

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

**ACTION REFERRAL**

<b>TO</b> <i>Myers</i>	<b>DATE</b> <i>4-16-08</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>000538</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 4/30/08, attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-25-08</i> <input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
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

April 14, 2008

APR 16 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

O. Marion Burton, M.D.  
Medical Director  
P O Box 8206  
Columbia, S.C. 29202-8206

*Logi Myers*  
*Appro Sign.*  
*cc: Dr. Burton*

Re: David Rhames  
ID# 7714735901 (Medical Homes Plan)

Dr. Dr. Burton:

Please find attached a copy of the letter we sent back in February regarding the above patient. To date we have not received a response. Would you please review the information and let us know if this surgery could be approved for Mr. Rhames.

Thank you,

*Tanya Read*  
Tanya Read, CPC  
Billing Manager

*Moncks Corner*  
2061 Highway 52

*Mr. Pleasant*  
570 Lonerpoint 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.

# COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

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

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

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

February 20, 2008

O. Marion Burton, M.D.  
Medical Director  
P. O. Box 8206  
Columbia, S.C. 29202-8206

Re: David Rhames  
ID# 7714735901 (Managed Care Plan)

Dear Dr. Burton:

I have recommended that Mr. David Rhames have an endovenous ablation of the left greater saphenous vein due to venous stasis disease with ulceration. He has been under my care since January 2007 and his ulcers have been treated with unna boots. I am recommending radiofrequency ablation of the below-knee segment of the left leg. A copy of the my office notes and venous study are enclosed.

We would appreciate your consideration for approval of this service based on medical necessity as Medicaid does not recognize this as a covered service.

Please feel free to contact me if there are any questions.

Sincerely,



Edward C. Morrison, M.D.

*Moncks Corner*  
2061 Highway 52

*Mt. 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 # 66681  
David Rhames  
427 Poor Farm Rd

993-3141

03/19/1965

Rhames, David  
4/2/08

#66681

Dr. P. Kevin Beach

BP \_\_\_\_\_  
PULSE \_\_\_\_\_  
EMP \_\_\_\_\_  
ALLERGIE \_\_\_\_\_

(P) Alteration in skin integrity r/t left leg ulcer. (I) Unna boot removed and leg cleansed with Carraklenz. Sorbsan applied to wound, new unna boot applied and secured with Medi-Rip. ABD pads are placed b/t the unna boot and Medi-Rip to absorb the drainage. (E) Wound noted to the LLE is unchanged in appearance. The wound is foul smelling with small amount of yellow-green drainage noted to old unna boot. He is instructed to continue to elevate his legs above heart level QID for 15 minutes each. Verbalized understanding. He will return in 1 week for unna boot change. \_\_\_\_\_Kim Weisner LPNIII

BP \_\_\_\_\_  
PULSE \_\_\_\_\_  
TEMP \_\_\_\_\_  
ALLERGIES \_\_\_\_\_

RHAMES, David W. 66681  
04/09/2008  
WALTERBORO OFFICE

Dr. P. Kevin Beach

Mr. Rhames returns today for follow up. He has longstanding venous insufficiency and has had no improvement of his symptoms of the leg.

**PHYSICAL EXAM:** On exam today the ulcers show minimal improvement.

**IMPRESSION:** Venous insufficiency

**PLAN:** We are awaiting approval for VNUS Closure. Obviously this is difficult due to his Medicaid status and I have explained that to him. We will continue Unna boot therapy for now and once he is approved, we will arrange his VNUS Closure. P. Kevin Beach, M.D./ma

APR 15 2008

BP \_\_\_\_\_  
PULSE \_\_\_\_\_  
TEMP \_\_\_\_\_  
ALLERGIES \_\_\_\_\_

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
	_____
	_____

**RHAMES, David W. 66681**  
02/27/2008

Dr. P. Kevin Beach

WALTERBORO OFFICE  
Mr. Rhames returns today for follow up of his venous stasis disease. He is doing well. No complaints.

**PHYSICAL EXAM:** On exam the wounds are clean and appear to be making some progress.

**IMPRESSION:** Complicated venous stasis ulcers.

**PLAN:** Continue Unna boot therapy. Follow up in one week. P. Kevin Beach, M.D./hma

**RHAMES, David 66681**  
03/12/2008

Dr. P. Kevin Beach

WALTERBORO OFFICE

Mr. Rhames returns today for follow up of his venous insufficiency. He is getting Unna boot changes. He is doing well with no complaints.

