


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>4-23-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>.101597</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 4/29/09, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-4-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

*Edward C. Morrison, M.D.
General & Vascular Surgery
Board Certified*

*Thomas C. Appleby, M.D.
General & Vascular Surgery
Board Certified*

*P. Kevin Beach, M.D.
General & Vascular Surgery
Board Certified*

April 21, 2009

RECEIVED

APR 23 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dr. Marion Burton
Medical Director
SC Dept of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Catherine Mikkell
ID# 1605109701

Dear Dr. Burton,

Mrs. Catherine Mikkell was initially seen by me on 05/13/08 for evaluation of a left lower extremity anterior shin ulcer. She has a history of venous insufficiency. A left lower extremity venous ultrasound performed on 05/29/08 was positive for venous reflux disease in the deep and superficial venous systems. The ulcer on her left anterior shin has healed, but she still has chronic venous insufficiency. Mrs. Mikkell has worn compression stockings for greater than three months. I believe that it would benefit her to undergo endovenous ablation of the left lower extremity. A copy of my office notes and her venous studies are attached.

We would appreciate your consideration of this service based on the above and attached information. This surgery is not typically a covered service by Medicaid. The CPT code is 36475.

We will await your response. Please feel free to contact me with any questions.

Sincerely,

Edward C. Morrison M.D.

Edward Morrison, M.D.

*Moncks Corner
2061 Highway 52*

*Mr. Pleasant
570 Longpoint Rd., Suite 130*

*1327 Ashley River Rd., Bldg. B
Charleston, SC 29407
Telephone (843) 577-4551
Fax (843) 577-8868*

*Walterboro
416 B Robertson Blvd.*

BP	
PULSE	
TEMP	
ALLERG	

Brandy Englert, PA-C

MIKELL, Catherine 66629

04/16/2009

The patient was seen today for follow up of her venous stasis disease. She is presenting today reporting constant itching in her left lower extremity. She states that nothing seems to relieve this discomfort. She has been wearing her compression stockings and this is not offering much relief. She recently has been healed from her venous stasis ulcer and has no new skin breakdown currently.

PHYSICAL EXAM: The patient is alert and oriented and in no acute distress. Neurologically she is intact. Neck is soft and supple with no cervical bruits noted. Heart is regular rate and rhythm and lungs are clear. Abdomen is soft and nontender, but obese. Lower extremities are warm with good peripheral pulses. She has numerous tortuous varicosities noted in her lower extremities.

IMPRESSION: Increasingly symptomatic venous stasis disease

PLAN: I certainly think she has reached threshold for intervention. She has ongoing problems with her venous stasis disease and this has not improved with compression stockings. We will get her scheduled for left VNUS Closure. BRANDY ENGLERT, PA-C/ma

cc Dr. Kuhns

ACCOUNT # 66629
Catherine Mikell
4617 Savannah Hwy

843-766-5930

NAVENEL, SC 29547

02/15/19 30

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
_____	_____
_____	_____

MIKELL, Catherine 66629
10/08/2008

Dictated by Brandy Engler, PA-C for ECM

Ms. Mikell is seen today for follow up of her venous stasis disease and left lower extremity ulceration. She denies any complaints at this time. She states that she is very pleased with her results.

REVIEW OF SYSTEMS: She denies any chest pain or shortness of breath. She denies any increased swelling.

PHYSICAL EXAM: Neck is supple. There are no bruises. Abdomen is obese, but soft and nontender. Lower extremities show an ulceration that has healed and looks excellent today. Her swelling has resolved. She has good bilateral peripheral pulses. Her feet are warm.

IMPRESSION: Stable venous stasis disease with successful healed ulceration.

