

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Mrs BURTON/PLATT</i>	<i>2-5-10</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 4011329	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claud 2/11/10, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-17-10</i>
<i>Will do verbally on Felicity on 3/11/10. See attached.</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.			

2/6/10 Agree to the agreement to approve the request procedure
W. H. H.

cc: Emma Farkner



Wake Forest University Baptist
M E D I C A L C E N T E R®

RECEIVED

FEB 05 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 2, 2010

Felicity Costin Myers
Deputy Director
Medical Services
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

RE: Hunter Maier
Date of Birth: 8/31/1994
Eligibility Number: 8532275303
Name of Medicaid Card: Hunter D. Maier
Diagnosis: Madelung's Deformity ICD-9 #755.54
Procedures: 1. Osteotomy Distal Radius CPT #25350
2. Removal of Hardware CPT #20680

Date of Service: April 1, 2010

Ms. Myers,

Hunter was referred to me by Dr. Frederick Piehl, Midlands Orthopaedics, in Columbia, SC for evaluation of "Bilateral Madelung's Deformity". Madelung's Deformity refers to a condition of the upper extremity characterized by abnormal growth and development of the end of the radius, one of two bones of the forearm.

Due to abnormal growth, the end of the radius typically grows palmarly and radially (i.e. in the direction of the palm and of the thumb). Because the other bone of the forearm--the ulna--is not affected and continues to grow, the end of the ulna becomes quite prominent on the dorsum, or back, of the wrist.

Dr. Piehl asked for an evaluation due to Hunter's increasing deformity and bilateral wrist/hand pain. My specialties are both Hand Surgery and Pediatrics.

X-rays showed bilateral deformity of the radius with prominence of the ulnar heads and left sided shortening of the radius.

In general, the goals of surgical treatment are to reposition and stabilize the wrist to allow for painless function and prevention of recurrent deformity.

The type of surgery is dependent upon the patient's age, degree of deformity, functional limitations, and general health.

Hunter underwent an Osteotomy of the left distal radius and shortening of the left midshaft of the ulna on September 9, 2008. His postoperative course was uneventful.

Hunter came in to see me on July 8, 2009 due to continued pain and persistent mild deformity of the left wrist.

I have recommended that Hunter undergo a secondary osteotomy of the left wrist with removal of retained hardware at the same time.

At times, regrowth of the bone from the periosteum may occur, and revision may be necessary or continued growth of the radial epiphysis may increase the ulnar shortening and loss of ulnar support.

We are asking for approval for Hunter's surgery. We understand that normally you prefer that patient's stay with a provider in South Carolina. However, I think it would be in Hunter's best interest to stay with the surgeon who is familiar with his case and is a Hand and Pediatric Orthopaedic Specialist.

Please feel free to contact me with any questions you may have regarding this procedure.

See enclosed copies of the patient's office notes, operative note, and radiology reports.

This is the third request for approval for Hunter's surgery that we have made.

Our first request for approval for surgery was made to Martha Mitchell at South Carolina Department of Health and Human Services. Hunter's first surgery was scheduled for 11/17/09. Ms. Mitchell informed us on 11/17/09 that she could not make a decision on whether to approve Hunter's surgery or not until she received the clinical notes.

Ms. Mitchell was very unpleasant to deal with and basically told us to not call her again.

We faxed the clinical notes on 11/24/09 and rescheduled the surgery to January 12, 2010. Dr. Malaka Jackson's office had completed a "Referral Request Form for Out-of-State Services" and an "Out-of-State Provider" form which Dr. Koman signed and dated. These were faxed to Martha Mitchell also by Dr. Jackson's office before the 11/17/09 surgery.

Scott Duckworth with NC Baptist Hospital Verification and Quality Services also spoke to a Mr. William Fagan--who I believe is Martha Mitchell's supervisor. He also told Mr. Duckworth on 11/18/09 that he could not make a decision on whether to approve Hunter's surgery or not until the clinical notes were received. Mr. Duckworth passed this information along to me. Ms. Mitchell had already given me this same information on 11/17/09.

Ms. Mitchell said she would notify Diane Orrell with WFU Physicians as to whether or not the surgery was approved or denied.

As of December 30, 2009, we had not received any information from Ms. Mitchell regarding surgery approval/denial. Scott Duckworth called Ms. Mitchell on 12/30/09 and left her a voice mail informing her that Diane Orrell was out until January 6, 2010 and we needed to know what decision had been made as surgery had been rescheduled to January 12, 2010.

Scott Duckworth received a voicemail answer back from Martha Mitchell on 12/31/09 stating that the request was denied on 11/17/09, despite the fact that I had talked to Ms. Mitchell on 11/17/09 and was informed by her that no decision could be made until the clinical notes were received. Mr. Duckworth was also told on 11/18/09 by William Fagan that a decision could not be made until clinical notes were received.

Mr. Scott Duckworth called Ms. Mitchell back on 12/31/09 and received her voicemail again and left her another message inquiring as to why we were not informed back on 11/18/09 that the surgery was denied and also asking the reason that the surgery was denied and asking her what specifically needed to be submitted in order to the get the upcoming January 12th surgery authorized.

As of January 4, 2010--Mr. Duckworth had not heard back from Ms. Mitchell.
As of January 5, 2010--Mr. Duckworth had not heard back from Ms. Mitchell.

On January 5, 2010--Mr. Duckworth called William Fagan and left a voicemail asking for more information about the denial and an explanation of why we were told on 11/18/09 (and 11/17/09) that a decision could not be made until clinical notes were received.

As of January 6, 2010--Mr. Duckworth had not heard back from either Ms. Mitchell or Mr. Fagan.

On January 7, 2010--Mr. Duckworth received a voicemail from Ms. Mitchell stating again that the procedure was denied, however, "it is very possible that the request is in her stack of faxes in her fax queue" and that she just had not gotten to it yet.

Ms. Mitchell suggested that he call Dr. Jackson's office and notify them that an out of state referral form is required since the denial was sent to them. Dr. Jackson's office had already faxed the out of state referral forms back in November 2009.

Mr. Duckworth contacted Dr. Jackson's office and they stated that they submitted everything that was required the first time around and they had not received any notice of denial of surgery.

We had no other option but to cancel the surgery for the second time.

We have rescheduled the surgery for April 1, 2010.

As you can see, we are very frustrated with Ms. Mitchell's apparent uncaring attitude towards this child's health and well being.

Dr. Jackson's office and mine are resubmitting all paperwork again to hopefully break thru the barriers put up by Ms. Mitchell and obtain approval for this child's surgery.

If you need to contact me regarding this matter, please do not hesitate to do so.

Sincerely,

A handwritten signature in black ink, reading "L. Andrew Komar, MD". The signature is fluid and cursive, with the "MD" at the end being more distinct.

L. Andrew Komar, MD
Wake Forest University Health Sciences
Chairman

Department of Orthopaedic Surgery
Medical Center Boulevard
Winston-Salem, NC 27157-1070
Phone 336-716-4064
Fax 336-716-0977

cc: Emma Forkner, Director, SC Department of Health and Human Services
Scott Duckworth, NCBH Verification and Quality Services
Julia Davignon, 1616 Riddle Road Extension, Clover, SC 29710

South Carolina
Department of Health and Human Services
P O Box 8206
Columbia, South Carolina 29202-8206
www.scdhs.gov

Referral Request Form for
Out-of-State Services

BENEFICIARY INFORMATION

NAME: Hunter Majer

SC MEDICAID ID#: 8532275303 DATE OF BIRTH: 8/31/94

NAME OF GUARDIAN: Julia Majer

CONTACT NUMBER: 803-962-2001 home or 704-678-4724 cell

REFERRING PHYSICIAN

NAME: Malaka Jackson MD

NPI#: 1609806264 SC MEDICAID #: 8532275303

PATIENT IS BEING REFERRED TO: Dr. Andrew Komar / Wake Forest University
NAME OF FACILITY AND/OR PHYSICIAN (S)

CONDITION REQUIRING TREATMENT: labrum deformity

DIAGNOSIS CODE(S): 755.54

PROCEDURE CODE(S): 75350 / 80680.

DATE OF SERVICE: 04/01/10 DATE OF RETURN: _____

Medicaid patients, as well as their escort, being referred out-of-state may be provided transportation when necessary. Adequate advance notice, as well as prior approval is mandatory in order to make the necessary travel arrangements. Call Preventative and Ancillary Health Services at (803) 898-2565 to make travel arrangements.

WILL THE BENEFICIARY REQUIRE TRANSPORTATION? YES _____ NO ✓

RECOMMENDED MODE OF TRANSPORTATION: car

Please include as an attachment, an explanation why these services must be rendered out-of-state instead of within the SC&ASA. You must identify any services that are considered experimental and/or investigational, sponsored under a research program, or performed in few medical centers across the United States. Also, a copy of the beneficiary's medical records, relating to treatment of the condition, for the past year must be included.

I certify that contact has been made with the out-of-state provider. I certify that these services are not available and cannot be provided within the South Carolina service area, which includes North Carolina and Georgia (within 25 miles of the South Carolina border).

[Signature]
SIGNATURE OF REFERRING PHYSICIAN

11/13/09
DATE

South Carolina
Department of Health and Human Services

P O Box 8206

Columbia, South Carolina 29202-8206

www.scdhhs.gov

Referral Request Form for
Out-of-State Services

OUT-OF-STATE PROVIDER

NAME: Dr. Andrew Komar
NAME OF PHYSICIAN (S) AND/OR FACILITY

ADDRESS: Wake Forest University Physicians, Orthopedic Dept.,
131 Miller St., Winston-Salem, NC 27103

TELEPHONE#: 336-716-8094 FAX#: 336-716-6997

I certify that I have agreed to enroll in the South Carolina Medicaid program and I am willing to accept South Carolina Medicaid reimbursement as payment in full.


SIGNATURE OF OUT-OF-STATE PHYSICIAN

11/16/09
DATE

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

08/13/2008 - Office Visit: Ortho Clinic New Comprehensive MSK Exam

Provider: L Andrew Koman MD

Location of Care: WFUP Orthopaedics

Date of Service: 08/13/2008

Chief Complaint:

Bilateral wrist and hand pain, esp with writing, referred by Dr. Phiel in Columbia for bilateral Madelung's deformity.

History of Present Illness:

This is a new regular visit for a 13 year old male who presents with bilateral wrist and hand pain. He is accompanied by his grandmother and mother. Verbal history is from mother, who is a good historian. Problem started gradually 6 years ago.

Pain: The pain comes and goes, and is of severe intensity. It does not awaken patient. It is aching. It is increased with activity.

Tests Reviewed

Radiologic Tests: I have personally reviewed plain x-ray images from outside sources.

Discussion: bilateral deformity of the radius with prominence of ulnar heads and L sided shortening of the radius

Review of Systems

Positive for: Rash, Prior Fracture and musculoskeletal (see HPI)

Negative for: Eye, ENT, CV, GU, NEU, GI, HEM, END, PSY, RS and CON
Have You ever had cancer? no.

Are you diabetic? no.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

testosterone powd (testosterone)

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4

Family History

Positive for:

hypertension: mother
scoliosis: sibling

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February 2, 2010
Page 2
Chart Document

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15 Years Old Male DOB: 08/31/1994

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Home: (803)962-2001
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Negative for: heart disease, Stroke/TIA, cancer, diabetes

Social History

Marital status: single; Lives: at home; Number in household: 5; Lives with: mother, siblings; Number of siblings: 2

Tobacco Use: never

Alcohol Use: never

Drug Use: never

Vital Signs

Weight: 42.3 kg (93.26 lb) **Z-score:** -1.01 **pctlle:** 16

Temperature: 97.9

Respirations: 18

PHYSICAL EXAM

HEENT:

Eyes

External: eczema around eyes with erythema

ENT

External ears: normal, no lesions or deformities

Throat

Neck: supple, no masses, trachea midline

Chest/Respiratory

Chest appearance: symmetric without pectus excavatum or pectus carinatum

Respiratory effort: no intercostal retractions or use of accessory muscles

Heart

Auscultation: normal sinus rhythm without gallops, murmurs or rubs

Gastrointestinal

Abdomen: soft, non-tender, no masses, bowel sounds normal, bladder not distended

General Appearance: well nourished, well hydrated, no acute distress, appropriate for age.

Skin

Inspection: eczema patches esp eyes and volar L wrist

Mental Status Exam

Judgment, insight: appropriate for age

Orientation: appropriate for age

Memory: appropriate for age

Mood and affect: appropriate for age

Vascular

Peripheral circulation: warm with good refill and turgor

Lymphatic

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February 2, 2010
Page 3
Chart Document

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MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Lymphatics: no lymphadenopathy

Gait and Station

Gait: Normal heel-toe gait without external support, limp or deformity; normal foot progression angle.
Station: Pelvis level with equal leg lengths. short stature

Head, Neck and Cervical Spine

Inspection/Skin: normal

Spine, Ribs and Pelvis

Inspection/Skin: normal

Right Lower Extremity:

Normal and symmetric appearance without rashes or ulcerations; normal skeletal alignment without deformity; no scars, masses, creptance, effusion, hyperpathia or allodynia; good to normal range of motion all joints without pain, subluxation or excessive laxity; all joints stable during active or passive ROM; normal motor power all motor groups; warm with good capillary refill and turgor; normal sensibility without lymphadenopathy; normal tone and deep tendon reflexes.