**PHYSICAL EXAM:** On exam his ulcers are fairly stagnant.

**IMPRESSION:** We discussed Apligraf placement, but he declines that at this time.

**PLAN:** We will continue the Unna boot therapy and see him back in one week. P. Kevin Beach, M.D./hma

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
	_____
	_____

BP \_\_\_\_\_

PULSE \_\_\_\_\_

TEMP \_\_\_\_\_

ALLERGIES \_\_\_\_\_

**RHAMES, DAVID (66681)**  
03-19-2008 WALTERBORO OFFICE

DR. P. KEVIN BEACH

Mr. Rhames comes in today for follow up of his Left Lower Extremity Venous Insufficiency. The wounds look better according to the patient. He had removed the old unnaboot that morning and washed his leg with the Dial Antibacterial Soap. He said there was still some drainage that came through the coban wrap. Cleaned wounds again with Carraklenz wound cleaner. I covered his entire lower leg with the Silvadene cream, wrapped unnaboot with the over-lap technique, placed 3 ABD Pads over and around leg, a wrapped coban over all this. Patient is instructed to return to the Waterboro office next week to see Dr. Beach.

.....Renee Honeycutt, CMA

**RHAMES, David W. 66681**  
03/26/2008

Dr. P. Kevin Beach

WALTERBORO OFFICE

Mr. Rhames returns today for follow up for his venous stasis disease. He is getting Unna boot changes to his chronic wound.

**PHYSICAL EXAM:** On exam today, things appear to be quite at a standstill.

**IMPRESSION:** He is making minimal progress.

**PLAN:** We will continue Unna boot therapy and follow up in one week. P. Kevin Beach, M.D./hma

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
	_____
	_____

JAN 23 2008 RSCD 10 1-24-08

David Rhames  
66681

Paul Kevin Beach, M.D.

January 24, 2008

Patient came in today for follow up for his left leg ulcer. Uma boot was removed and patient had a dressing on that area. Cleaned wound with carra klenz and 4x4 gauze. The wound area has some pink area and does have yellow slough, but overall appears to be healing. Placed bacitracin on the wound areas and secured this with coban and medi rip on the leg. Applied an ABD Pad in between the two wraps. Patient is to return in one week to see Dr. Beach. -----Allison Zobel, CMA

PT	
PHYS	
REF	
RESOURCES	

**RHAMES, David W. 66681**  
01/30/2008

Dr. P. Kevin Beach

WALTERBORO OFFICE

Mr. Rhames returns today for follow up of his venous stasis ulcers. He is doing chronic Uma boot therapy and is really at a standstill.

**PHYSICAL EXAM:** On exam today these ulcers have made no progress.

**IMPRESSION:** The last time he gained some benefit from an Apligraf placement, so I think we will bring him back for that.

**PLAN:** We will make arrangements for Apligraf. Until then, we will continue with the Uma boot therapy. P. Kevin Beach, M.D./Jma

215/08

SF: Apligraf placement (PVB)

**RHAMES, David 66681**

Dr. P. Kevin Beach

02/13/2008

WALTERBORO OFFICE

Mr. Rhames returns today for follow up of his complicated venous stasis disease. He has a longstanding venous stasis ulcer on the left side with chronic thrombus in his deep system and reflux in his distal or greater saphenous vein.

**PHYSICAL EXAM:** He underwent an Apligraf placement recently and still has a very large active ulceration here. This really hasn't made much progress and has failed multiple conservative measures.

**IMPRESSION:** I think it is time to consider radiofrequency ablation. I am a little reluctant to do this all the way to the saphenofemoral junction because of the thrombus present here, but I think the below-knee segment would be amenable to ablation, probably even into the proximal thigh. I have discussed the risks and benefits including deep venous thrombosis as well as distal nerve irritation and he requests to proceed because he is as frustrated with the situation as am I.

**PLAN:** We will make arrangements for radiofrequency ablation for him in the near future at

Account # 66681  
David Rhames  
427 Poor Farm Rd  
Walterboro, SC 29488

893-3141  
03/19/1965

**RHAMES, David W. 66681**  
01/16/2008

Dr. P. Kevin Beach

**WALTERBORO OFFICE**

Mr. Rhames returns today for follow up. He has longstanding venous stasis disease. He is getting weekly Unna boot changes. He has had an Apligraf placed.

