews Rd., Columbia, SC 29210

bobnorabraham@att.net

PH: 803-731-0588 Fax: 803-731-0588

ROBERT E. BRABHAM, PH.D

LICENSED PSYCHOLOGIST

MASTER'S IN REHABILITATION COUNSELING

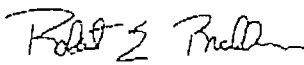
ROBERT BRABHAM JR., MRC

NORA HEAPE, RN, BA

AMYE HAWKINS, ADM. ASST.

BETH BURNETT, BA, EC

To: Juliette Brown Mims

From: Robert Brabham, PhD 

Date: July 16, 2018

RE: Jennie Cox DOB 8-14-52

Thank you for the highly critical critique of my report in this matter. In reading my own language, I would have to agree that I was unclear as to her last date of employment, and I apologize for that mistake. The bottom line remains that she has not been able to work since June 2016, now more than two years ago.

I cannot question or explain why other records do not cover the same topics as do my reports. However, I do take exception to the comment that I am not qualified to establish any basis for the fatigue Ms. Cox has experienced since her injuries. As a matter of fact, fatigue, out of proportion to actual exertional efforts, is not an unusual reaction to the type of injury that Ms. Cox experienced. It is, in fact, one of the most common symptoms associated with pain lasting an extended period of time, as well as depression. In that regard, I am legally and professionally qualified to render such an opinion.

As to my finding of depression, the fact that there was a pre-existing history exacerbated by the death of a family member does not change the fact that any pre-existing depression only served to exacerbate the quite-obvious depression she has experienced since loss of employment in 2016. I would respectfully point out that Ms. Cox had worked for many years, as pointed out by the defense attorney of record. In fact, I think it is to her credit that, in spite of that background, she had been able to maintain employment, as they pointed out.

I would also respectfully point out that there is extensive literature correlating the relationship between pain and depression. I was not mistakenly reporting her reports of pain, as she was quite clear in that regard. I would also respectfully point out that, somewhat by definition, pain remains a subjective symptom, best identified by the individual.

As to the fact that she has not sought treatment for depression, that is not an uncommon response. Individuals are often hesitant to request the need for such services. I would also respectfully disagree that it is improper for me to use the terms "it is reasonable for me to conclude"...that is, indeed, a very professional and proper term.

The comment that her reports were "self-serving" must be weighed against the credibility of her comments. It remains my professional opinion that consistency in reporting by an individual is entirely different from "self-serving." Indeed, I am quite careful to inquire as to the consistency of reports and am careful to point out consistencies when they are found.

Finally, I would respectfully suggest that many of the comments and quotes that I have made are based on her symptoms/conditions at the time of my evaluation. They were valid points at that time, and nothing pointed out in the rebuttal changes that fact. If anything, her credibility is enhanced by her efforts to continue working. Her efforts to avoid medication should not be used against her, especially in view of considerable publicity of individuals becoming addicted to such medications. Simply stated, it is my opinion that the absence of specific treatment noted by the defendants does not equate to the absence of symptoms, as noted in my report.

Again, I regret that I confused the dates as to her efforts to work and the last date of employment. The bottom line remains that she had a good work history prior to her injuries, and following the injuries, she was unable to maintain employment, with the causal effect being the on-the-job injuries noted.

If you have any further questions, please do not hesitate to contact me.

APA #34
Jennifer T. Ellis, M.D.
05/09/16-08/02/18

Progress Note

Patient Name: Jennie Cox
 Patient ID: 55780
 Sex: Female
 Birthdate: August 14, 1952

Visit Date: May 9, 2016
 Provider: Jennifer T. Ellis, MD
 Location: Hillcrest Family Practice
 Location Address: 717 SE Main St
 Simpsonville, SC 29681-3237
 Location Phone: (864) 522-5400

Chief Complaint

- F/U discuss weight loss.
- Pt declines to discuss smoking cessation.

History Of Present Illness

The patient returns for follow up of Her depression. Since the last visit She has been doing better. She is currently taking the following prescription medications: fluoxetine 20 mg oral tablet. She is not taking any over the counter medications for the symptoms. She has been compliant with the medication regimen. She feels like the following symptoms have improved: sadness. And she feels like the following symptoms have worsened: none have worsened. She is currently experiencing fatigue. She denies difficulty concentrating, difficulty performing routine daily activities, insomnia, loss of interest in pleasurable activities, out of control feelings, and panic attacks. She has the following issues going on that are affecting the condition: job stress. She is not currently seeing a therapist. This patient feels that she is able to care for herself. She currently lives alone.

S/S: chose not to increase fluoxetine, feels she is doing OK. energy level improving.

previous visit: Taking alprazolam 1 2 x/ week, when feeling worried about how going to get things done

Previously running team (had partner). Reports got more rest. Drive 10 hrs alternating.

Now drives - not supposed to drive over 11 hours

Worked out: Left Greenville 11 am Monday, returned Wed. Leave again Thursday and return Saturday.

Past Medical History

Abdominal Radiologic Abnormality; Anxiety Disorder; Bone Infection; Hypercholesterolemia; Insomnia; Irritable Bowel Syndrome; Joint Pain; Low Back Pain

Past Surgical History

Adenoidectomy; Appendectomy; Colonoscopy; EGD; hyster/ooph; jaw surgery; Lysis of adhesions; Tonsillectomy

Medication List

alprazolam 0.5 mg oral tablet; atorvastatin 40 mg oral tablet; fluoxetine 40 mg oral capsule; Restoril 30 mg oral capsule

Allergy List

Magnesium; Nickel; Simvastatin; Ultram

Family Medical History

Alzheimer's Disease; DM Type II; Myocardial Infarction, Acute

Social History

Children; Divorced; Grandchildren; Nondrinker; Smoker; Tobacco (Current every day); Truck Driver

Review of Systems

Constitutional

- o Denies : weight loss, weight gain, loss of appetite

HENT

- o Denies : headaches

Neurologic

- o Denies : tingling or numbness

Psychiatric

- o Denies : additional psychiatric symptoms except as noted in the HPI

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat	HC
05/09/2016	01:22 PM	110/80	Sitting				100 - R		97.9		107lbs 6oz				

Physical Examination

Constitutional

- o Appearance : *thin*, well developed, alert, in no acute distress, appears about reported age

Respiratory

- o Respiratory Effort : breathing unlabored
- o Auscultation of Lungs : normal breath sounds

Cardiovascular

- o Heart :
 - Auscultation of Heart : regular rate and rhythm, no murmurs present
- o Peripheral Vascular System :
 - Extremities : no edema or cyanosis

Skin and Subcutaneous Tissue

- o General Inspection : no rashes present, no lesions present, no areas of discoloration present
- o General Palpation : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation

Neurologic

- o Mental Status Examination :
 - Orientation : oriented
 - Memory : memory intact
- o Cranial Nerves : cranial nerves intact bilaterally

Psychiatric

- o Judgement and Insight : judgement and insight intact
- o Mood and Affect : normal, appropriate

Assessment

- Anxiety Disorder 300.00/F41.9
long discussion about relationship between job/ injury/ mood/ weight. believe wt loss / fatigue multifactorial. attempted to increase dose encouraged pt to pursue less demanding driving position.
- Weight loss 783.21/R63.4
pt would like to regain weight up to her previous baseline of 120. advised that unable to continue to recommend out of weight without clear deadline. agrees would be reasonable to return to work if maintains current level of weight.

Plan

Instructions

- o Patient instructed to contact physician if mood disturbance intensifies
- o Patient instructed to seek medical help immediately if suicidal or homicidal ideation occur, or if she is unable to care for herself and/or dependents

Disposition

- o Return Visit Request in/on 2 weeks +/- 2 days (88575).

Correspondence

- o Work/School Excuse (Pain v3.6)FHV1 (Jennie C. Cox) - 05/09/2016

Electronically Signed by: Jennifer T. Ellis, MD -Author on May 10, 2016 05:28:27 PM

Progress Note

Patient Name: Jennie Cox
 Patient ID: 55/80
 Sex: Female
 Birthdate: August 14, 1952

Visit Date: May 23, 2016
 Provider: Jennifer T. Ellis, MD
 Location: Hillcrest Family Practice
 Location Address: 717 SE Main St
 Simpsonville, SC 296813237
 Location Phone: (864) 522-5400

Chief Complaint

- f/u weight gain, general health

History Of Present Illness

The patient returns for follow up of her depression since the last visit she has been doing better she is currently taking the following prescription medications: fluoxetine 20 mg oral tablet she is not taking any over the counter medications for the symptoms. She has been compliant with the medication regimen. She feels like the following symptoms have improved: sadness. And she feels like the following symptoms have worsened: none have worsened. She is currently experiencing fatigue. She denies difficulty concentrating, difficulty performing routine daily activities, insomnia, loss of interest in pleasurable activities, out of control feelings, and panic attacks. She has the following issues going on that are affecting the condition: job stress. She is not currently seeing a therapist. This patient feels that she is able to care for herself. She currently lives alone.

5/23: weight continues to improve, worn out when went to wedding over the wedding. still taking fluox. stable mood wise. energy better with her pill. mirtazipine - never discontinued taking nightly.

5/9: chose not to increase fluoxetine, feels she is doing OK. energy level improving.

previous visit: Taking alprazolam 1-2 x/ week, when feeling worried about how going to get things done.

Previously running team (had partner). Reports got more rest. Drive 10 hrs alternating.

Low blood - not supposed to drive over 10 hours.

Dedicated run: Left greenville 11 am Monday, returned Wed. Leave again Thursday and return Saturday.

Past Medical History

Abdominal Radiologic Abnormality; Anxiety Disorder; Bone Infection; Hypercholesterolemia; Insomnia; Irritable Bowel Syndrome; Joint Pain; Low Back Pain

Past Surgical History

Adenoidectomy; Appendectomy; Colonoscopy; CDD; hyster/cooph; jaw surgery; Lysis of adhesions; Tonsillectomy

Medication List

alprazolam 0.5 mg oral tablet; atorvastatin 40 mg oral tablet; fluoxetine 20 mg oral capsule; Restoril 30 mg oral capsule

Allergy List

Magnesium; Nickel; Simvastatin; Ultram

Family Medical History

Alzheimer's Disease; DM Type II; Myocardial Infarction, Acute

Social History

Children; Divorced; Grandchildren; Nondrinker; Smoker; Tobacco (Current every day); Truck Driver

Review of Systems**Constitutional**

- o Denies : weight loss, weight gain, loss of appetite

HENT

- o Denies : headaches

Neurologic

- o Denies : tingling or numbness

Psychiatric

- o Denies : additional psychiatric symptoms except as noted in the HPI

Vitals

Date	Time	BP	Position	Site	HR	Cuff Size	RR	TEMP(°F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat	HC
05/23/2016	04:12 PM	116/71	Sitting				86 - R	98.4	109 lbs	602				

Physical Examination**Constitutional**

- o Appearance : *Thin*, well developed, alert, in no acute distress, appears about reported age

Respiratory

- o Respiratory Effort : breathing unlabored
- o Auscultation of Lungs : normal breath sounds

Cardiovascular

- o Heart :
 - Auscultation of Heart : regular rate and rhythm, no murmurs present
- o Peripheral Vascular System :
 - Extremities : no edema or cyanosis

Skin and Subcutaneous Tissue

- o General Inspection : no rashes present, no lesions present, no areas of discoloration present
- o General Palpation : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation

Neurologic

- o Mental Status Examination :
 - Orientation : oriented
 - Memory : memory intact
- o Cranial Nerves : cranial nerves intact bilaterally

Psychiatric

- o Judgement and Insight : judgement and insight intact
- o Mood and Affect : normal, appropriate

Assessment

- Anxiety Disorder 300.00/F41.9

Informed by patient that has been on mirtazapine whole time, with good weight improvement, will continue. believe wt loss / fatigue multifactorial. If wt gain reverse, will increase dose prozac. encouraged pt to pursue less demanding driving position. will write note to ease back into work.

- Weight loss 783.21/R63.4

pt would like to regain weight up to her previous baseline of 120, however, may not be achievable. encouraged continued calorie supplementation.

Plan**Medications**

- o mirtazapine 7.5 mg oral tablet
 - SIG: take 2 tablets (15 mg) by oral route once daily at bedtime for 30 days
 - DISP: (60) tablets with 0 refills
 - Prescribed on 05/23/2016

Instructions

- o Patient instructed to contact physician if mood disturbance intensifies
- o Patient instructed to seek medical help immediately if suicidal or homicidal ideation occur, or if she is unable to care for herself and/or dependents

Disposition

- o Return Visit Request in/on 2 weeks +/- 2 days (89282).

Electronically Signed by: Jennifer T. Ellis, MD -Author on May 25, 2016 10:25:04 AM

[Digital Signature Validated]

Progress Note

Patient Name: Jennie Cox
 Patient ID: 55780
 Sex: Female
 Birthdate: August 14, 1952

Visit Date: June 23, 2016
 Provider: Jennifer T. Ellis, MD
 Location: Hillcrest Family Practice
 Location Address: 717 SE Main St
 Simpsonville, SC 296813237
 Location Phone: (864) 522-5400

Chief Complaint

- F/U Anxiety
- Weight Loss

History Of Present Illness

The patient returns for follow up of Her depression Since the last visit She has been doing about the same. She is currently taking no prescription medications for this- stopped them herself after last visit. She is not taking any over the counter medications for the symptoms. She has been compliant with the medication regimen. She feels like the following symptoms have improved: sadness. And she feels like the following symptoms have worsened: none have worsened. She is not currently experiencing any additional or new symptoms. She denies difficulty concentrating, difficulty performing routine daily activities, fatigue, insomnia, loss of appetite, loss of interest in pleasurable activities, out of control feelings, and panic attacks. She has the following issues going on that are affecting the condition: job stress. She is not currently seeing a therapist. This patient feels that she is able to care for herself. She currently lives alone.

6/23: not working. worker's comp conversations occurring. patient reports problem with pain once started back driving. returned the week after visit, worked 3 weeks. told HR about pain from turning head / backing up etc.

5/23: weight continues to improve. worn out when went to wedding over the wedding. still taking fluox. stable mood wise. energy better with her pill. mirtazapine - never discontinued. taking nightly.

5/9: chose not to increase fluoxetine, feels she is doing OK. energy level improving.

previous visit: Taking alprazolam 1-2 x/ week, when feeling worried about how going to get things done

Previously running team (had partner). Reports got more rest. Drive 10 hrs alternating.

Now drives - not supposed to drive over 11hours.

Dedicated run: Left greenville 11 am Monday, returned Wed. Leave again Thursday and return Saturday.

Past Medical History

Abdominal Radiologic Abnormality; Anxiety Disorder; Bone Infection; Hypercholesterolemia; Insomnia; Irritable Bowel Syndrome; Joint Pain; Low back pain

Past Surgical History

Adenoidectomy; Appendectomy; Colonoscopy; EGD; hyster/ooph; jaw surgery; Lysis of adhesions; Tonsillectomy

Medication List

alprazolam 0.5 mg oral tablet; atorvastatin 40 mg oral tablet; fluoxetine 20 mg oral capsule; mirtazapine 7.5 mg oral tablet; Restoril 30 mg oral capsule

Allergy List

Magnesium; Nickel; Simvastatin; Ultram

Family Medical History

Alzheimer's Disease; DM Type II; Myocardial Infarction, Acute

Social History

Children; Divorced; Grandchildren; Nondrinker; Smoker; Tobacco (Current every day); Truck Driver

Review of Systems

Constitutional

- o Denies : weight loss, weight gain, loss of appetite

HEENT

- o Denies : headaches

Neurologic

- o Denies : tingling or numbness

Psychiatric

- o Denies : additional psychiatric symptoms except as noted in the HPI

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat	HC
06/23/2016	10:07 AM	104/59	Sitting				95 - R		96.5	108lbs 2oz	5' 6"	17.45	1.51		

Physical Examination

Constitutional

- o Appearance : *thin*, well developed, alert, in no acute distress, appears about reported age

Respiratory

- o Respiratory Effort : breathing unlabored
- o Auscultation of Lungs : normal breath sounds

Cardiovascular

- o Heart :
 - Auscultation of Heart : regular rate and rhythm, no murmurs present
- o Peripheral Vascular System :
 - Extremities : no edema or cyanosis

Skin and Subcutaneous Tissue

- o General Inspection : no rashes present, no lesions present, no areas of discoloration present
- o General Palpation : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation

Neurologic

- o Mental Status Examination :
 - Orientation : oriented
 - Memory : memory intact
- o Cranial Nerves : cranial nerves intact bilaterally

Psychiatric

- o Judgement and Insight : judgement and insight intact
- o Mood and Affect : normal, appropriate

Assessment

- Anxiety Disorder 300.00/F41.9
pt stopped med since last visit. reports feeling no different. watch. (see previous note for recs prior to d/cin) encouraged pt to pursue less demanding driving position. however, no further work excuses provided.
- Weight loss 783.21/R63.4
pt would like to regain weight up to her previous baseline of 120. however, may not be achievable. encouraged continued calorie supplementation.

Plan

Instructions

- o Patient instructed to contact physician if mood disturbance intensifies
- o Patient instructed to seek medical help immediately if suicidal or homicidal ideation occur, or if she is unable to care for

herself and/or dependents

Disposition

- o Call or Return if symptoms worsen or persist.

Correspondence

- o Work/School Excuse (Pain v3.6)FHv1 (Jennie C. Cox) 06/23/2016
- o Light Duty Note (Revised)FHv2 (Jennie C. Cox) - 06/23/2016

Electronically Signed by: Jennifer T. Ellis, MD -Author on June 23, 2016 11:08:59 AM

Progress Note

Patient Name:	Jennie Cox	Visit Date:	September 20, 2016
Patient ID:	55780	Provider:	Jennifer T. Ellis, MD
Sex:	Female	Location:	Hillcrest Family Practice
Birthdate:	August 14, 1952	Location Address:	717 SE Main St Simpsonville, SC 296813237
		Location Phone:	(864) 522-5400

Chief Complaint

- f/u weight loss and exercise

History Of Present Illness

The patient returns for follow up of Her depression Since the last visit She has been doing better She is currently taking no prescription medications for this. She is not taking any over the counter medications for the symptoms. She has been compliant with the medication regimen. She feels like the following symptoms have improved: sadness. And she feels like the following symptoms have worsened: none have worsened. She is not currently experiencing any additional or new symptoms. She denies difficulty concentrating, difficulty performing routine daily activities, fatigue, insomnia, loss of appetite, loss of interest in pleasurable activities, out of control feelings, and panic attacks. She has the following issues going on that are affecting the condition: Job stress. She is not currently seeing a therapist. This patient feels that she is able to care for herself. She currently lives alone.

9/20: Has been going to Life Center, seeing personal trainer. Needs a note that needs personal training needed to help her gain weight. Has been attending for over a month. Convinced it is helping her a lot. PT directing her on use of the machines. Has been going Wed and Fridays with the personal trainer- 30 min ute each session. Trying to do the weights and exercise balls.

Sees her daughter periodically q few weeks/ once per month;

Eats/ fruit/ burgers/ chicken.

Taking Risperidone nightly, alprazolam once daily.

Still talking to workers comp

Pt reports she has contacted workers comp about missed work. Her attorney spoke with her about

6/23: not working. worker's comp conversations occurring. patient reports problem with pain once started back driving. returned the week after visit, worked 3 weeks. told HR about pain from turning head / backing up etc.

5/23: weight continues to improve. worn out when went to wedding over the wedding. still taking fluox. stable mood wise. energy better with her pill. mirtazapine - never discontinued. taking nightly.

5/9: chose not to increase fluoxetine, feels she is doing OK. energy level improving.

previous visit: Taking alprazolam 1-2 x/ week, when feeling worried about how going to get things done

Previously running team (had partner). Reports got more rest. Drive 10 hrs alternating.

Now drives - not supposed to drive over 11hours.

Dedicated run: Left greenville 11 am Monday, returned Wed. Leave again Thursday and return Saturday.

Past Medical History

Disease Name	Date Onset	Notes
Abdominal Radiologic Abnormality	3/5/08	see CT report- L adrenal gland abnormality
Anxiety disorder	--	--
Bone Infection	2001	Dr. devault- I & D ? R hamstring Insertion/ Infection. a/w overuse unloading hand truck. infxn noted upon re-attachment

[Digital Signature Validated]

Hypercholesterolemia	11/26/2010	of hamstring per pt?
Insomnia	--	h/o given. willing to work on diet/ exercise. re check 4 mos. Did not tolerate simvastatin- felt "sick," malaise
Irritable Bowel Syndrome	2004-2007	--
Joint Pain	--	w/u by GI Assoc- for IBS- Hartley- upper GI, small bowe series, U/S, HIDA Scan 2004-2007
Low back pain	--	--
	--	? HNP L5/s1

Past Surgical History

Procedure Name	Date	Notes
Adenoidectomy	--	--
Appendectomy	? at time of ooph	--
Colonoscopy	8/16/04	int/ext hemorrhoids; tortuous colon- Dr. Hartley- FU 10 yrs. (Refuses more scopes, b/c hospitalized after with emesis)
EGD	10/04	mild erythema
hystw/ooph	age 20s/ 1990s	hyst for bleeding; took out ovaries later b/c of adhesions to colon and previous tubal surgery
jaw surgery	5/2012- multiple	Lower jaw crushed in accident (machine fell off truck onto her)
	surgeries	5/2012- plate, studs, screws- Dr Folwer + Dr Cobb- oral surgeon, Dr Ridgill prosthetic orthodontist
Lysis of adhesions	1990s	bladder adhesions to colon after hyst/ ooph surgeries- x3 Dr Blouin and May
Tonsillectomy	--	--

Medication List

Name	Date Started	Instructions
alprazolam 0.5 mg oral tablet	08/30/2016	take 1 tablet (0.5 mg) by oral route 3 times per day
Restoril 30 mg oral capsule	08/30/2016	take 1 capsule (30 mg) by oral route once daily at bedtime as needed for 30 days

Allergy List

Allergen Name	Date	Reaction	Notes
Magnesium	--	--	--
Nickel	--	?metal allergy?	--
simvastatin	--	malaise	--
Ultram	--	--	--

Family Medical History

Disease Name	Relative/Age	Notes
Alzheimer's Disease	/	--
	Aunt/ Grandmother (maternal)/ Mother/	--
DM Type II	/	--
	Aunt/ Uncle/	--
Myocardial Infarction, Acute	/	--
	Father/70	--

ocial History

Finding	Status	Start/Stop	Quantity	Notes
Children	--	--/--	--	2 daughters
Divorced	--	--/--	--	--
Grandchildren	--	--/--	--	5 gkids- 3 girls, 2 boys; had gson oldest that lost 2008; 2 younger girls (Madison 12, Emily 7) with same mom (tammy); oldest 40 yo

Sonya- with twin brother and son (17 yo)
 Marthow and Meghan), older brother died-
 Michael -was at 16 yo from MVA

Nondrinker	--	--/--	--	--
Smoker	--	--/--	2 ppd	--
Tobacco	Current every day	18/--	2 PPD	--
Truck Driver	--	--/--	--	--

Review of Systems

Constitutional

- o Denies : weight loss, weight gain, loss of appetite

HEENT

- o Denies : headaches

Neurologic

- o Denies : tingling or numbness

Psychiatric

- o Denies : additional psychiatric symptoms except as noted in the HPI

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP(°F)	WT	HI	BMI kg/m ²	BSA m ²	O2 Sat. HC
09/20/2016	12:18 PM	130/83	Sitting				121 - R	20.2		116lbs 6oz				

Physical Examination

Constitutional

- o Appearance : thin, well developed, alert, in no acute distress, appears about reported age

Respiratory

- o Respiratory Effort : breathing unlabored
- o Auscultation of Lungs : normal breath sounds

Cardiovascular

- o Heart :
 - Auscultation of Heart : regular rate and rhythm, no murmurs present
- o Peripheral Vascular System :
 - Extremities : no edema or cyanosis

Skin and Subcutaneous Tissue

- o General Inspection : no rashes present, no lesions present, no areas of discoloration present
- o General Palpation : no abnormalities on palpation, no masses present on palpation, no tenderness to palpation

Neurologic

- o Mental Status Examination :
 - Orientation : oriented
 - Memory : memory intact
- o Cranial Nerves : cranial nerves intact bilaterally

Psychiatric

- o Judgement and Insight : judgement and insight intact
- o Mood and Affect : normal, appropriate

Assessment

- Anxiety Disorder 300.00/F41.9
 pt stopped med x few months, mood appears stable. monitor.
- Hypercholesterolemia 272.0/E78.0
- Weight loss 783.21/R63.4
 has regained weight - striving to reach previous baseline of 120. encouraged continued calorie supplementation/ resistance and endurance training.

Plan

Instructions

- o Patient Instructed to contact physician if mood disturbance intensifies
- o Patient Instructed to seek medical help immediately if suicidal or homicidal ideation occur, or if she is unable to care for herself and/or dependents

Disposition

- o CPX

Correspondence

- o Work/School Excuse (Pain v3.6)FHv1 (Jennie C. Cox) - 09/20/2016

Electronically Signed by: Jennifer T. Ellis, MD -Author on September 20, 2016 01:38:16 PM

LabCorp - Lab - General Lab

Specimen #: 328-076-2309-0

Report Status: Final Results



Patient Information:

Name: Cox, Jennie C

Patient ID: 55780

Sex: F

DOB: 08/14/1952

Address: 222 W Chapman Road
Belton, SC 29627-

Phone #: (864)243-0032

SSN: ###-##-3648

Date of Specimen: 11/23/2016 11:09

Date Received: 11/23/2016 00:00 Specimen Source:

Date Reported: 11/24/2016 07:39

Physician: ELLIS, J

Information:

Test Name	Result	Flags	Reference Range	Lab

Comments: Fasting=Y

CMP12+LP+6AC+CBC/D/Plt+T5H+Fer

Glucose, Serum	85 mg/dL		65-99 mg/dL	BN
Uric Acid, Serum	6.4 mg/dL		2.5-7.1 mg/dL	BN
	Therapeutic target for gout patients: <6.0			BN
BUN	18 mg/dL		8-27 mg/dL	BN
Creatinine, Serum	1.01 mg/dL	H	0.57-1.00 mg/dL	BN
eGFR If NonAfric Am	59 mL/min/1.73	L	>59 mL/min/1.73	BN
eGFR If Afric Am	58 mL/min/1.73		>59 mL/min/1.73	BN
Sodium, Serum	138 mmol/L		136-144 mmol/L	BN
Potassium, Serum	4.9 mmol/L		3.5-5.2 mmol/L	BN
Chloride, Serum	100 mmol/L		97-106 mmol/L	BN
Calcium, Serum	9.8 mg/dL		8.7-10.3 mg/dL	BN
Phosphorus, Serum	3.6 mg/dL		2.5-4.5 mg/dL	BN
Protein, Total, Serum	7.3 g/dL		6.0-8.5 g/dL	BN
Albumin, Serum	4.6 g/dL		3.6-4.8 g/dL	BN
Globulin, Total	2.7 g/dL		1.5-4.5 g/dL	BN
Bilirubin, Total	0.3 mg/dL		0.0-1.2 mg/dL	BN
Alkaline Phosphatase, S	97 IU/L		39-117 IU/L	BN
LDH	184 IU/L		119-226 IU/L	BN
AST (SGOT)	23 IU/L		0-40 IU/L	BN
ALT (SGPT)	13 IU/L		0-32 IU/L	BN
GGT	13 IU/L		0-60 IU/L	BN
Iron, Serum	67 ug/dL		27-139 ug/dL	BN
Ferritin, Serum	49 ng/mL		15-150 ng/mL	BN
Cholesterol, Total	258 mg/dL	H	100-199 mg/dL	BN
Triglycerides	179 mg/dL	H	0-149 mg/dL	BN
HDL Cholesterol	56 mg/dL		>39 mg/dL	BN
LDL Cholesterol Calc	166 mg/dL	H	0-99 mg/dL	BN
T. Chol/HDL Ratio	4.6 ratio units	H	0.0-4.4 ratio units	BN

T. Chol/HDL Ratio

	Men	Women
1/2 Avg. Risk	3.4	3.3
Avg. Risk	5.0	4.4
2X Avg. Risk	9.6	7.1
3X Avg. Risk	23.4	11.0

Estimated CHD Risk

1.1 times avg.	H	0.0-1.0 times avg.	BN
T. Chol/HDL Ratio			
	Men	Women	
1/2 Avg. Risk	3.4	3.3	
Avg. Risk	5.0	4.4	
2X Avg. Risk	9.6	7.1	
3X Avg. Risk	23.4	11.0	

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

1.730 uIU/mL

0.450-4.500 uIU/mL

BN

[Digital Signature Validated]

WBC	6.4 x10E3/uL	3.4-10.8 x10E3/uL	BN
RBC	4.74 x10E6/uL	3.77-5.28 x10E6/uL	BN
Hemoglobin	15.4 g/dL	11.1-15.9 g/dL	BN
Hematocrit	43.6 %	34.0-46.6 %	BN
MCV	92 fL	79-97 fL	BN
MCH	32.5 pg	26.6-33.0 pg	BN
MCHC	35.3 g/dL	31.5-35.7 g/dL	BN
RDW	12.5 %	12.3-15.4 %	BN
Platelets	323 x10E3/uL	150-379 x10E3/uL	BN
Neutrophils	63 %		BN
Lymphs	27 %		BN
Monocytes	6 %		BN
Eos	3 %		BN
Basos	1 %		BN
Neutrophils (Absolute)	4.0 x10E3/uL	1.4-7.0 x10E3/uL	BN
Lymphs (Absolute)	1.7 x10E3/uL	0.7-3.1 x10E3/uL	BN
Monocytes(Absolute)	0.4 x10E3/uL	0.1-0.9 x10E3/uL	BN
Eos (Absolute)	0.2 x10E3/uL	0.0-0.4 x10E3/uL	BN
Baso (Absolute)	0.1 x10E3/uL	0.0-0.2 x10E3/uL	BN
Immature Granulocytes	0 %		BN
Immature Grans (Abs)	0.0 x10E3/uL	0.0-0.1 x10E3/uL	BN

Lab Name: LabCorp Burlington (BN)
Address: 1447 York Court
Burlington, NC 27215-3361

Director: William F Hancock
Phone #: 8007624344

History and Physical

Patient Name: Jennie Cox
 Patient ID: 55780
 Sex: Female
 Birthdate: August 14, 1952

Visit Date: November 23, 2016
 Provider: Jennifer T. Ellis, MD
 Location: Hillcrest Family Practice
 Location Address: 717 SE Main St
 Simpsonville, SC 296813237
 Location Phone: (864) 522-5400

Chief Complaint

- Comprehensive exam
- Pt declines flu and tetanus vaccines.
- Pt declines to discuss smoking cessation.

labs drawn this morning
 vision checked yearly
 pt needs pelvic exam
 pt needs mammogram

History Of Present Illness

Jennie C. Cox is a 64 year old Caucasian/White female who presents for her annual comprehensive exam. It has been 1 year since her last check up. She is due for the following health maintenance items: DRC, EKG, fasting labs, hemocult testing, mammogram, pap smear, urinalysis, and visual exam.

Exercise History

She does not exercise regularly but is very active.

Dietary Habits

She provided the following examples for meals on an average day. A typical breakfast might consist of some or all of the following: usu Ensure. Lunch is usually comprised of some or all of the following: snacks of chicken, veges. Some examples of typical supper food would be some or all of the following: a home cooked meal of a meat and three and chicken/vegetables/veges. She does not eat dessert very often. Typical beverages consumed throughout the day include coffee and soft tea. She regularly consumes sugar sweetened beverages. On a typical day she might consume two sweet drinks. She does not drink alcohol.

Tobacco History

She uses cigarettes 1 pack/s per day.

Current Medical Problems Followed by Us

She is followed by us for hyperlipidemia and an anxiety disorder. The patient's mixed lipid levels have been poorly controlled with diet alone and are detailed in the laboratory reports. The anxiety disorder has been essentially unchanged since the last visit and waxing and waning in severity.

Jennie C. Cox is a 64 year old Caucasian/White female who presents for her annual exam. She is a GRAVIDA PARA who underwent a TAH/BSO 25 years ago for menorrhagia. Since her last visit, there have been no significant changes in her health history.

She has no current complaints.

The patient is not taking HRT medication. She is having no vasomotor symptoms. She has not had a recent mammogram. A screening mammogram has been ordered. She does not perform self breast exams. The patient has no maternal family history of breast cancer. She is currently single.

went through PT. ordered 20 sessions, has been approx 1/2 way through. strengthening program- lifting boxes, near Patewood

2012/13- jaw surgeries. back to work 2013. back out of work 10/2015.

In/ out

has been out since June 2016 this round.

Initial eval L arm - 4.5 yrs ago

cvs moonville 2990234

Past Medical History

Disease Name	Date Onset	Notes
Abdominal Radiologic Abnormality	3/5/08	see CT report- L adrenal gland abnormality
Anxiety disorder	--	--
Bone Infection	2001	Dr. devault- I & D R hamstring insertion/ Infection, a/w overuse unloading hand truck. Infxn noted upon re-attachment of hamstring per pt
Hypercholesterolemia	11/26/2010	h/o given. willing to work on diet/ exercise. re check 4 mos. Did not tolerate simvastatin- felt "sick," malaise
Insomnia	--	--
Irritable Bowel Syndrome	2004-2007	w/u by GI Assoc- for IBS- Hartley- upper GI, small bowe series, U/S, HIDA Scan 2004-2007
Joint Pain	--	--
Low back pain	--	HNP L5/S1

Past Surgical History

Procedure Name	Date	Notes
Mastectomy	--	--
Appendectomy	at time of ooph	--
Colonoscopy	8/16/04	int/ext hemorrhoids; tortuous colon- Dr. Hartley- FU 10 yrs. (Refuses more scopes, b/c hospitalized after with emesis)
EGD	10/04	mild erythema
hystw/ooph	age 20s/ 1990s	hyst for bleeding; took out ovaries later b/c of adhesions to colon and previous tubal surgery
jaw surgery	5/2012- multiple	Lower jaw crushed in accident (machine fell off truck onto her) 5/2012- plate, studs, screws- Dr Folwer + Dr Cobb- oral surgeon, Dr Ridgill prosthetic orthodontist
Lysis of adhesions	1990s	bladder adhesions to colon after hyst/ ooph surgeries- x3 Dr Bioulin and May
Tonsillectomy	--	--

Medication List

Name	Date Started	Instructions
alprazolam 0.5 mg oral tablet	08/30/2016	take 1 tablet (0.5 mg) by oral route 3 times per day
Restoril 30 mg oral capsule	08/30/2016	take 1 capsule (30 mg) by oral route once daily at bedtime as needed for 30 days

Allergy List

Allergen Name	Date	Reaction	Notes
Magnesium	--	--	--
Nickel	--	metal allergy	--
statin	--	malaise	--

Ultram

Family Medical History

Disease Name	Relative/Age	Notes
Alzheimer's Disease	/	--
	Aunt/	
	Grandmother	
	(maternal)/	
DM Type II	Mother/	
	/	--
	Aunt/	
Myocardial Infarction, Acute	Uncle/	
	/	--
	Father/70	

Social History

Finding	Status	Start/Stop	Quantity	Notes
Children	--	--/--	--	2 daughters
Divorced	--	--/--	--	
Grandchildren	--	--/--	--	5 gklds- 3 girls, 2 boys; had gone oldest that lost 2008; 2 younger girls (Madison 12, Emily 7) with same mom (Tammy); oldest 40 yo Sonya- with twin brother and son (17 yo) Marthow and Meghan), older brother died- Michael -was at 16 yo from MVA
Nondrinker	--	/	--	
Smoker	--	--/--	2 ppd	
Tobacco	Current every day	18/--	2 PPD	
Truck Driver	--	--/--	--	

Review of Systems

- Constitutional
 - o Admits : tired very easily;
 - o Denies : fever, chills, weight loss, weight gain
- Eyes
 - o Denies : double vision, changes in vision, floaters
- HENT
 - o Admits : painful to chew, cannot open mouth wide, unable to bite down
 - o Denies : headaches, nose bleeding, hearing loss, tinnitus, snoring, hoarseness
- Breasts
 - o Denies : lumps, tenderness, nipple discharge, masses, skin changes
- Cardiovascular
 - o Denies : chest pain, dyspnea on exertion, orthopnea, lower extremity edema, palpitations
- Respiratory
 - o Denies : shortness of breath, cough, hemoptysis
- Gastrointestinal
 - o Denies : nausea, vomiting, change in bowel habits, dysphagia, heartburn, frequent heartburn, abdominal pain, blood in stools
- Genitourinary
 - o Denies : urgency, frequency, dysuria, nocturia, hematuria, incontinence, decreased stream, decreased libido
- Integument
 - o Denies : rash, new skin lesions, changes to existing skin lesions or moles
- Neurologic
 - o Denies : tingling or numbness, memory difficulties, tremors
- Musculoskeletal
 - o Admits : shoulder pain after PT
 - o Denies : joint pain, joint swelling, muscle pain
- Endocrine
 - o Denies : polyuria, polydipsia, cold intolerance, heat intolerance, weight gain

Psychiatric

- o Admits : believes mood reasonable; does worry about finances; girls provide strength/ supportive, kids
- o Denies : anxiety, depression, difficulty sleeping

Heme-Lymph

- o Denies : easy bleeding, easy bruising, lymph node enlargement or tenderness

Allergic-Immunologic

- o Denies : sinus allergy symptoms

Physical Examination

Constitutional

- o Appearance : thin, well developed, alert, in no acute distress, appears about reported age

Head and Face

- o Head :
 - Inspection : atraumatic, normocephalic
 - Palpation : no tenderness or masses present
- o Face :
 - Inspection : no facial lesions

Eyes

- o Vision :
 - Acuity : visual acuity grossly normal at distance O.U., near vision grossly intact O.U.
- o Conjunctivae : conjunctiva normal
- o Sclerae : sclera white
- o Pupils and Irises : pupils equal, round, and reactive to light and accommodation bilaterally
- o Ophthalmoscopic Exam : retinas are normal without hemorrhage or exudate, no AV crossing changes, optic disk normal with normal cup to disk ratio
- o Corneas : no lesions present
- o Eyelids/Ocular Adnexae : eyelid appearance normal, no erythema or lesions noted

