


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                           |         |
|---------------------------|---------|
| TO                        | DATE    |
| Medical Services / Burton | 2-15-11 |

| DIRECTOR'S USE ONLY  | ACTION REQUESTED   |
|--|--|
| 1. LOG NUMBER<br>100352  | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____  |
| 2. DATE SIGNED BY DIRECTOR<br><u>Cleared 2/18/11, letter attached.</u><br> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <u>2-25-11</u><br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><input type="checkbox"/> Necessary Action |

| APPROVALS<br>(only when prepared for director's signature) | APPROVE | * DISAPPROVE<br>(Note reason for disapproval and return to preparer.) | COMMENT |
|--|---------|---|---------|
| 1.   |         |   |         |
| 2.   |         |   |         |
| 3.   |         |   |         |
| 4.   |         |   |         |

# COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

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

*Brandy E. Price, PA-C*

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

*Kristen R. Patel, PA-C*

**RECEIVED**

February 11th, 2011

**FEB 15 2011**

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

RE: Clovis Morrison  
ID # 40256399

Dear Dr. Burton,

Mr. Clovis Morrison is a 44 year-old male initially seen for consultation on 02/04/11 at the request of Dr. Carek for evaluation of a left leg ulceration and severe lower extremity edema. He had left lower extremity venous ultrasound performed on 02/04/11 that showed positive for reflux. I believe it would benefit him to undergo endovenous ablation of the left leg. 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. The CPT codes we are requesting are 36475 & 36476.

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

Sincerely,

Edward Morrison, M.D.

*Moncks Corner*  
*2061 Highway 52*

*Mt. Pleasant*  
*3510 Hwy. 17 N., Suite 325*

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

*Waterboro*  
*416 B Robertson Blvd.*  
*Hampton*  
*595 West Carolina Ave.*

# Coastal Surgical Vascular and Vein Specialists History and Physical Form

☒ Edward C. Morrison, M.D.  
☐ Thomas C. Appleby, M.D.  
☐ Brandy Englert, PA-C  
☐ Kristen Patel, PA-C

MORRISON, Clovis 84462  
02/04/2011

Brandy Englert Price, PA-C  
(Dr. Carek)

Primary Care Physician: \_\_\_\_\_

Other: \_\_\_\_\_

cc: @ My ulcer

## HISTORY OF PRESENT ILLNESS:

The patient was seen in consultation today at the request of Dr. Carek for evaluation of a left leg ulceration and severe lower extremity edema. He is a 44-year-old white male who has had bilateral lower extremity swelling, discomfort and ulcerations for many years. He has tried various forms of compression therapy including Unna boots, stockings and other wraps with little relief. He does improve with elevation, but finds this difficult. He reports chronic pain due to fibromyalgia and back pain. He is on a host of medications for both. He is currently disabled and admits to having poor control of his health. He is morbidly obese and continues to smoke.

|                               |  |  |   |   |   |
|-------------------------------|--|--|---|---|---|
| Varicose Veins with Symptoms: | <input checked="" type="checkbox"/> Aching | <input type="checkbox"/> Dilated   | <input checked="" type="checkbox"/> Itching     | <input type="checkbox"/> Tortuous vessels of  | <input checked="" type="checkbox"/> Right |
|                               | <input type="checkbox"/> Left Leg          | <input checked="" type="checkbox"/> Swelling during activity or after prolonged standing |   |   |   |
| History: Symptoms began       | <u>Many</u>                                | <input type="checkbox"/> weeks   | <input type="checkbox"/> months                 | <input checked="" type="checkbox"/> Years ago |   |
| Conservative Therapy:         | <u>ytccs</u>                               | 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     |   |

Patient: Clavis Morrison

Date 2/4/11

**REVIEW OF SYSTEMS:** #84462

All other systems are negative at this time.

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

Eyes: Blindness or b/nd 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 - M - Murmur - Palpitations - Pedal Edema

Vascular: Am Pu - TLA, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

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

GI: Abd Pain - NV - 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 - Ulcer

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

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

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

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance Poor

☐ All Other Systems Negative

Allergies: Ciprofloxacin

Medications: ☐ See attached list

Flonase, Lorazepam, Exavil, Lisinopril  
Zosyn, Zantac, Nicoderm  
Oxycontin, Percocet 5, Silvadene  
20mg  
Tylenol, Paxil

Patient Name: Clevis Morrison

Date 2/4/11

Account Number 84462

PMHx:

☐ See attached Patient Hx Form Dated \_\_\_\_\_

PSHx:

Hypertension, Anxiety  
Fibromyalgia  
High cholesterol  
DVT X2 in DLEs  
Ruptured DVT

Social Hx: (Circle pertinent)

S, M, W, D, SEP

Occupation church

Family Hx:

Tobacco 71 pack-yr

Caffeine \_\_\_\_\_

Drugs \_\_\_\_\_

EXAM: ✓ = Normal Findings (except as noted)

CONST: Temp \_\_\_\_\_

Pulse \_\_\_\_\_

84

BP: 137/62

Resp \_\_\_\_\_

Wt \_\_\_\_\_

✓ Healthy appearing

☐ Ill appearing

☐ Well nourished

☐ Malnourished

✓ Obese

HEENT: ✓ Normocephalic

✓ PERLA

☐ ROM's intact

✓ Oral mucosa moist

Add notes:

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

0

Carotid

☐ R

0

2

Radial

☐ L

2

Brachial

☐ L

2

Subclavian

☐ L

2

Flank

☐ L

2

2

STA

☐ L

2

CCA

☐ L

2

Femoral

☐ L

2

Popliteal

☐ L

2

2

PT

☐ L

2

DP

☐ L

2

Epigastric

☐ L

2

Iliac

☐ L

2

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

☐ No edema or venous varicosities

Doppler Survey: \_\_\_\_\_

Patient: Clavis Morrison Date: 2/4/11

Account Number 84462

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:

Studies were reviewed. He has had arterial studies done in 2006 and 2008. ABIs were virtually normal at that time.

DVT studies have been performed recently and they were negative.

I was able to perform lower extremity venous studies of the left leg to assess for reflux today and although the exam was difficult secondary to his body habitus and ability to position the patient, we were able to find great saphenous vein and perforator vein reflux, as well as short saphenous vein reflux. It seems that the great saphenous vein is feeding the ulceration. Extensive chronic thrombus is noted in the deep system. No acute DVT was present.

