

This is a South Carolina Government Corruption and Ethic violation. You have 4 commissioners that did not take the time to read any of the evidence or listen. It was a set up the whole time.

1. Dr. Lamotta lied about the MRI intentionally so he could get me into court. He has no proof of a MRI.
2. I asked the Commissioners to ask the lawyers of the insurance company to show proof of the MRI... they could not!
3. Commissioner Aisha Taylor and insurance company lawyer S. LeAnne McCormack are best friends. Is that not a conflict of interest? Is that not an ethic violation?
4. I asked T. Scott Beck Chairman of the commissioners to ask about the MRI. He asked the attorney and he did not have anything to show any evidence of it. T. Scott Beck looked at me and just smiled.
5. Go over any of the paperwork in the files and you would see the MRI never happened. I was waiting on the MRI and somehow ended up in court for something that never happened.
6. We the people get hurt, and they get paid!

South Carolina Workers Compensation Commission

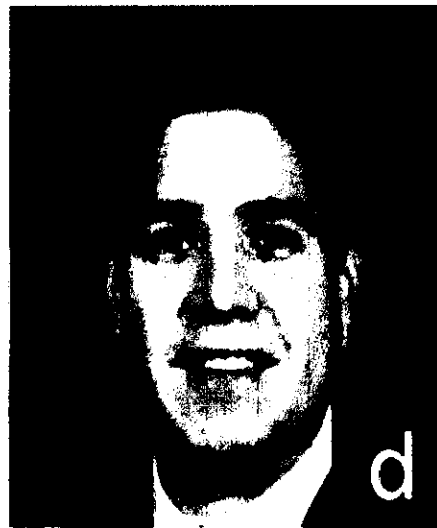
The Workers Compensation Commission is responsible for administering the workers compensation law in South Carolina. The commission works closely with the Governor, the General Assembly, and the commission's many constituents to ensure that the workers' compensation system is fair, equitable, and responsive to the needs of the citizens of South Carolina.

T. Scott Beck

Chairman



Ivan E. Lamotta



Aisha Taylor



Avery B. Wilkerson, Jr.



Andrea C. Roche





Physician's Statement

Claimant's Name: Russell Goodwin

Physician's Name: Ivan E. LaMotta

Practice/Clinic: Midlands Orthopaedics

Preparer's Name: _____

Phone: () _____

Employer's Name: Employbridge dba Prologistix

Insurance Carrier: American Casualty Company of Reading PA

SCWCC File No: 1108188

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: July 5, 2011

Date of first office visit: 12/13/11

Date of last visit: 9/27/12

Diagnosis or nature of injury or illness: neck pain

Body part(s) injured: cervical spine

Body part(s) affected: neck / arms

Date of Maximum Medical Improvement: 9/27/12

Based on the AMA Guidelines, the claimant has sustained a 25 % medical impairment to wpi injured body part(s) and a 71 % medical impairment to cervical spine other affected body part(s).

☐ The claimant is able to return to work without restriction.

☒ The claimant is able to return to work with the following restrictions:

no lifting > 50 lbs

☐ The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

☐ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

☐ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Treating Physician, Ivan E. LaMotta, M.D.

Date

9/07



SOUTH CAROLINA DIAGNOSTIC IMAGING

Palmetto Imaging Downtown
1331 Lady Street, Columbia, SC 29201
p: (803) 256-7646 f: (803) 256-8046

PATIENT: GOODWIN, RUSSELL
DOB: 05/20/1966
MRN: 1007603
PHONE: 803-479-1685 (Home)
PHYSICIAN: GISELE J GIRAULT, MD
EXAM DATE: 08/13/2014

EXAM: MR-Cervical Spine With and Without Contrast

REASON FOR EXAM: Postlaminectomy syndrome, cervical region, Cervical spondylosis without myelopathy,

TECHNIQUE: The following sequences were obtained on a GE 1.5 Tesla magnet: Sagittal T1, T2, T2 with fat saturation, axial gradient and T2 sagittal and axial T1 after gadolinium administration patient was administered 9 mL of Gadavist. Creatinine 0.9. Calculate GFR of 116.

FINDINGS: There are no prior studies available for correlation. There is evidence of discectomy and fusion with hardware anteriorly at C6-7. The cervical cord appears normal. The cervicomedullary junction appears normal with no evidence of tonsillar ectopia. There is no cord injury, gliosis or expansion. There is no abnormal enhancement in or around the cord. There is minimal posterior bulging of the C7-T1 disc without significant stenosis. There is loss of disc height without stenosis at C5-6. The C4-5 disc is well maintained. There is no significant disc bulge or stenosis at C2-3 or C3-4. There is incidental note of opacified left maxillary sinus with mucoperiosteal thickening in the right maxillary sinus. There is a small enhancing annular tear without stenosis at T1-2.

CONCLUSION:

1. Discectomy and fusion C6-7.
2. Disc bulge C7-T1.
3. Enhancing annular tear T1-2 without stenosis.
4. Mucoperiosteal thickening in the maxillary sinus.

