


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

| | |
|------------------------|----------------|
| TO | DATE |
| <i>Meyers/Burstein</i> | <i>3-26-09</i> |

| | | | |
|----------------------------|--|---|------------------------|
| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
| 1. LOG NUMBER | <i>100530</i> | <input type="checkbox"/> Prepare reply for the Director's signature | DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR | <i>Cleaved 4/3/09, letter attached.</i>  | <input checked="" type="checkbox"/> Prepare reply for appropriate signature | DATE DUE <i>4-6-09</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. | | | |

Account # 73511
Joyce Johnson
1233 Remount Rd
Lot 4

744-5391

11/08/1948

Charleston, SC 29406

BP _____

PULSE _____

TEMP _____

ALLERGIES _____

Brandy Englert, PA-C

JOHNSON, Joyce 73511

01/30/2009

The patient was seen today for follow up of her venous stasis disease. The patient had a right VNUS Closure done a month ago. The patient states that her swelling has improved. Her erythema has improved and she is feeling much better. The patient denies any complaints.

PHYSICAL EXAM: The patient's lower extremity looks excellent. The surrounding erythema has improved tremendously. Superficial varicosities have decompressed and her swelling has improved. She has good dorsal pedal and posterior tibial pulses bilaterally. The patient is alert and oriented and in no acute distress. The patient's chest is clear.

IMPRESSION: Successful VNUS Closure.

PLAN: I certainly think this patient has done extremely well with her bilateral VNUS Closures. The patient will follow back up with us in 3 months so we can assess her progress at that point in time. BRANDY ENGLERT, PA-C/hma

JOHNSON, Joyce 73511

Brandy Englert, PA-C

03/16/2009

The patient was seen today for follow up of her venous stasis disease. The patient is presenting today reporting an acute onset of inner calf pain radiating up through her inner thigh to her groin. The patient reports that her pain is more severe on the right, however, she does experience it on the left as well. The patient denies any other associated symptoms. She denies any shortness of breath or chest pain.

PHYSICAL EXAM: The patient is alert and oriented and in no acute distress. The patient's neck is soft and supple. Heart is regular rate and rhythm and lungs are clear. The patient has good dorsal pedal and posterior tibial pulses bilaterally. The patient's lower extremities are chronically edematous. There is mild erythema noted in the gaiter region of both legs.

DATA: I have reviewed the results of her venous ultrasound of her lower extremities today. It is negative for DVT in both legs. Bilateral greater saphenous veins remain closed in both legs. The patient does, however, have bilateral patent anterior accessory veins noted to the distal thigh. There is no perforator reflux noted.

IMPRESSION: Bilateral accessory vein reflux.

PLAN: I had an extensive conversation with this patient in regards to the source of her pain. Considering she is status post VNUS Closure on the right leg 2 months and left leg 6 months and her pain is acute in onset I do not feel it is related to the VNUS Closure. I have explained to her that it seems to be more related to the accessory vein or possibly nerve pain. I have discussed this with Dr. Appleby who is in agreement. I think the most appropriate step would be to try to treat the accessory vein of the more symptomatic leg and see if the patient gets results. We will get this scheduled at our next available appointment. The patient is stating that her pain is keeping her up at night and is requesting something for the pain. I got approval from Dr. Morrison to give this patient Darvocet to help her rest at night until the procedure is scheduled. BRANDY ENGLERT, PA-C/hma

BP _____
PULSE _____
TEMP _____
ALLERGIES _____

cc Dr. Kalinsky

Account # 73511
Joyce Johnson
1233 Remount Rd
H4
N Charleston, SC 29405

744-5391

11/08/1948

JOHNSON, Joyce M. 73511
12/03/2008

Dictated by Brandy Englert, PA-C for ECM

Ms, Johnson was seen today for follow up of her venous stasis disease. She comes in today complaining of severe pain in her right lower extremity. She states that her swelling persists. She has difficulty walking. She has worn her compression hose for a long period of time without any relief. The patient states that ever since the VNUS Closure on her left lower extremity she has had no further problems with that leg. She states her swelling has gone down tremendously. The patient was so pleased with the surgery, she really feels like it would help her right leg as well. She denies any shortness of breath or chest pain. She denies any other symptoms.

PHYSICAL EXAM: Neck is supple. There are no bruits. Chest is clear. Heart is regular. Abdomen is soft and nontender, but obese. Her lower extremities are warm. The left lower extremity has limited swelling today. The superficial varicosities have decompressed. Her right lower extremity is moderately edematous today. There are erythema and skin changes noted in her gaiter region. In addition, she has an ulceration on her left great toe, which appears stable. Both lower extremities have good dorsal pedal and posterior tibial pulses.

IMPRESSION: Venous stasis disease

PLAN: Dr. Morrison and I thoroughly evaluated this patient and feel that she has improved tremendously in her left leg after the VNUS Closure. Her right leg remains symptomatic and is causing her a lot of problems. Dr. Morrison feels that she definitely would be a good candidate for VNUS Closure on the right leg as well. We will get her scheduled as soon as possible.
DICTATED BY BRANDY ENGLERT, PA-C FOR EDWARD C. MORRISON, M.D./hma

cc Dr. Kalinsky
Dr. Tabor

DEC 30 2008

RS

Lower extremity VNUS closure

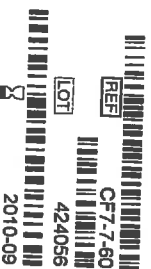
Closure/FAST 7F 60 cm

Dr EDWARD C. MORRISON

ALLISON SHUELY R.U.T

Ravis Hengemuth MD

| | |
|-----------|--|
| BP | |
| PULSE | |
| TEMP | |
| ALLERGIES | |



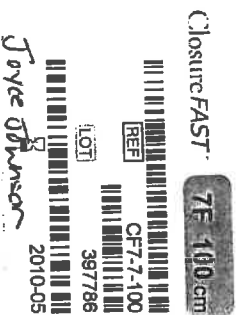
Account # 73511
Joyce Johnson
1233 Remount Rd
H4
N Charleston, SC 29406

744-5391

11/08/1948

OCT 28 2008

| | |
|-----------|-------|
| BP | _____ |
| PULSE | _____ |
| TEMP | _____ |
| ALLERGIES | _____ |
| _____ | _____ |
| _____ | _____ |



JOHNSON, Joyce M. 73511

11/20/2008

Dictated by Brandy Englert, PA-C for ECM

Ms. Johnson is seen today for follow up of her recent VNUS Closure. She is extremely pleased with her results. She states that she feels completely better. She says her swelling is improved and the pain in her legs has reduced tremendously. She does state that she is having some trouble with the right leg. She says some of the same symptoms that she was experiencing in the left are now happening in the right. She denies any new skin breakdown.