PLAN: At this point in time, we will have Ms. Mikell follow up in three months. I told her that if she needs us before then, to please call. Otherwise, we will see her back then.
DICTATED BY Brandy Engler, PA-C for Edward C. Morrison, M.D. /hma

cc Dr. Kuhns

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
_____	_____
_____	_____

Jan 8, 2009

Stable
Gout @ hand

MIKELL, Catherine 66629
01/08/2009

Brandy Engler, PA-C

Ms. Mikell was seen today for follow up of her venous stasis disease and lower extremity ulcerations. She comes in today also reporting that she is being treated for gout. She is currently on Allopurinol and colchicine.

PHYSICAL EXAM: The patient's neck is supple. There are no bruises. Chest is clear. Heart is regular. Abdomen is soft and nontender, but obese. Lower extremities are warm. There is good blood flow. There is minimal edema today. The ulcerations have resolved. Her left hand is edematous today. It is very tender.

IMPRESSION:

1. Stable venous stasis disease with healed ulceration.
2. Gout

PLAN: I have explained to this patient that she should not be taking both medications. Allopurinol is a preventative and colchicine is for acute attacks. The patient will continue to be followed by us and we will see her back in about 6 months unless she needs us before then.

Prescription for Juzo® Medical Compression Stockings

Patient Name: Catherine McKell Date: 7-9-01

Diagnosis: US

Extremity: ☒ Left ☐ Right ☐ Pair *Upper extremity Rx pads also available.*

Indications for Compression:

- ☐ Support 12-18 mmHg Tired, aching legs, mild varicosities, prophylactic treatment during pregnancy
- ☒ Class I 20-30 mmHg Light venous insufficiency, prophylactic treatment during pregnancy, mild varicosities without tendency toward edema, hereditary tendency toward varicose veins, post-sclerotherapy, burn scar management
- ☐ Class II 30-40 mmHg Chronic venous insufficiency, tendencies toward edema, post-thrombosis, post-sclerotherapy, post-phlebectomy, varicosities during pregnancy, venous ulcer (healed), burn scar management
- ☐ Class III 40-50 mmHg After treatment of severe ulcerations, severe tendencies toward edema, Lymphedema, severe chronic venous insufficiency
- ☐ Class IV 60+ mmHg Severe post-thrombotic conditions, Elephantiasis, Lymphedema
- Contra-Indications: Unreduced edema, open ulcer, circulatory disturbance, weeping dermatosis, acute thrombophlebitis, phlebothrombosis, arterial insufficiency

Requested Form:



Physician's Signature

DISPENSE AS WRITTEN - DO NOT SUBSTITUTE

Phone



Juzo®

Juzo® compression garments are available at:

or call toll free
1 888 255-1300
for your local dealer

Mikell, Catherine
7/3/08

#66629

Dr. Edward C. Morrison

(P) Alteration in skin integrity r/t lle venous stasis ulcers. (I) Old unna boot removed and leg cleansed with Carraklenz. New unna boot applied per MD order and secured with Medi-Rip. Supplies: Carraklenz, 4x4's, 1-Unna boot, 2-Medi-Rip. (E) Previous ulceration noted to the left anterior shin has epithelialized. No drainage noted. I will apply 1 more unna boot for compression purposes until she sees Dr. Morrison in follow-up next week. She is instructed to elevate her legs above heart level QID for 15 minutes each. Verbalized understanding. She will return next week to see Dr. Morrison. -----

Kim Weisner LPNII



MIKELL, Catherine 56629
07/09/2008

Dr. Edward C. Morrison

Ms. Mikell is seen at this time for follow up of her left lower extremity ulceration. She feels like the leg is much better.

PHYSICAL EXAM: It is fully healed. This inflammation of the skin is fully sealed and epithelializing on the lower extremity venous ulcer.

IMPRESSION: I think her situation remains stable.