Robin Daum Kowalski, MD

RD/jg

DD:

DT: 08/13/2014 05:48 P

Accession#: 08-1899216 VS#: 111019194 CS#: 941770

CC:

Electronically Signed and Reviewed by Robin Daum Kowalski, MD 08/14/2014 09:08 A

1108188

Emergency Dept

GOODWIN, RUSSELL WENDELL - R002978350

cervical stenosis, which has been documented on previous MR; post surgical changes from a previous neck surgery; migraine, although this is less favored given the lack of nausea, photophobia, and aura; and a chronic tension headache. Occipital neuralgia is also within the differential, although not entirely consistent with the history. At this point, an extensive workup is likely not indicated given that he does not have a current emergent abnormality, and he has also been referred to a neurologist and has been undergoing evaluations prior to this visit. However, he has not had a CT of his head for possible intracranial abnormality. Therefore, we will obtain this.

LABORATORY DATA: CT of the head shows no acute intracranial abnormality or fracture.

EMERGENCY DEPARTMENT COURSE: I examined the patient immediately upon arrival in the green zone. He had multiple complaints, chief of which was neck pain and headache, as above. The differential is somewhat broad at this point. However, much of the workup will be deferred to his outpatient neurologist. At this point, he has no signs, symptoms, or clinical history consistent with an emergent abnormality. He has not had significant sensation, strength, or any neurologic compromise from this pain, and there was no abnormality on head CT. Therefore, he will be given a low dose of Valium 2 mg in the emergency department and given 10 more Valium until he can follow up with his primary care provider for further management of this. Further, he has an outpatient referral to Neurology pending, and that workup is ongoing. I encouraged him to follow up with this as he has not done so in the past.

DISCHARGE DIAGNOSES:

- 1. Chronic neck pain.
- 2. Headaches, possible occipital neuralgia
- 3. Cervical strain.
- 4. Possible cervical stenosis, seen on MR.
- 5. History of neck surgery.

DISPOSITION: The patient will be discharged home with the above followup with outpatient neurology within 1 week.

The attending physician was present and available for this encounter.

D: 09/08/2013 19:23 E: 09/08/2013 19:23 TID: 420059

Job #: 08573 Doc #: 30232799

cc: Keith Barron, MD-R

cc: William H. Richardson, MD

I was present with the resident during the history and exam. I discussed the case with the

Printed by: Coleman, Lakeisha K
Printed on: 09/12/13 13:51

Page 3 of 4
(Continued)



Claimant's Name: Russell Goodwin

Employer's Name: Empioybridge dba Prologistix

Address: P.O. Box 764

Address: 3740 Fernandina Road

City: Eastover State: SC Zip: 29044

City: Columbia State: SC Zip: 29210

Home Phone: (803) 600-7308 Work Phone: _____

Carrier: American Casualty Company of Reading PA

Preparer's Name: S. LeAnne McCormack, Attorney for Defendants

Preparer's Phone #: (803) 227-2880

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$224.55 2. AWW: \$336.83 Date of Injury: July 5, 2011
3. Type of injury and body part(s): Neck
4. Facts in controversy: Whether the Defendants may stop payment of Claimant's TTD benefits? Whether the Claimant is entitled to permanent partial benefits to his neck? Whether the Defendants are entitled to a credit for overpayment of temporary total disability benefits from the date of MMI?
5. Legal issues involved: § 42-9-30; Curiel vs. Environmental Management Services; Shealy vs. Algernon Blair, Inc. 250 S.C. 106 and other applicable statutes, regulations, and case law.
6. Unusual aspects: Defendants reserve the right to and may move to either postpone or adjourn the scheduled hearing to exercise due process rights afforded by law to cross examine, respond to, and otherwise oppose evidence presented by the Claimant; Claimant has retained and fired two attorneys. He is now Pro Se.
7. Witnesses (designate if expert):* Employer Representative(s). See No. 6 above.
8. Exhibits: Deposition of Claimant; de bene esse Deposition of Dr. LaMotta
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: Dr. Ivan E. LaMotta with Midlands Orthopaedics
11. Impairment rating(s); body part(s); physician and date of opinion: 25% whole person impairment rating by Dr. LaMotta on February 22, 2013
12. I am amending my Form 50/51 in the following manner: N/A

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: _____

S. LeAnne McCormack, Willson Jones Carter & Baxley, P.A.

Email: slmccormack@wjlaw.net

Date of hearing: June 12, 2013

Time needed for hearing: 30 minutes

On behalf of ☐ Claimant ☒ Employer

I certify that I have served this document pursuant to R.67-211 by delivering a copy to RUSSELL GOODWIN,

Name

P. O. Box 764, Eastover, SC 29044; and The Honorable Aisha G. Taylor, SC WCC, P. O. Box 1715, Columbia, SC 29202-1715

Address

on the 24th day of May, 2013 by ☒ first class mail; ☐ personal service; ☐ certified mail.

Tessa W. Campbell
Tessa W. Campbell, Certifier

May 24, 2013

Date

File this form and proof of service on the opposing party according to R.67-611. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WCC File #: 1108188
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Russell Goodwin SSN: 250-352184 Employer's Name: Employbridge dba Prc Driver
Address: P.O. Box 764 Address: 3740 Fernandina Road
City: EASTOVER State: SC Zip: 29044 City: Columbia State: SC Zip: 29210
Home Phone: (803) 400-1308 Work Phone: () Insurance Carrier: American Casualty Company of
Preparer's Name: Russell Goodwin Law Firm: _____ Preparer's Phone #: (803) 400-1308

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: 7/5/11

☒ Injury ☐ Illness ☐ Repetitive Trauma

1a. The claimant sustained an injury to NECK (Part(s) of Body Injured) ON 7/5/11 (Month/Day/Year) in Charleston County, State of SC.

1b. Body part(s) affected are: Arms, legs, neck, nerves, throat etc.
Briefly describe how the accident occurred: 2-300 lbs of boxes fell on me

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury. yes

3. The relationship of employer and employee existed at the time of injury. normal

4. At the time of the injury the claimant was performing services arising out of and in the course of employment. yes

5. Notice of the accidental injury was given to the Employer on 7/5/11 (Month/Day/Year) in the following manner:

called and went to the office and told them what happened

☒ 6. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: _____

☒ (b) additional medical examination and treatment for: arms, legs, neck, nerves throat etc.

☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:

7/5/11 - NOW

☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability:

☒ Total

☐ (2) Specific Disability:

☐ Total

☐ (3) Wage Loss

☐ Partial

☐ Partial

☒ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

arms, legs, neck, nerves, throat etc.

10a. At the time of the injury, the Claimant was paid weekly wages of \$450, and demands accounting of hours worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: N/A

11a. Further grounds or unusual aspects of claim: _____

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:

see previously submitted apa document and doctors at MEDICARE garners fees

11c. To the best of your knowledge, did you have any prior permanent disability? NO

If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☒ 13a. I am filing a claim. I am not requesting a hearing at this time.

☐ 13b. I am requesting a hearing. A \$25 fee is required.

14. Estimated time needed for hearing: _____

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature _____

Title _____

Email _____

Date _____

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50

Revised 9/07

50

Employee's Notice of Claim and/or
Request for Hearing

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675



WCC File #: 1105188
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: RUSSELL GOODWIN SSN: 250-38 8-86 Employer's Name: _____
Address: P.O. BOX 714 Address: _____
City: EASTOVER State: SC Zip: 29044 City: _____ State: _____ Zip: _____
Home Phone: 803-600-7308 Work Phone: _____ Insurance Carrier: _____
Preparer's Name: RUSSELL GOODWIN Law Firm: _____ Preparer's Phone #: _____

DIRECTIONS: Please print or type. Answer the following questions about your claim to the best of your ability. If you cannot answer a question, leave it blank. Use additional sheets of paper, if necessary. Please use short statements.

Questions

Did the Commissioner fail to consider important reasons for award of compensation? If so, what reasons? I think she did not take the time to read my medical report. She did not read the report about the bulging disk until after the surgery.

Did the Commissioner incorrectly decide the facts? If so, what facts? Dr Dye told Dr. Lamotta that it would create more bulging disk and other problems. Dr. Dye is a neurosurgeon.

Do you think the Commissioner applied the wrong law? If so, what law? I feel that she did not apply any law, but friendship and political reason.

Do you feel there are any other reasons why the Commissioner's judgment was wrong? If so, what? She has overwhelming evidents and facts which I will attach to the paperwork.

What action do you want the Commission to take in this case? Read all the evidents start my pay back and get me help as soon as possible. Show evidents of all dr appts that was made after the surgery. Continued on separate paper

[Signature]
Signature

10-3-13

RECEIVED
OCT 03 2013
(FROM [illegible])
SC Workers' Comp

IMPORTANT: A copy of this Brief and any attachments must be filed with the Commission within 30 days of receipt of the Review Hearing Notice, Form 31. The Commission will serve your Brief on the employer's representative. Questions about the use of this form may be directed to the Commission's Judicial Department.

GOODWIN, RUSSELL (id #635488, dob: 05/20/1965)

MIDLANDS

orthopaedics, p.a.

Advanced Options. Skilled Specialists.

Phone: (803) 256-4107 • www.midlandsortho.com • Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Russell Goodwin

DATE OF BIRTH: 05/20/1965

PROVIDER'S NAME: IVAN E. LAMOTTA, MD

CARRIER: GALLAGHER BASSETT

WC CLAIM#: 001196-006729-WC-01

DX CODE(S) & DESCRIPTION: 722.4, 723.1, 723.2

ACCOUNT: 635488

EMPLOYER: PRO DRIVERS

~~DOB: 05/20/1965~~

DOA: 07/05/2011

WORK STATUS:

- ☐ Regular duty as of _____ with no restrictions.
- ☐ Light duty as of _____ with restrictions.
(availability of light duty is determined by the employer, not the physician)
- ☒ Remain out of work until next appt 10/04/12 @ 8:15.
- ☐ Part time (whether regular duty or light duty)
- ☐ Full time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> No kneeling, squatting, crawling |
| <input type="checkbox"/> No walking | <input type="checkbox"/> Pushing or pulling limit ____ (lbs) |
| <input type="checkbox"/> No climbing | <input type="checkbox"/> Lifting and carrying limit ____ (lbs) |
| <input type="checkbox"/> No standing | <input type="checkbox"/> Sedentary duties only |
| <input type="checkbox"/> No prolonged standing | <input type="checkbox"/> No overhead work |
| <input type="checkbox"/> No twisting or stretching | <input type="checkbox"/> No work at heights |

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

* Follow-up appointment date: Pending approval for MRI. Follow up for results 10/4/12 @ 8:15

Electronically Signed by: IVAN E. LAMOTTA, MD
IVAN E. LAMOTTA, MD

MIDLANDS ORTHOPAEDICS, P.A.