PHYSICAL EXAM: Neck is supple. There are no bruises. Chest is clear. Heart is regular.

Abdomen is soft and nontender. Her lower extremities look well today. There are mild trophic changes in the gaiter region bilaterally. The swelling in the left has reduced some from the last time I saw her. She does have some swelling in the right. There are some superficial varicosities with the right being worse than the left. The left appears that the varicosities have decompressed some.

IMPRESSION: Venous stasis disease

PLAN: I have explained to this patient that I am very pleased that she has had such great success with the VNUS Closure. I have explained to her that we will get an ultrasound done of her right leg to see if she is refluxing in that one as well. I have encouraged her to get a pair of compression hose to help with the problem for right now. The patient will come back in about a month and repeat her ultrasounds and I will see her thereafter. DICTATED BY Brandy Englert, PA-C for Edward C. Morrison, M.D./Anma

Dr. Kalinsky

DEC 03 2008

| | |
|-----------|-------|
| BP | _____ |
| PULSE | _____ |
| TEMP | _____ |
| ALLERGIES | _____ |
| _____ | _____ |
| _____ | _____ |

Clamps medial (B), appearance improved (C) leg following
vna closure surgery. & ulcers, skin breakdown. Pain +
clamps in (B) leg worsening.
Neds: supple, & bruits
CV: R/L, no m/r/l/g
Ext: Radial pulses palp
Pulm: CTA
Pedal pulses Dopple
Abd: Dkso. NTND

ACCOUNT # 73511
JOYCE JOHNSON
1200 REMOUNT RD

443-566-9970

11/03/1943

IN CHARGE
JUL 16 2008 5:25 PM

BP

PULSE

TEMP

ALLERGIES

PLEASE SEE HANDWRITTEN AND DICTATED H&P FORM IN CHART

JOHNSON, Joyce M. 73511

Dr. Edward C. Morrison

08/12/2008

Ms. Johnson returns today for follow up of her venous disease. She states that she has not gotten much better. She has been wearing her stockings now for a long period of time. She has a left lower extremity ulcer.

As documented on my first office visit of 07/16/2008. She has been wearing stockings for a long time. She has gotten these from her primary care physician, Dr. Tabor.

PHYSICAL EXAM: Her leg remains swollen and tender. There is ulceration over the medial to distal gaiter region. It is hyperpigmented.

DATA: Noninvasive studies are reviewed with her. She clearly has significant saphenous vein reflux. Her noninvasive studies show significant reflux in the left lower extremity greater saphenous vein.

IMPRESSION: I do not think this lady is going to get much better without something directly done for her veins.

PLAN: I have explained to her as well that she is a Medicaid beneficiary and we will have to petition them directly for consideration of VNUS Closure. I will ask our insurance department to do this. Edward C. Morrison, M.D./hna

1-866-554-9964

JOHNSON, Joyce 73511
07/16/2008

Dr. Edward C. Morrison
(Dr. Kalinsky)

ROPER HEART AND VASCULAR CENTER

~~Dr.~~ Edward C. Morrison, M.D.
~~Dr.~~ Thomas C. Appleby, M.D.
~~Dr.~~ P. Kevin Beach, M.D.

Patient Name: Joyce Johnson Today's Date: 7/16/08

Medical Record #: 73511 Patient seen at the request of: Dr. Kalinsky

Primary Care Physician: Dr. Tabor

Other: _____

CC: _____

HISTORY OF PRESENT ILLNESS:

Ms. Johnson is a new patient seen at this time for evaluation of a left leg ulcer. She basically is in a wheelchair. Dr. Kalinsky sent her. Dr. Tabor is her primary care physician. She is chronically disabled with diabetes. She does not smoke. She states that she has been hospitalized for problems with her diabetes and inability to walk.

She also gives a history of being obese. She states that she was hospitalized at the Medical University for renal failure in the last year, but got better. She has had no new problems.

She has had the development of blisters and pain and swelling in the lower legs. It is in the medial gaiter region. It has gotten to where it hurts day and night. She has tried all sorts of therapy for this including elevation and stockings she has bought over-the-counter. She has not gotten any better and she wants to know what can be done about it. Her legs hurt. They ache. They itch. This has been going on for over a year. She denies DVT in the past. She has had this pain for a while.

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

History: Symptoms began _____ ☐ weeks ☐ months ☐ years ago

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

#73611

Patient : Johnson Joyce

Date 4/6/78

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 - Murrur - Palpitations - Pedal Edema

Vascular: Am Fu - TIA, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

Veins: DVT - Phlebitis - Ulcer - Previous Operation - Injection - Stocking use

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

Skin: Rash - Lesion/Mole - 7-10 Ulcer

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

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

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

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance

☐ All Other Systems Negative

Allergies:

Medications: ☐ See attached list

Quipyl Synthroid Thyroxine
Glucor Cellene
Lasix Diazepam
ASD HTTZ
2

735011

Patient Name: Johnson, Joyce

Date 1-16-78

PMHx:

☐ See attached Patient Hx Form Dated _____

PSHx:

DM
GB

hepo tyruoul

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

Occupation D

Family Hx:

Tobacco

ETOH

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: ~~AN~~ ornocephalic ☐ 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

Carotid

☐ L

Radial

☐ L

Vertebral

☐ L

Brachial

☐ L

Subclavian

☐ L

STA

☐ L

Flank

☐ L

CCA

☐ L

Iliac

☐ L

Femoral

☐ L

☐ R

Epigastric

☐ L

Popliteal

☐ L

☐ R

☐ L

PT

☐ L

☐ R

☐ L

DP

☐ L

☐ R

☐ L

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

☐ No edema or venous varicosities

Doppler Survey:

Chronic hypodermato scler
cells G5

3

peripartu c vasc

As far as her lower legs, she appears to have advanced lipodermatosclerosis. She is very thickened in the gaiter region. She has ulcerations in both legs she has covered with bandaids.

The skin is hyperpigmented. It is very painful. She clearly has evidence of chronic venous insufficiency. There is secondary scarring.

#73911

Patient: Johnson, Joyce Date: 7/6/08

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

None

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:

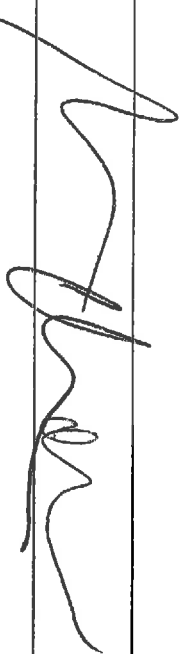
This lady appears to have venous stasis disease. She has more advanced lipodermatosclerosis as I suspect that she would, based on her history. She is not able to walk because of pain in this region.