**IMPRESSION:** Severe venous stasis disease with chronic ulceration complicated by obesity, lymphedema and tobacco.

**PLAN:** The patient will absolutely be committed to compression stockings, likely long-term. We will place him in bilateral Unna boots today and arrange for this to be continued in his home. He has no transportation except by his son and this is very difficult, especially considering the fact that he is primarily wheelchairbound. Photographs were taken today and I will submit for VNUS Closure to be performed to try to see if we can help improve some of his severe edema and his ulceration. I have had a lengthy discussion with the patient about taking better care of himself with smoking cessation, weight loss, diet and becoming more ambulatory. This is a must to try to help his disease process. We discussed options for smoking cessation, however, he is not receptive to it at this time. I will see him back after his VNUS Closure, if not sooner for any complications that arise acutely. BRANDY ENGLERT PRICE, PA-C/hma

cc Dr. Carek

LOWER EXTREMITY ARTERIAL  
TRIDENT REGIONAL MEDICAL CENTER  
9330 MEDICAL PLAZA DR  
CHARLESTON, SC 29406

PATIENT: MORRISON, CLOVIS JERRY JR  
ACCOUNT NUMBER: D00030046734  
UNIT NUMBER: D247358159  
ROOM NUMBER:

AGE: 42  
WEIGHT Kg:  
HEIGHT cm:

ATTENDING DOCTOR: POLLACK, MATTHEW

PATIENT NAME: MORRISON, CLOVIS JERRY

DATE OF PROCEDURE: 11/26/2008

PHYSICIAN: MICHAEL L. EDWARDS, M.D.

PROCEDURE: PERIPHERAL VASCULAR STUDY.

BILATERAL LOWER EXTREMITIES: Normal pressure and waveforms throughout  
both lower extremities at rest. ABI right lower extremity is .99. ABI  
left lower extremity is 1.0.

IMPRESSION: No evidence of significant peripheral vascular disease.

Job#: 672206  
Dictated: 11/30/2008 11:53 AM  
Transcribed: 11/30/2008 1:11 PM  
MLE:jbe

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DICTATED BY: EDWARDS, MICHAEL L., MD  
Electronically signed by MICHAEL L EDWARDS on 12/02/08 at 0905

RECEIVED

JAN 27 2011

Page: 1

Date Printed: 01/27/11

ID: 246923 SEX:M AGE:44

**Orders/Requests/Referrals**

Name: MORRISON, CLOVIS

01/27/11 : 03:00pm

**CONSULT/REFERRAL**

FROM: DFM

PJC

ECM

Referring Clinic: Department Of Family Medicine

Medical University of SC

295 Calhoun Street

MSC 192

Charleston SC, 29425-1920

Phone: 792-3451 Fax: 792-3459

www.muschealth.com/familymedicine

#24462  
APP  
1/28/11

REFERRING PROVIDER: Peter J. Carek MD, MS

ATTENDING PHYSICIAN: same

CONSULTING PHYSICIAN/SERVICE: Vascular surgery

CLOVIS MORRISON

44 year old male

PATIENT'S ADDRESS:

103 CENTRAL AVE APT E5

GOOSE CREEK, SC 29445-2951

(843)569-5515

INSURANCE:

FIRST CHOICE FIRST CHOICE/SELECT 0606951301

This 44 year old male is referred for: chronic venous insufficiency both legs

Other medical problems:

HYPERTENSION ESSENTIAL

PURE HYPERCHOLESTEROLEM

ANXIETY

ALLERGIES:

CIPROFLOXACIN (palpitations and chest pain)

CURRENT MEDICATIONS:

Rx: OXYCONTIN 20 MG 1 TABLET twice a day

Rx: MS CONTIN 15 MG 1 tablet twice daily

Rx: PERCOCET 5/325 MG 1 TABLET every 6 hours PRN

Rx: FLONASE 50MG/ACT 2 SPRAY daily

Rx: LORATADINE 10MG 1 TABLET daily

Rx: ELAVIL 25MG 1 TAB at night before bed

Rx: LASIX 40 MG 1 TABLET DAILY

Rx: LISINOPRIL 10MG 1 TABLET daily

Rx: ZOCOR 40 MG 1 TABLET AT BEDTIME

Rx: ZANAFLEX 4MG 1 TABLET THREE TIMES DAILY

Rx: NICODERM 14MG APPLY daily

Rx: ZANAFLEX 4MG 1 TABLET THREE TIMES DAILY

Rx: SILVADENE 1% CREAM APP twice daily



**Orders/Requests/Referrals****Page: 2**

Name: MORRISON, CLOVIS

ID: 246923 SEX: M AGE: 44

---

**Rx: TYLENOL/CODEINE #3 300-30MG 1TAB every 6 hours PRN**  
**Rx: PAXIL 40 MG 1 TABLET every morning****Priority: ASAP/first available: within 2 weeks****Consult and evaluation only needed.****Appointment Date: 01/28/11 Appointment Time: 9:20 am****Authorization #: # of visits authorized:****Appointment With: DR EDWARD MORRISON**  
**1327 ASHLEY RIVER RD BLDG B 577-4551/577-8868****PATIENT IS AWARE OF APPOINTMENT DATE AND TIME /CMA**

As a courtesy, we have made this referral appointment for you. If you are unable to keep this appointment for any reason, please contact the specialist's office directly to reschedule. Thank you for choosing Family Medicine for your health care needs!"

# SIGNED BY J PETER CAREK, MD (ATTENDING) (PJC) 01/27/2011 03:03PM  
# CO-SIGNED BY CHRISTINE AHERN (B74) 01/27/2011 03:24PM

## Progress Notes

Page: 1

Name: MORRISON, CLOVIS

ID: 246923 SEX: M AGE: 44

12/02/10 : 04:49pm  
CHRONIC VENOUS STATUS: CHRONIC PAIN - UNIVERSITY FAMILY MEDICINE TRIDENT  
MEDICAL UNIVERSITY OF SOUTH CAROLINA  
PJC

### SUBJECTIVE

44 year old male presents for follow-up evaluation of stasis dermatitis (left lower leg) with drainage. No fever or chills. Current therapy with UNNA BOOT provided no improvement. Chronic back pain and anxiety present.