**PHYSICAL EXAM:** On exam today he really has not made much progress.

**PLAN:** I want to go ahead and check an arterial study, but we can't do this today because of we have no equipment. We will bring him back in 2 weeks and go from there. P. Kevin Beach,  
M.D./hma

Account # 66681  
David Rhames  
427 Poor Farm Rd

893-3141

Walterboro, SC 29498

03/19/1965

**Rhames, David**

#66681

**Dr. P. Kevin Beach**

12/27/07

(P) Alteration in skin integrity r/t left leg ulcer. (D) Unna boot removed and leg cleansed with Carraklenz. Telfa non-stick pads applied to wounds, new unna boot applied and secured with Medi-Rip. ABD pads are placed b/t the unna boot and Medi-Rip to absorb the drainage. (E) Wound noted to the LLE appears larger to me, but pt states that it has improved. The wound is foul smelling with copious amounts of yellow-green drainage noted to old unna boot. Mr. Rhames has just recently had placement of Apligraf to the lle. The Apligraf remains intact. He is instructed to continue to elevate his legs above heart level QID for 15 minutes each. Verbalized understanding. He will return in 1 week for unna boot change. \_\_\_\_\_Kim Weisner LPNII

RP  
PU  
TEI  
AU

BP \_\_\_\_\_

PULSE \_\_\_\_\_

TEMP \_\_\_\_\_

ALLERGIES \_\_\_\_\_

**RHAMES, David W. 66681**

01/02/2008

**Dr. P. Kevin Beach**

WALTERBORO OFFICE

Mr. Rhames returns today for follow up of his venous stasis disease. He is getting Unna boot changes.

**PHYSICAL EXAM:** On exam today the ulcer is dry, but still hasn't made much progress.

**PLAN:** We will continue Unna boot therapy and I will see him back again in 2 weeks. P. Kevin Beach, M.D./hma

JAN 09 2008

BP \_\_\_\_\_

PULSE \_\_\_\_\_

TEMP \_\_\_\_\_

ALLERGIES \_\_\_\_\_

*Ulceric  
to unna  
meds boot*

Account # 66681  
David Rhames  
427 Poor Farm Rd

893-3141

Walterboro, SC 29488

03/19/1965

**Rhames, David**  
11/14/07

#66681

Dr. P. Kevin Beach

(P) Alteration in skin integrity r/t left leg ulcer. (I) Pt removed unna boot last night. Wound cleansed with Carraklenz and Silvadene applied to wound bed. New unna boot applied and secured with Medi-Rip. (E) Wound noted to the gaiter region of the left leg has significantly improved. Wound bed is beefy red. No slough noted. Small amount of yellow drainage noted on dressing. He is instructed to continue to elevate his legs above heart level QID for 15 minutes each. Verbalized understanding. He will return in 1 week for unna boot change.

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Kim Weisner LPNIII

**RHAMES, David W. 66681**  
11/21/2007

Dr. P. Kevin Beach

WALTERBORO OFFICE

Mr. Rhames returns today for follow up of his venous stasis disease. He is getting weekly Unna boot changes. He has not complaints.

**PHYSICAL EXAM:** On exam he is starting to get some epithelialization.

**IMPRESSION:** Venous stasis disease.

**PLAN:** Continue Unna boot therapy. P. Kevin Beach, M.D./Uma

**RHAMES, David W. 66681**  
12/05/2007

Dr. P. Kevin Beach

WALTERBORO OFFICE

Mr. Rhames returns today for follow up for his venous stasis disease. He has been having Unna boot changes for some time now.

**PHYSICAL EXAM:** On exam today the ulcer really has not made any progress. He has granulation tissue in it, but it still has yet to epithelialize over.

**PLAN:** I think the next best thing would be to try an Apligraf to see if we can't kick start the wound, so we will make arrangements for that in the near future. P. Kevin Beach, M.D./Uma

**RHAMES, David W. 66681**  
12/19/2007  
WALTERBORO OFFICE

Dr. P. Kevin Beach

Mr. Rhames returns today for follow up after his Apligraf placement. He is doing well. No complaints.

**PHYSICAL EXAM:** He had a really good result from the Apligraf and already has developed some immediate epithelialization.