Left Upper Extremity:

Inspection/Appearance: exzema
Alignment: abnormal with wrist deformity
Scars: none
Palpation/Perussion: no masses, creptance, effusion, hyperpathia or allodynia
ROM: decreased wrist and 10 degree elbow flexion contracture
Stability: all joints stable during active or passive ROM
Motor: normal motor power all motor groups
Vascular: warm with good capillary refill and turgor
Sensibility: normal sensibility
Lymphatic: without lymphadenopathy
Neurologic: normal tone and deep tendon reflexes

Left Lower Extremity: Normal and symmetric appearance without rashes or ulcerations; normal skeletal alignment without deformity; no scars, masses, creptance, effusion, hyperpathia or allodynia; good to normal range of motion all joints without pain, subluxation or excessive laxity; all joints stable during active or passive ROM; normal motor power all motor groups; warm with good capillary refill and turgor; normal sensibility without lymphadenopathy; normal tone and deep tendon reflexes.

RIGHT UPPER EXTREMITY

Inspection/Appearance: exzema
Alignment: abnormal with wrist deformity
Scars: none
Palpation/Perussion: no masses, creptance, effusion, hyperpathia or allodynia
ROM: decreased wrist and 10 degree elbow flexion contracture
Stability: all joints stable during active or passive ROM
Motor: normal motor power all motor groups
Vascular: warm with good capillary refill and turgor
Sensibility: normal sensibility
Lymphatic: without lymphadenopathy
Neurologic: normal tone and deep tendon reflexes

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Printed Handout: - Informed Consent - August 13, 2008 1:37 PM

Printed Handout: - Blood Consent - August 13, 2008 1:37 PM

Assessment:

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994
2. Dysgenesis, gonadal ICD-758.6, onset date: 08/31/1994

Plan:**A. Surgery:**

1. osteotomy distal radius and ulna; left cpt 25365
2. Uniplanar external fixator; left ulna CPT-20690

Diagnosis:

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994
2. Dysgenesis, gonadal ICD-758.6, onset date: 08/31/1994

The procedure(s) are explained to the patient and mother, including the risks and potential complications: nerve injury, vessel injury, infection, failure to achieve desired results and possible need for additional surgery. The option of doing nothing exists, and the risks and potential complications of this include: deterioration and deformity. The alternatives to doing nothing include: chronic analgesics, non-steroidals and physical or occupational therapy, and their potential complications include: nerve injury, vessel injury, infection, failure to achieve desired results and possible need for additional surgery. Surgery requested to be scheduled on: 09/09/2008

B. Surgical Scheduling:

Length of procedure: 2.0 hours

Length of stay: 1 days

Admission type: day hospital

Location of surgery: pediatric OR

Anesthesia: general.

Botulinum toxin: no

Preop antibiotics: Yes. Antibiotic and dosage: cephalozolin appropriate for wt.

Surgery date requested: 09/09/2008

Anesthesia pre-op: to be scheduled.

History and physical: done.

C. Surgical Equipment Needs:

1. Basic equipment:

- a. C-arm
 - b. bipolar only
 - c. drill-maxi
 - d. saw-mini
 - e. pindriver
2. OR table: standard
 3. Position: supine
 4. ORIF:
 - a. minifragment set
 - b. small fragment set
 5. External fixation:

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February 2, 2010
Page 5
Chart Document

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a. Orthofix M-100 series

D. Post Operative Care:

1. Return to clinic in 1 week to see MD.
2. Return to clinic in 2 weeks to see PA/NP.

E. Today:

Evaluation and Management:

CPT-99204 New Patient

Provider:

Koman MD - 95

Electronic CC's:

Lubega, Margaret

Signed by L Andrew Koman MD on 08/13/2008 at 2:24 PM

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/09/2008 - Operative Report: OPERATIVE NOTE

Provider: L Andrew Koman MD

Location of Care: North Carolina Baptist Hospital-Inpatient

OPERATIVE NOTE

MAIER, HEATHER D
NCBH# 204-30-01
L. Andrew Koman, M.D.
Surgery Date: 09/09/2008
Location: 8PDA-B826

Date of Birth: 08/31/1994

DATE OF SERVICE: 09/09/2008.

PREOPERATIVE DIAGNOSIS: Madelung's deformity, left.

POSTOPERATIVE DIAGNOSIS: Madelung's deformity, left.

PROCEDURE: Osteotomy distal radius and shortening of left midshaft ulna.

SURGEON: L. A. Koman, M.D.

ASSISTANT: Dylan N. Deal, M.D.

ANESTHESIA: General.

COMPLICATIONS: None.

TIME OUT: Performed.

SPONGE AND INSTRUMENT COUNT: Correct.

PROPHYLACTIC ANTIBIOTICS: Utilized.

DVT PROPHYLAXIS: Not indicated.

SPECIMENS: No.

DESCRIPTION OF PROCEDURE: After satisfactory induction of general anesthesia, tourniquet was elevated. A dorsal longitudinal incision was made. The interval between the third and fourth compartments utilized. Distal radius deformity exposed subperiosteally and position confirmed by C-arm. Locking T plate was placed and positioned in corrected position and anchored distally. Osteotomy, which provided both radial ulnar and AP correction (recognized incomplete lateral correction) was performed. This was then closed and compressed and 2.4 locking plate utilized. The ulna was then long and therefore, an incision was made over the ulna. 1.2 cm of ulnar was removed. This was compressed and gave excellent position. On the postoperative films, the radial ulnar tilt was improved significantly. There was still more dorsal tilt than was anatomic but this was felt to be uncorrectable in a single stage and if it is difficult, it will be planned to do at a later date. Then there was minimal positive ulnar variance with nice contour. This was fixed with a 2.7 DCP plate. Tourniquet was let down, bleeding was controlled, and wounds were closed in anatomic layers.

Dictated by:

L. Andrew Koman, M.D.

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336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Attending Physician
Orthopaedics

Electronically Authenticated by L. Andrew Koman, M.D.

LAK/dme D 09/11/2008 T 09/11/2008 Doc#:ME00282314 Job#:282314

Manual CC's:

L. Andrew Koman, M.D. - Orthopaedics

Signed before import by L Andrew Koman MD
Filed automatically on 09/25/2008 at 10:32 AM

WFUP Orthopaedics

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/11/2008 - Transcription: Office Visit

Provider: . Interface

Location of Care: WFUP Orthopaedics

Office Visit

Orthopaedic Services

MAIER, HEATHER D

DOB: 08/31/1994

NCBH# 2043001

Visit Date: 09/11/2008

CHIEF COMPLAINT

1. Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994

Left hand swelling, status post surgery two days ago.

History of Present Illness: Heather is a 14-year-old white male who is two days status post left ulnar and radial osteotomies by Dr. Andrew Koman for a Madelung's deformity. He was discharged from the hospital yesterday and spent the night in town in a hotel. He, mom, and grandmother noted increased swelling and pain within the hand and requested a clinic visit this morning. On directed questioning, patient denies any significant weakness or numbness. Currently, pain is well controlled. The cast was split in our cast room prior to evaluation.

HEATHER D MAIER (14 year old male) returns emergent in post-op followup of madelung's deformity, congenital icd-755.54, onset date: 08/31/1994. This emergent visit is because of swelling. He is accompanied by his mother. Verbal history is from patient, who is a good historian. Date of last Orthopaedic visit was 09/09/2008.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

testosterone powd (testosterone)

vicodin 5-500 mg tabs (hydrocodone-acetaminophen)

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4

Review of Systems

Positive For: musculoskeletal (see HPI)

Have You ever had cancer? no.

Are you diabetic? no.

Physical Examination: On physical examination of the left upper extremity, surgical incision wounds are covered with Xeroform gauze. There is no significant drainage or erythema to suggest early infection. His compartments are soft throughout the forearm and there is no pain with passive stretch of the fingers. His sensation is intact to light touch for the median, ulnar, and radial nerve distributions. His motor is grossly intact for the anterior interosseus, posterior interosseus, and ulnar nerve distributions.

Assessment:

WFUP Orthopaedics

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336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994

Left hand swelling, status post above surgery.

Plan:

1. I feel that most of this swelling is secondary to the combination of surgery and some tightness of the cast distally about the wrist. I feel that he will do just fine in a new well-padded long arm cast. There is no sign of compartment syndrome to warrant any surgical intervention.
2. The patient will continue to keep the arm elevated and will be seen in a local emergency room if pain becomes significantly worse or if he has new onset of swelling.
3. Patient will follow up with Dr. Koman for his regularly scheduled visit.

A. Casting/Splinting:

Long arm cast, right CPT-29065-RT-58 was applied today
placed in a well padded lac
Todd Pegram

B. Return to Clinic:
Return in 1 week to see MD.

C. Today:
Evaluation and Management:
CPT-99024 Post-Op Followup
Provider:

Scott MD - 5927

Procedures Performed - Charge to Account 1894:

Long arm cast, right CPT-29065-RT-58 was applied today
placed in a well padded lac

Todd PegramSupplies - Charge to Account 1894:
Long arm cast 379A1367

Job#86470

Dictated by:
Aaron T Scott, MD
Assistant Professor

Electronically Authenticated - 09/22/2008

ATS/sm T 09/16/2008 D 09/11/2008 A 09/22/2008 2103814208

Signed by . Interface on 09/26/2008 at 8:56 AM

WFUP Orthopaedics

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/17/2008 - Transcription: Office Visit

Provider: L Andrew Koman MD

Location of Care: WFUP Orthopaedics

Office Visit

Orthopaedic Services

MAIER, HEATHER D

DOB: 08/31/1994

NCBH# 2043001

Visit Date: 09/17/2008

History of Present Illness:

HEATHER D MAIER (14 year old male) returns as scheduled. He is accompanied by his grandmother and mother. Verbal history is from patient, who is a good historian, and from mother, who is a good historian. Date of last Orthopaedic visit was 09/12/2008.

SUBJECTIVE: Hunter presents today for followup evaluation after his recent surgery to correct Madelung's deformity of the left forearm. He had some cast difficulties and had to come back prior to his scheduled appointment last week to see Dr. Scott for cast change. He has been more comfortable in the present cast.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

testosterone powd (testosterone)

Vicodin 5-500 mg tabs (hydrocodone-acetaminophen)
Advil tabs (ibuprofen tabs)

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4

Family History

Positive for:

hypertension: mother

scoliosis: sibling

Negative for: heart disease, Stroke/TIA, cancer, diabetes

Social History

Marital status: single; Lives: at home; Number in household: 5; Lives with: mother, siblings; Number of siblings: 2

Tobacco Use: never

Alcohol Use: never

Drug Use: never

Review of Systems

Positive for: musculoskeletal (see HPI)

Negative for: Eye, ENT, CV, GU, NEU, GI, SK, HEM, END, PSY, RS and CON

Have You ever had cancer? no.

Are you diabetic? no.

Vital Signs

Weight: 42.7 kg (94.14 lb) Z-score: -1.01 pctile: 16 prev: 42.3 kg (93.26 lb)
Gain: 0.40 kg. (0.88 lb.)
Temperature: 98.5

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Respirations: 18

OBJECTIVE: Cast is removed today revealing healed surgical wounds with absorbable sutures in place. He has good distal sensation and good finger motion.

ASSESSMENT: Status post osteotomy and correction of Madelung's deformity left forearm.

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994

PLAN: Because the sutures are absorbable, he chose to leave them in place today. We placed him back into a new Munster cast today and we will see him back in approximately two weeks at a time when Dr. Koman will be available for consultation and we will get an x-ray at the next visit out of the cast.

A. Casting/Splinting:

Munster cast, left CPT-29065-LT-58 was applied today

B. Today:

Evaluation and Management:

CPT-99024 Post-Op Followup

Provider:

Parks - 4965

Subprovider:

Li - 5581

Procedures Performed - Charge to Account 1894:

Munster cast, left CPT-29065-LT-58 was applied today

Supplies - Charge to Account 1894:

Munster cast 379A1367

JOE# 87308

Dictated by:

Randy A Parks, PA-C

Physician Assistant - Certified

Electronically Reviewed / Approved - 10/06/2008

L. Andrew Koman, M.D.
Professor and Chairman
Department of Orthopaedic Surgery
(336) 716-8200

Electronically Authenticated - 10/09/2008

RAP/mb T 09/21/2008 D 09/18/2008 A 10/09/2008 2103821789

Electronic CC's:

Margaret Lubega, MD - First Pediatric Care Ctr; 1032 X-Ray Drive; Gastonia,
NC 28054

Signed before import by L Andrew Koman MD
Filed automatically on 10/09/2008 at 1:05 PM

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February 2, 2010
Page 3
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

WFUP Orthopaedics

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

10/06/2008 - Transcription: Office Visit

Provider: . Interface

Location of Care: WFUP Orthopaedics

Office Visit

Orthopaedic Services

MAIER, HEATHER D

DOB: 08/31/1994

NCBH# 2043001

Visit Date: 10/06/2008

Date of Service: 10/06/2008

History of Present Illness: Hunter returns today for cast removal and follow-up evaluation. He is doing well at this time with no complaints.

HEATHER D MAIER (14 year old male) returns as scheduled. He is accompanied by his grandmother and mother. Verbal history is from patient, who is a good historian. Date of last Orthopaedic visit was 09/22/2008.

Progress:

Patient is better.

OBJECTIVE: The patient presents today along with his mother and grandmother. He has a Muenster cast in place on the left upper extremity. This was removed revealing well approximated surgical wounds with absorbable sutures still in place. He has superficial lesions consistent with his eczema. He has good finger motion and has no tenderness to palpation.

X-RAYS: X-rays obtained today demonstrate good position of the hardware with no complicating features noted. His alignment is not anatomic but is improved over his preoperative status.

Assessment: Status post osteotomy left radius and ulna for correction of Madelung's deformity.

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994

Plan: X-rays were discussed with Dr. Koman. He recommended placing him back into a short arm cast. We will have him return in 3 to 4 weeks for follow-up evaluation.