Ears, Nose, Mouth and Throat

- o Ears :
 - External Ears : appearance within normal limits, no lesions present
 - Otoscopic Examination : tympanic membrane appearance within normal limits bilaterally without perforations, mobility normal
 - Hearing : intact to conversational voice both ears
- o Nose :
 - External Nose : appearance normal
 - Intranasal Exam : mucosa within normal limits, no intranasal lesions present
 - Nasopharynx : no lesions or inflammation
- o Oral Cavity :
 - Oral Mucosa : no worrisome oral lesions present
 - Lips : lip appearance normal
 - Teeth : normal dentition for age
 - Gums : gums pink, no lesions
 - Tongue : tongue appearance normal, no lesions
 - Palate : hard palate normal, soft palate appearance normal
- o Throat :
 - Oropharynx : no inflammation or lesions present
 - Hypopharynx : appearance within normal limits, no erythema or lesions

Neck

- o Inspection/Palpation : normal appearance, no masses or tenderness, trachea midline
- o Range of Motion : cervical range of motion within normal limits
- o Thyroid : not enlarged, no nodules, non-tender

Respiratory

- o Respiratory Effort : breathing unlabored
- o Inspection of Chest : normal appearance, no retractions
- o Auscultation of Lungs : clear and equal bilaterally

Cardiovascular

- o Heart :
 - Auscultation of Heart : regular rate and rhythm, no appreciable murmurs, rubs or gallops
 - Palpation of Heart : normal apical impulse, no cardiac thrill present
- o Peripheral Vascular System :
 - Carotid Arteries : no appreciable bruits present
 - Abdominal Aorta : aortic pulse normal without bruits

- Femoral Arteries : normal femoral pulses, no appreciable bruits
- Pedal Pulses : normal dorsalis pedis and posterior tibial pulses bilaterally
- Extremities : no clubbing, cyanosis or edema

Breasts

- Inspection of Breasts : no dimpling, retractions or other skin changes
- Palpation of Breasts, Axillae : no masses, tenderness or adenopathy noted on palpation

Gastrointestinal

- Abdominal Examination : bowel sounds positive, non-distended, no appreciable masses or tenderness
- Liver and spleen : no appreciable hepatomegaly present, liver nontender to palpation, spleen not palpable
- Hernias : no appreciable hernias present

Genitourinary

- External Genitalia : no inflammation, no lesions present
- Vagina : normal vaginal vault, no discharge present, no inflammatory lesions present, no masses present
- Urethra : no inflammation, no lesions
- Bladder : nontender to palpation
- Cervix : *cervix not present*, no lesions present, nontender to palpation, no discharges, no bleeding present, normal midline position
- Uterus : *surgically absent*, no masses present, position midline/midplane, size normal
- Adnexa : no tenderness or masses present on bimanual examination
- Anus : no inflammation or lesions present
- Perineum : perineum within normal limits
- Digital Rectal Examination : normal sphincter tone, no rectal masses present
- Occult Blood in Stool : Hemoccult test negative, normal appearing stool present on glove

Lymphatic

- Neck : no lymphadenopathy present
- Axilla : no lymphadenopathy present
- Groin : no lymphadenopathy present
- Supraclavicular Nodes : no supraclavicular nodes
- Preauricular Nodes : no preauricular nodes present

Musculoskeletal

- Spine :
 - Inspection/Palpation : no spinal tenderness, scoliosis or kyphosis present
- Right Upper Extremity :
 - Inspection/Palpation : no atrophy or deformity noted, no edema, swelling or erythema present, no ecchymosis, no tenderness to palpation
 - Range of Motion : full passive range of motion, full active range of motion, no joint crepitus present
- Left Upper Extremity :
 - Inspection/Palpation : no atrophy or deformity noted, no edema swelling or erythema present, no ecchymosis, no tenderness to palpation
 - Range of Motion : full passive range of motion, full active range of motion, no joint crepitus present
- Right Lower Extremity :
 - Inspection/Palpation : no atrophy or deformity noted, no edema, swelling, or erythema present, no ecchymosis, no tenderness to palpation
 - Range of Motion : range of motion normal, no joint crepitus present, no pain on motion
- Left Lower Extremity :
 - Inspection/Palpation : no atrophy or deformity noted, no edema, swelling, or erythema present, no ecchymosis, no tenderness to palpation
 - Range of Motion : range of motion normal, no joint crepitus present, no pain on motion

Skin and Subcutaneous Tissue

- General Inspection : no rashes or worrisome lesions present
- General Palpation : no skin or subcutaneous tissue masses present, no tenderness to palpation, skin turgor normal
- Body Hair : scalp palpation normal, hair normal for age, general body hair distribution normal for age
- Digits and Nails : no clubbing or cyanosis, normal appearing nails

Neurologic

- Mental Status Examination :
 - Orientation : grossly oriented to person, place and time
 - Memory : Intact in that we were able to conduct the interview
- Cranial Nerves : cranial nerves intact and symmetric throughout
- Motor Examination : grossly normal
- Reflexes : DTR's 2 bilaterally
- Sensation : grossly intact
- Gait and Station : normal gait, able to stand without difficulty

Psychiatric

- o **Judgement and Insight** : Judgment and insight intact
- o **Thought Processes** : rate of thoughts normal, thought content logical, abstract reasoning within normal limits
- o **Mood and Affect** : mood normal, affect appropriate
- o **Presence of Abnormal Thoughts** : no hallucinations, no delusions present, no psychotic thoughts

Results**In-Office Procedures****Lab procedure****Automated urinalysis without microscopy (81003)**

- Bilirub Ur Ql Strip: neg
- Glucose Ur-sCnc: neg
- Hgb Ur Ql Strip: moderate
- Ketones Ur Ql Strip: neg
- Nitrite Ur Ql Strip: neg
- pH Ur-LsCnc: 5.5
- Prot Ur Ql Strip: neg
- Sp Gr Ur Qn: 1.020
- Urobilinogen Ur-mCnc: 0.2 E.U./dL
- WBC Est Ur Ql Strip: neg

Assessment

- Annual physical exam V70.0/Z00.00
- Anxiety disorder 300.00/F41.9
- Hypercholesterolemia 272.0/E78.00
call with labs
- General Medical Exam, Adult V70.0/Z00.00
wrote down zosyn for her to assess if covered
- Insomnia 307.40/F51.9
Stable
- Anxiety disorder 300.00/F41.9
- Hypercholesterolemia 272.0/E78.00
Did not tolerate simvastatin- felt "sick," malaise. trial low dose atorvastatin.
- Microscopic hematuria 599.72/R31.29
urology for persistent hematuria- referred again 11/2016. did not FU in past. discussed risk of bladder cancer
- Abdominal Radiologic Abnormality 793.6
see CT report- L adrenal gland abnormality- CT to review along with above.

Plan**Orders**

- o General health panel (80050) - V70.0/Z00.00, 300.00/F41.9, 272.0/E78.00 - 11/23/2016 -- (Standing Order 1 of 1 - occurring every 0 days)
- o ECG (12-lead electrocardiogram) (018T, 0179T, 0180T, 93041, 93042, 93224, 93226, 93000, 93005, 93010, 93040, 93225, 93227, 93000) -- 11/23/2016
- o General health panel This panel must include the following: Comp (80050, 80050) -- 11/23/2016
- o Lipoprotein, direct measurement; high density cholesterol (HDL c (83718, 83718) -- 11/23/2016
- o Urine culture (87086, 87086) -- 11/23/2016

Instructions

- o Recommend regular exercise
- o Recommend working on weight loss as we discussed
- o Recommend a heart healthy diet
- o Schedule screening mammogram
- o The labs you had drawn today should be back within 3 business days. We will call you only if there are abnormalities that we need to discuss.

Disposition

- o Return Visit Request: In/on 2 months +/- 2 days (97450).

[Digital Signature Validated]

Electronically Signed by: Jennifer T. Ellis, MD -Author on November 23, 2016 10:18:07 AM

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.



GREENVILLE
HEALTH SYSTEM

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681-3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 11/22/2017

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

Progress Notes Encounter Date: 11/22/2017

Jennifer Taylor Ellis, MD

Family Medicine

Subjective:

Chief Complaint

Patient presents with

- Annual Exam

Welcome To Medicare. labs in emr, vision checked yearly, pt declines mammogram and pelvic exam.

HPI

Subjective

Patient ID: Jennie C Cox is a 65 y.o. female.

The patient returns today for an Annual Wellness Visit (AWV), medication refills, and review of chronic medical problems.

Health Questionnaire

1. Do you have any difficulty managing your finances? NO
2. Do you have any difficulty managing your medication? NO
3. Do you have any difficulty getting up and down off a toilet? NO
4. Do you have any difficulty getting into and out of the bathtub? NO
5. Do you use a cane or a walker? NO
6. Have you fallen recently? NO
7. In the last 2 weeks, have you had little interest or pleasure in doing things? NO
8. In the last 2 weeks, have you felt down, depressed or hopeless? NO
9. Have you discussed with your family what you would like to have happen when you are close to death? (Living Will) YES
10. Overall, how would you rate your health? good

Health Risk Assessment/ Medicare Annual Wellness Visit, Hillcrest Family Practice completed and reviewed.

Six-Item Screener to Identify Cognitive Impairment: Passed.

Mini- Mental State Examination score if performed:

Preventive Health

Date of most recent vaccination below, or: Are all up to date? Yes

Pneumococcal Pneumovax

Pneumococcal Prevnar

Influenza

Varicella Zoster

Tetanus/Pertussis

Cancer Screening: UTD or will schedule: Yes

Mammogram

Colonoscopy

Annual LDCT (age 55-80, 30 pack year ho, currently smoke or have quit in 15 yrs)

Disease Screening: UTD, n/a or will schedule: Yes

Bone Density UTD

Eye exam UTD

Cholesterol reviewed

Diabetes reviewed

Smoking counseling n/a

High Risk Only

EKG

Hepatitis B vaccine No

Hepatitis C screening (DOB 1945-1965) Declines

HIV screening Declines

Objective:

Vitals:

Vitals:

11/22/17 1619

BP: 117/66

Pulse: (I) 95

Temp: 97.7 °F (36.5 °C)

Weight: 55.5 kg (122 lb 6.4 oz)

Height: 1.689 m (5' 6.5")

Body mass index is 19.46 kg/m².

BMI counseling: Due to this patient's BMI, I have provided counseling regarding nutrition. and Due to this patient's BMI, I have provided counseling regarding physical activity.

Cognitive screen performed as above.

Hearing screen performed and passed.

Visual Acuity performed and normal.

Get up and Go Test performed and passed.

My health assessment and suggested preventive care plan were reviewed with the patient today and shared decision-making with appropriate action was taken based on information obtained and the patient's wishes.

Electronically signed by Jennifer Taylor Ellis, MD at 11/22/2017 8:59 PM

Office Visit on
11/22/2017

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.



**GREENVILLE
HEALTH SYSTEM**

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681-3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 8/21/2017

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

Progress Notes Encounter Date: 8/21/2017

Jennifer Taylor Ellis, MD

Family Medicine

3/21/2017

Office Visit Note

Subjective:

Subjective

Jennie C Cox is a 65 y.o. female.

Chief Complaint

Patient presents with

- Medication Refill

HPI

Weight: Currently stable. Not active. Not working since June 2016. Hearing.

Anxiety: Medicine called in while I was out. Taking approx once daily. Using Restoril nights.

Hyperlipidemia: Still not interested in medicines. No regular exercise.

Review of Systems

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

Respiratory: Negative for apnea and cough.

Cardiovascular: Negative for chest pain and palpitations.

Psychiatric/Behavioral: Positive for sleep disturbance. Negative for dysphoric mood and agitation.

Objective:

BP 98/71 mmHg | Pulse 107 | Temp(Src) 98 °F (36.7 °C) | Wt 55.157 kg (121 lb 9.6 oz)

Objective

Physical Exam

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

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal.

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

Psychiatric: She has a normal mood and affect. Her behavior is normal. Thought content normal.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

Other

Anxiety - Primary

Stable. No change in medicines. Recheck at CPE.

Hyperlipidemia

Insomnia

Medications

These changes are accurate as of: 8/21/17 12:10 PM. If you have any questions, ask your nurse or doctor.

Existing Medications

Sig	Disp	Refill	Start	End

	Sig	Disp	Refill	Start	End
ALPRAZolam 0.5 mg tablet Commonly known as: XANAX	Sig: Take 1 tablet (0.5 mg) by mouth 3 (three) times a day as needed for anxiety.	Disp: 60 tablet	Refi II: 5		
CHANTIX CONTINUING MONTH BOX 1 mg tablet Generic drug: varenicline			Refi II: 0		
HYDROcodone- acetaminophen 5-325 mg per tablet Commonly known as: NORCO			Refi II: 0		
temazepam 30 mg capsule Commonly known as: RESTORIL	Sig: Take 1 capsule (30 mg) nightly.	Disp: 30 capsul e	Refi II: 5		

Electronically signed by Jennifer Taylor Ellis, MD at 8/21/2017 12:43 PM

Office Visit
on
8/21/2017

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.

Assessment**Assessment/Plan:**

Tests ordered based on risk factors.

No Follow-up on file.

A portion of the information above was entered by my medical assistant. I have reviewed the documentation in detail and agree the documentation is accurate and complete.

Electronically signed by Jennifer Taylor Ellis, MD at 11/22/2017 8:59 PM

Office Visit on
11/22/2017

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.



**GREENVILLE
HEALTH SYSTEM**

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681-3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 11/22/2017

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

Progress Notes Encounter Date: 11/22/2017

Jennifer Taylor Ellis, MD

Family Medicine

Annual Adult Female Wellness Visit

Patient ID: Jennie C Cox is a 65 y.o. female who presents today for her Annual Wellness Visit, medication refills, and review of chronic medical problems.

Anxiety: Using Xanax 1-3 x/ day. Appealing workers comp issues. Causing lots of anxiety.

Hyperlipidemia: Reports taking medicine most of the time since call about high cholesterol. Reviewed previous labs in November 2016 her total cholesterol was 258 and her LDL was 166, Resumed after we called about labs earlier in the year/ late last year. Does not have current script- will look in Prime Suite.

LBP: None currently

The patient's Past Medical History, Past Surgical History, Family History, Social History, and Immunizations were reviewed and updated with her today.

Preventive Health:

Exercise: none

Nutrition: Skips bfast, lunch - steam vegetable, supper- same; Sweet tea- 1/2 gallon tea, no Etoh

PHQ 2 depression screen negative.

Immunizations:

There is no immunization history on file for this patient.

Cancer Screening: Reviewed and UTD or will schedule? Yes

Mammogram defers

Pap Smear defers

Colonoscopy defers, agrees cologuard

Annual LDCT (age 55-80, 30 pack year ho, currently smoke or have quit in 15 yrs)

Disease Screening: Reviewed and UTD or will schedule? Yes

Eye exam Has not had done- wants to wait

Dental care UTD

Cholesterol: Reviewed

Fasting blood glucose: Reviewed

Bone Density

Smoking counseling

Hepatitis C screening (DOB 1945-1965)

HIV screening

Patient Care Team:

Jennifer Taylor Ellis, MD as PCP - General

Review of Systems

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

HENT: Positive for trouble swallowing. Negative for congestion, dental problem, drooling, ear discharge, ear pain, facial swelling, hearing loss, mouth sores, nosebleeds, postnasal drip, rhinorrhea, sinus pain, sinus pressure, sneezing, sore throat, tinnitus and voice change.

Facial pain due to accident, cannot sleep on Left side of face; Mouth pain

Eyes: Negative for photophobia, pain, discharge, redness, itching and visual disturbance.

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

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal pain, anal bleeding, blood in stool, constipation, diarrhea, nausea and vomiting.

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

Genitourinary: Positive for frequency. Negative for difficulty urinating, dysuria, hematuria, urgency and vaginal bleeding.

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

Skin: Negative for rash.

Allergic/Immunologic: Negative for immunocompromised state.

Neurological: Negative for dizziness, tremors, seizures, syncope, speech difficulty, weakness, light-headedness, numbness and headaches.
 Hematological: Negative for adenopathy. Does not bruise/bleed easily.
 Psychiatric/Behavioral: Positive for sleep disturbance (uses med nightly, sleeps 4-5 year).
 Negative for confusion and dysphoric mood. The patient is nervous/anxious (worried about finances).

Physical exam:

Vitals:

Vitals:

11/22/17 1619
 BP: 117/66
 Pulse: (I) 95
 Temp: 97.7 °F (36.5 °C)
 Weight: 55.5 kg (122 lb 6.4 oz)
 Height: 1.689 m (5' 6.5")

Body mass index is 19.46 kg/m².

BMI counseling: Due to this patient's BMI, I have provided counseling regarding nutrition. and Due to this patient's BMI, I have provided counseling regarding physical activity.

Physical Exam

Constitutional: She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Tympanic membrane, external ear and ear canal normal.

Left Ear: Tympanic membrane, external ear and ear canal normal.

Nose: Nose normal.

Mouth/Throat: Uvula is midline, oropharynx is clear and moist and mucous membranes are normal.

Eyes: Conjunctivae, EOM and lids are normal. Pupils are equal, round, and reactive to light.

Neck: Trachea normal and normal range of motion. No JVD present. No muscular tenderness present. No thyroid mass and no thyromegaly present.

Cardiovascular: Normal rate, regular rhythm, S1 normal and S2 normal. Exam reveals no gallop. No murmur heard.

Pulses:

Carotid pulses are 2+ on the right side, and 2+ on the left side.

Femoral pulses are 2+ on the right side, and 2+ on the left side.

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

Posterior tibial pulses are 2+ on the right side, and 2+ on the left side.

Pulmonary/Chest: Effort normal and breath sounds normal. She has no wheezes. She has no rales. She exhibits no mass and no deformity.

Abdominal: Soft. Normal appearance and bowel sounds are normal. She exhibits no abdominal bruit and no mass. There is no splenomegaly or hepatomegaly. There is no tenderness. No hernia. Hernia confirmed negative in the right inguinal area and confirmed negative in the left inguinal area.

Musculoskeletal: Normal range of motion.

Lymphadenopathy:

She has no cervical adenopathy.

She has no axillary adenopathy.

Right: No supraclavicular adenopathy present.

Left: No supraclavicular adenopathy present.

Neurological: She is alert. She has normal strength. No cranial nerve deficit. Gait normal.

Skin: Skin is warm and dry. No rash noted. Nails show no clubbing.

Various seborrheic keratoses on back

Psychiatric: She has a normal mood and affect. Her speech is normal and behavior is normal.

Judgment and thought content normal.

Anxiety (Primary)

Assessment & Plan:

Unchanged, encouraged SSRI.

Mixed hyperlipidemia

Assessment & Plan:

Will confirm dose of med she resumed on her own. Most recent note showed atorvastatin 40. We'll have her bring in bottle. Current lipid significant improvement compared to November 2016 Encouraged daily use. Recheck prior to FU.

Orders:

- Lipid Panel
- Basic Metabolic Panel (BMP)(BMET)

Insomnia, unspecified type

Assessment & Plan:

Stable

Low back pain, unspecified back pain laterality, unspecified chronicity, with sciatica presence unspecified

Mandible pain

Assessment & Plan:

Chronic. Still the middle of her Worker's Comp. case.

Screen for colon cancer

- Cologuard - External

Annual physical exam

Comments:

Defer mammo, DEXA for now Agrees to discuss at FU. Cologuard.

Orders:

- Urinalysis, Auto without Microscopic-POC

Return in about 3 months (around 2/22/2018).

Insomnia

Refill temazepam. As always advised on need to wean.

Medications

Accurate as of 2/22/18 4:41 PM. If you have any questions, ask your nurse or doctor.

Modified Medications

	Sig	Disp	Refill	Start	End
atorvastatin 20 MG tablet	Sig: Take 1 tablet (20	Disp: 30	Refill:		
Commonly known as:	mg) by mouth daily.	tablet	11		
LIPITOR					
What changed:					
• medication strength					
• how much to take					
Changed by: Jennifer Taylor					
Ellis, MD					

Existing Medications

	Sig	Disp	Refill	Start	End
ALPRAZolam 0.5 mg tablet	Sig: Take 1 tablet (0.5	Disp: 60	Refill:		
Commonly known as:	mg) by mouth 3 (three)	tablet	5		
XANAX	times a day as needed				
	for anxiety.				
temazepam 30 mg capsule	Sig: Take 1 capsule (30	Disp: 30	Refill:		
Commonly known as:	mg) nightly.	capsule	5		
RESTORIL					

BMI counseling: Due to this patient's BMI, I have provided counseling regarding nutrition. and Due to this patient's BMI, I have provided counseling regarding physical activity.
Electronically signed by Jennifer Taylor Ellis, MD at 2/22/2018 4:43 PM

Office Visit
on
2/22/2018

Existing Medications

	Sig	Disp	Refill	Start	End
ALPRAZolam 0.5 mg tablet Commonly known as: XANAX	Sig: Take 1 tablet (0.5 mg) by mouth 3 (three) times a day as needed for anxiety.	Disp: 60 tablet	Refill: 5		
atorvastatin 20 MG tablet Commonly known as: LIPITOR	Sig: Take 1 tablet (20 mg) by mouth daily.	Disp: 30 tablet	Refill: 11		
miscellaneous medication	Sig: Coenzyme Q10 100 mg Take 1 tab 1-2 x each daily as needed for muscle aches	Disp: 60	Refill: 5		
temazepam 30 mg capsule Commonly known as: RESTORIL	Sig: Take 1 capsule (30 mg) nightly.	Disp: 30 capsule	Refill: 5		

BMI counseling: Due to this patient's BMI, I have provided counseling regarding nutrition. and Due to this patient's BMI, I have provided counseling regarding physical activity.

Electronically signed by Jennifer Taylor Ellis, MD at 5/24/2018 11:03 AM

Office Visit

on

5/24/2018

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.



GREENVILLE
HEALTH SYSTEM

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681-3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 2/22/2018

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

Progress Notes Encounter Date: 2/22/2018

Jennifer Taylor Ellis, MD

Family Medicine

Office Visit Note

2/22/2018

Subjective:

Subjective

Jennie C Cox is a 65 y.o. female.

Chief Complaint

Patient presents with

- Anxiety
3 month flu visit
- URI
sore throat, congestion, cough, body aches yesterday- family have the flu
- Hyperlipidemia
pt. stopped her Lipitor due to pain

Anxiety

Presents for follow-up visit. Symptoms include depressed mood, excessive worry, nervous/anxious behavior and panic. Patient reports no chest pain, confusion, decreased concentration, dizziness, feeling of choking, irritability or nausea. The severity of symptoms is mild. The quality of sleep is good. Nighttime awakenings: several.

URI

This is a new problem. The current episode started in the past 7 days. The problem has been unchanged. There has been no fever. Associated symptoms include coughing, headaches, rhinorrhea, sinus pain and a sore throat. Pertinent negatives include no chest pain, congestion, diarrhea, ear pain, nausea or vomiting. She has tried acetaminophen for the symptoms. The treatment provided mild relief.

Hyperlipidemia

This is a chronic problem. The current episode started more than 1 year ago. The problem is uncontrolled. Recent lipid tests were reviewed and are high. There are no known factors aggravating her hyperlipidemia. Associated symptoms include myalgias (L neck after last visit). Pertinent negatives include no chest pain, focal sensory loss, focal weakness or leg pain. She is currently on no antihyperlipidemic treatment. The current treatment provides mild improvement of lipids. Compliance problems include adherence to diet, adherence to exercise and medication side effects.

Was taking chol medicine at CPE 11/2017. Started after labs 11/2017. Continued after that for undetermined time. Willing to resume with Co-Q10.

1 meal/ day. Grilled chicken

Mood: As above. Still not working. Still going to court over her Worker's Comp. Using alprazolam variably. Reports not taking every day but may take another days once or twice.

Review of Systems

Constitutional: Negative for irritability.

HEENT: Positive for rhinorrhea, sinus pain and sore throat. Negative for congestion and ear pain.

Respiratory: Positive for cough.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for diarrhea, nausea and vomiting.

Musculoskeletal: Positive for myalgias (L neck after last visit).

Neurological: Positive for headaches. Negative for dizziness and focal weakness.

Psychiatric/Behavioral: Negative for confusion and decreased concentration. The patient is nervous/anxious.

Objective:

BP 96/54 | Pulse 83 | Temp 98.6 °F (37 °C) | Wt 57 kg (125 lb 9.6 oz) | BMI 19.97 kg/m²

Objective

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion. She exhibits no edema or tenderness.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

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

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

Other

Anxiety - Primary

Advised to continue to consider SSRI. Fluoxetine 20 and 40 mg were attempted March through May 2016. At that time she was suffering with weight loss. She was taking alprazolam at that time only 1-2 times per week. In follow-up in 2016 mood appeared to be stable.

Hyperlipidemia

Agrees to resume at a lower dose and add coenzyme Q 10. Close recheck 2 months

Relevant Medications

atorvastatin (LIPITOR) 20 MG tablet

Progress Notes Encounter Date: 5/24/2018

Jennifer Taylor Ellis, MD

Family Medicine

Office Visit Note

5/24/2018

Subjective:

Subjective

Jennie C Cox is a 65 y.o. female.

Chief Complaint

Patient presents with

- Hyperlipidemia

F/U to discuss lab results.

HPI

Last visit 2/2018:

Hyperlipidemia: Agreed to resuming statin with coQ10. Was taking chol medicine at CPE 11/2017. Started after labs 11/2017. Continued after that for undetermined time. Reports has been taking since the last visit. No labs since the last visit bc Medicare not paying for labs- she is trying to work this out. Believes CoQ10 has helped avoid muscle aches.

1 meal/day. Grilled chicken

Mood: Discussed SSRI again last visit as well as today— still not interested. Stressors include continued battles over workers comp. Still sees daughters regularly, who are both good sources of support. Symptoms are unchanged and include depressed mood, excessive worry, nervous/anxious behavior and panic. Patient reports no chest pain, confusion, decreased concentration, dizziness, feeling of choking, irritability or nausea. The severity of symptoms is mild. The quality of sleep is good. Nighttime awakenings: several. Still not working. Still going to court over her Worker's Comp. Using alprazolam variably- similar to previous visit. Reports not taking every day but may take another days once or twice.

Review of Systems

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

Respiratory: Negative for chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, diarrhea and nausea.

Objective:

BP 110/72 | Temp 97.9 °F (36.6 °C) | Wt 56.9 kg (125 lb 6.4 oz) | BMI 19.94 kg/m²

ObjectivePhysical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion.

Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.

Skin: Skin is warm and dry. No rash noted. She is not diaphoretic. No erythema.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment and thought content normal.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

• Anxiety

Anxiety

Continues to take alprazolam regularly temazepam at bedtime. Discussed SSRI yet again. Will be due for refills in August and can send it electronically if needed.

• Hyperlipidemia

Currently has an issue where Medicare is not paying for her labs or office visits. Did not get repeat labs prior to today's visit because of that. Did encourage her to continue on Lipitor and get labs prior to follow-up. However I do understand the financial limitations at this time.

Return in about 3 months (around 8/24/2018).

Medications

Accurate as of 5/24/18 11:03 AM. If you have any questions, ask your nurse or doctor.



GREENVILLE
HEALTH SYSTEM

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681 3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 8/2/2018

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

Progress Notes Encounter Date: 8/2/2018

Jennifer Taylor Ellis, MD

Family Medicine

Office Visit Note

8/2/2018

Subjective:

Subjective

Jennie C Cox is a 65 y.o. female.

Chief Complaint

Patient presents with

- Follow-up
Patient Care, Paperwork

HPI:

Patient presents for documentation of chronic issues for workers comp paperwork. Her sister who is a nurse practitioner was present to help fill in the history.

Weight loss: Since weight has resumed normal weight, she has been able to maintain her baseline weight. However as per previous history she did have significant weight loss associated with her mandibular surgery as well as depression associated with it.

A review of her treatment for the workers comp injury included: L shoulder pain and PT; treatment of mandibular fractures by oral surgeon Dr Cobb and dental implant. Dr Ridgill. Needs continued care of dental implants q 6 months. Continue mouth/ dental pain, and sholder pain.

Depression: Continues to feel regularly depressed, anxiety- most days. Needs restoril to sleep. Concentration poor, appetite poor, very nerouse, calls sister crying on the phone. Lack of interest in cleaning. Poor compliance. Sister believed she tried Prozac, Wellbutrin.

Machine fell on her while on a dock. Mandibular fracture/ teeth avulsed into sinuses. Surgery with plate in place, infection, approx 6 months.

Review of Systems

Constitutional: Positive for activity change and appetite change. Negative for chills and fever.

HENT: Positive for dental problem.

Respiratory: Negative for chest lightness and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, diarrhea and nausea.
 Psychiatric/Behavioral: Positive for agitation, dysphoric mood and sleep disturbance. The patient is nervous/anxious.

Objective:

BP 119/75 (BP Location: Left arm, Patient Position: Sitting) | Pulse 77 | Temp 98 °F (36.7 °C)
 (Oral) | Wt 56 kg (123 lb 6.4 oz) | BMI 19.62 kg/m²

Objective

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.
 HENT:
 Head: Normocephalic and atraumatic.
 Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.
 Neck: Normal range of motion. Neck supple.
 Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.
 No murmur heard.
 Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.
 Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.
 Musculoskeletal: Normal range of motion. She exhibits no edema or tenderness.
 Neurological: She is alert and oriented to person, place, and time. She has normal reflexes.
 Skin: Skin is warm and dry. She is not diaphoretic.
 Psychiatric: Her behavior is normal. Judgment and thought content normal. She exhibits a depressed mood.

Assessment

Assessment/Plan:

Problem List Items Addressed This Visit

Other

Anxiety - Primary

Mild episode of recurrent major depressive disorder (HCC)

Discussed the importance of prevention as we have on previous visits. Patient understands but still refuses SSRI. Sister will continue to talk with her as well

No Follow-up on file.

Medications

Accurate as of 8/2/18 5:52 PM. If you have any questions, ask your nurse or doctor.

Existing Medications

	Sig	Disp	Refill	Start	End
ALPRAZolam 0.5 mg tablet Commonly known as: XANAX	Sig: Take 1 tablet (0.5 mg) by mouth 3 (three) times a day as needed for anxiety.	Disp: 60 tablet	Refill: 5		
atorvastatin 20 MG tablet Commonly known as: LIPITOR	Sig: Take 1 tablet (20 mg) by mouth daily.	Disp: 30 tablet	Refill: 11		
miscellaneous medication	Sig: Coenzyme Q10 100 mg Take 1 tab 1-2 x each daily as needed for muscle aches	Disp: 60 capsule	Refill: 5		
temazepam 30 mg capsule Commonly known as: RESTORIL	Sig: Take 1 capsule (30 mg) nightly.	Disp: 30 capsule	Refill: 5		

BMI counseling: Due to this patient's BMI, I have provided counseling regarding nutrition, and Due to this patient's BMI, I have provided counseling regarding physical activity.

Electronically signed by Jennifer Taylor Ellis, MD at 8/2/2018 5:52 PM

Office Visit
on 8/2/2018

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.



GREENVILLE
HEALTH SYSTEM

Hillcrest Family
Medicine
717 SE MAIN STREET
SIMPSONVILLE SC
29681-3237

Cox, Jennie C
MRN: 971202636, DOB: 8/14/1952, Sex:
F
Encounter date: 5/24/2018

Cox, Jennie C

MRN: 971202636
Description: 65 year old female

MEDICAL QUESTIONNAIRE for Jennie Cox	<u>Yes</u>	<u>No</u>
1. It is our understanding that you are Ms. Cox's personal physician and have treated her for many years. Please state the time frame you have that you have been treating Ms. Cox. From <u>6/26/2010</u> to <u>present</u>		
2. Have you ever treated M. Cox for her work related injury of May 31, 2012 other than being authorized by the Workers' Compensation Insurance Carrier to issue a prescription for work hardening in 2016?		✓
3. In your medical opinion, does Ms. Cox need continued care relative to her injuries sustained?	✓	
4. It is our understanding that you have been treating Ms. Cox for depression prior to her work related injury. In your medical opinion, has Ms. Cox's depression worsened due to her work related accident on May 31, 2012 and if so, is that attributed to her accident?	✓	
5. In your medical opinion, has Ms. Cox's overall health deteriorated since her work related accident on May 31, 2012?	✓	
6. Did Ms. Cox complain to you relative to problems she may have had relating to her workers compensation claim of May 31, 2012?	✓	
Additional Comments:		

I, Jennifer T. Ellis, M.D., certify to a reasonable degree of medical certainty that the above statements are my expert medical opinions.

Dated: 8/2/18


 Jennifer T. Ellis, M.D.
 Hillcrest Family Practice
 717 SE Main St
 Simpsonville, SC 29681

APA #41
The Honorable Aisha Taylor, Commissioner
Order
05/23/17

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1206236

JENNIE COX,

Employee

Claimant,

vs.

PALMETTO STATE

TRANSPORTATION,

Employer,

CHEROKEE INSURANCE COMPANY,

Insurance Company,

Defendants.

ORDER

HEARING:

Held in Anderson, South Carolina on February 2, 2017

APPEARANCES:

Claimant represented by Juliette B. Mims, Esquire, of Greer, South Carolina and Adrienne Turner, of Columbia, South Carolina

Defendants represented by Robert E. Horner, Esquire, of Columbia, South Carolina

PURPOSE OF HEARING:

To determine issues set forth in Forms 50 and 51, including, Claimant's degree of disability. Whether or not Claimant was rendered totally disabled and whether or not Claimant is entitled to lifetime medicals.

AWARD:

The Honorable Aisha Taylor, Commissioner

FILED:

APA SUBMISSIONS

Submissions on behalf of Claimant:

1. Grady Hospital
2. American Medical Response of Georgia
3. Greenville Memorial
4. James Fowler, M.D. of GHS Plastic Surgery & Aesthetics
5. GHS Center for Health & Occupational Services
6. Innervision MRI & Imaging
7. Proaxis Therapy
8. Jennifer T. Ellis, M.D. of Hillcrest Family Practice
9. Donald L. Ridgell, DMD of Upstate Prosthodontics, LLC
10. Larry W. Cobb, DMD
11. William A. Cofer, DMD
12. Walter Grady, D.O
13. Robert E. Brabham, Ph.D.
26. Life Center Health
27. CORA Rehabilitation Center

Submissions by Defendant:

14. Occupational Health
15. Piedmont Oral Surgery
16. Piedmont Oral Surgery questionnaire
17. Center for Health & Occupational Services
18. Impairment rating
19. Hillcrest Family Practice
20. Claimant's 2015 tax returns
21. Letter to Claimant's attorney regarding work
22. Liberty Bell Agency check log & ltr from CA
23. Duvall Group Investigation report
24. Photos
25. Deposition transcript of Claimant
26. Wage Records (submitted at hearing)

STIPULATIONS

This case came before the undersigned Commissioner in Anderson, South Carolina on February 2, 2017. At the hearing the Claimant was represented by Juliette B. Mims and Adrienne Turner; Palmetto State Transportation and its carrier, Cherokee Insurance Company, was represented by Robert E. Horner with Speed, Seta, Martin, Trivett & Stublely.

The parties stipulated as follows:

1. All parties are subject to, and bound by, the terms and conditions of the South Carolina Workers' Compensation Act ("Act").

2. Notice of the hearing was timely and properly served upon all necessary and proper parties, and the file and its contents, along with the Commissioner's notes, are made part of the record without objection.
3. There were no objections to the submission of APAs and/or exhibits.
4. The Claimant's average weekly wage is \$1,327.69, yielding a compensation rate of \$725.47.
5. That the Workers' Compensation Commission has jurisdiction over this matter and venue in Anderson County is proper as stipulated by all parties;
6. Claimant seeks benefits under the South Carolina Workers' Compensation Act based upon accidental injuries occurring on May 31, 2012, which occurred while in the course and scope of the Claimant's employment with the Defendant employer. The injury and date of injury are stipulated to and not disputed.

STATEMENT OF CASE

It is undisputed that on May 31, 2012 Claimant sustained compensable injuries by accident arising out of and in the course of her employment with Palmetto State Transportation as a CDL truck driver. The accident occurred while she was on a delivery in Georgia, when she was removing freight; a machine fell on her, causing her to fall to the ground face first knocking her unconscious. At the time of the accident, she injured her head, teeth, mandible, left shoulder, neck and facial nerves. As a result of the injuries Claimant has sustained, she has been treating for depression due to chronic pain and severe weight loss.

It is the Claimant's position that she has been rendered totally and permanently disabled as a result of the injuries in question and that she is entitled to lifetime medical care.

Palmetto State Transportation and its carrier admit that Claimant did in fact sustain injuries as a result of the above referenced accident, and that she has reached maximum medical improvement, but assert that she is entitled only to permanent partial benefits and continued medical care for her physical injuries as prescribed by Dr. Ridgell and Dr. Cobb.

The following issues are for determination by this Commissioner:

1. Has the Claimant sustained total and permanent disability due to her injuries?
2. To what extent is the Claimant entitled to additional medical care?
3. Is the Claimant entitled to further compensation?

EVIDENCE OF CASE

The Claimant testified that she is 64 years old, divorced and has two adult daughters.¹ She graduated from Woodmont High School in 1970 and attended TEC, but did not graduate. She obtained her Truck Driver's Class "A" license in 1985, and has worked in that capacity thereafter. At the time of the accident, Claimant had worked for Employer for eleven (11) years, and worked for US Food Service for six (6) years prior to that. Claimant testified that she had no prior physical injuries and was in good health at the time of her injuries. She testified that she did suffer from pre-existing depression related to the death of her grandson who was killed at age 16 in a car accident.

On May 31, 2012, Claimant was on a delivery in Georgia, when she was removing freight from her truck; a machine fell on her, causing her to fall to the ground face first knocking her unconscious. She was rushed to Grady Memorial in Georgia and then brought by EMS to Greenville Memorial Hospital with injuries to her head, face, mouth and neck, left shoulder, chest, low back and problems breathing. On June 1, 2012, James Fowler, M.D. performed extensive surgical intervention to address Claimant's injuries. Records indicated he performed a bilateral subcondylar mandible fracture, left body comminuted mandible fracture, avulsed maxillary and mandibular teeth, maxillomandibular fixation with screws, open reduction and internal fixation left body mandible fracture and dental tooth extraction.

Claimant was subsequently seen by Stacey Newsom, M.D. at the Center for Health and Occupational Services for chest wall pain and left shoulder pain. Dr. Newsome indicated chest wall contusions and left shoulder contusion with weakness and possible rotator cuff injury. Dr. Newsome instructed Claimant to continue with Lortab for pain, deep breathing exercises and imposed work restrictions limiting Claimant to sedentary work with a five (5) pound lifting restriction and prohibited her from operating commercial motor vehicle.

Claimant had a follow-up with Dr. Fowler on June 11, 2012, after which Dr. Fowler opined that Claimant was to remain in a "levered and wired occlusion for one more week." On July 5, 2012, Claimant underwent surgery to remove the IMG screws.

On July 6, 2012, Claimant underwent an MRI of the left shoulder at Innervision MRI &

¹ Facts included herein are derived from Claimant's live testimony at the hearing, Claimant's deposition testimony, which was submitted without objection, and medical histories derived from submitted APAs.