PLAN: I told her daughter, Martha, that she has got to lose weight and get herself fitted for a venous stocking, which we will do today. I have told her that she needs some modicum of exercise on a daily basis to improve her situation. I will plan to see her back in 3-6 months. I think she is at high risk for recurrence of this ulceration based on her body habitus and her lack of ability to move. This was explained to her family. Edward C. Morrison, M.D./nma

cc Dr. Kuhns

RECEIVED: 07/11/2008 2:40 PM

TRANSCRIBED: 07/11/2008 3:50 PM



Accession # 55523
Catherine Mikell
4517 Savannah Hwy

8-5-735-9330

Ravenell, SC 29470

06/15/1930

MIKELL, CATHERINE (66629)

DR. E. C. MORRISON

06-19-2008 NURSE CLINIC

Ms. Mikell comes in today c/o her left lower leg hurting her a lot. She has not had an Unnaboot on for the last two weeks. The band aid that she has on is removed and her wound is cleaned with Carraklenz wound cleaner. The wound is almost completely healed. Ms. Mikell states that the back and front of her legs are very painful to the touch. There is also a slight redness to the lower areas of her leg above her ankle. She recently had a venous study 2 ½ wks ago which was negative for DVT. But because of the new onset of pain, redness and swelling I thought it best to get another venous study to check for DVT; if not DVT then the beginnings of cellulitis. This was done in our Vascular Lab. The results came back negative. I applied small amount of Bacitracin ointment over her wound and spiral wrapped an Unnaboot on her leg using the over lap technique. I then covered this with Coban /medi-rip bandage. She and her daughter, Martha, are told instructions on how to elevate her legs for an hour now 3 times a day instead of for only 30mins each time. Ms. Mikell is to return to see me on Monday for Unnaboot change and see Dr. Morrison in one week. I did call in some pain medicine and antibiotics for Cellulitis.

..... Renee Honeycutt, CMA

*** Called CVS Pharmacy on Savannah Hwy # 556-8974- L/voice message for them as follows:

LORTAB 5mg; #40 tablets; 1-2po Q6H prn pain; -0- Refill.

Keflex 500mg; #30 tablets; 1po TID; 1 Refill. Renee Honeycutt, CMA

MIKELL, CATHERINE (66629)
06-23-2008 NURSE CLINIC

DR. E. C. MORRISON

Ms. Mikell comes in today with her Unnaboot on her left lower leg. She says that her leg feels a lot better than it did last week. I removed the old Unnaboot and cleaned her leg with Carraklenz wound cleaner. Her leg is not painful as it was last week and the redness is almost completely gone. Her wound on her left leg just below her knee is almost healed. It has decreased in size, but there is an increase of red granulation tissue. (It almost seems like the beginning of a Keloid.) I thought about using a Silver Nitrate Stick to the wound but since Ms. Mikell has an appointment with Dr. Morrison this coming Friday, I'll wait and ask him then. I placed Bacitracin ointment over the wound, spiral wrapped an Unnaboot using an over lap technique from the base of her toes to just above the wound under her knee. I covered this with Coban /Medi-rip bandage. She will keep her appointment w/ Dr. Morrison. Ms. Mikell is instructed to finish out her antibiotics.

Renee Honeycutt, CMA

Mikell, Catherine

#66629

Dr. Edward C. Morrison

6/26/08

Ms. Mikell is here today as Dr. Morrison's clinic for 6/27 had to be rescheduled.

(P) Alteration in skin integrity r/t lle venous stasis ulcers. (I) Old unna boot removed and leg cleansed with Carraklenz. New unna boot applied per MD order and secured with Medi-Rip. Supplies: Carraklenz, 4x4's, 1-Unna boot, 2-Medi-Rip. (E) Epithelial buds noted to previous ulceration site. No drainage noted. She is instructed to elevate her legs above heart level QID for 15 minutes each. Verbalized understanding. She will return next week to see the nurse. -----

Kim Weisner LPNH

666629
Catherine Mikell
0612-2008 Nurse

645-1551-3330

0612-2008 Nurse

0612-2008 Nurse

MIKELL, Catherine
05/30/2008

Dr. Edward C. Morrison

Seen at this time for follow up of her venous ulcer. She is looking somewhat better. The ulceration on the left leg is looking better. We had been doing weekly boots.

PHYSICAL EXAM: The edema of the leg is chronic. The ulceration is improving.