**IMPRESSION:** Venous stasis ulcer.

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
	_____
	_____

David Rhames

Paul Kevin Beach, M.D.

October 10, 2007

Patient came in today for a follow up for his lower extremity ulcer. Patient removed Unna boot before arriving. Cleaned area with carra klenz and 4x4 gauze. The wound didn't have an odor and was filling in rather nicely. Placed silvadene on secured with coban and medi Rip with ABD pad in between the wraps. Patient is to return next week to the West Ashley. -----Allison Zobel, CMA (AAMA)

IP	
ULSE	
ENAP	
LERGIES	

RHAMES, David W. 66681  
10/24/2007

Dr. P. Kevin Beach

WALTERBORO OFFICE

Mr. Rhames returns today for follow up of his venous stasis disease. He is getting weekly Unna boot changes. He is doing fairly well with no complaints.

LSE	
MP	
LERGIES	

**PHYSICAL EXAM:** The leg is edematous. There is epithelial budding present, but not as much drainage as before, but it really doesn't appear to have made much progress over the last two weeks.

**IMPRESSION:** I have reviewed his venous duplex performed before and he really has no reconstruction options and is pretty much limited to compression therapy alone. I have discussed this with him and have attempted to provide reassurance.

**PLAN:** We will continue Unna boot changes and hopefully he will be healed up in short order. P. Kevin Beach, M.D./hma

OCT 31 2007

BP	
PULSE	
TEMP	
ALLERGIES	

*looks great! Still some drainage, but baby kid, clean, & silvadene, use Bacitracin w/ boot. R2 1wk.*

RHAMES, David W. 66681  
11/07/2007

Dr. P. Kevin Beach

WALTERBORO OFFICE

Mr. Rhames returns today for follow up for his complicated venous stasis ulcer. He has been getting Unna boot changes for some time and is back for follow up today.

**PHYSICAL EXAM:** This week it looks like he has made significant progress. He now has epithelialization over a significant portion of the area, although he still has some active ulcer.

**IMPRESSION:** He is, overall, doing well.

**PLAN:** He will continue Unna boot changes and follow up in one week. P. Kevin Beach, M.D./hma

Account # 66681  
David Rhames  
427 Poor Farm Rd

893-3141

Walterboro, SC 29488

03/19/1965

**RHAMES, David W. 66681**  
09/19/2007

Dr. Edward C. Morrison

WALTERBORO OFFICE

This patient is seen for Dr. Beach today. He has severe venous stasis. He has been changed with a boot every week. He states he feels like it is worse. Clearly there is odor in the room.

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
	_____
	_____

**PHYSICAL EXAM:** He has a large irregular ulceration of the gaiter region of the left leg. He has some warmth associated with it.

**MEDICATIONS:** Apparently he was put on Levagquin by Dr. Flowers for a UTI.

**IMPRESSION:** I am concerned that he has cellulitis of this leg. Levagquin should certainly be more than adequate.

According to the patient, the wound is about the same and stable. It certainly is a large wound.

**PLAN:** I have asked him to see Dr. Beach next week. If he has progressive de-epithelialization, he may need more aggressive measures taken. We will plan to see him back in the clinic next week. Edward C. Morrison, M.D./hna

cc Dr. Flowers

**RHAMES, David W. 66681**  
09/26/2007

Dr. P. Kevin Beach

WALTERBORO OFFICE

Mr. Rhames returns for follow up of complicated venous stasis disease. He is doing well. He has been on Levagquin for a urinary tract infection and along with this has made some improvement in the ulcer.

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
	_____
	_____

**PHYSICAL EXAM:** There are now some epithelial buds present and the odor is not as bad today.

**IMPRESSION:** Venous stasis disease

**PLAN:** Continue Unna boot changes. P. Kevin Beach, M.D./hna

**RHAMES, David W. 66681**  
10/10/2007

Dr. P. Kevin Beach

WALTERBORO OFFICE

Mr. Rhames returns today for follow up for a complicated venous stasis ulcer. He is getting weekly Unna boot changes. He has no complaints today.