Lower left leg with drainage and open lesions. No subjective fever or chills. Pain present. Previous similar lesions improved with home health assistance.

### REVIEW OF SYSTEMS

Constitutional: Negative  
Eyes: Negative  
Ears, Nose, Mouth, Throat: Negative  
Cardiovascular: Negative  
Respiratory: Negative  
Gastrointestinal: Negative  
Genitourinary: Negative  
Musculoskeletal: Low back pain.  
Skin and/or breasts: as above  
Neurological: Negative  
Psychiatric: Anxiety  
Endocrine: Negative  
Hematologic/Lymphatic: Negative  
Allergic/Immunologic: Negative

**ALLERGIES:** CIPROFLOXACIN (palpitations and chest pain)

**CURRENT TREATMENT/MEDICATIONS:**  
as noted in chart

Side effects: No medication side effects.  
Compliance: Rarely misses a prescribed dose.

**PAST MEDICAL HISTORY -**  
Medical history: Ruptured disk, fibromyalgia, DVTs (both Left LE and 1st in 98), PE '99, HLP,

**SOCIAL HISTORY -**  
Marital status: single  
Employment: disability  
Smoking: Currently smoke 2 packs per day and has smoked for 24 years.  
ETOH: Patient does not use alcohol.  
Social Drug Use: none

**VITAL SIGNS**  
Bp: 185/93, Pulse: 94

**PHYSICAL EXAM**  
General: Well appearing, well nourished in no distress. Oriented X 3, normal mood and affect.  
Extremities: Bilateral stasis dermatitis. Left lower leg with 2 superficial ulcers. Mild serous drainage noted. No purulent drainage present.

**ASSESSMENT:**

## Progress Notes

Page: 2

Name: MORRISON, CLOVIS

ID: 246923

Date Printed: 01/27/11  
SEX: M AGE: 44

Stasis dermatitis with ulcer

Chronic low back pain and anxiety

**PLAN:**

**Medication:**  
Continue other medications, refill Tylenol # 3 with increased frequency. Trial of Silvadene to be applied thin layer to wound bid (refer to wound care for recommendation)

**Patient education:**  
Patient advised to lose weight and participate in exercise program (at least 30 minutes per day, most days of the week).  
Patient advised/reminded of reasons for treatment goals, and advised to share concerns and any drug reactions.

**Health Maintenance:** Diet Counseling X

Sodium: recommended limiting Sodium intake to less than 2 grams p/day.

Fiber: recommended trying to consume more dietary fiber

Home health consult, unna boot change twice weekly for two weeks.

**Follow-up:** 4 weeks, sooner if needed.

Rx: TYLENOL/CODEINE #3 300-30MG 1TAB every 6 hours PRN -, 120, Ref: 0

Rx: SILVADENE 1% CREAM APP twice daily -, 30 gm, Ref: 0

# SIGNED BY J PETER CAREK, MD (ATTENDING) (PJC) 12/02/2010 04:52PM

**Wound Management Center****ROPER HOSPITAL & PETTIT TOWER**

316 Calhoun Street, Charleston SC 29401

PH: 774-2289 / FAX: 774-2349

Ph: Morrison, Clovis  
Phys: Carek, Peter

IR#0006305071 OPA

Morrison, Clovis 01/20/2011

DOB 06/29/1966 Dr. carek

11020-01069

20 Jan 2011

**S:** Pt referred by Dr. Carek to assist in wound care venous stasis ulcer left lower extremity. Pt. with hx. of venous insufficiency and poor circulation. He has diagnosed venous insufficiency via duplex studies via Trident. Abuses tobacco. Past DVT LLE and Pulmonary embolism (1995). Wound usually successfully healed using Una's boot, but would often open and close. He was using Amedysis Home Health and they discharged last Feb 2010 as ulcer had healed. He stated this ulcer started approximately 6 months ago as two small ulcer and continued to become larger and heavily draining. Pt. is 44 y/o male confined to wheelchair due to chronic low back pain with past laminectomy. Morbidly obese. Single, lives with grown child in a ground level condo. He was an optician and non-employed due to back and medical problems. He cannot drive and requires medical bus to transport to medical visits. Referred to wound clinic 20 Jan 2011.

**O:** Wound location: left lower leg, frontal area. Dimensions: L=4.5cm x W=2.5cm Depth: 0.1cm. full thickness. Wound bed: pale pink tissue. Exudate: volume=heavy, Color: serous. Periwound: brawny discolored skin surrounding wounds with evidence of scarring from previous ulcers. Margins: attached (connected to sides of wound). Pain: Scale of 1-10, 8, "I never get relief", back pain leg pain. Nutrition: Discussed needs for optimal wound healing. Education: No barriers encountered.

**A:** Alteration in skin integrity secondary to venous stasis ulcer x 4, right lower extremity.

**Other:** Removed dressing. Cleansed wounds with wound spray. Discussed venous stasis disease, compression therapy and need for on-going compliance. Patient has been wearing compression via Tubigrip stockings as he needed to change dressing every few hours. He has been using paper towels to try and contain exudate. Patient in obvious need of Una's boots or Profore wraps and change 2-3 times/week to gain control of exudate and help close ulcer. Patient states he cannot make appointments to this clinic 2-3 times per week. I suggested that he could take medical bus, but he states too cumbersome to use. I will call Dr. Carek's office to see if they can start home health. He could also benefit from vascular surgeon to see if he is a candidate for venous ablation or other procedure to reduce venous hypertension and lessen frequent outbreaks. As he states he cannot return due to transportation difficulty, I cannot apply Una's or Profore wrap. We placed barrier ointment to periwound, calcium alginate to wound bed, abd cover dressing and Ace wrap from ball of foot to above calf. Adequate capillary refill noted to toes after application. Education: We discussed how and when to remove wrap and provided him with detailed instructions, which he stated understanding.

**Procedures:** Wound evaluation. **Supplies:** (1) 4x4 Alginate dressing (1)

**P:** Follow-up with Wound clinic if no options available. 1) Recommend vascular evaluation to see if candidate for ablation. 2) Compression wraps 2-3 times per week and when exudate controlled may go hopefully 1-2 time/week. 3) Home Health referral. He is welcome to return here but will have to comply with visits. **Goal:** Intact skin integrity. **Expectations:** Wound shall demonstrate proper healing as evidenced by contraction and full closure of wound.