Imaging with an impression of “degenerative changes and mild tendinopathy in the suprae and infraspinatus tendons.” On July 17, 2012, Claimant returned to Innervision for an x-ray of the chest with an impression of COPD without acute findings. Claimant then returned to Dr. Newsome on July 17, 2012 to review the findings of the MRI and x-ray. Dr. Newsome’s diagnosis was chest wall contusions resolving and left shoulder contusion improving. Claimant was to continue the same restrictions with the additional restrictions ordered by Dr. Fowler.

On July 24, 2012, Claimant began treating with Larry W. Cobb, D.M.D at Piedmont Oral Surgery to discuss surgical oral restoration. Dr. Cobb noted Claimant had multiple jaw and teeth fractures and determined he would allow them to heal for an additional three months before attempting restorative procedures. Dr. Cobb also ordered a CT for September and sought preauthorization for implants and restoration.

Claimant again saw Dr. Newsome on August 7, 2012, at which point Dr. Newsome noted left shoulder weakness and tendinosis and chest wall contusion. She recommended physical therapy for strengthening prior to return to full duty. Dr. Newsome stated Claimant could return to work with restrictions of no lifting, pushing or pulling more than 15 pounds occasionally and no operating commercial motor vehicle. Claimant started physical therapy with Proaxis Therapy on August 22, 2012 for her left shoulder pain.

On August 28, 2012, Claimant went to her family doctor, Jennifer T. Ellis, M.D., for a follow-up. Dr. Ellis noted that her depression and insomnia had been getting worse since her last visit and Claimant was also experiencing loss of appetite and loss of interest in pleasurable activities since her work related injury.

On September 4, 2012 Dr. Cobb examined Claimant and stated she was healing well and scheduled a CT. The CT scan on October 3, 2012 also showed she was healing well. Dr. Cobb referred her to Donald L. Ridgell, DM.D. for his evaluation. Claimant saw Dr. Ridgell on October 4, 2012, wherein Dr. Ridgell examined Claimant and agreed with Dr. Cobb that a full mouth extraction of Claimant’s natural teeth with implant replacement was the best solution. Dr. Ridgell further noted that he would continue to work along-side Dr. Cobb for the maintenance and upkeep of the implants.

On October 30, 2012 Dr. Cobb opined that Claimant had “a full work up including a physical examination CBCT evaluation to determine the best treatment necessary to restore her teeth for maximum function. She has a very complicated case secondary to her normal petite size and small jaw. This has been further compromised by the very significant jaw injuries including

multiple bone fractures and loss of teeth. Her remaining teeth are terminal due to the lack of bone support. These will all have to be removed. She has very minimal maxillary bone and will lose more when her teeth are removed. She will require extensive bone grafting before any definitive treatment can be achieved. Either one or both bone plates will need to be removed from the mandible before any treatment can be implemented there as well.” Dr. Cobb set out the treatment in 5 stages with an estimated cost of \$34, 215.00, not including the prosthetic work to be done by Dr. Ridgell.

On November 5, 2012, Claimant saw Dr. Fowler for a follow up examination. Dr. Fowler noted that Claimant had been seen by a prosthodontist and was scheduled for dental restoration. He specifically noted that Claimant’s nutrition has been affected in that she had to work to get enough nutrition in and was eating pureed food. Dr. Fowler recommended a softer food diet and that Claimant maintain her nutrition as needed with calorie supplements including Ensure or Carnation Instant Breakfast.

Claimant was discharged from Proaxis on November 6, 2012, after completing 20 visits, to an independent home exercise program. Following her discharge from physical therapy, she returned to Dr. Newsome on November 9, 2012. Dr. Newsome opined that her left shoulder injury was at MMI with an impairment rating of the left shoulder of 2% and stated Claimant could return to work on November 9, 2012 without restrictions with regard to her left shoulder.

On January 31, 2013, Claimant began her restoration with Dr. Cobb as follows:

- a) 01/13/13 bilateral sinus graft, removal of superior bone plate and surgical removal of teeth numbers 4, 6, 11, 21, 22, 26, 27, 28, 29;
- b) 04/29/13 surgical implant placement of teeth numbers 20, 23, 25, 27, 30; and
- c) 07/17/13 surgical implant placement of teeth number 3, 5, 6, 11, 12, 14.

During the process of her oral reconstructive surgery, Dr. Cobb referred Claimant to a nutritionist. He stated that she is “very malnourished. The success of our treatment depends on her ability to heal. I believe that all of our treatment may be in jeopardy if her overall nutrition does not improve.”

On July 15, 2013, Claimant returned to Dr. Ellis for a follow-up. Dr. Ellis stated Claimant is doing “about the same.” “She is currently experiencing fatigue, weight loss of 25 pounds over the past year and loss of appetite. Claimant states she gets hungry and tries to eat but it hurts.” Dr. Ellis refilled her anxiety and insomnia medications of Alprazolam Oral 0.5 mg and Restoril Oral Capsule 30 mg.

Upon her healing from the restoration surgeries, Claimant returned to work on August 12, 2013. Claimant testified that although she did her absolute best to perform her work duties in the same manner as before the accident, she continued to have difficulties and was never able to perform her duties as well as before she was injured. Significantly, despite her commendable attempt to return to work, Claimant continued to experience pain, inability to maintain proper nutrition except through the use of nutritional supplements, and suffered from weaknesses, fatigue and inability to concentrate.

On October 6, 2014, Claimant returned to the Center for Health & Occupational Services for reevaluation of her left shoulder. Claimant was seen by Brian Svazas, M.D. and advised him that she was having some difficulties in the left shoulder with it being sore after long truck runs. Claimant also discussed difficulties with the left ear with intermittent hearing diminution. Dr. Svazas advised that he believed the complaints she had in the left scapular border were likely related to her work injury to the shoulder. He advised that physical therapy could help clear up some of the soft tissue areas. Dr. Svazas found her at MMI with a 6% left shoulder rating and opined that "she may need some ongoing therapy to this shoulder going forward."

Dr. Ridgell opined on April 9, 2015 that Claimant will need future medical care by way of "maintenance procedures annually- more expensive than natural teeth, replace or refurbish appliances every 6-8 years and oral surgeon visit in 5 years for radiograph/CT scan." Dr. Ridgell continues to see Claimant every 6 months.

Claimant last saw Dr. Cobb on April 27, 2015 where he released her to MMI with the following impairment ratings: 15%- diet limited to soft or semi solid foods, 85% of normal function, 4% interincisal range of Motion- 30mm, 3% lateral excursion range of motion 5-6mm, 2% facial disorder- scar, 1% nerve disorder- permanent numbness of lower lip and chin on left side, for a 25% whole person. He also stated that she will need prosthetic maintenance and replacement.

Claimant continued to have pain in her jaw and returned to Dr. Fowler on June 8, 2015 and again on June 15, 2015 with draining sinus to the left jaw in the region of a previous ORIF and plate and screw placement for a compound fracture of an atrophic mandible. Claimant went out of work again on June 20, 2015 due to these issues and on July 5, 2015 Dr. Fowler performed surgery for removal of the indwelling device of the mandibular bone along with removal of plate and screws, bone biopsy and bone grafting.

Dr. Fowler released her to return to work, which Claimant did in August 2015. Claimant

had a follow-up appointment with Dr. Fowler on October 12, 2015, wherein Dr. Fowler stated "she has residual numbness from the left mental nerve that may be permanent."

In October 2015, Claimant went from running team driving to single driving.

Throughout these surgeries for her mouth, Claimant continued to see Dr. Ellis for routine follow ups and prescription refills for her depression that continued to get worse. At her appointment on March 3, 2016, Dr. Ellis noted that since Claimant has gone to single driving, it was physically and mentally wearing her out. Dr. Ellis further noted it was still uncomfortable for her to eat as her- "teeth not lined up" and that Claimant had lost a significant amount of weight as a result. Dr. Ellis took her out of work until she could gain some weight. Claimant went to her dentist, William A Cofer, D.M.D. on April 14, 2016 to get his opinion as to the pain she continues to have chewing and eating her food. Dr. Cofer opined "I believe the reason she is having difficulties chewing and eating is due to the numbness on the left side of her lower jaw. She has had a loss of sensation since her accident.....Unfortunately; it is unlikely that she will regain any meaningful sensation due her accident." Over the next several months, Claimant was able to show good weight improvement and return to work on June 1, 2016. However, Claimant testified she did not experience a corresponding return at her pre-accident strength. In fact, Claimant indicated her lack of strength, consistent fatigue and inability to maintain concentration rendered truck driving an unsafe occupation for her to continue. She testified credibly and without challenge from the Employer that she had conveyed her concerns to her supervisor and he indicated that the company would not be comfortable accepting the liability implications stemming from her symptoms. Claimant did not receive temporary total benefits for this period of time she was out.

Claimant ran nonstop runs for a few weeks with constant pain over her entire body. On June 14, 2016 she notified the Employer that she was in too much pain, could not work and needed additional treatment.

While awaiting authorization for additional treatment from the Employer, Claimant's attorney sent her for an Independent Medical Evaluation with Walter Grady, DO on July 21, 2016. Upon physical examination of the Claimant and review of her prior extensive medical treatment history, Dr. Grady gave Claimant an impairment rating of 17% to the left upper extremity, 28% to left shoulder impairment and 10% whole person.

Claimant's attorney also scheduled a physiological and vocational evaluation with Robert E. Brabham, Ph.D. on August 8, 2016. Dr. Brabham has opined that "she would be unable to

effectively perform the essential duties in any gainful work activity.”

Claimant sought treatment at the Wellness Center on her own on August 17, 2016, as she was in pain and Employer had not approve physical therapy as requested. She was making progress at the Wellness Center and her primary care doctor, Dr. Ellis, opined that she should continue there. Employer eventually authorized work hardening at CORA Rehabilitation. Claimant completed treatment three (3) times a week for several hours for a total of 20 visits between October 24, 2016 and December 19, 2016 at CORA Rehabilitation. Notably, CORA’s December 19, 2016 Functional Capacity Test results indicated Claimant is not able to perform several of the minimal material handling requirements for a truck driver.

Claimant testified that she loved her job and wanted to continue working, however, due to the pain, weakness, fatigue and anxiety she experiences is not able to perform the job. As well, Claimant also remains unable to conduct her day-to-day living activities in the same manner as before her injuries.

FINDING OF FACT

1. I find that the parties of this proceeding are subject to and bound by the terms of the Title 42 of the South Carolina Code of Laws, Annotated, dealing with South Carolina Workers’ Compensation Law with Palmetto State Transportation and Cherokee Insurance Company, employer and carrier.
2. After observing the demeanor of Claimant while she testified at the hearing, the medical records, and the other exhibits in evidence, I find that the testimony of Claimant to be fully credible regarding her work injury and its effect on her current quality of life, including her inability to work.
3. I find that the Claimant sustained admitted compensable injuries by accident arising out of in the course of her employment on Mary 31, 2012, injuries to her teeth, mandible, left shoulder, neck, facial nerve and scarring to her chin.
4. I find that based upon the medical opinions of Dr. Ellison and Dr. Brabham and testimony submitted, that Claimant had preexisting depression and her injuries caused an aggravation and/or exacerbation of the preexisting condition and is therefore compensable under the Act.
5. I find that at the time of the accident, Claimant was an employee of the Palmetto State Transportation as a truck driver.

6. I find that the applicable average weekly wage of the Claimant is One Thousand Three Hundred Twenty Seven and 69/100 (\$1,327.69) Dollars, corresponding to a compensation rate of is Seven Hundred Twenty-Five and 47/100 (\$725.47) Dollars, which was stipulated by Claimant's counsel and defense counsel at the hearing.
7. I find that the Claimant has been unable to work since June 2016 and is permanently and totally disabled pursuant to S.C. Code Ann. Section 42-9-10 as a result of her combined injuries. This finding is based on the preponderance of the evidence as a whole including the medical evidence, the credible testimony of the Claimant, and the vocational assessment of Robert Brabham, Ph.D., Claimant's age, education and work history also weighed into this decision.
8. I find that the Claimant is entitled to a lump-sum payment of the commuted value of Five Hundred (500) weeks of benefits less any amounts previously paid by Defendants in the form of temporary compensation.
9. I find that Claimant is entitled to lifetime medical treatment for her work injuries pursuant to S.C. Code Ann. Section 42-15-60 including lifetime repair, replacement and/or removal of any retained hardware. Defendants are responsible for lifetime causally related medical expenses. This includes but is not necessarily limited to: her teeth, mandible, left shoulder, neck, facial nerve and depression. The depression was aggravated by her accident.
10. The Claimant is entitled to a lump-sum payment and that the settlement proceeds of Three Hundred Thousand Nine Hundred Thirty Eight and 67/100 (\$300,938.67) Dollars shall be allocated as follows:
 - (a) One Hundred Thousand Three Hundred Two and 85/100 (\$100,302.85) Dollars for attorney's fee and Three Thousand Eight Hundred Fifty Eight and 45/100 (\$3,858.45) Dollars for related litigation expenses and costs to Juliette B. Mims;
 - (b) One Hundred Ninety Six Thousand Seven Hundred Seventy Seven and 37/100 (\$196,777.37) Dollars to the Claimant in compromise settlement of disputed future lost earnings for a period of 20.90 years or 1,086.8 weeks, the life expectancy of the Claimant (DOB; 08/14/1952) at the rate of One Hundred Eighty One and 06/00 (\$181.06) Dollars per week, pursuant to §19-1-150 of the South Carolina Code of Law, as amended.

See *Utica-Mohawk vs. Orr*, 227 S.C. 226, 87 S.E.2d 589 (1955); *Sciarotta vs. Bowen*, 837 F.2d 135 (3rd Cir. 1988); *James v. Anne's Inc.*, 688 S.E.2d 562 (S.C. 2010); See also on remand: *Sciarotta vs. Secretary of H.H.S.*, 735 F. Supp. 148 (D.N.J. 1989).

CONCLUSIONS OF LAW

It is the conclusion of the Hearing Commissioner that the following and other sections of the South Carolina Code of Laws, 1976, as amended, apply in this case:

1. Section 42-1-130 defines "employee"; Section 42-1-120 defines disability; Section 42-1-360 defines "exempt businesses"; Section 42-9-10 defines "amount of compensation for total disability"; Section 42-1-100 defines "compensation"; Section 42-1-160 defines "injury" and "personal injury"; Section 42-15-60 governs medical care; and Commission Rules 67-601 through 67-615 set forth the contested case procedures.

Accordingly, as provided in the South Carolina Code of Laws, 1976, as amended, it is the determination of this Commissioner:

1. That under Section 42-1-60, the Carrier is authorized under Section 42-5-20 to insure.
2. That under Section 42-1-130, the Claimant was a covered employee at the time in question.
3. That under Section 42-1-140, the Defendant was a covered employer under the Act.
4. That under Section 42-9-30, the Claimant sustained injuries by accident arising out of and in the course of her employment resulting in an accidental injury.
5. That under Section 42-9-10, the Claimant is deemed permanently disabled.
6. That under Section 42-15-60, the Claimant is entitled to lifetime medical treatment for her work injuries.

ORDER

IT IS THEREFORE ORDERED ADJUDGED AND DECREED that Claimant is permanently and totally disabled and is entitled to Total Disability Compensation in the amount of 500 weeks. The insurance carrier previously paid 48 weeks of temporary total benefits through

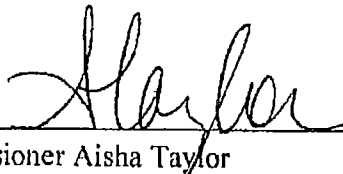
August 21, 2015; leaving 452 weeks to commute. The claimant is hereby awarded and shall be paid the commuted value of the remaining 452 weeks which equals Three Hundred Thousand Nine Hundred Thirty Eight and 67/100 (\$300,938.67) Dollars.

IT IS FURTHER ORDERED that the Employer is responsible for lifetime causally related medical expenses as outlined in the Findings hereinabove. This includes but is not necessarily limited to: her teeth, mandible, left shoulder, neck, facial nerve and depression. The depression was aggravated by her accident.

IT IS FURTHER ORDERED that Cherokee Insurance Company is and shall be the responsible carrier and shall provide coverage for the Employer with reference to this claim.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

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

May 23, 2017

By: Renee Smith, Administrative Assistant to Commissioner Taylor

APA #42
SC Workers' Compensation Commission
Request for Proposed Decision and Order
12/12/17

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
REQUEST FOR A PROPOSED DECISION AND ORDER

This document is not a Decision and Order. It is a request for a proposed order.
The Commissioners reserve the right to modify and/or delete any or all portions
of the submitted Decision and Order.

Jeannie Cox v Palmetto State Transport
SCWCC: 1206236
Commission Panel: Campbell, Wilkerson, Barden; Chair
Order Assigned to Commissioner: Campbell
Court Reporter – Travis McLeod– 803-252-3445

Robert Horner
Juliette B. Mims

Defendants/Appellant
Claimant/Respondent

This matter was heard before the South Carolina Workers' Compensation Full Commission Appellate Panel during the last term of Review. The Commissioners considered the matter and **Reverse and Remand** the decision and order of the Single Commissioner for a finding of permanency. Not to the Hearing Commissioner.

Mr. Horner please prepare a proposed order and submit to the Judicial Department within thirty (30) days of this notice. The proposed order shall be submitted in Word format to appeals@wcc.sc.gov and shared with each Party. Please make sure the Appellate Panel Decision and Order recites the specific Finds of Fact and Rulings of Law of the Single Commissioner's Decision and Order and reflects any comments requested by a Commissioner.

The signature page shall include a signature line for each Commissioner and the first signature should be the name of the Commissioner assigned the case as indicated above.

If you have any questions, please do not hesitate to email me at ehollmon@wcc.sc.gov or call at 803.737.5737

Judicial

Transmitted via email this 12 December 2017



Claimant's Name: Jeannie Cox
Address: 222 W. Chapman Road
City: Belton State: SC Zip: 29627
Home Phone: (864) 243-0032 Work Phone: () -
Preparer's Name: George Gallagher, Esquire

Employer's Name: Palmetto State Transportation
Address: 1050 Park West Blvd.
City: Greenville State: SC Zip: 29611
Carrier: Cherokee Insurance Company
Preparer's Phone #: (803) 748-2919

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$ 725.47 2. AWW: \$ 1327.69 Date of Injury: 5/13/2012
3. Type of Injury and body part(s): ADMITTED- teeth (11 extractions with dental implants); left shoulder (contusion/soft tissue- NON SURGICAL); facial nerve; mandible; and scarring on chin; ALL OTHER INJURIES DENIED PER FULL WCC APPELLATE PANEL ORDER DATED 5/21/2018.
4. Facts in controversy:
 - a) Determination of Claimant's entitlement to PPD compensation for loss of use of scheduled injuries under § 42-9-30 and WCC R 67-1101 per Remand Order from the Full Commission; AND
 - b) Determination of Claimant's entitlement to ongoing/future medical treatment.
5. Legal Issues Involved: S.C. Code § 42-9-30 (loss of use of the shoulder and scarring) and WCC R 67-1101 (loss of use of mandible, teeth, and facial nerve); S.C. Code § 42-15-60 (B)(2); doctrine of "law of the case"- Full WCC Order dated 5/21/2018 implicitly finding MMI by remanding for determination of PPD is the law of this case; *Hartzell v. Palmetto Collision LLC*, 419 S.C. 87, 796 S.E.2d 145 (S.C. App., 2016) (expert medical evidence required to support order for further medical evaluation/treatment).
6. Unusual aspects: Defendants reserve right to amend their PHB and/or supplement their APA submissions in response to further clarification from the WCC regarding scope of issues for hearing.
7. Witnesses (designate if expert):* Scott Justice and/or any other representative from the Employer/carrier with knowledge of the issues presented may be called to testify.
8. Exhibits: Full WCC Appellate Panel Order dated 5/21/2018; WCC File # 1206236; all prior APA evidentiary submissions
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):
See Notice of Defense APA Submissions
10. Name, address, and specialty, if any, of the treating physician: James Fowler, M.D.- Greenville Hospital Plastic Surgery; Larry Cobb, DMD Piedmont Oral Surgery- Greenville, SC; Donald Ridgell, MD- Upstate Prosthodontics Greenville, SC; Dr. Stacy Newsome- University Medical Group; and Dr. Brian Scavase- Center for Occupational Health and Services.
11. Impairment rating(s); body part(s); physician and date of opinion: 2% to the left shoulder per Dr. Newsom dated 11/9/2012; 6% to the left shoulder per Dr. Scavas dated 4/8/2015; 7% to the mandible per Dr. Cobb dated 4/30/2015; 11 lost teeth; and 28% to the left shoulder per Dr. Grad dated 7/25/16- CLAIMANT'S IME
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. (SEE UNUSUAL ASPECTS/LEGAL ISSUES)
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☒ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Juliette Mims, Esquire

address 100 E. Poinsett Street, Greer, SC 29651 on the 31st day of July, 2018 by: ☒ first class postage ☐ certified mail ☐ personal service.

Signature: [Signature]
Date of hearing: August 9, 2018 (Commissioner Beck)

Email: ggallagher@speed-seta.com
Time needed for hearing: _____

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.

STATE OF SOUTH CAROLINA	)	BEFORE THE SOUTH CAROLINA
	)	WORKERS' COMPENSATION
COUNTY OF GREENVILLE	)	COMMISSION
Jennie Cox,	)	WCC FILE NO: 1206236
	)	
Employee,	)	
	)	
vs.	)	
	)	NOTICE OF WITNESSES
Palmetto State Transportation,	)	AND WRITTEN REPORT(S) PHYSICIAN
	)	OR OTHER EVIDENCE TO BE
Employer,	)	INTRODUCED ON BEHALF OF
	)	THE EMPLOYER/CARRIER
and	)	
	)	
Cherokee Insurance Company,	)	
	)	
<u>Carrier.</u>	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
THE CLAIMANT'S ATTORNEY JULIETTE MIMS:

YOU ARE HEREBY NOTIFIED THAT THE employer/carrier, 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 reports/physicians or other evidence on behalf of the employer/carrier, to wit:

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORTS	NO.
29.	Occupational Health	11/9/12 – 3/10/16	387-390
30.	Piedmont Oral Surgery	1/31/13 – 4/30/15	391-398
31.	Piedmont Oral Surgery questionnaire	2/23/16	399
32.	Center for Health & Occupational Services	10/6/14 – 6/29/15	400-403
33.	Impairment rating	4/9/15 – 4/30/15	404-407

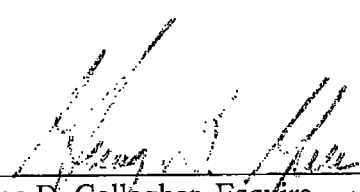
YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the

deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER HEREBY NOTIFIED that the originals of the documents referred 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 employer/carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the employer/carrier:

Scott Justice and any other representative of the employer. The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330(3).



George D. Gallagher, Esquire
Speed, Seta, Martin, Trivett & Stublely, LLC
Post Office Box 11669
Columbia, South Carolina 29211
(803) 748-2919

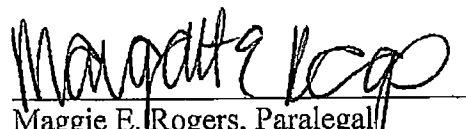
Columbia, South Carolina
July 31, 2018

CERTIFICATE OF SERVICE

Maggie E. Rogers, states that she is a paralegal for Speed, Seta, Martin, Trivett & Stubley, with offices in Columbia, South Carolina. This is to certify that a copy of the foregoing Pre-Hearing Brief, Notice of Witnesses and medical records, have been served upon the claimant, by placing a copy of the same in the United States mail, first class postage prepaid, addressed to him at his office as shown below this the 31 day of July, 2018 as follows:

The Honorable T. Scott Beck, Commissioner
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Juliette Mims, Esquire
Mims Law Firm
100 E. Poinsett Street
Greer, SC 29651


Maggie E. Rogers, Paralegal
Speed, Seta, Martin, Trivett & Stubley, LLC
Post Office Box 11669
Columbia, SC 29211

(803) 748-2919

DEFENDANTS APAS AND EXHIBITS

Jennie Cox v. Palmetto State Transportation

WCC File No.: 1206236

Date of Injury: 5/31/12

Date of Hearing: August 9, 2018

Time: 12:00 p.m.

Hearing: To be determined by the Commissioner's office

**Location: County Square, 301 University Ridge, Conference Room E,
East Wing, Greenville, SC 29601**

Commissioner: T. Scott Beck

CA: Juliette Mims, Esquire

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORTS	NO.
29.	Occupational Health	11/9/12 – 3/10/16	387-390
30.	Piedmont Oral Surgery	1/31/13 – 4/30/15	391-398
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32.	Center for Health & Occupational Services	10/6/14 – 6/29/15	400-403
33.	Impairment rating	4/9/15 – 4/30/15	404-407



UNIVERSITY MEDICAL GROUP

Center for Health and Occupational Services

OUTPATIENT VISIT

Patient: Jennie Cox
MRN: 250-94-3648

Date: 11/09/12
DOI: 5/31/12

Subjective: Patient follows up in clinic for her right shoulder. She states that she has had a lot of improvement. She is not having any pain and not requiring any pain medications. She states that she is continuing her physical therapy exercises as home and feels able to return to work.

We reviewed the job description sent by the company. There was a lifting requirement of 100 lbs. Ms. Cox stated that the amount was much more than she was required to lift at work. This was discussed with Scott Justice of the company who concurred that maximum lifting would be approximately 35 lbs.

Medications: Ibuprofen.
Allergies: Ativan.

Review of Systems: Constitutional: Negative. Musculoskeletal: Per HPI.

Objective: General: Patient is a pleasant female. She ambulates in the clinic without difficulty and moves easily about the exam room. Full range of motion of bilateral extremities. She continues to have some mild weakness with external rotation of the left shoulder. Internal rotation and supraspinatus testing within normal limits. She has excellent grip strength. Sensation and circulation in the arms are intact.

Impression: Left shoulder injury at MMI.

Plan:

1. Continue exercises at home.
2. Impairment rating for the left shoulder best fits in class I in the shoulder regional grid on page 401 in the *Guides to the Evaluation of Permanent Impairment, 6th Edition*. There was a shoulder contusion with soft tissue injury. There are residual symptoms and consistent objective findings at MMI. Impairment rating of the left shoulder is 2%.

Work Status: May return to work on 11/09/12 without restriction.

Stacey Newsom, M.D., MPH

C: Palmetto State Transportation, Scott Justice, 1050 Park West Blvd, Greenville, SC 29611

SN/md 11/12/12

Julius W. McKay, II
Mark D. Cauthen
Daniel R. Settana, Jr.
M. Stephen Stubley
Janet Brooks Holmes
Peter P. Leventis, IV*
Kelli L. Sullivan*
George D. Gallagher*
Temus C. Miles, Jr.
David M. Bornemann
Brandon P. Jones
James E. L. Fickling+
Charles A. Kinney, Jr.+
Erica E. Loudin

Of Counsel:
C. E. Hardin, Jr.

Law Offices
McKAY, CAUTHEN, SETTANA & STUBLEY, P.A.

Post Office Box 7217
Columbia, South Carolina 29202-7217

1303 Blanding Street
Columbia, South Carolina 29201

Douglas McKay, Jr.
(1917-2008)

Telephone
(803) 256-4645

Fax

(803) 765-1839

E-Mail

eloudin@mckayfirm.com

Web

www.mckayfirm.com

*S.C. Certified Mediator
+ Also licensed in N.C.

March 1, 2016

Occupational Health
ATTN: Stacey Newsom, M.D.
Lexington Medical Park Otarre Pointe
3799 12th Street Extension, Suite 110
Cayce, SC 29033

RE: *Jennie Cox v. Palmetto State Transportation*
WCC No.: 1206236
Claim No.: WC34192
DOA: 5/31/12
Our File No.: 1800-0061

Dear Dr. Newsom:

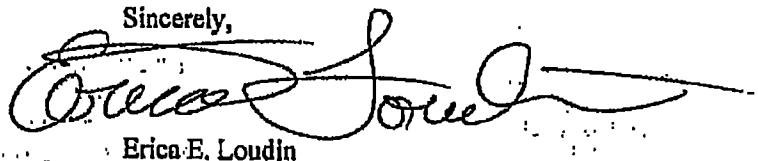
Our firm represents the Employer and Carrier in the above referenced matter.

The claimant, Ms. Cox, treated with you at the Center for Health & Occupational Services for a chest and left shoulder injury that occurred on May 31, 2012. In regards to that treatment, she was released from your care on November 9, 2012. If possible, I would appreciate if you could answer the following questions based on the enclosed medical records since her release:

- 1) Are you of the opinion that Ms. Cox is at MMI regarding her chest and left shoulder injury?
- 2) If Ms. Cox is at MMI, , has there been any change to the previous impairment rating assigned and/or your restriction and future medical treatment recommendations you made on 11/9/12?
- 3) If Ms. Cox is not at MMI, what additional medical treatment would you recommend?

Thank you for taking your time to answer the above questions. Please let me know if you require any additional information.

Sincerely,



Erica E. Loudin

EEL

Donald L. Ridgell, D.M.D.

PRACTICE LIMITED TO PROSTHODONTICS

March 9, 2016

McKay, Cauthen, Settana & Stubley, P.A.
P.O. Box 7217
Columbia, SC 29202

RE: Jennie Cox; WCC No.: 1206236

To Whom It May Concern:

I am writing this letter per your request to answer the three questions regarding Ms. Jennie Cox. I have done so below in numerical order.

- 1.) Yes
- 2.) No
- 3.) NA

I also would like to remind you that her appliances will continue to require maintenance over their life-time. They will also require re-surfacing as normal wear and tear occurs from their use. The possibility of having to remake both the maxillary and mandibular appliances cannot be ruled out due to Ms. Cox's age and expected lifespan.

Thank you for your consideration of Ms. Cox's claim.

Sincerely,



Don Ridgell, D.M.D.

Julius W. McKay, II
 Mark D. Cauthen
 Daniel R. Settana, Jr.
 M. Stephen Stubley
 Janet Brooks Holmes
 Peter P. Leventis, IV*
 Kelli L. Sullivan*
 George D. Gallagher*
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 Charles A. Kinney, Jr.+
 Erica E. Loudin

Of Counsel:
 C. E. Hardin, Jr.

Law Offices
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 eloudin@mckayfirm.com

Web
 www.mckayfirm.com

*S.C. Certified Mediator
 + Also licensed in N.C.

March 10, 2016

LMC Occupational Health
 ATTN: Stacey Newsom, M.D.
 Lexington Medical Park Otarre Pointe
 3799 12th Street Extension, Suite 110
 Cayce, SC 29033

RE: *Jennie Cox v. Palmetto State Transportation*
 WCC No.: 1206236
 Claim No.: WC34192
 DOA: 5/31/12
 Our File No.: 1800-0061

Dear Dr. Newsom:

Our firm represents the Employer and Carrier in the above referenced matter. The claimant, Ms. Cox, treated with you at the Center for Health & Occupational Services in Greenville, South Carolina for a chest and left shoulder injury that occurred on May 31, 2012. In regards to that treatment, she was released from your care on November 9, 2012. If possible, I would appreciate if you could answer the following questions based on the enclosed medical records:

- 1) Are you of the opinion that Ms. Cox is at MMI regarding her chest and left shoulder injury?
- 2) If Ms. Cox is at MMI, has there been any change to the previous impairment rating assigned and/or your restriction and future medical treatment recommendations you made on 11/9/12?
- 3) If Ms. Cox is not at MMI, what additional medical treatment would you recommend?

Thank you for taking your time to answer the above questions. Please let me know if you require any additional information.

Sincerely,



Erica E. Loudin

EEL/dlw
 Enclosures

3/15/16 I defer to Dr. Svazas' opinion dated 10/6/14 as I have not evaluated this patient since 5/31/12.

Stacey Newsom Hallaway
 E04320

Certificate to return to work or school

Mr.
Mrs.
Miss

Jennie Cox

has been under my care from Thurs 1/31/13 to 2/12/2013

and is able to return to work/school on Wed 2/13/2013

Remarks Oral Surgery

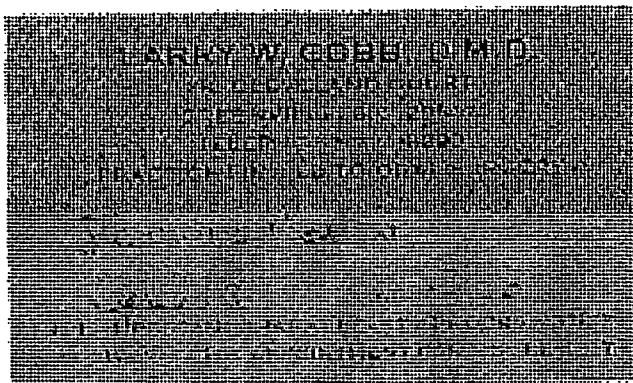
Dr. Larry W. Cobb Date 1/31/13

LARRY W. COBB, D.M.D.
2-C Cleveland Court
Greenville, S.C. 29607
864-271-9990

Time has been reserved for:

Jennie
On Thurs. Mar. 7 At 8:30 AM.
Also _____ At _____ PM.
Also _____ At _____ AM.
Also _____ At _____ PM.
Also _____ At _____ AM.
Also _____ At _____ PM.

If unable to keep appointment, kindly give 24 hours notice.



PIEDMONT ORAL SURGERY
W. Keith Walker, DDS
Larry W. Cobb, DMD
2C Cleveland Court
Greenville, South Carolina 29607
Tel: 864-271-9990 Fax: 864-235-7959

FAXED
4-24-13

RE: Jennie Cox
Dear Dr. Don Ridgell

I would like to take this opportunity to update you on the care of Jennie Cox.
These are the procedures that were performed: 4/29/13

Extractions: #

Implant Placement: #

#23 4-23 BIOMET 3i™
XIFNT410 2018-02
2013021028 OSSEOTITE Tapered Certain Implant 4 X 10mm

#25 4-25 BIOMET 3i™
XIFNT410 2018-02
2013021028 OSSEOTITE Tapered Certain Implant 4 X 10mm

#27 4-27 BIOMET 3i™
XIFNT410 2018-02
2013021028 OSSEOTITE Tapered Certain Implant 4 X 10mm

#30 4-30 BIOMET 3i™
XIFNT410 2018-02
2013021028 OSSEOTITE Tapered Certain Implant 4 X 10mm

Healing time: 3-4 months

Follow up Appointment: May 9th, 2013

Thank you for referring your patient to our office. The confidence of your referral is greatly appreciated.

Sincerely,

Larry W. Cobb, DMD

Larry W. Cobb, DMD

✓ Flowers have been sent to patient from Dr. Cobb and Dr. Ridgell

FAXED
7-17-13

PIEDMONT ORAL SURGERY
W. Keith Walker, DDS
Larry W. Cobb, DMD
2C Cleveland Court
Greenville, South Carolina 29607
Tel: 864-271-9990 Fax: 864-235-7959

UNCOVERY APPOINTMENT

Date: 7/17/13

To:

Dr. Don Ridgell
Your patient, Jennie Cox was seen today.

RE: Implant(s) # 20, #23, #25, #27 & #30

☒ Uncovery today

☒ Surgical release scheduled on: 7/17/13

Comments:

Implants #20, #23, #25, #27 & #30 uncovered
Certain healing abutment (straight) T SHA44 placed
on all implants

Follow up Note:

It has appointment w/ Dr. Ridgell 7-17-13
② 1:30/pm

If you have any questions, please contact our office.
It is a pleasure working with you and providing treatment for your patients.

Larry W. Cobb D.M.D.
Larry W. Cobb DMD

PIEDMONT ORAL SURGERY
W. Keith Walker, DDS
Larry W. Cobb, DMD
2C Cleveland Court
Greenville, South Carolina 29607
Tel: 864-271-9990 Fax: 864-235-7959

RE: Jennie Cox
Dear Dr. Don Ridgell

I would like to take this opportunity to update you on the care of Jennie Cox.
These are the procedures that were performed: 7/17/13

Extractions: #

Implant Placement: # 3, # 5, # 6, # 11, # 12 & # 14

#3	XIFNT411 2013030065 OSSEOTITE Tapered Certain® Implant 4 X 11.5mm	#3	BIOMET 3i™ 2018-03	#5	XIFNT411 2013030065 OSSEOTITE Tapered Certain® Implant 4 X 11.5mm	#5	BIOMET 3i™ 2018-03	#6	XIFNT411 2013030065 OSSEOTITE Tapered Certain® Impla 4 X 11.5mm	#6	BIOMET 3i™ 2018-03
Healing time: <u>4</u> months		#11	XIFNT411 2013030065 OSSEOTITE Tapered Certain® Implant 4 X 11.5mm	#11	BIOMET 3i™ 2018-03	#12	XIFNT411 2013030065 OSSEOTITE Tapered Certain® Implant 4 X 11.5mm	#12	BIOMET 3i™ 2018-03		

Follow up Appointment:

7-29-13

Thank you for referring your patient to our office. The confidence of your referral is greatly appreciated.

Exceeds Healing Abutments
placed

Sincerely,
Larry W. Cobb, DMD

Larry W. Cobb, DMD

ENCODER 1BHA448 1124819-CH	#3	ENCODER 1BHA448 1124819-CH	#5	ENCODER 1BHA448 1124819-CH	#6	ENCODER 1BHA448 1124819-CH	#11	ENCODER 1BHA448 1124819-CH	#12	ENCODER 1BHA448 1124819-CH	#14	ENCODER 1BHA448 1124819-CH

Flowers have been sent to patient from Dr. Cobb and Dr.

Certificate to return to work or school

Mr.
Mrs.
Miss

Jennie Cobb

has been under my care from _____ to _____

and is able to return to work/school on 8-8-13

Remarks Jennie was here this AM for
oral surgery.

Dr. Larry W. Cobb Date 7-17-13

LARRY W. COBB, D.M.D.
2-C Cleveland Court
Greenville, S.C. 29607
864-271-9990

Certificate to return to work or schoolMr.
Mrs.
MissJennie Cox

has been under my care from _____ to _____

and is able to return to work/school on _____

Remarks Mrs Cox was also out of work onJuly 15; July 16 in preparation for oral
surgery on July 17, 2010Dr. Larry W. Cobb Date 7-18-10LARRY W. COBB, D.M.D.
2-C Cleveland Court
Greenville, S.C. 29607
864-271-8890Attn: Scott Justice

Certificate to return to work or school

Mr.
Mrs.
Miss

Jennie Cobb

has been under my care from _____ to _____

and is able to return to work/school on 8-12-13

Remarks Jennie was not ready to go back to work 8-12-13

Dr. Larry Cobb Date 7-31-13

LARRY W. COBB, D.M.D.
2-C Cleveland Court
Greenville, S.C. 29607
864-271-9990

Time has been reserved for:

Jennie
On Thurs Aug 15 At 8:30 A.M.
Also Mon. Aug 26 At 8:00 P.M.
Also Thurs Sept. 5 At 8:30 A.M.
Also Mon. Sept. 16 At 8:30 P.M.

