U.S. Department of Labor

Office of Workers Compensation Programs
Division of Energy Employees Compensation
400 West Bay Street, Suite 722
Jacksonville FL 32202
Phone: (877) 336-4272 or (904) 357-4705
Fax: (904) 357-4704

File: XXXXX5260
Employee: [redacted]

[redacted]

Dear [redacted]

A copy of the attached correspondence is being sent to you as the designated authorized representative in this case.

Should you have any questions concerning the recommendation, you may call the Final Adjudication Branch (FAB); toll free, at 1(877) 336-4272.

Sincerely,

Raymond Murphy
Claims Examiner

U.S. Department of Labor

Office of Workers Compensation Programs
Division of Energy Employees Compensation
400 West Bay Street, Suite 722
Jacksonville, FL 32202

File Number: XXXXX5260
Employee: [redacted]

[redacted]

Dear [redacted]

Enclosed is the Notice of Recommended Decision of the District Office concerning your claim for benefits under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). The District Office recommends denial of your claim for restrictive lung disease and lung nodule under Part E of the EEOICPA. **Please note that this is only a RECOMMENDATION; this is not a FINAL Decision.** The Recommended Decision has been forwarded to the Final Adjudication Branch (FAB) for their review and issuance of the Final Decision.

Please read the Notice of Recommended Decision and Claimant Rights carefully. If you agree with the Recommended Decision and wish to waive any objections to it, you must follow the instructions for doing so provided in the section entitled "If You Agree with the Recommended Decision." If you submit or fax the attached Waiver Sheet (or a statement waiving the right to object) to the FAB, a final decision can be issued before the end of the sixty (60) day period for filing objections. The FAB address is:

If you disagree with the Recommended Decision, you must follow the instructions provided in the section entitled "If You Wish to Object to the Recommended Decision." Your objections must be filed within sixty (60) days from the date of the Recommended Decision by writing to the FAB at the address listed above

Should you have any questions concerning the recommendation, you may call the Final Adjudication Branch, toll free at 1(877) 336-4272.

If you would like to complete an anonymous customer service survey, please visit our web site at www.dol.gov/owcp/energy.

Sincerely,

for Raymond Murphy
Claims Examiner

Cc: Mary [redacted] Authorized Representative

Enclosures: Notice of Recommended Decision
Notice of Recommended Decision and Claimant Rights Waiver

U.S. Department of Labor

Office Of Workers' Compensation Programs
Division of Energy Employees
Compensation
400 West Bay Street, Suite 722
Jacksonville, FL 32202

EMPLOYEE: [redacted]

FILE NUMBER: xxxxx-5260

NOTICE OF RECOMMENDED DECISION

This is a Recommended Decision of the District Office concerning your claim for benefits under the Energy Employees Occupational Illness Compensation Program Act (hereafter referred to as EEOICPA or the Act). For the reasons set forth below, the District Office recommends denial of your claim under Part E for the conditions of restrictive lung disease and lung nodule.

STATEMENT OF THE CASE

On December 24, 2012, you filed a claim for benefits under Part E of the Act, claiming that you developed restrictive lung disease as a result of your employment at a Department of Energy (DOE) facility.

On March 18, 2013, you added the condition of lung nodule under your Part E claim for benefits.

With your claim you submitted medical documents from Dr. Theo Powell from November 6, 2012, showing a diagnosis of restrictive lung disease.

The DOE confirmed your employment at the Paducah Gaseous Diffusion Plant in Paducah, Kentucky as an Ironworker from April 5, 1972 until August 21, 1972. EE-4, employment history affidavits from Robert E. Peppers and Jimmie Terrell claimed you worked at Paducah in 1975 for Charles E. Story Construction Company. Your Social Security Administration records show employment at Charles E. Story Construction during periods of 1969, 1970, and 1973.

In a letter dated March 12, 2013, you were advised that toxic substance causation evidence was necessary for the condition of restrictive lung disease. You were afforded 30 days to provide the requested information.

In response, medical information from your visit to Western Baptist Hospital on January 14, 2013, was received.

A search of our toxic exposure database or Site Exposure Matrices (SEM) for toxic substances that may have a health effect relating to restrictive lung disease and lung nodule was conducted.