**PHYSICAL EXAM:** On exam his wound is clean and has some nice epithelial buds to it. The edema is controlled.

**IMPRESSION:** Venous stasis ulcer.

**PLAN:** Continue Unna boot changes. P. Kevin Beach, M.D./hna

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
	_____
	_____

Account # 66681  
David Rhames  
427 Poor Farm Rd

893-3141

Walterboro, SC 29488

03/19/1965

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
	_____
	_____

**RHAMES, David W. 66681**

Dr. P. Kevin Beach

08/01/2007

WALTERBORO OFFICE

Mr. Rhames returns today for follow up of his venous stasis disease. He is being treated with compression stockings as well as Aquaphor to the skin. He has been applying that a little more liberally and is here for follow up.

**PHYSICAL EXAM:** The foot looks much better. It is not nearly as dry and scaly.

**IMPRESSION:** Venous stasis disease with venous stasis dermatitis.

**PLAN:** Continue compression and Aquaphor therapy. I will see him back again in 3 months.  
P. Kevin Beach, M.D./ma

**RHAMES, David W. 66681**

Dr. P. Kevin Beach

09/05/2007

Mr. Rhames returns today for follow up of his venous insufficiency. He was last seen a few weeks ago and was given a 3 month follow up appointment. He is back today with an acute change in his leg.

**PHYSICAL EXAM:** On exam, he has developed a massive venous stasis ulcer, which I am very impressed as to how fast and rapid this developed. His leg is chronically edematous.

**DATA:** I have reviewed his prior venous studies.

**IMPRESSION:** I think that we need to go ahead and start Unna boot therapy and get this healed up and if successful, then consider a VNUS Closure.

**PLAN:** An Unna boot will be applied today and I will see him back next week. P. Kevin Beach, M.D./ma

**RHAMES, David W. 66681**

Dr. P. Kevin Beach

09/12/2007

WALTERBORO OFFICE

Mr. Rhames returns today for follow up of his venous stasis disease. He has an active ulcerator and is getting Unna boot changes.

**PHYSICAL EXAM:** On exam today there is an odor to the wound, however, it has made significant progress since placement of the Unna boot.

**IMPRESSION:** Venous stasis disease.

**PLAN:** He is to continue Unna boot therapy. He will return to the Nurses' Clinic in 1 week and to see me in 2 weeks. P. Kevin Beach, M.D./ma

Account # 66681  
David Rhames  
427 Poor Farm Rd

893--3141

Walterboro, SC 29488

03/19/1985

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

**RHAMES, David W. 66681**

Dr. P. Kevin Beach

03/28/2007  
WALTERBORO OFFICE

Mr. Rhames returns today for follow up for venous stasis disease. He has a healed venous stasis ulcer of the left leg. He has obtained his compression stockings and has been compliant with them and states that this does help control the edema.

**PHYSICAL EXAM:** On exam today his leg has very dry skin with stasis dermatitis. There are no active ulcerations.

**IMPRESSION:** As far as his insufficiency goes, he has chronic thrombus present in the left femoral vein. This should resolve and partially recanalize over time and he should get improved flow, so hopefully the edema will improve with time, but we will just have to wait and see. I have counseled him regarding that. If not, he might be a VNUS Closure candidate at some point, but I would hate to obliterate his only main outflow of the leg at this time.

**PLAN:** I have asked him to place Aquaphor on this at night and sleep in a plain sock and then continue the compression hose during the morning when he wakes up.

We will continue to observe things for now and continue the compression hose. I will see him back in 4 months and will repeat an ultrasound to see if this chronic thrombus has made any progress. He seems pleased by that, so we will see him back at that time. P. Kevin Beach, M.D./hna

cc Dr. Joseph Flowers

**RHAMES, David W. 66681**

Dr. P. Kevin Beach

07/18/2007

WALTERBORO OFFICE

Mr. Rhames returns today for follow up for his venous stasis disease. He has chronic edema of this left leg due to the postphlebotic syndrome. On his last visit he was told to place Aquaphor on the dry skin on his leg and return today for follow up. He is back today and has no complaints.

**PHYSICAL EXAM:** His leg really doesn't look like it has had any type of treatment to it at all. The skin is still dry and scaly. The edema is controlled and there are no active ulcerations, however.

**DATA:** Venous duplex scan is reviewed and demonstrates chronic thrombus in the common femoral vein/greater saphenous vein junction. The greater saphenous vein reflux is at the below knee level only. He also has deep system reflux in the popliteal vein.