If unable to keep appointment, kindly give 24 hours notice.

PIEDMONT ORAL SURGERY, P.A.

W. KEITH WALKER, D.D.S.

LARRY W. COBB, D.M.D.

2 C CLEVELAND COURT

GREENVILLE, SOUTH CAROLINA 29607

**PRACTICE LIMITED
ORAL SURGERY**

**TELEPHONE
(864) 271-9990**

April 30, 2015

To Whom It May Concern:

It is my opinion that Jennie Cox has reached her maximum medical improvement from her severe maxillofacial injuries. She has sustained some permanent disabilities from these injuries. Using the American Association of Oral and Maxillofacial Surgeons guidelines to the evaluation of impairment of the oral and maxillofacial region the determination of disability is as follows:

Masticatory dysfunction:

15%- diet limited to soft or semi solid foods- 85% of normal function

Impairment of Cranio-mandibular Articulation:

Interincisal Range of Motion- 30mm 4% Impairment

Lateral excursion Range of Motion- 5 to 6 mm 3% Impairment

Facial Disorder- Scar 2%

Nerve Disorder- Permanent numbness of lower lip and chin on the left side 1%

Her total whole person disability of 25%

Larry W. Cobb, DMD

Julius W. McKay, II
Mark D. Carthon
Daniel R. Settana, Jr.
M. Stephen Stubley
Janet Brooks Holmes
Peter P. Leventis, IV
Kelli L. Sullivan*
George D. Gallagher*
Temus C. Miles, Jr.
David M. Bornemann
Brandon P. Jones
James E. L. Fickling+
Charles A. Kinney, Jr.+
Erica E. Loudin

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*S.C. Certified Mediator
+ Also licensed in N.C.

Of Counsel;
C. E. Hardin, Jr.

February 23, 2016

Piedmont Oral Surgery
ATTN: Larry W. Cobb, D.M.D.
2 Cleveland Court
Greenville, SC 29607

RE: *Jennie Cox v. Palmetto State Transportation*
WCC No.: 1206236
Claim No.: WC34192
DOA: 5/31/12
Our File No.: 1800-0061

* Same as info sent
last April - Resending

Dear Dr. Cobb:

Same letter #

Our firm represents the Employer and Carrier in the above referenced matter.

The claimant, Ms. Cox, treated with you for a serious mouth and jaw injury, which occurred on May 31, 2012. In regards to that treatment, her last visit with you was on October 27, 2014. If possible, I would appreciate if you could answer the following:

- 1) Are you of the opinion that Ms. Cox is at MMI regarding her mouth/jaw injury?
- 2) If Ms. Cox is at MMI, what impairment rating and work restrictions, if any, would you assign?
- 3) If Ms. Cox is at MMI, what future medical treatment, if any, will she require?
- 4) If Ms. Cox is not at MMI, what additional medical treatment would you recommend?

Thank you for taking your time to answer the above questions. Please let me know if you require any additional information.

Sincerely,


Erica E. Loudin

Juliette Mims, Esquire
Michael DeCarolis



GREENVILLE HEALTH SYSTEM

Center for Health &
Occupational Services

1020 Grove Road
Greenville, SC 29605
(864) 455-2300 P
(864) 455-2399 F
ghs.org

OUTPATIENT VISIT

Name: Jennie Cox
DOB: 08/14/52

Date of Service: 10/06/14

SUBJECTIVE: Ms. Cox is being sent today for reevaluation of her left shoulder. She states that she has some residual difficulties in the left shoulder and wishes for these to be noted. The difficulties that she is having is in the lateral aspect of the left shoulder blade. She points to this location. Aggravating factors are when she reaches behind her or when she drives her zero-clearance lawnmower (she does have a sizable property that she mows). She states that after mowing for an hour in this capacity she will have some difficulties in this same area. In terms of her range of motion and strength, she is agreeable that these are doing quite well. She states that she has been sore after some of her long truck runs because she uses the left hand to secure the steering wheel while reaching up to flip switches or doing gear shifts with her right hand. She says that she will be quite sore in this area after one of these long road trips. When asked about sleeping on that side, she states that she typically does not sleep on that side. She says if she has to sleep in her truck berth she does not sleep on the left side due to difficulties with pain in her left jaw. She otherwise has no other difficulties with the left shoulder area. Of note, on this visit she does talk about some difficulties with the left ear, with intermittent hearing diminution. She gives the example of singing in church last night, being able to hear her voice in her right ear but not hearing on the left side. This prompted her to have a relative who is in the medical profession flush her left ear. She states some improvement after that, but has noted intermittent difficulties with the left ear on occasion.

PAST MEDICAL HISTORY: No significant factors identified.

MEDICATIONS: She is just taking over-the-counter Tylenol for her cervical pain and the left shoulder pain.

REVIEW OF SYSTEMS: Negative in terms of any respiratory complaints. Denies any cough or any wheezes. Does not have any effect on the left scapular region with deep breathing. Cardiovascular: She does not have any chest pain. No shortness of breath. GI: She has no complaints in this regard. As mentioned in the ENT arena, she does complain of some difficulties with occasional perceived left hearing loss, as if the left ear is clogged.

OBJECTIVE: On examination of the left shoulder, she is able to put the shoulder through full range of motion, both actively and passively. Crossover arm stretch does not elicit any pain. She is pain-free on both supraspinatus and infraspinatus testing. There is no weakness noted with these maneuvers. She demonstrates that when she reaches behind her the left lateral scapular border is painful. When performing this maneuver I hear an audible click and also can palpate a click within the soft tissue in this region. Performed provocative maneuvers for latissimus dorsi and these did not elicit any pain or click. Again, on external abduction and external rotation, another click was elicited in the same area of the scapular region. When palpating the lateral scapular border, no pain is elicited. The tissues do appear to be somewhat sinewy, that is less supple than on the unaffected right side. Lungs are clear to auscultation. Heart S1, S2. No murmurs or extra sounds. Abdomen is soft. Bowel sounds are positive. Ears canals patent bilaterally. TM's mobile with valsalva.

Name: Jennie Cox
DOB: 08/14/52

Date of Service: 10/06/14
Page 2

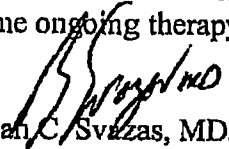
ASSESSMENT:

1. Individual with residual symptoms to the left shoulder region. I do believe that the complaints she has in the left scapular border are likely related to her previous injury to the shoulder.
2. Upon review of the chart, there was similar complaints of hearing loss on the left side.

PLAN:

1. I did advise Ms. Cox that, should she wish to pursue the left ear issues, she should request to see an ENT physician.
2. I do find that the patient is functioning at 100%, as she has returned to her truck driver position and is thriving in this career.
3. The left shoulder still appears to be somewhat problematic for this individual. I did suggest that physical therapy may help clear some of the soft tissue areas. Ms. Cox did express some reluctance to enter into physical therapy again, as she had a quite extensive course post injury. As the pain appears to be amenable to Tylenol over-the-counter, she should continue with this for symptomatic treatment.

WORK STATUS: I do find that she is fit for full duty as a truck driver. I find her at MMI. Due to the ongoing issues with the left shoulder, this clinic previously rated her at 2%. I would rate her at 6%, as she may need some ongoing therapy to this shoulder going forward.


Brian C. Svezas, MD, MPH

BCS/bts/nw 10/07/14

C: Palmetto State Transportation, Scott Justice, 1050 Park West Blvd, Greenville, SC 29611

**GHS Center for Health and
Occupational Services**

1020 Grove Road
Greenville, SC 29605
Phone (864) 455-2300
Fax (864) 455-2399

Name

Jennie Cox

DOB

8-14-52

Company

Palmirto State Transportation

Date of Injury

5-31-12

Diagnosis:

Right Shoulder Contusion

Medications:

Tylenol or

Work Status: May return to work on

16 Oct 2014

☒ Full Duty

☐ Modified Duty:

[None = N] [Rarely = R] [Occasional = O] [Frequently = F] [As Tolerated = AT]

- ☐ Lift, push or pull no more than _____ lbs. []
- ☐ Bend or Twist []
- ☐ Walk and Stand []
- ☐ Sit/Stand as needed.
- ☐ No climbing ladders or work at unprotected heights.
- ☐ Forceful or Repetitive use of (right/left) hand and arm []
- ☐ Overhead use of (right/left) arm []
- ☐ Squat or kneel []
- ☐ Awkward or Static postures []
- ☐ No use of _____
- ☐ No operating heavy machinery or Commercial Motor Vehicle.
- ☐ Elevate affected area _____
- ☐ Use crutches as needed.
- ☐ Use _____ splint.
- ☐ Other _____

Instructions:

- ☐ Stay active during your recovery.
- ☐ Use over the counter pain relievers by package directions and/or follow prescription directions.
- ☐ Report any problems with medications to your provider.
- ☐ Apply ice or heat to the affected areas as needed.
- ☐ Begin gentle stretches as demonstrated in clinic or in your self care handout.
- ☐ Elevate the affected area to reduce swelling.
- ☐ Wash wound with soap and water _____ times per day.
- ☐ Apply antibiotic ointment.
- ☐ Keep bandage clean and dry.
- ☐ Seek care for any signs of infection including increasing redness, swelling, pain, or drainage.
- ☐ Other: _____

Follow Up:

- ☐ Appointment Date: _____ Time: _____ Provider: _____
- ☒ Maximum Medical Improvement: Contact your employer prior to making further appointments.
- ☐ Referral to _____ You will be contacted with and appointment.

Physician/NP:

[Signature]

Date:

10-6-14

Return Yellow Copy to your Employer

Revised 1/24/14



**GREENVILLE
HEALTH SYSTEM**

Plastic Surgery & Aesthetics
200 Polewood Drive Suite B480
Greenville, SC 29615
864-454-4570 Fax: 864-454-4575

RETURN TO WORK STATUS

Patient Name: Jennie Cox was seen in our
office on 6/29/15

Date of Birth: 8/14/52

☐ May return to Work on 7/20/15 with no restrictions

☐ May return to Work with RESTRICTIONS From: _____ To: _____

☐ Unable to Work From: _____ To: _____

- ☐ Limit standing to no more than _____ hr/day.
- ☐ Limit sitting to no more than _____ hr/day.
- ☐ Limit walking to no more than _____ hr/day.
- ☐ No lifting over _____ pounds.
- ☐ No climbing of stairs/ladders.
- ☐ No reaching above shoulder level.
- ☐ No squatting.
- ☐ No bending or stooping.
- ☐ No use of R / L/ Both hands.
- ☐ Other restrictions _____

Follow-up Appointment Date: _____

Dr. Fowler / E. Akins RN
Physician's Signature

6-29-15
Date

Wesley Culpepper, MD
Carl de Bruin, MD
James Fowler, MD
John Jarrell, MD

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



Physician's Statement

Claimant's Name: Jennie Cox

Employer's Name: Palmetto State Transportation

Physician's Name: Donald L. Ridgell, D.M.D.

Insurance Carrier: Cherokee Insurance Company

Practice/Clinic: Unstate Prosthodontics

SCWCC File No: 1206236

Preparer's Name: Donald L. Ridgell

Phone: 864 2328862

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

Date of Injury or Illness: May 31, 2012

Date of first office visit: 10/4/12

Date of last visit: 12/18/14

Diagnosis or nature of Injury or Illness: Missing teeth/bone of jaws from trauma

Body part(s) injured: maxilla, mandibular jaws Body part(s) affected: Teeth/maxilla/mandible

Date of Maximum Medical Improvement: 6/12/14

Based on the AMA Guidelines, the claimant has sustained a _____ % medical impairment to _____
Injured body part(s) and a _____ % medical impairment to _____
other affected body part(s). Surgeon to rate

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

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

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

☐ Claimant possesses retained hardware casually related to this injury.

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

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

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

Maintenance procedures annually - more expensive than natural teeth
replace or refurbish appliances every 6-8 yrs.
Oral surgeon visit 5 yrs for radiograph / CT scan

Donald L. Ridgell
Treating Physician

4/9/15
Date



Physician's Statement

Claimant's Name: Jennie Cox Employer's Name: Palmetto State Transportation
Physician's Name: Brian Svazas, M.D., MPH, FACOEM Insurance Carrier: Cherokee Insurance Company
Practice/Clinic: Center for Health & Occupational Services SCWCC File No: 1206236
Preparer's Name: _____
Phone: _____

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

Date of Injury or Illness: May 31, 2012

Date of first office visit: 6 Oct 2014 Date of last visit: 6 Oct 2014

Diagnosis or nature of injury or illness: (L) Shoulder

Body part(s) Injured: (L) Shoulder Body part(s) affected: _____

Date of Maximum Medical Improvement: 6 Oct 2014

Based on the AMA Guidelines, the claimant has sustained a 6 % medical Impairment to (L) Shoulder
Injured body part(s) and a _____ % medical Impairment to
other affected body part(s).

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

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

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

☐ Claimant possesses retained hardware casually related to this injury.

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

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

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

Physical Therapy

[Signature]
Treating Physician

8 Apr 2015
Date

PIEDMONT ORAL SURGERY, P.A.
W. KEITH WALKER, D.D.S.
LARRY W. COBB, D.M.D.
2 C CLEVELAND COURT
GREENVILLE, SOUTH CAROLINA 29607

**PRACTICE LIMITED
ORAL SURGERY**

**TELEPHONE
(864) 271-9990**

April 30, 2015

To Whom It May Concern:

It is my opinion that Jennie Cox has reached her maximum medical improvement from her severe maxillofacial injuries. She has sustained some permanent disabilities from these injuries. Using the American Association of Oral and Maxillofacial Surgeons guidelines to the evaluation of impairment of the oral and maxillofacial region the determination of disability is as follows:

Masticatory dysfunction:

15%- diet limited to soft or semi solid foods- 85% of normal function

Impairment of Craniomandibular Articulation:

Interincisal Range of Motion- 30mm 4% impairment

Lateral excursion Range of Motion- 5 to 6 mm 3% impairment

Facial Disorder- Scar 2%

Nerve Disorder- Permanent numbness of lower lip and chin on the left side 1%

Her total whole person disability of 25%

Larry W. Cobb, DMD



Physician's Statement

Claimant's Name: Jennie Cox

Employer's Name: Palmetto State Transportation

Physician's Name: Larry W. Cobb, D.M.D.

Insurance Carrier: Cherokee Insurance Company

Practice/Clinic: Piedmont Oral Surgery, P.A.

SCWCC File No: 1206236

Preparer's Name: Larry W. Cobb, DMD

Phone: 864-271-9490

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

Date of Injury or Illness: May 31, 2012

Date of first office visit: 7/24/2012 Date of last visit: 4/27/2015

Diagnosis or nature of Injury or Illness: Multiple jaw fractures with fractured and avulsed teeth.

Body part(s) Injured: Mandible / Maxilla, teeth Body part(s) affected: Mandible / Maxilla, teeth

Date of Maximum Medical Improvement: 4/27/2015

Based on the AMA Guidelines, the claimant has sustained a 25 % medical Impairment to Jaws, teeth, soft tissue Injured body part(s) and a _____ % medical Impairment to _____ other affected body part(s).

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

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

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

☒ Claimant possesses retained hardware casually related to this injury.

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

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

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

She will need prosthetic maintenance and replacement sometime in her life-time. Her prosthodontist will make this determination.

Larry W. Cobb, DMD
Treating Physician

4/29/2015
Date

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1206236

EMPLOYEE/CLAIMANT: JENNIE COX

EMPLOYER: PALMETTO STATE TRANSPORTATION

CARRIER: CHEROKEE INSURANCE COMPANY

1 SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 2ND DAY OF
FEBRUARY, 2017, COMMENCING AT THE HOUR OF 1:13 P.M., IN
ANDERSON, SOUTH CAROLINA, BEFORE THE HONORABLE AISHA
TAYLOR, ATTENDED BY COUNSEL AS FOLLOWS:

TIMMI A. PARRISH
VERBATIM REPORTER

ORIGINAL

TIMMI A. PARRISH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, SC 29376
864-921-8743

APPEARANCES

JULIETTE B. MIMS, ESQUIRE, OF
THE MIMS LAW FIRM
100 EAST POINSETT STREET
GREER, SOUTH CAROLINA 29651-3404

ADRIANNE L. TURNER, ESQUIRE, OF THE FIRM
TURNER LAW, LLC
POST OFFICE BOX 210638
COLUMBIA, SOUTH CAROLINA 29221-0638

ATTORNEYS FOR THE CLAIMANT,

ROBERT E. HORNER, ESQUIRE, OF THE FIRM
SPEED, SETA, MARTIN, TRIVETT & STUBLEY, LLC
POST OFFICE BOX 11669
COLUMBIA, SOUTH CAROLINA 29211

ATTORNEY FOR THE EMPLOYER/CARRIER.

I N D E X

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REDIRECT EXAMINATION BY MS. TURNER.....	70
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1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN ANDERSON,
4 SOUTH CAROLINA.

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

6 **BY COMMISSIONER TAYLOR:**

7 TODAY IS THURSDAY, FEBRUARY 2ND, 2017. WE ARE
8 HERE ON WORKERS' COMPENSATION FILE NUMBER 1206236.
9 THIS IS THE CLAIM OF MS. JENNIE COX, WHO IS PRESENT
10 HERE TODAY AND REPRESENTED BY MS. JULIETTE MIMS AND
11 MS. ADRIANNE TURNER. THE EMPLOYER IN THIS MATTER IS
12 PALMETTO STATE TRANSPORTATION, AND THE CARRIER IS
13 CHEROKEE INSURANCE COMPANY. BOTH THE EMPLOYER AND
14 CARRIER ARE REPRESENTED TODAY BY MR. ROBERT E.
15 HORNER. I HAVE AN ORIGINAL DATE OF INJURY OF MAY
16 31ST, 2012. THE CLAIMANT HAS AN AVERAGE WEEKLY WAGE
17 OF \$1,327.69, WHICH YIELDS A COMPENSATION RATE OF
18 \$725.47. WE ARE HERE TODAY ON THE CLAIMANT'S FORM
19 50, REQUEST FOR HEARING.

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

25 **BY MS. TURNER:**

1 NONE.

2 **BY THE COMMISSIONER:**

3 OKAY. THANK YOU. MR. HORNER, ANY OBJECTIONS?

4 **BY MR. HORNER:**

5 NO, MA'AM.

6 **BY THE COMMISSIONER:**

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

11 MS. TURNER, DO YOU HAVE A POSITION STATEMENT
12 FOR THE RECORD, MA'AM?

13 **BY MS. TURNER:**

14 THANK YOU, COMMISSIONER. IT IS OUR POSITION
15 THAT MS. COX, ON MAY 31ST OF 2012, SUFFERED INJURIES
16 THAT RENDERED HER PERMANENTLY AND TOTALLY DISABLED.
17 SHE HAD CATASTROPHIC INJURY TO HER MOUTH, WHICH
18 CAUSED HER TO LOSE ALL OF HER TEETH AND HAVE TO USE
19 A PROSTHETIC. SHE ALSO SUFFERED INJURY TO HER
20 SHOULDER AND IS TO DATE STILL HAVING PROBLEMS WITH
21 SHOULDER PAIN AND NECK PAIN, AND EVENTUALLY HER
22 INJURIES RESULTED IN HER LOSING A SIGNIFICANT AMOUNT
23 OF WEIGHT DURING -- DUE TO HER INABILITY TO SUSTAIN
24 PROPER NUTRITION. AND ALTHOUGH SHE HAS BEEN ABLE TO
25 REGAIN SOME OF THAT WEIGHT, SHE HAS NOT BEEN ABLE TO

1 RECOUP HER LEVEL OF ENERGY. SHE'S MUCH WEAKER NOW
2 AND SUFFERS FROM EASILY -- EASY EXHAUSTION, NONE OF
3 WHICH SHE HAD BEFORE THESE INJURIES. SHE ALSO
4 SUFFERS FROM A NERVE CONDITION ON THE LEFT SIDE OF
5 HER FACE AND SOME LOSS OF HER SENSE OF SMELL,
6 SIGNIFICANT WORSENING DEPRESSION THAT HAS BEEN
7 EXACERBATED, OF COURSE, BY THE CONDITION -- HER
8 PHYSICAL CONDITION FOLLOWING HER ACCIDENT. SHE IS
9 NO LONGER ABLE TO WORK IN THE CAPACITY OF COMMERCIAL
10 TRUCK DRIVER AS SHE HAS FOR THE VAST MAJORITY OF HER
11 CAREER DUE TO THE INJURIES SHE SUSTAINED ON MAY THE
12 31ST OF 2012. WE ARE ASKING THAT YOU FIND HER TO BE
13 PERMANENTLY AND TOTALLY DISABLED AND FIND THAT
14 TEMPORARY TOTAL DISABILITY BENEFITS ARE DUE FROM THE
15 TIME THAT SHE WAS -- THAT SHE HAD TO STOP WORKING
16 DUE TO HER INABILITY TO CONTINUE DRIVING AT HER
17 COMPANY.

18 **BY THE COMMISSIONER:**

19 OKAY. THANK YOU. MADAM COURT REPORTER, WE'LL
20 GO OFF THE RECORD FOR A MOMENT.

21 (OFF THE RECORD)

22 **BY THE COMMISSIONER:**

23 MR. HORNER, YOUR POSITION STATEMENT, PLEASE.

24 **BY MR. HORNER:**

25 YES, MA'AM. IT IS THE POSITION OF THE

1 DEFENDANTS, I GUESS FIRST AND FOREMOST, THAT MS. COX
2 IS NOT PERMANENTLY AND TOTALLY DISABLED. THIS IS AN
3 ADMITTED INJURY BY ACCIDENT ON 5/31/2012. SHE
4 RECEIVED ALL THE TREATMENT AND T.T.D. THAT WAS OWED
5 TO HER. PERIODICALLY -- SHE'S HAD TO GO BACK
6 PERIODICALLY TO THE DOCTOR FOR VARIOUS THINGS THAT
7 HAVE BEEN PAID FOR, AND WHEN SHE'S BEEN OUT SHE WAS
8 PAID HER T.T.D. THERE IS FUTURE MEDICAL THAT NO ONE
9 HAS DISPUTED THAT INVOLVE THE CLEANING AND MAYBE
10 POTENTIAL REPLACEMENT OF SOME OF THE PROSTHESIS IN
11 HER JAW, AND THAT IS A FUTURE MEDICAL CARE ISSUE
12 THAT NO ONE HAS DISPUTED THAT IS OUT THERE.

13 SO, WHAT WE'RE LEFT WITH IS REALLY T.T.D., AND
14 OUR POSITION IS THAT MS. COX WENT OUT ON MARCH 3RD,
15 2016, AND CAME BACK ON MAY 31ST, 2016, THAT SHE TOOK
16 HERSELF OUT OF WORK, THAT IT WASN'T AT THE
17 INSTRUCTION OF A DOCTOR, AND ALTHOUGH SHE EVENTUALLY
18 PRODUCED A NOTE FROM HER DOCTOR, THE NOTE -- NEITHER
19 THE NOTE NOR THE RECORDS CAUSALLY RELATE HER
20 CURRENT, HER ONGOING PROBLEMS AT THAT TIME, WHICH
21 SHE DESCRIBED AS FATIGUE AND EXHAUSTION, AS BEING
22 CAUSALLY RELATED TO HER ACCIDENT, WHICH OCCURRED
23 FOUR YEARS BEFORE THAT. AND IT'S OUR POSITION THAT
24 AS TO T.T.D. AND AS TO PERM TOTAL THAT MEDICAL
25 CAUSATION HAS NOT BEEN MET IN THIS CASE, BECAUSE

1 WE'RE TALKING ABOUT A COMPLEX MEDICAL OPINION THAT
2 SOMEONE WHO FOUR YEARS LATER, WHO WORKED FOR FOUR
3 YEARS, HAS SOMEHOW NOW DEVELOPED MALNUTRITION OR
4 EXHAUSTION AS A RESULT OF AN INABILITY TO -- AN
5 ALTERATION OF HER DIET. SO IT'S OUR POSITION THAT
6 NO T.T.D. IS OWED FROM MARCH OF 2016 THROUGH MAY OF
7 2016 BECAUSE EVEN TO THE EXTENT THAT SHE MAY HAVE
8 BEEN WRITTEN OUT OF WORK BY HER FAMILY DOCTOR,
9 THERE'S NO CAUSATION. AND THEN SHE SEEKS T.T.D.
10 FROM JUNE 14TH, 2016, TO THE PRESENT, AND IT'S OUR
11 POSITION NO T.T.D. IS OWED BECAUSE OF THAT BECAUSE,
12 ONE, SHE TOOK HERSELF OUT OF WORK. SHE'S NEVER HAD
13 A DOCTOR'S EXCUSE WRITING HER OUT OF WORK. SHE JUST
14 SIMPLY STOPPED COMING TO WORK. SHE STILL HAS A JOB
15 AVAILABLE TO HER. THE JOB OFFER REMAINS TO THIS
16 DAY. SO, WE'VE MADE ACCOMMODATIONS. BUT HER
17 INABILITY TO EARN WAGES FROM JUNE 14, 2016, TO THE
18 PRESENT IS, ONE, LACK OF MEDICAL CAUSATION; TWO, NOT
19 WRITTEN OUT BY AN AUTHORIZED PHYSICIAN. IT'S A
20 DECISION SHE MADE. IT'S PERSONAL TO HER, AND WE
21 DON'T OWE TEMPORARY TOTAL BENEFITS FOR THAT. SHE
22 WAS WORKING UP UNTIL THE TIME SHE UNILATERALLY
23 DECIDED TO TAKE HERSELF OUT OF WORK.

24 AS TO THE PERMANENCY, WE BELIEVE THIS IS A
25 SCHEDULED MEMBER CASE. WE BELIEVE THAT SHE HAS A

1 RATING TO THE SHOULDER BY THE AUTHORIZED TREATING
2 PHYSICIAN, WHO GAVE HER SIX PERCENT. THE TEETH ARE
3 WORTH TWO WEEKS PER TOOTH. WE BELIEVE THE MEDICAL
4 RECORDS ESTABLISH THE NUMBER OF TEETH, BUT IT'S IN
5 THE NEIGHBORHOOD OF SOMEWHERE UP TO 16 OR 17 TEETH,
6 NO MORE THAN 20, BASED UPON WHAT ARE IN THE MEDICAL
7 RECORDS. WE BELIEVE THAT THERE IS A SEVEN PERCENT
8 IMPAIRMENT TO THE MANDIBLE, WHICH IS A SCHEDULED
9 MEMBER UNDER THE CODE. WE BELIEVE THAT BASED ON THE
10 TWO PERCENT RATING FOR SCARRING SHE'S ENTITLED TO
11 SOMETHING FOR THAT, AND THAT'S A RESULT OF THE GASH
12 ON THE CHIN. THERE'S ONE PERCENT TO THE FACIAL
13 NERVE, WHICH IS NOT A SCHEDULED MEMBER UNDER THE
14 ACT, THAT I COULD FIND, ACCORDING TO THE REGS. AS
15 TO THESE ISSUES OF SMELL AND HEARING AND THINGS LIKE
16 THAT, ONE, THERE IS NO MEDICAL CAUSATION WHATSOEVER;
17 TWO, WE'RE HERE ON A PERMANENCY HEARING. THERE'S NO
18 CAUSATION, BUT THERE IS NO IMPAIRMENT. SO SHE CAN'T
19 RECOVER FOR THESE BECAUSE THERE'S NO IMPAIRMENT BEEN
20 GIVEN FOR ANYTHING OTHER THAN THE BODY PARTS THAT I
21 JUST IDENTIFIED. SO IT'S OUR POSITION THAT
22 CERTAINLY MS. COX IS ENTITLED TO A SCHEDULED MEMBER
23 AWARD FOR HER SHOULDER, HER TEETH, HER MANDIBLE,
24 SCARRING, AND ONE PERCENT TO THE FACIAL NERVE, BUT
25 THAT SHE IS OTHERWISE ABLE TO RETURN TO WORK, SHE IS

1 NOT PERMANENTLY AND TOTALLY DISABLED, AND THAT THE
2 REQUIREMENTS OF THE JOB THAT SHE CONTENDS SHE CAN'T
3 DO ARE THE SAME REQUIREMENTS THAT SHE DID DO FOR
4 FOUR YEARS, AND THAT WE'RE NOT TALKING ABOUT
5 HYPOTHETICAL JOB SCENARIOS USING THE DEPARTMENT OF
6 LABOR STATISTICS. WE'RE TALKING ABOUT AN ACTUAL,
7 LEGITIMATE JOB WHICH SHE DID FOR 11 OF THE LAST 12
8 YEARS THAT REMAINED AVAILABLE TO HER AND STILL
9 REMAINS AVAILABLE TO HER IF SHE CHOSE TO TAKE IT.

10 **BY THE COMMISSIONER:**

11 MR. HORNER, WILL YOU ADDRESS THE FORM 14-B BY
12 DR. COBB THAT GIVES 25 PERCENT TO JAWS, TEETH, AND
13 SOFT TISSUE?

14 **BY MR. HORNER:**

15 YES, MA'AM. THAT IS -- FIRST OFF, THAT IS --
16 IT'S A WHOLE PERSON IMPAIRMENT, AND SOUTH CAROLINA
17 ONLY RECOGNIZES WHOLE PERSON IMPAIRMENTS WHEN
18 THEY'RE INVOLVING THE SPINE. THE SPINE IS WHAT WE
19 USE FOR WHOLE PERSON IMPAIRMENTS. OTHERWISE, SOUTH
20 CAROLINA IS A SCHEDULED MEMBER STATE UNDER 42-9-30,
21 AND HER SCHEDULED -- AND SHE HAS A RATING
22 SPECIFICALLY TO THE MANDIBLE. THE OTHER ISSUE WITH
23 THAT 14-B IS THAT UNDER THE MAXILLOFACIAL GUIDELINES
24 THAT PERCENTAGE INCLUDES HER TEETH. SO HER TEETH
25 ARE BUILT INTO THAT RATING. AND SO, BECAUSE SOUTH

1 CAROLINA IS A SCHEDULED MEMBER STATE WHERE THE TEETH
2 ARE A SPECIFIC BODY PART THAT HAS A SPECIFIC VALUE
3 TO IT, THAT YOU CAN'T GO OFF THIS 25 PERCENT WHOLE
4 PERSON IMPAIRMENT BECAUSE, ONE, IT'S A WHOLE PERSON
5 IMPAIRMENT, WHICH WE DON'T RECOGNIZE BECAUSE IT'S
6 NOT THE SPINE; AND, TWO, HE'S INCLUDING THE TEETH,
7 WHICH 42-9-30 REQUIRES BE PULLED OUT OF THAT. AND
8 SO WHEN YOU PULL THAT OUT OF THAT, YOU KNOW,
9 BASICALLY HE'S USING A DIFFERENT GUIDELINE. IT'S
10 NOT THE AMA GUIDELINES, AND WHEN HE WAS RATING HER,
11 HE WAS RATING HER FOR DYSFUNCTION TO INCLUDE THE
12 TEETH, WHICH WE THINK CAN'T BE -- WHICH IS IMPROPER
13 IN THIS CASE IN WHICH SHE'S ENTITLED TO HER TWO
14 WEEKS PER TOOTH AS A RESULT OF THE LOSS.

15 **BY MS. TURNER:**

16 COMMISSIONER?

17 **BY THE COMMISSIONER:**

18 SURE.

19 **BY MS. TURNER:**

20 THERE IS NOTHING IN THAT REPORT WHERE THOSE
21 IMPAIRMENT RATINGS ARE GIVEN THAT INDICATES THAT THE
22 TEETH ARE BEING CONSIDERED AS PART OF THE RATING TO
23 THE MANDIBLE. SHE HAD SEVERAL FRACTURES IN HER JAW.
24 THAT RATING, WE WOULD -- IT'S OUR POSITION THAT THAT
25 RATING WAS DUE TO THE RESULTING DIFFICULTY THAT SHE

1 HAS WITH CHEWING, NOT BECAUSE HER NATURAL TEETH ARE
2 ALL GONE BUT BECAUSE OF THE INABILITY TO COMPLETELY
3 FIX THE FRACTURES AND THE MISALIGNMENT THAT HAPPENED
4 THAT PERSISTS WITH HER JAW. IT'S A CHEWING
5 IMPAIRMENT THAT THE DOCTOR ASSIGNED. HE DID NOT --
6 HE DID NOT ASSIGN THAT RATING, AT LEAST NOT FROM HIS
7 REPORT -- AND I WOULD SAY THAT INTERPRETATION SHOULD
8 BE THAT THE TEETH ARE NOT INCLUDED. THOSE ARE
9 SEPARATE BODY PARTS TO THOSE RATINGS.

10 **BY MR. HORNER:**

11 AND IF I CAN BRIEFLY?

12 **BY THE COMMISSIONER:**

13 AND I'LL JUST NOTE FOR THE RECORD THE ACTUAL
14 REPORT DOESN'T SAY ANYTHING ABOUT THE TEETH, BUT
15 THEN THE TEETH ARE ADDED ON THE FORM 14-B. SO I'LL
16 JUST TAKE THAT ---

17 **BY MR. HORNER:**

18 RIGHT. HE INCLUDES THEM ALL ON THE 14-B AND
19 SAYS THAT THEY ARE INCLUDED AS PART OF THE BODY PART
20 THAT HE IS RATING. HIS STATEMENT SAYS, "IMPAIRMENT
21 OF THE ORAL AND MAXILLOFACIAL REGION AND THE
22 MASTICATORY DYSFUNCTION," WHICH, AS YOU NOTED, ON
23 THE 14-B INCLUDES THE TEETH THEMSELVES IN THERE,
24 MULTIPLE JAW FRACTURES WITH FRACTURED AND AVULSED
25 TEETH, MANDIBLE, MAXILLA, TEETH. BODY PARTS

1 INJURED, TEETH. IMPAIRMENT, JAWS, TEETH, SOFT
2 TISSUE. AND SO, YOU CAN LOOK AT THE GUIDELINES. I
3 THINK YOUR HONOR CAN TAKE JUDICIAL NOTICE OF OTHER
4 GUIDELINES, JUST LIKE YOU COULD THE AMAs, IF YOU
5 NEED CLARIFICATION. BUT UNDER THOSE GUIDELINES IT
6 TALKS ABOUT -- THEY RATE THE MOUTH AS A WHOLE. AND
7 SO IN THIS CASE -- AND IT'S PRETTY OBVIOUS TO SEE
8 THAT, YOU KNOW, THE FIFTEEN PERCENT DIET ADDS UP TO
9 THE FOUR, PLUS A THREE, PLUS A TWO, PLUS A ONE IF
10 YOU ADDED THOSE NUMBERS UP. BUT ON THE 14-B HE'S
11 INCLUDING THE JAW, THE TEETH, THE MANDIBLE, THE
12 MAXILLA, AND ANY SOFT TISSUE DAMAGE SHE MAY HAVE HAD
13 DONE. AND, AGAIN, IT'S A WHOLE PERSON IMPAIRMENT,
14 AND THE BODY PARTS THAT WERE INJURED HAVE SCHEDULED
15 MEMBER RATINGS FOR THEM. AND I'M NOT SURE YOUR
16 HONOR COULD AWARD THE TEETH AS PART OF SOMETHING
17 ELSE WHEN THE TEETH ARE ACTUALLY LISTED AS A
18 SCHEDULED MEMBER. I THINK THAT WOULD PROBABLY BE AN
19 ERROR OF LAW TO SAY, "WELL, I'M NOT GOING TO GIVE
20 YOU TWO WEEKS PER TOOTH." AND I THINK SHE WOULD GET
21 A DOUBLE RECOVERY IF YOU, BASED ON THE 14-B,
22 INCLUDED THE TEETH PER THE 14-B BUT THEN INCLUDED
23 THE TEETH UNDER 42-9-30.

24 **BY THE COMMISSIONER:**

25 ALL RIGHT. THANK YOU. MADAM COURT REPORTER,

1 WILL YOU PLEASE SWEAR MS. COX.

2 **BY THE COURT REPORTER:**

3 MA'AM, IF YOU WOULD RAISE YOUR RIGHT HAND,
4 PLEASE.

5 * * * * *

6 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
7 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
8 MATTER HEREIN:

9 **JENNIE COX,**

10 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS
11 FOLLOWS:

12 **BY THE COMMISSIONER:**

13 MS. TURNER.

14 **BY MS. TURNER:**

15 THANK YOU.

16 **DIRECT EXAMINATION BY MS. TURNER:**

17 Q. MS. COX, I HATE TO ASK THIS. WELL, NOT REALLY
18 BECAUSE WE SHOULD ALL BE OKAY WITH IT. BUT TELL US
19 HOW OLD YOU ARE AT THIS POINT.

20 A. SIXTY-FOUR.

21 Q. SIXTY-FOUR. WHAT'S YOUR EDUCATIONAL BACKGROUND?

22 A. HIGH SCHOOL GRADUATE.

23 Q. YOU GRADUATED FROM 12TH GRADE?

24 A. YES.

25 Q. WHAT WAS YOUR FIRST JOB AFTER YOU GRADUATED HIGH

1 SCHOOL?

2 A. I WORKED AT HER MAJESTY IN MAULDIN.

3 Q. OKAY. AND WHAT TYPE OF FACILITY WAS THAT?

4 A. A SEWING FACTORY.

5 Q. OKAY. HOW LONG DID YOU WORK IN THE TEXTILE
6 INDUSTRY?

7 A. QUITE A FEW YEARS. I DON'T REMEMBER EXACTLY.

8 Q. OKAY. WHEN DID YOU GET INTO TRUCK DRIVING?

9 A. IN 1985.

10 Q. OKAY. WHAT HAPPENED IN 1985 THAT CAUSED YOU TO
11 PURSUE A CAREER IN TRUCK DRIVING?

12 A. I GOT A DIVORCE, AND I WANTED A JOB THAT I COULD BE
13 HOME WITH MY DAUGHTERS AND BE A MOMMA AND NOT BE
14 HELD AGAINST ME SO I WOULDN'T LOSE MY JOB BECAUSE OF
15 SICKNESS WITH THEM. AND I STARTED DRIVING DUMP
16 TRUCKS, AND THEN THEY OFFERED ME THAT OPPORTUNITY.

