

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

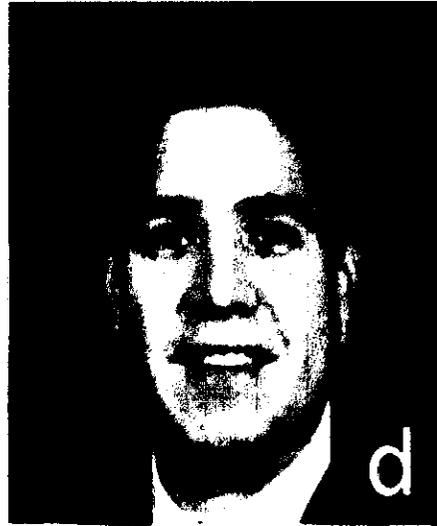
The Workers Compensation Commission is responsible for administering the workers compensation law in South Carolina. The commission works closely with the Governor, the General Assembly, and the commission's many constituents to ensure that the workers' compensation system is fair, equitable, and responsive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

Employer's Name: Employbridge dba Prologistix

Physician's Name: Ivan E. LaMotta

Insurance Carrier: American Casualty Company of Reading PA

Practice/Clinic: Midlands Orthopaedics

SCWCC File No: 1108188

Preparer's Name:

Phone: ( ) \_\_\_\_\_

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:

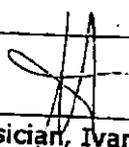
no lifting > 50 lbs

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.

2/22/13

Date



**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: [REDACTED]

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~~ 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)

*[Faint, illegible stamp]*



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 Email: slmccormack@wjlaw.net  
S. LeAnne McCormack, Willson Jones Carter & Baxley, P.A.

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.67-217 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 24<sup>th</sup> day of May, 2013 by  first class mail;  personal service;  certified mail.

Tessa W. Campbell Date: May 24, 2013  
Tessa W. Campbell, Certifier 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.



WCC File #: 1108188  
 Carrier File #: \_\_\_\_\_  
 Carrier Code #: \_\_\_\_\_  
 Employer FEIN #: \_\_\_\_\_

Claimant's Name: Russell Goodwin SSN: 250-332184 Employer's Name: Employbridge dba Prc Driver  
 Address: P.O. Box 704 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  
Reacting P

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 Charles 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 time 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 app document and doctors at MEDICARE garners ferr

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

RECEIVED

APR 18 2013

(FRONT DESK)

SC Workers' Comp Comm

RECEIVED

APR 19 2013

Division of Claims  
 Claims Administrator  
 Workers' Comp. Comm.



Claimant's Name: RUSSELL GOODWIN SSN: 250-33 8-86 Employer's Name: \_\_\_\_\_  
Address: P.O. BOX 764 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 Dnye told Dr Lamotta that it would create more bulging disk and other problems. Dr Dnye 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 seperate paper.

[Signature]  
Signature

10-3-13  
**RECEIVED**  
OCT 03 2013  
(FROM THE  
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  
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)

PROVIDER'S SIGNATURE  
IVAN E. LAMOTTA, MD  
Comp Comm

PHYSICAL LIMITATIONS

- None
- No walking
- No climbing
- No standing
- No prolonged standing
- No twisting or stretching
- No kneeling, squatting, crawling
- Pushing or pulling limit \_\_\_\_ (lbs)
- Lifting and carrying limit \_\_\_\_ (lbs)
- Sedentary duties only
- No overhead work
- 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

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

**CONFIDENTIAL**

MIDLANDS ORTHOPAEDICS, P.A. • 1910 Blanding Street, COLUMBIA SC 29201-1520

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 #: 001198-006729-WC-01  
Employer Name : PRO DRIVERS  
Case #: 001198-006729-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

Note: patient was seen on 09/24/2012

## 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"> <li>09/26/2012 prichbourg post mri 4wks c spine</li> <li>09/26/2012 prichbourg pt rach</li> <li>09/26/2012 prichbourg pt res/req this loc</li> </ul>	