A. Today:

Evaluation and Management:

CPT-99024 Post-Op Followup

Provider:

Parks - Open 1940

Subprovider:

Koman - 95

Dictated by:

Randy A Parks, PA-C

Physician Assistant - Certified

Electronically Authenticated - 10/14/2008

RAP/bb T 10/08/2008 D 10/06/2008 A 10/14/2008 2103846311

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February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Electronic CC's:

Margaret Lubega, MD - First Pediatric Care Ctr; 1032 X-Ray Drive; Gastonia,
NC 28054

Manual CC's:

Chart

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Filed automatically on 10/14/2008 at 10:22 AM

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

11/10/2008 - Transcription: Office Visit

Provider: .Interface

Location of Care: WFUP Orthopaedics

Office Visit

Orthopaedic Services

MAIER, HEATHER D

DOB: 08/31/1994

NCBH# 2043001

Visit Date: 11/10/2008

History of Present Illness:

HEATHER D MAIER (14 year old male) returns as scheduled. He is accompanied by his mother. Verbal history is from patient, who is a good historian. Date of last Orthopaedic visit was 10/06/2008.

The patient returns today for followup evaluation. He has been in a short-arm cast since his last visit on 10/6/08.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

None.

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4

Family History

Positive for:

hypertension: mother
diabetes: maternal grandmother
scoliosis: sibling
Negative for: heart disease, Stroke/TIA, cancer

Social History

Marital status: single; Lives: at home; Number in household: 5; Lives with: mother, siblings; Number of siblings: 2
Grade in school: 8
Tobacco Use: never
Alcohol Use: never
Drug Use: never

Objective: Cast was removed today revealing healed surgical wounds. There is no tenderness to palpation. Hardware is palpable but not tender.

Imaging Studies: X-rays obtained today show well healed osteotomy with no change in position.

Assessment:

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994

Status post correction of Madelung deformity left upper extremity.

Plan: I think he can wean himself off of the brace at this point but should continue to wear it for heavy activity such as outdoor play, skateboarding,

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February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

etc. He intends to have the contralateral right side done but he and his mother have decided they would like to do this during his summer break next year if possible. They will plan to return to see Dr. Koman in the spring and reevaluate at that time and discuss the timing for his next surgery.

A. Today:

Evaluation and Management:

CPT-99024 Post-Op Followup

Provider:

Parks - Open 1940

Subprovider:

Koman - 95

Job# 94566

Dictated by:

Randy A Parks, PA-C

Physician Assistant - Certified

Electronically Authenticated - 12/03/2008

RAF/aa T 11/12/2008 D 11/10/2008 A 12/03/2008 2103900489

Electronic CC's:

Margaret Lubega, MD - First Pediatric Care Ctr; 1032 X-Ray Drive; Gastonia,
NC 28054

Signed before import by .Interface

Filed automatically on 12/03/2008 at 1:36 PM

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

07/08/2009 - Office Visit: Ortho Clinic Return Office Visit

Provider: L Andrew Koman MD

Location of Care: WFUP Orthopaedics

Date of Service: 07/08/2009

History of Present Illness:

HEATHER D MAIER (14 year old male) returns as scheduled. He is accompanied by his grandmother and mother. Verbal history is from patient, who is a good historian, and from mother, who is a good historian. Date of last Orthopaedic visit was 11/10/2008.

Progress:

Patient is worse.

Symptoms and Signs:

Patient reports:

Mild pain.

Patient reports that symptoms come and go, are unchanged, occur only with weight bearing, and does not awaken patient.

Function:

Upper Extremity Functional Impairment: *mild*

Current Status:

Patient is upper extremity independent ADL, ambulatory without aids.

Review of Systems

Positive for: musculoskeletal (see HPI)

Negative for: Eye, ENT, CV, GU, NEU, GI, SK, HEM, END, PSY, RS and CON
Have You ever had cancer? no.

Are you diabetic? no.

Past Medical History: (Reviewed and Updated)**Allergies**

No Known Allergies.

Medications

ZYRTEC CHILDRENS ALLERGY CHEW (CETIRIZINE HCL CHEW)

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4

Family History**Positive for:**

hypertension: mother
diabetes: maternal grandmother
scoliosis: sibling

Negative for: heart disease, Stroke/TIA, cancer

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February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Social History

Marital status: single; Lives: at home; Number in household: 5; Lives with: mother, siblings; Number of siblings: 2
Grade in school: 8
Tobacco Use: never
Alcohol Use: never
Drug Use: never

Vital Signs

Weight: 45.9 kg (101.19 lb) Z-score: -1.11 pctlle: 13 prev: 42.7 kg (94.14 lb) Gain: 3.20 kg (7.05 lb.)
Temperature: 98.2
Respirations: 18

PHYSICAL EXAM

General Appearance: small stature

Skin

Inspection: no rashes, lesions, or ulcerations

Neurologic

Sensation: intact to touch

Coordination: normal

Mental Status Exam

Judgment, insight: appropriate for age
Orientation: appropriate for age
Memory: appropriate for age
Mood and affect: appropriate for age

Vascular

Peripheral circulation: warm with good refill and turgor

Lymphatic

Lymphatics: no lymphadenopathy

Gait and Station

Gait: normal

Head, Neck and Cervical Spine

Inspection/Skin: normal

Spine, Ribs and Pelvis

Inspection/Skin: normal

Scar(s): 2 well healed scars.

Range of Motion: There is mild decrease of flexion, and extension.

RIGHT UPPER EXTREMITY

Alignment: ulnar deviation

Scars: none

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February 2, 2010
Page 3
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Palpation/Percussion: no masses, crepance, effusion, hyperpathia or allodynia

ROM: normal except as noted below

Stability: all joints stable during active or passive ROM

Motor: normal motor power all motor groups

Vascular: warm with good capillary refill and turgor

Neurologic: normal tone, deep tendon reflexes and coordination

Right Wrist/Hand

ROM: (-30-80)

LEFT UPPER EXTREMITY

Inspection/Appearance: Dorsal swelling/scar at wrist

Alignment: dorsal mass

Scars: well healed

ROM: good to normal range of motion all joints without pain, **subluxation** or excessive laxity

Stability: all joints stable during active or passive ROM

Motor: normal motor power all motor groups-- except weakness extensors

Vascular: warm with good capillary refill and turgor

Sensibility: normal sensibility

Special Investigations - Review of Diagnostic Tests

Radiologic Tests: I have personally reviewed plain x-ray images from WFUP/NCBH.

Radiologic Test Results: healed osteotomy left with persitant mild deformity; no hardware complications.

Assessment:

1. Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994

Plan:

A. Discussion/Plan:

will remove hardware and do secondary osteotomy after sept /oct

B. Summary:

add to referring MDS
Derrick blackwell Piedmont Family Practice
733 Stockbridge dr
Fort Mills SC 29708

C. Diagnostic Imaging:

X-ray(s): standard cassette

- a. wrist: left AP + L - *on return*

D. Return to Clinic:

1. RTC september
2. X-rays on Return: yes.

E. Today:

Evaluation and Management:

WFUP Orthopaedics

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February 2, 2010
Page 4
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MIRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

CPT-99213 Established Patient

Provider:

Koman MD - 95

Derrick blackwell Piedmont Family Practice
733 Stockbridge dr
Fort Mills SC 29708

Signed by L Andrew Koman MD on 07/08/2009 at 3:04 PM

WFUP Orthopaedics

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/16/2009 - Office Visit: PREOP/DOS 11.17.09/H-P/Ortho Clinic Return Office Visit

Provider: L Andrew Koman MD

Location of Care: WFUP Orthopaedics

Date of Service: 09/16/2009

CHIEF COMPLAINT

1. Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994
2. return problem

History of Present Illness:

HUNTER D MAIER (15 year old male) returns as scheduled for routine followup of (1) madelung's deformity, congenital Icd-755.54, onset date: 08/31/1994, and (2) return problem. He is accompanied by his mother. Verbal history is from patient, who is a good historian, and from mother, who is a good historian. Date of last Orthopaedic visit was 07/08/2009.

Progress:

Patient is better.

Symptoms and Signs:

Patient denies: pain and weakness.

Function:

Upper Extremity Functional Impairment: none

Therapy Received (since last visit):

Physical Therapy: none.

Current Status:

Patient is upper extremity independent ADL, ambulatory without aids.

Review of Systems

Positive for: musculoskeletal (see HPI)

Negative for: Eye, ENT, CV, GU, NEU, GI, SK, HEM, END, PSY, RS and CON

Prior Ortho ROS: 07/08/2009

Positive for: musculoskeletal (see HPI)

Negative for: Eye, ENT, CV, GU, NEU, GI, SK, HEM, END, PSY, RS and CON

Have You ever had cancer? no.

Are you diabetic? no.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

WFUP Orthopaedics

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February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

ZYRTEC CHILDRENS ALLERGY CHEW (CETIRIZINE HCL CHEW), TESTOSTERONE ENANTHATE
200 MG/ML OIL (TESTOSTERONE ENANTHATE)

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4 **Past Orthopaedic Surgeries:**
Osteotomy radius distal third CPT-25350; performed on: 09/09/2008

Family History

Positive for:

hypertension: mother
diabetes: maternal grandmother
scoliosis: sibling

Negative for: heart disease, Stroke/TIA, cancer

Social History

Marital status: single; Lives: at home; Number in household: 5; Lives with: mother, siblings; Number of siblings: 2
Grade in school: 9
Tobacco Use: never
Alcohol Use: never
Drug Use: never

Vital Signs

Weight: 47.4 kg (104.50 lb) **Z-score:** -1.02 **pctile:** 15 **prev:** 45.9 kg (101.19 lb) Gain: 1.50 kg. (3.31 lb.)
Temperature: 98.1
Respirations: 18

PHYSICAL EXAM

HEENT:

Head

Appearance: symmetric with no discoloration, masses, tenderness or edema

Eyes

External: rash around eye lids

Pupils: equal, round, reactive to light and accommodation

ENT

External ears: normal, no lesions or deformities

External nose: normal, no lesions or deformities

Hearing: grossly intact

Nasal: mucosa, septum, and turbinates normal

Lips/teeth/gums: normal dentition, no gingival inflammation, no labial lesions

Pharynx: tongue normal, posterior pharynx without erythema or exudate

Throat

Neck: supple, no masses, trachea midline

Thyroid: no nodules, masses, tenderness, or enlargement

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Chest/Respiratory

Chest appearance: symmetric without pectus excavatum or pectus carinatum

Respiratory effort: no intercostal retractions or use of accessory muscles

Percussion/Palpation/Auscultation: clear to percussion and auscultation

Heart

Palpation: normal without thrills

Auscultation: normal sinus rhythm without gallops, murmurs or rubs

Gastrointestinal

Abdomen: soft, non-tender, no masses, bowel sounds normal, bladder not distended

Liver and spleen: no enlargement or nodularity

Breasts

Breast inspection: deferred

Breast palpation: deferred

Genitourinary

Scrotum: deferred

Penis: deferred

Prostate: deferred

General Appearance: well nourished, well hydrated, no acute distress, appropriate for age. rash small stature

Limb Deformity: upper extremity deformities

Skin

Inspection: well-healed scars; eczema

Neurologic

Cranial nerves: II - XII grossly intact

Reflexes: 2+, symmetric, no pathological reflexes

Sensation: intact to touch

Coordination: normal

Mental Status Exam

Judgment, insight: appropriate for age

Orientation: appropriate for age

Memory: appropriate for age

Mood and affect: appropriate for age

Vascular

Peripheral circulation: warm with good refill and turgor

Lymphatic

Lymphatics: no lymphadenopathy

Gait and Station

Gait: Normal heel-toe gait without external support, limp or deformity; normal foot progression angle.
Station: Pelvis level with equal leg lengths.

Head, Neck and Cervical Spine

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Inspection/Skin: normocephalic, normal cervical contour

Palpation/Perkussion: no masses or tenderness

ROM: full range of motion; able to touch chin to chest, full cervical extension and symmetrical rotation greater than 60 degrees; side bending greater than 20 degrees

Stability: stable during active or passive ROM

Motor: normal power all groups

Spine, Ribs and Pelvis

Inspection/Skin: normal alignment, contour and symmetry without scoliosis, increased lordosis or increased kyphosis

Palpation/Perkussion: without masses or tenderness

ROM: full range of motion including flexion, extension and rotation

Stability: stable

Motor: all motor groups functioning and good to normal

Right Upper Extremity:

RIGHT UPPER EXTREMITY

Alignment: ulnar deviation

Scars: none

Palpation/Perkussion: no masses, creptance, effusion, hyperpathia or allodynia
ROM: normal except as noted below

Stability: all joints stable during active or passive ROM

Motor: normal motor power all motor groups

Vascular: warm with good capillary refill and turgor

Neurologic: normal tone, deep tendon reflexes and coordination
ROM: (-30-80)

Right Lower Extremity:

Normal and symmetric appearance without rashes or ulcerations; normal skeletal alignment without deformity; no scars, masses, creptance, effusion, hyperpathia or allodynia; good to normal range of motion all joints without pain, subluxation or excessive laxity; all joints stable during active or passive ROM; normal motor power all motor groups; warm with good capillary refill and turgor; normal sensibility without lymphadenopathy; normal tone and deep tendon reflexes. Normal coordination.