PLAN:

I will place her in appropriate stockings. In addition we will need to get Vascular Lab studies to document her level of reflux. I do think she needs to take a very aggressive stance at trying to turn this situation around. Otherwise, she is going to be disabled. Edward C. Morrison, M.D./hna

RECEIVED: 07/17/2008 5:09 PM TRANSCRIBED: 07/17/2008 5:20 PM

Provider Signature:



Patient told to follow up prn and/or: _____ month(s) _____ wk(s) _____ days

pc: Dr. _____

CVE Systems

CVE
Systems

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

65704

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

Lower Venous Duplex Scan

Patient Name: JOHNSON, JOYCE Study Date: 3/16/2009 Time: 11:41:13 AM
DOB: 11/8/1948 Age: 60 Gender: Female MR/Case#: 73511
Referring Phy: EDWARD C. MORRISON, MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Edema/Pain Technologist: Tosti, Liberty, RVT, RDMS

RIGHT:

THE CFV IS PHASIC AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE SFV SHOWED PERFUSION VIA COLOR FLOW; NON-COMPRESSIBLE THROMBUS CANNOT BE RULED OUT. THE GSV IS SUCCESSFULLY CLOSED FROM THE SAPHENO-FEMORAL JUNCTION TO THE CALF. A PATENT ANTERIOR ACCESSORY VEIN WAS NOTED TO THE DISTAL THIGH. NEGATIVE EXAM FOR PERFORATOR VEIN REFLUX.

LEFT:

THE CFV IS PHASIC AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE SFV SHOWED PERFUSION VIA COLOR FLOW; NON-COMPRESSIBLE THROMBUS CANNOT BE RULED OUT. THE GSV IS SUCCESSFULLY CLOSED FROM THE SAPHENO-FEMORAL JUNCTION TO THE CALF. A PATENT ANTERIOR ACCESSORY VEIN WAS NOTED TO THE DISTAL THIGH. NEGATIVE EXAM FOR PERFORATOR VEIN REFLUX.

V

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR BILATERAL CFV AND SFV THROMBUS.

THE RIGHT AND LEFT GREATER SAPHENOUS VEINS REMAIN CLOSED FROM THE GROIN TO THE CALF.

NEGATIVE EXAM FOR PERFORATOR VEIN REFLUX.

AKB 3/17/11
Date



CVE Systems

17207 Wyeth Circle, Spring Texas 77379

CVE
Systems

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: JOHNSON, JOYCE
DOB: 11/8/1948 Age: 60 Gender: Female
Referring Phy: EDWARD C. MORRISON, MD
Indication: Edema/Pain

Study Date: 3/16/2009 Time: 11:41:13 AM
MR/Case#: 73511
Lab: COASTAL SURGICAL ASSOCIATES
Technologist: Tosti, Liberty, RVT, RDMS

HISTORY:

RIGHT GSV CLOSURE 12/08, LEFT GSV CLOSURE 10/08, HYPOTHYROID, CVI, DM, OBESITY

INDICATION:

BILATERAL LOWER EXTREMITY CRAMPING

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

BIATERAL LOWER EXTREMITY VENOUS DUPLEx EXAMINATION OF THE GSV, CFV, SFV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:



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

| | | |
|---------------------------------------|--|-------------------|
| Patient Name: JOHNSON, JOYCE | Study Date: 1/2/2009 | Time: 10:32:21 AM |
| DOB: 11/8/1948 Age: 60 Gender: Female | MR/Case#: 73511 | |
| Referring Phy: EDWARD C. MORRISON, MD | Lab: COASTAL SURGICAL ASSOCIATES | |
| Indication: POST/OP: VNUS | Technologist: Tostli, Liberty, RVT, RDMS | |

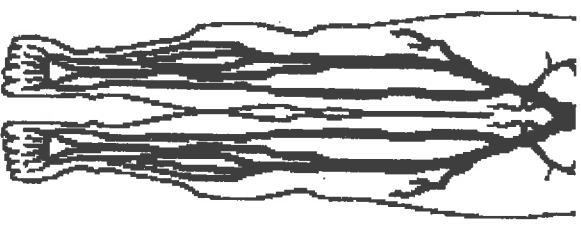
HISTORY:

CVI, DM, OBESITY, HYPOTHYROID

INDICATION:

S/P RIGHT GSV CLOSURE

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLX EXAMINATION OF THE RIGHT SAPHENO-FEMORAL JUNCTION COMPLETED WITH THE FOLLOWING FINDINGS:

CVE Systems

CVE
Systems

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

ECHO
13

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

Lower Venous Duplex Scan

| | | |
|---------------------------------------|---|----------------------------------|
| Patient Name: JOHNSON, JOYCE | Study Date: 1/2/2009 | Time: 10:32:21 AM |
| DOB: 11/8/1948 | Age: 60 | Gender: Female |
| Referring Phy: EDWARD C. MORRISON, MD | MR/Case#: 73511 | Lab: COASTAL SURGICAL ASSOCIATES |
| Indication: POST/OP:VNUS | Technologist: Tosti, Liberty, RVT, RDMS | |

RIGHT:

THE CFV IS SPONTANEOUS AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE GSV IS SUCCESSFULLY CLOSED DISTAL TO THE SAPHENO-FEMORAL JUNCTION AND EPIGASTRIC VEIN.



LEFT:

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR RIGHT LOWER EXTREMITY DVT.

SUCCESSFUL CLOSURE OF THE RIGHT GSV.

 1/2/9
Date

CVE
Systems

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

11-20-08
Coastal Surgical Associates

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

Lower Venous Duplex Scan

| | | |
|---------------------------------------|-----------------------------------|----------------------------------|
| Patient Name: JOHNSON, JOYCE | Study Date: 10/30/2008 | Time: 2:18:41 PM |
| DOB: 11/8/1948 | Age: 59 | Gender: Female |
| Referring Phy: EDWARD C. MORRISON, MD | MR/Case#: 73511 | Lab: COASTAL SURGICAL ASSOCIATES |
| Indication: POST/OP: VNUS | Technologist: Tosti, Liberty, RVT | |

RIGHT:

LEFT:

THE CFV IS SPONTANEOUS AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE GSV IS SUCCESSFULLY CLOSED DISTAL TO THE SAPHENO-FEMORAL JUNCTION.

