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01/03/2010 07:19 FAX

001

MR. JEFFREY ATKINS

855 Chaucer Drive
Florence, SC 29505
Phone (843) 669-9262

March 19, 2014

Governor Nikki Haley
Office of the Governor
1205 Pendleton Street
Columbia, SC 29201
Fa x 803-734-5167

Dear Governor Haley

I'm requesting your assistance with this complaint that I filed twice to the SC Board of Medical Examiners office. Their office has never been provided with a response to date. The first complaint was submitted through a fax transmittal and the second was submitted by way of UPS after notarization.

Thank for your assistance

Sincerely,



*** TX REPORT ***

TRANSMISSION COMPLETED

TX/RX NO. 0307
DESTINATION NUMBER 18038964656
DESTINATION ID
ST. TIME 08/31 00:55
COMMUNICATION TIME 03'22
PAGES SENT 10
RESULT OK

001

03/13/2013 20:39 FAX

*** TX REPORT ***

TRANSMISSION COMPLETED

TX/RX NO. 0249
DESTINATION NUMBER 18038964656
DESTINATION ID
ST. TIME 03/13 20:36
COMMUNICATION TIME 02'57
PAGES SENT 11
RESULT OK



Fax Cover Sheet

TO: SC. Board of Medical Examiners FROM: MR Jeffrey Atkins
DATE: MAR 13 2013
COMPANY:

*** TX REPORT ***

TRANSMISSION COMPLETED

TX/RX NO. 0249
DESTINATION NUMBER 18038964656
DESTINATION ID
ST. TIME 03/13 20:36
COMMUNICATION TIME 02'57
PAGES SENT 11
RESULT OK



Fax Cover Sheet

TO: SC. Board of Medical Examiners FROM: MR Jeffrey Atkinson
COMPANY: _____ DATE: MAR 13 2013
FAX NUMBER: 803-896-4656 TOTAL NO. OF PAGES: 15
PHONE NUMBER: 803-896-4470
RE: _____

URGENT FOR YOUR REVIEW PLEASE COMMENT PLEASE REPLY

NOTES:

"Resubmission" - A representative told me on Aug 30, 2013 they had not received a copy. Please view previous date of prior submission



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners

P.O. Box 11329 • Columbia, SC 29211
Phone: 803-896-4470 • Fax: 803-896-4656 • www.llronline.com/POL/Medical/



Complaint Form

Please type or print legibly.

Complainant Information

(Individual filing complaint)

Name: Jeffrey Atkins

Address: 855 Chaucer Drive
(Number and Street)

City: Florence State: SC Zip Code: 29505

Daytime Phone: (843) 669-9262 Fax: ()

Evening Phone: (843) 669-9262

What is the best way to reach you? Daytime Phone Evening Phone E-mail: troublemaker2@hotmail.com

Respondent Information

(Individual the complaint is filed against)

Board or Profession: Orthopedics

Name: McCull Bright
(Last) (First) (Middle Initial)

Business Name: Orthopedics and Sports Medicine

Address: 900 Island Park, Dr. Suite 105
(Number and Street)

City: Charleston State: SC Zip Code: 29492

Business Phone: (843) 284-5200

Please list all witnesses, providing names, addresses, and telephone numbers.

Ms. Lissette Sanchez 855 Chaucer Drive, Florence SC 29505
347-628-6845 / 843-669-9262 - home

Mr. Michael Shoemaker 668 Belle Isle, Georgetown, SC
29440 - 843-527-1549

Mr. William Turner 117 Brush Blvd, Goose Creek, SC
29445 - 843-259-4084

Dr. Leland Cleveland, 1822 Sally Farms Road
Florence, SC 29501 - 843-292-8383
Florence, Veterans Hospital

Statement of Complaint

Date and Location of Alleged Violation: _____

Please provide a statement of facts, allegations and/or, concerns. Attach a copy of each document you possess that can substantiate any facts in your complaint. These documents will not be returned. Please attach additional sheets, if necessary.

Have you attempted to contact the licensee concerning your complaint Yes No If yes, When? _____
What was the result?

By filing this initial complaint, I understand that pursuant to State law, Section 40-47-190 (A)(2), enacted June 9, 2005, the name of the initial complainant must be provided to the licensee who is the subject of the complaint, investigation, or proceedings unless the board, hearing officer, or panel determines there is good cause to withhold that information. If you believe there is good cause to withhold your name, attach documentation supporting your request.

I attest that the information provided is true, correct, and complete to the best of my knowledge.