DIAGNOSIS	DESCRIPTION	GLOBAL
7231	CERVICALGIA	
7224	DEGENERATION OF CERVICAL INTERVERTEBRAL DISC	
7232		

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

**REFERRING PHYSICIAN**

NEW PATIENT (3 of 3)	EST PATIENT (2 of 3)	RADIOLOGICAL SERVICES	INJECTIONS
99201 - PF/PF/SF	99211 - NURSE	ORBITS - MIN 4 VIEWS 70200	20526 INJ. THERAPEUTIC CARPAL TUNNEL
99202 - EPF/EPF/SP	99212 - PF/PF/SF	STRESS VIEWS (IN ADD N TO STRESSED IMAGES) 77071	20527 INJ. ENZYME. PALMAR FASCIAL CORD (Dupuytren's Contracture)
99203 - D/D/LC	99213 - EPF/EPF/LC	C SPINE - 2-3 VIEWS 72040	20550 INJ. SING TEND SHTH OR LIG
99204 - C/C/MC	99214 - D/D/MC	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)
99051 - EVENING OFC VISIT	S0260 - H+P	SCOLIOSIS STUDY - AP 72069	20553 INJ. SING OR MULT TRIGGER PTS. 3 OR MORE MUSC
		SCOLIOSIS STUDY - COMPLETE 72080	20600 ARTHO/ASP OR INJ. SM JT OR BURSA
		SCOLIOSIS STUDY - INC SUPINE AND ERECT 72090	20605 ARTHO/ASP OR INJ. INT JT OR BURSA
		SPINE - 1 VIEW (SPECIFY LEVEL) 72020	20610 ARTHO/ASP OR INJ. MAJ JT OR BURSA
		LUMBAR SPINE - 2-3 VIEWS 72100	20612 ASP OR INJ GANG CYST, ANY LOC. USE -59 MOD FOR MULTIPLE INJ
		LUMBAR SPINE - MIN 4 VIEWS 72110	20615 ASPIRATION & INJECTION FOR TX OF BONE CYST
		PELVIS - 1-2 VIEWS 72170	A4550 SURGICAL TRAY
		SACRUM/COCCYX - MIN 2 VIEWS 72220	96372 THERAPEUTIC/PROPH/DIAG INJECTION. SUBCUT OR IM

CONSULT (3 of 3)	MRI - W/O CONTRAST	OTHER PROCEDURE CODES	DRUGS
99241 - MUST	73221 - UPPER EXT ANY JOINT	Hemoglobin (Hgb) 85018	J0702 C CELESTONE. PER 3 MG (# MG _____)
99242 - REFERRING	73721 - LOWER EXT ANY JOINT	Manipulation, palmar fascial cord (Dupuytren's Cord), post enzyme inj.: single cord 26341	J0702 BETAMETHASONE 6 MG (# MG _____)
99243 - DOCTOR	72141 - CERVICAL SPINE	DEXA (Bilateral hips and lumbar spine) 7708C	J1030 DEPO-MEDROL 21-40 MG (# MG _____)
99244 - D/D/LC	72146 - THORACIC SPINE	DEXA (Bilateral wrists) 77081	J3301 KENALOG PER 10 MG (# MG _____)
99245 - C/C/MC	72148 - LUMBAR SPINE		Q9961 CONRAY PER ML (# ML _____)
99246 - C/C/HC			A9579 GADOLINIUM PER ML (# ML _____)