Signature

01/20/2011 02:00:00 PM

Greg Loftis, RN, BSN, CWCN  
Wound Management Clinic

LOWER EXTREMITY ANTERIAL  
TRIDENT REGIONAL MEDICAL CENTER  
9330 MEDICAL PLAZA DR  
CHARLESTON, SC 29406

PATIENT: MORRISON, CLOVIS JERRY JR  
ACCOUNT NUMBER: D00023834857  
UNIT NUMBER: D247358159  
ROOM NUMBER:

AGE: 40  
WEIGHT Kg:  
HEIGHT cm:

ATTENDING DOCTOR: VIDUYA, SHERRY J

PATIENT NAME: MORRISON, CLOVIS JERRY

DATE OF PROCEDURE: 10/04/2006

PHYSICIAN: MICHAEL L. EDWARDS, M.D.

PROCEDURE: PERIPHERAL VASCULAR INTERPRETATION

Normal pressures and waveforms throughout both lower extremities at rest both pre and post exercise. Ankle brachial ratio on right lower extremity of 1.1 and ankle brachial ratio on left lower extremity of .98. No evidence of significant peripheral vascular disease.

Job#: 483356

Dictated: 10/04/2006 5:33 PM

Transcribed: 10/05/2006 8:54 AM

MLE:lan

-----  
DICTATED BY: EDWARDS, MICHAEL L , MD



# CVE Systems

*Neely*

17207 Wyeth Circle, Spring Texas 77379  
Phone: 800-338-0360 Email: [Support@cvesystems.com](mailto: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: MORRISON, CLOVIS        | Study Date: 2/4/2011             | Time: 11:54:29 AM |
| DOB: 6/29/1966                        | Age: 44                          | Gender: Male      |
| Referring Phy: EDWARD C. MORRISON, MD | MR/Case#: 84462                  |                   |
| Indication: Ulcers                    | Lab: COASTAL SURGICAL ASSOCIATES |                   |
| Secondary Indication: Edema/Pain      | Technologist: McGhee, Erin; RDMS |                   |

### RIGHT:

### LEFT:

COMMON FEMORAL, SFEM, POPLITEAL AND PTV ARE HYPERECHOIC AND LAYERED FLOW INDICATING CHRONIC THROMBUS. THE DISTAL S.FEMORAL IS CAN NOT BE IDENTIFIED THEREFORE TOTAL OCCLUSION CAN NOT BE RULED OUT OR IF JUST DUE TO PT BODY HABITUS. PROXIMAL PROFUNDA, GSV AND SMALL SAPHENOUS IS PATENT BY COLOR FLOW, DEMONSTRATE AUGMENTATION AND IS FULLY COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE MID TO DISTAL PROFUNDA COULD NOT BE EVALUATED DUE TO PT BODY HABITUS. THE FOLLOWING VESSELS ARE POSITIVE FOR REFLUX: SFV, POPL, PTV, GSV, SMALL SAPHENOUS AND MID PERFORATOR. THE GSV DIAMETERS ARE AS FOLLOWS: JUNC 0.84CM, UPPER 0.86CM, MID 0.86CM, AK 0.92CM AND BK 0.99CM. SMALL SAPHENOUS DIAMETERS ARE AS FOLLOWS: UPPER 0.45CM, MID 0.57CM AND DISTAL 0.44CM. THE MID PERFORATOR DIAMETER IS 0.26CM.

### CONCLUSION/SUMMARY:

LEFT CFV, SFV, POPLITEAL AND PTV ARE POSITIVE FOR CHRONIC THROMBUS, AS DESCRIBED ABOVE,  
LEFT PROXIMAL PROFUNDA, GSV AND SMALL SAPHENOUS SHOW NO EVIDENCE OF THROMBUS,  
LEFT DEEP SYSTEM REFLUX NOTED, AS DESCRIBED ABOVE,  
LEFT GSV IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED,  
SMALL SAPHENOUS IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED,  
MID PERFORATOR IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED.

*ECM* *MM 2.4.11*  
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: MORRISON, CLOVIS        | Study Date: 2/4/2011             | Time: 11:54:29 AM |
| DOB: 6/29/1966 Age: 44 Gender: Male   | MR/Case#: 84462                  |                   |
| Referring Phy: EDWARD C. MORRISON, MD | Lab: COASTAL SURGICAL ASSOCIATES |                   |
| Indication: Ulcers                    | Technologist: McGhee, Erin; RDMS |                   |
| Secondary Indication: Edema/Pain      |                                  |                   |

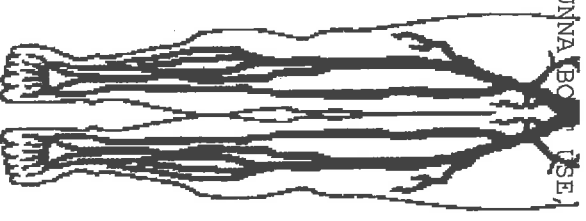
### HISTORY:

HTN, ANXIETY, FIBROMYALGIA, DVT X 2 LLE, SMOKER, COMPRESSION STOCKINGS USE, UNNA BOOT USE, HYPERCHOLE, OBESE.

### INDICATION:

### TECHNOLOGIST NOTES:

TECHNICALLY DIFFICULT EXAM DUE TO PATENT BODY HABITUS AND PT POSITIONING



### Summary of Vascular Findings

### Impression/Recommendation:

VENOUS DUPLX OF THE RIGHT FEMORAL JUNCTION, LEFT COMMON, PROFUNDA, S.FEMORAL, POPLITEAL, POSTERIOR TIBIAL, GSV, SMALL SAPHENOUS AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS:

February 18, 2011

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

Re: Clovis Morrison

Dear Dr Morrison:

Thank you for your correspondence regarding this Medicaid beneficiary. I concur that endovenous ablation is appropriate in further managing his condition. Please proceed as you deem necessary. If there are any problems with reimbursement please use this correspondence as approval for South Carolina Medicaid payment for this care.

Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,



O. Marion Burton, MD  
Medical Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL



|  |                        |
|--|------------------------|
| TO<br><i>Medical Services / Burton</i> | DATE<br><i>2-15-11</i> |
|--|------------------------|

| DIRECTOR'S USE ONLY  | ACTION REQUESTED   |
|--|--|
| 1. LOG NUMBER<br><i>100352</i>                                       | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____  |
| 2. DATE SIGNED BY DIRECTOR<br><i>Claud 2/18/11, letter attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE <i>2-25-11</i><br><input type="checkbox"/> FOIA<br>DATE DUE _____<br><input type="checkbox"/> Necessary Action |

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

# COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

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

*Brandy E. Price, PA-C*

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

*Kristen R. Patel, PA-C*

**RECEIVED**

February 11th, 2011

**FEB 15 2011**

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

RE: Clovis Morrison  
ID # 40256399

Dear Dr. Burton,

Mr. Clovis Morrison is a 44 year-old male initially seen for consultation on 02/04/11 at the request of Dr. Carek for evaluation of a left leg ulceration and severe lower extremity edema. He had left lower extremity venous ultrasound performed on 02/04/11 that showed positive for reflux. I believe it would benefit him to undergo endovenous ablation of the left leg. 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. The CPT codes we are requesting are 36475 & 36476.

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

Sincerely,

Edward Morrison, M.D.

*Moncks Corner*  
*2061 Highway 52*

*Mt. Pleasant*  
*3510 Hwy. 17 N, Suite 325*

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

*Walterboro*  
*416 B Robertson Blvd.*  
*Hampton*  
*595 West Carolina Ave.*

# Coastal Surgical Vascular and Vein Specialists History and Physical Form

☒ Edward C. Morrison, M.D.

☐ Thomas C. Appleby, M.D.

☐ Brandy Englert, PA-C

☐ Kristen Patel, PA-C

MORRISON, Clovis 84462

02/04/2011

Brandy Englert Price, PA-C  
(Dr. Carek)

Primary Care Physician: \_\_\_\_\_

Other: \_\_\_\_\_

5055  
CC: leg ulcer

## HISTORY OF PRESENT ILLNESS:

The patient was seen in consultation today at the request of Dr. Carek for evaluation of a left leg ulceration and severe lower extremity edema. He is a 44-year-old white male who has had bilateral lower extremity swelling, discomfort and ulcerations for many years. He has tried various forms of compression therapy including Unna boots, stockings and other wraps with little relief. He does improve with elevation, but finds this difficult. He reports chronic pain due to fibromyalgia and back pain. He is on a host of medications for both. He is currently disabled and admits to having poor control of his health. He is morbidly obese and continues to smoke.

## Varicose Veins with Symptoms:

☒ Aching ☐ Dilated ☒ Itching ☐ Tortuous vessels of ☒ Right  
☐ Left Leg ☒ Swelling during activity or after prolonged standing

History: Symptoms began many \_\_\_\_\_ ☐ weeks ☐ months ☒ years ago

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

Patient: Clavis Marciso

Date 2/4/11

REVIEW OF SYSTEMS: #84462

All other systems are negative at this time. <sup>is</sup>

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 Edema

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

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

GI: Abd Pain - NV - 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 - Ulcer

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

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

Neuro: Headache - Numbness - Dizziness - CV Stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance poor

☐ All Other Systems Negative

Allergies: Ciprofloxacin

Medications: ☐ See attached list

Elonase, Loratadine, Evavil, Lisinpril  
Zocor, Zanaflex, Nicoderm  
Oxycontin, Percocet 5, Sivarden  
20mg  
Tylenol, Paxil

Patient Name: Clovis Maccison

Date 2/4/11

Account Number 84462

PMHx:

☐ See attached Patient Hx Form Dated \_\_\_\_\_

PSHx:

Hypertension, Anxiety  
Fibromyalgia  
chronic osteoarthritis  
DVT x2 in C/D leg  
Ruptured disc

Social Hx: (Circle pertinent)

S, M, W, D, SEP

Occupation chocolatier

Family Hx:

Tobacco 71 pack-year

Caffeine \_\_\_\_\_ Drugs \_\_\_\_\_

EXAM: ✓ = Normal Findings (except as noted)

CONST: Temp \_\_\_\_\_ Pulse 84 BP: 137/62 Resp \_\_\_\_\_ Wt \_\_\_\_\_

✓ healthy appearing ☐ Ill appearing ☐ Well nourished ☐ Malnourished ☒ Obese

HEENT: ☒ Normocephalic ☒ PERLA ☐ ROM's intact ☒ Oral mucosa moist Add notes:

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:                  | <u>2</u> | Aorta     | <input type="checkbox"/>   | Bruits:                    | <input type="checkbox"/> |
| <input type="checkbox"/> R | <u>2</u> | Radial    | <input type="checkbox"/> L | <input type="checkbox"/> R | Carotid                  |
| <input type="checkbox"/> R |          | Brachial  | <input type="checkbox"/> L | <input type="checkbox"/> R | Vertebral                |
| <input type="checkbox"/> R |          | STA       | <input type="checkbox"/> L | <input type="checkbox"/> R | Subclavian               |
| <input type="checkbox"/> R |          | CCA       | <input type="checkbox"/> L | <input type="checkbox"/> R | Flank                    |
| <input type="checkbox"/> R |          | Femoral   | <input type="checkbox"/> L | <input type="checkbox"/> R | Iliac                    |
| <input type="checkbox"/> R |          | Popliteal | <input type="checkbox"/> L | <input type="checkbox"/> R |                          |
| <input type="checkbox"/> R |          | PT        | <input type="checkbox"/> L | <input type="checkbox"/> R |                          |
| <input type="checkbox"/> R |          | DP        | <input type="checkbox"/> L | <input type="checkbox"/> R | Epigastric               |

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

☐ No edema or venous varicosities

Patient: Claire Morrison

Date: 2/4/11

Account Number 84462

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:

Studies were reviewed. He has had arterial studies done in 2006 and 2008. ABIs were virtually normal at that time.

DVT studies have been performed recently and they were negative.

I was able to perform lower extremity venous studies of the left leg to assess for reflux today and although the exam was difficult secondary to his body habitus and ability to position the patient, we were able to find great saphenous vein and perforator vein reflux, as well as short saphenous vein reflux. It seems that the great saphenous vein is feeding the ulceration. Extensive chronic thrombus is noted in the deep system. No acute DVT was present.