17 Q. OKAY. AND SINCE 1985 HAVE YOU PRETTY MUCH
18 EXCLUSIVELY DRIVEN TRUCKS FOR A LIVING?

19 A. YES, MA'AM.

20 Q. OKAY. HAVE YOU EVER DONE ANY TYPE OF OFFICE WORK OR
21 SEDENTARY WORK WHERE YOU JUST SIT BEHIND A DESK AND

22 ---

23 A. NO, MA'AM.

24 Q. --- WORK THAT WAY? OKAY. PRIOR TO MAY 31ST OF
25 2012, HAD YOU EVER BEEN HURT ON ANY JOB THAT YOU'VE

1 HAD?

2 A. NO.

3 Q. OKAY. AND ON MAY 31ST OF 2012, HOW LONG HAD YOU
4 BEEN EMPLOYED AT THE COMPANY WHERE YOU WERE HURT?
5 HOW LONG DID YOU HAVE THE SAME JOB AT THAT POINT?
6 DO YOU REMEMBER?

7 A. NO, I DON'T.

8 Q. OKAY. SO ---

9 A. IT'S BEEN A LONG TIME.

10 Q. HAD YOU BEEN AT PALMETTO STATE FOR MORE THAN TEN
11 YEARS AT THAT TIME?

12 A. I DON'T REMEMBER ---

13 Q. YOU DON'T KNOW. OKAY.

14 A. --- EXACTLY HOW LONG I WORKED FOR THEM.

15 Q. THAT'S FINE. OKAY. TELL ME WHAT HAPPENED ON 5-31-
16 2012.

17 A. I STOPPED IN ATLANTA TO LOAD MORE FREIGHT ON MY
18 TRAILER, AND I REMEMBER ROLLING THE MACHINE SO THEY
19 COULD REARRANGE FREIGHT TO THE BACK, AND AFTER THAT
20 I HAVE NO RECOLLECTION.

21 Q. OKAY. YOU SAID THAT YOU STOPPED IN ATLANTA. WHERE
22 DID YOUR LOAD ORIGINATE? WHERE DID YOU START?

23 A. IN GREENVILLE, SOUTH CAROLINA.

24 Q. AND WHERE WERE YOU HEADED?

25 A. TO BROWNSVILLE, TEXAS.

1 Q. OKAY. AND ATLANTA WAS A SCHEDULED STOP, IS THAT
2 RIGHT?

3 A. YES.

4 Q. OKAY. DO YOU REMEMBER COMING TO OR REGAINING
5 CONSCIOUSNESS AFTER YOU FELL?

6 A. FOR A FEW SECONDS. I OPENED MY EYES, AND I WAS FLAT
7 ON THE FLOOR, AND I OPENED MY EYES AND ALL I SEEN
8 WAS BLOOD, AND I TRIED TO RAISE MYSELF UP, AND I
9 COULDN'T. AND I FINALLY GOT RAISED UP ENOUGH --
10 'CAUSE I WAS HAVING REAL BAD LEFT-SIDE PAIN, AND I
11 THOUGHT I WAS HAVING A HEART ATTACK, AND THEN I
12 REALIZED IT WAS MY OWN BLOOD.

13 Q. OKAY. AND WERE YOU -- YOU WERE TRANSPORTED FROM
14 THERE IN AN AMBULANCE, IS THAT RIGHT?

15 A. I WAS -- ALL I REMEMBER ABOUT -- I DON'T KNOW WHAT I
16 RODE IN. ALL I REMEMBER IS THE GUY SAID HE WAS
17 FIXING TO GET ME OUT OF PAIN, AND THEY SAID THEY
18 TOOK ME TO GRADY.

19 Q. AND GRADY IS A HOSPITAL IN ---

20 A. ATLANTA.

21 Q. --- ATLANTA. OKAY. AND WERE YOU LATER TRANSFERRED
22 TO A FACILITY CLOSER TO HOME?

23 A. MY FAMILY SAID THAT THEY ASKED THEM WHEN THEY WERE
24 GOING TO GET ME INTO SURGERY. THEY SAID THEY
25 COULDN'T GET ME IN THAT NIGHT; IT WOULD BE TWO MORE

1 DAYS. SO THEY SENT ME TO GREENVILLE IN A REGULAR
2 AMBULANCE, BECAUSE I HAD TO RIDE IN A REGULAR
3 AMBULANCE BECAUSE IF MY HEAD KEPT SWELLING THEY
4 WOULD HAVE TO INSERT A BREATHING TUBE.

5 Q. DO YOU REMEMBER WHAT YOUR -- WHAT YOU LEARNED HAD --
6 WHAT YOUR INJURIES WERE AS FAR AS YOUR JAW? DO YOU
7 REMEMBER WHAT YOUR DOCTOR TOLD YOU AS FAR AS WHAT
8 PHYSICAL DAMAGES YOU'D SUSTAINED IN THAT FALL?

9 A. AFTERWARDS -- I REGAINED CONSCIOUS -- I HAD DONE HAD
10 THE SURGERY AND EVERYTHING. I DON'T REMEMBER NONE
11 OF THAT. I THOUGHT I JUST -- 'CAUSE THEY REALLY HAD
12 ME VERY DRUGGED UP.

13 Q. OKAY. FOR WHAT PERIOD OF TIME AFTER THE ACCIDENT DO
14 YOU HAVE TROUBLE REMEMBERING WHAT HAPPENED?

15 A. I REMEMBER I FELT GOOD THAT DAY, AND I HAD DONE HAD
16 THE SURGERY, AND I DIDN'T REALIZE WHAT THEY HAD
17 DONE, AND I ASKED THE DOCTOR IF I COULD GO HOME, AND
18 HE SAID YEAH, AND THEN HE SAID -- HE TOLD ME MY
19 MOUTH WAS WIRED SHUT. HE TOLD ME I COULDN'T STAY BY
20 MYSELF. AND SO I HAD TO GO HOME WITH MY DAUGHTER
21 FOR FOUR WEEKS. AND I STILL COULDN'T EAT. ALL I
22 HAD WAS DRINK THROUGH A STRAW.

23 Q. AND SO YOU HAD SURGERY TO ADJUST THE DAMAGE TO ---

24 A. YES.

25 Q. --- YOUR JAW ON JUNE 1ST OF 2012; DOES THAT SOUND

1 RIGHT?

2 A. I COULDN'T TELL YOU NO DATES 'CAUSE I WAS KIND OF
3 DRUGGED UP. THEY DID TELL ME THIS JAWBONE WAS
4 BROKEN, AND IT HAD PLATES.

5 Q. OKAY. NOW, AT SOME POINT DID YOU HAVE TO GO IN FOR
6 ANOTHER PROCEDURE TO HAVE YOUR PLATES REMOVED?

7 A. YEAH, I -- IT GOT INFECT -- THEY HAD TOOK ONE PLATE
8 OUT WHEN THEY PUT THESE IMPLANTS IN. THEY HAD DONE
9 TOOK THE INSIDE PLATE OUT, BUT THE OUTSIDE ONE HAD
10 TO BE REMOVED BECAUSE IT GOT INFECTED.

11 Q. AND YOU WERE FITTED WITH A PROSTHETIC? ORIGINALLY
12 YOU WERE GIVEN DENTURES, IS THAT RIGHT?

13 A. YES.

14 Q. AND EVENTUALLY YOU WERE GIVEN A DIFFERENT AND MAYBE
15 A MORE PERMANENT SET OF DENTURES, IS THAT RIGHT?

16 A. IMPLANTS.

17 Q. IMPLANTS. OKAY. NOW, IT'S NOT -- IS IT -- IS YOUR
18 PROSTHETIC PERMANENTLY ATTACHED TO -- IS IT
19 PERMANENTLY IMPLANTED, OR CAN YOU TAKE IT ON AND
20 OFF?

21 A. THE BOTTOM ONES ARE. THEY TAKE THEM OUT TWICE A
22 YEAR AND CLEAN THEM. BUT THE TOP I CAN SNAP OUT.

23 Q. OKAY. WHEN WERE YOU ABLE TO RETURN TO WORK, IF YOU
24 REMEMBER?

25 A. FROM THE ORIGINAL ---

- 1 Q. FROM THE ORIGINAL ACCIDENT.
- 2 A. I DON'T REMEMBER THE EXACT DATE, NO.
- 3 Q. OKAY. DO YOU REMEMBER WHEN YOU WENT BACK TO WORK
- 4 YOU WENT BACK JUST FULL DUTY RIGHT AWAY OR IF YOU
- 5 WERE ON SOME RESTRICTIONS FOR A ---
- 6 A. I DID WORK IN THE GUARD SHACK, WHAT THEY CONSIDERED
- 7 LIGHT DUTY, WHILE I WAS GOING THROUGH ALL THIS, AND
- 8 THEN ONCE THAT WAS OVER, THEN THEY SENT ME BACK TO
- 9 -- I WENT TO THE WORKERS' COMP DOCTOR, AND SHE SAID
- 10 I COULD GO BACK TO WORK. I TOLD HER, I SAID, "I
- 11 CAN'T EVEN EAT." SHE SAID, "WE DON'T WORRY ABOUT
- 12 THE MOUTH."
- 13 Q. DID YOU EVENTUALLY -- WHAT WAS YOUR ABILITY LIKE
- 14 AFTER THE ACCIDENT TO -- AS FAR AS CHEWING SOLID
- 15 FOOD?
- 16 A. I CARRIED ENSURE AND SOFT FOODS WITH ME IN THE TRUCK
- 17 IN A COOLER, AND THAT'S BASICALLY WHAT I LIVED ON.
- 18 Q. DID YOU HAVE ANY TROUBLE CHEWING SOLID FOOD BEFORE
- 19 ---
- 20 A. NO.
- 21 Q. --- THE ACCIDENT?
- 22 A. NO.
- 23 Q. DID YOU EAT THINGS LIKE STEAK AND ---
- 24 A. YES.
- 25 Q. --- CORN AND ALL THAT BEFORE THE ---

1 A. YES.

2 Q. PRETTY MUCH ANYTHING YOU WANTED ---

3 A. YES.

4 Q. --- BEFORE THE ACCIDENT? DID YOU EVER HAVE ANY

5 TROUBLE CHEWING ANY KIND OF FOOD THAT YOU WANTED

6 BEFORE ---

7 A. NO.

8 Q. --- THE ACCIDENT? OKAY. AFTER THE ACCIDENT DID YOU

9 START HAVING SOME TROUBLE KEEPING YOUR WEIGHT UP?

10 A. YES.

11 Q. OKAY. WHY WERE YOU HAVING TROUBLE WITH THAT?

12 A. I COULD NO LONGER EAT WHAT I DID BEFORE.

13 Q. DID YOU SEE A DOCTOR ABOUT YOUR TROUBLES WITH EATING

14 ENOUGH TO KEEP YOUR WEIGHT UP?

15 A. YES. I HAD TO DRINK A LOT OF ENSURE, STILL DO,

16 ENSURE AND CARNATION INSTANT BREAKFAST. AND WHEN I

17 WENT OUT THIS LAST TIME I CALLED SCOTT AND TOLD HIM

18 THE PROBLEM. I ASKED SCOTT -- TOLD HIM I NEEDED TO

19 SEE A WORKERS' COMP DOCTOR AGAIN.

20 Q. WELL, WHAT DID YOU TELL HIM THE PROBLEM WAS?

21 A. I TOLD HIM, I SAID, "SCOTT, I JUST CAN'T DO IT; I'M

22 TOO WEAK, AND I NEED TO FIND OUT WHAT'S GOING ON."

23 AND HE SAID HE'D CALL WORKERS' COMP, AND HE WOULD

24 FIND OUT WHAT THEY SAID, AND HE'D CALL ME BACK. HE

25 SAID ---

1 BY MR. HORNER:

2 OBJECTION, YOUR HONOR. SHE CAN'T -- A LITTLE
3 TOO MUCH HEARSAY.

4 BY THE COMMISSIONER:

5 SUSTAINED. YOU CAN'T TELL ME WHAT THE DOCTOR
6 SAID. JUST LISTEN TO THE QUESTIONS YOUR ATTORNEY
7 ASKS YOU AND JUST TRY TO ANSWER HER SPECIFIC
8 QUESTION, OKAY? SHE'LL ASK YOU ANOTHER ONE.

9 BY THE WITNESS:

10 OH, WHAT DID I SAY THE DOCTOR ---

11 DIRECT EXAMINATION RESUMED BY MS. TURNER:

12 Q. OKAY. DID YOU SPECIFICALLY ASK TO GO BACK TO THE
13 DOCTOR?

14 A. YES.

15 Q. OKAY. WERE YOU ABLE -- DID THEY SEND YOU BACK TO
16 THE DOCTOR?

17 A. WORKERS' COMP SAID NO. SO THEN I ---

18 Q. YOU WEREN'T SENT BACK TO A DOCTOR AT THAT TIME?

19 A. NO.

20 Q. AND WHEN WAS THAT? WHEN WAS THIS CONVERSATION THAT
21 YOU HAD?

22 A. IN JUNE.

23 Q. IN JUNE OF WHEN?

24 A. 2016.

25 Q. OKAY. BETWEEN THE TIME THAT YOU HAD THE ACCIDENT

1 AND WERE GOING THROUGH YOUR RECOVERY AND JUNE OF --
2 OR WHEN YOU STARTED TO LOSE WEIGHT, HOW MUCH WEIGHT
3 DID YOU LOSES EVENTUALLY? WHAT WAS THE MAXIMUM
4 AMOUNT OF WEIGHT THAT YOU LOST, TO YOUR KNOWLEDGE?

5 A. AT ONE POINT I WEIGHED 95 POUNDS. I LOST SOMETHING
6 LIKE 20 POUNDS.

7 Q. DID YOUR ABILITY TO SUSTAIN THE SAME ENERGY LEVEL
8 CHANGE FROM THE TIME THAT YOU HAD THIS ACCIDENT AND
9 MOVING FORWARD?

10 A. YES.

11 Q. OKAY. WHAT HAPPENED TO YOUR ENERGY LEVEL THEN?

12 A. NORMALLY I'D COME HOME FROM A RUN AND WAS OFF THAT
13 AFTERNOON, WHATEVER. I'D SADDLE UP HORSES AND GO
14 TRAIL RIDING, WHICH I LOVED TO DO. I KEPT MY OWN
15 GRASS MOWED. I DONE ALL MY HOUSEWORK, DONE ALL THE
16 PAYING OF MY BILLS. AND IT JUST GOT TO THE POINT I
17 COULDN'T DO IT.

18 Q. OKAY. DID YOU HAVE ANY OF THOSE TROUBLES
19 BEFOREHAND, BEFORE THE ---

20 A. NO, MA'AM.

21 Q. --- INJURY? DID YOU HAVE ANY TROUBLE DRIVING FOR
22 THE FULL AMOUNT OF TIME THAT YOU WERE ALLOWED TO
23 DRIVE BY LAW?

24 A. NO, MA'AM.

25 Q. HOW MUCH -- HOW LONG COULD YOU -- WERE YOU ALLOWED

1 TO DRIVE BY LAW BEFORE THIS ACCIDENT?

2 A. TEN HOURS.

3 Q. OKAY. ARE YOU ABLE AS WE SIT HERE TODAY TO DO A
4 TEN-HOUR DRIVING ---

5 A. NO.

6 Q. --- TRIP?

7 A. NO.

8 Q. ARE YOU ABLE TO DO AN EIGHT-HOUR DRIVING TRIP?

9 A. NO.

10 Q. OKAY. WHY NOT? WHAT PREVENTS YOU FROM BEING ABLE
11 TO DRIVE DURING THAT TIME -- OR FOR THAT LONG?

12 A. ENERGY AND -- I DON'T HAVE ENOUGH ENERGY. AND FROM
13 MY NECK ALL THE WAY DOWN TO MY -- WHEN THIS SHOULDER
14 HURTS, IT CAUSES MY NECK AND ALL TO HURT, AND I JUST
15 GET IN A LOT OF PAIN WITH IT.

16 Q. OKAY. NOW, DO YOU FEEL LIKE IT WOULD BE -- DO YOU
17 FEEL SAFE DRIVING A BIG TRUCK AT THIS POINT?

18 A. NO, I DO NOT.

19 Q. WHY NOT?

20 A. I DON'T KNOW IF I COULD STAY ALERT ENOUGH OR HAVE
21 THE STRENGTH TO DRIVE IT.

22 Q. ARE THERE SPECIFIC THINGS OR DUTIES THAT YOU HAVE AS
23 FAR AS WHEN YOU WERE DOING YOUR TRUCK DRIVING THAT
24 YOU DID ON A REGULAR BASIS THAT YOU NO LONGER HAVE
25 THE STRENGTH TO DO?

1 A. YOU'VE GOT TO HOOK THE TRUCK AND THE TRAILER UP,
2 DRIVE THE TRUCK, DROP THE TRAILER, HOOK ANOTHER ONE
3 UP. AND NORMALLY AS A PART OF THAT WE HAD TO HOOK
4 THE AIR LINES, ELECTRICAL LINES UP, UNDO THEM WHEN
5 YOU GET READY TO DROP IT, AND PULL WHAT WE CALL A
6 PIN TO DROP -- UNHOOK IT FROM THE TRAILER, AND
7 OPENING AND CLOSING THE DOORS ON ONE OF THEM.
8 'CAUSE MOST OF THEM YOU DID HAVE TO THAT AT STOPS.

9 Q. ARE THOSE THINGS THAT YOU HAVE TROUBLE OR DIFFICULTY
10 WITH NOW?

11 A. I DON'T THINK I COULD EVEN GET THEM UNHOOKED. WE
12 ALSO HAD TO RAISE THE HOOD AND CHECK OUR OIL AND
13 WATER AND STUFF. AND I AM A LITTLE PERSON, AND I
14 WOULD -- I COULDN'T JUST PULL IT OVER. I'D HAVE TO
15 GO BACK THERE TO THE FENDER AND JUST KIND OF PUSH IT
16 OVER. THEN IT COMES ON OVER. BUT RIGHT NOW THERE'S
17 NO WAY I COULD DO THAT.

18 Q. HAVE THERE BEEN -- WELL, WHAT CAUSED -- IN YOUR
19 OPINION, WHAT CAUSED YOU TO NOT BE ABLE TO PERFORM
20 THOSE SAME PHYSICAL TASKS?

21 **BY MR. HORNER:**

22 OBJECTION, YOUR HONOR. IT CALLS FOR A MEDICAL
23 CONCLUSION.

24 **BY MS. TURNER:**

25 I THINK ---

1 BY MR. HORNER:

2 AND I WOULD OBJECT TO THAT.

3 BY MS. TURNER:

4 I'M SORRY.

5 BY THE COMMISSIONER:

6 OKAY. YOU CAN RESPOND.

7 BY MS. TURNER:

8 _____ THE CLAIMANT IS ABLE TO TESTIFY AS TO HER OWN
9 MEDICAL PROGRESSION.

10 BY THE COMMISSIONER:

11 OVERRULED.

12 DIRECT EXAMINATION RESUMED BY MS. TURNER:

13 Q. WHY ARE YOU WEAKER NOW THAN YOU WERE IN THE PAST?

14 A. BECAUSE I STILL CANNOT EAT LIKE I DID BEFORE. I
15 STILL DRINK A LOT OF ENSURE, CARNATION, SCRAMBLED
16 EGGS, GRITS, GRILLED CHICKEN. I CAN PRETTY MUCH EAT
17 THAT. BUT THE FRIED CHICKEN -- 'CAUSE FOOD GETS UP
18 UNDER THESE TEETH. I HAVE TO USE LITTLE BRUSHES TO
19 BRUSH 'EM OUT. YOU KNOW, WHEN YOU GO OUT TO EAT,
20 YOU DON'T WANT TO BE SITTING THERE BRUSHING THIS
21 STUFF OUT FROM UNDER YOUR TEETH AT THE TABLE OR GO
22 IN THE BATHROOM WITH A BUNCH OF PEOPLE. SO, THERE
23 ARE A LOT OF PROCEDURES TO TAKE CARE OF THESE TEETH.
24 AND I JUST CAN'T BITE BEEF. IT'S EXTREMELY HARD FOR
25 ME TO CHEW BEEF.

1 Q. ARE YOU -- AS A RESULT OF YOUR INJURIES AND THE
2 TREATMENT THAT FOLLOWED, DO YOU HAVE ANY NUMBNESS IN
3 YOUR FACE OR IN YOUR JAW AREA?

4 A. THE LEFT SIDE OF MY JAW FEELS LIKE YOU'VE HAD A
5 STROKE, THE WAY YOU'D IMAGINE A STROKE PERSON
6 FEELING. I'VE NEVER HAD ONE. RIGHT HERE IS NUMB.
7 WHEN YOU PUSH ON IT, IT'S LIKE A MILLION LITTLE
8 NEEDLES STICKING IN IT. I HAVE A HARD TIME SLEEPING
9 ON THIS SIDE BECAUSE OF THIS FEELING HERE. SO I
10 HAVE TO GO TO SLEEP ON THIS SIDE. I CANNOT GO TO
11 SLEEP ON THE LEFT SIDE 'CAUSE IT'S -- I MEAN, I HAVE
12 TO KEEP MESSING WITH MY PILLOW IF I'M WATCHING T.V.
13 OR SOMETHING TO MAKE SURE IT'S NOT TOUCHING THIS
14 SIDE OF MY JAW HERE.

15 Q. HAVE YOU NOTICED ANY CHANGES IN YOUR SPEECH PATTERN
16 SINCE YOU HAD THIS ACCIDENT?

17 A. YES.

18 Q. OKAY. WHAT CHANGES HAVE YOU UNDERGONE WITH THAT?

19 A. SOME WORDS I CAN'T PRONOUNCE BECAUSE OF THE WAY MY
20 TONGUE GOES UP TO THE TOP OF MY MOUTH, AND SOMETIMES
21 I TALK REALLY LOW AND PEOPLE HAVE A HARD TIME
22 UNDERSTANDING ME.

23 Q. HAVE YOU -- PRIOR TO THIS ACCIDENT WERE YOU ON ANY
24 MEDICATION FOR ANXIETY OR DEPRESSION?

25 A. THEY GAVE ME XANAX WHEN MY GRANDSON -- THE GENERIC

1 OF XANAX -- WHEN MY GRANDSON GOT KILLED IN 2008.

2 Q. AFTER THIS ACCIDENT HAVE YOU EXPERIENCED ANY
3 INCREASED DEPRESSION, OR HAS IT REMAINED THE SAME,
4 OR GOTTEN BETTER?

5 A. IT'S REMAINED THE SAME. I MEAN, IT'S GOTTEN WORSE
6 BECAUSE I'M NOT WORKING, AND I REALLY WANT TO WORK,
7 BUT I HAVE TO ADMIT IT TO MYSELF I CAN'T.

8 Q. AND IS IT -- IS THE ISSUE THAT YOU JUST -- YOU DON'T
9 LIKE DRIVING TRUCKS ANYMORE?

10 A. I LOVE DRIVING. I LOVE PALMETTO STATE, THE GUYS
11 THAT WORK THERE, BUT I CAN'T DO IT ANYMORE. TO ME
12 IT'S ALMOST LIKE A DEATH.

13 Q. HOW MANY SURGICAL PROCEDURES HAVE YOU HAD TO UNDERGO
14 AS A RESULT OF THE INJURIES YOU SUSTAINED? AND ARE
15 YOU OKAY?

16 A. I CAN'T REMEMBER, BECAUSE MY SISTER TOOK ME TO MOST
17 OF THEM WHEN THEY WERE DOING ALL THIS SURGERY. I
18 CAN REMEMBER GOING TO DR. FOWLER TO REMOVE THE
19 SCREWS. AND THEN HE SENT ME ON TO THE ORAL SURGEON.
20 BUT MY SISTER WOULD TAKE ME. THEY WOULD KNOCK ME
21 OUT. AND I WENT TO THE OTHER DOCTOR AND DON'T EVEN
22 REMEMBER GOING 'CAUSE I WAS STILL PRETTY DRUGGED UP
23 FROM THEM DOING ALL THIS MOUTH SURGERY. SO I DON'T
24 KNOW HOW MANY TIMES WE WENT THERE.

25 Q. ARE YOUR -- THE PROSTHETIC THAT YOU HAVE, IS IT A

1 COMFORTABLE APPLIANCE FOR YOU?

2 A. IT GETS REAL DRY SOMETIMES. THAT'S THE REALLY BAD
3 THING. AND THEY DON'T -- WHEN I CLOSE MY TEETH,
4 THEY DON'T LINE UP. AND DR. FOWLER HAD LEFT SOME
5 TEETH HERE AND SOME TEETH HERE AND ONE TOOTH IN THE
6 FRONT. AND I ASKED HIM, I SAID, "DR. FOWLER, WHY
7 DID YOU LEAVE THIS ONE TOOTH IN THE FRONT?" AND MY
8 JAWS WERE SO LOPSIDED THAT HE SAID HE HAD TO HAVE
9 SOMETHING TO TRY TO LINE MY JAW -- MY GUMS BACK UP.

10 Q. DO YOU STILL HAVE -- DOES IT HURT SOMETIMES?

11 A. YEAH.

12 Q. TELL ME ABOUT YOUR SHOULDER SYMPTOMS. HOW IS THAT
13 NOW? DO YOU STILL HAVE PAINFUL SYMPTOMS IN YOUR
14 SHOULDERS?

15 A. WHEN I USE MY ARM A LOT, THIS PLACE WHERE IT HIT ME,
16 IT GETS SORE, AND THEN IT RADIATES UP MY NECK IN
17 HERE. AND WHEN HE PUT ME BACK TOGETHER, THESE
18 MUSCLES HERE IN THIS SIDE OF THE NECK ARE TIGHTER ON
19 THE LEFT SIDE. BUT WHEN THIS ONE HURTS, USUALLY I
20 JUST USE SALONPAS 'CAUSE THEY SAID THERE WASN'T
21 NOTHING BROKE IN THERE OR ANYTHING, SO SOFT TISSUE
22 ON THE SHOULDER BLADE.

23 Q. YOU -- AT SOME POINT YOUR EMPLOYER ASKED YOU TO GO
24 TO WORK HARDENING, IS THAT RIGHT?

25 A. YES.

1 Q. OKAY. HAD YOU HAD SOME FORM OF PHYSICAL THERAPY
2 BEFORE THEN?

3 A. I HAD START -- I HAD -- JUST TO SEE IF IT WOULD HELP
4 I WENT TO GREENVILLE LIFE CENTER, AND I HAD A GIRL
5 TO WORK WITH ME THERE AND ---

6 Q. WELL, TELL ME -- I'M SORRY; TELL THE COMMISSIONER,
7 WHY DID YOU GO TO GREENVILLE LIFE CENTER?

8 A. TO SEE IF I ---

9 Q. WHAT PROMPTED YOU TO GO THERE?

10 A. TO SEE IF I COULD AT LEAST GET A LITTLE MUSCLE MASS
11 BACK AND TO GET -- A TRAINER HELPED ME WORK ON THAT.

12 Q. OKAY. NOW, WAS THAT SOMETHING THAT WAS PAID FOR BY
13 WORKERS' COMP, OR WAS THAT SOMETHING YOU HAD TO DO
14 FOR YOURSELF?

15 A. I HAD TO PAY IT MYSELF.

16 Q. OKAY. AND THEN YOU DID GO TO WORK HARDENING, IS
17 THAT RIGHT?

18 A. YES.

19 Q. DID THE WORK HARDENING HELP YOUR SYMPTOMS?

20 A. NO.

21 Q. OKAY. WHAT EFFECT DID WORK HARDENING HAVE ON YOUR
22 SYMPTOMS?

23 A. IT MADE THEM WORSE.

24 Q. WHAT TYPES OF THINGS DID YOU DO AT WORK HARDENING
25 THAT CAUSED YOUR SYMPTOMS TO BE WORSE?

1 A. THEY HAD ME PUSHING A SLED, PULLING A SLED. IT WAS
2 IN A BOOKCASE-TYPE THING. YOU HAD TO START AT THE
3 BOTTOM. IT HAD THREE SHELVES, THE BOTTOM SHELF, THE
4 MIDDLE SHELF, THE TOP, AND THEY WANTED ME TO LIFT 30
5 POUNDS, I THINK IT WAS, FROM THE BOTTOM TO THE
6 MIDDLE 30 TIMES AND THEN FROM THE MIDDLE TO THE TOP.
7 AND AT FIRST THEY STARTED OFF IN LIKE TO NOT
8 (INAUDIBLE) ON THE BOX, 'CAUSE (INAUDIBLE). AND
9 THEN THEY SWITCHED IT TO REGULAR WEIGHTS, AND THEN
10 THEY CUT IT DOWN, THE WEIGHT DOWN ON IT.

11 Q. AND DID YOU GIVE -- DID YOU TRY YOUR BEST WHEN YOU
12 WERE IN WORK HARDENING?

13 A. YES, MA'AM; I DID.

14 Q. AND THROUGHOUT THE COURSE OF YOUR RECOVERY, HAVE YOU
15 TRIED TO WORK WHEN YOU COULD?

16 A. YES, MA'AM.

17 Q. HAD YOU RATHER BE WORKING ---

18 A. DEFINITELY.

19 Q. --- NOW? HAVE YOU -- DID YOU ADDRESS WITH YOUR
20 EMPLOYER AT ALL ANY OF YOUR CONCERNS ABOUT THE --
21 ABOUT WHETHER IT WOULD BE SAFE FOR YOU TO DRIVE
22 TRUCKS AT THIS TIME?

23 A. THE ONLY THING I SAID -- SCOTT TOLD ME THEY SAID I
24 COULD GO BACK TO WORK. I SAID, "SCOTT," -- 'CAUSE
25 IT WASN'T MY WORKERS' COMP DOCTOR. SHE SAID SHE

1 COULD NOT KEEP ME OUT ANY LONGER. SHE HAD TO SIGN,
2 'CAUSE THE WORKERS' COMP DOCTOR DIDN'T SEE ME, BUT
3 THE FAMILY DOCTOR DID. AND SHE TOLD ME, SHE SAID,
4 "JENNIE, I'M GOING TO HAVE TO PUT YOU BACK TO WORK."
5 AND SO SCOTT SAID, "THEY'RE SAYING YOU CAN WORK,"
6 AND I SAID, "SCOTT, I'M TELLING YOU I CANNOT WORK.
7 SO, IF I GET BACK ON THAT ROAD, IF YOU TELL ME -- IF
8 YOU'RE THINKING THAT I CAN GO BACK 'CAUSE OF THAT
9 PIECE OF PAPER, I'LL GO BACK. BUT ARE YOU GONNA BE
10 RESPONSIBLE FOR WHAT HAPPENS?" AND HE SAID, "NO."
11 AND I SAID, "WELL, WHAT DO WE DO?" AND SCOTT SAID,
12 "WELL, LET THE ATTORNEYS WORK IT OUT."

13 Q. DO YOU THINK, JENNIE, AT THIS POINT THAT YOU WILL BE
14 ABLE TO DRIVE BIG TRUCKS AGAIN LIKE YOU DID BEFORE?

15 A. NO.

16 Q. OKAY. DO YOU FEEL LIKE YOU WOULD BE ABLE TO MAYBE
17 TAKE UP A DIFFERENT CAREER AT THIS POINT?

18 A. NO, NOT NOW.

19 Q. ARE YOU ASKING THE COMMISSIONER TODAY TO FIND THAT
20 YOU ARE NOT ABLE TO HAVE GAINFUL EMPLOYMENT ANYMORE?

21 A. YES.

22 BY MS. TURNER:

23 IF I MIGHT HAVE JUST A MOMENT.

24 BY THE COMMISSIONER:

25 SURE.

1 BY MS. TURNER:

2 I THINK WE'RE THROUGH. THANK YOU.

3 BY THE COMMISSIONER:

4 ALL RIGHT. THANK YOU. MR. HORNER.

5 BY MR. HORNER:

6 THANK YOU, COMMISSIONER.

7 CROSS EXAMINATION BY MR. HORNER:

8 Q. MS. COX, YOU WOULD AGREE WITH ME THAT YOU'VE BEEN A
9 SMALL PERSON YOUR WHOLE LIFE, RIGHT?

10 A. YES.

11 Q. OKAY. AND DO YOU RECALL -- AND LET'S JUST GET THIS
12 -- I'M NOT -- YOU'VE MADE AN ISSUE OF YOUR WEIGHT,
13 HAVEN'T YOU, AND THAT YOU LOST SOME WEIGHT, AND THAT
14 IT RESULTED IN YOU BEING TIRED AND FATIGUED; ISN'T
15 THAT TRUE?

16 A. I LOOKED LIKE A PERSON THAT HAD ANOREXIA.

17 Q. AND YOU'RE CLAIMING HERE TODAY THAT YOU ARE UNABLE
18 TO DRIVE THE TRUCK BECAUSE OF SOME LOST WEIGHT THAT
19 YOU SAY IS RELATED TO THE ACCIDENT, CORRECT?

20 A. I CAN'T EAT.

21 Q. THAT'S YOUR ARGUMENT, CORRECT, THAT YOU'VE LOST SOME
22 WEIGHT, YOU'VE LOST SOME ENERGY, AND YOU'VE LOST THE
23 ABILITY TO DO THE JOB, IS THAT RIGHT?

24 A. YES.

25 Q. OKAY. DO YOU KNOW WHAT YOU WEIGHED TEN MONTHS

1 BEFORE THIS ACCIDENT?

2 A. I COULD LOOK AT MY DOCTOR'S RECORDS AND FIND OUT.

3 Q. I DID THAT, AND SHE SAID YOU WEIGHED 114 POUNDS.

4 DOES THAT SOUND ABOUT RIGHT?

5 A. ABOUT 116, 120 NORMALLY.

6 Q. OKAY. IF SHE WROTE DOWN 114 IN HER OFFICIAL RECORDS

7 -- NOW, SHE DOESN'T MAKE YOU UNDRRESS, DOES SHE?

8 A. NO.

9 Q. OKAY. BUT IF SHE SAID 114 IN THE OFFICIAL RECORDS,
10 WOULD YOU BE INCLINED TO AGREE WITH THAT ON JULY
11 1ST, 2011?

12 A. IF THAT'S WHAT SHE WROTE DOWN. SHE WROTE DOWN WHAT
13 I WEIGHED.

14 Q. AND IN JULY OF 2011 YOU DIDN'T HAVE ANY PROBLEMS
15 EATING; YOU WEREN'T LIMITED TO WHAT YOU COULD EAT,
16 WERE YOU? YOU COULD EAT WHATEVER YOU WANTED? YOU
17 COULD EAT A STEAK IF YOU WANTED IN JULY OF 2011?

18 A. YES.

19 Q. OKAY, ALL RIGHT. NOW, DO YOU KNOW WHAT YOU WEIGHED
20 ON THE DAY OF THE ACCIDENT?

21 A. NO, SIR. I DID NOT WEIGH THAT DAY.

22 Q. ALL RIGHT. WELL, I LOOKED AT A HOSPITAL RECORD THAT
23 SAID YOU WEIGHED 113 POUNDS. WOULD YOU PROBABLY
24 AGREE THAT'S PROBABLY CORRECT?

25 A. IF IT'S -- WHEN I HAD MY ACCIDENT?

1 Q. YES, MA'AM. YOU WOULDN'T HAVE ANY REASON TO
2 DISAGREE WITH THAT, WOULD YOU?

3 A. NO.

4 Q. ALL RIGHT. SO, YOU WERE OUT, IT LOOKED LIKE -- THE
5 ACCIDENT HAPPENED ON MAY 31ST, AND FROM THE DOCTOR'S
6 RECORDS IT LOOKS LIKE YOU WERE RELEASED TO FULL DUTY
7 IN NOVEMBER OF THE SAME YEAR, 2012. DOES THAT SOUND
8 RIGHT?

9 A. YES.

10 Q. AND WHILE YOU WERE OUT YOU GOT A CHECK, RIGHT?

11 A. YES.

12 Q. AND THEN YOU WENT BACK TO LIGHT DUTY, YOU SAID, IN
13 THE GUARD HOUSE FOR A PERIOD OF TIME, AND THEN YOU
14 WENT BACK TO DRIVING TRUCKS?

15 A. YES.

16 Q. NOW, IT HASN'T REALLY BEEN DISCUSSED, BUT AT THE
17 TIME OF YOUR ACCIDENT AND LEADING UP TO IT YOU WERE
18 DRIVING AS A TEAM WITH ANOTHER DRIVER?

19 A. YES.

20 Q. AND AS PART OF THAT TEAM YOU HAD A DEDICATED ROUTE
21 THAT WENT FROM BASICALLY THE UPSTATE THROUGH ATLANTA
22 AND DOWN TO BROWNSVILLE, TEXAS?

23 A. YES.

24 Q. AND AS PART OF A TEAM DRIVER YOU STILL HAD TO DRIVE
25 YOUR TEN HOURS UNDER THE D.O.T. REGS, CORRECT?

1 A. RIGHT.

2 Q. AND WHEN YOU WERE DONE WITH YOUR TEN HOURS AND THE
3 LAW SAID YOU COULDN'T DRIVE ANYMORE, YOU WOULD GET
4 IN THE SLEEPER AND YOUR TEAMMATE OR YOUR OTHER CO-
5 DRIVER WOULD DRIVE FOR THE NEXT TEN HOURS, IS THAT
6 RIGHT?

7 A. RIGHT.

8 Q. AND SO, YOU HAD THAT JOB STARTING WELL BEFORE YOUR
9 ACCIDENT, RIGHT?

10 A. YES.

11 Q. AND THAT ROUTE THAT YOU HAD ENDED IN OCTOBER OF
12 2015?

13 A. YES.

14 Q. WHEN YOU RETURNED TO WORK IN NOVEMBER OF 2012, YOU
15 RETURNED TO THE EXACT SAME JOB YOU HAD BEFORE THE
16 ACCIDENT, CORRECT?

17 A. YES.

18 Q. SAME ROUTE, SAME DRIVER, SAME DELIVERIES?

19 A. YES.

20 Q. NOW ---

21 A. NOT THE SAME DRIVER.

22 Q. YOU HAD A DIFFERENT TEAMMATE?

23 A. YES.

24 Q. OKAY. SO, UNDER -- AS A SOLO DRIVER YOU'RE STILL
25 ONLY ALLOWED TO DRIVE THE SAME TEN HOURS YOU COULD

1 DRIVE AS A TEAM DRIVER; ISN'T THAT TRUE?

2 A. RIGHT.

3 Q. IT'S TEN HOURS WHETHER YOU'RE ALONE OR WITH SOMEBODY
4 ELSE IN THE TRUCK?

5 A. RIGHT.

6 Q. ALL RIGHT. SO, YOU RETURNED TO WORK IN NOVEMBER OF
7 2012, AND IT LOOKS LIKE IN THE SUMMER OF 2013 YOU
8 WENT BACK AND HAD A SECOND SURGERY ON YOUR IMPLANT;
9 DOES THAT SOUND RIGHT?