**IMPRESSION:** I think the only options available to him are of a conservative nature.

**PLAN:** I have asked him to increase the amount of Aquaphor that he is placing on the skin. I wonder whether or not he has actually been doing this at all but he states that he will make a better effort at doing this and I will see him back again in a few months to check his progress.  
P. Kevin Beach, M.D./hna

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

**RHAMES, David W. 66681**

Dr. P. Kevin Beach

02/14/2007

WALTERBORO OFFICE

Mr. Rhames returns today for follow up of his venous insufficiency. He is getting Unna boot changes to the venous stasis ulcerations of his left leg.

**PHYSICAL EXAM:** Today the edema is markedly more controlled. The ulcers are healing and granulating.

**IMPRESSION:** I suspect these ulcers will be healed over in a few weeks. He is pleased with his progress as am I.

**PLAN:** He will be followed up in the nurses' clinic next week. I will see him back again in 2-4 weeks. P. Kevin Beach, M.D./hma

February 22, 2007

Paul Kevin Beach, M.D.

David Rhames

Patient came in today in the west Ashley office for follow up for his Left Lower Extremity Ulcer. Patient removed unna boot night before coming in for his change. Cleaned with Carra Klenz and 4x4 Gauze. The left ankle appears to be healing and also with the outer ankle appears to be healed up. I will continue to place the accuzyme on the inner ankle and the outer with select silver and apply to Unna boot and medi rip to the left leg. Patient is pleased with the progress that has been made and will be seen next week in Walterboro for a unna boot change. Patient is to call if any further complications. Also, I stated to patient that he needed to continue to elevate his legs at least 15 minutes 4 times a day and that would help with the swelling. -----Allison Zobel, CMA

**RHAMES, David W. 66681**

Dr. P. Kevin Beach

02/28/2007

WALTERBORO OFFICE

Mr. Rhames returns in follow up of his venous stasis ulcer. He has been treated with an Unna boot since being evaluated on January 17<sup>th</sup> and is here for follow up today.

**PHYSICAL EXAM:** His ulceration is healed. He still has some residual edema.

**DATA:** We have performed a venous duplex in the office today and he has residual clot from an old DVT. This is chronic and organized, but does involve the femoral vein as well as the first portion of the greater saphenous vein.

**IMPRESSION:** Venous insufficiency with healed venous stasis ulcer

**PLAN:** I want to place him in some low-grade compression hose. I do not think he would be a VNUS Closure candidate at this time because of the thrombus present within the vein, but I suspect this should resolve over time. I have explained that to him and he seems to understand, so he will continue the stocking use and I will see him again in 4-6 weeks. P. Kevin Beach, M.D./hma



Coastal Surgical Vascular and Vein Specialists  
History and Physical Form

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

Patient Name: David Rhames Today's Date: 1-17-07

Medical Record #: 10081 Patient seen at the request of: Dr. Flowers.

cc: left leg ulcer

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

41 year old male pt states lts been three or 4 months this has been going on.

legs ulcer 3 months - hx - whic pool - recall in Texas  
1st episode - duration moderate; thinks it was from  
bruce; has @ leg ulcers 20 and red itchy

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

Patient: David Rhames

Date 1-17-07

ROS: Circle pertinent symptoms. Line through pertinent negatives

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

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

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

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

Cardiac: ~~Angina~~ - ~~MI~~ - Murmur - Palpitations - Pedal Edema

Vascular: ~~Arter Fu~~ - TIA, Claudication - Rest Pain - ~~Ulcers~~ - ~~DVT~~ - Phlebitis - AAA  
39 SURVE

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

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

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

Neuro: Headache - Numbness - Dizziness - CVA/~~Stroke~~ - Syncope - Seizures - Weakness - Aphasia  
Dr. M.F. J.

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance

All Other Systems Negative

Allergies: NKDA

Medications:  See attached list

Cephalexin

CPethia

ZANTAC

Patient Name: David Rhames

Date 1-17-07

HISTORY

PMHx:

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

Acid Reflux

HTN

PSHx:

Back Surgery

Social Hx: (Circle pertinent)

S, MW, D, SEP

Occupation Rhodes

Tobacco

quit 9 yrs. ago

ETOH

0

0.1

company

Family Hx:

Caffeine \_\_\_\_\_

Drugs 0

0 SVT

EXAM: ✓ = Normal Findings (except as noted)

CONST: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ BP: \_\_\_\_\_ Resp \_\_\_\_\_ Wt 160 est.