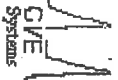
CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DEEP VEIN THROMBOSIS OF THE LEFT CFV.

THE LEFT GSV IS SUCCESSFULLY CLOSED DISTAL TO THE SAPHENO-FEMORAL JUNCTION.

Steven M. D. 3/02

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
843-577-4551 Fax 843-577-8868

Lower Venous Duplex Scan

Patient Name: JOHNSON, JOYCE

Study Date: 10/30/2008 Time: 2:18:41 PM

DOB: 11/8/1948 Age: 59 Gender: Female

MR/Case#: 73511

Referring Phy: EDWARD C. MORRISON, MD

Lab: COASTAL SURGICAL ASSOCIATES

Indication: POST/OP: VNUS

Technologist: Tosti, Liberty, RVT

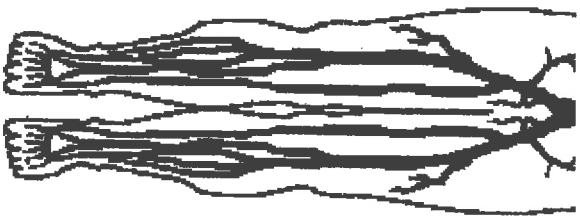
HISTORY:

CVI, DM, OBESITY, HYPOTHYROID

INDICATION:

S/P LEFT GSV CLOSURE

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

LEFT LOWER EXTREMITY VENOUS DUPLX EXAMINATION OF THE LEFT SAPHENO-FEMORAL JUNCTION COMPLETED WITH THE FOLLOWING FINDINGS:



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: JOHNSON, JOYCE
DOB: 11/8/1948 Age: 59 Gender: Female
Referring Phy: EDWARD C. MORRISON, MD
Indication: Edema/Pain

Study Date: 7/23/2008 Time: 5:00:29 PM
MR/Case#: 73511
Lab: COASTAL SURGICAL ASSOCIATES
Examiner: Tosti, Liberty, RVT

HISTORY:

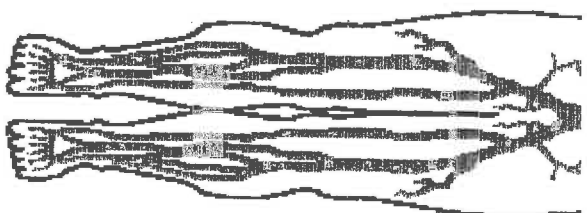
DM, OBESITY, HYPOTHYROIDISM

INDICATION:

BILATERAL LOWER EXTREMITY EDEMA

TECHNOLOGIST NOTES:

Summary of Vascular Findings



Impression/Recommendation:

BILATERAL LOWER EXTREMITY VENOUS DUPLEX EXAMINATION OF THE FEMORAL SYSTEM, POPLITEAL, PTVS, GSV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:

RIGHT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. POSITIVE EXAM FOR REFLUX IN THE FEMORAL SYSTEM, PTVS AND GSV. THE GSV DIAMETER MEASURES: JUNCTION 0.75CM, PRX THIGH 0.59CM, MID 0.44CM, DIST THIGH 0.37CM, PRX CALF 0.32CM, MID 0.26CM, DIST CALF 0.24CM. A GSV BRANCH AT MID THIGH LEVEL CAN BE FOLLOWED SUPERFICIALLY TO THE PROXIMAL CALF WHERE IT REJOINS THE TRUE GSV. A LARGE PERFORATOR MEASURES 0.31CM, HOWEVER REFLUX CANNOT BE DEMONSTRATED.

LEFT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. POSITIVE EXAM FOR REFLUX IN THE FEMORAL SYSTEM AND GSV. THE GSV MEASURES: JUNCTION 0.59CM, PRX THIGH 0.57CM, MID 0.32CM, DIST THIGH 0.39CM, PRX CALF 0.26CM; THE DIAMETER DIMINSHES DISTALLY DUE TO MULTIPLE VESSEL BRANCHES. NO REFLUXING PERFORATORS WERE VISUALIZED.

CVE Systems

ECN 481108

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: JOHNSON, JOYCE | Study Date: 7/23/2008 | Time: 5:00:29 PM |
| DOB: 11/8/1948 | Age: 59 | Gender: Female |
| MR/Case#: 73511 | | |
| Referring Phy: EDWARD C. MORRISON, MD | Lab: COASTAL SURGICAL ASSOCIATES | |
| Indication: Edema/Pain | Examiner: Tosti, Liberty, RVT | |

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS BILATERALLY.

POSITIVE EXAM FOR RIGHT LOWER EXTREMITY VEIN REFLUX IN THE FEMORAL SYSTEM, PTVS AND GSV.

NEGATIVE EXAM FOR PERFORATOR REFLUX.

POSITIVE EXAM FOR LEFT LOWER EXTREMITY VEIN REFLUX IN THE FEMORAL SYSTEM AND GSV.

NEGATIVE EXAM FOR PERFORATOR REFLUX.

Edmon M 7.24.08

Date



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 3, 2009

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

Re: Joyce Johnson
ID# 1780154735

Dear Dr. Morrison:

Thank you for corresponding regarding this patient. In reviewing your correspondence and office notes I certainly concur that endovenous ablation is clinically appropriate. Please attach a copy of this correspondence to your claim for payment so that my DHHS staff colleagues will be alerted to reimburse you for this care.

If you have any further problems, please don't hesitate to contact me at 803-255-3400 or 803-898-2580. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

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

O. Marion Burton, MD
Medical Director

Log #530
✓

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|---------------------|----------------|
| TO | DATE |
| <i>Miles/Burton</i> | <i>3-26-09</i> |

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|---|
| 1. LOG NUMBER <i>100530</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>Cleared 4/3/09, letter attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-6-09</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*

RECEIVED

March 25, 2009

MAR 26 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: Joyce Johnson
ID# 1780154735

Dear Dr. Burton,

Mrs. Joyce Johnson is a 60-year-old female initially seen by me on 07/16/08 at the request of Dr. Marshall Kalinsky for evaluation of left leg ulcer and both pain and swelling in her lower extremities. Since that time she has undergone endovenous radiofrequency ablation of the left greater saphenous vein on 10/28/08 and of the right greater saphenous vein on 12/30/08. Mrs. Johnson was seen in clinic on 03/16/09 for follow-up of her venous stasis disease. She presented with acute onset of pain radiating from her inner calf up thru her inner thigh to her groin, right worse than left. Mrs. Johnson's lower extremities are chronically edematous. She had bilateral lower extremities venous ultrasound performed on 03/16/09 that showed patent bilateral anterior accessory veins to her distal thighs, but was negative for DVT. I believe that it would benefit her to undergo endovenous ablation of the right leg to treat the accessory vein as soon as possible. A copy of my office notes and 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.*

Account # 73511
Joyce Johnson
1233 Remount Rd
Lot 4

744-5391

11/08/1948

Charleston, SC 29406

BP _____

JOHNSON, Joyce 73511

Brandy Englert, PA-C

PULSE _____

01/30/2009

The patient was seen today for follow up of her venous stasis disease. The patient had a right VNUS Closure done a month ago. The patient states that her swelling has improved. Her erythema has improved and she is feeling much better. The patient denies any complaints.