Left Upper Extremity:

Inspection/Appearance: Dorsal swelling/scar at wrist

Alignment: dorsal mass

Scars: well healed

ROM: good to normal range of motion all joints without pain, subluxation or excessive laxity

Stability: all joints stable during active or passive ROM

Motor: normal motor power all motor groups-- except weakness extensors

Vascular: warm with good capillary refill and turgor

Sensibility: normal sensibility

Left Lower Extremity: Normal and symmetric appearance without rashes or ulcerations; normal skeletal alignment without deformity; no scars, masses, creptance, effusion, hyperpathia or allodynia; good to normal range of motion all joints without pain, subluxation or excessive laxity; all joints stable during active or passive ROM; normal motor power all motor groups; warm with good capillary refill and turgor; normal sensibility without lymphadenopathy; normal tone and deep tendon reflexes. Normal coordination.

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)**Special Investigations - Review of Diagnostic Tests****Radiologic Tests:** I have personally reviewed plain x-ray images from WFUP/NCBH, and plain x-ray reports from WFUP/NCBH.**Radiologic Test Results:** no hardware failure; **CONCLUSIONS:**

1. Redemonstration of sideplate with multiple screws and distal radial plate fixation devices are in place for stabilization.

Interval healing of osteotomies of the distal left radius and ulna.

Patient is known to case of Madelung's deformity. Alignment of the osteotomy sites is stable in the interval. Volar angulation of the distal radius persists. Alignment of the carpus is stable.

Assessment:

1. Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994

Plan:**A. Summary:**
scheduling surgery; patient will call for the date time frame they wish**B. Surgery:**

1. Osteotomy, distal radius, on volar side left with internal fixation CPT-25350
2. Implant removal, deep, left radius , CPT-20680

Diagnosis:

1. Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994

The procedure(s) are explained to the mother, including the risks and potential complications: nerve injury, vessel injury, infection, failure to achieve desired results, possible need for additional surgery, hardware complications and cast; splint; soreness; and/or other.

The risk of the procedure(s) is moderate. The option of doing nothing exists, and the risks and potential complications of this include: deterioration and deformity. The alternatives to doing nothing include: chronic analgesics, non-steroidals and physical or occupational therapy, and their potential complications include: nerve injury, vessel injury, infection, failure to achieve desired results and possible need for additional surgery.

C. Surgical Scheduling:

Length of procedure: 1.5 hours

Admission type: day hospital

Location of surgery: pediatric OR

Anesthesia: general.

Preop antibiotics: Yes. Antibiotic and dosage: cephalozolin appropriate for wt.

Anesthesia pre-op: day of surgery.

History and physical: done.

Pain management: with above surgery, pain protocol.

D. Surgical Equipment Needs:

1. Basic equipment:
 - a. C-arm

WFUP Orthopaedics

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February 2, 2010
Page 6
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

2. Other equipment: osteotomes; microsagittal saw; drill for removal of hardware, synthes volar plate
3. OR table: standard
4. Position: supine

E. Post Operative Care:

1. Return to clinic in 2 weeks to see PA/NP.

F. Today:

Evaluation and Management:

CPT-99214 Established Patient

Provider:

Koman MD - 95

G. Encounter Return For:

Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994

Printed Handout: - Surgery Scheduler - September 16, 2009 3:54 PM
Printed Handout: - Informed Consent - September 16, 2009 3:54 PM
Printed Handout: - Blood Consent - September 16, 2009 3:54 PM
Printed Handout: - Surgery Scheduler - September 16, 2009 3:59 PM
Printed Handout: - Informed Consent - September 16, 2009 3:59 PM
Printed Handout: - Blood Consent - September 16, 2009 3:59 PM

Electronic CC's:

Lubega, Margaret
First Pediatric Care Ctr
1032 X-Ray Drive
Gastonia, Nc 28054

Signed by L Andrew Koman MD on 09/16/2009 at 4:00 PM

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/09/2008 - Imaging Report: Radiology - DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE

Provider: .Interface

Location of Care: Ambulatory Surgery

This document contains external references

Radiology - DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE
DOCUMENT NUMBER: 172242358

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: KOMAN,L ANDREW

DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE , Sep 9, 2008 9:06:00 AM

INDICATION: CONGENITAL MADEJUNG'S DEFORMITY AMBS OR VISIT #
00260502Lt Wrist OR 36
COMPARISON: Outside study of 5/14/2008

FINDINGS:

. Series of intraoperative films demonstrate patient is status post ulnar shortening via osteotomy with screw-plate fixation of the osteotomy site and osteotomy at the distal humerus humeral metaphysis. This is also been curative position by screw-plate fixation. A more normal appearance to the wrist is now demonstrated..

Interpreting Provider: SPECTER, BARBARA - Approving Provider: SPECTER, BARBARA
Signing Provider: SPECTER, BARBARA

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

Signed before import by .Interface
Filed automatically on 09/09/2008 at 11:55 AM

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/09/2008 - Imaging Report: Radiology - DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE

Provider: . Interface

Location of Care: Ambulatory Surgery

This document contains external references

Radiology - DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE
DOCUMENT NUMBER: 172251751

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: DEAL, DYLAN NICOLE

DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE , Sep 9, 2008 10:09:00 AM

INDICATION: CONGENITAL MADELUNG'S DEFORMITY AMBS OR VISIT #
00260502999.9 s/p osteotomy
COMPARISON: 9/9/2008

FINDINGS:

- Soft tissues: status post placement of plaster cast
- Bones and Joint: Normal mineralization.
- Status post osteotomies of the distal ulnar radius and ulna. There has been no change in bony alignment post screw-plate fixation of both the ulna and radius. The previously noted Madelung's deformity has been corrected.

*****CONCLUSION*****

Status post correction of Madelung's deformity with osteotomies of distal radius and ulna.

Interpreting Provider: SPECTER, BARBARA - Approving Provider: SPECTER, BARBARA
Signing Provider: SPECTER, BARBARA

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

Signed before import by . Interface
Filed automatically on 09/09/2008 at 11:56 AM

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

10/06/2008 - Imaging Report: Radiology - DI WRIST LEFT 2 VIEWS

Provider: . Interface

Location of Care: WFUP Orthopaedics

This document contains external references

Radiology - DI WRIST LEFT 2 VIEWS
DOCUMENT NUMBER: 173816296

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: PARKS,RANDAL ALEXANDER

DI WRIST LEFT 2 VIEWS, Oct 6, 2008 4:18:00 PM

INDICATION: Follow-up osteotomies.

COMPARISON: 9/9/2008

FINDINGS:

Interval removal of forearm cast. Increased bony bridging at distal ulnar diaphyseal and radial metaphyseal osteotomies status post ORIF. No evidence for hardware complications. There remains ventral shift of the wrist related to angulation of the radial metaphysis centered at the radius osteotomy. Disuse osteopenia.

*****CONCLUSION*****
Healing radius and ulna osteotomies with unchanged wrist alignment in the post operative period.

I have personally reviewed the procedure note and/or have reviewed and interpreted this image/images.

Interpreting Provider: MATTERN,MATTHEW - Approving Provider:ANTHONY,EVELYN
Signing Provider: ANTHONY,EVELYN

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

Signed before import by . Interface
Filed automatically on 10/06/2008 at 9:35 PM

WFUP Orthopaedics

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336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

11/10/2008 - Imaging Report: Radiology - DI FOREARM LEFT

Provider: . Interface

Location of Care: WFUP Orthopaedics

This document contains external references

Radiology - DI FOREARM LEFT
DOCUMENT NUMBER: 175693822

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: PARKS,RANDAL ALEXANDER

DI FOREARM LEFT, Nov 10, 2008 2:05:00 PM

INDICATION: 3-4 WK FU LT DISTAL AND ULNA
COMPARISON: 10/6/2008

CONCLUSION:

1. Redemonstrated sideplate and screws, transfixing radial metaphyseal, ulnar diaphyseal, status post osteotomy open reduction and internal fixation. There has been increased bridging at the osteotomy site. No hardware complication.
2. Redemonstration of ventral angulation of the wrist.
3. Disuse osteopenia is seen again.

Interpreting Provider: HEMAL,UPMA - Approving Provider:HEMAL,UPMA
Signing Provider: HEMAL,UPMA

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

Signed before import by . Interface
Filed automatically on 11/10/2008 at 2:19 PM

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

07/08/2009 - Imaging Report: Radiology - DI WRIST BILATERAL 2 VIEWS

Provider: .Interface

Location of Care: WFUP Orthopaedics

This document contains external references

Radiology - DI WRIST BILATERAL 2 VIEWS
DOCUMENT NUMBER: 188831969

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: KOMAN MD, L ANDREW

DI WRIST BILATERAL 2 VIEWS, Jul 8, 2009 2:23:00 PM

INDICATION: Madelungs deformity.
COMPARISON: Two views left wrist, 10/6/2008.

CONCLUSIONS:

Left: Plate and screw fixation devices are in place for stabilization of healed osteotomies of the distal left radius and ulna in patient with history of Madelungs deformity. Alignment of the osteotomy sites is stable in the interval. Volar angulation of the distal radius persists. The distal ulna is bowed dorsally. Alignment of the carpus is stable.

Right: Configuration of the distal right radius and ulna is unchanged from prior exam, including prominent sloping of the distal radial and ulnar articular surfaces and volar angulation of the distal radius. No acute bony abnormality is evident.

Interpreting Provider: ANTHONY MD, EVELYN YOUNG -- Approving Provider: ANTHONY MD, YOUNG YOUNG
Signing Provider: ANTHONY MD, EVELYN YOUNG

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

Signed before import by .Interface
Filed automatically on 07/13/2009 at 12:13 PM

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/16/2009 - Imaging Report: Radiology - DI WRIST LEFT 2 VIEWS

Provider: . Interface

Location of Care: WFUP Orthopaedics

This document contains external references

Radiology - DI WRIST LEFT 2 VIEWS

DOCUMENT NUMBER: 192627784

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: KOMAN MD, L ANDREW

DI WRIST LEFT 2 VIEWS, Sep 16, 2009 2:52:00 PM

INDICATION: Followup left wrist deformity, mad lung deformity
COMPARISON: 7/8/2009

CONCLUSIONS:

1. Redemonstration of sideplate with multiple screws and distal radial plate fixation devices are in place for stabilization. Interval healing of osteotomies of the distal left radius and ulna. Patient is known to case of Madelung's deformity. Alignment of the osteotomy sites is stable in the interval. Volar angulation of the distal radius persists. Alignment of the carpus is stable.

- 2. .
- 3. .
- 4. .
- 5. .

Interpreting Provider: HEMAL MD, UPMA - Approving Provider: HEMAL MD,
Signing Provider: HEMAL MD, UPMA

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

Signed before import by . Interface

Filed automatically on 09/16/2009 at 3:14 PM

Sep 11 08 08:54a

Orthopaedic Department

336 716 0877

P.1

09/08/2008 09:49

803-255-8255

DHS PHYSICIANS SRVS

PAGE 02/02



State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

Edna Parker
Director

September 8, 2008

Dr. Andrew Koman
Dept. of Orthopedic Surgery
Wake Forest University
Winston Salem, NC 27157

Recipient Name: Heather "Hunter" Maier
SC Medicaid ID: 8532375303

Diagnosis Code(s): 735.54
Procedure Code(s): office consultation,
25365, 20690, follow up visits

DOS: 08/13/08 (surgery consultation), September 2008 (surgery)
follow-up visits thru February 2009

Dear Provider:

The above named recipient has been referred to you. This letter serves as verification approval for the above listed diagnosis and procedures in reference to the recipient above. Approval must be obtained for additional services.

All providers submitting claims for reimbursement must be credentialed with South Carolina Medicaid. Claims must be processed and paid within one year from the date of service. Please call me at (803) 898-2660, if you have any further questions. Your participation in the SC Medicaid program is greatly appreciated.

Sincerely,

Maidie Koger-Boyd
Maidie Koger-Boyd, MHA
Program Manager

Enclosures

This approval letter is good for the above date(s) and service(s) and depends upon the Medicaid eligibility of the above individual. To verify Medicaid eligibility, you will need to contact the Medicaid Interactive Voice Response System (IVRS) @ 1-888-809-3040.

Please attach a copy of this letter to all claims submitted to SC Medicaid for reimbursement.

Division of Physician Services
P.O. Box 8208 • Columbia, South Carolina 29202-8208
Phone: (803) 898-2660 • Fax: (803) 245-8255

February 11, 2010

Dr. Andrew Koman, Chairman
Wake Forest University Health Sciences
Department of Orthopedic Surgery
Medical Center Boulevard
Winston-Salem, NC 27157-1070

February 11, 2010


Dear Dr. Koman:

I received your letter regarding Hunter Maier on Friday, February 5. I apologize for the delays you have experienced in receiving approval for surgery for Hunter.

I asked Dr. Tan Platt, one of our medical consultants, to review the materials you sent and he recommended approving the request. However, in talking with my staff about this case, it became clear that the delays in approval are due to the fact that we have not received the necessary documentation from the referring, in-state provider. While we have had a number of contacts with this provider, I have asked my staff to be proactive in obtaining the necessary documentation to expedite this process.

Again, I apologize for the delays both you and Hunter have experienced.

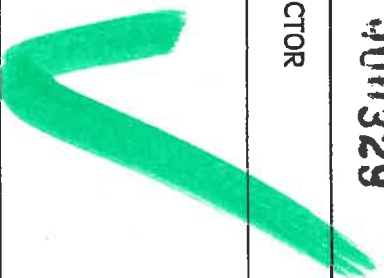
Sincerely,


Felicity Myers, Ph.D.
Deputy Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>2-5-10</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>4011329</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-17-10</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.			

cc: Emma Forkner



Wake Forest University Baptist
M E D I C A L C E N T E R®

RECEIVED

FEB 05 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 2, 2010

Felicity Costin Myers
Deputy Director
Medical Services
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

RE: Hunter Maier
Date of Birth: 8/31/1994
Eligibility Number: 8532275303
Name of Medicaid Card: Hunter D. Maier
Diagnosis: Madelung's Deformity ICD-9 #755.54
Procedures: 1. Osteotomy Distal Radius CPT #25350
2. Removal of Hardware CPT #20680

Date of Service: April 1, 2010

Ms. Myers,

Hunter was referred to me by Dr. Frederick Pielh, Midlands Orthopaedics, in Columbia, SC for evaluation of "Bilateral Madelung's Deformity". Madelung's Deformity refers to a condition of the upper extremity characterized by abnormal growth and development of the end of the radius, one of two bones of the forearm.