**IMPRESSION:** Severe venous stasis disease with chronic ulceration complicated by obesity, lymphedema and tobacco.

**PLAN:** The patient will absolutely be committed to compression stockings, likely long-term. We will place him in bilateral Unna boots today and arrange for this to be continued in his home. He has no transportation except by his son and this is very difficult, especially considering the fact that he is primarily wheelchairbound. Photographs were taken today and I will submit for VNUS Closure to be performed to try to see if we can help improve some of his severe edema and his ulceration. I have had a lengthy discussion with the patient about taking better care of himself with smoking cessation, weight loss, diet and becoming more ambulatory. This is a must to try to help his disease process. We discussed options for smoking cessation, however, he is not receptive to it at this time. I will see him back after his VNUS Closure, if not sooner for any complications that arise acutely. BRANDY ENGLERT PRICE, PA-C/hma

cc Dr. Carek

LOWER EXTREMITY ARTERIAL  
TRIDENT REGIONAL MEDICAL CENTER  
9330 MEDICAL PLAZA DR  
CHARLESTON, SC 29406

NO. 4000 P. 3/3

PATIENT: MORRISON, CLOVIS JERRY JR  
ACCOUNT NUMBER: D00030046734  
UNIT NUMBER: D247358159  
ROOM NUMBER:

AGE: 42  
WEIGHT Kg:  
HEIGHT cm:

ATTENDING DOCTOR: POLLACK, MATTHEW

PATIENT NAME: MORRISON, CLOVIS JERRY

DATE OF PROCEDURE: 11/26/2008

PHYSICIAN: MICHAEL L. EDWARDS, M.D.

PROCEDURE: PERIPHERAL VASCULAR STUDY.

BILATERAL LOWER EXTREMITIES: Normal pressure and waveforms throughout  
both lower extremities at rest. ABI right lower extremity is .99. ABI  
left lower extremity is 1.0.

IMPRESSION: No evidence of significant peripheral vascular disease.

Job#: 672206

Dictated: 11/30/2008 11:53 AM

Transcribed: 11/30/2008 1:11 PM

MLE:jbe

-----  
DICTATED BY: EDWARDS, MICHAEL L., MD  
Electronically Signed by MICHAEL L EDWARDS on 12/02/08 at 0905

RECEIVED

## Orders/Requests/Referrals

JAN 27 2011

Page: 1

Date Printed: 01/27/11

Name: MORRISON, CLOVIS

ID: 246923

SEX: M AGE: 44

01/27/11 : 03:00pm

CONSULT/REFERRAL

FROM: DFM

PJC

ECM

Referring Clinic: Department Of Family Medicine

Medical University of SC

295 Calhoun Street

MSC 192

Charleston SC, 29425-1920

Phone: 792-3451 Fax: 792-3459

www.muschealth.com/familymedicine

#84462  
APP  
1/28/11

REFERRING PROVIDER: Peter J. Carek MD, MS

ATTENDING PHYSICIAN: same

CONSULTING PHYSICIAN/SERVICE: Vascular surgery

CLOVIS MORRISON

44 year old male

## PATIENT'S ADDRESS:

163 CENTRAL AVE APT E5

GOOSE CREEK, SC 29445-2951

(843)569-5515

## INSURANCE:

FIRST CHOICE FIRST CHOICE/SELECT 0606951301

This 44 year old male is referred for: chronic venous insufficiency both legs

Other medical problems:

HYPERTENSION ESSENTIAL

PURE HYPERCHOLESTEROLEM

ANXIETY

## ALLERGIES:

CIPROFLOXACIN (palpitations and chest pain)

## CURRENT MEDICATIONS:

Rx: OXYCONTIN 20 MG 1 TABLET twice a day

Rx: MS CONTIN 15 MG 1 tablet twice daily

Rx: PERCOCET 5/325 MG 1 TABLET every 6 hours PRN

Rx: FLONASE 50MG/ACT 2 SPRAY daily

Rx: LORATADINE 10MG 1 TABLET daily

Rx: ELAVIL 25MG 1 TAB at night before bed

Rx: LASIX 40 MG 1 TABLET DAILY

Rx: LISINAPRIL 10MG 1 TABLET daily

Rx: ZOCOR 40 MG 1 TABLET AT BEDTIME

Rx: ZANAFLEX 4MG 1 TABLET THREE TIMES DAILY

Rx: NICODERM 14MG APPLY daily

Rx: ZANAFLEX 4MG 1 TABLET THREE TIMES DAILY

Rx: SILVADENE 1% CREAM APP twice daily



## Orders/Requests/Referrals

Page: 2

Name: MORRISON, CLOVIS

Date Printed: 01/27/11  
ID: 246923 SEX:M AGE:44

Rx: **TYLENOL/CODEINE #3 300-30MG 1TAB every 6 hours PRN**  
Rx: **PAXIL 40 MG 1 TABLET every morning**

Priority: ASAP/first available: within 2 weeks

Consult and evaluation only needed.

Appointment Date:01/28/11 Appointment Time:920 am

Authorization #: # of visits authorized:

Appointment With: **DR EDWARD MORRISON**  
**1327 ASHLEY RIVER RD BLDG B 577-4551/577-8868**

### PATIENT IS AWARE OF APPOINTMENT DATE AND TIME /CMA

As a courtesy, we have made this referral appointment for you. If you are unable to keep this appointment for any reason, please contact the specialist's office directly to reschedule. Thank you for choosing Family Medicine for your health care needs!"

# SIGNED BY J PETER CAREK, MD (ATTENDING) (PJC) 01/27/2011 03:03PM  
# CO-SIGNED BY CHRISTINE AHERN (B74) 01/27/2011 03:24PM

## Progress Notes

Page: 1

Name: MORRISON, CLOVIS

ID: 246923

Date Printed: 01/27/11  
SEX: M AGE: 44

12/02/10 : 04:49pm  
CHRONIC VENOUS STATUS: CHRONIC PAIN - UNIVERSITY FAMILY MEDICINE TRIDENT  
MEDICAL UNIVERSITY OF SOUTH CAROLINA  
PJC

### SUBJECTIVE

44 year old male presents for follow-up evaluation of stasis dermatitis (left lower leg) with drainage. No fever or chills. Current therapy with UNNA BOOT provided no improvement. Chronic back pain and anxiety present.