J. Kelly Atkinson
Complainant Signature
Christopher Ryon
Notary Public

oct 25 2014
(Expiration Date)

March 10 2013
(Date)
March 10 2013
(Date)



For Office Use Only

Date Received / / Receiving Board: _____
License Number _____ License Type _____
How Received _____ Date Reviewed / /
Acknowledgement letter sent / / Category _____

MR. JEFFREY ATKINS

855 Chaucer Drive
Florence, SC 29505
Phone (843) 669-9262

March 10, 2013

South Carolina Board of Medical Examiners
P.O. Box 11329
Columbia, SC 29211
Telephone -803-896-4470
Fax-803-896-4656

I am filing this complaint against Dr. Bright McConnell an Orthopedic Surgeon in Charleston, South Carolina. I was examined by Dr. McConnell on May 17, 2010 based on a second opinion request by the Office of Workers Compensation for federal employees. Dr. McConnell clearly stated that the employees accepted condition of aggravation of degenerative joint disease in the right knee is a "temporary aggravation". At present his symptoms are back to baseline with respect to "pain only" and at present it is not felt that the aggravation is "permanent". He stated that I had not reached "Maximum Medical Improvement" and also provided me with a light duty restriction due to my position as a Correctional Counselor which is mostly sedentary and that I was capable of performing my usual duties and responsibilities.

Dr. McConnell stated that he would expect some continued marginal improvement following a third injection of Synvisc. I have not received another injection since September 2011 to the present. Prior injections of epidural were not providing relief and Dr. Eady, supervisor of the Orthopedic Department at the VA hospital submitted a request for a stronger medication known as (Synvisc) which my condition is ongoing and continual.

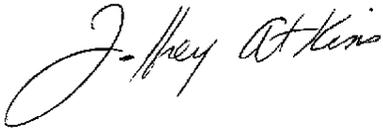
Claims Examiner Smith requested to know if there were any medical findings that the "work-related temporary aggravation" is still present and disabling. Again, Dr. McConnell answered all of these questions and also provided a medical restriction of light duty on May 17, 2010.

The OWCP Claims Examiner alleged that Dr. McConnell did not clarify his previous opinion which is blatantly false however on June 11, 2010 Dr. McConnell falsely stated that my temporary aggravation had resolved itself and now returned back to it's baseline condition. He previously stated that my condition had returned to pre-injury status in regards to "pain" only. Dr. McConnell conducts second opinion exams on behalf of the government on a regular bases based on OWCP documentation. Twenty five days after his initial examination of my right knee, Dr. McConnell now stated that it is his "belief" that my condition has returned to it's baseline condition. He stated that I was scheduled for one additional injection in the future and once again stated that it was his "belief" within a reasonable degree of medical certainty that the date of the patient's resolution of the temporary aggravation was concurrent with his date of evaluation of May 17, 2010.

I have not received a third injection in over one year to date and Dr. McConnell was not nor has ever been one of the Orthopedic Surgeons to treat me. Dr. McConnell's desire to receive compensation outweighed his moral, ethical and professional obligation to this claimant and to his profession. His willingness to change his opinion and declared me to have been miraculously healed within 25 days is clearly false. I was removed off of the OWCP compensation rolls shortly after his change in opinion. He nor any other Orthopedic Surgeon has ever stated in writing that I have reached "maximum medical improvement". It is not humanly impossible for osteoarthritis to reverse itself within 25 days.

This case is about my workers compensation claim that I appealed to OWCP. The decision to deny the appeal by an OWCP Claims Examiner in 2012 was based solely on Dr. McConnell's statements. I have submitted a letter to the Director of the Department of Labor and requested that he open an investigation into my case. I felt that it was absolutely necessary to file this complaint with your office and bring it to your attention though you have no decision making authority regarding my claim. Dr. McConnell may have violated another citizen from this state previously or after my case. Dr. McConnell's conflicting medical documentation and statements have caused me tremendous financial harm. His documentation is also now part of my federal lawsuit against my former employer regarding my knee condition. I am a disabled veteran who developed knee problems while in the US Army and aggravated it while at work on Feb 22, 2008. I am still on medication and have regular follow up appointments though Dr. McConnell has stated my knee condition has been resolved. I am represented by Attorney J. Lewis Cromer of Columbia South Carolina regarding this matter. I look forward to your response in the very near future.

Sincerely,

Handwritten signature of Jeffrey Atkins in cursive script.

MCN SECOND OPINION EVALUATION
PATIENT NAME: ATKINS, JEFFREY
DATE OF EVALUATION: May 17, 2010
PAGE 2

CLAIM #: 062225467

The patient's treatment has been primarily symptomatic. He has had several courses of intraarticular corticosteroid injections with Kenalog, always some short-term improvement. Recently this was advised not to be continued because he also has a diagnosis of osteopenia secondary to hypothyroidism and hypogonadism. He recently underwent the initial two injections of a Synvisc trial and states that his knee pain has significantly improved. At present he feels as if his knee pain is back to its pre-aggravation level. He is able to ambulate for moderate distances with very mild discomfort. He does not have discomfort with kneeling or squatting. He denies mechanical locking or catching. He states no night pain.

On further questioning the patient states that he was fitted with a knee brace in the past, which he is not wearing at present. I am unable to find documentation as office note as to whether this was a knee hinge or a true unloader.

The patient's past medical history is also positive as noted above for degenerative disc disease of the lumbar spine. He has had several epidural blocks over a period of years. Most of his pain radiates into his buttocks. He states minimal radiculopathy. Apparently there is some consideration of possible radiofrequency ablation for relief of pain. His lumbar spine disc disease is not a work-accepted condition.

The patient also has recently diagnosed hypothyroidism as well as hypogonadism. He is on supplemental thyroid as well as transdermal testosterone.

The patient states moderate weight gain over the past year and a half. Current self-reported weight is 320 pounds. Previous office notes in 2008 document a weight of approximately 260 pounds.

Physical examination today reveals the patient to be ambulatory without limp. Spine is straight and pelvis is level. Cannot fully squat secondary to discomfort in his right knee.

Examination in the seated position reveals painless hip flexion and symmetric internal rotation. Examination of the right knee reveals trace effusion present. He has no central or peripheral instability. He is tender to palpation of medial joint line and medial tibial flare which reproduces most of his pain. He has minimal patellofemoral crepitus. Lateral joint line is nontender. No obvious popliteal fullness. Negative Homan sign. Negative straight leg raise in a seated position today. He has no deficits to manual motor testing.


Bright McConnell, III, MD, LLC

Orthopedics and Sports Medicine

500 Island Park Dr. Suite 105
Charleston, SC 29492
Phone 843.284.5200 Fax 843.284.5201
Email brmcconnee@charlestonaportimed.com

MCN SECOND OPINION EVALUATION

PATIENT NAME: ATKINS, JEFFREY
DATE OF EVALUATION: May 17, 2010
MCN#: 1-191.UZJ
CARRIER: OWCP - SE
ADJUSTER: Kathy Smith
CLAIM #: 062225467
DATE OF INJURY: 2-22-2008

062225467

The opinions given in this evaluation are based upon the Statement of Accepted Facts dated March 26, 2010 signed by Kathy D. Smith, Claims Examiner.

Mr. Jeffrey Atkins is now a 48-year-old African-American male who is seen today for purposes of evaluation of right knee pain. Mr. Atkins was an employee of the U.S. Department of Justice Federal Bureau of Prisons as a federal correctional counselor. By history the patient has had problems with both of his knees over a period of years. He was employed and served in the military service including the gulf theater. He states he has had problems with his knees off and on for a period of time.

Medical notes that accompany the patient today showing multiple office visits between 1981 and 2007 for various orthopedic problems including degenerative disc disease of the lumbar spine and bilateral knee pain, typically left worse than right. Previous x-rays of the left knee during this period were reported as normal with more recent x-rays of the right knee showing mild degenerative changes. MRI scan of the left and right knee has not shown any significant intraarticular abnormality.

In the early part of 2008 the patient noted increasing discomfort and swelling in his right knee. This occurred when he was working as a correctional counselor and had to walk distances over a period of time and with prolonged standing. He never really sustained a singular traumatic event. The patient has been followed in the orthopedic department at the VA Hospital in Columbia, SC. He has been followed since this time Dr. John Eady. Review of clinical records from 2008 to 2009 reveal various orthopedic consultations primarily for his right knee. Plain x-rays have revealed mild medial compartment osteoarthritis. MRI scan of the right knee dated March 11, 2008 revealed presence of a small joint effusion and mild degenerative joint changes. No specific meniscus or ligament problem was noted.

FELLOW AMERICAN ACADEMY OF ORTHOPAEDIC SURGERY • BEST DOCTORS OF AMERICA
MEMBER THE AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE • MEMBER AMERICAN COLLEGE OF SPORTS MEDICINE
MEMBER OF INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY

TO: MEDICAL CONSULTANTS P. 3/7

MAY-18-2010 09:54 FROM: BRIGHT MCCONNELL MD 8432845201

Case No: 062225467

Page No: 2

Rec'd Date: 05/18/2010

Case No: 062225467

Page No: 8

Rec'd Date: 10/05/2010

MCN SECOND OPINION EVALUATION
 PATIENT NAME: ATKINS, JEFFREY
 DATE OF EVALUATION: May 17, 2010
 PAGE 3

CLAIM #: 062225467

A 0 and 45 degree flexion weightbearing film was obtained in the office today. The patient's articular interval in the medial compartment is diminished by approximately 2 mm compared to the other side. This is confirmed in both the standing and 45 degree flexion weightbearing view. There is no significant lateral compartment change noted. Mechanical axis is measured in office today. His weightbearing line falls through the medial compartment. Anatomic axis is measured on his x-ray to be approximately 172 degrees, slight valgus.

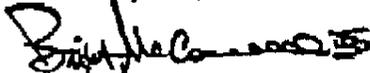
IMPRESSION: Mild medial compartment osteoarthritis, right knee, with slight varus malalignment.

The following responses serve to answer the questions asked of the second examiner.

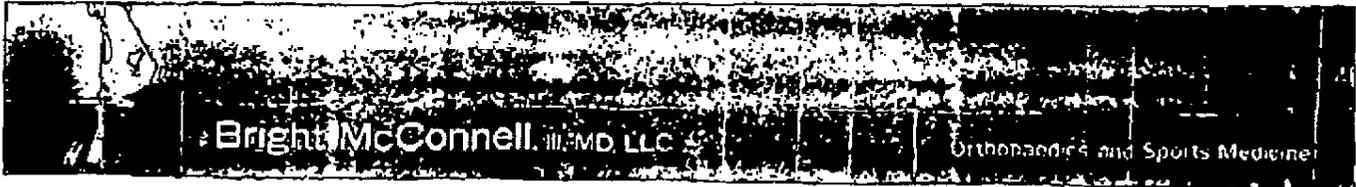
1. The employee's accepted condition of aggravation of degenerative joint disease in the right knee is a temporary aggravation. Though this patient does have objective findings with respect to loss of articular cartilage medial compartment, at present his symptoms are back to baseline with respect to his pain. I would expect some continued marginal improvement following his third and final Synvisc injection. At present it is not felt that the aggravation is permanent, simply in that his abilities and current amount of pain is the same as what was occurring prior to the events in February of 2008.
2. Based upon the enclosed job description as a correctional officer and correctional counselor at FCI Williamsburg, I believe he is capable of performing those restricted duties. Specifically the duties are listed as mostly sedentary requiring only some walking and moving throughout the unit and institution. Requirements which required prolonged standing or prolonged walking as well as repetitious kneeling, squatting or stooping, however, would more likely than not aggravate the condition and should be restricted. I believe a 40 pound lifting restriction is certainly reasonable based upon the patient's current x-ray findings.
3. The patient's physical limitations as a result of his work accepted condition of aggravation of degenerative joint disease on the right knee would entail avoidance of prolonged standing, any kneeling, squatting, stooping or, as noted above, any repeated lifting greater than 40 pounds.
4. Please find enclosed the completed form OWCP-5.

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

Sincerely yours,



Bright McConnell, III, M.D.
 BMcC:MG1 001-001



200 Island Park Dr., Suite 100
Charleston, SC 29497
Phone 843.244.9200 Fax 843.281.5201
Email bmcconnell@brightmcconnell.com

062225467

**CLARIFICATION OF MCN SECOND OPINION EVALUATION
JUNE 11, 2010**

PATIENT NAME: ATKINS, JEFFREY
DATE OF INITIAL EVALUATION: May 17, 2010
CASE FILE #: 062225467
MCN#: 1-19LUZJ
CARRIER: OWCP-SE
ADJUSTER: Kathy Smith

This letter is to serve for clarification as to the issues related to work related temporary aggravation of the patient's underlying osteoarthritis of his right knee. Based upon patient's history and physical examination, as well as comparison of x-rays obtained both previous to his date of injury and current x-rays, I have stated that I believe the patient's temporary aggravation has resolved and he has now returned to his baseline condition.

On the date of evaluation of May 17, 2010 the patient had undergone two intra-articular Hyaluronate injections (Synvisc) with significant improvement of his pain. It is based upon this improvement that I believe the patient has returned to his baseline condition. Although the patient was scheduled for one additional Synvisc, I believe it is within a reasonable degree of medical certainty that the date of the patient's resolution of the temporary aggravation was concurrent with his date of evaluation of May 17, 2010.

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

Sincerely yours,

Bright McConnell, III, M.D.
BMcC:MG1 001-005

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MEMBER OF INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY

TO: MEDICAL CONSULTANTS P. 2/2

JUN-15-2010 13:43 FROM: BRIGHT MCCONNELL, MD 8432845201

Case No: 062225467

Page No: 1

Rec'd Date: 06/17/2010

Case No: 062225467

Page No: 7

Rec'd Date: 10/05/2010

Case No: 062225467

Page No: 34

Rec'd Date: 01/31/2011

Work Capacity Evaluation
Musculoskeletal Conditions

U.S. Department of Labor

ME-OW



Employment Standards Administration
Office of Workers' Compensation Programs

Injured Worker's Name (First, middle, last) Jeffrey S. ATKINS	OWCP No 062225467	OMB No Expres	1215-0103 08-31-2005
-------------------------------------------------------------------------	-----------------------------	------------------	-------------------------

Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions: **Aggravation of Degenerative Joint Disease, Rt Knee, 715.16**

1a. Is the worker capable of performing his/her usual job? Yes No If no, please explain.

Many employers can readily accommodate medical restrictions including assignment of the injured worker into an alternative work location.

b. If the claimant is unable to perform his/her usual job, is the claimant able to work for 8 hours per workday with restrictions? Yes No If no, please provide medical reasons to support your opinion.

c. If less than 8 hours per workday, how many can he/she work? _____

d. Do you anticipate an increase in the number of hours this person will be able to work? Yes No

e. If yes, when will this person achieve an 8 hour workday? If no, please provide medical reasons to support your opinion.

f. How long will the restrictions apply? Permanently, as noted below.

g. Has maximum medical improvement been reached? Yes No But expect MMI after last scheduled SURVISC injection.

2. Please indicate whether this person has any LIMITATION in the activity listed and how many hours this person can perform each activity. If there are limitations in lifting, pulling and/or pushing, please provide the maximum number of pounds that can be handled by this person.

Activity	Limitation	# of Hours Able to Work	Activity	Limitation	# of Hours Able to Work	Lbs.
Sitting	<input type="checkbox"/> Yes	_____	Repetitive Movements	_____	_____	_____
Walking	<input checked="" type="checkbox"/> Yes	<u>1-2</u>	Wrists	<input type="checkbox"/> Yes	_____	_____
Standing	<input checked="" type="checkbox"/> Yes	<u>1-2</u>	Elbow	<input type="checkbox"/> Yes	_____	_____
Reaching	<input type="checkbox"/> Yes	_____	Pushing	<input type="checkbox"/> Yes	_____	_____
Reaching above	_____	_____	Pulling	<input type="checkbox"/> Yes	_____	_____
Shoulder	<input type="checkbox"/> Yes	_____	Lifting	<input checked="" type="checkbox"/> Yes	<u>40#</u>	<u>restriction</u>
Twisting	<input type="checkbox"/> Yes	_____	Squatting	<input checked="" type="checkbox"/> Yes	<u>0</u>	_____
Bending/Stooping	<input checked="" type="checkbox"/> Yes	<u>0</u>	Kneeling	<input checked="" type="checkbox"/> Yes	<u>0</u>	_____
Operating Motor Vehicle at work	<input type="checkbox"/> Yes	_____	Climbing	<input type="checkbox"/> Yes	_____	_____
Operating a Motor Vehicle to/from work	<input type="checkbox"/> Yes	_____	Breaks	_____	_____	_____
			Duration	_____	Frequency	_____
			Duration	_____	Frequency	_____

3. Are there OTHER medical facts, situational factors, equipment or devices which need to be considered in the identification of a position for this person? If so, please explain. He has deg. disc. disease.

4. Physician's Name (Type or print) DR. BRANT McCONNELL, MD

5. Telephone 843-284-5200

6. Signature Dr. Brant McConnell

7. Date 5/17/2010

The information requested will assist OWCP in determining eligibility to benefits and is required to obtain or retain a benefit (5 USC 5101 et seq)

Public Burden Statement

We estimate that it will take an average of 15 minutes per response to complete this information collection including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room 8-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE

Form OWCP-60
08-11-08 1011

Case No: 062225467 Page No: 4 Rec'd Date: 03/26/2010

TO: MEDICAL CONSULTANTS P.6/7 FROM: BRIGHT MCCONNELL MD 8432845200

Case No: 062225467 Page No: 5 Rec'd Date: 05/18/2010

Case No: 062225467 Page No: 17 Rec'd Date: 10/05/2010