DATA: I have reviewed the notes from Renee and the wound care provided and she certainly seems to be improving.

Noninvasive studies, as well, are reviewed with her. She has significant edema. There is no DVT. She has significant deep venous reflux.

IMPRESSION: Venous ulcer, improving

PLAN: I think this lady will need Unna boots on a weekly basis until the wound is healed and then we will place her in a 40 mm gradient stocking. In addition, I extolled her that she needs to lose weight. A stocking will be written for her once her wounds are fully healed.
Edward C. Morrison, M.D./ma

cc Dr. Kuhns

BP	
PULSE	
TEMP	
ALLERGIES	

MIKELL, CATHERINE S. (66629)
06-05-2008 NURSE CLINIC

DR. E. C. MORRISON

Ms. Mikell returns today for follow up of an ulcer just under her left leg. I removed the old Unnaboot and cleaned her leg with Carraklenz wound cleaner. The wound is almost completely healed. There is full tissue granulation in the wound. I placed Bactracin ointment over the wound and placed a band aid over it. I did give her some samples of the Bactracin ointment and a few band aids to use. I gave her instructions to change the band aid daily after each bath or shower. She was pleased she didn't have to get another Unnaboot. She is to return in 1 week to make sure the wound is completely healed. She knows to call if any questions or concerns.

..... Renee Honeycutt, CMA

MIKELL, CATHERINE S. (66629)
06-12-2008 NURSE CLINIC

DR. E. C. MORRISON

Ms. Mikell returns to the office for follow up of a non-healing ulcer just under her left knee. The old bandage is removed and the wound is cleaned with Carraklenz wound cleaner. The wound has decreased in size. There is no swelling of the wound or any where on her leg. The wound itself is beefy red with healed tissue on the edges of it. She is instructed to continue elevating her leg and place a bandage over the wound until next week. She will let me check it one more time before Dr. Morrison looks at it in 2 weeks.

..... Renee Honeycutt, CMA

MAY 13 2008

BP

PULSE

TEMP

ALLERGIES

PLEASE SEE HANDWRITTEN AND DICTATED H&P FORM IN CHART

MIKELL, CATHERINE (66629)

05-19-2008 NURSE CLINIC

DR. E. C. MORRISON

Ms. Mikell comes in today for Unnaboot change on her left lower leg. The old Unnaboot is removed and the leg is cleaned with Carraklenz wound cleaner. The ulcer is also cleaned but still sensitive to touch. The wound is almost filled with red/pink granulation tissue except for a very small area at the bottom of the wound. This is treated with Accuzyme; then wrapped with Unnaboot using the spiral over lap technique, and covered with Coban/Medi-rip bandage. I did place some 4x4gauze between the Unnaboot and the bandage. Patient is instructed to return to clinic in 1 week to get her Unnaboot changed and the following week for her vascular study. She has a return appt with Dr. Morrison on the 30th.

Renee Honeycutt, CMA

MIKELL, CATHERINE S. (66629)

05-22-2008 NURSE CLINIC

DR. E. C. MORRISON

Mrs. Mikell returns to the office today with her Unnaboot on her left lower leg with no drainage showing through the Coban wrap. Her Unnaboot is removed and leg is cleaned with Carraklenz wound cleaner. Her wound which is located just below her left knee has decreased in size and increased in red buds and tissue granulation. There is no yellow slough anywhere in the wound. I placed a small piece of Select Silver over the wound to increase healing; spiral wrapped her lower leg with Unnaboot and covered with Coban/Medi-rip bandage. I did place a few 4x4gauze between Unnaboot and Coban. Mrs. Mikell is again reminded to continue to elevate her legs 3-4 times a day. She will return to the office next week Thursday.