Lower left leg with drainage and open lesions. No subjective fever or chills. Pain present. Previous similar lesions improved with home health assistance.

### REVIEW OF SYSTEMS

Constitutional: Negative  
Eyes: Negative  
Ears, Nose, Mouth, Throat: Negative  
Cardiovascular: Negative  
Respiratory: Negative  
Gastrointestinal: Negative  
Genitourinary: Negative  
Musculoskeletal: Low back pain.  
Skin and/or breasts: as above  
Neurological: Negative  
Psychiatric: Anxiety  
Endocrine: Negative  
Hematologic/Lymphatic: Negative  
Allergic/Immunologic: Negative

ALLERGIES: CIPROFLOXACIN (palpitations and chest pain)

CURRENT TREATMENT/MEDICATIONS:  
as noted in chart

Side effects: No medication side effects.  
Compliance: Rarely misses a prescribed dose.

### PAST MEDICAL HISTORY -

Medical history: Ruptured disk, fibromyalgia, DVT's (both Left LE and 1st in 98), PE '99, HLP,

### SOCIAL HISTORY -

Marital status: single  
Employment: disability  
Smoking: Currently smoke 2 packs per day and has smoked for 24 years.  
ETOH: Patient does not use alcohol.  
Social Drug Use: none

### VITAL SIGNS

Bp: 185/93, Pulse: 94

### PHYSICAL EXAM

General: Well appearing, well nourished in no distress. Oriented X 3, normal mood and affect.  
Extremities: Bilateral stasis dermatitis. Left lower leg with 2 superficial ulcers. Mild serous drainage noted. No purulent drainage present.

### ASSESSMENT:

## Progress Notes

Page: 2

Name: MORRISON, CLOVIS

ID: 246923

Date Printed: 01/27/11  
SEX:M AGE:44

Stasis dermatitis with ulcer

Chronic low back pain and anxiety

### PLAN:

#### Medication:

Continue other medications, refill Tylenol # 3 with increased frequency. Trial of Silvadene to be applied thin layer to wound bid (refer to wound care for recommendation)

#### Patient education:

Patient advised to lose weight and participate in exercise program (at least 30 minutes per day, most days of the week). Patient advised/reminded of reasons for treatment goals, and advised to share concerns and any drug reactions.

#### Health Maintenance: Diet Counseling X

Sodium: recommended limiting Sodium intake to less than 2 grams p/day.

Fiber: recommended trying to consume more dietary fiber

Home health consult, unna boot change twice weekly for two weeks.

**Follow-up:** 4 weeks, sooner if needed.

Rx: TYLENOL/CODEINE #3 300-30MG 1TAB every 6 hours PRN -, 120, Ref: 0

Rx: SILVADENE 1% CREAM APP twice daily -, 30 gm, Ref: 0

# SIGNED BY J PETER CAREK, MD (ATTENDING) (PJC) 12/02/2010 04:52PM

**Wound Management Center****ROPER HOSPITAL & PETTIT TOWER**

316 Calhoun Street, Charleston SC 29401

PH: 724-2289 / FAX: 724-2349

**Pt Morrison, Clovis****Phys: Carek, Peter**

KR#0006305071 OFA

Morrison, Clovis 01/20/2011

XOB 06/29/1966Dr. carek

11020-01069

20 Jan 2011

**S:** Pt referred by Dr. Carek to assist in wound care venous stasis ulcer left lower extremity. Pt. with hx. of venous insufficiency and poor circulation. He has diagnosed venous insufficiency via duplex studies via Trident. Abuses tobacco. Past DVT LLE and Pulmonary embolism (1995). Wound usually successfully healed using Unna's boot, but would often open and close. He was using Amedysis Home Health and they discharged last Feb 2010 as ulcer had healed. He stated this ulcer started approximately 6 months ago as two small ulcer and continued to become larger and heavily draining. Pt. is 44 y/o male confined to wheelchair due to chronic low back pain with past laminectomy. Morbidly obese. Single, lives with grown child in a ground level condo. He was an optician and non-employed due to back and medical problems. He cannot drive and requires medical bus to transport to medical visits. Referred to wound clinic 20 Jan 2011.

**O:** Wound location: left lower leg, frontal area. Dimensions: L=4.5cm x W=2.5cm Depth: 0.1cm. full thickness. Wound bed: pale pink tissue. Exudate: volume=heavy, Color: serous. Peri-wound: brawny discolored skin surrounding wounds with evidence of scarring from previous ulcers. Margins: attached (connected to sides of wound). Pain: Scale of 1-10, 8, "I never get relief", back pain leg pain. Nutrition: Discussed needs for optimal wound healing. Education: No barriers encountered.

**A:** Alteration in skin integrity secondary to venous stasis ulcer x 4, right lower extremity.

**Other:** Removed dressing. Cleansed wounds with wound spray. Discussed venous stasis disease, compression therapy and need for on-going compliance. Patient has been wearing compression via Tubigrip stockings as he needed to change dressing every few hours. He has been using paper towels to try and contain exudate. Patient in obvious need of Unna's boots or Profore wraps and change 2-3 times/week to gain control of exudate and help close ulcer. Patient states he cannot make appointments to this clinic 2-3 times per week. I suggested that he could take medical bus, but he states too cumbersome to use. I will call Dr. Carek's office to see if they can start home health. He could also benefit from vascular surgeon to see if he is a candidate for venous ablation or other procedure to reduce venous hypertension and lessen frequent outbreaks. As he states he cannot return due to transportation difficulty, I cannot apply Unna's or Profore wrap. We placed barrier ointment to peri-wound, calcium alginate to wound bed, abd cover dressing and Ace wrap from ball of foot to above calf. Adequate capillary refill noted to toes after application. Education: We discussed how and when to remove wrap and provided him with detailed instructions, which he stated understanding.

**Procedures:** Wound evaluation, Supplies: (1) 4x4 Alginate dressing (1)

**P:** Follow-up with Wound clinic if no options available. 1) Recommend vascular evaluation to see if candidate for ablation. 2) Compression wraps 2-3 times per week and when exudate controlled may go hopefully 1-2 time/week. 3) Home Health referral. He is welcome to return here but will have to comply with visits. **Goal:** Intact skin integrity. **Expectations:** Wound shall demonstrate proper healing as evidenced by contraction and full closure of wound.