Due to abnormal growth, the end of the radius typically grows palmarly and radially (i.e. in the direction of the palm and of the thumb). Because the other bone of the forearm--the ulna--is not affected and continues to grow, the end of the ulna becomes quite prominent on the dorsum, or back, of the wrist.

Dr. Pielh asked for an evaluation due to Hunter's increasing deformity and bilateral wrist/hand pain. My specialties are both Hand Surgery and Pediatrics.

X-rays showed bilateral deformity of the radius with prominence of the ulnar heads and left sided shortening of the radius.

In general, the goals of surgical treatment are to reposition and stabilize the wrist to allow for painless function and prevention of recurrent deformity.

The type of surgery is dependent upon the patient's age, degree of deformity, functional limitations, and general health.

Hunter underwent an Osteotomy of the left distal radius and shortening of the left midshaft of the ulna on September 9, 2008. His postoperative course was uneventful.

Hunter came in to see me on July 8, 2009 due to continued pain and persistent mild deformity of the left wrist.

I have recommended that Hunter undergo a secondary osteotomy of the left wrist with removal of retained hardware at the same time.

At times, regrowth of the bone from the periosteum may occur, and revision may be necessary or continued growth of the radial epiphysis may increase the ulnar shortening and loss of ulnar support.

We are asking for approval for Hunter's surgery. We understand that normally you prefer that patient's stay with a provider in South Carolina. However, I think it would be in Hunter's best interest to stay with the surgeon who is familiar with his case and is a Hand and Pediatric Orthopaedic Specialist.

Please feel free to contact me with any questions you may have regarding this procedure.

See enclosed copies of the patient's office notes, operative note, and radiology reports.

This is the third request for approval for Hunter's surgery that we have made.

Our first request for approval for surgery was made to Martha Mitchell at South Carolina Department of Health and Human Services. Hunter's first surgery was scheduled for 11/17/09. Ms. Mitchell informed us on 11/17/09 that she could not make a decision on whether to approve Hunter's surgery or not until she received the clinical notes.

Ms. Mitchell was very unpleasant to deal with and basically told us to not call her again.

We faxed the clinical notes on 11/24/09 and rescheduled the surgery to January 12, 2010. Dr. Malaka Jackson's office had completed a "Referral Request Form for Out-of-State Services" and an "Out-of-State Provider" form which Dr. Koman signed and dated. These were faxed to Martha Mitchell also by Dr. Jackson's office before the 11/17/09 surgery.

Scott Duckworth with NC Baptist Hospital Verification and Quality Services also spoke to a Mr. William Fagan--who I believe is Martha Mitchell's supervisor. He also told Mr. Duckworth on 11/18/09 that he could not make a decision on whether to approve Hunter's surgery or not until the clinical notes were received. Mr. Duckworth passed this information along to me. Ms. Mitchell had already given me this same information on 11/17/09.

Ms. Mitchell said she would notify Diane Orrell with WFU Physicians as to whether or not the surgery was approved or denied.

As of December 30, 2009, we had not received any information from Ms. Mitchell regarding surgery approval/denial. Scott Duckworth called Ms. Mitchell on 12/30/09 and left her a voice mail informing her that Diane Orrell was out until January 6, 2010 and we needed to know what decision had been made as surgery had been rescheduled to January 12, 2010.

Scott Duckworth received a voicemail answer back from Martha Mitchell on 12/31/09 stating that the request was denied on 11/17/09, despite the fact that I had talked to Ms. Mitchell on 11/17/09 and was informed by her that no decision could be made until the clinical notes were received. Mr. Duckworth was also told on 11/18/09 by William Fagan that a decision could not be made until clinical notes were received.

Mr. Scott Duckworth called Ms. Mitchell back on 12/31/09 and received her voicemail again and left her another message inquiring as to why we were not informed back on 11/18/09 that the surgery was denied and also asking the reason that the surgery was denied and asking her what specifically needed to be submitted in order to get the upcoming January 12th surgery authorized.

As of January 4, 2010--Mr. Duckworth had not heard back from Ms. Mitchell.
As of January 5, 2010--Mr. Duckworth had not heard back from Ms. Mitchell.

On January 5, 2010--Mr. Duckworth called William Fagan and left a voicemail asking for more information about the denial and an explanation of why we were told on 11/18/09 (and 11/17/09) that a decision could not be made until clinical notes were received.

As of January 6, 2010--Mr. Duckworth had not heard back from either Ms. Mitchell or Mr. Fagan.

On January 7, 2010--Mr. Duckworth received a voicemail from Ms. Mitchell stating again that the procedure was denied, however, "it is very possible that the request is in her stack of faxes in her fax queue" and that she just had not gotten to it yet.

Ms. Mitchell suggested that he call Dr. Jackson's office and notify them that an out of state referral form is required since the denial was sent to them. Dr. Jackson's office had already faxed the out of state referral forms back in November 2009.

Mr. Duckworth contacted Dr. Jackson's office and they stated that they submitted everything that was required the first time around and they had not received any notice of denial of surgery.

We had no other option but to cancel the surgery for the second time.

We have rescheduled the surgery for April 1, 2010.

As you can see, we are very frustrated with Ms. Mitchell's apparent uncaring attitude towards this child's health and well being.

Dr. Jackson's office and mine are resubmitting all paperwork again to hopefully break thru the barriers put up by Ms. Mitchell and obtain approval for this child's surgery.

If you need to contact me regarding this matter, please do not hesitate to do so.

Sincerely,

A handwritten signature in black ink, reading "L. Andrew Komar, MD". The signature is fluid and cursive, with the "MD" at the end being more distinct.

L. Andrew Komar, MD
Wake Forest University Health Sciences
Chairman

Department of Orthopaedic Surgery
Medical Center Boulevard
Winston-Salem, NC 27157-1070
Phone 336-716-4064
Fax 336-716-0977

cc: Emma Forkner, Director, SC Department of Health and Human Services
Scott Duckworth, NCBH Verification and Quality Services
Julia Davignon, 1616 Riddle Road Extension, Clover, SC 29710

South Carolina
Department of Health and Human Services
P O Box 8206
Columbia, South Carolina 29202-8206
www.scdhs.gov

Referral Request Form for
Out-of-State Services

BENEFICIARY INFORMATION

NAME: Hunter Maier

SC MEDICAID ID#: 8532275303 DATE OF BIRTH: 8/31/94

NAME OF GUARDIAN: Julia Maier

CONTACT NUMBER: 803-962-2001 home or 704-678-4724 cell

REFERRING PHYSICIAN

NAME: Nalaka Jackson, MD

NPI#: 1609806264 SC MEDICAID #: 8532275303

PATIENT IS BEING REFERRED TO: Dr. Andrew Roman / Wake Forest University
(NAME OF FACILITY AND/OR PHYSICIAN (S))

CONDITION REQUIRING TREATMENT: labrum deformity

DIAGNOSIS CODE (S): 755.54

PROCEDURE CODE (S): 75350 / 20680.

DATE OF SERVICE: 04/01/10 DATE OF RETURN: _____

Medical patients, as well as their escort, being referred out-of-state may be provided transportation when necessary. Adequate advance notice, as well as prior approval is mandatory in order to make the necessary travel arrangements. Call *Preventive and Ancillary Health Services* at (803) 898-2565 to make travel arrangements.

WILL THE BENEFICIARY REQUIRE TRANSPORTATION? YES _____ NO ✓

RECOMMENDED MODE OF TRANSPORTATION: car

Please include as an attachment, an explanation why these services must be rendered out-of-state instead of within the SC/MSA. You must identify any services that are considered experimental and/or investigational, sponsored under a research program, or performed in day medical centers across the United States. Also, a copy of the beneficiary's medical records, relating to treatment of the condition, for the past year must be included.

I certify that contact has been made with the out-of-state provider. I certify that these services are not available and cannot be provided within the South Carolina service area, which includes North Carolina and Georgia (within 25 miles of the South Carolina border).

[Signature]
SIGNATURE OF REFERRING PHYSICIAN

11/13/09
DATE

South Carolina
Department of Health and Human Services
P O Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

Referral Request Form for
Out-of-State Services

OUT-OF-STATE PROVIDER

NAME: Dr. Andrew Koman
NAME OF PHYSICIAN(S) AND/OR FACILITY

ADDRESS: Wake Forest University Physicians, Orthopedic Dept,

131 Miller St., Winston-Salem, NC 27103

TELEPHONE#: 331-716-8094 FAX#: 331-716-6997

I certify that I have agreed to enroll in the South Carolina Medicaid program and I am willing to accept South Carolina Medicaid reimbursement as payment in full.

 11/16/09
SIGNATURE OF OUT-OF-STATE PHYSICIAN DATE

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

08/13/2008 - Office Visit: Ortho Clinic New Comprehensive MSK Exam

Provider: L Andrew Koman MD

Location of Care: WFUP Orthopaedics

Date of Service: 08/13/2008

Chief Complaint:

Bilateral wrist and hand pain, esp with writing, referred by Dr. Phiel in Columbia for bilateral Madelung's deformity.

History of Present Illness:

This is a new regular visit for a 13 year old male who presents with bilateral wrist and hand pain. He is accompanied by his grandmother and mother. Verbal history is from mother, who is a good historian. Problem started gradually 6 years ago.

Pain: The pain comes and goes, and is of severe intensity. It does not awaken patient. It is aching. It is increased with activity.

Tests Reviewed

Radiologic Tests: I have personally reviewed plain x-ray images from outside sources.

Discussion: bilateral deformity of the radius with prominence of ulnar heads and L sided shortening of the radius

Review of Systems

Positive for: Rash, Prior Fracture and musculoskeletal (see HPI)

Negative for: Eye, ENT, CV, GU, NEU, GI, HEM, END, PSY, RS and CON

Have You ever had cancer? no.

Are you diabetic? no.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

testosterone powd (testosterone)

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity: congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4

Family History

Positive for:

hypertension: mother
scoliosis: sibling

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 2
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MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Negative for: heart disease, Stroke/TIA, cancer, diabetes

Social History

Marital status: single; Lives: at home; Number in household: 5; Lives with: mother, siblings; Number of siblings: 2

Tobacco Use: never

Alcohol Use: never

Drug Use: never

Vital Signs

Weight: 42.3 kg (93.26 lb) **Z-score:** -1.01 **pctile:** 16

Temperature: 97.9

Respirations: 18

PHYSICAL EXAM**HEENT:****Eyes**

External: eczema around eyes with erythema

ENT

External ears: normal, no lesions or deformities

Throat

Neck: supple, no masses, trachea midline

Chest/Respiratory

Chest appearance: symmetric without pectus excavatum or pectus carinatum
Respiratory effort: no intercostal retractions or use of accessory muscles

Heart

Auscultation: normal sinus rhythm without gallops, murmurs or rubs

Gastrointestinal

Abdomen: soft, non-tender, no masses, bowel sounds normal, bladder not distended

General Appearance: well nourished, well hydrated, no acute distress, appropriate for age.

Skin

Inspection: eczema patches esp eyes and volar L wrist

Mental Status Exam

Judgment, insight: appropriate for age

Orientation: appropriate for age

Memory: appropriate for age

Mood and affect: appropriate for age

Vascular

Peripheral circulation: warm with good refill and turgor

Lymphatic

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 3
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Lymphatics: no lymphadenopathy

Gait and Station

Gait: Normal heel-toe gait without external support, limp or deformity; normal foot progression angle.

Station: Pelvis level with equal leg lengths. short stature

Head, Neck and Cervical Spine

Inspection/Skin: normal

Spine, Ribs and Pelvis

Inspection/Skin: normal

Right Lower Extremity:

Normal and symmetric appearance without rashes or ulcerations; normal skeletal alignment without deformity; no scars, masses, crepitance, effusion, hyperpathia or allodynia; good to normal range of motion all joints without pain, subluxation or excessive laxity; all joints stable during active or passive ROM; normal motor power all motor groups; warm with good capillary refill and turgor; normal sensibility without lymphadenopathy; normal tone and deep tendon reflexes.

Left Upper Extremity:

Inspection/Apppearance: exzema
Alignment: abnormal with wrist deformity
Scars: none
Palpation/Perussion: no masses, crepitance, effusion, hyperpathia or allodynia
ROM: decreased wrist and 10 degree elbow flexion contracture
Stability: all joints stable during active or passive ROM
Motor: normal motor power all motor groups
Vascular: warm with good capillary refill and turgor
Sensibility: normal sensibility
Lymphatic: without lymphadenopathy
Neurologic: normal tone and deep tendon reflexes

Left Lower Extremity: Normal and symmetric appearance without rashes or ulcerations; normal skeletal alignment without deformity; no scars, masses, crepitance, effusion, hyperpathia or allodynia; good to normal range of motion all joints without pain, subluxation or excessive laxity; all joints stable during active or passive ROM; normal motor power all motor groups; warm with good capillary refill and turgor; normal sensibility without lymphadenopathy; normal tone and deep tendon reflexes.

RIGHT UPPER EXTREMITY

Inspection/Apppearance: exzema
Alignment: abnormal with wrist deformity
Scars: none
Palpation/Perussion: no masses, crepitance, effusion, hyperpathia or allodynia
ROM: decreased wrist and 10 degree elbow flexion contracture
Stability: all joints stable during active or passive ROM
Motor: normal motor power all motor groups
Vascular: warm with good capillary refill and turgor
Sensibility: normal sensibility
Lymphatic: without lymphadenopathy
Neurologic: normal tone and deep tendon reflexes

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 4
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Printed Handout: - Informed Consent - August 13, 2008 1:37 PM

Printed Handout: - Blood Consent - August 13, 2008 1:37 PM

Assessment:

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994
2. Dysgenesis, gonadal ICD-758.6, onset date: 08/31/1994

Plan:

A. Surgery:

1. osteotomy distal radius and ulna; left cpt 25365
2. Uniplanar external fixator; left ulna CPT-20690

Diagnosis:

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994
2. Dysgenesis, gonadal ICD-758.6, onset date: 08/31/1994

The procedure(s) are explained to the patient and mother, including the risks and potential complications: nerve injury, vessel injury, infection, failure to achieve desired results and possible need for additional surgery. The option of doing nothing exists, and the risks and potential complications of this include: deterioration and deformity. The alternatives to doing nothing include: chronic analgesics, non-steroidals and physical or occupational therapy, and their potential complications include: nerve injury, vessel injury, infection, failure to achieve desired results and possible need for additional surgery. Surgery requested to be scheduled on: 09/09/2008

B. Surgical Scheduling:

Length of procedure: 2.0 hours

Length of stay: 1 days

Admission type: day hospital

Location of surgery: pediatric OR

Anesthesia: general.

Botulinum toxin: no

Preop antibiotics: Yes. Antibiotic and dosage: cephalozolin appropriate for wt.

Surgery date requested: 09/09/2008

Anesthesia pre-op: to be scheduled.

History and physical: done.

C. Surgical Equipment Needs:

1. Basic equipment:

- a. C-arm
 - b. bipolar only
 - c. drill-maxi
 - d. saw-mini
 - e. pindriver
2. OR table: standard
 3. Position: supine
 4. ORIF:
 - a. minifragment set
 - b. small fragment set
 5. External fixation:

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February 2, 2010
Page 5
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

a. Orthofix M-100 series

D. Post Operative Care:

1. Return to clinic in 1 week to see MD.
2. Return to clinic in 2 weeks to see PA/NP.

E. Today:

Evaluation and Management:

CPT-99204 New Patient

Provider:

Koman MD - 95

Electronic CC's:

Lubega, Margaret

Signed by L Andrew Koman MD on 08/13/2008 at 2:24 PM

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/09/2008 - Operative Report: OPERATIVE NOTE

Provider: L. Andrew Koman MD

Location of Care: North Carolina Baptist Hospital-Inpatient

OPERATIVE NOTE

MAIER, HEATHER D
NCBH# 204-30-01
L. Andrew Koman, M.D.
Surgery Date: 09/09/2008
Location: 8PDA-B826

Date of Birth: 08/31/1994

DATE OF SERVICE: 09/09/2008.

PREOPERATIVE DIAGNOSIS: Madelung's deformity, left.

POSTOPERATIVE DIAGNOSIS: Madelung's deformity, left.

PROCEDURE: Osteotomy distal radius and shortening of left midshaft ulna.

SURGEON: L. A. Koman, M.D.

ASSISTANT: Dylan N. Deal, M.D.

ANESTHESIA: General.

COMPLICATIONS: None.

TIME OUT: Performed.

SPONGE AND INSTRUMENT COUNT: Correct.

PROPHYLACTIC ANTIBIOTICS: Utilized.

DVT PROPHYLAXIS: Not indicated.

SPECIMENS: No.

DESCRIPTION OF PROCEDURE: After satisfactory induction of general anesthesia, tourniquet was elevated. A dorsal longitudinal incision was made. The interval between the third and fourth compartments utilized. Distal radius deformity exposed subperiosteally and position confirmed by C-arm. Locking T plate was placed and positioned in corrected position and anchored distally. Osteotomy, which provided both radial ulnar and AP correction (recognized incomplete lateral correction) was performed. This was then closed and compressed and 2.4 locking plate utilized. The ulna was then long and therefore, an incision was made over the ulna. 1.2 cm of ulnar was removed. This was compressed and gave excellent position. On the postoperative films, the radial ulnar tilt was improved significantly. There was still more dorsal tilt than was anatomic but this was felt to be uncorrectable in a single stage and if it is difficult, it will be planned to do at a later date. Then there was minimal positive ulnar variance with nice contour. This was fixed with a 2.7 DCP plate. Tourniquet was let down, bleeding was controlled, and wounds were closed in anatomic layers.

Dictated by:
L. Andrew Koman, M.D.

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February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Attending Physician
Orthopedics

Electronically Authenticated by L. Andrew Koman , M.D.

LAK/dme D 09/11/2008 T 09/11/2008 Doc#:ME00282314 Job#:282314

Manual CC's:

L. Andrew Koman, M.D. - Orthopedics

Signed before import by L Andrew Koman MD
Filed automatically on 09/25/2008 at 10:32 AM

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/11/2008 - Transcription: Office Visit

Provider: . Interface

Location of Care: WFUP Orthopaedics

Office Visit

Orthopaedic Services

MAIER, HEATHER D

DOB: 08/31/1994

NCBH# 2043001

Visit Date: 09/11/2008

CHIEF COMPLAINT

1. Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994

Left hand swelling, status post surgery two days ago.

History of Present Illness: Heather is a 14-year-old white male who is two days status post left ulnar and radial osteotomies by Dr. Andrew Koman for a Madelung's deformity. He was discharged from the hospital yesterday and spent the night in town in a hotel. He, mom, and grandmother noted increased swelling and pain within the hand and requested a clinic visit this morning. On directed questioning, patient denies any significant weakness or numbness. Currently, pain is well controlled. The cast was split in our cast room prior to evaluation.

HEATHER D MAIER (14 year old male) returns emergent in post-op followup of madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994. This emergent visit is because of swelling. He is accompanied by his mother. Verbal history is from patient, who is a good historian. Date of last Orthopaedic visit was 09/09/2008.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

testosterone powd (testosterone)

vicodin 5-500 mg tabs (hydrocodone-acetaminophen)

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4

Review of Systems

Positive for: musculoskeletal (see HPI)

Have you ever had cancer? no.

Are you diabetic? no.

Physical Examination: On physical examination of the left upper extremity, surgical incision wounds are covered with Xeroform gauze. There is no significant drainage or erythema to suggest early infection. His compartments are soft throughout the forearm and there is no pain with passive stretch of the fingers. His sensation is intact to light touch for the median, ulnar, and radial nerve distributions. His motor is grossly intact for the anterior interosseus, posterior interosseus, and ulnar nerve distributions.

Assessment:

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February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994
Left hand swelling, status post above surgery.

Plan:

1. I feel that most of this swelling is secondary to the combination of surgery and some tightness of the cast distally about the wrist. I feel that he will do just fine in a new well-padded long arm cast. There is no sign of compartment syndrome to warrant any surgical intervention.
2. The patient will continue to keep the arm elevated and will be seen in a local emergency room if pain becomes significantly worse or if he has new onset of swelling.
3. Patient will follow up with Dr. Koman for his regularly scheduled visit.

A. Casting/Splinting:

Long arm cast, right CPT-29065-RT-58 was applied today
placed in a well padded lac
Todd Pegram

B. Return to Clinic:

Return in 1 week to see MD.

C. Today:**Evaluation and Management:**

CPT-99024 Post-Op Followup

Provider:

Scott MD - 5927

Procedures Performed - Charge to Account 1894:

Long arm cast, right CPT-29065-RT-58 was applied today

placed in a well padded lac

Todd PegramSupplies - Charge to Account 1894:

Long arm cast 379A1367

Job#86470

Dictated by:

Aaron T Scott, MD

Assistant Professor

Electronically Authenticated - 09/22/2008

ATS/sm T 09/16/2008 D 09/11/2008 A 09/22/2008 2103814208

Signed by . Interface on 09/26/2008 at 8:56 AM

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/17/2008 - Transcription: Office Visit

Provider: L Andrew Koman MD

Location of Care: WFUP Orthopaedics

Office Visit

Orthopaedic Services

MAIER, HEATHER D

DOB: 08/31/1994

NCBH# 2043001

Visit Date: 09/17/2008

History of Present Illness:

HEATHER D MAIER (14 year old male) returns as scheduled. He is accompanied by his grandmother and mother. Verbal history is from patient, who is a good historian, and from mother, who is a good historian. Date of last Orthopaedic visit was 09/12/2008.

SUBJECTIVE: Hunter presents today for followup evaluation after his recent surgery to correct Madelung's deformity of the left forearm. He had some cast difficulties and had to come back prior to his scheduled appointment last week to see Dr. Scott for cast change. He has been more comfortable in the present cast.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

testosterone powd (testosterone)

Vicodin 5-500 mg tabs (hydrocodone-acetaminophen)

Advil tabs (ibuprofen tabs)

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4

Family History

Positive for:

hypertension: mother

scoliosis: sibling

Negative for: heart disease, Stroke/TIA, cancer, diabetes

Social History

Marital status: single; Lives: at home; Number in household: 5; Lives with: mother, siblings; Number of siblings: 2

Tobacco Use: never

Alcohol Use: never

Drug Use: never

Review of Systems

Positive for: musculoskeletal (see HPI)

Negative for: Eye, ENT, CV, GU, NEU, GI, SK, HEM, END, PSY, RS and CON

Have you ever had cancer? no.

Are you diabetic? no.

Vital Signs

Weight: 42.7 kg (94.14 lb) Z-score: -1.01 pctile: 16 prev: 42.3 kg (93.26 lb) Gain: 0.40 kg. (0.88 lb.)

Temperature: 98.5

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February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Respirations: 18

OBJECTIVE: Cast is removed today revealing healed surgical wounds with absorbable sutures in place. He has good distal sensation and good finger motion.

ASSESSMENT: Status post osteotomy and correction of Madelung's deformity left forearm.

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994

PLAN: Because the sutures are absorbable, he chose to leave them in place today. We placed him back into a new Munster cast today and we will see him back in approximately two weeks at a time when Dr. Koman will be available for consultation and we will get an x-ray at the next visit out of the cast.

A. Casting/Splinting:

Munster cast, left CPT-29065-LT-58 was applied today

B. Today:

Evaluation and Management:

CPT-99024 Post-Op Followup

Provider:

Parks - 4965

Subprovider:

Li - 5581

Procedures Performed - Charge to Account 1894:

Munster cast, left CPT-29065-LT-58 was applied today

Supplies - Charge to Account 1894:

Munster cast 379A1367

JOB# 87308

Dictated by:

Randy A Parks, PA-C

Physician Assistant - Certified

Electronically Reviewed / Approved - 10/06/2008

L. Andrew Koman, M.D.
Professor and Chairman
Department of Orthopaedic Surgery
(336) 716-8200

Electronically Authenticated - 10/09/2008

RAP/mb T 09/21/2008 D 09/18/2008 A 10/09/2008 2103821789

Electronic CC's:

Margaret Lubega, MD - First Pediatric Care Ctr; 1032 X-Ray Drive; Gastonia,
NC 28054

Signed before import by L Andrew Koman MD

Filed automatically on 10/09/2008 at 1:05 PM

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February 2, 2010
Page 3
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

10/06/2008 - Transcription: Office Visit

Provider: . Interface

Location of Care: WFUP Orthopaedics

Office Visit

Orthopaedic Services

MAIER, HEATHER D

DOB: 08/31/1994

NCBH# 2043001

Visit Date: 10/06/2008

Date of Service: 10/06/2008

History of Present Illness: Hunter returns today for cast removal and follow-up evaluation. He is doing well at this time with no complaints.

HEATHER D MAIER (14 year old male) returns as scheduled. He is accompanied by his grandmother and mother. Verbal history is from patient, who is a good historian. Date of last Orthopaedic visit was 09/22/2008.

Progress:

Patient is better.

OBJECTIVE: The patient presents today along with his mother and grandmother. He has a Muenster cast in place on the left upper extremity. This was removed revealing well approximated surgical wounds with absorbable sutures still in place. He has superficial lesions consistent with his eczema. He has good finger motion and has no tenderness to palpation.

X-RAYS: X-rays obtained today demonstrate good position of the hardware with no complicating features noted. His alignment is not anatomic but is improved over his preoperative status.

Assessment: Status post osteotomy left radius and ulna for correction of Madelung's deformity.

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994

Plan: X-rays were discussed with Dr. Koman. He recommended placing him back into a short arm cast. We will have him return in 3 to 4 weeks for follow-up evaluation.

A. Today:

Evaluation and Management:

CPT-99024 Post-Op Followup

Provider:

Parks - Open 1940

Subprovider:

Koman - 95

Dictated by:

Randy A Parks, PA-C

Physician Assistant - Certified

Electronically Authenticated - 10/14/2008

RAP/bb T 10/08/2008 D 10/06/2008 A 10/14/2008 2103846311

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February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Electronic CC's:

Margaret Lubega, MD - First Pediatric Care Ctr; 1032 X-Ray Drive; Gastonia,
NC 28054

Manual CC's:

Chart

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

11/10/2008 - Transcription: Office Visit

Provider: . Interface

Location of Care: WFUP Orthopaedics

Office Visit

Orthopaedic Services

MAIER, HEATHER D

DOB: 08/31/1994

NCBH# 2043001

Visit Date: 11/10/2008

History of Present Illness:

HEATHER D MAIER (14 year old male) returns as scheduled. He is accompanied by his mother. Verbal history is from patient, who is a good historian. Date of last Orthopaedic visit was 10/06/2008.

