

**SUPPLEMENTAL FORM 10**

**WORKERS' COMPENSATION COURT  
1915 NORTH STILES  
OKLAHOMA CITY, OKLAHOMA 73105-4918**

THIS SPACE FOR COURT USE ONLY

**SEP 12 2013**

Send original to  
Workers' Compensation Court and 1 copy to  
Claimant or the Claimant's Attorney of Record

In re claim of:

|  |
|--|
| Full Name of Injured Employee (Claimant)<br>BRAD W. MCGAHEY  |
| Claimant's Social Security Number (LAST 4 DIGITS ONLY)<br>[REDACTED]   |
| Name of Employer (Respondent)<br>CHRISTIANS ALCOHOLICS AND ADDICTS RECOVERY  |
| Employer's Insurance Carrier, Permit # for Court Approved Individual Self-Insured or Own Risk Group, Uninsured NATIONAL UNION & FIRE INSURANCE |

**ANSWER AND PRETRIAL STIPULATION OFFERED BY RESPONDENT**

|                |             |
|----------------|-------------|
| WCC FILE NO.   | 2010-08398H |
| Date of Injury | 05/27/2010  |

**NOTE: Mediation is available to address certain workers' compensation disputes. For information, call (405) 522-8760 or In-State Toll Free (800) 522-8210.**

- | YES                                 | NO                       | (Please type or Print)  |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Was claimant at the time of the alleged injury, an employee of the above named respondent?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Was claimant covered by the Workers' Compensation Act?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Did claimant sustain an accidental injury or suffer an occupational disease arising out of and in the course of the employment?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Has claimant filed a Form 3 within the statutory period of time?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Did respondent, at the time of the alleged injury, have an own-risk permit or a compensation insurance policy with the carrier named in the caption above?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Did claimant timely notify respondent of the injury?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Has claimant been provided medical treatment?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Has respondent commenced payment of temporary total disability payments to claimant?<br>Temporary total disability has been paid to claimant from <u>4/6/11</u> to <u>5/31/11</u> for a total of <u>8</u> weeks in the total sum of \$ <u>933.86</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Has respondent selected a treating physician?<br>The treating physician is <u>Dr. Richard Ruffin</u> (name of treating physician).   |

(ALL DEPOSITIONS OF MEDICAL EXPERTS SHALL BE COMPLETED PRIOR TO TRIAL.)

10. Is rate an issue? Claimant's compensation rate: TTD 198.09 PPD 198.09
11. State all affirmative defenses: Reserve the right to add additional defenses upon completion of discovery; INTERVENING INJURY ON 11/09/11  
Deny TTD; Deny medical trmt; Deny PPD
12. List the name of all witnesses who may be called by respondent at trial: All Claimant's witnesses; All previously endorsed witnesses; Dr. Gillock; Janet Wilkerson; Rodney Dunham; Dr. Richard Ruffin
13. List all exhibits to be introduced at trial: All Claimant's exhibits; All previously endorsed exhibits; Dr. Ruffin by rpts dtd 8-5-13, 8-8-13 & 9-5-13;
14. Respondent hereby certifies that a copy of the medical report written by Dr. \_\_\_\_\_ and dated \_\_\_\_\_ was mailed, together with a copy of this motion to Opposing party/Counsel.

(LIST ON A SEPARATE SHEET, ADDITIONAL WITNESSES, EXHIBITS AND MEDICAL EVIDENCE)

I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete. Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.

I HEREBY CERTIFY THAT A COPY HAS BEEN SENT TO:

Signed this 12th day of September, 2013

|  |             |                   |
|--|-------------|-------------------|
| Opposing Party<br>Craig Dawkins                              |             |                   |
| Address (Number & Street)<br>1601 N.W. Expressway, Ste. 1420 |             |                   |
| City<br>Oklahoma City  | State<br>OK | Zip Code<br>73118 |

|   |             |                        |
|---|-------------|------------------------|
| Signature of Filing Party<br><i>Jennifer A. Sloan</i> |             |                        |
| Address (Number & Street)<br>P.O. Box 1710            |             |                        |
| City<br>Tulsa   | State<br>OK | Zip Code<br>74101-1710 |
| Telephone # of Filing Party<br>(918) 382-1400         |             |                        |
| Print or type name of Attorney<br>Jennifer A. Sloan   |             | OBA#<br>19846          |

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## Orthopedic Associates

- Gary B. Anderson, M.D. • John W. Anderson, M.D. • Jack J. Beller, M.D. • Steven P. Brantley, M.D. • Stephen R. Davenport, M.D.
- Joel M. Davis, M.D. • David J. Flesher, M.D. • Thomas H. Flesher III, M.D. • Greg E. Halko, M.D. • J. Jason Jackson, M.D.
- Michael E. Klehn, M.D. • Andrew B. Parkinson, M.D. • Richard A. Ruffin, M.D.