Healthy appearing

Ill appearing

Well nourished

Malnourished

Obese

Add notes: \_\_\_\_\_

HEENT:  Normocephalic  PERLA  EOM's intact  Oral mucosa moist

NECK:  Trachea Midline  No TVD  No thyromegaly or masses

Lymph:  No lymphadenopathy axilla/cervical/groin

Resp:  Clear to auscultation bilaterally  Respiration non-labored

Cardio:  RRR  No murmurs

Vascular:

Aorta

Bruis: Carotid  R  L

Radial  R  L 2+

Vertebral  R  L

Brachial  R  L

Subclavian  R  L

STA  R  L

Flank  R  L

CCA  R  L

Iliac  R  L

Femoral  R  L 2+

Epigastric

Popliteal  R  L

PT  R  L

DP  R  L 2+

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

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

David Rhames

1-17-07

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  
(L) R + edema    (R) X edema

Skin:  No rashes, lesions, or ulcers  
2 vsu    medial + lateral (R) vs

Neuro:  Alert and oriented x 3     No motor or sensory deficit  
(+) (B) ankle weakness

DATA:

Assessment (Diagnoses):

- 1 Post-Phlebotomy Syndrome
- 2 VSV
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_

Plan: Van Boro

Tests:

Surgery:

Referral:

Provider Signature:



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

pc: Dr: \_\_\_\_\_ 4



# 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 Arterial Ankle Brachial Indices

Patient Name: RHAMES, DAVID  
DOB: 3/19/1965 Age: 42 Gender: Male  
Referring Phy: BEACH, KEVIN MD  
Indication: Ulcer / Gangrene

Study Date: 1/30/2008 Time: 4:38:21 PM  
MR/Case#: 66681  
Lab: COASTAL SURGICAL ASSOCIATES  
Examiner: Regan, Debra, RVT

**HISTORY:**  
DVT, HTN, LEG ULCERS, CVI

**INDICATION:**  
NON-HEALING LEG ULCERS

### TECHNOLOGISTS NOTES:

### SUMMARY OF VASCULAR FINDINGS

RIGHT	SYSTOLIC PRESSURE	ABI	LEFT	SYSTOLIC PRESSURE	ABI
Brachial	140 mmHg		Brachial	138 mmHg	
Posterior Tibial	182 mmHg	1.30	Posterior Tibial	184 mmHg	1.30
Dorsalis Pedis	172 mmHg		Dorsalis Pedis	174 mmHg	
PTA Doppler	Triphasic		PTA Doppler	Triphasic	
DP Doppler	Biphasic		DP Doppler	Triphasic	

### IMPRESSION/RECOMMENDATION:

RESTING BIATERAL ABI'S OBTAINED WITH PTA, DP PRESSURES AND DOPPLER SIGNALS WITH THE FOLLOWING FINDINGS:

RT - DOPPLER TRACINGS APPEAR TO BE NORMAL WITH RESTING ABI OF 1.3 WHICH IS SUEESTIVE FOR CALCIFICATION.

LT - DOPPLER TRACINGS APPEAR TO BE NORMAL WITH RESTING ABI OF 1.3 WHICH IS SUGGESTIVE FOR CALCIFICATION.

*Chen*  
Date



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

4/30/2008

Edward C. Morrison, MD  
Coastal Surgical  
Vascular & Vein Specialist  
Attention: Insurance  
1327 Ashley River Road Bldg B  
Charleston, South Carolina 29407

Regarding: David Rhames  
Medicaid ID: 7714735901  
Date of Surgery: To be scheduled.

Dear Dr. Morrison,

Prior approval is granted: 37799. Endovenous ablation therapy performed in physicians office, effective 4/29/08 to 10/29/08. Your prior authorization number is 0804029 and will be good for up to **180 days**. **Please bill this service with the unlisted code 37799 since 36475 is not covered and prior approved was obtained to perform the surgery in a hospital.** For payment beyond 180 days, documentation of the patient's progress toward improvement along with the physician's recommendation to continue the service must be submitted to the Division of Hospital Services, Medical Service Review. Please give this number to any other providers of service (hospital, other physicians, etc.) if applicable.

If further assistance is required, you may call me at (803) 898-2665.

Sincerely,  
*Penny Faulkenberry, R.N.*  
Medical Service Reviewer

Bureau Health Services, Division of Hospital Services  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2665 Fax (803) 255-8351

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