On March 28, 2013, District Office sent you a letter advising you that additional medical evidence was necessary to support your conditions were caused by your employment at Paducah. You were afforded 30 days to provide the requested information.

EXPLANATION OF FINDINGS

The issue for determination in this case is whether the evidence is sufficient to establish that your employment at a DOE facility was a significant factor in aggravating, contributing to, or causing your restrictive lung disease and lung nodule.

Under Part E of the Act, the evidence presented in a claim must establish that an employee's diagnosed condition is "at least as likely as not" that exposure to a toxic substance at a covered facility during a covered time period was a significant factor in aggravating, contributing to, or causing the employee's illnesses.

The medical records received with your claim, showed a diagnosis of restrictive lung disease and a lung nodule. However, the records did not contain any evidence that your claimed conditions were caused or aggravated by your exposure to toxic substances at Paducah.

The District Office sent you a letter on March 12, 2013 advising you that medical evidence showing causation was necessary to support your claim, including any evidence of toxic exposure or incidents related to your employment with DOE. You were afforded 30 days to provide the requested information.

In response, the District Office received medical information from your January 14, 2013, visit to Western Baptist Hospital. This hospital report did not contain evidence that your claimed conditions were related to toxic exposure due to your employment with the DOE.

A search of our toxic exposure database for toxic substances that may have a health effect relating to restrictive lung disease was conducted. The Site Exposure Matrices (SEM) acts as a repository of information related to toxic substances potentially present at covered DOE sites along with information on hazardous materials that can assist in evaluating causation.

There was no causal link found through SEM between your exposure to workplace toxins and the condition of restrictive lung disease or lung nodules.

The District Office reviewed the Document Acquisition Request (DAR). The DAR records did not show any workplace incidents or exposures to toxins that would be related to your claimed conditions.

The District Office sent a follow-up letter dated March 28, 2013 stating that evidence of toxic exposure from your employment at the Paducah was necessary for the claimed conditions. You were afforded 30 days to provide the requested information. The District Office did not receive a response.

There is no evidence to support a causal link between your employment at Paducah and your claimed conditions. Therefore, your claim for benefits under Part E is recommended for denial due to insufficient evidence.

CONCLUSIONS OF LAW

The District Office recommends denial of your claim for restrictive lung disease and lung nodule under Part E of the Act.

Prepared by:

Raymond Murphy
Claims Examiner

Reviewed By:

Billie Johnston
Senior Claims Examiner

MAY [illegible] 2019
Date

NOTICE OF RECOMMENDED DECISION AND CLAIMANT RIGHTS

The District Office has issued the attached recommended decision on your claim under the Energy Employees Occupational Illness Compensation Program Act. This notice explains how to file objections to the recommended decision. This notice also explains what to do if you agree with the recommended decision and want the Final Adjudication Branch (FAB) to issue a final decision before the 60-day period to object has ended. Read the instructions contained in this notice carefully.

IF YOU WISH TO OBJECT TO THE RECOMMENDED DECISION:
If you disagree with all or part of the recommended decision, you MUST file your objections to it within sixty (60) days from the date of the recommended decision by writing to the FAB at:

U.S. Department of Labor, DEEOIC
Attn: Final Adjudication Branch
400 West Bay Street, Suite 63B
Jacksonville, Florida 32202
Fax #: (904) 357-4785

If you want an informal oral hearing on your objections, at which time you will be given the opportunity to present both oral testimony and written evidence in support of your claim, you MUST request a hearing when you file your objections. **If you have special needs (e.g., physical handicap, dates unavailable, driving limitations, etc.) relating to the scheduling (time and location) of the hearing, those needs must be identified in your letter to the FAB requesting a hearing.** In the absence of such a special need request, the FAB scheduler will schedule the hearing and you will be notified of the time and place. If you do not include a request for a hearing with your objections, the FAB will consider your objections through a review of the written record, which will also give you the opportunity to present written evidence in support of your claim. If you fail to file any objections to the recommended decision within the 60-day period, the recommended decision will be affirmed by the FAB and your right to challenge it will be waived for all purposes.