Renee Honeycutt, CMA

MAY 30 2008

BP

PULSE

MIKELL, CATHERINE (66629)

TEMP — 05-30-2008 NURSE CLINIC

DR. E. C. MORRISON

Ms. Mikell is seen today by Dr. Morrison to review her vascular studies that were done in our office. I am seeing her today for left lower ulcer just under her knee. This is much improved from last week. Patient is pleased as well as it is less painful to her. I cleaned the wound with Carraklenz wound cleaner and gauze. The wound measures approx. 1 cm in length by .3cm in width. There is an increase of red buds / tissue granulation in and around the wound. I placed a small size of Select Silver over the wound. I then proceeded to spiral wrap the Unnaboot using the over lap technique up her knee. I then wrapped the Coban/Medi-rip over the entire Unnaboot. She will return in 1 week to see me for an Unnaboot change and 1 month to see Dr. Morrison. She knows to call for any questions or concerns.

Renee Honeycutt, CMA

Coastal Surgical Vascular and Vein Specialists History and Physical Form

- ☒ Edward C. Morrison, M.D.
☐ Thomas C. Appleby, M.D.
☐ P. Kevin Beach, M.D.

Patient Name: Catherine Mikell Today's Date: 5-13-08

Medical Record #: 111121 Patient seen at the request of: LSGW/ Dr. kuhns

Primary Care Physician: _____

Other: _____

CC: LEULIC

HPI (Document location, duration, timing, quality, severity, context, modifying factors, associated signs/symptoms or status of 3 chronic conditions)

HISTORY OF PRESENT ILLNESS:

Ms. Mikell is a 78-year-old female referred at this time by Dr. Kuhns and as well, the Wound Care Center at St Francis. She is very obese. She weighs over 260 lbs. She states that she does not walk. She basically can barely get out of the chair today. I have had to help her out and she cannot even sit on the table. She is here at this time because of an ulceration on the left anterior shin. She states that it may have come along with some trauma, but it has not gotten better. She has had significant wound care at St Francis without improvement. She is attended by her daughter as well. The daughter does corroborate her story.

she LEAD "

Varicose Veins with Symptoms: ☒ Aching ☐ Dilated ☐ Itching ☐ Tortuous vessels of ☐ Right ☒ Left Leg ☒ Swelling during activity or after prolonged standing

History: Symptoms began 3 ☐ weeks ☒ months ☐ years ago

Conservative Therapy: _____ month(s) trial of ☐ Compression Stockings ☐ Mild Exercise ☐ Periodic Leg Elevation ☐ Weight Reduction

Wound Clinic

#uule29

Patient : Mixell, Catherine Date 5-13-08

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: Malaise - Fatigue - Wt loss/gain - Appetite - Fever - Night Sweats - Obese

Eyes: Blindness or blind spots - Vision Change - Blurring - Glaucoma

ENT: Vertigo - Deafness - Tinnitus - Epistaxis - Sinusitis - Hoarseness - Dysphagia - Odynophagia

Resp: ~~SOB~~ ~~DOE~~ ~~PND~~ ~~Orthopnea~~ - Wheezing - ~~Cough~~ - Hemoptysis - Hx TB/+PPD

Cardiac: ~~Angina~~ - ~~MI~~ - Murmur - Palpitations - ~~Pedal Ede~~ u>R

Vascular: ~~Arm Eu~~ - ~~TIA~~ Claudication - Rest Pain - ~~Ulcers~~ DVT - ~~Phlebitis~~ - ~~AAA~~

Veins: ~~DVT~~ - ~~Phlebitis~~ - Ulcer - ~~Previous Operation~~ - ~~Injection~~ - ~~Stocking use~~ u>R

GI: ~~Abd Pain~~ - N/V - PUD - GERD - Constipation - Diarrhea - Melena - BRBPR - Bowel Changes

GU: Nocturia - Dysuria - Pyuria - Hematuria - Urgency - Frequency - Decreased Stream

MS: Weakness - Pain - Joint Pain - ↓ ROM - Swelling - ~~Gout~~ Arthritis

Hem/Lymph: Anemia - Bruising - Bleeding - Transfusion nodes - Malignancy

Endo: Thyroid problems - Goiter - DM - Heat/cold intolerance - Polydipsia - Polyuria hypothyroid

