

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 <b>4011329</b>	<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 <u><i>2-17-10</i></u> DATE DUE _____
<i>Will do verbally on Felicity on 3/11/10, see attached.</i>	<input type="checkbox"/> Necessary Action DATE DUE _____

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

*2/5/10 Agree to the agreement to approve the request for procedure*

*[Signature]*

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 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,



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.scdhhs.gov](http://www.scdhhs.gov)

**Referral Request Form for  
 Out-of-State Services**

**BENEFICIARY INFORMATION**

NAME: Hunter Majer  
 SC MEDICAID ID#: 853 227 5303 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 #: 853 227 5303

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

CONDITION REQUIRING TREATMENT: labirine deformity

DIAGNOSIS CODE (S): 755.54

PROCEDURE CODE (S): 753350 / 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 Preventive and Ancillary Health Services at (803) 398-2565 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 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 OF REFERRING PHYSICIAN \_\_\_\_\_ DATE 11/16/09

South Carolina  
Department of Health and Human Services  
P O Box 8206  
Columbia, South Carolina 29202-8206  
[www.scdhhs.gov](http://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#: 331-716-8084 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.

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

**WFUP Orthopaedics**

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

February 2, 2010

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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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**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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### **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, 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

## WFUP Orthopaedics

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### MAIER, HUNTER

15 Years Old Male DOB: 08/31/1994

MRN: 0022043001

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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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:**

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Lubega, Margaret

---

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

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**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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**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 I. Andrew Koman, M.D.

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

Manual CC's :

I. Andrew Koman, M.D. - Orthopaedics

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

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**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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**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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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  
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**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:

L1 - 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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**MAIER, HUNTER**

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

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

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**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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**MAIER, HUNTER**

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

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

-----  
Electronic CC's:

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

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Manual CC's:

Chart

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**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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**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:

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

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**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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**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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**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:**

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**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

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## WFUP Orthopaedics

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### 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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### 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 **pctlile:** 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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**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/Perussion:** 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/Perussion:** 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/Perussion:** 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/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

**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**

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

February 2, 2010  
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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, syntheses 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

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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: 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**

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**WFUP Orthopaedics**

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

February 2, 2010  
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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**

Wake Forest Baptist Med Ctr 131 Miller Street Winston-Salem, NC 27103  
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February 2, 2010  
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**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,EVELLYN  
Signing Provider: ANTHONY,EVELLYN

\*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**

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)

**1/11/0/2008 - 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 LR 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  
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February 2, 2010  
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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: 0020043001

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**

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State of South Carolina  
Department of Health and Human Services

Mart Seland  
Governor

Ernan Fortuna  
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): 755.54  
Procedure Code(s): office consultation,  
25365,20690, follow up visits

DOB: 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



Log # 329 ✓

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.

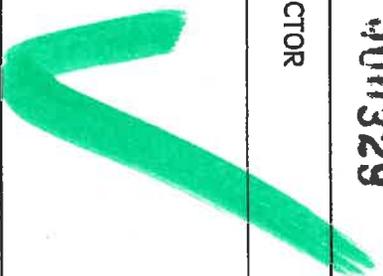
Sincerely,

  
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>
--------------------	-----------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>4011329</b>	<input type="checkbox"/> 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

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

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 N.C. 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,



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.scdhhs.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 904-678-4724 cell

**REFERRING PHYSICIAN**

NAME: Malaka 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: labrium deformity

DIAGNOSIS CODE (S): I55.54

PROCEDURE CODE (S): 75350 / 80680.

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 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](http://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#: 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  
Chart Document

**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 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**

**WFUP Orthopaedics**

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

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**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, 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.

**Left Upper Extremity:**

**Inspection/Appearance:** exzema  
**Alignment:** abnormal with wrist deformity  
**Scars:** none  
**Palpation/Perussion:** no masses, crepitation, 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, 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.

**RIGHT UPPER EXTREMITY**

**Inspection/Appearance:** exzema  
**Alignment:** abnormal with wrist deformity  
**Scars:** none  
**Palpation/Perussion:** no masses, crepitation, 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

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February 2, 2010

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### 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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**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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**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: 8PPDA-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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**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**

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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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**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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**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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**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 Iubega, 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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**MAIER, HUNTER**

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

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

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**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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**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:

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Chart

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**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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**MAIER, HUNTER**

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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

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

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**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

## **WFUP Orthopaedics**

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February 2, 2010  
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### **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**

Periphera**l** 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

**WFUP Orthopaedics**

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

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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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**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

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

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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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**MAIER, HUNTER**

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

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

ZYRTEC CHILDRENS ALLERGY CHEW (CETIRIZINE HCL CHEW), TESTOSTERONE ENANTHATE  
200 MG/MIL 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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**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**

**WFUP Orthopaedics**

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**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/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.

**WFUP Orthopaedics**

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**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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**MAIER, HUNTER**

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

Home: (803)962-2001  
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

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**WFUP Orthopaedics**

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

February 2, 2010  
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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, J 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.

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**External Attachment:**

Type: Image  
Comment: Scanned Image

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

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**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: 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  
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February 2, 2010  
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**MAIER, HUNTER**

15 Years Old Male DOB: 08/31/1994

MRN: 002043001

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

**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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February 2, 2010  
Page 1  
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**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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336-716-8200 Fax: 336-716-8201

February 2, 2010  
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**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, I 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.

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External Attachment:

Type: Image  
Comment: Scanned Image

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

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**WFUP Orthopaedics**

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February 2, 2010  
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**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

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State of North Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Erna Fodora  
Director

September 8, 2008

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

Recipient Name: Heather "Hunter" Meier  
SC Medicaid ID: 8332275303

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 North 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 29302-8208  
Phone: (803) 898-2680 • Fax: (803) 255-6255



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

*Ref Log # 329*

Number of Pages: 1

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

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