IF YOU AGREE WITH THE RECOMMENDED DECISION:
If you agree with the recommended decision and wish for it to be affirmed in a final decision without change, you may submit a written statement waiving your right to object to it to the FAB at the above address. This action will allow the FAB to issue a final decision on your claim before the end of the 60-day period for filing objections. If you wish to object to only part of the recommended decision and waive any objections to the remaining parts of the decision, you may do so. In that situation, the FAB may issue a final decision affirming the parts of the recommended decision to which you do not object.

BE SURE TO PRINT YOUR NAME, FILE NUMBER AND DATE OF THE RECOMMENDED DECISION ON ANY CORRESPONDENCE SUBMITTED TO THE FAB.

Please be advised that the final decision on your claim may be posted on the agency's website if it contains significant findings of fact or conclusions of law that might be of interest to the public. If it is posted, your final decision will not contain your file number, nor will it identify you or your family members by name.

Date of Decision: MAY [illegible] 2015
File Number: XXXXX5260
Employee: [redacted]

Final Adjudication Branch
U.S. Department of Labor, DEEOIC
Attn: District Manager
400 W. Bay Street, Suite 63B
Jacksonville, FL 32202

Dear Sir or Madam:

I, _____, being fully informed of my right to object to any of the findings of fact and/or conclusions of law contained in the Recommended Decision issued on my claim for compensation under the Energy Employees Occupational Illness Compensation Program Act, do hereby waive those rights.

_____
Signature

_____
Date

Respiratory Disease Clinic
1920 Broadway
Paducah, KY 42001
(270) 442-3647

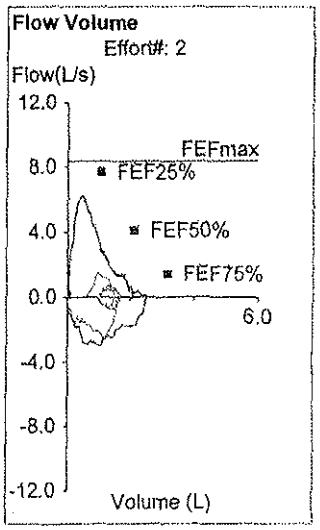
[redacted]

Study Date: 1/14/2013 09:02 AM
Name: [redacted]
ID: 925151 **Age:** 74 **Gender:** Male
Height: 71.0 in, **Race:** White or Caucasian
Weight: 181.9 lbs, **Body Mass Index:** 25.44

Technician: C Brockwell RRT RPFT
Physician: Dr Culbertson
Predicted: Collins2

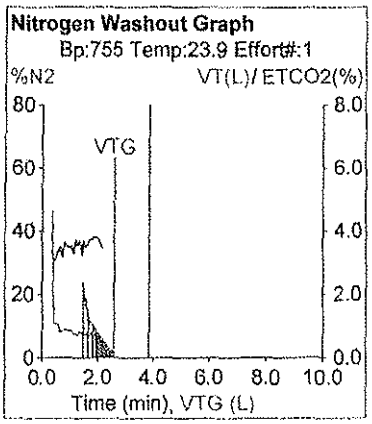
Spirometry

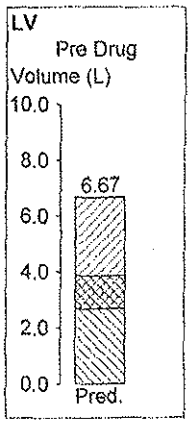
	Units	Predicted	Pre Drug Reported	Pre Drug % Predicted	Post Drug Reported	Post Drug % Predicted	%Change
FVC	L,btps	4.23	2.48	59 <			
FEV1	L,btps	3.31	2.04	62 <			
FEFmax	L/s	8.37	6.30	75 <			
FEF25-75%	L/s	3.24	2.14	66 <			
FEV1/FVC	%	78.92	82.24	104			
FIVC	L,btps		2.49				
FIFmax	L/s		3.01				
FIF50%	L/s		2.42				
FEV1/FEV6	%		82.47				
FEF50/FIF50	%		95.05				
MVV	L/min,btps	97.05	55.51	57 <			
MIP	cmH2O	-102.30					
MEP	cmH2O	191.78					

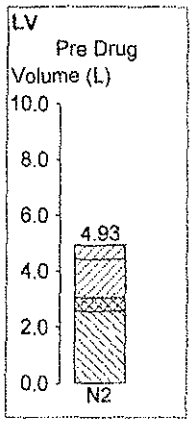


Lung Volumes

	Units	Predicted (Favor Mean)	Pre Drug Reported	Pre Drug % Predicted
TLC	L,btps	6.67	4.93	74 <
FRC	L,btps	3.86	3.06	79 <
VC	L,btps	4.23	2.36	56 <
RV	L,btps	2.68	2.57	96
RV/TLC	%	42.08	52.19	124 >
IC	L,btps	2.81	1.87	67 <
ERV	L,btps	1.18	0.48	41 <
TV	L,btps		1.37	
Washout Time	min		2.18	
SBO2 DN2	%		1.12	
SBO2 CV/VC	%		12.65	

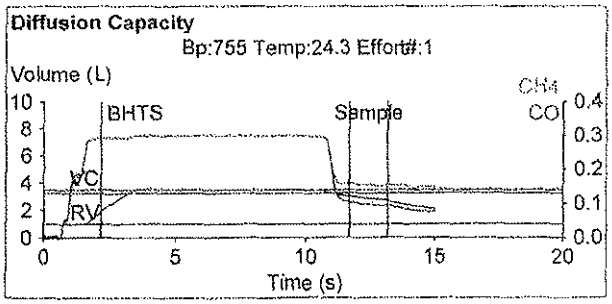






Diffusion

	Units	Predicted	Pre Drug Reported	Pre Drug % Predicted
Dsb	ml/min/mmHg,stpd	24.57	17.34	71 <
DsbHb	ml/min/mmHg,stpd	24.57	17.34	71 <
VAsb	L,btps	6.67	4.39	66 <
D/VAsb	ml/min/mmHg/L,stpd	3.68	3.95	107
BHT	s		10.25	
Sample Volume	L		0.30	
VInsp	L		2.56	



Technician Notes

Patient's effort was maximal and consistent. Results are acceptable and repeatable. Calibrations were completed and were in range prior to patient testing.

Physician Notes

WESTERN BAPTIST HOSPITAL
2501 Kentucky Avenue, Paducah, Kentucky 42001

NAME: [redacted]
DOB: 09/17/38 MR#: 0008785101
AGE: 74Y Pt type: WO
SEX: M AN#:W8785101006

LOC: WO
CI Date: 01/28/13 0925
Ck-in#: 3315576

CULBERTSON,WILLIAM H
1920 BROADWAY

PADUCAH KY 42001

****

Chk-in #	Order	Exam	
3315576	0001	61561	OC CHEST HI RESOLUTION
			Ord Diag: LUNG NODULE

EXAMINATION: CT CHEST HIGH RESOLUTION JAN 28, 2013 9:25:00 AM.

HISTORY: Lung nodule.

No priors.

1 mm thick axial images are obtained through the chest at 7 mm thick intervals without contrast. There is minimal cylindrical bronchiectasis seen in both lower lobes. The only lung nodule identified is a 4 mm left lower lobe lung nodule located in the left costovertebral angle.

Any nodules under 5 mm could potentially not be visualized due to the gaps in imaging on is high-resolution chest CT.

Coronary artery calcification is present. There is no evidence of generalized interstitial lung fibrosis but there is some early interstitial fibrosis seen in the lung bases.

IMPRESSION:
1. High-resolution chest CT demonstrates a solitary 4 mm left lower lobe lung nodule located deep within the left costovertebral angle. Given its size, it is most likely benign.
2. There is a small amount of cylindrical bronchiectasis seen in both lower lobes.
3. Early bibasilar lung fibrosis.

/READ BY/ ROBERT GARNEAU
/Released By/ ROBERT GARNEAU
Released By Date/Time: 01/28/13 1252
Transcriptionist: EA

FINAL

Respiratory Disease Clinic
William H. Culbertson, M.D., P.S.C.
Jeffrey S. Clarke, M.D., P.S.C.
William H. Bedwell, M.D., P.S.C.
Keith E. Kelly, M.D., P.S.C.

Patient: [redacted]
DOB: 09/17/1938 **Age:** 74 Y **Sex:** Male

Provider: William H. Culbertson, MD
Date: 01/14/2013

History of Present Illness

:

This is a 74 y/o WM who is referred to me by the VA because of problems with increasing dyspnea. He previously worked as an iron worker all of his adult life and did have exposure to welding fumes and did cut the metal as well having exposure to those fumes. He also worked at USEC for approximately six months. He has been going to the workers occupational program at USEC and has had x-rays done periodically. He also has had PFTs obtained in the past. He goes to the VA for his medical care. He does state that approximately five years ago he had a cardiac work-up in Marion at the VA and was unremarkable.

The patient has seen me in the remote past and cannot recall why but does state that we found some evidence of bronchitis. She is a nonsmoker and never smoked. The only fume exposure has been through working as an iron worker.

He has gradually been having increasing dyspnea with exertion. He has had x-rays obtained at Dr. Crawford's showing some abnormalities. Because of his dyspnea and abnormal CXR, he is here for further evaluation. He specifically denies hemoptysis, purulent sputum production, or any pleuritic type chest pain. He has not tried any bronchodilator. He does have a previous HX of GERD as well as the elevation of his cholesterol and degenerative arthritis.

Current Medications

Pravastatin Sodium 80 MG Tablet 1 tablet Once a day
Tamsulosin HCl 0.4 MG Capsule 1 capsule 30 minutes after the same meal each day Once a day
Finasteride 5 MG Tablet 1 tablet Once a day
Medication List reviewed and reconciled with the patient

Past Medical History

Gerd/Heartburn
Colon Polyps
Hemorrhoids
Elevated Cholesterol
Arthritis
Back Pain-Chronic

Surgical History

Colonoscopy
Back surgery

Family History

No Family History documented.

Social History

Marital status: Married.
Occupation: Retired, .
Household: Spouse, .
Exercise: 1-2 times per week.

Caffeine use: Daily, 2-3 cups/drinks a day, .
Tobacco use: No, .
Alcohol use: Never, .

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
No Hospitalization History.

Review of Systems
CONSTITUTIONAL:
Weight loss No. Chills No. Excessive Weight gain No. Fatigue Yes. Fever No. Night sweats No.
HEENT/NECK:
Nosebleeds No. Sinus congestion No. Post nasal drip No. Ringing in ears Yes. Ear Pain Yes. Hearing loss Yes. Dizziness No. Sore throat No. Blurred vision No. Itching/Burning of eyes No. Dryness of eyes No. Eye pain No. Tearing of eyes No. Neck Pain Yes. Swollen lymph nodes No.
GASTROENTEROLOGY:
Nausea No. Vomiting No. Abdominal pain No. Vomiting blood No. Gas/Bloating Yes. Heartburn Yes. Dysphagia No. Rectal bleeding No. Change in bowel habits No. Constipation No. Diarrhea No.
CARDIOLOGY:
Chest pain No. Palpitations No. Murmur No. Swollen extremities No. Abnormal heart rhythm No. Tightness/Pressure No.
ENDOCRINOLOGY:
Change in voice No. Heat intolerance No. Cold intolerance No. Loss of hair Yes. Excessive thirst No. Low blood sugar No.
DERMATOLOGY:
Nail changes No. Rash No. Color changes No. Itching/Dryness No.
MUSCULOSKELETAL:
Joint pain Yes. Joint stiffness/swelling Yes. Leg cramps Yes. Back pain Yes. Weakness No.
NEUROLOGY:
Seizures No. Loss of sensation No. Trembling hands No. Confusion No. Slurred speech No. Tingling/numbness Yes. Gait abnormality No, . Trouble with coordination No. Lack of concentration No. Memory loss No. Paralysis No. Headache No.
UROLOGY:
Urgent urination No. Burning with urination No. Blood in urine No. Difficulty urinating/Dribbling No. Frequent urination No. Weak stream No. Kidney stones No. Unusual color No.
HEMATOLOGY:
Easy bruising Yes. Prolonged bleeding No. Anemia No. Clotting problems No.
PSYCHIATRIC:
History of mental illness No. Anxiety No. Depression No. High stress level No. Insomnia Yes. Panic attacks No.

Vital Signs
Height (Ht) 71", Weight (Wt) 182 lbs, Blood pressure (BP) 114/64, Heart rate (HR) 71, Respiratory rate (RR) 16, O2 sat 99% RA, Body mass index (BMI) 25.38.