Skin: Rash - Lesion/Mole - Ulcer

Breast: Lumps - Nipple Retraction/Discharge - Skin changes - Breast Pain

Psych: Anxiety - Memory Loss - Depression - Nervousness - Hallucinations

Neuro: Headache - Numbness - Dizziness - CV A/stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance

☐ All Other Systems Negative

Allergies: NKDA

Medications: See attached list

66629

Patient Name: Miveli, Catherine

Date 5-13-08

PMHx:

☐ See attached Patient Hx Form Dated _____

PSHx:

HTN _____
Asthma _____
hypertension _____

Appendectomy 10 years
ago

Social Hx: (Circle pertinent)
S, M, W D, SEP

Occupation COOK

Family Hx:

Tobacco X ETOH X

Caffeine _____ Drugs _____

EXAM: √ = Normal Findings (except as noted)

CONST: Temp _____ Pulse _____ BP _____ Resp _____ Wt _____

☒ Healthy appearing ☐ Ill appearing ☐ Well nourished ☐ Malnourished ☒ Obese

Add notes:

HEENT: ☒ Normocephalic ☒ PERLA ☒ EOM's intact ☒ Oral mucosa moist

NECK: ☒ Trachea Midline ☒ No JVD ☒ No thyromegaly or masses

Lymph: ☒ No lymphadenopathy axilla/cervical/groin

Resp: ☒ Clear to auscultation bilaterally ☒ Respiration non-labored

Cardio: ☒ RRR

☒ No murmurs

Vascular: Aorta ☐ _____ Bruits: ☐ R _____ ☐ L _____

☐ R _____ Radial ☐ L _____ ☐ R _____ Carotid ☐ L _____

☐ R _____ Brachial ☐ L _____ ☐ R _____ Vertebral ☐ L _____

☐ R _____ STA ☐ L _____ ☐ R _____ Subclavian ☐ L _____

☐ R _____ CCA ☐ L _____ ☐ R _____ Flank ☐ L _____

☐ R _____ Femoral ☐ L _____ ☐ R _____ Iliac ☐ L _____

☐ R _____ Popliteal ☐ L _____ ☐ R _____ Epigastric _____

☐ R _____ PT ☐ L _____ _____

☐ R _____ DP ☐ L _____ _____

☒ No Ulcers ☒ No Gangrene ☒ No trophic changes ☐ Pedal pulses 2+ throughout

☒ No edema or venous varicosities

Dominant Surgeon:

PHYSICAL EXAM:

Lower extremities – Her legs are swollen. They are edematous. There are chronic venous changes. She additionally has an ulceration anterolaterally of this left leg. This is consistent with a venous ulcer.

#66629

Patient: Mikell, Catherine Date: 5-13-08

Chest: ☒ No masses, lumps, or tenderness ☐ Existing Catheter ☐ Previous Catheter

Breast: ☒ Negative exam with no masses, tenderness, or discharge

Abdomen: ☒ No masses or tenderness ☒ Liver and spleen non-tender ☒ Soft, nondistended

Musco: ☒ Normal Gait ☒ Extremities intact Extremities: ☐ No clubbing, cyanosis, or edema

Skin: ☐ No rashes, lesions, or ulcers

Neuro: ☒ Alert and oriented x 3 ☐ No motor or sensory deficit

DATA: _____

IMPRESSION:

This lady has significant issues. She is very obese. She has venous ulcerations.