08/28/2012 Fri 15:28

ID: #43980 Page 4 of 4

MIDLANDS ORTHOPAEDICS, P.A. • 1910 Blanding Street, COLUMBIA SC 29201-3520

GOODWIN, RUSSELL (Id #635488, dob: 05/20/1965)

EXTERNAL RESULT

MRi examination was reviewed. There is an anchored spacer at the level C6-C7 that appears to be in good position. There is mild facet arthropathy at that level C6-C7. The surgical fusion level, C6-C7, appears to be well decompressed with no residual stenosis.

Previous Assessment / Plan

Date of Service

09/04/2012

ACDF C6-7 done on 6-20-12

1. CERVICALGIA (723.1)

• X-RAY, CERVICAL SPINE

View: AP & Lateral Possibility of Pregnancy: N

• OXYCONTIN 10 MG TABLET, EXTENDED RELEASE - Take 1 tablet(s) every 12 hours by oral route as directed. Qty: 60 tablet(s) Refills: 0 Pharmacy: CVS/PHARMACY #3850

Discussion: . The patient has only minimally improved with postoperative physical therapy. He continues to have a multitude of symptoms including headaches, face pain and ear pain on the right side as well as pain in bilateral upper extremities.

I will order an MRi examination of the cervical spine to assess the level of the decompression. Followup after above.

Assessment / Plan

ACDF C6-7 done on 6-20-12

Postoperative tear pain, headaches, neck pain, shoulder pain, and upper extremity paresthesias

Discussion: . Based on the MRi examination I am unable to explain why the patient is experiencing this type of symptoms. There is no residual stenosis in the cervical spine. It appears to be healing unremarkably. Physiologically it does not make sense. I would like to refer him for neurological consultation.

Return to Office

- to see Ivan E. Lamotta, MD at Blanding Street on or around 11/08/2012

Encounter Sign-Off

Encounter signed-off by Ivan E. Lamotta, MD, 09/27/2012.

Encounter performed and documented by Ivan E. Lamotta, MD

Encounter reviewed & signed by Ivan E. Lamotta, MD on 09/27/2012 at 5:46pm

~~CONFIDENTIAL~~

MIDLANDS ORTHOPAEDICS, P.A. • 1910 Blanding Street, COLUMBIA SC 29201-J520

GOODWIN, RUSSELL (id #635488, dob: 05/20/1965)

Encounter Summary

Patient Name	GOODWIN, RUSSELL (47, M) ID# 635488	Appt. Date/Time	09/27/2012 04:00PM
DOB	05/20/1965	Service Dept.-	Blanding Street
Provider	IVAN E. LAMOTTA, MD		
Insurance	Med 0: GALLAGHER BASSETT Policy/Group #: 001188-006729-WC-01 Employer Name: PRO DRIVERS Case #: 001188-006729-WC-01 Case Injury Date: 07/05/2011 Med 0: MYMATRIX Insurance #: 250333486 Employer Name: PRO DRIVERS Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the Inquiry (e.g., member ID) does not match the payor's files.		

Chief Complaint

Neck Pain

~~Neck pain, left arm on 9/14/2012~~

Problems

Reviewed patient problem history (as of 08/02/2012) without changes

- Degeneration of cervical intervertebral disc (722.4)
- Cervicalgia (723.1)
- Cervicocranial syndrome (723.2)

Patient's Providers

Insurance Adjuster (Worker's Comp): SHELLY SPRAGUE: Ph (214) 296-6772, Fax (214) 296-6808

Patient's Pharmacies

CVS/PHARMACY #3850 (ERX): 7535 GARNERS FERRY RD STE G, COLUMBIA SC 29209, Ph (803) 783-6232, Fax (803) 783-3324

Medications

Reviewed patient's medication history (as of 05/10/2012) without changes

Name	Date
PREDNISONE 5 MG TABLETS IN A DOSE PACK Take as directed, Patient picked this up at the blanding street dispensary	09/04/12 prescribed
OXYCONTIN 10 MG TABLET, EXTENDED RELEASE Take 1 tablet(s) every 12 hours by oral route as directed.	09/04/12 prescribed
OXYCONTIN 20 MG TABLET, EXTENDED RELEASE Take 1 tablet(s) every 12 hours by oral route as needed for 30 days., stop 09/18/2012	08/17/12 prescribed
PERCOCET 5 MG-325 MG TABLET Take 1 tablet(s) every 8 hours by oral route as needed for pain.	08/02/12 prescribed
GLIMEPIRIDE 4 MG TABLET	04/15/12 filled
METFORMIN ER 500 MG TABLET, EXTENDED RELEASE 24 HR	04/15/12 filled
SIMVASTATIN 10 MG TABLET	04/15/12 filled
NYSTATIN 100,000 UNIT/G TOPICAL CREAM	03/26/12 filled
LISINAPRIL 10 MG TABLET	03/26/12 filled

Allergies

Reviewed allergy history (no data recorded) without changes

NKDA

Past Medical History

MIDLANDS ORTHOPAEDICS, P.A.