The patient returns today for followup evaluation. He has been in a short-arm cast since his last visit on 10/6/08.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

None.

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4

Family History

Positive for:

hypertension: mother

diabetes: maternal grandmother

scoliosis: sibling

Negative for: heart disease, Stroke/TIA, cancer

Social History

Marital status: single; Lives: at home; Number in household: 5; Lives with: mother, siblings; Number of siblings: 2

Grade in school: 8

Tobacco Use: never

Alcohol Use: never

Drug Use: never

Objective: Cast was removed today revealing healed surgical wounds. There is no tenderness to palpation. Hardware is palpable but not tender.

Imaging Studies: X-rays obtained today show well healed osteotomy with no change in position.

Assessment:

1. Madelung's deformity, congenital ICD-755.54, onset date: 08/31/1994

Status post correction of Madelung deformity left upper extremity.

Plan: I think he can wean himself off of the brace at this point but should continue to wear it for heavy activity such as outdoor play, skateboarding,

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February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

etc. He intends to have the contralateral right side done but he and his mother have decided they would like to do this during his summer break next year if possible. They will plan to return to see Dr. Koman in the spring and reevaluate at that time and discuss the timing for his next surgery.

A. Today:

Evaluation and Management:

CPT-99024 Post-Op Followup

Provider:

Parks - Open 1940

Subprovider:

Koman - 95

Job# 94566

Dictated by:

Randy A Parks, PA-C

Physician Assistant - Certified

Electronically Authenticated - 12/03/2008

RAP/aa T 11/12/2008 D 11/10/2008 A 12/03/2008 2103900489

Electronic CC's:

Margaret Lubega, MD - First Pediatric Care Ctr; 1032 X-Ray Drive; Gastonia,
NC 28054

Signed before import by .Interface
Filed automatically on 12/03/2008 at 1:36 PM

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

07/08/2009 - Office Visit: Ortho Clinic Return Office Visit

Provider: L Andrew Koman MD

Location of Care: WFUP Orthopaedics

Date of Service: 07/08/2009

History of Present Illness:

HEATHER D MAIER (14 year old male) returns as scheduled. He is accompanied by his grandmother and mother. Verbal history is from patient, who is a good historian, and from mother, who is a good historian. Date of last Orthopaedic visit was 11/10/2008.

Progress:

Patient is worse.

Symptoms and Signs:

Patient reports:

Mild pain.

Patient reports that symptoms come and go; are unchanged; occur only with weight bearing; and does not awaken patient.

Function:

Upper Extremity Functional Impairment: *mild*

Current Status:

Patient is upper extremity independent ADL, ambulatory without aids.

Review of Systems

Positive for: musculoskeletal (see HPI)

Negative for: Eye, ENT, CV, GU, NEU, GI, SK, HEM, END, PSY, RS and CON

Have You ever had cancer? no.

Are you diabetic? no.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

ZYRTEC CHILDRENS ALLERGY CHEW (CETIRIZINE HCL CHEW)

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4

Family History

Positive for:

hypertension: mother
diabetes: maternal grandmother
scoliosis: sibling

Negative for: heart disease, Stroke/TIA, cancer

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February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Social History

Marital status: single; Lives: at home; Number in household: 5; Lives with: mother, siblings; Number of siblings: 2
Grade in school: 8
Tobacco Use: never
Alcohol Use: never
Drug Use: never

Vital Signs

Weight: 45.9 kg (101.19 lb) **Z-score: -1.11** **pctile: 13** **prev: 42.7 kg (94.14 lb)** Gain: 3.20 kg. (7.05 lb.)
Temperature: 98.2
Respirations: 18

PHYSICAL EXAM

General Appearance: small stature

Skin

Inspection: no rashes, lesions, or ulcerations

Neurologic

Sensation: intact to touch

Coordination: normal

Mental Status Exam

Judgment, insight: appropriate for age
Orientation: appropriate for age
Memory: appropriate for age
Mood and affect: appropriate for age

Vascular

Peripheral circulation: warm with good refill and turgor

Lymphatic

Lymphatics: no lymphadenopathy

Gait and Station

Gait: normal

Head, Neck and Cervical Spine

Inspection/Skin: normal

Spine, Ribs and Pelvis

Inspection/Skin: normal

Scar(s): 2 well healed scars.

Range of Motion: There is mild decrease of flexion, and extension.

RIGHT UPPER EXTREMITY

Alignment: ulnar deviation

Scars: none

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February 2, 2010
Page 3
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Palpation/Perussion: no masses, crepitanace, effusion, hyperpathia or allodynia

ROM: normal except as noted below

Stability: all joints stable during active or passive ROM

Motor: normal motor power all motor groups

Vascular: warm with good capillary refill and turgor

Neurologic: normal tone, deep tendon reflexes and coordination

Right Wrist/Hand

ROM: (-30-80)

LEFT UPPER EXTREMITY

Inspection/Apppearance: Dorsal swelling/scar at wrist

Alignment: dorsal mass

Scars: well healed

ROM: good to normal range of motion all joints without pain, subluxation or excessive laxity

Stability: all joints stable during active or passive ROM

Motor: normal motor power all motor groups-- except weakness extensors

Vascular: warm with good capillary refill and turgor

Sensibility: normal sensibility

Special Investigations - Review of Diagnostic Tests

Radiologic Tests: I have personally reviewed plain x-ray images from WFUP/NCBH.

Radiologic Test Results: healed osteotomy left with persitant mild deformity; no hardware complications.

Assessment:

1. Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994

Plan:

A. Discussion/Plan:

will remove hardware and do secondary osteotomy after sept/oct

B. Summary:

add to referring MDs
Derrick blackwell Piedmont Family Practice
733 Stockbridge dr
Fort Mills SC 29708

C. Diagnostic Imaging:

X-ray(s): standard cassette

- a. wrist: left AP + L - *on return*

D. Return to Clinic:

1. RTC september
2. X-rays on Return: yes.

E. Today:

Evaluation and Management:

WFUP Orthopaedics

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February 2, 2010
Page 4
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

CPT-99213 Established Patient

Provider:

Koman MD - 95

Derrick blackwell Piedmont Family Practice
733 Stockbridge dr
Fort Mills SC 29708

Signed by L Andrew Koman MD on 07/08/2009 at 3:04 PM

WFUP Orthopaedics

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336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/16/2009 - Office Visit: PREOP/DOS 11.17.09/H-P/Ortho Clinic Return Office Visit

Provider: L Andrew Koman MD

Location of Care: WFUP Orthopaedics

Date of Service: 09/16/2009

CHIEF COMPLAINT

1. Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994
2. return problem

History of Present Illness:

HUNTER D MAIER (15 year old male) returns as scheduled for routine followup of (1) madelung's deformity, congenital Icd-755.54, onset date: 08/31/1994, and (2) return problem. He is accompanied by his mother. Verbal history is from patient, who is a good historian, and from mother, who is a good historian. Date of last Orthopaedic visit was 07/08/2009.

Progress:

Patient is better.

Symptoms and Signs:

Patient denies: pain and weakness.

Function:

Upper Extremity Functional Impairment: none

Therapy Received (since last visit):

Physical Therapy: none.

Current Status:

Patient is upper extremity independent ADL, ambulatory without aids.

Review of Systems

Positive for: musculoskeletal (see HPI)

Negative for: Eye, ENT, CV, GU, NEU, GI, SK, HEM, END, PSY, RS and CON

Prior Ortho ROS: 07/08/2009

Positive for: musculoskeletal (see HPI)

Negative for: Eye, ENT, CV, GU, NEU, GI, SK, HEM, END, PSY, RS and CON

Have You ever had cancer? no.

Are you diabetic? no.

Past Medical History: (Reviewed and Updated)

Allergies

No Known Allergies.

Medications

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 2
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

ZYRTEC CHILDRENS ALLERGY CHEW (CETIRIZINE HCL CHEW), TESTOSTERONE ENANTHATE
200 MG/ML OIL (TESTOSTERONE ENANTHATE)

Illnesses, Hospitalizations and Non Orthopaedic Surgeries:

Madelung's deformity; congenital ICD-755.54; onset date: 08/13/2008
toxic shock syndrome age 4 **Past Orthopaedic Surgeries:**
Osteotomy radius distal third CPT-25350; performed on: 09/09/2008

Family History**Positive for:**

hypertension; mother
diabetes: maternal grandmother
scoliosis: sibling

Negative for: heart disease, Stroke/TIA, cancer

Social History

Marital status: single; Lives: at home; Number in household: 5; Lives with: mother, siblings; Number of siblings: 2
Grade in school: 9
Tobacco Use: never
Alcohol Use: never
Drug Use: never

Vital Signs

Weight: 47.4 kg (104.50 lb) **Z-score: -1.02 pctlle: 15 prev: 45.9 kg (101.19 lb) Gain: 1.50 kg (3.31 lb.)**
Temperature: 98.1
Respirations: 18

PHYSICAL EXAM**HEENT:****Head**

Appearance: symmetric with no discoloration, masses, tenderness or edema

Eyes

External: rash around eye lids

Pupils: equal, round, reactive to light and accommodation

ENT

External ears: normal, no lesions or deformities

External nose: normal, no lesions or deformities

Hearing: grossly intact

Nasal: mucosa, septum, and turbinates normal

Lips/teeth/gums: normal dentition, no gingival inflammation, no labial lesions

Pharynx: tongue normal, posterior pharynx without erythema or exudate

Throat

Neck: supple, no masses, trachea midline

Thyroid: no nodules, masses, tenderness, or enlargement

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February 2, 2010
Page 3
Chart Document

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Chest/Respiratory

Chest appearance: symmetric without pectus excavatum or pectus carinatum

Respiratory effort: no intercostal retractions or use of accessory muscles

Percussion/Palpation/Auscultation: clear to percussion and auscultation

Heart

Palpation: normal without thrills

Auscultation: normal sinus rhythm without gallops, murmurs or rubs

Gastrointestinal

Abdomen: soft, non-tender, no masses, bowel sounds normal, bladder not distended

Liver and spleen: no enlargement or nodularity

Breasts

Breast inspection: deferred

Breast palpation: deferred

Genitourinary

Scrotum: deferred

Penis: deferred

Prostate: deferred

General Appearance: well nourished, well hydrated, no acute distress, appropriate for age. rash small stature

Limb Deformity: upper extremity deformities

Skin

Inspection: well-healed scars; eczema

Neurologic

Cranial nerves: II - XII grossly intact

Reflexes: 2+, symmetric, no pathological reflexes

Sensation: intact to touch

Coordination: normal

Mental Status Exam

Judgment, insight: appropriate for age

Orientation: appropriate for age

Memory: appropriate for age

Mood and affect: appropriate for age

Vascular

Peripheral circulation: warm with good refill and turgor

Lymphatic

Lymphatics: no lymphadenopathy

Gait and Station

Gait: Normal heel-toe gait without external support, limp or deformity; normal foot progression angle.
Station: Pelvis level with equal leg lengths.

Head, Neck and Cervical Spine

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February 2, 2010
Page 4
Chart Document

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Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

Inspection/Skin: normocephalic, normal cervical contour

Palpation/Percussion: no masses or tenderness

ROM: full range of motion; able to touch chin to chest, full cervical extension and symmetrical rotation greater than 60 degrees; side bending greater than 20 degrees

Stability: stable during active or passive ROM

Motor: normal power all groups

Spine, Ribs and Pelvis

Inspection/Skin: normal alignment, contour and symmetry without scoliosis, increased lordosis or increased kyphosis

Palpation/Percussion: without masses or tenderness

ROM: full range of motion including flexion, extension and rotation

Stability: stable

Motor: all motor groups functioning and good to normal

Right Upper Extremity:

RIGHT UPPER EXTREMITY

Alignment: ulnar deviation

Scars: none

Palpation/Percussion: no masses, crepitation, effusion, hyperpathia or allodynia
ROM: normal except as noted below

Stability: all joints stable during active or passive ROM

Motor: normal motor power all motor groups

Vascular: warm with good capillary refill and turgor

Neurologic: normal tone, deep tendon reflexes and coordination
ROM: (-30-80)

Right Lower Extremity:

Normal and symmetric appearance without rashes or ulcerations; normal skeletal alignment without deformity; no scars, masses, crepitation, effusion, hyperpathia or allodynia; good to normal range of motion all joints without pain, subluxation or excessive laxity; all joints stable during active or passive ROM; normal motor power all motor groups; warm with good capillary refill and turgor; normal sensibility without lymphadenopathy; normal tone and deep tendon reflexes. Normal coordination.

Left Upper Extremity:

Inspection/Appearance: Dorsal swelling/scar at wrist

Alignment: dorsal mass

Scars: well healed

ROM: good to normal range of motion all joints without pain, subluxation or excessive laxity

Stability: all joints stable during active or passive ROM

Motor: normal motor power all motor groups-- except weakness extensors

Vascular: warm with good capillary refill and turgor

Sensibility: normal sensibility

Left Lower Extremity: Normal and symmetric appearance without rashes or ulcerations; normal skeletal alignment without deformity; no scars, masses, crepitation, effusion, hyperpathia or allodynia; good to normal range of motion all joints without pain, subluxation or excessive laxity; all joints stable during active or passive ROM; normal motor power all motor groups; warm with good capillary refill and turgor; normal sensibility without lymphadenopathy; normal tone and deep tendon reflexes. Normal coordination.

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)**Special Investigations - Review of Diagnostic Tests****Radiologic Tests:** I have personally reviewed plain x-ray images from WFUP/NCBH, and plain x-ray reports from WFUP/NCBH.**Radiologic Test Results:** no hardware failure: CONCLUSIONS:

1. Redemonstration of sideplate with multiple screws and distal radial plate fixation devices are in place for stabilization.

Interval healing of osteotomies of the distal left radius and ulna.

Patient is known to case of Madelung's deformity. Alignment of the osteotomy sites

is stable in the interval. Volar angulation of the distal radius

persists. Alignment of the carpus is stable.

Assessment:

1. Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994

Plan:**A. Summary:**

scheduled surgery; patient will call for the date time frame they wish

B. Surgery:

1. Osteotomy, distal radius, on volar side left with internal fixation CPT-25350
2. Implant removal, deep, left radius , CPT-20680

Diagnosis:

1. Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994

The procedure(s) are explained to the mother, including the risks and potential complications: nerve injury, vessel injury, infection, failure to achieve desired results, possible need for additional surgery, hardware complications and cast, splint, soreness; and/or other.

The risk of the procedure(s) is moderate. The option of doing nothing exists, and the risks and potential complications of this include: deterioration and deformity. The alternatives to doing nothing include: chronic analgesics, non-steroidals and physical or occupational therapy, and their potential complications include: nerve injury, vessel injury, infection, failure to achieve desired results and possible need for additional surgery.

C. Surgical Scheduling:

Length of procedure: 1.5 hours

Admission type: day hospital

Location of surgery: pediatric OR

Anesthesia: general.

Preop antibiotics: Yes. Antibiotic and dosage: cephalozolin appropriate for wt.

Anesthesia pre-op: day of surgery.

History and physical: done.

Pain management: with above surgery, pain protocol.

D. Surgical Equipment Needs:

1. Basic equipment:
 - a. C-arm

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February 2, 2010
Page 6
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

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Ins: MEDICAID (NOLAN)

2. Other equipment: osteotomes; microsagittal saw; drill for removal of hardware, synthes volar plate
3. OR table: standard
4. Position: supine

E. Post Operative Care:

1. Return to clinic in 2 weeks to see PA/NP.

F. Today:**Evaluation and Management:**

CPT-99214 Established Patient

Provider:

Koman MD - 95

G. Encounter Return For:

Madelung's deformity; congenital ICD-755.54; onset date: 08/31/1994

Printed Handout: - Surgery Scheduler - September 16, 2009 3:54 PM
Printed Handout: - Informed Consent - September 16, 2009 3:54 PM
Printed Handout: - Blood Consent - September 16, 2009 3:54 PM
Printed Handout: - Surgery Scheduler - September 16, 2009 3:59 PM
Printed Handout: - Informed Consent - September 16, 2009 3:59 PM
Printed Handout: - Blood Consent - September 16, 2009 3:59 PM

Electronic CC's:

Lubega, Margaret
First Pediatric Care Ctr
1032 X-Ray Drive
Gastonia, Nc 28054

Signed by L Andrew Koman MD on 09/16/2009 at 4:00 PM

WFUP Orthopaedics

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336-716-8200 Fax: 336-716-8201

February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/09/2008 - Imaging Report: Radiology - DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE

Provider: .Interface

Location of Care: Ambulatory Surgery

This document contains external references

Radiology - DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE
DOCUMENT NUMBER: 172242358

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: KOMAN,L ANDREW

DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE , Sep 9, 2008 9:06:00 AM

INDICATION: CONGENITAL MADELUNG'S DEFORMITY AMBS OR VISIT #
00260502Lt Wrist OR 36

COMPARISON: Outside study of 5/14/2008

FINDINGS:

. Series of intraoperative films demonstrate patient is status post ulnar shortening via osteotomy with screw-plate fixation of the osteotomy site and osteotomy at the distal humerus humeral metaphysis. This is also been curative position by screw-plate fixation. A more normal appearance to the wrist is now demonstrated..

Interpreting Provider: SPECTER, BARBARA - Approving Provider: SPECTER, BARBARA
Signing Provider: SPECTER, BARBARA

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

Signed before import by .Interface

Filed automatically on 09/09/2008 at 11:55 AM

WFUP Orthopaedics

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103
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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/09/2008 - Imaging Report: Radiology - DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE

Provider: .Interface

Location of Care: Ambulatory Surgery

This document contains external references

Radiology - DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE
DOCUMENT NUMBER: 172251751

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: DEAL, DYLAN NICOLE

DI WRIST LEFT MINIMUM 3 VIEWS PORTABLE , Sep 9, 2008 10:09:00 AM

INDICATION: CONGENITAL MADELUNG'S DEFORMITY AMBS OR VISIT #
00260502999.9 s/p osteotomy
COMPARISON: 9/9/2008

FINDINGS:

- Soft tissues: status post placement of plaster cast
- Bones and Joint: Normal mineralization.
 - Status post osteotomies of the distal ulnar radius and ulna. There has been no change in bony alignment post screw-plate fixation of both the ulna and radius. The previously noted Madelung's deformity has been corrected.

*****CONCLUSION*****

Status post correction of Madelung's deformity with osteotomies of distal radius and ulna.

Interpreting Provider: SPECTER, BARBARA - Approving Provider: SPECTER, BARBARA
Signing Provider: SPECTER, BARBARA

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

Signed before import by .Interface
Filed automatically on 09/09/2008 at 11:56 AM

WFUP Orthopaedics

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

10/06/2008 - Imaging Report: Radiology - DI WRIST LEFT 2 VIEWS

Provider: . Interface

Location of Care: WFUP Orthopaedics

This document contains external references

Radiology - DI WRIST LEFT 2 VIEWS

DOCUMENT NUMBER: 173816296

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: PARKS,RANDAL ALEXANDER

DI WRIST LEFT 2 VIEWS, Oct 6, 2008 4:18:00 PM

INDICATION: Follow-up osteotomies.

COMPARISON: 9/9/2008

FINDINGS:

Interval removal of forearm cast. Increased bony bridging at distal ulnar diaphyseal and radial metaphyseal osteotomies status post ORIF. No evidence for hardware complications. There remains ventral shift of the wrist related to angulation of the radial metaphysis centered at the radius osteotomy. Disuse osteopenia.

*****CONCLUSION*****

Healing radius and ulna osteotomies with unchanged wrist alignment in the post operative period.

I have personally reviewed the procedure note and/or have reviewed and interpreted this image/images.

Interpreting Provider: MATTEERN,MATTHEW - Approving Provider:ANTHONY,EVELYN
Signing Provider: ANTHONY,EVELYN

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image

Comment: Scanned Image

Signed before import by . Interface

Filed automatically on 10/06/2008 at 9:35 PM

WFUP Orthopaedics

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

11/10/2008 - Imaging Report: Radiology - DI FOREARM LEFT

Provider: .Interface

Location of Care: WFUP Orthopaedics

This document contains external references

Radiology - DI FOREARM LEFT
DOCUMENT NUMBER: 175693822

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: PARKS, RANDAL ALEXANDER

DI FOREARM LEFT, Nov 10, 2008 2:05:00 PM

INDICATION: 3-4 WK FU LT DISTAL AND ULNA
COMPARISON: 10/6/2008

CONCLUSION:

1. Redemonstrated sideplate and screws, transfixing radial metaphyseal, ulnar diaphyseal, status post osteotomy open reduction and internal fixation. There has been increased bridging at the osteotomy site. No hardware complication.
2. Redemonstration of ventral angulation of the wrist.
3. Disuse osteopenia is seen again.

Interpreting Provider: HEMAL, UPMA - Approving Provider: HEMAL, UPMA
Signing Provider: HEMAL, UPMA

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

Signed before import by .Interface
Filed automatically on 11/10/2008 at 2:19 PM

WFUP Orthopaedics

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MIRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

07/08/2009 - Imaging Report: Radiology - DI WRIST BILATERAL 2 VIEWS

Provider: .Interface

Location of Care: WFUP Orthopaedics

This document contains external references

Radiology - DI WRIST BILATERAL 2 VIEWS
DOCUMENT NUMBER: 188831969

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: KOMAN MD, L ANDREW

DI WRIST BILATERAL 2 VIEWS, Jul 8, 2009 2:23:00 PM

INDICATION: Madelungs deformity.

COMPARISON: Two views left wrist, 10/6/2008.

CONCLUSIONS:

Left: Plate and screw fixation devices are in place for stabilization of healed osteotomies of the distal left radius and ulna in patient with history of Madelungs deformity. Alignment of the osteotomy sites is stable in the interval. Volar angulation of the distal radius persists. The distal ulna is bowed dorsally. Alignment of the carpus is stable.

Right: Configuration of the distal right radius and ulna is unchanged from prior exam, including prominent sloping of the distal radial and ulnar articular surfaces and volar angulation of the distal radius. No acute bony abnormality is evident.

Interpreting Provider: ANTHONY MD, EVELYN YOUNG - Approving Provider: ANTHONY MD, YOUNG YOUNG

Signing Provider: ANTHONY MD, EVELYN YOUNG

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

Signed before import by .Interface
Filed automatically on 07/13/2009 at 12:13 PM

WFUP Orthopaedics

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February 2, 2010
Page 1
Chart Document

MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001
Ins: MEDICAID (NOPLAN)

09/16/2009 - Imaging Report: Radiology - DI WRIST LEFT 2 VIEWS

Provider: . Interface

Location of Care: WFUP Orthopaedics

This document contains external references

Radiology - DI WRIST LEFT 2 VIEWS
DOCUMENT NUMBER: 192627784

Final This report has been reviewed by a faculty radiologist.

Performed at North Carolina Baptist Hospital

Requesting Provider: KOMAN MD,L ANDREW

DI WRIST LEFT 2 VIEWS, Sep 16, 2009 2:52:00 PM

INDICATION: Followup left wrist deformity, mad lung deformity
COMPARISON: 7/8/2009

CONCLUSIONS:

1. Redemonstration of sideplate with multiple screws and distal radial plate fixation devices are in place for stabilization. Interval healing of osteotomies of the distal left radius and ulna. Patient is known to case of Madelung's deformity. Alignment of the osteotomy sites
is stable in the interval. Volar angulation of the distal radius persists. Alignment of the carpus is stable.

2. .

3. .

4. .

5. .

Interpreting Provider: HEMAL MD, UPMA - Approving Provider: HEMAL MD,
Signing Provider: HEMAL MD, UPMA

Final This report has been reviewed by a faculty radiologist.

External Attachment:

Type: Image
Comment: Scanned Image

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Filed automatically on 09/16/2009 at 3:14 PM

Sep 11 08 08154a

Orthopaedic Department

336 716 0977

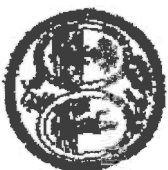
P. 1

09/08/2008 09:49

803-255-8255

DHS PHYSICIANS SAsS

PAGE 02/02



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Ernest Fordice
Director

September 8, 2008

Dr. Andrew Komar
Dept. of Orthopedic Surgery
Wake Forest University
Winston Salem, NC 27157

Recipient Name: Heather "Hunter" Maier
SC Medicaid ID: 8532275303

Diagnosis Code(s): 735.54
Procedure Code(s): office consultation,
25365, 20690, follow up visits

DOS: 10/13/08 (surgery consultation), September 2008 (surgery)
follow-up visits thru February 2009

Dear Provider:

The above named recipient has been referred to you. This letter serves as verification approval for the above listed diagnosis and procedures in reference to the recipient above. Approval must be obtained for additional services.

All providers submitting claims for reimbursement must be credentialled with South Carolina Medicaid. Claims must be processed and paid within one year from the date of service. Please call me at (803) 898-2660, if you have any further questions. Your participation in the SC Medicaid program is greatly appreciated.

Sincerely,

Maddie Koger-Boyd
Maddie Koger-Boyd, MHA
Program Manager

Enclosures

This approval letter is good for the above date(s) and service(s) and depends upon the Medicaid eligibility of the above individual. To verify Medicaid eligibility, you will need to contact the Medicaid Interactive Voice Response System (IVRS) @ 1-888-609-3040.

Please attach a copy of this letter to all claims submitted to SC Medicaid for reimbursement.

Division of Physician Services
P.O. Box 8208 • Columbia, South Carolina 29202-8208
Phone: (803) 898-2690 • Fax: (803) 255-8255



Wake Forest University Baptist
MEDICAL CENTER

RECEIVED

MAR 11 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

ORTHOPAEDIC DEPARTMENT
4th FLOOR, WATLINGTON HALL
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

To: Felicity Myers
SC Medicaid

Fax To: 803-255-8235
Tele: 803-898-2501

From: Judy Neese
For Dr. L. Andrew Korman

Telephone # (336) 716-4064
Fax # (336) 716-0977

Date: 3/8/2010

Number of Pages: 1

Ref Log # 329

Subject: Hunter Maier

Elig.#8532275303

DOB: 8/31/1994

Approval for April 1, 2010 Surgery

Message:

1. Dr. Malaka Jackson's office faxed both the "Referral Request Form for Out-of-State Services-Referring Physician" and the "Referral Request Form for Out-of-State Services-Out of State Provider" forms to Martha Mitchell on 3/1/2010.
2. So Ms. Mitchell should now have all paperwork needed to complete the approval for surgery.
3. My understanding is that Ms. Mitchell will be contacting Diane Orrell at 336-716-9363 with the approval information.
3. Would it be possible to get a letter of approval for the surgery? Please fax to 336-716-0977

The information contained in this facsimile is privileged and confidential information intended for the sole use of the addressee. If the reader of this facsimile is not the intended recipient, or the employee of agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution of copying of this communication is strictly prohibited. If you have received this FAX in error, please notify the person listed above, and return the original message by mail to the sender at the following address:

Department of Orthopaedic Surgery, Wake Forest University Baptist Medical Center, Medical Center Blvd., 4th Floor
Watlinton Hall, Winston Salem, NC 27157