PLAN:

She obviously is going to need some aggressive wound care. We will utilize Unna boots at this time and see her back on a weekly basis until it heals up. Edward C. Morrison, M.D./hna

DICTION RECEIVED: 05/14/2008 2:25 PM DICTATION TRANSCRIBED: 05/14/2008 2:30 PM

Mikell, Catherine #66629 **Dr. Edward C. Morrison**
5/13/08

Ms. Mikell is here today as a new patient consult for Dr. Morrison. (P) Alteration in skin integrity r/t the venous stasis ulcers. (I) Old unna boot removed and leg cleansed with CarraKlenz. Sorbsan applied to wound bed. New unna boot applied per MD order and secured with Medi-Rip. Supplies: CarraKlenz, 4x4's, 1-Sorbsan, 1-Unna boot, 2-Medi-Rip. (E) Ulceration noted to the left anterior shin measures 2.2 cm in diameter. Wound bed is beefy red with scant slough noted. She does c/o of "some" drainage. She is instructed to elevate her legs above heart level QID for 15 minutes each. Verbalized understanding. She will return next week to see the nurse. _____ Kim Weisner LPNII

CVE Systems



CVE Systems
17207 Wyeth Circle, Spring Texas 77379
Phone: 800-338-0360 Email: Support@cvesystems.com

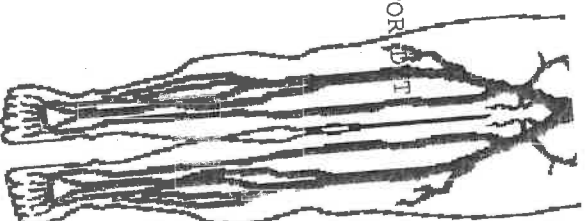
Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 843-577-8868

Lower Venous Duplex Scan

Study Date: 6/19/2008 Time: 2:46:56 PM
Patient Name: MIKELL, CATHERINE MR./Case#: 66629
DOB: 2/15/1930 Age: 78 Gender: Female Lab: COASTAL SURGICAL ASSOCIATES
Referring Phy: EDWARD C. MORRISON, MD Examiner: Tosti, Liberty, RVT
Indication: Symptomatic Obstruction

HISTORY:
OBESITY, HTN, ARTHRITIS, CHF, SICKLE CELL ANEMIA

INDICATION:
LT LEG PERSISTENT EDEMA, PAINFUL, CELLULITIS. PRIOR STUDY 5/29/08 NEGATIVE FOR DVT



TECHNOLOGIST NOTES:

Summary of Vascular Findings

Impression/Recommendation:
VENOUS DUPEX OF THE RIGHT FEMORAL JUNCTION, LEFT FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIAL, PERONEAL AND GSV COMPLETED WITH THE FOLLOWING FINDINGS:

RIGHT:
CURSORY ASSESSMENT SHOWED NO EVIDENCE OF THROMBUS IN THE FEMORAL JUNCTION.

LEFT:
THE ABOVE MENTIONED VESSELS WERE PATENT WITH COLOR FLOW, DEMONSTRATED AUGMENTATION AND WERE FULLY COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS.

CVE Systems

CVN
4/2/08

CVE
Systems

17207 Wyeth Circle, Spring Texas 77379
Phone: 800-338-0360 Email: Support@cvesystems.com

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: MIKELL, CATHERINE Study Date: 6/19/2008 Time: 2:46:56 PM
DOB: 2/15/1930 Age: 78 Gender: Female MR/Case#: 66629
Referring Phy: EDWARD C. MORRISON, MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Symptomatic Obstruction Examiner: Tosti, Liberty, RVT

CONCLUSION/SUMMARY:

LEFT LOWER EXTREMITY IS NEGATIVE FOR DEEP VEIN THROMBOSIS.

Allen 6/20/08
Date

CVE Systems

CVE
Systems

17207 Wyeth Circle, Spring Texas 77379
Phone: 800-338-0360 Email: Support@cvesystems.com

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4561 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: MIKELL, CATHERINE	Study Date: 5/29/2008	Time: 7:31:52 AM
DOB: 2/15/1930	Age: 78	Gender: Female
Referring Phy: EDWARD C. MORRISON, MD	MR/Case#: 66629	
Indication: Venous Insufficiency	Lab: COASTAL SURGICAL ASSOCIATES	
	Examiner: ALLISON SHEALY, RDMS, RVT, RT	

HISTORY:

OBESITY, HTN, ARTHRITIS, CHF, SICKLE CELL ANEMIA.