Tax ID: 570710106

GUARANTOR NAME AND ADDRESS

RUSSELL GOODWIN
PO BOX 764
EASTOVER SC. 29044-0764

please send payments to:
MIDLANDS ORTHOPAEDICS, P.A.
PO BOX 848539
BOSTON, MA 02284-8539
billing phone: (803) 256-4107

department of service:
Blanding Street
1910 Blanding Street
COLUMBIA, SC 29201-3520
dept phone: (803) 256-4107

129

printed 09/27/2012 03:40 PM

PATIENT #	PATIENT NAME (SEX)	PROVIDER	DATE/TIME	DEPARTMENT
635488	RUSSELL GOODWIN M	IVAN E. LAMOTTA MD	09/27/2012 04:00 PM	Blanding Street
DOB	TELEPHONE	PRIMARY INSURANCE	ID#	AUTH#
05/20/1965 47 YR	(803) 600-7308	GALLAGHER BASSETT		

APPT TYPE	Return Office Visit	NOTES/REASON	SECONDARY INSURANCE/ID#
		<ul style="list-style-type: none"> 09/26/2012 prichbourg: post mri 4wks c spine 09/26/2012 prichbourg: pt rch 09/26/2012 prichbourg: pt res/req this loc 	

DIAGNOSIS	DESCRIPTION	GLOBAL
7231	CERVICALGIA	
7224	DEGENERATION OF CERVICAL INTERVERTEBRAL DISC	
7332		

PATIENT NOTES:	DOI:	Anticipated procedure
	FX	Diagnosis
	DISP/NON	Surgery status
	DX	

REFERRING PHYSICIAN

NEW PATIENT (3 of 3)	EST PATIENT (2 of 3)	RADIOLOGICAL SERVICES	INJECTIONS
99201 - PF/PF/SF	99211 - NURSE	INDICATE: LT RT OR BILAT	INDICATE: LT RT OR BILAT + LIST BODY PART
99202 - EPF/EPF/SF	99212 - PF/PF/SF	ORBITS - MIN 4 VIEWS	70200 20526 INJ. THERAPEUTIC CARPAL TUNNEL
99203 - D/D/LC	99213 - EPF/EPF/LC	STRESS VIEWS (IN ADD N TO STRESSED IMAGES)	77071 20527 INJ. ENZYME. PALMAR FASCIAL CORD (Dupuytren's Contracture)
99204 - C/C/MC	99214 - D/D/MC	C SPINE - 2-3 VIEWS	72040 20550 INJ. SING TEND SHTH OR LIG
99205 - C/C/HC	99215 - C/C/HC	C SPINE - MIN 4 VIEWS	72050 20551 INJ. SING TEND ORIGIN/INSERTION
99205 - C/C/HC	99215 - C/C/HC	THORACIC SP. - 2 VIEWS	72070 20552 INJ. SING OR MULT TRIGGER PTS. 1-2 MUSCLES(S)
99205 - EVENING OFC	99215 - H+P	SCOLIOSIS STUDY - AP	72069 20553 INJ. SING OR MULT TRIGGER PTS. 3 OR MORE MUSC
99205 - EVENING OFC	99215 - H+P	SCOLIOSIS STUDY - COMPLETE	72080 20600 ARTHO/ASP OR INJ. SM JT OR BURSA
99205 - EVENING OFC	99215 - H+P	SCOLIOSIS STUDY - INC. SUPINE AND ERECT	72090 20605 ARTHO/ASP OR INJ. INT JT OR BURSA
99205 - EVENING OFC	99215 - H+P	SPINE - 1 VIEW (SPECIFY LEVEL)	72020 20610 ARTHO/ASP OR INJ. MAJ JT OR BURSA
99205 - EVENING OFC	99215 - H+P	LUMBAR SPINE - 2-3 VIEWS	72100 20612 ASP OR INJ GANG CYST, ANY LOC. USE -59 MOD FOR MULTIPLE INJ
99205 - EVENING OFC	99215 - H+P	LUMBAR SPINE - MIN 4 VIEWS	72110 20615 ASPIRATION & INJECTION FOR TX OF BONE CYST
99205 - EVENING OFC	99215 - H+P	PELVIS - 1-2 VIEWS	72170 A4550 SURGICAL TRAY
99205 - EVENING OFC	99215 - H+P	SACRUM/COCCYX - MIN 2 VIEWS	72220 96372 THERAPEUTIC/PROPH/DIAG INJECTION. SUBCUT OR IM
99205 - EVENING OFC	99215 - H+P	CLAVICLE - COMPLETE	
99205 - EVENING OFC	99215 - H+P	SCAPULA - COMPLETE	
99205 - EVENING OFC	99215 - H+P	SHOULDER - 1 VIEW	
99205 - EVENING OFC	99215 - H+P	SHOULDER - MIN 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	AC JOINT - BILATERAL w/wt WEIGHT	
99205 - EVENING OFC	99215 - H+P	HUMERUS - MIN 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	ELBOW - 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	FOREARM - 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	WRIST - 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	WRIST - MIN 3 VIEWS	
99205 - EVENING OFC	99215 - H+P	HAND - 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	HAND - MIN 3 VIEWS	
99205 - EVENING OFC	99215 - H+P	FINGER(S) - MIN 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	HIP UNILATERAL - 1 VIEW	
99205 - EVENING OFC	99215 - H+P	HIP UNILATERAL - MIN 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	HIP BILATERAL - MIN 2 VIEWS EACH	
99205 - EVENING OFC	99215 - H+P	PELVIS CHILD - PELVIS & HIPS - MIN 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	FEMUR - 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	KNEE - 1-2 VIEWS	
99205 - EVENING OFC	99215 - H+P	KNEE - 3 VIEWS	
99205 - EVENING OFC	99215 - H+P	KNEE - 4 OR MORE VIEWS	
99205 - EVENING OFC	99215 - H+P	L. LEG - TIBIA & FIBULA - 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	ANKLE - 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	ANKLE - MIN 3 VIEWS	
99205 - EVENING OFC	99215 - H+P	FOOT - 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	FOOT - MIN 3 VIEWS	
99205 - EVENING OFC	99215 - H+P	HEEL - MIN 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	TOE(S) - MIN 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	ORTHOROENT GRAM	
99205 - EVENING OFC	99215 - H+P	RIBS - UNILATERAL 2 VIEWS	
99205 - EVENING OFC	99215 - H+P	ULTRASOUND, EXTREMITY - COMPLETE	
99205 - EVENING OFC	99215 - H+P	ULTRASOUND, EXTREMITY - LIMITED ANATOMIC SPECIFIC	
99205 - EVENING OFC	99215 - H+P	ULTRASOUND, INFANT HIPS	
99205 - EVENING OFC	99215 - H+P	ULTRASOUND, PELVIS, COMPLETE (ADULT HIPS)	
99205 - EVENING OFC	99215 - H+P	ULTRASOUND, PELVIS, LTD OR FOLLOWUP	