3301 N.W. 50<sup>th</sup> Street • Oklahoma City, OK 73112-5691 • tel: 405-947-0911 888-947-0911 • fax: 405-947-1341 • www.okortho.com

Patient Name: McGahey, Bradley  
DOB: [REDACTED]  
Physician: Ruffin, Richard  
Date of Service: 08/05/2013  
Type of Service: W/C Followup (L Hand/Wrist)

Workers Compensation Court

1915 N. Stiles Ave

Oklahoma City, OK 73105

Attn: The Honorable Cherril Farrar

Claim: 710-690993

Court: 2010-08398H

This is an orthopedic report on the above named patient.

**CURRENT STATUS:** Bradley is making very poor progress. His surgical date was 06/06/2013 with arthroscopy, manipulation, and tenolysis. He is not doing much better. He is still having quite a bit of discomfort.

**X-RAYS:** The x-rays of the left wrist are unremarkable.

**ASSESSMENT:** He was given Vicoprofen and a Medrol Dosepak. A carpal tunnel splint was provided and therapy is recommended.

**PLAN:** The patient was informed of my findings and he will followup with me on or about 08/19/2013.

**ANTICIPATED MMI:** Anticipated MMI is yet to be determined.

All opinions in this report are based upon a reasonable degree of medical certainty. I declare under penalty of perjury that I have examined this report and all statements contained herein, and to the best of my knowledge and belief, they are true, correct, and complete.

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Richard A. Ruffin, M.D.

cc: Craig Dawkins, Attorney at Law (Fax: 843-1246)  
Jennifer Sloan, Attorney at Law (Fax: 918-382-1499)  
Christal Ewing, Adjuster (Fax: 866-739-6983)

RAR/cmc

Electronically signed on 08/22/2013 by RICHARD RUFFIN MD

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## Orthopedic Associates

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Patient Name: McGahey, Bradley  
DOB: [REDACTED]  
Physician: Ruffin, Richard  
Date of Service: 08/08/2013  
Type of Service: W/C Chart Note (L Hand/Wrist)

Workers Compensation Court

1915 N. Stiles Ave

Oklahoma City, OK 73105

Attn: The Honorable Cheri Farrar

Claim: 710-690993

Court: 2010-08398H

This is an orthopedic report on the above named patient.

**NOTE:** Bradley is taking an extraordinary amount of medications. He was taking too much Soma. He asked for more Soma and I have asked our medication nurse to monitor this and she actually denied a request for Soma. When I talk to Bradley on his next visit, I am going to have to counsel him regarding the medication requirements and the need for him to seek alternative sources of pain management.

All opinions in this report are based upon a reasonable degree of medical certainty. I declare under penalty of perjury that I have examined this report and all statements contained herein, and to the best of my knowledge and belief, they are true, correct, and complete.

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Richard A. Ruffin, M.D.

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Jennifer Sloan, Attorney at Law (Fax: 918-382-1499)

Christal Ewing, Adjuster (Fax: 866-739-6983)

RAR/cmc

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## Orthopedic Associates

\* Gary B. Anderson, M.D. \* John W. Anderson, M.D. \* Jack J. Beller, M.D. \* Steven P. Brantley, M.D. \* Stephen R. Davenport, M.D.  
\* Joel M. Davis, M.D. \* David J. Flesher, M.D. \* Thomas H. Flesher III, M.D. \* Greg E. Halke, M.D. \* J. Jason Jackson, M.D.  
\* Michael E. Kiehn, M.D. \* Andrew B. Parkinson, M.D. \* Richard A. Ruffin, M.D.

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Patient Name: McGahey, Bradley  
DOB: [REDACTED]  
Physician: Ruffin, Richard  
Date of Service: 09/05/2013  
Type of Service: W/C Followup (L Hand/Wrist)

Workers Compensation Court

1915 N. Stiles Ave

Oklahoma City, OK 73105

Attn: The Honorable Cherril Farrar

Claim: 710-690993

Court: 2010-08398H

This is an orthopedic report on the above named patient.

**CURRENT STATUS:** Bradley has had some problems, probably related to his Soma addiction. We got him off all of his Soma and I have told him no more Soma. He is about the same and he is not making any progress. His pain and decreased range of motion remains intense. His prognosis, in my opinion, is poor.

**ASSESSMENT:** Ibuprofen was prescribed. Surgery has been done previously and I do not think that any further assessment surgery would give him any benefit. As noted, the date of Injury is now three years ago. I believe that we got to Bradley so late in his treatment and he had so many delays in treatment (I saw the patient originally about 19 months postinjury and I originally indicated him for surgery on 06/06/2012 and was not authorized to treat him until 2013), I feel that Bradley is going to have a permanent problem with his hand.

**PLAN:** He will probably be discharged in six weeks. He will followup on 10/17/2013. A carpal tunnel split was provided through our DME department today.

**WORK STATUS:** He remains temporary totally disabled and at the next visit, I will probably give him some permanent restrictions.

All opinions in this report are based upon a reasonable degree of medical certainty. I declare under penalty of perjury that I have examined this report and all statements contained herein, and to the best of my knowledge and belief, they are true, correct, and complete.

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Richard A. Ruffin, M.D.

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Jennifer Sloan, Attorney at Law (Fax: 918-382-1499)  
Christal Ewing, Adjuster (Fax: 866-739-6983)

RAR/cmc

Electronically signed on 09/10/2013 by RICHARD RUFFIN MD