INDICATION:

LEE ULCER

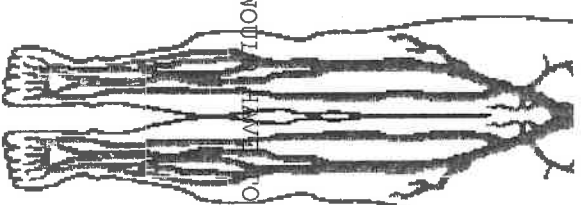
TECHNOLOGIST NOTES:

PATIENT'S ABDOMEN IS EXTREMELY LARGE. IF CLOSURE IS CONSIDERED, ADJUSTMENTS WOULD HAVE TO BE MADE TO PROPERLY POSITION THE PATIENT'S LEG.

Summary of Vascular Findings

Impression/Recommendation:

RIGHT SAPHENO-FEMORAL JUNCTION; LEFT DEEP FEMORAL SYSTEM, POPLITEAL, PTV'S AND GSV EVALUATED WITH DUPLEX ULTRASOUND WITH THE FOLLOWING FINDINGS:



RIGHT:

CURSORY EXAMINATION OF THE SAPH-FEM JUNCTION SHOWS NO EVIDENCE OF THROMBUS.

LEFT:

THERE IS NO EVIDENCE TO SUGGEST DVT IN THE DEEP SYSTEM. ALL VEINS EXHIBIT PULSATILE FLOW. ALL VEINS ARE PATENT, COMPRESS AND AUGMENT WELL. THERE IS DEEP VENOUS INSUFFICIENCY SEEN IN THE SFV, POPLITEAL AND POSTERIOR TIBIAL VEINS. THERE ARE NO REFLUXING PERFORATORS IDENTIFIED. THE GSV EXHIBITS REFLUX IN THE THIGH AND IS SUITABLE FOR CLOSURE IF INDICATED. THE GSV MEASURES FROM ITS ORIGIN TO THE PROXIMAL CALF: 0.99CM, 0.39CM, 0.44CM, 0.41CM, 0.35CM, AND 0.20CM. THERE IS SIGNIFICANT EDEMA SEEN IN THE CALF.

CVE Systems

ECV 15b
6/10/15b

CVE
Systems

17207 Wyeth Circle, Spring Texas 77379
Phone: 800-338-0360 Email: Support@cvesystems.com

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: MIKELL, CATHERINE Study Date: 5/29/2008 Time: 7:31:52 AM
DOB: 2/15/1930 Age: 78 Gender: Female MR/Case#: 66629
Referring Phy: EDWARD C. MORRISON, MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency Examiner: ALLISON SHEALY, RDMS, RVT, RT

CONCLUSION/SUMMARY:

LEFT LOWER EXTREMITY NEGATIVE FOR DVT.
LEFT LEG POSITIVE FOR DEEP AND SUPERFICIAL VENOUS INSUFFICIENCY/REFLUX.
NO PERFORATOR REFLUX.

OK 6/10/15
Date

LC



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 29, 2009

Edward C. Morrison, MD
Coastal Surgical
Vascular & Vein Specialists
1327 Ashley River Rd., Bldg. B
Charleston, SC 29407

Re: Catherine Mikell
ID# 1605109701

Dear Dr. Morrison:

Thank you for corresponding regarding this patient. With the history of a shin ulcer, inadequate relief from compression stockings and ultrasound findings I certainly concur that endovenous ablation is clearly indicated for her left lower extremity. Please attach a copy of this letter to your documents relating to payment for this care.

Thank you for your advocacy for this patient and for caring for South Carolina Medicaid beneficiaries. If I can help further please call me at 803-255-3400 or 803-898-2580.

Sincerely,

A handwritten signature in cursive script, appearing to read "O. Marion Burton".

O. Marion Burton, MD
Medical Director

Log #597

Medical Director

P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2580 • Fax (803) 255-8235