OTHER PROCEDURE CODES	DRUGS
Hemoglobin (Hgb) 85018	73010 J0702 C CELESTONE, PER 3 MG (# MG)
Manipulation, palmar fascial cord 26341	73020 J0702 BETAMETHASONE 6 MG (# MG)
(Dupuytren's Cord), post enzyme inj.: single cord	73030 J1030 DEPO-MEDROL 21-40 MG (# MG)
DEXA (Bilateral hips and lumbar spine) 77080	73050 J3301 KENALOG PER 10 MG (# MG)
DEXA (Bilateral wrists) 77081	73060 Q5961 CONRAY PER ML (# ML)
	73070 A9579 GADOLINIUM PER ML (# ML)
	73090 J0587 MYOBLOC, PER 100 UNITS (# OF 100-UNIT DOSAGE(S))
	73100 J0585 BOTOX, PER 1 UNIT (list # OF 1-UNIT DOSAGES USED)
	73110 S0020 MARCAINE, 30 ML NOT MEDICARE
	73120 J7321 EULAGAN, PER DOSE
	73130 J7323 EULFLEXA, PER DOSE
	73140 J2795 NAROPIN, PER MG (# MG(S))
	73500 J3490 L LIDOCAINE (# CC)

CASTS & SUPPLIES	PHYSIATRY
SAS 29125	95904 NCS SENSORY, EA NERVE (# OF NERVES)
SAC 29075	95900 NCS MOTOR, EA NERVE (# OF NERVES)
LAS (SUGAR TONG) 29105	95860 EMG 1 EXT
LAC 29065	95861 EMG 2 EXT
SLS (SPLINT) 29515	95903 NCS MOTOR W/F
SLC 29405	95934 H REFLEX
SLWC 29425	95870 EMG LTD --> DO NOT BILL WITH 95900, 95903, 95904 or 95905
LLS (SPLINT) (SUGAR TONG) 29505	95874 NEEDLE EMG for guidance w/chemodenervation
LLC 29345	95885 EMG - Limited - (Add-On Code) bill with 95900, 95903, 95904 or 95905
TCC 29445	95886 EMG - Complete 5 or more (Add-On) bill with 95900, 95903, 95904 or 95905
CLUBFOOT (UNILATERAL) 29450	95887 EMG - Non Extremity (Add-On Code) bill with 95900, 95903, 95904 or 95905
CAST SUPPLIES (INS) - FIBERGLASS A4590	64430 Injection, anesthetic agent - Pudendal Nerve
CAST SUPPLIES (INS) - PLASTER A4580	
CAST/SPLINT SUPPLIES (MEDICARE/UHC) Qxxx	
SPLINT SUPPLIES (INS) A4570	
CASTING OR DME FOLLOW-UP (NO CHARGE) DMEFU	