Physical Examination

GENERAL:
General Appearence: alert, cooperative, pleasant, well nourished. Appears stated age: yes. Build: average.
HEENT:
Nasal septum: midline. Nose: normal. Turbinates: pink. Pharynx: normal. Oral cavity: normal.
NECK:
Neck: supple. ROM: normal. Masses: no. Thyroid: normal. Cervical lymph nodes: normal.
CHEST:
Shape and expansion: normal. Abnormal findings: none. Breasts: no masses.
RESPIRATORY:
Breath sounds bilaterally: clear. Dyspnea: yes, on exertion. Rales: no. Rhonchi: no. Wheezes: no.

HEART:
PMI: normal. median sternotomy no. Rhythm: regular. Heart sounds: normal. Murmurs: no.
GI:
Shape: normal. Scars: no. Tenderness: no. Liver, Spleen: not palpable. Masses: no.
BACK:
Lower back pain: no. Lumbar tenderness: no.
EXTREMITIES:
Tremors: no. Arthritic deformity: no. Clubbing: no. Cyanosis: no. Edema: no.
NEUROLOGICAL:
Sensory: normal. Motor Strength: motor is grossly normal. Gait: normal.
DERMATOLOGY:
Skin: normal color. Rash: no.
MUSCULOSKELETAL:
Joints demonstrate: apparent normal usage/shape.
PSYCHOLOGY:
Mood: normal.
LABORATORY:
Chest Xray: 11/06/12--CXR has been reviewed. He does have some scarring adjacent to the left cardiac border and the lingular division in the LUL; otherwise, the lung fields are clear bilaterally. He does have several calcified granulomata involving the perihilar structures bilaterally. No old x-rays were available for comparison and apparently the patient has not been having CT scans obtained even though he did work at USEC for approximately six months.

Assessments

1. Restrictive Lung Disease - 519.8 (Primary)
2. Dyspnea - 786.05
3. Lung Nodule/Lung Scarring - 518.89
4. Hyperlipidemia - 272.4
5. GERD - 530.81
6. Benign localized hyperplasia of prostate with urinary obstruction and other lower urinary tract symptoms [LUTS] - 600.21

01/14/13 OV--The patient has mostly a restrictive impairment with moderate restriction and lung volumes, some evidence of small airway obstruction. In addition, he has an abnormal CXR with some scarring involving the left lung. I believe he needs a HRCT to evaluate for the possibility of fibrosis or significant scarring in the lungs. I don't believe bronchodilators will be of any benefit. In addition, his O2 Saturations are well maintained, he does not need home O2.

Treatment

1. Dyspnea

LAB: PFT, Complete

FEV1	62%
FVC	59%
FEF 25-75	66%
FEV1/FVC	104%
MVV	57%
TLC	74%
RV	96%
DLCO	71%
DL/VA	107%

Moderate restrictive impairment. FVC of 59%. FEV1 is 62%. Flows are essentially normal. TLC is 74%. Diffusion capacity is only 71% but 107% when corrected for decreased alveolar volume.

2. Lung Nodule/Lung Scarring

Diagnostic Imaging:High Resolution CT Scan Chest no contrast WBH Lung scarring

3. Others

The plan is to proceed with a HRCT scan of his chest to evaluate for the possibility of interstitial lung disease. He definitely has some scarring involving the left lower portion of the lung field possibly in the lingula or LLL. I did tell him to

continue to exercise, that bronchodilators would be of no benefit. He is to avoid further noxious fume or dust exposure but he already is retired and therefore he doesn't expect to have any more exposure. I will plan to see him back in one month. In the interim, I will call him with the results of the CT. I doubt that he will need a bronchoscopy or any type of biopsy procedure. I am just wanting to further evaluate for the possibility of significant pulmonary fibrosis or interstitial lung disease which could account for his abnormal pulmonary functions.

Procedure Codes
94729 DIFFUSION STUDY
94010 BASIC SPIROMETRY
94727 Lung Volumes

Follow Up
4 Weeks

Electronically signed by William Culbertson Jr MD, MD on 01/16/2013 at 12:03 PM CST

Sign off status: Completed

Patient: [redacted]
DOB: 09/17/1938

Provider: William H. Culbertson, MD
Date: 01/14/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Alcohol use: Never, .

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
No Hospitalization History.