TEMP _____

ALLERGIES _____

PHYSICAL EXAM: The patient's lower extremity looks excellent. The surrounding erythema has improved tremendously. Superficial varicosities have decompressed and her swelling has improved. She has good dorsal pedal and posterior tibial pulses bilaterally. The patient is alert and oriented and in no acute distress. The patient's chest is clear.

IMPRESSION: Successful VNUS Closure.

PLAN: I certainly think this patient has done extremely well with her bilateral VNUS Closures. The patient will follow back up with us in 3 months so we can assess her progress at that point in time. BRANDY ENGLERT, PA-C/hma

JOHNSON, Joyce 73511

Brandy Englert, PA-C

03/16/2009

The patient was seen today for follow up of her venous stasis disease. The patient is presenting today reporting an acute onset of inner calf pain radiating up through her inner thigh to her groin. The patient reports that her pain is more severe on the right, however, she does experience it on the left as well. The patient denies any other associated symptoms. She denies any shortness of breath or chest pain.

BP _____

PULSE _____

TEMP _____

ALLERGIES _____

PHYSICAL EXAM: The patient is alert and oriented and in no acute distress. The patient's neck is soft and supple. Heart is regular rate and rhythm and lungs are clear. The patient has good dorsal pedal and posterior tibial pulses bilaterally. The patient's lower extremities are chronically edematous. There is mild erythema noted in the gaiter region of both legs.

DATA: I have reviewed the results of her venous ultrasound of her lower extremities today. It is negative for DVT in both legs. Bilateral greater saphenous veins remain closed in both legs. The patient does, however, have bilateral patent anterior accessory veins noted to the distal thigh. There is no perforator reflux noted.

IMPRESSION: Bilateral accessory vein reflux.

PLAN: I had an extensive conversation with this patient in regards to the source of her pain. Considering she is status post VNUS Closure on the right leg 2 months and left leg 6 months and her pain is acute in onset I do not feel it is related to the VNUS Closure. I have explained to her that it seems to be more related to the accessory vein or possibly nerve pain. I have discussed this with Dr. Appleby who is in agreement. I think the most appropriate step would be to try to treat the accessory vein of the more symptomatic leg and see if the patient gets results. We will get this scheduled at our next available appointment. The patient is stating that her pain is keeping her up at night and is requesting something for the pain. I got approval from Dr. Morrison to give this patient Darvocet to help her rest at night until the procedure is scheduled. BRANDY ENGLERT, PA-C/hma

cc Dr. Kalinsky

Account # 73511
Joyce Johnson
1233 Remount Rd
H4
M Charleston, SC 29405

744-5391

11/08/1949

JOHNSON, Joyce M. 73511

Dictated by Brandy Englert, PA-C for ECM

12/03/2008

Ms. Johnson was seen today for follow up of her venous stasis disease. She comes in today complaining of severe pain in her right lower extremity. She states that her swelling persists. She has difficulty walking. She has worn her compression hose for a long period of time without any relief. The patient states that ever since the VNUS Closure on her left lower extremity she has had no further problems with that leg. She states her swelling has gone down tremendously. The patient was so pleased with the surgery, she really feels like it would help her right leg as well. She denies any shortness of breath or chest pain. She denies any other symptoms.

PHYSICAL EXAM: Neck is supple. There are no bruits. Chest is clear. Heart is regular. Abdomen is soft and nontender, but obese. Her lower extremities are warm. The left lower extremity has limited swelling today. The superficial varicosities have decompressed. Her right lower extremity is moderately edematous today. There are erythema and skin changes noted in her gaiter region. In addition, she has an ulceration on her left great toe, which appears stable. Both lower extremities have good dorsal pedal and posterior tibial pulses.

IMPRESSION: Venous stasis disease

PLAN: Dr. Morrison and I thoroughly evaluated this patient and feel that she has improved tremendously in her left leg after the VNUS Closure. Her right leg remains symptomatic and is causing her a lot of problems. Dr. Morrison feels that she definitely would be a good candidate for VNUS Closure on the right leg as well. We will get her scheduled as soon as possible.
DICTATED BY BRANDY ENGLERT, PA-C FOR EDWARD C. MORRISON, M.D./hma

cc Dr. Kalinsky
Dr. Tabor



DEC 30 2008

RT Lower extremity VNUS closure

Closure FAST

7E 60 900

Dr EDWARD C. MORRISON

REF CF7.7-60

ALLISON SHADY R. V.T

LOT 424056

Ravis Hargreaves Ent

8 2010-09

| | |
|------|-----------|
| EF | PULSE |
| TEMP | ALLERGIES |

Account # 73511
Joyce Johnson
1233 Remount Rd
H#
N Charleston, SC 29406

744-5391

11/09/1948

OCT 28 2008

| | |
|-----------|-------|
| BP | _____ |
| PULSE | _____ |
| TEMP | _____ |
| ALLERGIES | _____ |
| _____ | _____ |
| _____ | _____ |

Closure/FAST: **7F 100 cm**

REF: **CF7-7-100**

LOT: **397786**

2010-05

Joyce Johnson

JOHNSON, Joyce M. 73511

Dictated by Brandy Englert, PA-C for ECM

11/20/2008

Ms. Johnson is seen today for follow up of her recent VNUS Closure. She is extremely pleased with her results. She states that she feels completely better. She says her swelling is improved and the pain in her legs has reduced tremendously. She does state that she is having some trouble with the right leg. She says some of the same symptoms that she was experiencing in the left are now happening in the right. She denies any new skin breakdown.

PHYSICAL EXAM: Neck is supple. There are no bruises. Chest is clear. Heart is regular. Abdomen is soft and nontender. Her lower extremities look well today. There are mild trophic changes in the gaiter region bilaterally. The swelling in the left has reduced some from the last time I saw her. She does have some swelling in the right. There are some superficial varicosities with the right being worse than the left. The left appears that the varicosities have decompressed some.

IMPRESSION: Venous stasis disease

PLAN: I have explained to this patient that I am very pleased that she has had such great success with the VNUS Closure. I have explained to her that we will get an ultrasound done of her right leg to see if she is refluxing in that one as well. I have encouraged her to get a pair of compression hose to help with the problem for right now. The patient will come back in about a month and repeat her ultrasounds and I will see her thereafter. **DICTATED BY** Brandy Englert, PA-C for Edward C. Morrison, M.D./Jma

Dr. Kalinsky

DEC 03 2008

*Clamps medial @, appearance improved @ leg following
vnu closure surgery. Phlebotomy, skin breakdown. Pain +
clamps in @ leg worsening.
Neds: supple, & bruits
CV R/L, no m/c/l/g
Ext: Radial pulses palp
Palm: CTA
Pedal pulses Dopple
Abd obese. NTND*

| | |
|-----------|-------|
| CC | _____ |
| BP | _____ |
| PULSE | _____ |
| TEMP | _____ |
| ALLERGIES | _____ |
| _____ | _____ |
| _____ | _____ |

ACCOUNT # 73511
JOYCE JOHNSON
1800 NORTON RD

240-365-5810

IN CHARGE
JUL 16 2008 5:25:40E

11/02/1944

| | |
|-----------|-------|
| BP | _____ |
| PULSE | _____ |
| TEMP | _____ |
| ALLERGIES | _____ |
| _____ | _____ |
| _____ | _____ |

PLEASE SEE HANDWRITTEN AND DICTATED H&P FORM IN CHART

JOHNSON, Joyce M. 73511
08/12/2008

Dr. Edward C. Morrison

Ms. Johnson returns today for follow up of her venous disease. She states that she has not gotten much better. She has been wearing her stockings now for a long period of time. She has a left lower extremity ulcer.

As documented on my first office visit of 07/16/2008. She has been wearing stockings for a long time. She has gotten these from her primary care physician, Dr. Tabor.

PHYSICAL EXAM: Her leg remains swollen and tender. There is ulceration over the medial to distal gaiter region. It is hyperpigmented.

DATA: Noninvasive studies are reviewed with her. She clearly has significant saphenous vein reflux. Her noninvasive studies show significant reflux in the left lower extremity greater saphenous vein.

IMPRESSION: I do not think this lady is going to get much better without something directly done for her veins.

PLAN: I have explained to her as well that she is a Medicaid beneficiary and we will have to petition them directly for consideration of VNUS Closure. I will ask our insurance department to do this. Edward C. Morrison, M.D./hma

1-806-554-9964

JOHNSON, Joyce 73511
07/16/2008
ROPER HEART AND VASCULAR CENTER

Dr. Edward C. Morrison
(Dr. Kalinsky)

~~Dr~~ Edward C. Morrison, M.D.
~~Dr~~ Thomas C. Appleby, M.D.
~~Dr~~ P. Kevin Beach, M.D.

Patient Name: Joyce Johnson Today's Date: 7-16-08

Medical Record #: 73511 Patient seen at the request of: Dr. Kalinsky

Primary Care Physician: Dr. Tabor

Other: _____

CC: _____

HISTORY OF PRESENT ILLNESS:

Ms. Johnson is a new patient seen at this time for evaluation of a left leg ulcer. She basically is in a wheelchair. Dr. Kalinsky sent her. Dr. Tabor is her primary care physician. She is chronically disabled with diabetes. She does not smoke. She states that she has been hospitalized for problems with her diabetes and inability to walk.

She also gives a history of being obese. She states that she was hospitalized at the Medical University for renal failure in the last year, but got better. She has had no new problems.

She has had the development of blisters and pain and swelling in the lower legs. It is in the medial gaiter region. It has gotten to where it hurts day and night. She has tried all sorts of therapy for this including elevation and stockings she has bought over-the-counter. She has not gotten any better and she wants to know what can be done about it. Her legs hurt. They ache. They itch. This has been going on for over a year. She denies DVT in the past. She has had this pain for a while.

| | | | | | |
|---|---|---|------------------------------------|--|--------------------------------|
| Varicose Veins with Symptoms: | <input type="checkbox"/> Aching | <input type="checkbox"/> Dilated | <input type="checkbox"/> Itching | <input type="checkbox"/> Tortuous vessels of | <input type="checkbox"/> Right |
| | <input type="checkbox"/> Left Leg | <input type="checkbox"/> Swelling during activity or after prolonged standing | | | |
| History: Symptoms began _____ | <input type="checkbox"/> weeks | <input type="checkbox"/> months | <input type="checkbox"/> years ago | | |
| Conservative Therapy: _____ month(s) trial of | <input type="checkbox"/> Compression Stockings | | | | |
| | <input type="checkbox"/> Mild Exercise | | | | |
| | <input type="checkbox"/> Periodic Leg Elevation | | | | |
| | <input type="checkbox"/> Weight Reduction | | | | |

#73611

Patient: Johnson, Joyce

Date 11/6/08

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: Malaise - Fatigue - Wt loss Pain - 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 Edema

Vascular: Am Fu - TIA, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

Veins: DVT - Phlebitis - Ulcer - Previous Operation - Injection - Stocking use

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

Skin: Rash - Lesion/Mole - 7-10 Ulcer

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

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

Neuro: Headache - Numbness - Dizziness - CVA/Stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance

☐ All Other Systems Negative

Allergies:

Medications: ☐ See attached list

guppy Synthroid Thyroxine
blue cellene
lunap D Neurobiol
ASD ICTZ
2

73511

Patient Name: Johnson, Joyce Date 1-16-78

PMHx:
☐ See attached Patient Hx Form Dated _____

PSHx:

DM
AS

hepo thyrod

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

Family Hx:

Tobacco (-) ETOH (+)

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 ☐ PERRLA ☐ 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: ✓ RR RR ☐ No murmurs

Vascular:

☐ R 2 Aorta ☐ L 2
☐ R _____ Radial ☐ L _____
☐ R _____ Brachial ☐ L _____
☐ R _____ STA ☐ L _____
☐ R _____ CCA ☐ L _____
☐ R _____ Femoral ☐ L _____
☐ R _____ Popliteal ☐ L _____
☐ R _____ PT ☐ L _____
☐ R 2 DP ☐ L 2

Bruits:

☐ R ✓ Carotid ☐ L _____
☐ R _____ Vertebral ☐ L _____
☐ R _____ Subclavian ☐ L _____
☐ R _____ Flank ☐ L _____
☐ R _____ Iliac ☐ L _____
☐ Epigastric _____

☐ No Ulcers ☐ No Gangrene ☐ No trophic changes ☐ Pedal pulses 2+ throughout
☐ No edema or venous varicosities

Doppler Survey: _____

Chronic hypodermato scler
cell ES

3 recurrent cellulitis

As far as her lower legs, she appears to have advanced lipodermatosclerosis. She is very thickened in the gaiter region. She has ulcerations in both legs she has covered with bandaids.

The skin is hyperpigmented. It is very painful. She clearly has evidence of chronic venous insufficiency. There is secondary scarring.

#73611

Patient: Johnson, Joyce Date: 11/6/08

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
Other

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 appears to have venous stasis disease. She has more advanced lipodermatosclerosis as I suspect that she would, based on her history. She is not able to walk because of pain in this region.

PLAN:

I will place her in appropriate stockings. In addition we will need to get Vascular Lab studies to document her level of reflux. I do think she needs to take a very aggressive stance at trying to turn this situation around. Otherwise, she is going to be disabled. Edward C. Morrison, M.D./hma

RECEIVED: 07/17/2008 5:09 PM TRANSCRIBED: 07/17/2008 5:20 PM

Provider Signature:

Patient told to follow up pm and/or: _____ month(s) _____ wk(s) _____ days

pc: Dr. _____



CVE Systems

17207 Wyeth Circle, Spring Texas 77379

Phone: 800-338-0360 Email: Support@cvesystems.com

651104

Coastal Surgical Associates

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

Lower Venous Duplex Scan

Patient Name: JOHNSON, JOYCE
DOB: 11/8/1948 Age: 60 Gender: Female
Referring Phy: EDWARD C. MORRISON, MD
Indication: Edema/Pain

Study Date: 3/16/2009 Time: 11:41:13 AM
MR/Case#: 73511
Lab: COASTAL SURGICAL ASSOCIATES
Technologist: Tosti, Liberty, RVT, RDMS

RIGHT:

THE CFV IS PHASIC AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE SFV SHOWED PERFUSION VIA COLOR FLOW; NON-COMPRESSIBLE THROMBUS CANNOT BE RULED OUT. THE GSV IS SUCCESSFULLY CLOSED FROM THE SAPHENO-FEMORAL JUNCTION TO THE CALF. A PATENT ANTERIOR ACCESSORY VEIN WAS NOTED TO THE DISTAL THIGH. NEGATIVE EXAM FOR PERFORATOR VEIN REFLUX.

LEFT:

THE CFV IS PHASIC AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE SFV SHOWED PERFUSION VIA COLOR FLOW; NON-COMPRESSIBLE THROMBUS CANNOT BE RULED OUT. THE GSV IS SUCCESSFULLY CLOSED FROM THE SAPHENO-FEMORAL JUNCTION TO THE CALF. A PATENT ANTERIOR ACCESSORY VEIN WAS NOTED TO THE DISTAL THIGH. NEGATIVE EXAM FOR PERFORATOR VEIN REFLUX.

V

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR BILATERAL CFV AND SFV THROMBUS.

THE RIGHT AND LEFT GREATER SAPHENOUS VEINS REMAIN CLOSED FROM THE GROIN TO THE CALF.
NEGATIVE EXAM FOR PERFORATOR VEIN REFLUX.

AKB 3/17/11

Date



CVE Systems

17207 Wyeth Circle, Spring Texas 77379

CVE
Systems

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: JOHNSON, JOYCE

Study Date: 3/16/2009 Time: 11:41:13 AM

DOB: 11/8/1948 Age: 60 Gender: Female

MR/Case#: 73511

Referring Phy: EDWARD C. MORRISON, MD

Lab: COASTAL SURGICAL ASSOCIATES

Indication: Edema/Pain

Technologist: Tosti, Liberty, RVT, RDMS

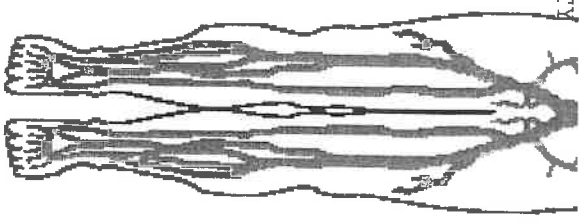
HISTORY:

RIGHT GSV CLOSURE 12/08, LEFT GSV CLOSURE 10/08, HYPOTHYROID, CVI, DM, OBESITY

INDICATION:

BIATERAL LOWER EXTREMITY CRAMPING

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

BIATERAL LOWER EXTREMITY VENOUS DUPLEX EXAMINATION OF THE GSV, CFV, SFV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:



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: JOHNSON, JOYCE | Study Date: 1/2/2009 | Time: 10:32:21 AM |
| DOB: 11/8/1948 | Age: 60 | Gender: Female |
| Referring Phy: EDWARD C. MORRISON, MD | MR/Case#: 73511 | |
| Indication: POST/OP:VNUS | Lab: COASTAL SURGICAL ASSOCIATES | |
| | Technologist: Tosti, Liberty, RVT, RDMS | |

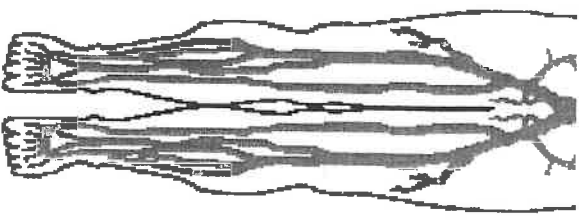
HISTORY:

CVI, DM, OBESITY, HYPOTHYROID

INDICATION:

S/P RIGHT GSV CLOSURE

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLEX EXAMINATION OF THE RIGHT SAPHENO-FEMORAL JUNCTION COMPLETED WITH THE FOLLOWING FINDINGS:

CVE Systems

CVE
Systems

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

ENCLOSURE

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

Lower Venous Duplex Scan

| | | |
|---------------------------------------|---|----------------------------------|
| Patient Name: JOHNSON, JOYCE | Study Date: 1/2/2009 | Time: 10:32:21 AM |
| DOB: 11/8/1948 | Age: 60 | Gender: Female |
| Referring Phy: EDWARD C. MORRISON, MD | MR/Case#: 73511 | Lab: COASTAL SURGICAL ASSOCIATES |
| Indication: POST/OP:VNUS | Technologist: Tosti, Liberty, RVT, RDMS | |

RIGHT:

THE CFV IS SPONTANEOUS AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE GSV IS SUCCESSFULLY CLOSED DISTAL TO THE SAPPHENO-FEMORAL JUNCTION AND EPIGASTRIC VEIN.



LEFT:

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR RIGHT LOWER EXTREMITY DVT.

SUCCESSFUL CLOSURE OF THE RIGHT GSV.

 1/2/9
Date



CVE Systems

ECN JB
11-20-08

17207 Wyeth Circle, Spring Texas 77379

CVE
Systems

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: JOHNSON, JOYCE | Study Date: 10/30/2008 | Time: 2:18:41 PM |
| DOB: 11/8/1948 | Age: 59 | Gender: Female |
| Referring Phy: EDWARD C. MORRISON, MD | MR/Case#: 73511 | |
| Indication: POST/OP:VNUS | Lab: COASTAL SURGICAL ASSOCIATES | |
| | Technologist: Tosti, Liberty, RVT | |

RIGHT:

LEFT:

THE CFV IS SPONTANEOUS AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE GSV IS SUCCESSFULLY CLOSED DISTAL TO THE SAPHENO-FEMORAL JUNCTION.

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DEEP VEIN THROMBOSIS OF THE LEFT CFV.

THE LEFT GSV IS SUCCESSFULLY CLOSED DISTAL TO THE SAPHENO-FEMORAL JUNCTION.

Eleven M 10.31.08

Date



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: JOHNSON, JOYCE

Study Date: 10/30/2008 Time: 2:18:41 PM

DOB: 11/8/1948 Age: 59 Gender: Female

MR/Case#: 73511

Referring Phy: EDWARD C. MORRISON, MD

Lab: COASTAL SURGICAL ASSOCIATES

Indication: POST/OP:VNUS

Technologist: Tosti, Liberty, RVT

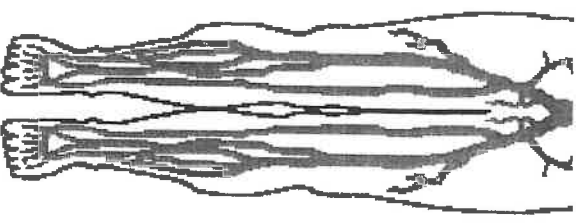
HISTORY:

CVI, DM, OBESITY, HYPOTHYROID

INDICATION:

S/P LEFT GSV CLOSURE

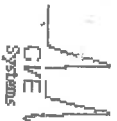
TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

LEFT LOWER EXTREMITY VENOUS DUPLEX EXAMINATION OF THE LEFT SAPHENO-FEMORAL JUNCTION COMPLETED WITH THE FOLLOWING FINDINGS:



CFE Systems

CFE
Systems

17207 Wyeth Circle, Spring Texas 77379

Phone: 800-338-0360

Email: Support@cfesystems.com

Coastal Surgical Associates

1327 Ashley River Road

Charleston, SC 29407

843-577-4551 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: JOHNSON, JOYCE

Study Date: 7/23/2008

Time: 5:00:29 PM

DOB: 11/8/1948 Age: 59 Gender: Female

MR/Case#: 73511

Referring Phy: EDWARD C. MORRISON, MD

Lab: COASTAL SURGICAL ASSOCIATES

Indication: Edema/Pain

Examiner: Tosti, Liberty, RVT

HISTORY:

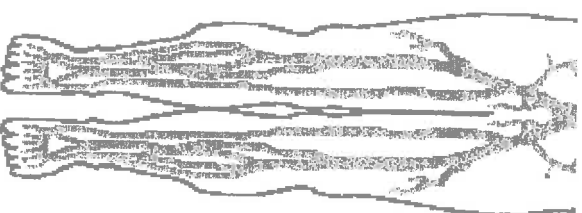
DM, OBESITY, HYPOTHYROIDISM

INDICATION:

BILATERAL LOWER EXTREMITY EDEMA

TECHNOLOGIST NOTES:

Summary of Vascular Findings



Impression/Recommendation:

BILATERAL LOWER EXTREMITY VENOUS DUPLEX EXAMINATION OF THE FEMORAL SYSTEM, POPLITEAL, PTVs, GSV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:

RIGHT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. POSITIVE EXAM FOR REFLUX IN THE FEMORAL SYSTEM, PTVs AND GSV. THE GSV DIAMETER MEASURES: JUNCTION 0.75CM, PRX THIGH 0.59CM, MID 0.44CM, DIST THIGH 0.37CM, PRX CALF 0.32CM, MID 0.26CM, DIST CALF 0.24CM. A GSV BRANCH AT MID THIGH LEVEL CAN BE FOLLOWED SUPERFICIALLY TO THE PROXIMAL CALF WHERE IT REJOINS THE TRUE GSV. A LARGE PERFORATOR MEASURES 0.31CM, HOWEVER REFLUX CANNOT BE DEMONSTRATED.

LEFT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. POSITIVE EXAM FOR REFLUX IN THE FEMORAL SYSTEM AND GSV. THE GSV MEASURES: JUNCTION 0.59CM, PRX THIGH 0.57CM, MID 0.32CM, DIST THIGH 0.39CM, PRX CALF 0.26CM; THE DIAMETER DIMINSHES DISTALLY DUE TO MULTIPLE VESSEL BRANCHES. NO REFLUXING PERFORATORS WERE VISUALIZED.



CVE Systems

ECN 41106

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: JOHNSON, JOYCE | Study Date: 7/23/2008 | Time: 5:00:29 PM |
| DOB: 11/8/1948 | Age: 59 | Gender: Female |
| Referring Phy: EDWARD C. MORRISON, MD | MR/Case#: 73511 | Lab: COASTAL SURGICAL ASSOCIATES |
| Indication: Edema/Pain | Examiner: Tosti, Liberty, RVT | |

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS BILATERALLY.

POSITIVE EXAM FOR RIGHT LOWER EXTREMITY VEIN REFLUX IN THE FEMORAL SYSTEM, PTVS AND GSV.

NEGATIVE EXAM FOR PERFORATOR REFLUX.

POSITIVE EXAM FOR LEFT LOWER EXTREMITY VEIN REFLUX IN THE FEMORAL SYSTEM AND GSV.

NEGATIVE EXAM FOR PERFORATOR REFLUX.

Stemon M 7-24/08

Date

Log #530



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 3, 2009

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

Re: Joyce Johnson
ID# 1780154735

Dear Dr. Morrison:

Thank you for corresponding regarding this patient. In reviewing your correspondence and office notes I certainly concur that endovenous ablation is clinically appropriate. Please attach a copy of this correspondence to your claim for payment so that my DHHS staff colleagues will be alerted to reimburse you for this care.

If you have any further problems, please don't hesitate to contact me at 803-255-3400 or 803-898-2580. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

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

O. Marion Burton, MD
Medical Director