MODIFIERS	Return	Days	Weeks	Months	PRN
24 UNRELATED E/M INSIDE GLOBAL FOR OTHER PROBLEM					
25 SEP. IDENTIFIABLE ON SAME DAY OF SM PROC.					
50 BILATERAL PROCEDURE					
54 SURGICAL CARE ONLY (NOT FULL GLOBAL)					
55 POST OP CARE ONLY (NOT FULL GLOBAL)					
56 PRE OP CARE ONLY (NOT FULL GLOBAL)					
57 DECISION FOR SX (IF SX W/IN 24 HRS)					
76 REPEAT PROCEDURE / SERVICE					

CHARGES	PAID	CASH / BC / CK#
76881		
76882		
76885		
76856		
76857		

EXTENDER IT VISIT	YES	NO

PHYSICIAN SIGNATURE

Midlands Orthopaedics
BLANDING AND IRMO LOCATIONS

Dr. Tom D. Armsey
Dr. Robert M. DaSilva
Dr. Coleman D. Fowble

Dr. Michael S. Green
Dr. Thomas P. Gross
Dr. William C. James III

Dr. Bernard G. Kiral
Dr. Ivan E. LaMotta
Dr. Ross D. Lynch

Dr. James A. O'Leary
Dr. Robert M. Peele, Jr.
Dr. Frederick C. Piehl

Dr. M. David Redmond
Dr. Robert Santrock
Dr. Michael R. Ugino

Patients Name: _____ MOPA# _____ DOB: _____

<u>Medication</u>	<u>Dosage</u>	<u># prepackaged (circle one)</u>	<u>Instructions</u>
		20 30 40 50 60 90	
CILs			
____ (Demerol) Meperidine	50mg	30 60	
____ (Oxy IR) Oxycodone	5mg	30 50 60	
____ (Percocet) Oxycodone/APAP	5/325mg	30 50 60 90	
____ (Percocet) Oxycodone/APAP	10/325mg	30	
____ (Tylox) Oxycodone/APAP	5/500mg	20 30 40	
NSAIDS			
____ (Mobic) Meloxicam	7.5mg	60	
____ (Motrin) Ibuprofen	800mg	30 60 90	
____ (Naprosyn) Naproxen	500mg	60	
____ (Voltaren) Diclofenac Sodium	50mg 75mg	60	
____ (Voltaren XR) Diclofenac Sodium	100mg	30	
____ (Cataflam) Diclofenac Potassium	50mg	60	
Pain Medication			
____ (Vicodin/Lortab) Hydro/APAP	5/500mg #25	20 30 60	
____ (Norco) Hydrocodone/APAP	5/325mg	30 60 90	
____ (Norco) Hydrocodone/APAP	7.5/325mg	30 90	
____ (Norco) Hydrocodone/APAP	10/325mg	30 90	
____ (Lortab) Hydrocodone/APAP	7.5/500mg	20 30 40	
____ (Lortab) Hydrocodone/APAP	10/500mg	20 30 50 60	
____ (Ultram) Tramadol	50mg	30 60	
____ (Ultracet) Tramadol/APAP	37.5/325mg	60	
Muscle Relaxants			
____ (Flexeril) Cyclobenzaprine	10mg	60	
Anxiety			
____ (Valium) Diazepam	5mg	30	
Anticonvulsants			
____ (Neurontin) Gabapentin	300mg	60	
Antibiotics			
____ (Cipro) Ciprofloxacin	500mg	10 20	
____ (Keflex) Cephalexin	250mg	20	
____ (Keflex) Cephalexin	500mg	20	
____ Bactroban Ointment	15gm tube		
Corticosteroid			
____ Prednisone Dose Pack	5mg	PACK OF 21 (6 DAY DOSE)	
Nausea			
____ (Phenergan) Promethazine	25mg	20 30	
____ Hibiclens	2 packets		

Physicians Signature: _____

____ # of Meds Checked

*only for in-house dispensing; do not fill at outside pharmacy

TAKE AS DIRECTED ON PACKAGE

Wash surgical area () at 10pm the night before surgery and again the morning of surgery

Date: _____

GOODWIN, RUSSELL (id #635488, dob: 05/20/1965)

MIDLANDS

orthopaedics, p.a.

Advanced Options. Skilled Specialists

Phone: (803) 256-4107 * www.midlandsortho.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: RUSSELL GOODWIN
DATE OF BIRTH: 05/20/1965
PROVIDER'S NAME: IVAN E. LAMOTTA, MD
CARRIER:
WC CLAIM#:
DX CODE(S) & DESCRIPTION:

ACCOUNT: 635488
EMPLOYER: PRO DRIVERS
DOS:
DOA:

WORK STATUS:

- Regular duty as of _____ with no restrictions.
Light duty as of * _____ with restrictions.
(availability of light duty is determined by the employer, not the physician)
Remain out of work until * _____
Part time (whether regular duty or light duty)
Full time (whether regular duty or light duty)

PHYSICAL LIMITATIONS


- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> No kneeling, squatting, crawling |
| <input type="checkbox"/> No walking | <input type="checkbox"/> Pushing or pulling limit ____ (lbs) |
| <input type="checkbox"/> No climbing | <input type="checkbox"/> Lifting and carrying limit ____ (lbs) |
| <input type="checkbox"/> No standing | <input type="checkbox"/> Sedentary duties only |
| <input type="checkbox"/> No prolonged standing | <input type="checkbox"/> No overhead work |
| <input type="checkbox"/> No twisting or stretching | <input type="checkbox"/> No work at heights |