Review of Systems
CONSTITUTIONAL:
Weight loss No. Chills No. Excessive Weight gain No. Fatigue Yes. Fever No. Night sweats No.
HEENT/NECK:
Nosebleeds No. Sinus congestion No. Post nasal drip No. Ringing in ears Yes. Ear Pain Yes. Hearing loss Yes. Dizziness No. Sore throat No. Blurred vision No. Itching/Burning of eyes No. Dryness of eyes No. Eye pain No. Tearing of eyes No. Neck Pain Yes. Swollen lymph nodes No.
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UROLOGY:
Urgent urination No. Burning with urination No. Blood in urine No. Difficulty urinating/Dribbling No. Frequent urination No. Weak stream No. Kidney stones No. Unusual color No.
HEMATOLOGY:
Easy bruising Yes. Prolonged bleeding No. Anemia No. Clotting problems No.
PSYCHIATRIC:
History of mental illness No. Anxiety No. Depression No. High stress level No. Insomnia Yes. Panic attacks No.

Vital Signs
Height (Ht) 71", Weight (Wt) 181lbs, Blood pressure (BP) 116/70, Heart rate (HR) 86, Respiratory rate (RR) 16, O2 sat 98% RA, Body mass index (BMI) 25.24.

Physical Examination

GENERAL:
General Appearence: alert, cooperative, pleasant, well nourished. Appears stated age: yes. Build: average.
HEENT:
Nasal septum: midline. Nose: normal. Turbinates: pink. Pharynx: normal. Oral cavity: normal.
NECK:
Neck: supple. ROM: normal. Masses: no. Thyroid: normal. Cervical lymph nodes: normal.
CHEST:
Shape and expansion: normal. Abnormal findings: none. Breasts: no masses.
RESPIRATORY:
Breath sounds bilaterally: clear. Dyspnea: yes, on exertion. Rales: no. Rhonchi: no. Wheezes: no.
HEART:
PMI: normal. median sternotomy no. Rhythm: regular. Heart sounds: normal. Murmurs: no.

GI:
Shape: normal. Scars: no. Tenderness: no. Liver, Spleen: not palpable. Masses: no.
BACK:
Lower back pain: no. Lumbar tenderness: no.
EXTREMITIES:
Tremors: no. Arthritic deformity: no. Clubbing: no. Cyanosis: no. Edema: no.
NEUROLOGICAL:
Sensory: normal. Motor Strength: motor is grossly normal. Gait: normal.
DERMATOLOGY:
Skin: normal color. Rash: no.
MUSCULOSKELETAL:
Joints demonstrate: apparent normal usage/shape.
PSYCHOLOGY:
Mood: normal.
LABORATORY:
Chest Xray: 11/06/12--CXR has been reviewed. He does have some scarring adjacent to the left cardiac border and the lingular division in the LUL; otherwise, the lung fields are clear bilaterally. He does have several calcified granulomata involving the perihilar structures bilaterally. No old x-rays were available for comparison and apparently the patient has not been having CT scans obtained even though he did work at USEC for approximately six months.
CT Angiogram: 01/28/13 @ WBH showed minimal evidence of fibrosis with a 4-mm nodule in the LLL.

Assessments
1. Restrictive Lung Disease - 519.8 (Primary)
2. Dyspnea - 786.05
3. Lung Nodule/Lung Scarring - 518.89
4. Hyperlipidemia - 272.4
5. GERD - 530.81
6. Benign localized hyperplasia of prostate with urinary obstruction and other lower urinary tract symptoms [LUTS] - 600.21

01/14/13 OV--The patient has mostly a restrictive impairment with moderate restriction and lung volumes, some evidence of small airway obstruction. In addition, he has an abnormal CXR with some scarring involving the left lung. I believe he needs a HRCT to evaluate for the possibility of fibrosis or significant scarring in the lungs. I don't believe bronchodilators will be of any benefit. In addition, his O2 Saturations are well maintained, he does not need home O2.

Treatment
1. Restrictive Lung Disease
LAB: PFT, Complete (Ordered for 02/18/2014)

2. Others
I have suggested that he have a repeat CT scan in one year. We will probably do PFTs in a year as well. He is to continue his routine exercise plan and hold any specific pulmonary medication. I will see him in one year, sooner if symptoms warrant.

Follow Up
1 Year FAX: Paducah VA

WH Culbertson MD