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 cr
TCC 29445	95886 EMG - Complete 5 or more (Add-On) bill w/ 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	PHYSIATRY
24 UNRELATED E/M INSIDE GLOBAL FOR OTHER PROBLEM	95904 NCS SENSORY, EA NERVE (# OF NERVES _____)
25 SEP. IDENTIFIABLE ON SAME DAY OF SM PROC.	95900 NCS MOTOR, EA NERVE (# OF NERVES _____)
50 BILATERAL PROCEDURE	95860 EMG 1 EXT
54 SURGICAL CARE ONLY (NOT FULL GLOBAL)	95861 EMG 2 EXT
55 POST OP CARE ONLY (NOT FULL GLOBAL)	95903 NCS MOTOR W/F
56 PRE OP CARE ONLY (NOT FULL GLOBAL)	95934 H REFLEX
57 DECISION FOR SX (IF SX W/IN 24 HRS)	95870 EMG LTD --> DO NOT BILL WITH 95900, 95903, 95904 or 95905
76 REPEAT PROCEDURE / SERVICE	95874 NEEDLE EMG for guidance w/chemodenervation

ULTRASOUND, EXTREMITY - COMPLETE	ULTRASOUND, EXTREMITY - LIMITED, ANATOMIC SPECIFIC	ULTRASOUND, INFANT HIPS	ULTRASOUND, PELVIS, COMPLETE (ADULT HIPS)	ULTRASOUND, PELVIS, LTD OR FOLLOW UP
76881	76882	76885	76856	76857

Return \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ PRN

X Rays Next Visit \_\_\_\_\_ Units \_\_\_\_\_

CHARGES \_\_\_\_\_

PAID \_\_\_\_\_ CASH / BC / CK# \_\_\_\_\_

→ 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: \_\_\_\_\_

Medication	Dosage	# prepackaged (circle one)						Instructions
		20	30	40	50	60	90	
XX								
<b>CCIs</b>								
___ (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				
<b>NSAIDS</b>								
___ (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		
<b>Pain Medication</b>								
___ (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		
<b>Muscle Relaxants</b>								
___ (Flexeril) Cyclobenzaprine	10mg					60		
<b>Anxiety</b>								
___ (Valium) Diazepam	5mg					30		
<b>Anticonvulsants</b>								
___ (Neurontin) Gabapentin	300mg					60		
<b>Antibiotics</b>								
___ (Cipro) Ciprofloxacin	500mg				10	20		
___ (Keflex) Cephalexin	250mg					20		
___ (Keflex) Cephalexin	500mg					20		
___ Bactroban Ointment	15gm tube							
<b>Corticosteroid</b>								
___ Prednisone Dose Pack	5mg	PACK OF 21 (6 DAY DOSE)						
<b>Nausea</b>								
___ (Phenergan) Promethazine	25mg		20	30				
___ Hibiclens	2 packets							

**REFILL**

TAKE AS DIRECTED ON PACKAGE

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

Date: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

# of Meds Checked \_\_\_\_\_

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

**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                    |

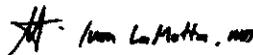
Other:

*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



**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 # 001196006729WCO1  
Carrier Code # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_

Russell Goodwin Claimant's Name	250-33-3486 SSN	Employbridge dba Prologistix Employer's Name
P.O. Box 764, Eastover, SC 29044 Address	City State Zip	3740 Fernandina Road, Columbia, SC 29210 Address City State Zip
(803) 600-7308 Home Phone	Work Phone	American Casualty Company of Reading PA Insurance Carrier
S. LeAnne McCormack Preparer's Name	4500 Fort Jackson Boulevard, Columbia, SC 29209 Address	(803) 227-2880 Phone #

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:

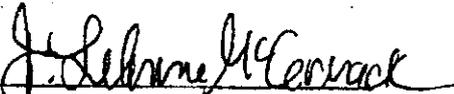
<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE</u>
Doctor's Care	July 5, 2011 - August 23, 2011	1 - 10
Palmetto Imaging	August 11, 2011	11
Midlands Orthopaedics	August 31, 2011 - February 22, 2013	12 - 53
Palmetto Baptist	June 20, 2012	54 - 57
ImageCare, LLC	December 29, 2011	58 - 59
Columbia 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.