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:


IVAN E. LAMOTTA, MD
09/27/2012

 Ivan E. Lamotta, MD

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1108188

Carrier File # 001196006729WC01

Carrier Code #

Employer FEIN

Russell Goodwin 250-33-3486
Claimant's Name SSN

P.O. Box 764, Eastover, SC 29044

Address City State Zip

(803) 600-7308

Home Phone

Work Phone

S. LeAnne McCormack

Preparer's Name

4500 Fort Jackson Boulevard, Columbia, SC 29209

Address

(803) 227-2880

Phone #

Employbridge dba Prologistix

Employer's Name

3740 Fernandina Road, Columbia, SC 29210

Address

City

State

Zip

American Casualty Company of Reading PA

Insurance Carrier

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
RUSSELL GOODWIN, CLAIMANT

YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:


<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE</u>
Doctor's Care	July 5, 2011 - August 23, 2011	1 - 10
Palmetto Imaging	August 11, 2011	11
Midlands Orthopaedics	August 31, 2011 - February 22, 2013	12 - 53
Palmetto Baptist	June 20, 2012	54 - 57
ImageCare, LLC	December 29, 2011	58 - 59
Columbia Neurosurgical Associates	March 13, 2012	60 - 62
The Directions Group, Inc.	May 21, 2013	63 - 71

<u>EXHIBITS</u>	<u>DATE OF REPORT</u>	<u>PAGE</u>
A. Deposition of Dr. LaMotta	February 21, 2013	A1 - A4

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the employer-defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants: Employer Representative(s).


S. LeAnne McCormack
Willson Jones Carter & Baxley, P.A.
4500 Fort Jackson Boulevard

May 24, 2013

June 12, 2013
(hearing date)

I am a disabled African American male with Mental Health issues being taken advantage of.

My name is Russell Goodwin. I was hurt on the job. I had to get neck surgery. It was done by Dr. Lamotta on 6/20/2012. I had to wear a neck collar for 6 weeks and I was still having problems: Facial pain ear pain, headaches nerve damage etc.. After bringing this to doctor Lamotta's attention he ordered a MRI but the insurance company never authorized the MRI. Then on 9/27/2012 Dr. Lamotta asked the insurance company to order me to see a neurologist. That never happened, and he told me that his hands were tied. Then on 10/29/2012 he sent me a letter saying that he could no longer help me. I was thinking that it was the insurance company not responding to his request for the MRI and the neurologist. I received a letter about Dr. Lamotta's deposition. I had 2 lawyers working together, 1 an ex commissioner. They told me that I did not need to attend this deposition. A few days later I received a call to come into their office. They told me that they had the deposition and Dr. Lamotta stated that I had called and disrespected the staff, and that he had given me a rating on 9/27/2012 which had never happened. He also stated that he had went over the MRI with me on 9/27/2012, but I have documentation stating that on 9/27/2012 he ordered for me to see a neurologist and ordered me 8 more weeks off work. His own paperwork showed that he had intentionally lied but the lawyers said that once a doctor says something negative about you the commissioners usually go along with it. I was told to either settle or they would no longer represent me, so they were released from their contract. I went to the commissioner's office to add paperwork and to check on the progress. I was told that my paperwork was missing and all records were somehow erased from the computers. I asked how could that have happened, and they told me that it would require someone with a passcode to erase these files. They never investigated it. I gathered all that I could but all the paperwork could not be replaced in the time limit. The paperwork I filed with workers compensation stated all the problems I was having but they told me they didn't understand what I was saying.

I think the insurance company corrupted the doctor and the commissioners. And the commissioners worst of all said they read over the paperwork very carefully. I pointed out the lies and showed them paperwork but the commissioners don't care because they are being paid by the insurance company. I think they are corrupted. They are acting like the mafia and they have no ethics. I get hurt they get paid. Is this why Governor Nikki Haley is trying to disperse the unions? So they can take advantage of people? Hitler did the same thing to oppress people and to manipulate people. I wonder do Senator Graham a possible candidate for presidency have any ties to this corruption.

I have sent a copy of this to CNN, the FBI, SLED, CIA, NACCP and Congressman Clyburn's office. Even if they can't help me I'm letting them know that I feel for my life and my health. I do have MRI's and CT scans that I got on my own that showed that if Dr. Lamotta had gotten a MRI he would have seen the multitude of problems, but he decided to lie for the insurance company. Now I have problems that can paralyze me. I have teeth coming out and yes I did not know that could happen either. Look at my CT scans and my MRI and if you were to look up the diagnosis you can see that it all came from my neck surgery. If they would have caught sooner I wouldn't have these many pains and problems.

The insurance company, and Dr. Lamotta have no record of the MRI 9/27/2012 because it never happened. Because I had no attorney or representation I was taken advantage of, but I will not give up. Even if it takes me standing in front of police stations, radio stations, or news stations with a sign I'm going to get this story out because I have nothing to lose. Governor Nikki Haley and possible president

candidate Lindsey Graham is supposed to protect the disabled and mental health. I'm sure they would love to add this to their campaign.

I am going to outline on these attached pages the lies the doctors, the commissioners and the insurance company told.