10 A. ON THE JAW FOR THE PLATE.

11 Q. NOW, YOU HAD ONE IN 2015 AS WELL. DO YOU REMEMBER
12 BEING OUT IN 2013 FOR ABOUT SIX OR EIGHT WEEKS? AND
13 YOU MAY NOT REMEMBER, AND THAT'S OKAY IF YOU DON'T.

14 A. I REMEMBER THIS ONE HERE.

15 Q. YOU REMEMBER THE ONE IN 2015 WHEN YOU WERE OUT FOR
16 SIX OR EIGHT WEEKS OVER THE SUMMER, IS THAT RIGHT?

17 A. YES, WHEN THEY TOOK THIS ONE OUT.

18 Q. SO, NOW, IN 2013 YOU DON'T EVEN RECALL BEING OUT OF
19 WORK, BUT DO YOU GENERALLY RECALL WORKING THE ENTIRE
20 YEAR IN 2013?

21 A. NO, I DON'T ---

22 Q. YOU DON'T RECALL? I'M NOT ASKING YOU TO RECALL
23 SPECIFICS, BUT WOULD YOU AGREE WITH ME THAT IN 2013
24 YOU REMEMBER WORKING PRETTY MUCH THE WHOLE YEAR?

25 A. PRETTY MUCH.

1 Q. OKAY. AND I SUBMITTED YOUR WAGE RECORDS AS AN
2 EXHIBIT, BUT WOULD IT SURPRISE YOU TO LEARN THAT YOU
3 MADE ABOUT 60,000 THAT YEAR?

4 A. NO, IT WOULD NOT SURPRISE ME.

5 Q. AND DURING 2013 WOULD IT SURPRISE YOU AT ONE POINT
6 WHILE YOU WERE STILL WORKING IN 2013 YOUR WEIGHT GOT
7 DOWN TO 95 POUNDS?

8 A. IT WAS 2016 WHEN I WENT BACK TO -- AND I DROPPED
9 DOWN TO 95.

10 Q. OKAY. SO YOU DON'T REMEMBER IN 2013 GOING TO DR.
11 ELLIS, WHO WEIGHED YOU AND SAID YOU WERE AT 95
12 POUNDS?

13 A. I ---

14 Q. DON'T REMEMBER?

15 A. NO, I DON'T.

16 Q. OKAY, ALL RIGHT. SO, WE'RE AT 2013. NOW, IN 2014
17 DID YOU WORK THE FULL -- YOU WORKED THE FULL YEAR IN
18 2014, TOO, DIDN'T YOU?

19 A. I THINK SO.

20 Q. AND I SUBMITTED YOUR WAGE RECORDS, AND WOULD IT
21 SURPRISE YOU TO LEARN THAT YOU MADE ABOUT \$70,000 IN
22 2014?

23 A. NO.

24 Q. OKAY. AND IN 2013 AND 2014 YOU HAD THE SAME
25 LIMITATIONS ON WHAT YOU COULD EAT THAT YOU DO NOW,

1 DIDN'T YOU?

2 A. YES.

3 Q. YOU'VE BASICALLY HAD THOSE LIMITATIONS SINCE THEY
4 PUT THE IMPLANTS IN PLACE?

5 A. YES.

6 Q. SO, 2014 YOU WORKED. WOULD IT SURPRISE YOU TO KNOW
7 THAT ON APRIL 14TH, 2014, WHILE YOU WERE WORKING,
8 THAT YOU WEIGHED 101 POUNDS?

9 A. NO, IT WOULD NOT.

10 Q. OKAY. AND IN 2014, LATER THAT YEAR YOU GOT UP TO
11 110. WOULD IT SURPRISE YOU IF YOUR WEIGHT
12 FLUCTUATED SIX, SEVEN, EIGHT POUNDS OVER THE COURSE
13 OF THE YEAR?

14 A. YEAH, BECAUSE UNDOUBTEDLY I WAS DOING SOMETHING
15 DIFFERENT, BECAUSE, I MEAN, I'M NOT MAKING IT UP.

16 Q. YOU WERE WORKING FULL TIME IN 2014, GOT DOWN TO 101,
17 AND THEN GOT UP BACK TO 111 WITH THE SAME DIETARY
18 RESTRICTIONS THAT YOU HAD IN 2016, CORRECT?

19 A. YES.

20 Q. ALL RIGHT. NOW, LET'S GO TO 2015.

21 A. NOW, PART OF THAT I HAD THOSE OTHER DENTURES IN. I
22 DIDN'T HAVE THESE.

23 Q. AND I THINK THAT'S WHAT HAPPENED IN 2013. THEY TOOK
24 THE TEMPORARY DENTURES OUT AND PUT THE PERMANENT
25 PLATE -- MORE PERMANENT PLATE IN. I THINK THAT'S

1 WHAT THE RECORDS WILL REFLECT, THAT YOU MAY HAVE
2 MISSED A COUPLE WEEKS IN 2013 FOR THAT SURGERY. BUT
3 IN 2015 YOU HAD LIKE A SPOT ON YOUR CHIN THAT WAS
4 BOTHERING YOU, IS THAT RIGHT?

5 A. YES.

6 Q. AND IT FELT LIKE A KNOT? I THINK YOU TESTIFIED IN
7 YOUR DEPOSITION IT FELT LIKE A KNOT?

8 A. YEAH, IT WAS A KNOT, AND IT STARTED OOZING, AND ONCE
9 I STARTED OOZING STUFF I WENT BACK.

10 Q. AND WHO TOOK THAT OUT?

11 A. DR. FOWLER.

12 Q. DR. FOWLER. ALL RIGHT. AND SO YOU WERE OUT IN 2015
13 FOR SIX OR EIGHT WEEKS, AND AT THAT TIME, FEBRUARY
14 15TH -- THIS IS BEFORE YOU HAD THE PLATE COME OUT --
15 YOU WERE WEIGHING 108. DOES THAT SOUND ABOUT RIGHT?

16 A. PROBABLY.

17 Q. ALL RIGHT. AND THEN AFTERWARDS YOU WERE STILL IN
18 THE 108, 109 RANGE; DOES THAT SOUND ABOUT RIGHT?

19 A. I GUESS SO.

20 Q. ALL RIGHT. SO, WOULD YOU AGREE WITH ME THAT BASED
21 ON THE NUMBERS I READ TO YOU, EVER SINCE YOUR
22 ACCIDENT YOU'VE BEEN SOMEWHERE BETWEEN 95 POUNDS AND
23 113, 114 POUNDS OR SO?

24 A. YES.

25 Q. AND YOU NEVER TOOK YOURSELF OUT OF WORK BEFORE 2016,

1 CORRECT?

2 A. I HAD A TEAM DRIVER, AND IT KIND OF MADE IT A LITTLE
3 MORE EASIER FOR ME.

4 Q. SO YOU HAD A TEAM DRIVER AND IT MADE IT A LITTLE
5 EASIER. YOU STILL HAD TO DRIVE THE SAME TEN HOURS,
6 THOUGH, RIGHT?

7 A. YES.

8 Q. AND ARE YOU AWARE THAT IN SEPTEMBER OR OCTOBER OF
9 LAST YEAR THAT YOU WERE OFFERED A JOB AS A TEAM
10 DRIVER BACK AT PALMETTO, THAT THEY COULD PUT YOU TO
11 WORK AS A TEAM DRIVER AGAIN?

12 A. YES.

13 Q. AND AS FAR AS A SOLO DRIVER, YOU REALLY ONLY SOLOED
14 FROM OCTOBER OF '15 TO MARCH OF '16, FOR ABOUT FIVE
15 MONTHS, WHEN YOU TOOK YOURSELF OUT, CORRECT?

16 A. YES.

17 Q. ALL RIGHT. BUT YOU DIDN'T GO BACK IN OCTOBER AS A
18 TEAM DRIVER, AND YOU HAVEN'T ACCEPTED A JOB AS A
19 TEAM DRIVER SINCE YOU TOOK YOURSELF OUT OF WORK IN
20 JUNE, IS THAT RIGHT?

21 A. AND THEY'VE BEEN TOLD WHY I DON'T WANT TO GO ON
22 TEAM.

23 Q. OKAY. SO, WE'VE DISCUSSED YOUR WEIGHT. YOU WENT TO
24 DR. ELLIS, RIGHT?

25 A. YES.

1 Q. SHE WROTE YOU OUT OF WORK, CORRECT?

2 A. YES, BECAUSE OF THE MALNUTRITION.

3 Q. OKAY. AND AT ONE POINT SHE UPPED YOUR MEDICATIONS
4 FOR DEPRESSION, TOO; DO YOU REMEMBER THAT?

5 A. YES.

6 Q. AND YOU HAVE A LONG HISTORY OF DEPRESSION AND
7 ANXIETY, DON'T YOU?

8 A. SINCE MY SON -- GRANDSON GOT KILLED.

9 Q. WOULD IT SURPRISE YOU TO KNOW THAT IN 2000 -- DO YOU
10 REMEMBER HAVING SOME CHRONIC ABDOMINAL PAIN ISSUES
11 BACK IN 2000 OR SO?

12 A. NO.

13 Q. OKAY. DO YOU REMEMBER GOING TO A PAIN CLINIC IN
14 GREENVILLE TO SEE IF THEY COULD DO ANYTHING FOR THE
15 CHRONIC ABDOMINAL PAINS YOU WERE HAVING?

16 A. NO.

17 Q. WOULD IT SURPRISE YOU TO KNOW THAT THE RECORDS FROM
18 2000 FROM GREENVILLE REFLECT THAT YOU WERE ON ZOLOFT
19 AND YOU WERE ON TRANXENE, WHICH IS AN ANTIANXIETY
20 MEDICATION? IF I TOLD YOU YOU HAD BEEN ON AN
21 ANTIDEPRESSANT AND AN ANTIANXIETY MEDICATION SINCE
22 2000, WOULD YOU HAVE ANY REASON TO DISBELIEVE THAT
23 MEDICAL RECORD?

24 A. NO.

25 Q. BUT YOU DID SAY YOUR GRANDSON DIED, YOU SAID, IN

- 1 2008?
- 2 A. YES.
- 3 Q. AND THAT WAS VERY TRAUMATIC?
- 4 A. YES.
- 5 Q. IT WAS A CAR ACCIDENT, IS THAT RIGHT?
- 6 A. YES.
- 7 Q. IT WAS VERY SUDDEN? AND THAT MADE YOUR DEPRESSION
- 8 WORSE; IS THAT TRUE?
- 9 A. YES.
- 10 Q. SO ---
- 11 A. THAT DOESN'T MEAN THAT I TOOK THE MEDICATION. I
- 12 MEAN, I WAS PRESCRIBED IT, BUT ---
- 13 Q. YOU MAY NOT HAVE ALWAYS TAKEN IT?
- 14 A. RIGHT.
- 15 Q. WELL, YOU WERE CONTINUED TO BE PRESCRIBED THAT
- 16 ANTIANXIETY AND THE ANTIDEPRESSANT REALLY WITH DR.
- 17 ELLIS SINCE YOU'VE BEEN SEEING HER AS FAR BACK AS MY
- 18 NOTES GO, WHICH IS 2011. WOULD YOU AGREE WITH THAT?
- 19 A. YES.
- 20 Q. AND WHETHER YOU TOOK IT OR NOT, YOU WERE CLEARLY
- 21 GETTING THE PRESCRIPTION FOR IT AND HAD AN INCREASE
- 22 IN SYMPTOMS WHEN YOUR GRANDSON DIED?
- 23 A. I CALLED HER. SHE PUT ME ON XANAX WHEN MICHAEL
- 24 DIED. I CALLED HER.
- 25 Q. NOW, WHEN THIS ACCIDENT HAPPENED IN 2012, 2013 --

1 2012, AND THEN YOU WERE RETURNING TO WORK IN '13,
2 '14, '15, YOU DIDN'T HAVE ANY WORSENING DEPRESSION
3 IN 2012, 2013, 2014, OR 2015, DID YOU?

4 A. YEAH, I HAD DEPRESSION DURING ALL THIS, 'CAUSE MY
5 DAUGHTER WOULD GET UP IN THE MIDDLE OF THE NIGHT
6 WHEN I HAD TO STAY WITH HER, AND I WOULD BE SITTING
7 ON HER DECK CRYING. AND SHE'S LIKE, "MOM, WHAT'S
8 WRONG?" AND I WAS LIKE, "I WANT TO GO HOME, AND I
9 WANT TO GO TO WORK." AND SHE SAID, "YOU KNOW YOU
10 CAN'T."

11 Q. BUT ONCE YOU WENT BACK TO WORK AND YOU WERE RELEASED
12 AND YOU STARTED RUNNING YOUR TEAM ROUTE AGAIN IN '13
13 AND '14 AND '15, YOU DIDN'T GO TO DR. ELLIS AND SAY,
14 "I NOW HAVE MORE DEPRESSION THAT I EVER HAD." YOU
15 DIDN'T SAY THAT, DID YOU?

16 A. NO, 'CAUSE I WANTED TO WORK MY JOB.

17 Q. AND, NOW, ARE YOU AWARE THAT HER RECORDS REFLECT
18 THAT ONCE SHE SAW YOU IN MARCH SHE ACTUALLY SAID
19 YOUR DEPRESSION FROM MARCH AND APRIL AND MAY OF 2016
20 WAS GETTING BETTER, THAT YOUR SADNESS WAS DECREASING
21 IN MARCH AND APRIL AND MAY OF 2016? WERE YOU AWARE
22 THAT THAT'S WHAT WAS IN HER NOTES?

23 A. NO.

24 Q. NOW, YOU HAD A CONVERSATION WITH DR. ELLIS, BASED
25 UPON HER RECORDS, THAT SHE SAID SHE COULDN'T KEEP

1 WRITING YOU OUT OF WORK, IS THAT RIGHT?

2 A. RIGHT.

3 Q. AND SHE -- THE RECORDS REFLECT THAT SHE SAID AS LONG
4 AS YOU MAINTAIN THE WEIGHT YOU WERE AT THAT, WHICH
5 WAS 107 AT THE TIME, THAT SHE COULDN'T JUSTIFY YOU
6 BEING OUT OF WORK. SHE TOLD YOU THAT?

7 A. SHE SAID I HAD TO BE OVER A HUNDRED POUNDS.

8 Q. OVER A HUNDRED POUNDS. AND YOU WERE OVER A HUNDRED
9 POUNDS -- WELL, LET ME ASK YOU, DO YOU KNOW WHAT YOU
10 WERE IN APRIL OF '16 WHEN YOU WERE NOT WORKING?

11 A. NO. I -- I DIDN'T KNOW I WAS SUPPOSED TO KEEP A
12 DIARY OF ALL MY WEIGHTS.

13 Q. OKAY. WELL, AND IT'S IMPORTANT BECAUSE IT'S AN
14 ISSUE THAT'S BEEN BROUGHT UP IN THE CASE, AND THAT'S
15 WHY -- I'M NOT -- I'M NOT TRYING TO GIVE YOU A HARD
16 TIME ABOUT YOUR WEIGHT. I'M JUST SAYING IT'S BEEN
17 AN ISSUE THAT'S BEEN BROUGHT UP AS A JUSTIFICATION,
18 AND I'M JUST TRYING TO EXPLORE IT. IN MAY OF 2016,
19 WHEN SHE MADE THE COMMENT SHE WAS UNABLE TO KEEP YOU
20 OUT OF WORK ANYMORE, YOU WEIGHED 107. ARE YOU AWARE
21 THAT TWO WEEKS LATER HER RECORDS REFLECT YOU
22 ACTUALLY WENT UP TO 109.6?

23 A. NO.

24 Q. ARE YOU AWARE OF WHAT YOU WEIGHED WHEN YOU LEFT THE
25 LIFE CENTER? AFTER YOUR PERSONAL TRAINER EXPERIENCE

1 AT THE LIFE CENTER, ARE YOU AWARE OF WHAT YOU
2 WEIGHED WHEN YOU LEFT THERE?

3 A. I THINK IT WAS 116.

4 Q. OKAY. I HAVE DOWN ON THE LAST DAY YOU WEIGHED 120.
5 AND SO -- BUT DESPITE BEING UP TO 120 POUNDS AFTER
6 GOING THROUGH YOUR PERSONAL TRAINER, YOU DIDN'T
7 RETURN TO WORK, CORRECT?

8 A. NO.

9 Q. BUT YOU WOULD AGREE WITH ME, BASED ON THE NUMBERS I
10 WENT THROUGH WITH YOU, 120, YOU ACTUALLY WEIGHED
11 MORE THAN YOU HAVE IN THE LAST SIX YEARS?

12 A. YES.

13 Q. LET'S TALK ABOUT BRIEFLY YOUR WORK HARDENING. DO
14 YOU REMEMBER WHEN I TOOK YOUR DEPOSITION?

15 A. YES.

16 Q. WE MET LAST SUMMER, IS THAT RIGHT?

17 A. WE MET IN DECEMBER, DIDN'T WE?

18 Q. WELL, THAT WAS FOR THE MEDIATION.

19 A. OH, THE OTHER STUFF. YEAH.

20 Q. YEAH, WE MET OVER THE SUMMER. AND DO YOU RECALL AT
21 THAT TIME STATING A DESIRE TO BE PUT IN A PROGRAM TO
22 HELP YOU BUILD MUSCLE MASS?

23 **BY MS. TURNER:**

24 COMMISSIONER, I'M GOING TO OBJECT TO THE USE OF
25 THE DEPOSITION IN THAT MANNER. HE HASN'T ASKED HER

1 A QUESTION WITH WHICH TO USE THE DEPOSITION TO
2 IMPEACH HER. HE CAN JUST ASK HER THE QUESTIONS
3 RATHER THAN...

4 **BY THE COMMISSIONER:**

5 SUSTAINED.

6 **CROSS EXAMINATION RESUMED BY MR. HORNER:**

7 Q. HAVE YOU PREVIOUSLY TESTIFIED UNDER OATH AS TO
8 WHETHER -- WELL, LET ME ASK YOU THIS. IN THE SUMMER
9 OF 2016 DID YOU ASK FOR ANY SORT OF TREATMENT FROM
10 YOUR EMPLOYER?

11 A. NO.

12 Q. YOU DIDN'T ASK FOR ANY TREATMENT AT ALL IN 2016?

13 A. THE ONLY TIME I TALKED TO SCOTT WAS TO ASK HIM IF
14 WORKERS' COMP -- AND HE SAID NO, BUT...

15 Q. DID YOU -- ISN'T IT TRUE THAT YOU MADE A REQUEST TO
16 BE PUT IN SOME SORT OF PROGRAM TO HELP YOU BUILD
17 BACK MUSCLE MASS OR BUILD UP YOUR STRENGTH?

18 A. I ASKED MY ATTORNEY IF I COULD DO IT.

19 Q. OKAY. AND DO YOU REMEMBER TESTIFYING THAT THAT WAS
20 SOMETHING THAT WOULD BE BENEFICIAL, THAT YOU THOUGHT
21 WOULD BE BENEFICIAL TO YOU IN TRYING TO RETURN TO
22 WORK?

23 A. YES.

24 Q. AND, LIKEWISE, DO YOU REMEMBER TESTIFYING THAT THE
25 TEAM DRIVER ISSUE WAS AN ISSUE THAT MIGHT HELP YOU

1 GET BACK TO WORK?

2 A. NO.

3 Q. NOW, WHEN YOU TOOK YOURSELF OUT OF WORK IN JUNE, DR.
4 ELLIS DIDN'T WRITE YOU OUT, CORRECT?

5 A. YEAH, SHE DID.

6 Q. IN JUNE SHE DID NOT WRITE YOU OUT OF WORK, CORRECT?

7 A. SHE DID WRITE ME OUT FOR TWO WEEKS.

8 Q. SHE WROTE YOU OUT FOR TWO WEEKS.

9 A. AND THEN SHE WROTE ME ---

10 Q. SHE WOULDN'T CONTINUE TO WRITE YOU OUT OF WORK?

11 A. NO. SHE WROTE ME OUT AGAIN AFTER THAT.

12 Q. OKAY. SO, DO YOU REMEMBER TELLING ME IN THE
13 DEPOSITION, WHEN I SAID, "DID YOU TAKE YOURSELF OUT
14 OF WORK IN JUNE WITHOUT A DOCTOR," YOU SAID, "YES"?
15 YOU TOLD ME YOU MADE THAT DECISION, THAT YOU
16 COULDN'T DO THE JOB ANYMORE.

17 A. I CAN'T DO THE JOB.

18 Q. SO -- BUT AT THAT TIME YOU DO RECALL WANTING TO BE
19 PUT INTO SORT OF A WEIGHTLIFTING PROGRAM TO SORT OF
20 HELP YOU BUILD MUSCLE MASS TO SEE IF YOU COULD GET
21 BACK TO WORK, RIGHT?

22 A. THE PROGRAM AT GHS IS A LOT DIFFERENT THAN THAT ONE
23 YOU SENT ME TO.

24 Q. AND GHS WAS THE LIFE CENTER?

25 A. YES.

- 1 Q. AND THOSE WERE 30-MINUTE SESSIONS?
- 2 A. YES.
- 3 Q. AND THOSE WERE WITH A PERSONAL TRAINER, RIGHT?
- 4 A. YES.
- 5 Q. AND WHAT YOU DID WITH WORK HARDENING WAS SPECIFIC
- 6 TASKS RELATED TO, LIKE YOU SAID, PULLING WEIGHTS AND
- 7 MOVING WEIGHTS AND SHIFTING THINGS AROUND, CORRECT?
- 8 A. YES.
- 9 Q. WAS IT YOUR UNDERSTANDING THAT THE WHOLE PURPOSE OF
- 10 THE WORK HARDENING WAS TO PREPARE YOU TO RETURN TO
- 11 WORK?
- 12 A. YES. AND I REALLY HAD A HARD TIME, BUT WHEN I
- 13 PUSHED THE SLED, I'D PUSH IT FIVE MINUTES AND TAKE A
- 14 FIVE-MINUTE BREAK 'CAUSE THEY KNEW I WAS STRUGGLING.
- 15 Q. NOW, YOU TESTIFIED WHEN YOUR ATTORNEY WAS ASKING YOU
- 16 QUESTIONS THAT YOUR JOB WAS PRIMARILY -- WITH
- 17 PALMETTO -- WAS PRIMARILY YOU'D HOOK THE TRAILER UP,
- 18 AND THEN YOU WOULD PULL INTO WHEREVER YOU WERE
- 19 DROPPING THE FREIGHT ALONG THE ROUTE, RIGHT?
- 20 A. YES.
- 21 Q. AND YOU WEREN'T RESPONSIBLE FOR MOVING THE FREIGHT
- 22 THAT YOU WERE DROPPING AT YOUR CUSTOMER, WERE YOU?
- 23 A. SOMETIMES WE WERE.
- 24 Q. OKAY. IT WAS RARE, THOUGH; ISN'T THAT TRUE?
- 25 A. YES.

1 Q. AND DO YOU REMEMBER IN 2012, WHEN YOU WERE TRYING TO
2 GET BACK TO WORK, WHERE YOU HAD A CONVERSATION WITH
3 YOUR DOCTOR AND SCOTT JUSTICE WHERE YOU ALL AGREED
4 THAT IN YOUR JOB YOU DIDN'T HAVE TO LIFT A HUNDRED
5 POUNDS AS ---

6 A. SHE NEVER TOLD ME A HUNDRED POUNDS.

7 Q. OKAY. DO YOU RECALL HAVING A CONVERSATION WITH DR.
8 NEWSOM, WHO IS THE WORK COMP DOCTOR, THAT IT WAS
9 MORE LIKE OCCASIONAL 35 POUNDS, WAS THE TRUE LIMIT
10 OF WHAT YOU HAD TO BE CAPABLE OF LIFTING OR PUSHING?
11 DO YOU RECALL THAT CONVERSATION?

12 A. NO.

13 Q. IF THAT'S IN HER RECORDS, THAT YOU AND SCOTT JUSTICE
14 AND HER HAD THAT CONVERSATION AND THAT'S WHY SHE
15 CLEARED YOU TO WORK, WOULD YOU HAVE ANY REASON TO
16 DISAGREE WITH HER RECORDS?

17 A. NO. AT THAT TIME WHEN SHE RELEASED ME, I COULD'VE
18 PUSHED IT. I DON'T THINK I COULD PICK IT UP.

19 Q. SO, LET'S FAST-FORWARD. WE'VE TALKED ABOUT YOU HAVE
20 SOME DENTAL IMPLANTS AND YOU'VE HAD A PLATE OR TWO
21 PUT IN; YOU HAD THE ONE PLATE REMOVED. LET'S TALK
22 ABOUT YOUR LEFT SHOULDER BRIEFLY. YOU UNDERWENT
23 PHYSICAL THERAPY FOLLOWING YOUR ACCIDENT FOR YOUR
24 LEFT SHOULDER, CORRECT?

25 A. CORRECT.

1 Q. AND NOTHING WAS TORN OR BROKEN IN YOUR LEFT
2 SHOULDER, RIGHT?

3 A. RIGHT.

4 Q. AND YOU WENT THROUGH PHYSICAL THERAPY. NOW, DO YOU
5 REMEMBER -- NOW, YOU RETURNED TO WORK IN 2012 AND
6 2013 AND 2014 WITH YOUR LEFT SHOULDER BEING
7 GENERALLY IN THE SAME CONDITION IT IS NOW; ISN'T
8 THAT TRUE?

9 A. MY SHOULDER IS WORSE.

10 Q. NOW, YOU WENT BACK IN 2014. DO YOU REMEMBER THAT,
11 GOING TO A -- WANTING A SECOND OPINION IN 2014 FOR
12 YOUR SHOULDER?

13 A. TO THE WORKERS' COMP DOCTOR?

14 Q. YOU WENT TO SEE DR. SVAVAS?

15 A. OH, YEAH.

16 Q. DO YOU REMEMBER THAT?

17 A. YEAH.

18 Q. DO YOU REMEMBER HIM TELLING YOU THAT YOU COULD GO TO
19 PHYSICAL THERAPY FOR YOUR LEFT SHOULDER IF YOU
20 WANTED?

21 A. NO.

22 Q. IF THAT'S IN HIS NOTES, WOULD YOU HAVE ANY REASON TO
23 DISAGREE WITH THAT?

24 A. I HAVEN'T READ HIS REPORT.

25 Q. DO YOU REMEMBER TELLING ME IN THE DEPOSITION THAT

1 YOU WERE SICK AND TIRED OF PHYSICAL THERAPY AT THAT
2 POINT IN TIME?

3 A. NO.

4 Q. ALL RIGHT.

5 A. I MEAN, THE THERAPY THAT WORKERS' COMP GAVE ME WAS
6 ON THIS ARM ONLY, AND THAT WAS TO GET IT SO I COULD
7 -- 'CAUSE I COULDN'T LIFT ANYTHING, AND IT -- LIKE I
8 COULDN'T PICK IT UP. I HAD TO TAKE THIS ARM AND USE
9 THIS ARM. AND THAT WAS THE ONLY THING THAT WORKERS'
10 COMP PAID FOR.

11 Q. OKAY. WELL, THEY'VE PAID FOR ALL THE DENTAL STUFF,
12 CORRECT?

13 A. I'M TALKING ABOUT AS FAR AS THE PHYSICAL PART.

14 Q. SO -- BUT YOU WOULD AGREE WITH ME THAT AFTER YOU
15 WENT THROUGH PHYSICAL THERAPY, YOU WERE RELEASED
16 FROM PHYSICAL THERAPY AND YOU WENT BACK TO WORK FOR
17 2012, '13, '14, '15, AND '16?

18 A. I COULD NOT TELL YOU.

19 Q. AND AFTER THE INITIAL COURSE OF PHYSICAL THERAPY,
20 YOU NEVER WENT BACK TO PHYSICAL THERAPY, DID YOU?

21 A. WHICH ONE?

22 Q. FOR YOUR LEFT SHOULDER.

23 A. FOR MY LEFT SHOULDER? THEY RELEASED ME.

24 Q. RIGHT. AND AFTER YOU WENT TO SEE DR. SVAVAS YOU
25 NEVER REQUESTED ANOTHER VISIT OR PHYSICAL THERAPY

1 FOR YOUR LEFT SHOULDER AFTER THAT ONE EXAM, DID YOU?

2 A. NOW, IS DR. SVAVAS THE ONE THAT TOOK DR. NEWSOM'S
3 PLACE?

4 Q. YES, MA'AM.

5 A. HE NEVER SUGGESTED I GO TO IT.

6 Q. OKAY. IF IT'S IN HIS RECORDS THAT SAY, "I OFFERED
7 HER PHYSICAL THERAPY, AND SHE REFUSED," WOULD YOU
8 HAVE ANY REASON TO BELIEVE THAT'S NOT TRUE?

9 A. THAT'S NOT TRUE. I DID NOT REFUSE.

10 Q. OKAY. BUT YOU DIDN'T GO TO ANYBODY IN 2014 OR '15
11 OR '16 AND SAY, "MY LEFT SHOULDER IS BOTHERING ME SO
12 BAD I CAN'T WORK ANYMORE"?

13 A. I DID NOT WANT TO GIVE MY JOB UP.

14 Q. NOW, YOUR DIET, YOU SAID THAT YOU -- YOU DRINK SOME
15 ENSURE NOW, IS THAT RIGHT?

16 A. I STILL DRINK ENSURE AND CARNATION.

17 Q. AND YOU'VE TESTIFIED HERE TODAY AND PREVIOUSLY THAT
18 YOU ARE ABLE TO EAT SOLID FOODS, IS THAT RIGHT?

19 A. SOME.

20 Q. AND YOU CAN EAT GRILLED CHICKEN BREASTS, IS THAT
21 RIGHT?

22 A. YES.

23 Q. AND YOU CAN EAT MASHED POTATOES?

24 A. YES.

25 Q. YOU CAN EAT SOME OTHER VEGETABLES AS LONG AS THEY'RE

1 NOT HARD OR IF THEY DON'T GET UNDERNEATH YOUR
2 PROSTHESIS, IS THAT RIGHT?

3 A. WHEN YOU ROLL FOOD IN YOUR MOUTH -- I DON'T THINK
4 YOU REALIZE IT UNTIL YOU GET THESE THINGS. WHEN
5 YOU'RE EATING, YOU ROLL THAT FOOD AROUND. I CANNOT
6 DO THAT. I DON'T HAVE ENOUGH ROOM IN HERE TO EVEN
7 DO IT, AND THESE TEETH DO NOT MATCH UP.

8 Q. BUT YOU'VE BEEN EATING AT LEAST ONE MEAL A DAY SINCE
9 2012?

10 A. NO, SIR; I HAVE NOT.

11 Q. WERE YOU AWARE THAT DR. ELLIS' RECORDS SAY THAT YOU
12 WEREN'T HAVING A PROBLEM EATING AT LEAST ONE OR TWO
13 MEALS A DAY?

14 A. I DO NOT EAT. SOME DAYS I GO WITHOUT, JUST DRINKING
15 ENSURE. I DO NOT EAT TWO MEALS A DAY. IF I BUY A
16 CHICKEN SANDWICH AT McDONALD'S, I HAVE TO TEAR ALL
17 THE BREAD LOSE TO RIGHT DOWN TO THE CHICKEN AND PUT
18 MAYONNAISE ON IT TO HAVE ENOUGH MOISTURE IN MY MOUTH
19 TO EAT THAT LITTLE CHICKEN SANDWICH.

20 Q. BUT THAT HASN'T CHANGED SINCE 2012?

21 A. THAT HASN'T CHANGED SINCE I GOT THESE THINGS.

22 Q. AND YOU WERE ABLE TO WORK FOR FOUR YEARS ON THAT
23 DIET AND ON ENSURE AND ON CARNATION?

24 A. I WAS PUSHING MYSELF. I KNEW I WAS GOING DOWNHILL.

25 Q. YOU KNEW YOU WERE GOING DOWNHILL. IN LOOKING AT

1 YOUR RECORDS I DON'T SEE WHERE YOU EVER TURNED DOWN
2 A JOB, AS NEAR AS I CAN TELL. DOES THAT SOUND ABOUT
3 RIGHT?

4 A. WHAT; WHEN THEY ASKED ME TO RUN AN EXTRA RUN?

5 Q. WHEN THEY ASKED YOU TO RUN -- YEAH.

6 A. YEAH. THAT'S RIGHT.

7 Q. NOW, PALMETTO TRANSPORT, THEY DON'T FORCE YOU TO
8 TAKE EVERY RUN, DO THEY?

9 A. NO. THEY JUST TELL YOU THEY DON'T HAVE ANOTHER
10 DRIVER TO DO IT.

11 Q. OKAY. BUT YOU'RE FREE TO SAY NO, AND YOU DON'T GET
12 TERMINATED FOR THAT, RIGHT?

13 A. NO.

14 Q. AND YOU COULD TAKE EVERY THIRD RUN IF YOU WANTED;
15 ISN'T THAT TRUE?

16 A. WHEN I WAS ON A DEDICATED RUN, YES.

17 Q. RIGHT. AND YOU COULD STILL DO THAT WHEN YOU STOPPED
18 IN MARCH? ISN'T IT TRUE THAT YOU COULD REFUSE RUNS
19 IF YOU DIDN'T FEEL LIKE YOU ---

20 A. AND I TOLD MY DISPATCHER -- I DIDN'T TELL SCOTT IN
21 MARCH. I TOLD MY DISPATCHER. HE DID CALL ME, AND I
22 SAID, "I CAN'T GO." I SAID, "LOOK, I'M JUST WORE
23 OUT; I NEED A BREAK."

24 Q. AND THAT WAS IN MARCH?

25 A. THAT WAS IN MARCH.

1 Q. PRIOR TO MARCH OF 2016 YOU NEVER TURNED DOWN A RUN,
2 DID YOU?

3 A. NO, I DID NOT.

4 Q. OKAY. AND I ASKED YOU -- WE TALKED ABOUT IT LAST
5 SUMMER, THAT YOU NEVER EVEN TRIED TO GO BACK ON
6 ANYTHING LESS THAN A HUNDRED PERCENT. YOU NEVER
7 TRIED TO GO BACK ON 80 PERCENT OR 70 PERCENT OF THE
8 RUNS THAT YOU USED TO DO, DID YOU?

9 A. NO, 'CAUSE I AM THE KIND OF PERSON THAT I WAS GOING
10 TO PUSH MYSELF TO -- I LOVE MY JOB, AND I JUST --
11 YOU KNOW, I DONE IT KNOWING THAT I SHOULDN'T HAVE,
12 BUT I DONE IT.

13 Q. BUT NOTHING PREVENTED YOU FROM SAYING NO?

14 A. SO, UNDOUBTEDLY, DOING WHAT I LOVED WAS THE WRONG
15 THING TO DO.

16 Q. WELL, YOU ALSO GOT PAID FOR THAT, RIGHT? I MEAN, IT
17 WAS YOUR PROFESSION AS WELL, CORRECT?

18 A. IT WAS MY PROFESSION, BUT...

19 Q. AND THE MORE YOU RAN, THE MORE YOU GOT PAID,
20 CORRECT?

21 A. THAT -- THAT WASN'T WHAT I WAS LOOKING AT.

22 Q. OKAY. THAT WASN'T WHAT YOU WERE LOOKING AT, BUT YOU
23 NEVER TURNED DOWN A JOB?

24 A. I THOUGHT I WAS HELPING THE COMPANY MORE THAN I WAS
25 HELPING MY DARN SELF.

1 Q. AND WHEN YOU CAME BACK IN JUNE FOR TWO WEEKS, YOU
2 DIDN'T TURN DOWN A JOB THEN EITHER; YOU DIDN'T SAY
3 LET ME TRY HALF THE RUNS OR TWO-THIRDS OF THE RUNS
4 ---
5 A. THAT'S NOT IN MY ---
6 Q. --- OR ANYTHING OF THAT NATURE?
7 A. NO.
8 Q. AND, IN FACT, WHEN YOU WENT OUT OF WORK, YOU NEVER
9 EVEN OFFERED OR ASKED SCOTT ABOUT WHETHER YOU COULD
10 SIT IN THE GUARD SHACK AGAIN, DID YOU?
11 A. YES, I DID.
12 Q. YOU DID?
13 A. YES, I DID.
14 Q. WHEN DID THAT HAPPEN?
15 A. I SAID, "SCOTT," I SAID, "UNLESS YOU GOT SOMETHING
16 LIGHT I CAN DO, LIKE SITTING IN THE GUARD SHACK."
17 AND HE SAID, "NO, WE DON'T HAVE NOTHING LIKE THAT."
18 Q. AND WHEN YOU TOOK YOURSELF OUT IN JUNE, YOU DID NOT
19 OFFER TO -- YOU WERE ALL OR NOTHING IN JUNE; ISN'T
20 THAT TRUE?
21 A. I WAS -- NO. I WAS SO TIRED 'TIL WHEN I'D COME IN
22 OFF OF THAT MARYLAND RUN THAT I DONE GOOD TO GET
23 MYSELF OUT OF THAT MAN'S TRUCK AND GO TO MY CAR.
24 Q. AND THAT MARYLAND RUN WAS IN THE TWO-WEEK PERIOD
25 WHERE YOU RETURNED TO WORK, RIGHT?

- 1 A. YES.
- 2 Q. NOW, WE'VE TALKED ABOUT YOUR WEIGHT AND WHAT IT WAS
- 3 AND HOW DR. ELLIS THOUGHT YOU COULD WORK AT THAT
- 4 WEIGHT, CORRECT?
- 5 A. NO, DR. ELLIS DID NOT WANT TO SEND ME BACK TO WORK,
- 6 BUT SHE WAS NOT MY WORKERS' COMP DOCTOR.
- 7 Q. SHE SAID ---
- 8 A. Y'ALL WOULDN'T LET HER.
- 9 Q. YOU WOULD AGREE WITH ME THAT SHE SAID, "AT THAT
- 10 WEIGHT I CAN'T JUSTIFY WRITING YOU OUT OF WORK"?
- 11 A. 'CAUSE I WEIGHED A HUNDRED POUNDS. SHE DID NOT WANT
- 12 TO SEND ME BACK, BUT ACCORDING TO Y'ALL'S RULES SHE
- 13 HAD TO.
- 14 Q. THE LIFE CENTER, THE PERSONAL TRAINER YOU WENT TO
- 15 SEE, YOU DID ALL ON YOUR OWN, IS THAT RIGHT?
- 16 A. YES, I DID.
- 17 Q. AND THAT ACTUALLY WAS BEFORE YOU GOT -- YOU WENT TO
- 18 WORK HARDENING, RIGHT?
- 19 A. YES.
- 20 Q. AND ISN'T IT TRUE THAT WHEN YOU WENT TO WORK
- 21 HARDENING, YOU WANTED TO GO TO WORK HARDENING? IT
- 22 WAS SOMETHING YOU WANTED TO TRY?
- 23 A. I HAD NEVER HEARD OF WORK HARDENING OR STRENGTHENING
- 24 BEFORE YOU SENT ME TO THAT. I THOUGHT WE WERE
- 25 TALKING ABOUT THE SAME THERAPY I WAS IN WHEN WE HAD

1 THAT DEPOSITION.

2 Q. BUT IT WAS A LITTLE MORE INTENSE, RIGHT?

3 A. OH, IT LIKED TO KILLED ME. THE NEXT DAY I COULDN'T
4 EVEN GET MY HEAD OFF THE PILLOW.

5 Q. NOW, WHEN YOU TALK ABOUT YOUR NECK, YOU HAVE TROUBLE
6 WITH YOUR NECK, YOU'RE TALKING ABOUT THE FRONT OF
7 YOUR NECK, IS THAT RIGHT?

8 A. I'M TALKING ABOUT FROM RIGHT HERE, AND THERE IS A
9 PLACE RIGHT THERE THAT YOU CAN MASH WHERE THAT
10 MACHINE HIT ME. WE HAVE PICTURES OF WHERE THE
11 MACHINE HIT ME. AND IT'S BEEN THAT WAY EVER SINCE
12 MAY THE 31ST, 2012. THE DOCTORS WERE WELL AWARE OF
13 IT. THERE'S PICTURES OF IT, RIGHT HERE, AND WHEN
14 THIS -- IF I DO A LOT OF LIFTING OR ANYTHING, THIS
15 RIGHT HERE STARTS HURTING AND RADIATES TO THE
16 SHOULDER. MY SHOULDERS BURN; MY NECK HURTS.

17 Q. JUST FOR THE RECORD, BECAUSE WHEN THIS ALL GETS
18 TYPED UP, IT WON'T REFLECT THAT, YOU WERE FIRST
19 GESTURING TO THE BACK OF YOUR LEFT SHOULDER, AND
20 WHEN YOU SAID ACROSS YOUR SHOULDERS AND UP INTO YOUR
21 NECK, YOU WERE GESTURING ACROSS THE FRONT OF YOUR
22 NECK, CORRECT?

23 A. YES, BECAUSE WHEN I -- LIKE WHEN I HAVE A LOT OF --
24 LIKE WHEN HE REPLACES THESE TEETH RIGHT HERE, THEY
25 HAVE TO BEND MY HEAD SO FAR BACK 'CAUSE THEY HAVE TO

1 OPEN MY MOUTH SO WIDE. SO THEY HAVE TO PUT
2 SOMETHING BACK THERE, 'CAUSE, IF NOT, I HAVE TO STOP
3 THEM AND SAY, "DOC, YOU'RE KILLING ME."

4 Q. AND YOU GO EVERY SIX MONTHS TO HAVE YOUR TEETH
5 CLEANED, IS THAT RIGHT?

6 A. YES.

7 Q. AND THE DENTIST, IT'S NOT A NORMAL -- YOU HAVE TO GO
8 BACK TO DR. (INAUDIBLE), AND HE HAS TO ACTUALLY
9 REMOVE THE BOTTOM PLATE, IS THAT RIGHT, WHEN HE
10 CLEANS THE BOTTOM?

11 A. YES.

12 Q. BUT SINCE YOU'VE BEEN GOING BACK TO GET THESE
13 CLEANINGS, OTHER THAN THE SURGERY IN 2005 YOU
14 HAVEN'T ASKED HIM TO DO ANYTHING DIFFERENT OR
15 COMPLAINED ABOUT ANYTHING OTHER THAN THE GENERAL
16 PROBLEMS YOU'VE HAD SINCE THE BEGINNING, IS THAT
17 RIGHT?

18 A. YEAH. I TOLD HIM, I SAID, "DOC, I CAN'T EAT. THESE
19 TEETH DON'T LINE UP."

20 **BY MR. HORNER:**

21 COMMISSIONER, I THINK THAT'S ALL I HAVE.

22 **BY THE COMMISSIONER:**

23 ALL RIGHT. THANK YOU. MS. TURNER, ANY
24 REDIRECT?

25 **BY MS. TURNER:**

1 JUST A LITTLE BIT, I PROMISE.

2 BY THE COMMISSIONER:

3 SURE.

4 REDIRECT EXAMINATION BY MS. TURNER:

5 Q. JENNIE, DURING THE TIME THAT YOU WENT TO WORK
6 HARDENING -- WELL, LET ME ASK YOU THIS. DEFENDANTS'
7 COUNSEL MENTIONED THAT YOU HAD BEEN OFFERED A JOB AS
8 A TEAM DRIVER?

9 A. YES.

10 Q. AND DURING THAT TIME YOU WENT TO WORK HARDENING TO
11 SEE IF YOU COULD GET BACK TO THE POINT WHERE YOU
12 COULD DRIVE?

13 A. YES.

14 Q. OKAY. AND YOU DID GO TO WORK HARDENING, IS THAT
15 RIGHT?

16 A. YES.

17 Q. AND ARE YOU AWARE THAT ACCORDING TO THE DISCHARGE
18 REPORT FOR WORK HARDENING THAT YOU DID NOT MEET THE
19 REQUIREMENTS FOR FLOOR-TO-WAIST LIFTING?

20 A. NO, I DIDN'T KNOW WHAT THEY SAID.

21 Q. OKAY. IF I TOLD YOU THAT YOUR PROGRESS REPORT AS OF
22 12-5-16 SAID THAT YOU COULD LIFT ONLY TEN POUNDS
23 CONSTANTLY FROM FLOOR TO WAIST, DOES THAT SOUND
24 ABOUT RIGHT TO YOU, GIVEN YOUR EXPERIENCE IN WORK
25 HARDENING?

1 A. YES.

2 Q. OKAY. AND THERE WAS SOME TALK ABOUT A 35 POUND --
3 OR AN AGREEMENT THAT THERE WAS A 35 FLOOR-TO-WAIST
4 LIFTING OR LIFTING REQUIREMENT ON YOUR ACTUAL JOB.
5 WOULD YOU AGREE WITH ME THAT THEN POUNDS IS STILL
6 LESS THAN 35?

7 A. YES.

8 Q. ALL RIGHT. DOES IT SOUND RIGHT TO YOU THAT THE WORK
9 HARDENING EVALUATION FOUND THAT YOU DID NOT MEET THE
10 JOB STANDARDS FOR VERTICAL PUSHING AND PULLING?

11 A. NO.

12 Q. OKAY. IF I TOLD YOU THAT YOU WERE EVALUATED AT
13 BEING ABLE TO CARRY ONLY 20 POUNDS OCCASIONALLY,
14 DOES THAT SOUND RIGHT TO YOU?

15 A. YES.

16 Q. OKAY. AND AS FAR AS THE -- AS FAR AS YOUR
17 ACTIVITIES WITH PUSHING AND PULLING THE SLED THERE,
18 DID YOU HAVE SOME DIFFICULTY ---

19 A. YES.

20 Q. --- DOING THAT? HOW DID YOU HAVE TO PERFORM THAT
21 WHEN YOU WERE AT WORK HARDENING?

22 A. IT WAS ON A TILE FLOOR AND NOT ON CARPET, BUT THEY
23 -- I PUSHED IT FOR FIVE MINUTES AND RESTED FIVE
24 MINUTES.

25 Q. OKAY. AND IS -- DID YOU WORK AS HARD AS YOU COULD

1 AT DOING THAT?

2 A. YES. YES, MA'AM.

3 BY MS. TURNER:

4 THANK YOU. COMMISSIONER, I DON'T -- JUST ONE
5 SECOND, COMMISSIONER.

6 RECROSS EXAMINATION BY MR. HORNER:

7 Q. MS. COX, AS FAR AS WORK HARDENING GOES, YOU WERE
8 ASKED QUESTIONS ---

9 BY THE COMMISSIONER:

10 SHE WASN'T DONE YET.

11 BY MR. HORNER:

12 I'M SORRY.

13 BY THE COMMISSIONER:

14 SHE WAS JUST CONSULTING. THAT'S OKAY.

15 BY MS. TURNER:

16 AND I APOLOGIZE. I'M SORRY.

17 REDIRECT EXAMINATION RESUMED BY MS. TURNER:

18 Q. I'M GOING TO SHOW YOU SOME PICTURES. YOU HAVE A
19 SCAR THAT IS UNDER YOUR CHIN, RIGHT?

20 A. UH-HUH.

21 Q. THAT'S FROM YOUR -- THAT'S FROM THE ACCIDENT, IS
22 THAT RIGHT?

23 A. YES.

24 Q. IT IS -- THAT'S THE SCAR THAT YOU HAD TO HAVE SOME
25 SUTURES FOR, RIGHT?

1 A. YES.

2 BY MS. TURNER:

3 AND, COMMISSIONER, WE HAVE SOME PHOTOGRAPHS IN
4 HERE. I DON'T KNOW IF YOU WOULD WANT TO VIEW ---

5 BY THE COMMISSIONER:

6 DO I HAVE COPIES IN HERE OR IS THIS GOING TO BE
7 SEPARATE?

8 BY MS. TURNER:

9 THEY ARE HERE.

10 BY THE COMMISSIONER:

11 OKAY, ALL RIGHT.

12 REDIRECT EXAMINATION RESUMED BY MS. TURNER:

13 Q. MS. COX, I WANT YOU TO TAKE A LOOK AT THE -- SOME OF
14 THE PHOTOGRAPHS THAT I'M ABOUT TO SHOW YOU TO TELL
15 ME WHETHER THEY DEPICT YOUR INJURIES AT THE TIME
16 BACK IN 2012 WHEN YOU HAD YOUR ACCIDENT.

17 A. THAT WAS -- THIS ONE HERE?

18 Q. YES.

19 A. MY DAUGHTERS MADE THEM. SO THIS ONE HERE, I THINK,
20 WAS AT MEMORIAL AFTER THEY TRANSFERRED ME HOME.

21 Q. OKAY.

22 A. THIS ONE HERE WAS AT GRADY.

23 Q. OKAY. BUT THIS IS A PICTURE ---

24 A. YES.

25 Q. --- OF YOU AT THAT TIME? AND AT THE TIME YOU HAD

1 YOUR ACCIDENT, THERE WAS SOME TRAUMA TO YOUR NECK.
2 DO YOU KNOW WHAT THAT CAME FROM?

3 A. ALL I KNOW IS IT'S FROM WHERE MY HEAD HIT THE FLOOR
4 HERE AND TOOK IT BACKWARDS.

5 Q. OKAY. IS THAT A PICTURE OF WHAT WAS GOING ON WITH
6 JUST YOUR THROAT THERE, SOME ABRASIONS?

7 A. YES. THIS SIDE -- THIS SIDE WAS YELLOW AND BLUE.
8 AND I ASKED THEM LATER WHEN I SOBERED UP A LITTLE
9 BIT WHY.

10 Q. OKAY. AND WAS THERE ALSO SOME BRUISING ON YOUR
11 SHOULDER AREA?

12 A. YES, ON MY BACK.

13 Q. OKAY. AND I WON'T GO THROUGH EVERY ONE OF THEM.
14 OKAY. NOW, YOU STILL HAVE A SCAR, RIGHT? IT'S
15 GOTTEN SOMEWHAT BETTER SINCE THE TIME OF THE
16 ACCIDENT?

17 A. YES.

18 Q. OKAY. COULD YOU SHOW THE ---

19 BY THE COMMISSIONER:

20 YOU CAN COME ON UP SO I CAN SEE.

21 BY THE WITNESS:

22 THERE'S ONE HERE FROM WHEN THEY TOOK THE LAST
23 PLATE OUT.

24 BY THE COMMISSIONER:

25 LET THE RECORD REFLECT THE CLAIMANT IS SHOWING

1 ME THE BOTTOM PART OF HER LEFT JAW. DO YOU WANT TO
2 COME -- MR. HORNER, HAVE YOU SEEN IT ALREADY, OR DO
3 YOU NEED TO COME UP AND SEE WHAT I'M LOOKING AT?
4 AND I DO SEE -- I DO SEE A SMALL SCAR. IT'S
5 DISCOLORED.

6 **BY THE WITNESS:**

7 YEAH, AND THEN THE OTHER ONE WAS UNDER HERE
8 WHERE YOU COULD SEE THE BONE.

9 **BY THE COMMISSIONER:**

10 YES, MA'AM. OKAY. I GUESS COMBINED THE TOTAL
11 SCAR IS PROBABLY -- BOTH SCARS COMBINED ARE
12 APPROXIMATELY TWO TO TWO AND A HALF INCHES IN TOTAL
13 LENGTH. THANK YOU.

14 **BY MS. TURNER:**

15 WE WOULD JUST OFFER THE PHOTOGRAPHS INTO
16 EVIDENCE.

17 **BY THE COMMISSIONER:**

18 OKAY. ANY OBJECTION TO THE PHOTOGRAPHS, MR.
19 HORNER?

20 **BY MR. HORNER:**

21 NO, COMMISSIONER.

22 **BY THE COMMISSIONER:**

23 OKAY. ALL RIGHT. THANK YOU. THE PHOTOGRAPHS
24 WILL BE MARKED COMBINED AS CLAIMANT'S EXHIBIT "A."
25 **(COURT REPORTER MARKS PHOTOGRAPHS CLAIMANT'S EXHIBIT "A,"**

1 **RETAINED IN COMMISSION FILE.)**

2 **BY MS. TURNER:**

3 THERE WAS ONE MEDICAL RECORD THAT I WANTED TO
4 DIRECT YOUR HONOR'S ATTENTION TO.

5 **BY THE COMMISSIONER:**

6 OKAY.

7 **BY MS. TURNER:**

8 LET'S SEE. AT -- IT'S AT CLAIMANT'S APAs 247.
9 THIS IS A RECORD FROM DR. COBB INDICATING THAT HER
10 -- THAT SHE WAS EXTREMELY MALNOURISHED AT THE TIME
11 AND THAT THE MALNOURISHMENT WAS AFFECTING NEGATIVELY
12 AND PUTTING IN JEOPARDY HER ENTIRE RECOVERY, AND
13 ALSO REFERRING HER FOR CONSULTATION TO TREAT THE
14 MALNOURISHMENT.

15 **REDIRECT EXAMINATION RESUMED BY MS. TURNER:**

16 Q. MS. COX, DID YOU -- DID YOU HAVE -- DID YOU GET SOME
17 HELP EARLY ON WITH TRYING TO GET ENOUGH NUTRITION?
18 AS A RESULT OF DR. COBB'S RECOMMENDATION OR
19 REFERRAL, DID YOU GET TO GO SEE SOMEONE ABOUT
20 NUTRITION?

21 A. YES.

22 Q. OKAY. WAS THAT HELPFUL AT THE TIME?

23 A. YES.

24 Q. MS. COX, IN 2016 DID YOU PROVIDE YOUR EMPLOYER WITH
25 OUT-OF-WORK EXCUSES FROM DR. ELLIS?

1 A. YES.

2 Q. OKAY. SO YOU DID, IN FACT, PROVIDE SOME OUT-OF-WORK
3 EXCUSES FOR THAT?

4 A. YES.

5 BY MS. TURNER:

6 OKAY. THANK YOU.

7 BY THE COMMISSIONER:

8 ALL RIGHT. THANK YOU. MR. HORNER, ANY
9 RECROSS?

10 BY MR. HORNER:

11 VERY BRIEFLY.

12 BY THE COMMISSIONER:

13 SURE.

14 RECROSS EXAMINATION BY MR. HORNER:

15 Q. MS. COX, YOU WERE ASKED ABOUT THE WORK HARDENING AND
16 VARIOUS STANDARDS OR GOALS. WHEN FIRST PHYSICAL
17 THERAPY OR CORA REHAB IDENTIFIED A GOAL OR A
18 STANDARD, YOU HAVE NO IDEA WHAT THAT'S BASED ON, DO
19 YOU?

20 A. NO, I DON'T.

21 Q. OKAY. AND WHEN YOU RETURNED IN 2012 TO WORK, THAT
22 WAS BASED UPON YOU OCCASIONALLY HAVING TO MOVE OR
23 PUSH OR PULL 35 POUNDS; ISN'T THAT TRUE?

24 A. I DON'T KNOW IF I WAS EVER TOLD THAT.

25 Q. OKAY. YOU WOULD AGREE WITH ME, THOUGH, THAT THE

1 PRIMARY -- MOST OF THE HOURS THAT YOU INCURRED AT
2 PALMETTO WERE THE ACTUAL DRIVING, IS THAT RIGHT?

3 A. YES.

4 Q. THE DRIVING TIME. AND 35 POUNDS SOUNDS ABOUT RIGHT,
5 DOESN'T IT?

6 A. I WOULD SAY SO.

7 Q. OKAY. I MEAN, YOU'RE NOT DISPUTING IT AND SAYING
8 IT'S A HUNDRED POUNDS?

9 A. NO, IT'S NOT.

10 Q. OKAY. AND, LIKE I SAID, IF THE RECORDS SAY YOU
11 THOUGHT IT WAS 35 FOUR YEARS AGO, YOU DON'T HAVE ANY
12 REASON TO BELIEVE YOU DIDN'T SAY THAT, RIGHT?

13 A. NO.

14 Q. AND BY THE TIME YOU LEFT CORA -- YOU WERE TALKING
15 ABOUT PUSHING AND PULLING AND MOVING SLEDS AROUND
16 AND THINGS LIKE THAT. YOU -- WERE YOU AWARE THAT
17 YOU WERE ACTUALLY, YOU KNOW -- YOU HAD ACTUALLY
18 IMPROVED OVER THE SIX WEEKS YOU WERE THERE?

19 A. NO.

20 Q. DID YOU FEEL LIKE YOU IMPROVED OVER THE SIX WEEKS
21 YOU WERE THERE?

22 A. NO, I DID NOT. I WENT FROM THERE STRAIGHT HOME.
23 NO, I REALLY STOPPED AND GOT A HOT DOG AND WENT HOME
24 AND GOT ON THE COUCH.

25 Q. NOW, WHEN YOU HAD THE CUT IN YOUR CHIN, THAT WAS

1 SUTURED, IS THAT RIGHT? THEY PUT SOME STAPLES OR
2 SOME SUTURES IN THERE, IS THAT RIGHT; STITCHES?

3 A. I DON'T KNOW, 'CAUSE I DO REMEMBER BEING -- COMING
4 TO AT THAT TIME AT GRADY, AND I WASN'T REAL SOBER,
5 BUT I WAS SOBER ENOUGH I REMEMBER ASKING THAT DOCTOR
6 -- BEFORE HE COULD LET ME LEAVE THAT HAD TO BE SEWED
7 UP 'CAUSE IT WAS BARE BONE. AND I DO REMEMBER
8 ASKING THE DOCTOR, I SAID, "HAVE YOU EVER DONE THIS
9 BEFORE?" AND HE SAID, "A FEW." AND AFTER THAT,
10 ZAP, I WAS GONE AGAIN.

11 Q. YOU DIDN'T HAVE ANY OTHER PROCEDURES ON THE SCAR
12 ITSELF, ON THE CUT ITSELF, OTHER THAN THE INITIAL
13 ---

14 A. NOT AT GRADY, NO.

15 **BY MR. HORNER:**

16 THAT'S ALL I'VE GOT FOR YOU.

17 **BY THE COMMISSIONER:**

18 ALL RIGHT. ANYTHING ON REDIRECT?

19 **BY MS. TURNER:**

20 JUST REAL QUICKLY.

21 **REDIRECT EXAMINATION BY MS. TURNER:**

22 Q. WHEN YOU SAY YOU WERE NOT REAL SOBER, WHY WAS THAT?
23 WHAT ---

24 A. I HAD A LOT OF DRUGS IN ME.

25 Q. WHERE DID THE DRUGS COME FROM?

1 A. WHERE DID THE -- (INAUDIBLE STATEMENT.)

2 BY MS. TURNER:

3 THAT'S ALL. THANK YOU.

4 BY THE COMMISSIONER:

5 FOR THE RECORD, ARE THERE ANY OTHER WITNESSES
6 FOR THE CLAIMANT?

7 BY MS. TURNER:

8 NO.

9 BY THE COMMISSIONER:

10 OKAY. ALL RIGHT. MR. HORNER, YOU MAY CALL
11 YOUR FIRST WITNESS.

12 BY MR. HORNER:

13 CAN I HAVE JUST A MINUTE?

14 BY THE COMMISSIONER:

15 SURE.

16 BY MR. HORNER:

17 WE DON'T HAVE ANY WITNESSES.

18 BY THE COMMISSIONER:

19 OKAY, ALL RIGHT. AND I NOTED IN THE PREHEARING
20 CONFERENCE -- I MAY HAVE MESSED THAT UP -- THAT YOU
21 HAD DEBATED WHETHER OR NOT YOU WERE GOING TO CALL
22 MR. JUSTICE, AND SO I DIDN'T GIVE YOU AN OPPORTUNITY
23 TO DO THAT, BUT...

24 BY MR. HORNER:

25 WELL ---

1 BY THE COMMISSIONER:

2 I DON'T KNOW THAT WE NEED TO, BUT IT'S UP TO
3 YOU.

4 BY MR. HORNER:

5 I DON'T THINK THAT WE DO.

6 BY THE COMMISSIONER:

7 OKAY, ALL RIGHT. VERY GOOD. I WILL READ THE
8 APA SUBMISSIONS INTO THE RECORD, BUT, AGAIN, THESE
9 WILL BE UPLOADED THE COMMISSION'S ECASE SYSTEM. FOR
10 THE CLAIMANT I HAVE APA NUMBERS ONE THROUGH 13,
11 WHICH ARE PAGES ONE THROUGH 284. IN ADDITION, I DO
12 ALSO HAVE CLAIMANT'S EXHIBIT "A," WHICH IS A SERIES
13 OF COLOR PHOTOGRAPHS, WHICH WILL BE RETAINED IN THE
14 COMMISSION'S FILE.

15 FOR THE DEFENDANTS I HAVE APA SUBMISSIONS
16 NUMBERS 14 THROUGH 19 AND EXHIBITS 20 THROUGH 25,
17 WHICH ARE PAGES 285 THROUGH 371. I WILL NOTE,
18 THOUGH, EXHIBIT NUMBER 25 IS THE CLAIMANT'S
19 DEPOSITION, BUT I DON'T KNOW THAT SHE WAS FORMALLY
20 IMPEACHED, SO WE MAY NOT NEED THAT.

21 BY MR. HORNER:

22 NO, YOUR HONOR. I DO HAVE IT GOING THROUGH
23 375.

24 BY THE COMMISSIONER:

25 OH, YOU HAVE SUPPLEMENTALS. YOU HAVE

1 SUPPLEMENTALS.

2 BY MR. HORNER:

3 AND I WOULD NOTE THAT AS PART OF 23 AND 24
4 THERE IS VIDEO FROM THE PRIVATE INVESTIGATOR THAT
5 GOES WITH THE REPORT AND SOME STILL PHOTOS. I HAVE
6 THOSE ON A FLASH DRIVE. I DON'T KNOW IF I CAN
7 UPLOAD VIDEO TO THE COMMISSION. I DON'T KNOW HOW
8 THAT WORKS.

9 BY THE COMMISSIONER:

10 I THINK YOU CAN. SO TRY IT, AND IF IT DOESN'T
11 WORK, THEN MAIL ME THAT FLASH DRIVE.

12 BY MR. HORNER:

13 OKAY.

14 BY THE COMMISSIONER:

15 OKAY. AND THEN ---

16 BY MS. TURNER:

17 I'M SORRY, COMMISSIONER. THERE WAS SOMETHING
18 -- YOU SAID SOMETHING ABOUT SUPPLEMENTING?

19 BY THE COMMISSIONER:

20 NO. THERE WAS A SUPPLEMENTAL BRIEF THAT HAD
21 EXHIBIT NUMBER 26, WHICH IS PAGES 372 TO 375.

22 BY MS. TURNER:

23 I DON'T KNOW THAT WE HAVE THAT.

24 BY MR. HORNER:

25 THEY WERE -- THEY MAY NOT HAVE MADE IT IN THE

1 MAIL IN TIME.

2 BY THE COMMISSIONER:

3 IT'S PAYROLL RECORDS?

4 BY MR. HORNER:

5 THEY WERE THE WAGE RECORDS THAT I QUESTIONED

6 HER ABOUT THAT SHE CONFIRMED ---

7 BY MS. TURNER:

8 OH, OKAY.

9 BY MR. HORNER:

10 --- WERE HER WAGES FOR '13 AND '14.

11 BY THE COMMISSIONER:

12 THEY WERE JUST SERVED VIA MAIL, SO THEY MAY BE

13 IN YOUR OFFICE, JUST NOT IN THE FILE YET, BUT...

14 BY MR. HORNER:

15 YOU CAN HAVE MY COPY IF YOU WANT.

16 BY MS. TURNER:

17 THANK YOU.

18 BY MR. HORNER:

19 SHE BASICALLY CONFIRMED THAT THOSE WERE HER

20 WAGES.

21 BY THE COMMISSIONER:

22 OKAY. ALL RIGHT. THAT CONCLUDES THIS MATTER.

23 THANK YOU VERY MUCH.

24 (THERE BEING NO FURTHER QUESTIONS, THIS HEARINGS WAS

25 CONCLUDED AT THE HOUR OF 2:43 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1206236

EMPLOYEE/CLAIMANT: JENNIE COX

EMPLOYER: PALMETTO STATE TRANSPORTATION

CARRIER: CHEROKEE INSURANCE COMPANY

I, TIMMI A. PARRISH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING **74** PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF **JENNIE COX**, TAKEN ON THE 2ND DAY OF FEBRUARY, 2017.

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

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

IN WITNESS WHEREOF, I HAVE SET MY HAND AND OFFICIAL SEAL THIS 10TH DAY OF MAY, 2017.

TIMMI A. PARRISH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 11-20-2018

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

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1206236

JENNIE COX,	)	
	)	
CLAIMANT,	)	
	)	
VS.	)	TRANSCRIPT OF PROCEEDINGS
	)	
PALMETTO STATE	)	FEBRUARY 12, 2019
TRANSPORTATION,	)	
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
CHEROKEE INSURANCE	)	
COMPANY,	)	
	)	
CARRIER,	)	
	)	
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 THE
COUNTY ADMINISTRATION BUILDING, 366 NORTH CHURCH
STREET, SPARTANBURG, SOUTH CAROLINA, ON TUESDAY,
FEBRUARY 12, 2019, COMMENCING AT 1:30 P.M.

APPEARANCES

FOR THE CLAIMANT:

JULIETTE B. MIMS, ESQUIRE

MIMS LAW FIRM

100 EAST POINSETT STREET

GREER, SOUTH CAROLINA 29651

ADRIANNE L. TURNER, ESQUIRE

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FOR THE DEFENDANTS:

GEORGE D. GALLAGHER, ESQUIRE

SPEED, SETA, MARTIN & TRIVETT & STUBLEY, LLC

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COLUMBIA, SOUTH CAROLINA 29211

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PROCEEDINGS

THE COURT: Today's date is February 12, 2019. This is Workers' Compensation File No. 1206236. The claimant in this matter is Jennie Cox represented today by Attorney Juliette Mims and Adrienne Turner. Employer is Palmetto State Transportation. The carrier is Cherokee Insurance Company. They are represented today by Attorney George Gallagher. Date of the accident in this matter is May 31st, 2012. Average weekly wage is \$1327.69 yielding a compensation rate of \$725.47.

We are here today on remand from the Full Commission via order dated May 21st, 2018. I received APAs from both the claimant and the defendant in this matter as well as a list of documents that are contained and what's been marked as Claimant's Exhibit No. 1. It's my understanding those have been objected to by the defendants.

And it's my understand at the last proceeding I agreed with your position on those documents, Mr. Gallagher?

MR. GALLAGHER: Yes, sir. We objected on the ground that they were evidence that was generated after the original record that was before the Full

1 Commission order and ergo not relevant.

2 THE COURT: And as such, Ms. Mims, you're
3 asking me to have these proffered in this file?

4 MS. MIMS: That is correct, Your Honor.

5 THE COURT: And I'm going to grant that
6 request. Those documents will be proffered.

7 (PROFFERED CLAIMANT'S EXHIBIT NO. 1 WAS MARKED FOR
8 IDENTIFICATION.)

9 THE COURT: The other thing I have is a
10 photograph that's been submitted. That has been
11 marked as Claimant's Exhibit No. 2.

12 (CLAIMANT'S EXHIBIT NO. 2 WAS MARKED FOR
13 IDENTIFICATION.)

14 THE COURT: Mr. Gallagher, it's my
15 understanding that you have no objection to that
16 being admitted into evidence?

17 MR. GALLAGHER: That's correct.

18 THE COURT: And as such it is hereby
19 admitted.

20 All right. Other than those items that we
21 addressed, are there any objections to APAs,
22 jurisdiction, venue or any other matter? Ms. Mims?

23 MS. MIMS: No, Your Honor.

24 THE COURT: Mr. Gallagher?

25 MR. GALLAGHER: No, sir.

1 THE COURT: Ms. Mims, are you trying this
2 case OR is Ms. Turner trying?

3 MS. MIMS: She's going to try the
4 claimant. I mean, questioning the claimant.

5 THE COURT: Okay. I'm not sure which one
6 you want me to address.

7 MS. TURNER: I'm just asking the
8 questions. Yes, sir.

9 THE COURT: All right. As I mentioned --
10 it's without objection the Commission file becomes a
11 part of the record with the exception of self-serving
12 declarations and unstipulated medical reports.

13 So Ms. Mims, regarding our conversation in
14 the pre-hearing conference, the record as a whole is
15 being made a part of this.

16 Also during the pre-hearing conference in
17 this matter there's been a lot of discussion. I
18 think this is the third time I've -- third or fourth
19 time I think we've been together on this matter.
20 This is, in fact, a remand from the Full Commission.

21 Again, the date of that remand order was
22 May 21st of 2018. The instructions from the panel to
23 me are very clear. And they are for me to determine
24 permanency on the compensable body parts and those
25 compensable body parts are defined by the panel in

1 Finding of Fact No. 1 in the Full Commission decision
2 and order. Those body parts include teeth, the
3 mandible, the left shoulder, the facial nerve and
4 scarring, if any, to the chin. That is the scope of
5 this proceeding today in accordance with that order.
6 There will be no other decisions or determinations
7 made in this proceeding.

8 MS. MIMS: Did you say the shoulder? I'm
9 sorry. Shoulder?

10 THE COURT: Left shoulder. I assume --
11 let me not assume. Should there be an appeal in this
12 matter to whatever decision that I make, I would
13 direct that appeal to go back to the original panel.
14 I think it's in the interest of judicial economy for
15 the same people that sent it down here to get it if
16 and when it should go back up.

17 Any difference of opinion on that?

18 MR. GALLAGHER: I would agree with that,
19 Commissioner.

20 MS. MIMS: I would agree with that.

21 THE COURT: Okay.

22 MR. GALLAGHER: Commissioner, and I'm
23 sorry. I didn't mean to interrupt you, but I just
24 don't want to complicate this thing any more
25 procedurally as well. But I do believe -- I don't

1 think the order says it specifically, but there is a
2 future medical issue as well with regard to hardware
3 appliances that she has as a result of these
4 injuries. I am prepared to stipulate to that. I
5 mean, it is what it is to that extent.

6 So I think under 42-15-60 even though the
7 remand instructions may not have specifically
8 referenced that, I do believe that any award of
9 permanency requires a finding on entitlement to
10 future medical. And like I said, a lot of it is
11 appliance hardware type stuff that would be...

12 THE COURT: Are there things other than
13 hardware?

14 MR. GALLAGHER: There are -- no, sir. Not
15 that I am stipulating to. I would agree that -- my
16 understanding is that she has some type of appliance
17 that was used to fix her jaw. So there's a
18 prosthetic appliance there. There's also dental
19 implants. So those two things I am definitely
20 prepared to stipulate to. I don't know if there's
21 anything else from the claimant's perspective that
22 they are seeking to add, but --

23 THE COURT: Well, as I am not instructed
24 to make a determination on that, I can certainly
25 accept a stipulation. But I don't think the Full

1 Commission order allows me the latitude of litigating
2 future medical beyond anything you might stipulate
3 to.

4 MR. GALLAGHER: I'm just prepared to
5 stipulate, too, just as a matter of simplicity and
6 not complicate anything further.

7 THE COURT: And then that's something if
8 y'all take it back up with the panel you're going to
9 have to address as well as the other issues that we
10 talked about the last time we convened.

11 MR. GALLAGHER: That might be all there
12 is. I don't know if there's anything else.

13 MS. MIMS: I assumed that we would go by
14 the 14B. She will need prosthetic maintenance and
15 replacement which she does every six months which is
16 beyond --

17 THE COURT: Yeah. He's conceding to that.
18 He stipulated to that.

19 MS. MIMS: He is?

20 MR. GALLAGHER: Yes. Yes.

21 MS. MIMS: I heard something -- I'm sorry.
22 And then there was -- the doctor with the shoulder
23 indicated there would be future medical care needed
24 for her left upper extremity.

25 THE COURT: In what form?

1 MS. MIMS: "Would need future medical care
2 related to his or her work-related injury or illness
3 based on a reasonable degree of medical certainty."

4 MS. TURNER: Physical therapy, I think is
5 what...

6 MS. MIMS: Physical therapy. I'm trying
7 to find the actual note.

8 THE COURT: Mr. Gallagher.

9 MR. GALLAGHER: Well, Commissioner, the
10 problem with any of these 14Bs is I don't know what's
11 possible and what's, you know, actually necessary.
12 You know, I know doctors will put the laundry list of
13 things that they may need possibly conceivably but
14 don't necessarily need them at this particular point
15 in time. So I don't know what the nature of that --
16 what the nature of that is.

17 THE COURT: Physical therapy.

18 MR. GALLAGHER: I have physical therapy.

19 MS. TURNER: Physical therapy.

20 MR. GALLAGHER: I don't know that anybody
21 is recommending anything now or has recommended
22 anything on her shoulder at this point. You know,
23 for the sake of not complicating this any further,
24 I'm going to just say I would -- if and when that
25 becomes necessary, I don't think we have a problem

1 with that.

2 THE COURT: So you'll stipulate --

3 MR. GALLAGHER: Limited to physical
4 therapy.

5 THE COURT: Which is what the form says.

6 MR. GALLAGHER: That's right.

7 MS. MIMS: That's what the forms say.
8 Yes. Thank you, Your Honor.

9 MR. GALLAGHER: Other than that, the rest
10 of the future medicals is fairly well-specified and I
11 think it's a little bit more concrete than that.

12 MS. MIMS: Well, if I may. Will the order
13 reflect what the treating doctors for the mouth, the
14 mandible, Larry Cobb's 14B and Dr. Ridgell? Will it
15 reflect what they -- what they have written in terms
16 of the maintenance procedures annually and --

17 THE COURT: Is it to the hardware?

18 MS. MIMS: Yes.

19 THE COURT: He's conceded to that.

20 MS. MIMS: Yeah. I know he's conceded to
21 that, but I just want it to be clear and also is the
22 maintenance. He's conceded to that as well.

23 THE COURT: Hardware including repair,
24 maintenance or replacement.

25 MS. MIMS: Because there's two different

1 doctors that were giving.

2 MR. GALLAGHER: I think they're
3 recommending the same thing. So I --

4 THE COURT: It's my understanding -- let
5 me just make sure I get this right. You're
6 stipulating that she's entitled to future medical
7 care in the form of repair, maintenance or
8 replacement of any hardware in accordance with
9 42-15-60?

10 MR. GALLAGHER: Correct.

11 THE COURT: And further stipulating that
12 she's entitled to the physical therapy for the left
13 shoulder if and when that becomes necessary?

14 MR. GALLAGHER: Correct.

15 THE COURT: Did I cover it?

16 MS. MIMS: Well, you know, it just -- it
17 goes into a little bit more detail. "Replace or
18 refurbish appliances every six to eight years. Oral
19 surgeon visit five years for --

20 THE COURT: If it has to do with the
21 hardware, it's covered --

22 MS. MIMS: Then we're fine.

23 THE COURT: -- under the stipulation.

24 MS. MIMS: Okay.

25 THE COURT: And you've got that on the

1 record.

2 MS. MIMS: Thank you.

3 THE COURT: And Mr. Gallagher has conceded
4 to that.

5 MS. MIMS: Thank you.

6 THE COURT: Have you not, Mr. Gallagher?

7 MR. GALLAGHER: I have.

8 THE COURT: Thank you. Anything else?

9 MS. MIMS: I don't. Nothing else.

10 THE COURT: All right. Ms. Cox, would you
11 raise your right hand, please.

12 JENNIE COX,
13 AFTER HAVING BEEN DULY SWORN TO TELL THE TRUTH,
14 TESTIFIED AS FOLLOWS:

15 THE COURT: Please state your full name
16 for the record.

17 THE WITNESS: Jennie Kay Cox.

18 THE COURT: Ms. Turner.

19 You're going to need to keep your voice up
20 a little bit. Okay?

21 THE WITNESS: Okay. I'll try.

22 THE COURT: If you can. If you can.

23 Okay. Ms. Turner.

24 MS. TURNER: Thank you, Commissioner.

25 DIRECT EXAMINATION

1 BY MS. TURNER

2 Q. Ms. Cox, how old are you?

3 A. Sixty-five.

4 Q. Okay. Tell me about your educational or
5 tell the Commissioner about educational background.

6 A. Graduated high school. Took some classes
7 at Greenville Tech and went to truck driving school.

8 Q. And went to?

9 THE COURT: Truck driving school.

10 THE WITNESS: Truck driving school.

11 BY MS. TURNER

12 Q. Okay. And what was your first job after
13 you graduated high school?

14 A. I worked at Her Majesty in Mauldin in a
15 sewing factory.

16 Q. Okay. What kind of facility is that?

17 A. Sewing factory for children's garments.

18 Q. Okay. Do you remember how long you worked
19 in the textile industry?

20 A. Off and on several years.

21 Q. Okay. You don't remember exactly how
22 long?

23 A. No.

24 Q. Okay. When did you get into the truck
25 driving industry?

1 A. In -- I'm trying to think of what year.
2 Every one they redone '85 up there.

3 Q. Okay.

4 A. It was in the '80s.

5 Q. Do you think it might have been around
6 1985?

7 A. I don't remember the exact date.

8 Q. Okay. Well, since you started driving
9 trucks, have you pretty much exclusively done that --

10 A. Yes.

11 Q. -- to make a living? Okay. At any time
12 have you done any like kind of office work, sedentary
13 things, anything like that?

14 A. On rainy days I might answer the phone at
15 one of the companies I worked for. Other than that,
16 no.

17 Q. Okay. Prior to May 31st of 2012, had you
18 ever been injured on any job you've ever had?

19 A. No.

20 Q. Okay. And by May 31st of 2012 about how
21 long had you been employed at Palmetto if you
22 remember?

23 A. I think it's about ten years. Not
24 positive but I think that's about...

25 Q. Okay.

1 A. Nine or ten.

2 Q. Tell me what happened on May 31st of 2012.

3 A. I run teams and we'd run down to Atlanta
4 and pick up some more freight going to Brownsville,
5 Texas from Kemet. And then we go to --

6 THE COURT REPORTER: A little louder,
7 please, ma'am.

8 BY MS. TURNER

9 Q. You are very soft-spoken.

10 A. It's hard for me to talk real loud.

11 Q. You might want to get a little closer --

12 THE COURT: I don't think the microphone
13 even works.

14 MS. TURNER: Don't worry about sitting
15 close to that then.

16 THE COURT: Speak up.

17 BY MS. TURNER

18 Q. Well, I think she said she's got some --

19 A. No. It's just hard for me to talk louder.
20 I can't even yell at the kids no more.

21 (Laughter.)

22 THE WITNESS: But anyway, we were loading
23 the freight onto the trailer and getting ready to
24 load it and we had to offload some. And when I did a
25 machine that was real heavy fell on top of me and

1 pinned me to the dock.

2 BY MS. TURNER

3 Q. While you were on the back of the truck?

4 A. No. It was on the dock.

5 Q. Okay. All right. Do you remember the
6 machine falling on you?

7 A. No.

8 Q. Okay. What is the next thing you remember
9 after standing on the dock?

10 A. I woke up. I came to. I guess I woke up.
11 I come to. And all I seen was blood and I was like
12 "Why am I looking at blood?" And I wasn't breathing
13 and I caught my breath and took a deep breath. And I
14 seen the blood and I was like "This is my blood."

15 So I was flat out on the floor and my
16 co-driver was signing the bills and I couldn't --
17 couldn't yell or nothing. So I tried to push myself
18 up and I couldn't get up. So I finally got up --
19 raised up enough to just move my head a little --
20 about this much (indicating) off the floor. And I
21 seen my co-driver signing the bills and he happened
22 to look. And I remember the look on his face was
23 like, oh, my gosh. And he started running to me and
24 I put my head back down. And I couldn't tell all
25 these teeth and where the blood was coming from and I

1 couldn't breathe. And I kept telling him I can't
2 breathe. I'd keep passing out and I'd come to and I
3 wasn't breathing. And I said, "Roll me over so I can
4 breathe." And they said, "No, we can't." And I
5 said, "You've got to. I'm going to die."

6 So they rolled me over and I asked -- I
7 remember asking to call my -- to call work. And I
8 remember somehow giving my dispatcher my -- Sonya's
9 number to let my kids know I was hurt.

10 Q. Sonya is your daughter?

11 A. Yeah. And the next thing I know is guys
12 rolling me over and I was like, "Please stop." And
13 it was the ambulance, the ambulance people. And he
14 said, "I'm going to roll you." And I said, "No,
15 don't move me. Please just don't move me." And he
16 said, "I've got to." So undoubtedly they gave me
17 another one of them shots and from then on I don't
18 know where I was at.

19 Q. Okay. Things got a little better after
20 the shot?

21 A. Oh, yeah. I do remember coming to but
22 don't know where I was at. They hadn't gave me
23 another shot and the pain was so bad, but then one of
24 the guys at the desk seen me and he come running and
25 told me, "Jennie, Ms. Cox, you can't do this." I was

1 like "I'm hurting, man." And then he popped that
2 shot in there again and I was gone again. And the
3 next thing I know, I wake up somewhere else.

4 Q. Okay.

5 A. I remember them trying to get an earring
6 off my ear and that woman had gotten mad at the guy.
7 And I was coming --

8 Q. Because he didn't know how to take off an
9 earring?

10 A. He couldn't get it off and that woman come
11 over there and I thought she was going to pull my
12 earlobe off. But they knocked me out when they done
13 that when they --

14 Q. Okay.

15 A. -- pulled on that ear.

16 Q. What hospital did you end up at?

17 A. I was told I was at Brady. No, Grady.
18 Not Brady. Grady. That's what I was told once I --

19 Q. In Atlanta?

20 A. Uh-huh.

21 Q. Okay. Did you learn while you were at
22 Grady --

23 A. No.

24 Q. What do you remember about the injuries
25 that you -- that you actually suffered? Like do you

1 remember what you were told had happened to your --

2 A. I wasn't told nothing.

3 Q. -- jaw?

4 A. I remember -- I don't remember riding to
5 Greenville. I don't even remember arriving there.
6 But I know a doctor come in and he's saying stuff to
7 me. And I finally told him. I said, "You're a
8 little grumpy, ain't you?" Of course, I wasn't
9 grumpy because I was very heavily sedated.

10 Q. Yes, ma'am.

11 A. And he patted my arm and I said, "Man, I'm
12 hurting." And he patted my arm and then he said,
13 "I'm fixing to fix you up," and he did.

14 Q. Okay.

15 A. And to this day I still thought I seen my
16 other daughter cause they -- I thought they was
17 putting me on an elevator and they was forgetting my
18 daughter. And she says, "Mom, that never happened."

19 Q. Okay.

20 A. So I guess it's kind of like drugs real
21 bad. Real good drugs.

22 Q. Depend on how you look at it. Yes, ma'am.
23 Okay. So did you have the surgery?

24 A. Yeah, but I was never allowed to come to
25 till after that surgery.

1 Q. Okay. When you're talking about surgery,
2 what surgery did you have?

3 A. That's when they put -- my left jaw was
4 broken right here (indicating).

5 Q. Okay.

6 A. And it had two -- it had -- it's got a rod
7 in it now but it had a plate on each side of that rod
8 which has been taken out because it got infected at
9 two different times.

10 Q. Okay. That was sometime later in your
11 treatment that --

12 A. Right.

13 Q. -- the infection happened?

14 A. At that day. And my mouth was wired shut
15 and I -- you know, I was still drugged up pretty
16 good. And I asked that doctor. I said, "What can I
17 eat?" He said, "You ain't going to eat nothing."
18 And I said, "I can't eat?" And he said, "No, your
19 mouth is wired shut." I said Okay. You know, I
20 could have only liquids for a month. And I sit on
21 Sonya's porch and every day I cried. Every night she
22 would find me sitting out there crying when she'd
23 come see me. And then she said, "Momma, what's
24 wrong?" I said, "I want to go back to work." And
25 she said, "Momma, you know you can't go." I said, "I

1 know but that's my life."

2 Q. Yes, ma'am.

3 A. And I never gave up on that hope. That
4 was what I wanted. I'd go in a restaurant and the
5 food smelt so good. Sonya would put some on the tip
6 of a spoon for me to swallow but nothing, you know.
7 I learned to like milkshakes.

8 Q. Yes, ma'am. Okay. Prior to the accident
9 do you remember how many teeth you had right before
10 this accident happened?

11 A. Had most of my teeth.

12 Q. Most of them. You don't remember exactly
13 how many?

14 A. Huh-uh.

15 Q. Okay. We've entered a picture into
16 evidence. Are you aware of whether or not the
17 machine falling on you itself at that time, did that
18 knock some of your teeth out?

19 A. All of them in that picture it took out.

20 Q. Okay. Let me show you the picture. Is
21 this a representation, an accurate representation of
22 what your mouth and teeth looked like after the
23 accident?

24 A. As far I -- I couldn't tell you because I
25 was under so much anesthesia.

1 Q. Okay. But this is after the accident and
2 not before?

3 A. Yes. Sonya and them took those at the
4 hospital.

5 Q. All right.

6 A. And all of them had to be removed --

7 Q. Can you...

8 A. -- to get in there.

9 Q. Can you count and say for the record just
10 how many teeth you can actually see in this picture?

11 A. One, two, three, four, five, six. Six of
12 them.

13 Q. You only see six? Let's count together.

14 A. I think it's one, two, three, four, five,
15 six.

16 Q. Wait. What are these?

17 A. I guess that's a tooth. I don't know.

18 Q. Okay. Well --

19 A. What side of the jaw is that? That's the
20 right side?

21 Q. Right. Well, okay.

22 A. That's the left side.

23 Q. That's fine. I count 13.

24 MR. GALLAGHER: That's quite a difference.

25 MS. TURNER: I know.

1 THE WITNESS: But then he had to remove
2 the teeth for this jaw to start -- well, I guess they
3 were knocked out, though.

4 BY MS. TURNER

5 Q. But some of them were knocked out. In
6 that picture some of your teeth had already been
7 knocked out, but they were still -- at that point you
8 still had at least as many teeth as are in that
9 picture after the accident?

10 A. (No verbal response.)

11 Q. Okay. Were those teeth -- did you get to
12 keep those?

13 A. No.

14 Q. Okay. What happened as a part of your
15 treatment to the teeth that were remaining even after
16 the ones that were initially knocked out?

17 A. Once Dr. Fowler done my surgery, there
18 wasn't no teeth left.

19 Q. So they had to pull all of your teeth?

20 A. Yeah.

21 Q. Did they tell you why they had to or do
22 you know why they had to pull all of your teeth out?

23 A. He took out -- he never did -- I don't
24 know. No, I don't. He never said. He just -- all I
25 know is they -- one of the pictures -- I don't know

1 if y'all have it or not. It's right here
2 (indicating) where this hit the -- undoubtedly hit
3 the dock because the bone's showing. And when it
4 broke this (indicating) part, he had to take teeth
5 out to be able to get in and it -- he done the
6 surgery I guess from here (indicating) up.

7 Q. Okay. And you're indicating your lower
8 left jaw?

9 A. Yeah.

10 Q. Okay.

11 A. And I can tell it's there because the
12 nerve damage is -- because a feather can go across it
13 and you can feel it. I know it's there. The wind
14 bothers it even.

15 Q. Okay. And do you still have a scar on
16 your chin bone from the accident?

17 A. I don't know if you can see it but I feel
18 it right there (indicating).

19 MS. TURNER: Okay. I don't know if you
20 would want her to approach the bench so that you
21 could see the scar.

22 THE COURT: I do want to see the scar.
23 Let me walk to you. Show me where it's at.

24 THE WITNESS: Right there (indicating)
25 right where it was -- the bone is showing on the

1 pictures.

2 THE COURT: All right.

3 THE WITNESS: And then right here is where
4 it was broke. And that's where he had -- he had to
5 go back in and -- he took one plate out and then the
6 next one because it -- I called him from Brownsville,
7 Texas and told him it was itching really bad and it
8 was oozing stuff. And when I got back to Greenville
9 I had an appointment with him and a surgery
10 appointment. And he said no, it's got to come out
11 and he said it's infected.

12 THE COURT: All right. Thank you.

13 BY MS. TURNER

14 Q. Okay. Now, were you eventually fitted
15 with a prosthetic with implants or dentures? Tell
16 the Commissioner about what you received in order
17 to -- by way of dentures or implants.

18 A. I got implants. And the reason they -- I
19 can't eat right with them but thank God I'm where I'm
20 at. Because my jaws were not lopsided he had to
21 reline my jaws and with the break made it even worse.
22 And so that's why they went with these because they
23 had to be specially made to try. And they done a lot
24 of trying to try to align my teeth up.

25 Q. Okay.

1 A. And I mean like go to a regular dentist
2 and get implants and you can eat fine. But right
3 here (indicating) this was so sore the rest of my
4 life.

5 Q. Okay. Were you able to get all of your
6 teeth implanted?

7 A. Yes. They on studs. They're on metal
8 studs.

9 Q. Okay. How many actual implanted teeth do
10 you have?

11 A. All of them.

12 Q. Okay. Are some of them removable?

13 A. No. Yeah. I can take the top plate out.
14 I can't --

15 Q. That's what I mean.

16 A. Yeah. I can take this out. I have to to
17 clean it.

18 Q. Okay.

19 A. And these here (indicating), I have to
20 take little brushes and keep them brushed because
21 food gets underneath them and especially on this side
22 here (indicating) because it's raised up higher.
23 Because there wasn't as much bone structure here
24 (indicating) as there was there. Fowler is actually
25 a person that does cosmetic surgery on you too. So I

1 was lucky in that deal.

2 Q. Okay. Now, you said that you can take the
3 top in and out, the top dentures --

4 A. Uh-huh.

5 Q. -- in and out?

6 A. Yes, ma'am.

7 Q. Why weren't those done as implants?

8 A. They don't do the top.

9 Q. Okay.

10 A. And I don't know anyone that's ever had
11 them done that can't take the tops out.

12 Q. Okay. Well, tell the Commissioner about
13 the -- you said you had some nerve damage to your
14 face; is that right?

15 A. Yeah. Well, yeah. Where this bone...

16 Q. What symptoms do you continue to have as
17 far as that's concerned?

18 A. I mean, it hurts but this right here
19 (indicating) is where the nerves are.

20 Q. Okay. Any numbness?

21 A. Feels like you put a lot of bubble gum in
22 them, you know. It's not numb. But, you know, it's
23 hard to sleep on it. So I have to keep -- have to
24 sleep on the couch most of the time. I have to get
25 on the other end.

1 Q. Okay. Do you feel like the injuries to
2 your mouth, teeth and jaws and the nerve damage has
3 affected your speech pattern --

4 A. Yes, ma'am.

5 Q. -- at all? Okay. What's it done as far
6 as your ability to speak clearly?

7 A. It's just hard to talk.

8 Q. Okay. And what about your left shoulder?
9 What were you experiencing right after the accident
10 as far as that's concerned?

11 A. I remember -- like I said, I kept telling
12 him don't -- don't move me. Just don't move me. And
13 it was just on this side (indicating) all the way
14 down. It's not just my shoulder. It's in the
15 muscles more. And they gave me -- I did go to
16 physical therapy the workers' comp place and they had
17 me to rub around. Because I didn't realize it until
18 I got home when I went to put a jug a tea in the
19 refrigerator and I couldn't pick it up.

20 Q. Okay.

21 A. And because at Sonya's they wouldn't let
22 me pick up nothing with my mouth wired shut. I
23 wasn't able to do a whole lot of nothing. And they
24 gave me the physical therapy after the -- they let my
25 mouth open. And, you know, I had to go do the wall

1 and push a sled. It wasn't real heavy. And I done
2 that for a few weeks.

3 Q. Okay.

4 A. And then that was it with them doctors.

5 Q. How about now, Ms. Cox? As we sit here
6 today, are you still having any symptoms? Any
7 painful symptoms in your shoulder?

8 A. Yes, ma'am. I take a CoQ10 for it.

9 Q. Okay. Are there some things that you feel
10 like you were able to do before the accident that
11 you're no longer able to do due to the injuries you
12 had in the accident?

13 A. Yeah.

14 Q. Tell the Commissioner about some of those
15 things that you're not able to do anymore. You
16 mentioned lifting a jug of tea was difficult in the
17 days following the accident. Can you do that
18 anymore?

19 A. It's hard for me to do a whole lot of
20 work. Because I'd get home from a run and I could go
21 out and mow my grass and I felt good. But after
22 this, you know, I've got to stop and either I rub it
23 down with something or, you know, once it gets to
24 hurting. And it hurts really bad.

25 Q. Okay.

1 A. Not just a little bitty hurt. It's a bad
2 one and it'll bring you to tears. But all up in here
3 (indicating) hurts and I do keep stuff to rub on it.

4 Q. Okay. And when you say all up in here
5 (indicating) hurts, you're indicating your clavicle
6 area up into --

7 A. I don't know what you call it. This
8 muscle up in here (indicating) and down this.

9 Q. Yeah. I was just trying to describe it
10 for the court reporter. But okay. The left shoulder
11 area?

12 A. Yeah.

13 Q. Okay. Does the symptoms that you continue
14 to have from the accident, does it affect your
15 ability to sleep at all?

16 A. I take sleep medicine.

17 Q. Okay. And are you able to sleep
18 comfortably on your left side?

19 A. On my right side I am. Not on the left.

20 Q. Why can't you sleep comfortably on your
21 left side?

22 A. Because it's... It's all twisted up.

23 Q. Okay. All right. Now, prior to this
24 accident were you -- and the work that was done on
25 your teeth, were you able -- did you have any

1 restrictions at all on what you were able to eat?

2 Were you able to eat anything that you wanted?

3 A. Yes.

4 Q. You were able to eat anything that you
5 wanted without any restrictions?

6 A. Yes, ma'am.

7 Q. Okay. And are you still able to do that?

8 A. No. No.

9 Q. Typically, what kind of foods are you able
10 to eat now with your prosthetic?

11 A. A lot of soft foods. A lot.

12 Q. Okay.

13 A. I can't -- it's hard to chew steak because
14 it wads up in my mouth when -- I'm afraid I'm going
15 to get chocked on it and I ain't even tried pork.

16 Q. Okay.

17 A. I eat a lot of chicken, baked chicken and
18 grilled chicken.

19 Q. At one point during your recovery and
20 treatment during the course of this litigation do you
21 remember attending what is called work-hardening?

22 A. Yes.

23 Q. Okay. During that process where you were
24 attending work-hardening did you give your very best
25 efforts during that --

1 A. Yes, I did.

2 Q. During that time? Okay. Do you feel like
3 the work-hardening fixed the problems that you were
4 having when you went in?

5 A. Nope.

6 MS. TURNER: Okay. Could I have just a
7 moment?

8 THE COURT: Certainly.

9 BY MS. TURNER

10 Q. Going back to the weeks that followed your
11 accident let's say -- or the time period that
12 followed your accident, did there come a time when
13 you were asking your employer to send you for
14 additional treatment?

15 A. Yes.

16 Q. Okay. And do you remember what time frame
17 that was?

18 A. I don't remember the dates. No.

19 Q. Okay. Did your employer send you up when
20 you requested?

21 A. No.

22 Q. Okay. Did you seek any kind of self-help
23 at that point?

24 A. Yes. I went to the Life Center at
25 Greenville Memorial.

1 THE COURT: Say that again, ma'am.

2 THE WITNESS: I went to the Life Center.

3 BY MS. TURNER

4 Q. And you did that on your own?

5 A. Yes.

6 Q. Okay. Why did you do that?

7 A. Because I was trying to get my strength
8 back.

9 Q. Okay. All right. And was that program
10 helpful?

11 A. Yeah.

12 Q. Did it continue or did you continue to
13 have the benefits of that program after you stopped
14 going?

15 A. No. I had to pay for it out of my pocket.

16 Q. And is that why you stopped going is
17 because it got too expensive?

18 A. No. It was because I didn't get no
19 financial help.

20 Q. Okay. All right. Now, there also came a
21 time when -- or did there come a time when you
22 just -- when you felt like you weren't able to
23 continue working?

24 A. Yeah.

25 Q. Okay. Had you sought any treatment or

1 help from your family doctor at that time, your
2 regular doctor? I think Dr. Ellis is it?

3 A. Yeah.

4 Q. You had?

5 A. No. I hadn't talked to her about nothing.

6 Q. During the entire course of your work?

7 Why did you stop --

8 A. Yeah. She knew I got hurt.

9 Q. I'm sorry?

10 A. She knew I got hurt.

11 Q. Okay. There's been some -- well, never
12 mind. When you stopped going to work, why did you
13 stop going to work?

14 A. I went and seen my doctor and I didn't
15 weigh but 92 pounds. 95 pounds.

16 Q. Okay.

17 A. And that's why I told Palmetto State I
18 couldn't do it.

19 Q. Okay.

20 A. And they said they wouldn't help me.

21 Q. All right. Again, you weren't able to get
22 your employer to send you back to the doctor at that
23 point?

24 A. No, ma'am. He wouldn't send me back.

25 Q. Okay.

1 A. They said workers' comp denied it.

2 Q. All right. One more second. I'm sorry.
3 On and off you worked for a good period of time after
4 your injury; is that right?

5 A. Yes.

6 Q. You did go back?

7 A. I did go back at first. Yeah.

8 Q. Okay. Were there times that were
9 interrupted where you had to go and get surgeries or
10 medical treatment that interrupted your --

11 A. Yes. As a matter fact, Dr Newsom is the
12 one that released me to go back to work. And I told
13 her. I said, "Dr. Newsom, they got more surgeries to
14 do." And she said that's not my problem.

15 Q. Okay. Dr. Newsom treated you for what?

16 A. Really, I don't know. I guess...

17 Q. Was it --

18 A. That's who they sent me to.

19 Q. But Dr. Newsom sent you -- she was
20 treating your shoulder injury; is that -- does that
21 sound right?

22 A. Yeah. She's the one that recommended --
23 sent me to their therapist.

24 Q. Okay. All right. I'm sorry, Ms. Cox. I
25 neglected to ask you this in the beginning. Could

1 you describe for the Commissioner what your job
2 duties consisted of as -- what kind of things you had
3 to do while you were driving for Palmetto State.

4 A. We went to Brownsville twice a week and --

5 Q. Brownsville, Texas?

6 A. Texas. I assume everybody knows where
7 Brownsville is. I'm sorry. And you always got to
8 make sure your load is secure and make sure it's
9 placard. You have to hook them, drop and hook down
10 at the other end at Brownsville. And you got to pull
11 the lever to unhook, roll down the legs when you do
12 that and then opening and closing doors. Sometimes
13 the doors are really hard to shut on some of the
14 trailers that's older or brand new. Because they
15 don't want to get in there tight because they ain't
16 been used. But you have to take a crowbar sometime
17 and raise them up. And a lot of stuff with the
18 freight going on. So it's -- you know, make sure all
19 your tires are pumped up and ready to roll. Pulling
20 the hood over to check or holding stuff in it. So,
21 you know, it's still a job that you're doing.

22 Q. All right. Now, immediately prior to your
23 accident were you able to do all those things?

24 A. Yes, ma'am.

25 Q. Okay. After your accident when you did

1 eventually tried going back to work, were you able to
2 do all those things by yourself still?

3 A. No, ma'am.

4 Q. Okay. How did you manage to get those --

5 A. Well, once the...

6 Q. -- accomplished?

7 A. Once the Brownsville run ended, you run
8 what they call a wild run and you never knew where
9 you were going. And like one of the co-drivers,
10 he -- at the last minute he laid out -- well, he
11 didn't lay out. He just said he had to go because he
12 had had a death in the family. And so they didn't
13 have nobody else to run the California run, so I had
14 to run it by myself.

15 Q. Okay. Just to make sure that the
16 Commissioner understands because I know we've been
17 dealing this case for a long time. But what you're
18 saying is that prior to that time you usually ran
19 with two drivers when you did --

20 A. Yes.

21 Q. -- your runs? You usually ran with two
22 drivers and there came a point when somebody laid out
23 and you had to do what would normally be a two-person
24 run with a single?

25 A. Yes.

1 Q. Just by yourself? Okay.

2 A. They do have single runners that run out
3 there but normally it's a team. And then I really
4 knew that I couldn't do it anymore when I'd run the
5 two New Jersey runs by myself up to Jersey. And I'd
6 run the first one and come back. And they said,
7 "Jennie, we need you to take another one." And I
8 said, "Boys, I'm just wore out. I can't do it." And
9 they kept on and on and I was the one they were
10 calling and people that they depended on and they
11 kept on and on. And I said, okay. I said, I'll run
12 it. And I said but I'm telling you I'm tired. And I
13 got it back because it was another man's truck and he
14 was getting ready to go out on his run. So I had to
15 get the truck back and the trailer so he could go out
16 on his run. And that's -- I was so worn out I
17 couldn't go no more. That was it.

18 Q. How did you manage to get like the hooking
19 and the -- all that physical activity that you were
20 able to do before your accident, how were you able to
21 get that done --

22 A. A lot of time...

23 Q. -- after your accident?

24 A. A lot of times at night when I'd come in
25 there wasn't nobody on the yard. I'd usually get one

1 of the men to pull it for me. But a lot of times --
2 and they shut the doors for me there sometimes
3 because I couldn't get them to shut.

4 Q. Okay.

5 A. So one of the leasing companies up past
6 us, I walked up there and they would come down there
7 and pull the pin for me. And they asked me. They
8 said, "Jennie, why are you doing this?" I said,
9 "Man, I hate not to work." I said, "I really do."
10 And those boys would testify in court that if they
11 come down there and I'd skin my knuckles up. One
12 time I had blood everywhere. But I didn't want to
13 give my job up but I had to.

14 Q. Okay. In any capacity at all have you
15 worked since 2016?

16 A. No.

17 Q. Okay. Do you feel like at this point you
18 would be able to ever work as a truck driver again?

19 MR. GALLAGHER: I'm going to object,
20 Commissioner. I don't think it's relevant.

21 THE COURT: Ms. Turner.

22 MS. MIMS: I certainly think that it's
23 relevant whether she can still do her job or not,
24 but --

25 THE COURT: I'll allow it. Please

1 proceed.

2 THE WITNESS: No. I can't.

3 THE COURT: Anything else, Ms. Turner?

4 MS. TURNER: I think that's all. Thank
5 you.

6 THE COURT: Mr. Gallagher.

7 CROSS-EXAMINATION

8 BY MR. GALLAGHER

9 Q. Ms. Cox, you mentioned earlier that the
10 fall actually -- you actually lost some teeth in a
11 fall and then you actually had to have some other
12 teeth extracted later in order to repair your jaw; is
13 that correct?

14 A. I guess because I -- I was so drugged up.
15 No way -- I don't remember none of it. You would
16 have to ask Sonya and Tammy what happened and my
17 sister.

18 Q. To your knowledge did all the teeth that
19 you lost as a result of this accident whether it be
20 teeth that were knocked out from the initial accident
21 or teeth that later had to be extracted to repair
22 your jaw, were those subsequently replaced with
23 implants?

24 A. Yes. There was -- when I came aware of
25 where I was at at Greenville Memorial, I did not know

1 until they got ready to send me home the next day
2 that I didn't have no teeth in here. That he had
3 extracted them all during surgery.

4 Q. And subsequently the doctor replaced all
5 those teeth with implants; correct?

6 A. Yes.

7 Q. And Dr. Cobb was involved with that?

8 A. Yes.

9 Q. Dr. Cobb's records indicate --

10 MR. GALLAGHER: This is APA 454 and 455
11 for the record, Commissioner.

12 BY MR. GALLAGHER

13 Q. -- that you have implants at 20 and 23,
14 25, 27, and 30, at Number 3, Number 5, Number 6,
15 Number 11, Number 12 and Number 14. That's 11 teeth
16 you have implants. Do you --

17 A. I don't understand that.

18 Q. Is that your understanding was the number
19 of teeth --

20 A. I don't know.

21 Q. -- that you lost?

22 A. I don't know.

23 Q. You mentioned earlier something about 13
24 teeth in the picture and you testified that --

25 THE COURT: Mr. Gallagher, that's

1 misrepresentation. She said six. Ms. Turner said
2 13.

3 MR. GALLAGHER: Okay. All right. I won't
4 ask that question.

5 BY MR. GALLAGHER

6 Q. So Dr. Cobb says you have 11 implants as a
7 result of your accident. Then would you also agree
8 that that's how many teeth you lost as a result of
9 this accident?

10 A. All I know is I didn't have a tooth in my
11 head when I finally -- one night when Sonya and them
12 was asleep I snuck in the bathroom and I opened my
13 mouth a little bit and pulled my lip down and all I
14 seen was something white down here and I panicked and
15 I said, "Oh, God, I got an infection." And so I
16 asked the doctor about it and he said, no, that's got
17 your mouth. He said that's not infection. That's
18 where you're sewed up.

19 Q. Okay.

20 A. So I don't -- I didn't have any teeth --
21 they didn't pull anymore after -- once my mouth was
22 wired shut, nobody else pulled nothing. They done a
23 lot of surgery on the gums. Doctor...

24 Q. You were missing teeth before this
25 accident; correct?

1 A. Oh, yeah. I was missing a few. Not the
2 whole mouth full. I could eat.

3 Q. Okay. I'm just trying to pin down how
4 many teeth you lost as a result of this accident.
5 There seems to not be a real clear answer to that.

6 A. That seems to have been a problem the
7 whole time. But I wish that I could tell you but I
8 can't.

9 Q. Okay. But you would have to defer to what
10 the doctor's notes say about the number of teeth that
11 were actually replaced with implants; correct?

12 A. Yeah. I guess because I got a mouth full
13 of them.

14 Q. Okay. You got a mouth full of implants?

15 A. Yeah, I do. But implants they're not
16 implanted a tooth at time. It's like this whole
17 plate and then there's a certain amount of studs in
18 here that they snap to. Now, the bottom one I
19 couldn't tell you how much. But they had to work
20 around this broken part right here (indicating).
21 Because you cannot put the rod -- it makes sense that
22 you could not put the rod down through this metal
23 right here (indicating) because these will grow
24 probably into my bones now, my jaw bones. Does that
25 make sense?

1 THE COURT: Uh-huh.

2 BY MR. GALLAGHER

3 Q. Other than the teeth you obviously have an
4 impairment to your jaw with regard to your ability --

5 A. Yeah.

6 Q. -- to chew; correct?

7 A. Yeah.

8 Q. You said earlier you have some facial
9 numbness right there around the site of your --

10 A. It's not numb. It just feels like that --
11 you know, if I pinch it, I can't really tell I'm
12 pinching it. But now I can do like this (indicating)
13 and I can do it to the facial hairs. It's like
14 needles sticking in it.

15 MR. GALLAGHER: Commissioner, I didn't
16 hear your description for the record on the scarring.
17 I don't know if you --

18 THE WITNESS: Do you want to see?

19 BY MR. GALLAGHER

20 Q. But you have some scarring on your chin;
21 is that right?

22 A. Right there (indicating) is where the
23 plates were that he had to remove.

24 THE COURT: The scarring to me is barely
25 visible.

1 MR. GALLAGHER: Okay.

2 THE WITNESS: Yeah.

3 BY MR. GALLAGHER

4 Q. Is that a surgical scar or is that from
5 where --

6 A. This is a surgical. This one right here
7 (indicating) is where the bone was showing. Do y'all
8 not have the pictures of the bone right there?

9 Q. So you have two scars? You have scarring
10 from the surgical site and then you have some
11 scarring from the actual injury itself; is that
12 correct?

13 A. Yeah.

14 MR. GALLAGHER: All right. That's all the
15 questions I have of Ms. Cox.

16 THE COURT: Anything further, Ms. Turner?

17 REDIRECT EXAMINATION

18 BY MS. TURNER

19 Q. Ms. Jennie, did you have more than 11
20 teeth before this accident?

21 A. I was pretty sure I did, but I couldn't
22 swear on the bible on it.

23 MS. TURNER: Okay. Thank you.

24 THE COURT: Mr. Gallagher, anything else?

25 MR. GALLAGHER: No, sir.

1 THE COURT: You may step down, ma'am.
2 Thank you very much.

3 Any other witnesses on behalf of the
4 claimant? Are you calling anybody else?

5 MS. TURNER: We're going to call Ms. Cox'
6 daughter, Sonya.

7 THE COURT: And what is the purpose of the
8 testimony?

9 MS. TURNER: It will be corroborative of
10 Ms. Cox' testimony regarding her ability to perform
11 and also --

12 MS. MIMS: We'd call Sonya Cantrell.

13 THE COURT: Mr. Gallagher.

14 MR. GALLAGHER: Commissioner, if it's just
15 corroborative, I don't know that it's really
16 necessary or relevant. I mean, I would stipulate she
17 would corroborate what her mother testified to about
18 these injuries.

19 MS. COX: Well, she knows more than I do
20 about it.

21 MR. GALLAGHER: Well, she may have more
22 knowledge of the history of it, but I'm not sure
23 that's really relevant inquiry here today.

24 THE COURT: How is it going to relate to
25 permanency?

1 MS. TURNER: That's it. It's just
2 corroborative. It's corroborative testimony. Yes.

3 MS. MIMS: Well, she certainly know about
4 her mother's mouth and her teeth. It was more
5 than...

6 MS. TURNER: Okay.

7 MS. MIMS: I believe it was more.

8 MS. TURNER: Yeah. We'll call her then
9 for that purpose. Sorry.

10 THE COURT: All right. Let's limit the
11 testimony to that.

12 Raise your right hand, please.

13 SONYA CANTRELL,
14 AFTER HAVING BEEN DULY SWORN TO TELL THE TRUTH,
15 TESTIFIED AS FOLLOWS:

16 THE COURT: Please state your full name
17 for the record.

18 THE WITNESS: Sonya Cantrell.

19 DIRECT EXAMINATION

20 BY MS. MIMS

21 Q. Ms. Cantrell, what is your relationship to
22 Jennie Cox?

23 A. I'm her daughter.

24 Q. And how old are you, Ms. Cantrell?

25 A. Forty-seven.

1 Q. So I'm assuming you've known her quite
2 some time?

3 A. Uh-huh.

4 Q. And you knew her May 31st, 2012; is that
5 correct?

6 A. Uh-huh.

7 Q. And I believe you went down to --

8 A. Atlanta.

9 Q. -- Atlanta when she got injured?

10 A. Uh-huh.

11 Q. And let me ask you. There's some
12 question. The records are not totally clear. Your
13 mom is not clear. She had teeth in her mouth before
14 this injury; is that correct?

15 A. Yes.

16 Q. Was she being treated for any damage to
17 her teeth or anything like that as you know?

18 A. Not that I'm aware of.

19 Q. And what would be your testimony to this
20 Commissioner as to teeth that she had in her mouth?
21 I mean, do you have any idea how many she lost? Was
22 there any conversation in Atlanta when you went down
23 to Grady Hospital as to the teeth or anything like
24 that?

25 A. Huh-uh. No.

1 Q. And you've seen the pictures. I think you
2 took the pictures of your mother?

3 A. I took the pictures. Uh-huh.

4 Q. And what would be your testimony as to how
5 many teeth she has lost since this injury on
6 May 31st, 2012?

7 A. Guessing or?

8 Q. Based on what your knowledge of your mom.

9 A. By my knowledge? I mean, she had -- she
10 had a good decent amount of teeth in her mouth. I
11 mean, she could eat, talk, you know. I mean, she...

12 Q. Well, did she have any missing teeth in
13 the front --

14 A. Yes.

15 Q. -- her upper? She had missing teeth
16 before the injury?

17 A. Before the accident? No.

18 Q. No. That's my point. What about the
19 lower? Did she have any missing teeth?

20 A. In the front? No.

21 Q. No.

22 A. Huh-uh.

23 Q. Okay. And, of course, you know what your
24 mom has been through I believe through this period of
25 time; is that correct?

1 A. I do.

2 Q. Before the injury on May 31st, 2012, was
3 she healthy as best you know?

4 A. Yeah.

5 Q. As you understand it, she was working; is
6 that correct?

7 A. She was a very hard worker. Yes.

8 Q. And I believe she's a single woman at this
9 point; is that correct?

10 A. Uh-huh.

11 Q. And before the accident do you know of her
12 having any treatment, undergoing any treatment for
13 her mouth or anything?

14 A. No.

15 Q. Just generally she's very soft-spoken and
16 doesn't aggressively speak for herself. What has
17 this journey been like for her since this accident?

18 A. Very emotional. Very emotional.

19 Q. I think she lived with you for a period of
20 time; is that correct?

21 A. Uh-huh. She sure did.

22 Q. And you saw what she's gone through?

23 A. Uh-huh.

24 Q. What do you know about her being able to
25 work during this period after? There's been some

1 records that she worked after the injury. I don't
2 believe she worked the first -- after the accident it
3 was several months; is that correct?

4 A. Correct.

5 Q. Why was that?

6 A. She wasn't able to.

7 Q. Okay. And she had surgery?

8 A. She was not physically and she just was
9 not able to.

10 Q. As she sits here now does she appear to be
11 better than she was back in March of 2016 when she
12 stopped driving?

13 A. Did she appear to be better?

14 Q. Better. That's correct. Physically.

15 A. Physically, no.

16 Q. Has she gained any weight?

17 A. I think she's a gained a little weight
18 back.

19 Q. Do you remember how much weight she lost
20 from the time of the accident in May of 2012?

21 MR. GALLAGHER: Objection. Relevance.

22 THE COURT: Ms. Mims.

23 MS. MIMS: I see it as very relevant as to
24 her condition and what she's gone through as to your
25 determination of permanency.

1 THE COURT: But I think we're heading down
2 a path of something that the panel already ruled
3 upon.

4 MS. MIMS: Okay. I'm sorry.

5 BY MS. MIMS

6 Q. She has lost some weight; is that correct?

7 A. Yeah.

8 MS. MIMS: I think that's all I have.

9 THE COURT: Anything, Mr. Gallagher?

10 MR. GALLAGHER: No, sir.

11 THE COURT: All right. You may step down,
12 ma'am. Thank you very much.

13 THE WITNESS: Thank you.

14 THE COURT: Any other witness on behalf of
15 the claimant?

16 MS. TURNER: No.

17 THE COURT: Any witnesses on behalf of the
18 defendants?

19 MR. GALLAGHER: No, sir.

20 THE COURT: All right. That will
21 concludes this proceeding.

22 (WHEREUPON, THE HEARING WAS CONCLUDED AT 2:23 P.M.)

23

24

25

CERTIFICATE OF REPORTER

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

I, SKYLET KEAN, COURT REPORTER AND NOTARY PUBLIC, FOR THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT SAID HEARING TRANSCRIPT IS A STENOGRAPHIC REPORT AND WAS TRANSCRIBED THROUGH COMPUTER-AIDED TRANSCRIPTION; THAT THE FOREGOING TRANSCRIPT CONTAINS A TRUE RECORD OF SAID HEARING.

I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY NOR COUNSEL FOR, NOR RELATED TO NOR EMPLOYED BY ANY OF THE PARTIES CONNECTED TO THE ACTION, NOR AM I FINANCIALLY INTERESTED IN THE ACTION.

WITNESS MY HAND AT COLUMBIA, SOUTH CAROLINA,
THIS 16TH DAY OF AUGUST 2019.

SKYLET KEAN, COURT REPORTER
NOTARY PUBLIC FOR THE STATE OF
SOUTH CAROLINA
MY COMMISSION EXPIRES: 07/30/2024

The undersigned certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

The undersigned further certifies that a copy of the Record on Appeal was served on **George Gallagher** of Columbia South on October 15, 2021 by means of electronic mail at ggallagher@speed-seta.com and/or regular US Mail at PO Box 1169, Columbia, South Carolina 29211

October 15, 2021

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APPEAL FROM
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1206236

Appellate Case No. 2019-001936

Jennie Cox,.....Appellant,

v

. Palmetto State Transportation,

Employer, and

Cherokee Insurance Company, Carrier,... Respondents,

Certificate of Counsel

The undersigned Counsel certifies that the Record on Appeal Rule 210, SCACR.

April 27, 2022

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