Signed:

01/20/2011 02:06:33pm

Greg Loftis, RN, BSN, CWCN  
Wound Management Clinic

LOWER EXTREMITY ARTERIAL  
TRIDENT REGIONAL MEDICAL CENTER  
9330 MEDICAL PLAZA DR  
CHARLESTON, SC 29406

PATIENT: MORRISON, CLOVIS JERRY JR  
ACCOUNT NUMBER: D00023834857  
UNIT NUMBER: D247358159  
ROOM NUMBER:

AGE: 40  
WEIGHT Kg:  
HEIGHT cm:

ATTENDING DOCTOR: VIDUYA, SHERRY J

PATIENT NAME: MORRISON, CLOVIS JERRY

DATE OF PROCEDURE: 10/04/2006

PHYSICIAN: MICHAEL L. EDWARDS, M.D.

PROCEDURE: PERIPHERAL VASCULAR INTERPRETATION

Normal pressures and waveforms throughout both lower extremities at rest both pre and post exercise. Ankle brachial ratio on right lower extremity of 1.1 and ankle brachial ratio on left lower extremity of .98. No evidence of significant peripheral vascular disease.

Job#: 483356

Dictated: 10/04/2006 5:33 PM

Transcribed: 10/05/2006 8:54 AM

MLE:jam

DICTATED BY: EDWARDS, MICHAEL L \_\_\_\_\_, MD



# CVE Systems

*Noel Lynn*

17207 Wyeth Circle, Spring Texas 77379  
Phone: 800-338-0360 Email: [Support@cvesystems.com](mailto: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: MORRISON, CLOVIS        | Study Date: 2/4/2011              | Time: 11:54:29 AM |
| DOB: 6/29/1966                        | Age: 44                           | Gender: Male      |
| Referring Phy: EDWARD C. MORRISON, MD | MR/Case#: 84462                   |                   |
| Indication: Ulcers                    | Lab: COASTAL SURGICAL ASSOCIATES  |                   |
| Secondary Indication: Edema/Pain      | Technologist: McGehee, Erin; RDMS |                   |

### RIGHT:

### LEFT:

COMMON FEMORAL, SFEM, POPLITEAL AND PTV ARE HYPERECHOIC AND LAYERED FLOW INDICATING CHRONIC THROMBUS. THE DISTAL S.FEMORAL IS CAN NOT BE IDENTIFIED THEREFORE TOTAL OCCLUSION CAN NOT BE RULED OUT OR IF JUST DUE TO PT BODY HABITUS. PROXIMAL PROFUNDA, GSV AND SMALL SAPHENOUS IS PATENT BY COLOR FLOW, DEMONSTRATE AUGMENTATION AND IS FULLY COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS. THE MID TO DISTAL PROFUNDA COULD NOT BE EVALUATED DUE TO PT BODY HABITUS. THE FOLLOWING VESSELS ARE POSITIVE FOR REFLUX: SFV, POPL, PTV, GSV, SMALL SAPHENOUS AND MID PERFORATOR. THE GSV DIAMETERS ARE AS FOLLOWS: JUNC 0.84CM, UPPER 0.86CM, MID 0.86CM, AK 0.92CM AND BK 0.99CM. SMALL SAPHENOUS DIAMETERS ARE AS FOLLOWS: UPPER 0.45CM, MID 0.57CM AND DISTAL 0.44CM. THE MID PERFORATOR DIAMETER IS 0.26CM.

### CONCLUSION/SUMMARY:

LEFT CFV, SFV, POPLITEAL AND PTV ARE POSITIVE FOR CHRONIC THROMBUS, AS DESCRIBED ABOVE,  
LEFT PROXIMAL PROFUNDA, GSV AND SMALL SAPHENOUS SHOW NO EVIDENCE OF THROMBUS,  
LEFT DEEP SYSTEM REFLUX NOTED, AS DESCRIBED ABOVE,  
LEFT GSV IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED,  
SMALL SAPHENOUS IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED,  
MID PERFORATOR IS POSITIVE FOR REFLUX WITH SUITABLE DIAMETERS FOR CLOSURE, IF CONSIDERED.

*Ellen* *MM 2.4.11*  
\_\_\_\_\_  
Date



# CVE Systems

17207 Whyeth Circle, Spring Texas 77379

Phone: 800-338-0360 Email: [Support@cvsystems.com](mailto:Support@cvsystems.com)

Coastal Surgical Associates

1327 Ashley River Road  
Charleston, SC 29407

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

## Lower Venous Duplex Scan

|                                       |                                  |                   |
|---------------------------------------|----------------------------------|-------------------|
| Patient Name: MORRISON, CLOVIS        | Study Date: 2/4/2011             | Time: 11:54:29 AM |
| DOB: 6/29/1966                        | Age: 44                          | Gender: Male      |
| Referring Phy: EDWARD C. MORRISON, MD | MR/Case#: 84462                  |                   |
| Indication: Ulcers                    | Lab: COASTAL SURGICAL ASSOCIATES |                   |
| Secondary Indication: Edema/Pain      | Technologist: McGhee, Erin; RDMS |                   |

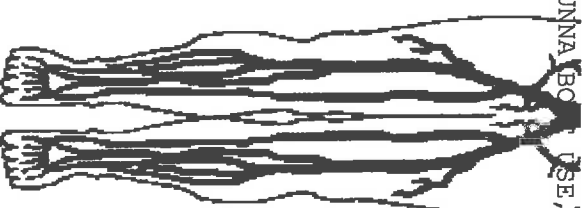
### HISTORY:

HTN, ANXIETY, FIBROMYALGIA, DVT X 2 LLE, SMOKER, COMPRESSION STOCKINGS USE, UNNA BOOT USE, HYPERCHOLES, OBESE.

### INDICATION:

### TECHNOLOGIST NOTES:

TECHNICALLY DIFFICULT EXAM DUE TO PATENT BODY HABITUS AND PT POSITIONING



### Summary of Vascular Findings

### Impression/Recommendation:

VENOUS DUPLX OF THE RIGHT FEMORAL JUNCTION, LEFT COMMON, PROFUNDA, S.FEMORAL, POPLITEAL, POSTERIOR TIBIAL, GSV, SMALL SAPHENOUS AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS: