

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No. 2021-001174

Jeffrey McCoy, ... Appellant,

v.

CroMed, LLC, and Guarantee Ins. Co. Guaranty Association Carrier, ... Respondents.

RECORD ON APPEAL

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VOLUME II

INDEX

I.	ORDERS	1
	Decision and Order dated April 13, 2021	1
	Full Commission Decision and Order dated September 20, 2021	23
II.	PLEADINGS	43
	Form 50 dated April 13, 2018	43
	Form 50 dated February 4, 2020	46
	Form 51 dated March 5, 2020	49
	Form 51 (Amended) dated June 11, 2020	52
	Form 30 dated April 27, 2021	55
	Defendant/Appellant's brief to the Full Commission dated June 21, 2021	81
	Claimant/Respondent's brief to the Full Commission dated July 6, 2021	95
	Notice of Appeal dated October 19, 2021	114
III.	TRANSCRIPTS	138
	Deposition Transcript of Jeffrey McCoy dated May 31, 2018	138
	Direct Examination by Mr. Cauthen	140
	Direct Examination by Mr. Samuels	241
	Deposition Transcript of Robert Cronan dated May 31, 2018	244
	Direct Examination by Mr. Samuels	247
	Direct Examination by Mr. Cauthen	303
	Direct Re-Examination by Mr. Samuels	306

Deposition Transcript of Malcolm Young dated August 2, 2018.	311
Direct Examination by Mr. Samuels.	314
Direct Examination by Mr. Cauthen.	358
Direct Re-Examination by Mr. Samuels.	360
Deposition Transcript of Ivan E. LaMotta, MD dated September 11, 2018.	366
Direct Examination by Mr. Cauthen.	369
Direct Examination by Mr. Samuels.	399
Direct Re-Examination by Mr. Cauthen.	407
Direct Re-Examination by Mr. Samuels.	410
Direct Re-Examination by Mr. Cauthen.	410
Direct Re-Examination by Mr. Samuels.	412
Direct Re-Examination by Mr. Cauthen.	413
Deposition Transcript of Slif Ulrich, MD dated December 4, 2018.	417
Direct Examination by Mr. Cauthen.	419
Direct Examination by Mr. Reynolds.	439
Direct Re-Examination by Mr. Cauthen.	445
Direct Re-Examination by Mr. Reynolds.	449
Deposition Transcript of Steven C. Poletti, MD dated August 14, 2019.	453
Direct Examination by Mr. Cauthen.	456
Direct Examination by Mr. Samuels.	476
Direct Re-Examination by Mr. Cauthen.	490
Direct Re-Examination by Mr. Samuels.	497

Transcript of Workers' Compensation Commission Hearing dated July 16, 2020	501
Mr. McCoy for Claimant	547
Direct Examination by Mr. Samuels, 47:1	547
Cross- Examination by Mr. Cauthen, 68:21	568
Mr. Young for Defense	624
Direct Examination by Mr. Cauthen, 124:7	624
Cross-Examination by Mr. Samuels, 134:18	634
Redirect Examination by Mr. Cauthen, 143:17	643
Mr. Cronan for Defense	645
Direct Examination by Mr. Cauthen, 145:17	645
Cross-Examination by Mr. Samuels, 187:2	687
IV. EXHIBITS	704
Claimant's Form 58 dated April 14, 2020	704
Claimant's APA Submissions dated April 14, 2020	705
1. Providence Hospital Northeast	709
2. Midlands Orthopaedics & Neurosurgery	738
3. Southeastern Spine Institute	761
Defendant's Form 58 dated June 15, 2020	765
Defendant's APA Submissions dated June 15, 2020	768
1. Southeastern Spine Institute (1/29/18)	771
2. Report and CV of Douglas M. Bull, MD (3/7/19)	778

Defendants' Exhibits dated June 15, 2020	782
3. Summary Prepared by Robert Cronan	782
4. Text Messages between Claimant and Robert Cronan	784
5. GPS and other Business records of CroMed, LLC	788
6. Payroll Records	799
Defendant's Form 58 (Amended) dated July 15, 2020	806
12. Surveillance Report	811
V. CERTIFICATE OF COUNSEL	818

South Carolina Workers' Compensation Commission
WCC File # 1717573

Jeffrey McCoy,	)	
	)	
Employee,	)	Deposition
	)	
Claimant,	)	of
	)	
vs.	)	Steven C. Poletti, MD
	)	
CroMed, LLC,	)	
	)	
Employer,	)	
	)	
Guarantee Ins. Co. in	)	
Liquidation/S.C. Property &	)	
Casualty Insurance Guaranty	)	
Association,	)	
	)	
Carrier,	)	
	)	
Defendants.	)	

Deposition of Steven C. Poletti, MD, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 3:44 p.m., Wednesday, August 14, 2019, at Southeastern Spine Institute, 1106 Chuck Dawley Boulevard, Suite 200, Mount Pleasant, South Carolina.

COPY

Reported by
Barbara P. Scott, CVR-M

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Index

Stipulations.	4
Examination by Mr. Cauthen.	4
Examination by Mr. Samuels.	24
Re-examination by Mr. Cauthen	38
Re-examination by Mr. Samuels	45
Certificate	48

Exhibits

Marked as Defendant's Exhibit Number 1; Deposition of
Steven C. Poletti, MD; copy of Southeastern Spine
Institute report digitally signed 2/12/18; two
pages 6

Marked as Defendant's Exhibit Number 2; Deposition of
Steven C. Poletti, MD; copy of Southeastern Spine
Institute report digitally signed 3/16/18; two
pages 6

Marked as Defendant's Exhibit Number 3; Deposition of
Steven C. Poletti, MD; copy of Pitts Radiology report;
three pages 47

Court Reporter's Note: This transcript may contain
quoted material. Such material is reproduced as read or
quoted by the speaker. Double hyphens (--) denote
interruption of speech, incomplete sentence/phrase, or
trailing off. [ph] denotes phonetically written. [sic]
denotes written as spoken.

1 Stipulations

2 The reading and signing of this deposition
3 transcript is waived by the deponent and
4 counsel for the respective parties.

5 Whereupon,

6 Steven C. Poletti, MD, being duly sworn and
7 cautioned to speak the truth, the whole truth,
8 and nothing but the truth, testified and
9 deposed as follows:

10 The Court Reporter: State your name for
11 the record.

12 The Deponent: Steven Charles Poletti.

13 Examination

14 By Mr. Cauthen:

15 Q Okay. Dr. Poletti, my name is Mark Cauthen. Of
16 course I'm the one who noticed your deposition, and
17 this is for the workers' compensation claim of Mr.
18 Jeffrey McCoy who you performed an IME for, I
19 believe, and we're here to take your deposition
20 about that -- that issue. And we don't need to go
21 through the particulars because I know that you
22 know all the ins-and-outs and rules of a
23 deposition, so we'll just get right to it. Would
24 you just give us briefly your educational training
25 and experience as an orthopedic surgeon?

- 1 A Well, I'm a medical doctor. Obviously went to
2 college and medical school. To get there, I did my
3 residency in orthopedic surgery at Duke University
4 and have been practicing here at Southeastern Spine
5 Institute for the past 27 years.
- 6 Q Okay. And you are board-certified in what?
- 7 A Board-certified in orthopedic surgery.
- 8 Q Okay. Now, you're an orthopedic -- you're an
9 orthopedic surgeon as opposed to other --
- 10 A Right. I have -- My training was in -- Again, I
11 did two years of general and thoracic surgery and
12 then four years of orthopedic surgery, and I'm
13 board-certified in orthopedic surgery, although my
14 subspecialty is spine surgery. So, we don't do any
15 other kind of surgery other than spine cases.
- 16 Q Okay. Cervical and lumbar?
- 17 A That's correct.
- 18 Q Okay. All right. I want to ask you about your
19 evaluation of Mr. Jeffrey McCoy. When did you
20 first have an occasion to see Mr. McCoy?
- 21 A I've seen Mr. McCoy only on one occasion, January
22 29th, 2018.
- 23 Q Okay. And this was -- this was for an IME only?
- 24 A It was.
- 25 Q All right. And was he referred to you?

1 A Yes. The IME is referred by Mr. Samuels.

2 Q Okay. I wanted to ask you -- There are two
3 different versions of your report that we obtained.
4 They're both dated 1/29/18, but they were -- they
5 were signed digitally by you on different dates.
6 The first has a 2/12/18 digital signature, the
7 second, 3/16/18, so a little over a month apart. I
8 wanted to ask you a little bit about these.

9 Mr. Cauthen: And just mark these as
10 Defendant's 1 and -- 1 and 2. Let me see if
11 I've got a copy that's not all highlighted.
12 There is the second one. And the first one.
13 No. All right. We'll just have to mark that
14 one, the one that's highlighted.

15 Marked as Defendant's Exhibit Number 1;
16 Deposition of Steven C. Poletti, MD; copy of
17 Southeastern Spine Institute report digitally
18 signed 2/12/18; two pages.

19 Marked as Defendant's Exhibit Number 2;
20 Deposition of Steven C. Poletti, MD; copy of
21 Southeastern Spine Institute report digitally
22 signed 3/16/18; two pages.

23 Q Do you have copies of both of those?

24 A No. I just have copies of probably this final one.
25 I remember this was a report -- I think the first

1 one was sent out and wasn't finalized, and before I
2 finalized the second one, I believe that I made
3 some changes in the injury dates or something like
4 that. So, the copy that I have here is the only
5 copy that I have, which I assume would be the --
6 the second one or the one --

7 Q Okay.

8 A -- that was finalized with the signature in March.
9 See, this is the signature, the 3/16/18 finalized,
10 electronically-signed date. That's the one I have.

11 Q Okay. All right. I wanted to ask you, though,
12 about the first one because I didn't see -- the
13 second one didn't -- Is the second supposed to be
14 an addendum or is it supposed to rescind the first
15 one or --

16 A I would describe it as rescinding the first one. I
17 would say that the first one, for lack of a better
18 word, wasn't meant to be sent out. What happens
19 with the IME is that I will review it and then sign
20 off on it, and then they'll do a final signature.
21 I'm assuming that this one was finalized without my
22 signature.

23 Q Well, the one that initially indicated the history
24 of the patient -- The one that's digitally signed
25 2/12/18 indicated the history -- in the history of

1 the patient that an injury occurred 9/17/17 while
2 he was working for the employer, CroMed. Do you
3 know where that information came from? Did you
4 take that information from the patient at that
5 time?

6 A Well, I know that he had a history of an injury
7 that occurred at CroMed when he was lifting a
8 wheelchair and he felt the pain into his back and
9 leg. The initial note I said was 9/17/17, I think
10 that I amended that to 10/9/17.

11 Q Right, but -- And I want to get to that in a
12 second, regarding the amendment, but at the time of
13 the evaluation on January 29, 2018, when you
14 examined the patient and took the history from the
15 patient, did the patient tell you that he was
16 injured on 9/17/17 as opposed to the latter date?

17 A Again, I don't remember. My understanding in my --
18 I suppose I would describe it as retrospective
19 recollection is that he said that his symptoms had
20 been present since 9/17/17. And, so, what he said
21 is that -- in his questionnaire, describing the
22 details of his injury, he bent over to pick up a
23 wheelchair when he felt back pain and a pins-and-
24 needles sensation in the front of his left leg and
25 that the symptoms had been present since 9/17/17.

1 That's what he wrote down. And I believe that I
2 dictated that as my text in that initial note.

3 Q So, you think it was just an error of putting the
4 wrong dates into the form?

5 A Right. I think that he was injured when he was
6 picking up the wheelchair. I believe that his
7 symptoms, as it relates to his back, preexisted
8 that, and I -- I think I said this before --
9 believe that when he picked up the wheelchair, that
10 the disc herniated out, causing him the leg pain.
11 And prior to the deposition, I looked at this guy's
12 scans again, and it looks to me like he had a CAT
13 scan on 9/18/17 of his low back, and then he had an
14 MRI scan a month later, 10/21/7 [sic], and although
15 you can't compare apples to oranges, it doesn't
16 appear that the disc herniation that you see on the
17 MRI was present on the CT scan. And, so, that sort
18 of corresponds with his story to me that he said he
19 was having back pain, that he presented to the
20 emergency room with that back pain, that he denied
21 any injury on that day, and then he attempted to
22 return to work and, when he was lifting the
23 wheelchair, had that severe pain. But that's what
24 I think happened. Again, there's misstatements in
25 my initial note that -- that don't speak to that.

1 Q Okay. Now, between the two -- between the two
2 notes, the first one indicates digitally signed
3 2/12/18; the second then signed on 3/16/18.
4 There's a little over a month between those two
5 dates. Do you know how you came to learn that the
6 -- that there were errors in that first one? Do
7 you recall that?

8 A I believe that I had a conversation about the dates
9 of injury with either Mr. Samuels or a co-counsel
10 or a paralegal of his just to ask me to re-review
11 the records and change those dates if I thought it
12 was appropriate.

13 Q Okay. So, the -- the resulting report digitally
14 signed 3/16/18, that's -- that accurate?

15 A Right. That's my opinion, yes.

16 Q Okay. Could you just take us through the
17 examination and your findings from that evaluation?

18 A Well, I mean, again, the physical examination
19 findings aren't that remarkable. He has pain into
20 his back. He has some signs and symptoms of what
21 they call radiculopathy, or a pinching in the
22 nerves on the left side. He has an MRI scan which
23 shows that he has a disc herniation at the level
24 and on the side that would be expected from the
25 clinical findings. And, to my interpretation, that

1 herniation was not seen on a CAT scan done a month
2 earlier. And, so, again, it's my opinion that he
3 somehow had a weakened disc or a torn disc that was
4 causing him pain, making him, I would describe as,
5 more susceptible to being injured, and then he had
6 this injury where he was lifting the wheelchair. I
7 believe I described it as the straw that broke the
8 camel's back, but that lifting the wheelchair
9 injury most likely caused the disc then to
10 herniate, contributing to that left leg pain that
11 he -- he described to Dr. LaMotta, as well.

12 Q Now, did you -- did you have the films available,
13 like on a DVD or a disc, from both the CT -- CT
14 scan dated 9/26/17 and the MRI of 10/20/17?

15 A Yes, I have both those. I just looked at them.

16 Q Okay. Any other imaging studies that you had?

17 A There are other imaging studies, but I don't
18 believe that I relied on them.

19 Q Is there anything more recent than those two that
20 you know of?

21 A Not that I know of.

22 Q Now, the -- If you -- Just looking at the
23 radiologist's report, -- Do you have the
24 radiologist's report from the MRI --

25 A Yes.

1 Q -- of 10/20/17? Do you have that handy?

2 A I do.

3 Q On the radiologist's report, it's talking about the
4 L4-5 level. Radiologist referred to -- referred to
5 it as a broad-based disc protrusion noted locally -
6 - located centrally into the left. He didn't
7 specifically say a herniation. I'm just wondering
8 where the -- where your impression of a herniation
9 came from.

10 A Well, again, some of this is semantics, but the
11 radiologist states "...a broad-based protrusion
12 noted centrally" -- and I believe he wanted to say
13 "and to the left," not into the left -- located
14 "centrally and to the left." He says the disc
15 material extends left into the lateral recess
16 toward the neural foramen. And, so, again, you
17 would have to ask the radiologist what his
18 nomenclature is, but when you say disc material
19 extends to the left lateral recess toward the
20 neural foramen, "disc material extends" in and
21 among itself is the definition of a herniation.
22 The disc material can't extend into the foramen
23 unless it's herniated. So, I believe that the
24 language -- he would agree with my language, and I
25 agree with his language. It's just the radiologist

1 used those adjectives a little differently.

2 Q Just sometimes -- Tell me if I'm right or wrong.
3 Radiologists or even orthopedists sometimes use the
4 terms "protrusion" and "herniation"
5 interchangeably?

6 A That's correct. And I would say that probably is
7 even more true for what you would call focal
8 protrusion or one-sided protrusion. And, so,
9 again, broad-based protrusion to the left is kind
10 of an oxymoron, right? You know, it's -- to the
11 left is not broad-based. It's -- And, so, the
12 fact that they say that the disc material extends
13 to the left means that it's a herniation, to me.

14 Q Okay. Now, talking about the radiologist, I want
15 to give you a -- a report, actually, and for
16 Stephen, as well. If you all would take a second
17 to look over --

18 Mr. Samuels: I'm going to object. This
19 has never been provided to me, and --

20 Mr. Cauthen: Under the rules, you may,
21 if you would like, discuss it with the doctor
22 off the record.

23 Mr. Samuels: All right. We'll adjourn,
24 and, Dr. Poletti, we'll step out for a moment.

25 [Off the record briefly at 4:00]

p.m.]

Mr. Samuels: We're back on the record.

I'll actually say Dr. Poletti and I didn't say anything outside.

Examination Continues

By Mr. Cauthen:

Q Well, Dr. Poletti, this is a -- obviously a consultation with a board-certified radiologist, and if you take a look at the attached CV, you'll note Dr. Stephen Bull -- I'm sorry -- Douglas Bull is board-certified radiologist with Pitts Radiology and has looked at the two scans. And if we could just kind of look at his opinion right there in the middle of the report, if you could just kind of follow along with me, I just wanted to discuss a portion of it, where kind of in the middle of that paragraph in the middle he says --

Mr. Samuels: Mark, actually before you get into the specifics, let me get my full objection on the record, --

Mr. Cauthen: Okay.

Mr. Samuels: -- just so we have it. Object that this document was not provided to me. I further object it would be inadmissible pursuant to Section 42-15-95, and by the plain

1 context of this, there has apparently been a
2 conversation with this radiologists or
3 materials sent to him that were not provided.
4 I think this would be inadmissible under 42-
5 15-95. I understand this individual did not
6 actually see the patient, has never examined
7 the patient, so he perhaps might not qualify
8 as a health care provider, in which case it
9 would certainly go to the weight of his
10 opinion in someone who has never met the
11 patient, never done a physical exam. But I
12 would object to admissibility on that and the
13 lack of evidence. Go ahead. And, Dr.
14 Poletti, Mr. Cauthen will finish his question.
15 That's the only legal thing I have to say.

16 Mr. Cauthen: Well, just -- just to
17 quickly on the record, as well, I don't
18 believe there's any requirement under the
19 rules or the statute that requires that we
20 notify opposing counsel of our consulting an
21 expert witness who is not going to see the
22 patient -- not going to see the patient. And
23 that's all it is.

24 Mr. Samuels: Yeah, but the purpose of
25 the continuance was to allow you to depose Dr.

1 Poletti, not to obtain additional evidence not
2 provided to --

3 Mr. Cauthen: There's no restriction on
4 our --

5 Mr. Samuels: -- to me.

6 Mr. Cauthen: -- on the postponement. It
7 was just because, remember, we got Dr.
8 Poletti's report, new report, the night
9 before, so --

10 Q Anyway, let me just ask you a little bit about
11 this, Dr. Poletti. The -- As Dr. Bull has
12 indicated in here, it says, "The degree of the disc
13 protrusion appears to be the same between the two
14 exams," looking at the CT versus the MRI, and he
15 did measurements. "Measurements of the anterior to
16 posterior diameter of the spinal canal at the point
17 of the greatest bulge is 11.8 millimeters on the CT
18 versus 12 millimeters on the MRI." So, in essence,
19 his opinion is that he couldn't measure any
20 anatomic difference between the two exams relative
21 to the degree of protrusion, stenosis or foraminal
22 involvement, his opinion being that they appear to
23 be essentially the same. Do you disagree with that
24 or do you agree with that?

25 A Well, what I would say is that I agree that when

1 Dr. Bull says -- In his second paragraph he says,
2 "Comparing anatomic findings between two different
3 modalities such as CT and MRI can occasionally
4 create some difficulties." Well, it always creates
5 some difficulties, not occasionally creates some
6 difficulties. And -- And he says that in this
7 case, however, he feels confident that there is no
8 change. Well, I've just looked at the MRI and the
9 CT scan, and I've looked at the radiologist's
10 interpretation of the CT scan that read it in the
11 hospital, and the MRI interpretation, as well, and
12 it's clear to me, at least from looking at it, that
13 the MRI scan is a herniated disc which lateralizes
14 to the left and that I don't see that on the CT
15 scan of 9/26/17, and neither does the radiologist
16 that -- that read his scan. And, so, again, to my
17 interpretation, -- And I know I'm not a board-
18 certified radiologist, but I would go out on a limb
19 and say that there is no doctor in South Carolina
20 that's looked at more MRIs and CT scans of the
21 spine than me, for sure, and I don't see that the
22 CT scans and MRIs are identical. I -- I detect the
23 difference just as the radiologist that read the
24 scans did, and I assume Dr. LaMotta most likely
25 did, too, because it seems pretty obvious to me.

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1 Q Well, couldn't it be that that herniation was there
2 before based on what Dr. Bull is saying here?

3 A Well, again, Dr. Bull says that he sees no
4 difference between the two exams. I do see a
5 difference between the two exams. I don't see that
6 the radiologist describes it as a left-sided
7 herniation before. They are semantics, and I think
8 it just does show that radiologic interpretations
9 are subjective -- subjected to opinion; they're
10 subjective opinion. I think that the thing that is
11 in Mr. McCoy's favor is that he began complaining
12 of the left-sided leg pain only after the
13 wheelchair lifting incident, which corresponds to
14 the disc herniating to the left.

15 Q Well, as far as a radiologist's interpretation of
16 the -- like MRIs and CT scans being subjective, I
17 think one of the -- Stephen Samuels' positions in
18 this case is that that's actually objective
19 evidence of a difference between the CT and MRI,
20 not -- not subjective -- not subject -- not
21 subjective -- excuse me -- subjected to subjective
22 interpretation by the radiologist, that it's
23 objective evidence. Do you -- Do you not agree
24 with that?

25 A Well, I believe that the scans are objective

1 evidence. You're asking about the interpretations
2 of the scans. Interpretations of the scans are
3 always subjective. My interpretation is
4 subjective. I can't state it as a fact. I can
5 state it as my mostly likely opinion.

6 Q Did you do any measurements, as Dr. Bull has cited
7 here in the -- as he has indicated, measuring the
8 anterior to posterior diameter of the spinal canal
9 at the point of the greatest bulge so as to -- his
10 measurements being 11.8 millimeters versus 12
11 millimeters? Did you do anything like that?

12 A Well, I mean, I think that we measure things on the
13 MRI. I didn't do this measuring. I'm frankly
14 surprised that you could truly measure the
15 difference between 12 millimeters and 11.8
16 millimeters on the scan, but I'll give it to him
17 and say that maybe he could discern that as being a
18 difference, but I don't think I -- I actually put
19 the ruler to both of them. But it's not hard to
20 see. I mean, I think you could discern the
21 difference if you looked at the scan.

22 Q Would you disagree with his methodology here?

23 A Well, again, I don't know that there's some
24 methodology. When you say methodology, it implies
25 that there's some generally agreed up set of

1 measurements that's made to draw that conclusion.
2 These are just observations that he has, and I
3 don't question him for having those observations.
4 They're just different observations than I had,
5 different observations than Dr. LaMotta had,
6 different observations than the radiologist that
7 interpreted his scans at the hospital had.

8 Q But you would agree that Dr. Bull, as a board-
9 certified radiologist, would have a greater degree
10 of expertise in interpreting imaging studies such
11 as -- such as MRIs and CTs than you would have
12 being as that's his specialty?

13 A Well, I mean, again, -- I'll say it again because
14 -- it sounds arrogant to say it, but -- but if you
15 ever have an MRI scan or a CAT scan of your back
16 and you want somebody to interpret it, you want me
17 to interpret it. I promise you, I've looked at
18 more of them than anybody. I feel more qualified
19 than anyone to read a MRI or a CT scan of the
20 spine. And that's by no means a diss on
21 radiologists or anything like that. I'm just in
22 the -- I would describe it as unique position of
23 seeing more than just about anybody over my career.

24 Q More than a -- a radiologist who's been in practice
25 since nineteen -- appears to be 1990?

1 A Right. Yeah, I've been in practice for a year
2 longer than him, --

3 Q A year longer?

4 A -- and I would say that I've read far more. And,
5 again, that's not a -- a beat-down on him.
6 Radiologists describe -- read -- read scans of
7 everything. I couldn't describe to you the details
8 of a shoulder MRI or an abdominal CT or a scan of
9 the brain or something along those lines, but
10 specifically you were asking me about whether I
11 felt that my opinions on reading MRIs and CTs scans
12 of your spine -- if there's anybody that I trusted
13 more than myself, and I would, honest to God, say
14 no.

15 Q Well, -- And I'm certainly not arguing with you.
16 I don't have any position to argue with you, but
17 you would agree that, at least on paper, his
18 qualifications as a board-certified radiologist
19 with his years of experience would be -- would make
20 him more qualified, at least on paper, to a non-
21 radiologist who is a board-certified orthopedist?

22 Mr. Samuels: Objection. Asked and
23 answered.

24 A Yeah, again, you know, a lot of those are
25 semantics, and I'm sure Dr. Bull is a good guy,

1 and, I mean, I don't want to pit this like me
2 against him, but --

3 Q We're talking about qualifications.

4 A -- but I would say that, you know, Listen, my
5 qualifications are that, well, I've done probably
6 more spine surgery than any doctor practicing in
7 the southeast that's still practicing, and I've
8 seen more patients and read more MRI scans than,
9 well, anybody else over this long, long
10 accumulative period, and, so, I just think it makes
11 me, you know, qualified to read it as well as
12 anybody. If someone wants to say, Well, look at
13 all the initials on his diploma, he's better at it
14 than you, then I don't argue with their right to
15 that opinion. I just feel strongly about my
16 ability to read these scans.

17 Q Would that apply to just any radiologist in the
18 state of South Carolina or --

19 A Again, I would say any radiologist. And, again, I
20 call the radiologist -- I just -- Again, I would
21 -- You know, I mean, maybe it's overconfidence,
22 but I feel certain about my ability to read the
23 spinal scans.

24 Q Does Southeastern Spine have radiologists on staff
25 or --

- 1 A Yes, we have a radiologist on staff, Dr. Holgate.
- 2 Q Do they -- Does the radiologist initially
- 3 interpret it? Do they actually interpret and then
- 4 issue a report if you all do the MRI here?
- 5 A Yes.
- 6 Q And, so, it's the radiologist signing off on it,
- 7 not an orthopedic specialist?
- 8 A An interpretation, right, and, again, some of this
- 9 is accreditation through American College of
- 10 Radiologists and how scans are certified through
- 11 the state, but a radiologist reads the scan and
- 12 provides the reading. I will say again, just
- 13 personally, every scan on every patient that I see,
- 14 I look at the scan myself and interpret it myself.
- 15 Q You don't -- You don't just rely on radiologists?
- 16 A No.
- 17 Q Okay. What recommendations did you have for Mr.
- 18 McCoy?
- 19 A I recommended that he try some nonoperative care,
- 20 some injection-based therapy.
- 21 Q You didn't see a surgical problem with him?
- 22 A I believe that he could consider surgery. I said
- 23 that if he -- he could consider injections and that
- 24 if the injections didn't help, he could consider
- 25 surgery.

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1 Q Was there a surgical problem that you -- that you
2 identified, or is it just potential surgery if he
3 didn't respond to injections?

4 A Well, again, he has a bad disc in his back, a
5 herniated disc, an abnormal disc at L4-5. That
6 would be the problem. And like a lot of these, you
7 just want to try some form of nonoperative care and
8 hope that they can improve with that because
9 surgery on the spine is sometimes unpredictable.

10 Q Okay. And you mentioned a 13 percent impairment to
11 the whole person. Would that be to the spine or to
12 the whole person -- to the -- to the lumbar spine
13 or to the whole person?

14 A Well, we did the whole person. Sometimes we're
15 asked to have a regional impairment, what it would
16 be to the lumbar spine, and I believe that in that
17 calculation -- and I'd have to get a calculator
18 out, but I think it's more like 17 percent to the
19 lumbar spine, would be the equivalent of 13 percent
20 to the whole person.

21 Mr. Cauthen: Okay. All right. I
22 believe that's all I've got, Dr. Poletti.

23 The Deponent: All right. Thank you.

24 Examination

25 By Mr. Samuels:

1 Q Dr. Poletti, I'm Stephen Samuels, and I represent
2 Jeffrey McCoy. Would you operate on a patient
3 without personally reading the MRI scan?

4 A No.

5 Q Wouldn't it, in fact, be malpractice to operate on
6 a patient merely by reading a radiologist's report
7 of an MRI scan?

8 A In general I think that it would be below the
9 standard of care to not actually look at the MRI
10 scan before operating.

11 Q How many spine surgeries do you believe you've
12 done, ballpark, in your career?

13 A I would say 12,000, 15,000.

14 Q And for every one of those patients, you have read
15 the appropriate imaging studies, CT, x-rays, and
16 MRI scans?

17 A Yes.

18 Q And in addition to that, there are probably how
19 many patients that you would have read the CT, MRI
20 or other imaging scans to determine the patient was
21 not operative?

22 A Right. At least five to six times that many.

23 Q In fact, as a spine surgeon, you have advantages in
24 all these imaging studies you've read. They've all
25 been regarding the spine, as you said, not

- 1 shoulders, not brains, not knees, and so forth?
- 2 A Right. I think that part of the reason is that we
- 3 just look at the spine only, and I think our
- 4 software here just allows us to pull the images up
- 5 immediately and be able to look at images simpler
- 6 than we could in the old days when you had to take
- 7 out individual x-rays and put them on the x-ray
- 8 board. Now the computer allows you to look at it
- 9 easier.
- 10 Q Are there radiologists who limit themselves only to
- 11 interpreting spine imaging?
- 12 A Yes.
- 13 Q In fact, you have one in your practice?
- 14 A We do.
- 15 Q But a general radiologist will not have that same
- 16 advantage of being specialized in -- as a -- I
- 17 guess a spinal radiologist. Is that fair to say?
- 18 A That is fair to say.
- 19 Q In terms of any opinion you make regarding
- 20 treatment or causation or really any other medical
- 21 and forensic opinion you make in a case, is it also
- 22 important that you examine the patient?
- 23 A Yes.
- 24 Q Why is it important to examine a patient and not
- 25 merely rely on imaging studies or even reports of

1 imaging studies?

2 A Well, again, there's some language that -- that
3 always creeps up. I even believe they have it in
4 the American Medical Association impairment guides
5 -- when they talk about disc herniations and they
6 talk about a disc herniation on the side and at the
7 level that would be expected from the clinical
8 findings. And, so, again, the clinical findings
9 are only something that you can find out from
10 talking to the patient and examining the patient,
11 and -- and, so, really the only way to mesh a
12 patient's objective findings on their scan with
13 their subjective findings clinically is to see them
14 in the office.

15 Q And even then, a physical exam is, to a large
16 extent objective, as well, is it not?

17 A That's right. A physical examination can show you
18 some objective signs that support the subjective
19 complaints. And, again, that would be part of the
20 rationale in causation.

21 Q Do radiologist conduct physical exams?

22 A Not usually. Again, the radiologist just issues a
23 report based on the reading. Even in this doctor's
24 report, he does make note of how clinical findings
25 can sometimes be confusing, and he is just reading

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1 the report.

2 Q Did you also notice that Dr. Bull states in his
3 opinion that he's guessing at one point, the third
4 paragraph?

5 Mr. Cauthen: Object to the form of the
6 question.

7 A I did see that. I mean, again, I would give him
8 the benefit of the doubt and say that it's an
9 educated guess, but -- which is, I suppose, what we
10 all do.

11 Q The specific statement is, "My guess is that if the
12 patient was symptomatic, it was probably from the
13 findings of this -- it was probably from the
14 findings at this level."

15 Mr. Samuels: (to the court reporter)
16 Please transcribe that accurately.

17 Q You, though, have the history and had the
18 opportunity to review all of Mr. McCoy's previous
19 records to determine when or how he was
20 symptomatic; is that correct, Doctor?

21 A That's correct.

22 Q So, let me go through some of these with you. And
23 I'm going to hand you a package which is -- they're
24 my Claimant's APA submissions, and, if you will
25 note, at the bottom of every page there is a page

1 number. I'm going to be referring to those page
2 numbers. Let me take you quickly to page 4. What
3 was the stated complaint?

4 A The stated complaint was that, "The patient
5 presents with left lower back pain since Wednesday
6 night of last week. He denies injury. His pain is
7 noted to radiate into his left groin. It is a low,
8 dull, aching pain with associated burning pain
9 that's located in the lower back. It's worse when
10 he moves or when he sits straight on his buttocks.
11 He denies having motor or sensory deficits."

12 Q And they also put in the stated complaint back and
13 abdominal pain. Is that the same presentation that
14 he made at Southeastern Spine?

15 A Well, his presentation was of back pain and
16 radiating pain into his left leg.

17 Q Do they have radiating pain to his left leg
18 reported in this exam of the emergency room of
19 Providence Health?

20 A I don't see any, no.

21 Q And let me jump you to page 6. And they did
22 physical exam. During the physical exam of the
23 back, -- this is on September 18th -- any signs or
24 symptoms of radiculopathy?

25 A No.

1 Q Is there any significance to this negative straight
2 leg raise mentioned in this back exam?

3 A Well, again, a negative straight leg raise is a
4 sign that most likely there are not signs of nerve
5 compression or neural tension. And, so, when you
6 straighten the leg out or stretch the sciatic
7 nerve, if the disc is herniated, that will often
8 reproduce shooting pain, and that wasn't the case
9 here.

10 Q And ultimately there was a question, was it kidney
11 stone, which is what the patient thought, but the
12 ER physician thought -- he suspected it was more of
13 a musculoskeletal process with muscle spasm; no
14 indication at that point it was anything other than
15 lumbar strain. Is that correct?

16 A That's correct.

17 Mr. Cauthen: Object to leading this
18 witness. It's your witness.

19 Mr. Samuels: Cross-examination.

20 Mr. Cauthen: It's your witness, though.

21 Q Dr. Poletti, let me then jump you ahead to the next
22 report, which is 9/26/17 at page 15, also at
23 Providence Health. And at the top, not the History
24 of Present Illness but under Stated Complaint, what
25 is the stated complaint?

- 1 A The stated complaint is back pain and nausea.
- 2 Q And then under the History of Present Illness,
- 3 Additional Comments, what symptoms was the patient
- 4 reporting?
- 5 A He was complaining of continued low back pain with
- 6 radiation into the abdomen.
- 7 Q Anything about weakness or numbness to the
- 8 extremities?
- 9 A Specifically they said, "He has no weakness or
- 10 numbness to his extremities."
- 11 Q Any indication on this exam that he has left-sided
- 12 lumbar radiculopathy?
- 13 A Not that I see.
- 14 Q I'll jump you to page 22 which is part of the --
- 15 part of the same September 26, '17 -- 2017 report.
- 16 What was the diagnosis and instructions to the
- 17 patient?
- 18 A The diagnosis was -- well, their diagnosis was low
- 19 back strain and acute abdominal pain. They
- 20 recommended that he try some rest, heat
- 21 alternating, some stretching exercises, and to
- 22 follow up with orthopedics.
- 23 Q At this point the CT scans had been done but no
- 24 MRI?
- 25 A That's correct.

- 1 Q I'm going to move you to page 34. This is
2 paperwork at Midlands Orthopaedics. And I ask you
3 to take a look at the two questions at the top of
4 the page. I'll also let you know this paperwork
5 was filled out on October 12, 2017, so this is
6 three days after the October 9th wheelchair
7 incident. When did Mr. McCoy report his pain first
8 starting?
- 9 A September 14th.
- 10 Q And when did he report it worsening?
- 11 A I'm having a hard time reading what he's written
12 there. It says October 9th, I believe.
- 13 Q I believe that is correct.
- 14 A Yes.
- 15 Q Now, this is a report from Dr. Slif Ulrich. So,
16 let's have you take a look at page 37. This is a
17 report generated by Dr. Ulrich on October 12, 2017,
18 the same date that paper you just reviewed was
19 filled out. What is the Assessment/Plan from Dr.
20 Ulrich?
- 21 A The assessment is left lumbar radiculopathy with
22 low back pain.
- 23 Q And what does Dr. Ulrich say in the very next
24 sentence?
- 25 A He says, "This was a work-related injury," and

1 ultimately he says he thinks the next best step is
2 an MRI.

3 Q And right above that under Neurological Symptoms,
4 -- this is part of the physical exam -- was there
5 any difference in the physical exam done at
6 Midlands Orthopaedics from the results of the
7 physical exam at the emergency room? I'm
8 specifically referring to the Neurological System
9 right above the Assessment and Plan.

10 A Yes, it does say specifically that he has a
11 straight leg raise that is positive, and they did
12 it both with him laying down and sitting down,
13 called supine and sitting straight leg raising, and
14 they even italicized it. And, so, there is a
15 pertinent positive of the straight leg raising
16 being positive on that visit.

17 Q So, we have a different physical exam on October
18 12, 2017 compared to previous exams in September
19 2017, where now we're seeing a positive straight
20 leg raising; is that right?

21 Mr. Cauthen: Object to the form of the
22 question as leading.

23 A Well, I agree that he did not complain of left-
24 sided radiating leg pain and did not have a
25 positive straight leg raise noted in his records in

1 September and they're noted here in October.

2 Q Okay. Let me jump you ahead to page 42, and this
3 is part of Dr. LaMotta's report from October 26,
4 2017 following the MRI exam. Let me ask you first
5 to take a look at the HPI. And when you've had a
6 chance to take a look at that, please let me know.

7 A I have looked at this. I've looked at this note
8 before, as well.

9 Q Okay. In his -- the report here of, "He recalls
10 attempting to pick up a wheelchair at work on
11 10/9/2017 when he experienced a flare-up of pain in
12 his lower back and left lower extremity." Is that
13 the history that was provided to you by him
14 verbally when you met with him?

15 A Yes. That's, I believe, -- I would describe it as
16 accurate history.

17 Q Now I'm going to ask you to move to pages 50 and 51
18 which is a questionnaire signed by Dr. LaMotta.
19 And I'll -- So, I'll represent to you, unless Mr.
20 Cauthen wants me to go into it, that Dr. LaMotta
21 stood by the opinions in this questionnaire in his
22 deposition when he testified under oath, and
23 specifically there, questions 3, 4 and 5 on page
24 50. So, I'll ask you the same questions. Would
25 you agree that the CT scan on September 26, 2017

1 showed a diffusely bulging disc L4-5 and mild
2 central canal and biforaminal stenosis with mild
3 bulging at the L5-S1 disc without central canal
4 stenosis?

5 A Yes.

6 Q And is that your opinion based on reports or on
7 your own reading of the MRI -- CT scan?

8 A Well, that is the report from the radiologist that
9 I agree with after directly reviewing his MRI scan.

10 Q The next question is on the October 20, 2017 MRI,
11 it showed disc deformities at L4-5 and L5-S1. It
12 is worse at L4-5 where there is a prominent broad-
13 based disc deformity present extending centrally to
14 the left, disc material extending to the left
15 lateral recess toward the left neural foramen.
16 There's a slightly smaller disc deformity at L5-S1.
17 There's associated annular fissure at L5-S1. What
18 is your opinion of that statement?

19 A Again, I agree with that statement. I would answer
20 yes to the accuracy of that statement. That is the
21 neuro radiologist's interpretation of the MRI, and
22 I've, as well, reviewed the MRI myself and agree
23 with that interpretation.

24 Q And do you believe the MRI shows worsening of the
25 disc deformities compared to the previous CT scan,

1 consistent with acute injury from lifting the
2 wheelchair as reported by the patient?

3 A Well, again, I do believe that the MRI shows
4 worsening of the disc deformity compared to the
5 previous CT scan, and that does correspond with the
6 patient's complaint that he lifted the wheelchair
7 and then began having the left leg pain. And, so,
8 again, Mr. McCoy's subjective complaints and story
9 line up with the objective findings on his imaging
10 studies.

11 Q Do they also match up with the clinical
12 presentation compared to the emergency room visits
13 and Midlands Orthopaedics and then Southeastern
14 Spine?

15 Mr. Cauthen: Object to the form of the
16 question.

17 A Yes. I believe that his complaints are supported
18 by everything that's in the medical record in those
19 locations.

20 Q Is there any evidence that he had a disc herniation
21 resulting in radiculopathy prior to October 9,
22 2017?

23 A No.

24 Q And why do you say that?

25 A Well, again, he did not have pain going down his

1 leg. He did not have prior scanning, to include an
2 MRI, that showed it. Again, in this day and age,
3 pain going down your legs is going to get you an
4 MRI scan eventually, and it was pain going into his
5 legs which prompted them to order the MRI scan at
6 Midlands Orthopaedics. I would venture to say that
7 if Mr. McCoy was having significant pain down his
8 leg in the emergency room, they would have done an
9 MRI on him as opposed to a CAT scan. And, so, I
10 believe that if he was having significant clinical
11 pain down his leg, in this day and age he would
12 have had a MRI.

13 Q Dr. Poletti, let me ask you to just take a look at
14 pages 116 and 117.

15 A Yes. That's my note, my amended note.

16 Q This is your final report?

17 A That's correct.

18 Q And does this report accurately reflect your
19 opinion?

20 A Yes, the report that I digitally signed on March
21 16th of 2018 is my opinion.

22 Q Are the opinions you've given in your report and
23 then your testimony today your opinions to a
24 reasonable degree of medical certainty?

25 A They are.

1 Q Has anything that we've -- you've been shown or
2 asked about at this deposition changed the opinions
3 that you gave in the report that you digitally
4 signed on March 16, 2018?

5 A No. My opinions are the same.

6 Mr. Samuels: Thank you, Doctor. I have
7 no further questions.

8 The Deponent: Thank you.

9 Re-examination

10 By Mr. Cauthen:

11 Q Well, Doctor, I wasn't planning on this, but I want
12 to go through a few things in the records with you,
13 as well. I think you still have the -- Mr.
14 Samuel's AP -- the APA submissions that you were
15 referred to. I want to refer to some of the same
16 things in the pages, as well. If you could turn to
17 page 21. Is that a -- That's a note or part of a
18 note from Providence Hospital. What is the date --
19 the date of that note, the top right there, at
20 least the date it was dictated?

21 A 9/26/17.

22 Q And that would -- that would be prior to the
23 patient's 10/9/17 injury?

24 A Correct.

25 Q Okay. If you will look down there below ED

1 Departure, do you find a reference to lumbar
2 radiculopathy?

3 A Yes.

4 Q So, it would appear the patient was having
5 radicular symptoms before the 10/9/17 injury; is
6 that -- is that correct?

7 A Well, I don't see any other notation of it other
8 than that record.

9 Q Now, when you were being asked some questions about
10 -- I mean, I understand -- Let me just finish
11 with that question. You don't see any other
12 notation, but you would agree with -- that note
13 right there would indicate that he was having
14 radicular symptoms prior to the October 9 injury?

15 A Yes. Their secondary impression is that lumbar
16 radiculopathy was one of their impressions or
17 diagnoses.

18 Q That was a finding from that exam, right?

19 A Well, that was the interpretation or a diagnosis of
20 the doctor that treated him.

21 Q Now, prior to his going to Midlands, he was seen at
22 Providence twice. We've discussed that. And did
23 you indicate that there was -- there was no history
24 of the patient complaining of radiating pain from
25 his low back?

- 1 A Radiating pain into his left leg.
- 2 Q Okay. Isn't there a reference to radiating pain
3 into his hip and groin?
- 4 A I think I saw the groin pain in one reference, yes.
- 5 Q Okay. Could that not be the same thing?
- 6 A Well, again, I don't believe it is the same thing,
7 but -- but, you know, he doesn't have pain down his
8 leg. Pain in the groin and pain in the leg are a
9 little different.
- 10 Q Was the patient not still having those same
11 symptoms, the pain in the groin or abdominal pain,
12 when he was first seen and evaluated at -- at
13 Midlands after the injury?
- 14 A I believe he was. I believe he was having severe
15 pain into his back, into his groin and down his
16 leg.
- 17 Q Were those not many of the same symptoms that he
18 was having in September before the October 9th
19 injury?
- 20 A Well, certainly the back pain and the groin pain,
21 and I think we've covered this before, but it's my
22 understanding in review of the records was that it
23 was the presence of the leg pain that was a new
24 finding when he went to Midlands, and on that first
25 evaluation they recommended a MRI and a referral

1 with the surgeon.

2 Q Okay. If you would -- If you would look at page
3 22. And, again, the date of the dictation up at
4 the top right-hand corner is --

5 A 9/26/2017.

6 Q Okay. And that, again, is predating the October
7 9th injury?

8 A That's correct.

9 Q And, so, down at the bottom there was a referral
10 made to Midlands Orthopaedics, if you'll note that.

11 A I see that.

12 Q And, so, that referral to Midlands to see an
13 orthopedist was based upon the symptoms the patient
14 had before the October 9th injury; is that -- is
15 that correct?

16 A No question.

17 Q And the last thing I wanted to ask you about was,
18 flipping through a few pages into the first visit
19 at Midlands on 10/12/17, which would have been two
20 days after the injury, --

21 A Could I get that Bates page number, --

22 Q Yes.

23 A -- whatever that stamped number is? What number?

24 Q Yes. The page will be 37 down at the bottom, and
25 it's the history taken by the patient.

- 1 A Got it. I'm sorry. I'm sorry.
- 2 Q And if you'll -- if you'll look at the first
3 paragraph and then down below, Assessment and Plan,
4 there's further description of the history that was
5 taken relating to a -- it is described as a work
6 injury, but it's described as, "Driver states he
7 developed lower back pain, radiating pain down to
8 his left leg while driving. He does say lifting
9 patients causes him significant discomfort." But
10 is there anything in that history in that first
11 visit two days after the injury that indicates the
12 patient was lifting a wheelchair and injured
13 himself?
- 14 A I don't see anything, no.
- 15 Q And if you flip forward to the last visit at
16 Midlands, 10/26/17, -- and the page at the -- the
17 page number is 42 -- what -- in the history taken
18 from the patient at that visit, what does the
19 patient attribute the injury to, or how does he
20 describe the injury?
- 21 A Well, there's a one-paragraph description of the
22 injury. I could read it. Maybe I'm not focusing
23 in on your question well.
- 24 Q Well, the -- Does he attribute the injury to --
25 the injury to his back to attempting to lift a

1 wheelchair at work on 10/9/17? Is that -- Is that
2 a fair summary?

3 A Well, he says that "He recalls attempting to pick
4 up a wheelchair at work on 10/9/17 when he
5 experienced a flare-up of his low back pain and
6 left lower extremity. He notes that sitting in a
7 car triggers significant pain." And then he also
8 says that "He's unsure what triggered the onset of
9 his low back pain and notes that he woke up with
10 stiffness on 9/4/17."

11 Q But the description of lifting -- attempting to
12 pick up the wheelchair on 10/9/17, that's the first
13 reference -- is that -- is that the first reference
14 to that description of the accident that you're
15 aware of in the records?

16 A That I'm aware of, yes.

17 Q And that would be a bit different than the initial
18 history given at the first visit at Midlands on
19 October the 12th, wouldn't it, as far as the
20 wheelchair goes?

21 A I don't see any reference to the wheelchair during
22 the first visit with Midlands.

23 Q Right. Okay. I believe -- Just one other thing I
24 wanted to cover with you. There was a -- You were
25 asked a question about in Dr. Bull's report, his --

1 his letter, is essentially what it is, with his
2 opinions as to -- as to a guess, and actually it
3 says, "My guess is that the patient is -- if he's
4 symptomatic, it was probably from the findings at
5 this level." He's not guessing -- You don't --
6 You don't take this as to mean that he's guessing
7 as to his opinion, do you; he's guessing as to why
8 the patient is symptomatic? I just want to make
9 sure that there's -- that we're clear on that.
10 You're not suggesting he's guessing about an
11 opinion, are you, about his opinion?
12 A Well, I mean, again, there would -- This is, you
13 know, semantics, but your opinion is a guess. No
14 one has a hundred percent certainty. There's no
15 certainty to an absolute degree of medical
16 certainty except in rare instances of maybe a
17 fracture. And, so, when we say that we have
18 opinions to a reasonable degree of medical
19 certainty, it means more likely than not. It
20 doesn't eliminate the possibility of there being
21 another choice. So, it is an educated guess, I
22 suppose. I tend to think that -- And I think I
23 said I would give the benefit of the doubt on when
24 he says, "My guess is that if the patient was
25 symptomatic, it was probably from the findings at

1 this level." I mean, that's just -- I don't know,
2 just almost a throwaway sentence that doesn't have
3 much to do with his opinion personally.

4 Mr. Cauthen: Fair enough. Fair enough.

5 Thank you --

6 The Deponent: Thank you.

7 Mr. Cauthen: -- very much, Doctor.

8 Re-examination

9 By Mr. Samuels:

10 Q Dr. Poletti, would you agree that the statements
11 about guessing about whether the patient was
12 symptomatic basically means that he doesn't know
13 the patient, never examined the patient, doesn't
14 know anything about the patient's symptoms, that
15 radiologist?

16 Mr. Cauthen: Object to the form of the
17 question.

18 A Well, I would again say that -- not to put the
19 radiologist on the spot for not following the
20 patient clinically, but they just don't, and, like
21 I said, I feel that, at least to my interpretation,
22 I stand by my opinion.

23 Q Mr. Cauthen asked you about the difference in the
24 history in the October 12th versus the October -- I
25 believe it's 26th, but the second -- between the

1 first and second Midlands Orthopaedics histories.
2 History is recorded by the physician or a member of
3 the physician's staff; is that right?

4 A That's correct.

5 Q So, a variation can be that perhaps one physician
6 or one PA or one assistant who's recording all of
7 this may be taking a more detailed history than
8 another one. Is that reasonable to say?

9 Mr. Cauthen: Object to the form of the
10 question.

11 A Well, again, certainly that could explain
12 variations in one office visit to another, yes.

13 Q One thing, would you agree, in taking a look again
14 at page 34, that the patient on that first visit
15 did report a worsening in symptoms, specifically on
16 October 9th, 2017?

17 A Yes. I would say that as far as the discrepancy
18 about how it was reported, it's clear to me that
19 something changed for this man in October of 2017
20 when he began having radiating leg pain, and it's
21 my opinion that it was in October of 2017 that the
22 disc herniated that caused his leg pain, and it
23 turns out that his testimony is that he was
24 reaching over to pick up a wheelchair when he felt
25 the pain in his back, and that seems to be

1 consistent with that history.

2 Q Is it still your opinion that -- to a reasonable
3 degree of medical certainty that the incident of
4 October 9th, 2017 most likely extended or herniated
5 his L4-5 disc?

6 A Yes, that's my opinion most likely or to a
7 reasonable degree of medical certainty on October
8 9th of 2017 he lifted a wheelchair which caused his
9 L4-5 disc to herniate.

10 Mr. Samuels: Thank you, Dr. Poletti. I
11 have no further questions.

12 The Deponent: Thank you.

13 Mr. Cauthen: No further questions,
14 Doctor. Thank you very much.

15 The Deponent: Thank you. Appreciate it.
16 (Whereupon the deposition was concluded at
17 4:55 p.m.)

18 (At the conclusion of the deposition, the
19 following exhibit was marked.)

20 Marked as Defendant's Exhibit Number 3;
21 Deposition of Steven C. Poletti, MD; copy of
22 Pitts Radiology report; three pages.
23 (Deponent has waived reading and signing.)

State of South Carolina)
) Certificate
 County of Richland)

Be it known that the foregoing deposition of
 Steven D. Poletti, MD was taken before me;

That I was then and there a Notary Public in
 and for the State of South Carolina-At-Large;

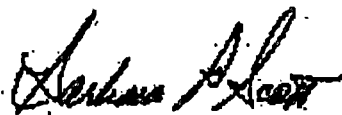
That by virtue thereof I was duly authorized
 to administer an oath;

That the witness was by me first duly sworn to
 testify the truth, the whole truth, and nothing but the
 truth concerning the matter in controversy aforesaid;

That the foregoing transcript of 47
 typewritten pages represents a true, accurate and
 complete transcription of the testimony so given at the
 time and place aforesaid to the best of my skill and
 ability;

That I am not related to nor an employee of
 any of the parties hereto, nor a relative or employee of
 any attorney or counsel employed by the parties hereto,
 nor interested in the outcome of this action.

Signed this 20th day of August 2019.



Barbara P. Scott

Notary Public for South Carolina
 My commission expires March 2, 2027.

Note: Recordings are retained for twelve (12) months
 from date of certification.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1717573

JEFFREY MCCOY,
 CLAIMANT,
 VS.
 CROMED, LLC,
 EMPLOYER,
 AND
 GUARANTEE INS. CO.,
 GUARANTY ASSOCIATION
CARRIER.

SC WORKERS' COMPENSATION COMMISSION

HEARING OF

JEFFREY MCCOY

VS

CROMED, LLC

This is the Transcript of the South Carolina Workers' Compensation Hearing of Jeffrey McCoy versus Cromed, LLC, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 9:50 A.M., Thursday, July 16, 2020, at South Carolina Workers' Compensation Commission, 1333 Main Street Columbia, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

PALMETTO COURT REPORTING
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APPEARANCES

FOR THE CLAIMANT:
Stephen B. Samuels, Esquire
Samuels Reynolds Law Firm
1320 Richland Street
Columbia, SC 29201

FOR THE EMPLOYER/CARRIER:
Mark D. Cauthen, Esquire
McKay, Cauthen, Settana & Stubbley, P.A.
1303 Blanding Street
P.O. Box 7217
Columbia, SC 29202-7217

ALSO PRESENT:

Mr. Robert Cronan
Mr. Malcolm Young

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

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I N D E X

WITNESSES

All Witnesses:	Page
Mr. McCoy for Claimant:	
Direct Examination by Mr. Samuels	47:1
Cross-Examination by Mr. Cauthen	68:21
Mr. Young for Defense:	
Direct Examination by Mr. Cauthen	124:7
Cross-Examination by Mr. Samuels	134:18
Redirect Examination by Mr. Cauthen	143:17
Mr. Cronan for Defense	
Direct Examination by Mr. Cauthen	145:17
Cross-Examination by Mr. Samuels	187:2

EXHIBITS

For Defense:

D-1 (DEFENDANT'S EXHIBIT NUMBER ONE WAS MARKED FOR IDENTIFICATION PRIOR TO GOING ON Received	5:10
D-2 (DEFENDANT'S EXHIBIT NUMBER TWO WAS MARKED FOR IDENTIFICATION PRIOR TO GOING ON Received	5:15
D-3 (DEFENDANT'S EXHIBIT NUMBER THREE WAS MARKED FOR IDENTIFICATION PRIOR TO GOING Received	5:19
D-4 (DEFENDANT'S EXHIBIT NUMBER FOUR WAS MARKED FOR IDENTIFICATION) Received	94:18
Certificate	201

STIPULATIONS

Commissioner Wilkerson: Today's date is the 16th day of July, 2020. We're here in reference to workers' comp. file number 1717573. The Claimant is Jeffrey McCoy, represented by Stephen Samuels. The Employer is Cromed, LLC. The Carrier is Guarantee Insurance Company; they have also gone into receivership or whatever and the Guaranty Association is so noted and will be the reference of point and I'll get you to put that on the record, Mr. Cauthen, once we get started, okay?

Mr. Cauthen: Okay.

Commissioner Wilkerson: And the date of accident is 9/17/2017. We talked a little bit off the record; we do have two (2) different comp rates and average weekly wage. We have, on behalf of the Claimant, three eighty-two, fifty (\$382.50); comp rate two fifty-five, oh one (\$255.01); on behalf of the Defense, three fifty-one, thirty-three (\$351.33) and two thirty-four, twenty-two (\$234.22). Either the respective counselors will figure that out or we will get some testimony and/or there will be some information or evidence submitted to us that we --

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1 we'll figure the comp rate out at some point in
2 time. The date of accident is 9/17/2017. We're
3 here to determine the issues that are set forth on
4 a Form 50 and 51. Also, let me note, currently I
5 have three (3) exhibits that has been handled --
6 handed up. D-1 is the deposition of Stephen C.
7 Poletti, Wednesday, August the 14th, 2019.

8 (DEFENDANT'S EXHIBIT NUMBER ONE WAS MARKED FOR
9 IDENTIFICATION PRIOR TO GOING ON THE RECORD)

10 Commissioner Wilkerson: I also have the
11 deposition of, S-L-I-F U-L-R-I-C-H, doctor, and
12 that was December 4th, 2018; that's D-2.

13 (DEFENDANT'S EXHIBIT NUMBER TWO WAS MARKED FOR
14 IDENTIFICATION PRIOR TO GOING ON THE RECORD)

15 Commissioner Wilkerson: D-3 is Ivan E.
16 LaMotta; that is September the 11th, 2018.

17 (DEFENDANT'S EXHIBIT NUMBER THREE WAS MARKED FOR
18 IDENTIFICATION PRIOR TO GOING ON THE RECORD)

19 Commissioner Wilkerson: There may be
20 others coming in based on testimony that we will
21 receive here this morning and into the afternoon.
22 Are there any objections to the APAs,
23 jurisdiction, venue or any other items by Mr.
24 Samuels?

25 Mr. Samuels: Yes, Your Honor.

1 Commissioner Wilkerson: Okay.

2 Mr. Samuels: I have some objections to
3 Defendant's APA submissions.

4 Commissioner Wilkerson: Okay.

5 Mr. Samuels: Specifically, tab 3, these
6 are -- this is a summary basically prepared for
7 litigation, I believe, by Robert Cronan, who is
8 one of the co-owners of the Employer, and my
9 objection to it is that there is hearsay within
10 hearsay. I think Mr. Cronan can testify and he
11 can use it to refresh his memory.

12 Commissioner Wilkerson: Sure.

13 Mr. Samuels: But I -- I don't believe
14 it -- it is admissible in and of itself as it is
15 an unsworn document; it's not something that is
16 normally kept in the course of business but
17 something prepared specifically for purposes of
18 litigation and as I said, it does include some, I
19 think, improper inadmissible comments from a third
20 party who is not present to testify to today that
21 are hearsay. So, that's -- that would be my
22 objection to tab 3.

23 Commissioner Wilkerson: Do you want to
24 handle these in order and get -- you want to do
25 them --

1

Mr. Samuels: Yes, sir.

2

Commissioner Wilkerson: -- since you

3

said you had several?

4

Mr. Samuels: They are two (2) different

5

objections, so.

6

Commissioner Wilkerson: It will just

7

work better. Mr. Cauthen?

8

Mr. Cauthen: Commissioner, we -- we

9

submitted them because they were produced, of

10

course, in response to Stephen's subpoena to my

11

client. They were fully discussed, even if they

12

weren't made an exhibit to the deposition of Mr.

13

Cronan and Mr. Young, who were both deposed and

14

fully discussed, and our position would be that

15

they were basically made in the ordinary course of

16

business by Robert Cronan, who kept very detailed

17

and meticulous records of the events anticipating

18

possibly being sued, I think, but certainly as he

19

-- the way he runs his business, as I think you

20

may find out from his testimony, he is very

21

meticulous and very careful; he documents anything

22

and everything and they're -- they are basically

23

made in the course of ordinary course of business.

24

So, we would -- we would submit them as -- as

25

business records.

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1. Mr. Samuels: I think that's something,
2. number one (1), he would have to prove, number two
3. (2), is that he just indicated that they were
4. produced -- created because I had sent a subpoena
5. for records and Mr. Cronan wanted to document or
6. memorialize his memory at the time; that's created
7. specific of purposes of litigation, which makes it
8. not a -- not a business record and, thirdly, what
9. Mr. Cauthen did not mention, that I had raised as
10. a very serious objection, is that there is hearsay
11. within hearsay in those documents.

12. Commissioner Wilkerson: Okay. Well, he
13. is here to testify, so.

14. Mr. Cauthen: He -- he is here to
15. testify but the -- the -- as you will -- as you
16. will see, there are a lot of very detailed time
17. issues here --

18. Commissioner Wilkerson: Well, he didn't

19.

20.

Mr. Cauthen: -- date issues.

21.

22.

23.

24.

25.

Commissioner Wilkerson: -- he didn't
write them down day-by-day; so, I'm going to take
them out. If he created them because of the
subpoena, he had to go back and get --

Mr. Cauthen: Oh, no, he --

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1 Commissioner Wilkerson: -- the
2 information from somewhere.

3 Mr. Cauthen: -- I believe he created
4 them before he received --

5 Commissioner Wilkerson: No. But I --
6 but you don't -- you can't testify. He -- you've
7 got to take it out and he can -- you may can get
8 it in based on showing it to him and some other
9 stuff. He's still going to have the objection to
10 whoever this other person is. Is that person here
11 to testify, Young?

12 Mr. Cauthen: -- the -- the other person
13 is unavailable.

14 Commissioner Wilkerson: Okay. Well,
15 then --

16 Mr. Cauthen: So, from that -- from the
17 standpoint of the -- of the -- the -- the hearsay
18 that he referenced, he -- he would be correct on
19 that.

20 Commissioner Wilkerson: -- yes. So, I
21 mean, it's -- yes. So, I'm going to take tab 3
22 out or get you to take it out; I'm not doing
23 anything right now until we figure out what we've
24 got. Any other objections?

25 Mr. Samuels: The second objection, Your

1 Honor, goes to an APA, which is tab 2 of
2 Defendant's submissions and to explain what this
3 is, one of the -- one of the key issues in this
4 case is really an aggravation of a pre-existing
5 condition and there is a CT scan before the
6 accident and an MRI after the accident. The
7 treating doctors -- well, the -- yes, the treating
8 doctor -- the treating doctor, Dr. LaMotta,
9 testified that it's objectively determined that
10 there was an aggravation because there is a
11 worsening of a -- of basically a -- there was a
12 bulging disk in the earlier one, now the space is
13 bigger, so now it's a -- a herniated disk. And
14 what this is, is this is an opinion provided by a
15 Radiologist after viewing these films. My belief
16 is that this is inadmissible under Section
17 42-15-95 because I was never provided with any
18 copies of any communication to this doctor, which
19 I believe would be in violation of 42-15-95. We
20 didn't know this -- this document of this
21 Radiologist, who had never seen or examined the
22 patient, existed until it was introduced over my
23 objection in Dr. Poletti's deposition. So, I made
24 the objection during the deposition and would make
25 the same objection now that in obtaining an expert

1 report that is tantamount to an examination or
 2 evaluation of the patient, in this case the films,
 3 the Statute requires that I be given notice -- ten
 4 (10) days notice per the Regulation, reasonable
 5 notice per the Statute; they simply cannot have ex
 6 parte communication with this doctor. So,
 7 accordingly, I would contend that this is
 8 inadmissible under 42-15-95.

9 Commissioner Wilkerson: Okay. So, help
 10 me understand. You took Poletti's deposition over
 11 a year ago; you knew about it then. So, you could
 12 have taken this Radiologist's deposition between
 13 now and then?

14 Mr. Samuels: I would --

15 Commissioner Wilkerson: So, you knew
 16 about it a year ago, well, not quite, that's --
 17 it's July but, yes, about a year ago. So, you
 18 could have gotten the deposition of the
 19 Radiologist. But your objection is not the
 20 medical data the -- you're saying it's ten (10)
 21 days notice but you had more than ten (10) days
 22 notice from the hearing?

23 Mr. Samuels: -- I understand, Your
 24 Honor, but we -- but the deposition for trial --
 25 okay, the deposition -- well, first off, the ten

1 (10) days notice is -- is they have got to tell me
2 that they are communicating with this doctor and
3 provide this communication to me --

4 Commissioner Wilkerson: So -- so, who
5 took --

6 Mr. Samuels: -- ten (10) days before
7 the hearing.

8 Commissioner Wilkerson: -- who took Dr.
9 Poletti's deposition?

10 Mr. Samuels: Mr. Cauthen did.

11 Commissioner Wilkerson: So --

12 Mr. Samuels: So, he sprang it on me in
13 there.

14 Commissioner Wilkerson: -- okay. So,
15 does the deposition still come in?

16 Mr. Samuels: The deposition of Dr.
17 Poletti?

18 Commissioner Wilkerson: Yes.

19 Mr. Samuels: Yes, sir --

20 Commissioner Wilkerson: Well, if he --

21 Mr. Samuels: -- it -- it does.

22 Commissioner Wilkerson: -- if he

23 addresses it in there, how can I leave the report
24 out? Help me with that because I'm not -- I can't
25 read -- we don't -- we're not doctors. I can't

1 read Radiologist reports. I can't tell if there
2 is a difference in widening or narrowing or a
3 stenosis or whatever, so.

4 Mr. Samuels: Yes, sir. This goes to
5 inadmissibility and -- and the --

6 Commissioner Wilkerson: You -- you --

7 Mr. Samuels: -- and --

8 Commissioner Wilkerson: -- it's totally
9 inadmissibility is what you are talking about?

10 Mr. Samuels: -- right. The -- the
11 reason -- I have an argument about the weight too
12 but that will come when we get to the merits.

13 Commissioner Wilkerson: That's -- yes.

14 Mr. Samuels: The -- the point about the
15 deposition, a doctor's deposition is not a
16 discovery deposition --

17 Commissioner Wilkerson: That's --
18 that's right.

19 Mr. Samuels: -- it is a deposition for
20 trial.

21 Commissioner Wilkerson: Correct.
22 That's right.

23 Mr. Samuels: So, we have to make our
24 objections on the record and then what happens is,
25 when we get to the hearing the Commissioner has to

1 rule on the objection --

2 Commissioner Wilkerson: I -- okay.

3 Mr. Samuels: -- and then if you sustain
4 the objection, then the exhibit is -- is stricken

5 --
6 Commissioner Wilkerson: I've got you.

7 Okay. So --

8 Mr. Samuels: -- and that's -- that's
9 why.

10 Commissioner Wilkerson: -- okay.

11 Mr. Samuels: So, at -- so, at this
12 point, there is no point in me doing anything
13 after that --

14 Commissioner Wilkerson: I understand.

15 Mr. Samuels: -- because that's part of
16 the trial itself --

17 Commissioner Wilkerson: Yes, I
18 understand.

19 Mr. Samuels: -- even though it was a
20 year ago.

21 Commissioner Wilkerson: I've got you.
22 Okay, I'm fine. Mark, help me understand this
23 issue because I -- because I can already tell you
24 what the answer is, no matter what you say but go
25 ahead.

1 Mr. Cauthen: Well, I -- this -- this
2 objection is a little amusing to me, Commissioner.
3 First of all --

4 Commissioner Wilkerson: Well, it's --
5 it's for appeal purposes but go ahead.

6 Mr. Cauthen: -- first of all, doctor --
7 Dr. Poletti's deposition was not -- I had noticed
8 it, I did not notice as a de bene esse deposition
9 for just use at trial; it was a discovery
10 deposition. Secondly, the Statute that Stephen
11 referenced that would require ten (10) days notice
12 would apply to a treating physician, not
13 Defendant's expert; we don't have to give him any
14 notice. If we are going to hire an expert for a
15 second opinion or an evaluation, we are not
16 required to give the opposing party any notice.
17 He certainly doesn't have the same corresponding
18 duty to provide me notice. We do have to provide
19 notice of communications with a doctor who is
20 treating or proposed to be treating; this is just
21 our expert. This -- this is basically a -- an
22 evaluation to address the opinion of Dr. LaMotta,
23 who says there is no structural change between a
24 CT scan taken before the injury and an MRI taken
25 after the injury and comparing those two (2).

1 well, I've got a Radiologist, a board certified
2 Radiologist, I understand why he doesn't want it
3 in, who trumps those opinions because he has
4 superior training, he's got a fellowship and a
5 residency in radiology and he is a board certified
6 Radiologist and he has taken specific measurements
7 and he says there is no anatomical difference. I
8 understand why he doesn't want it in.

9 Commissioner Wilkerson: No, I
10 understand.

11 Mr. Cauthen: Clearly, it's admissible.

12 Mr. Samuels: If I may respond to part
13 of that, Your Honor?

14 Commissioner Wilkerson: Yes. I
15 understand.

16 Mr. Samuels: So, when we get to sort of
17 the way -- I think Dr. Poletti dealt with it in
18 the deposition but the point is, that a -- as to
19 the weight, it's mentioned that a -- two (2)
20 orthopedic surgeons have reviewed both of these
21 films and have rendered opinions that there is a
22 change. Two (2) orthopedic spine surgeons, they
23 review spine films every single day with reference
24 to the patient and they verify those findings
25 because they do surgery; so, they actually look

1 inside and they know where that variation is going
2 to be. This doctor is a General Radiologist; he
3 reads -- he reads -- I assume he reads x-rays, CT
4 scans and probably MRIs too but he doesn't see the
5 patient, he doesn't operate on the patient and he
6 sees everything. He sees x-rays of knees, of
7 elbows, of fingers, of heads; that's all he does,
8 he has no practical application. So, when it
9 comes to the weight to be -- to be given to all of
10 this, it should certainly go to the surgeons who
11 actually operate and treat patients and
12 concentrate and have better superior knowledge of
13 the spine and, of course, better superior
14 knowledge because they have also -- you know; they
15 know the history, they know what happened, they've
16 met with the patient, they've -- they've examined
17 the patient; so -- so, that's the weight argument.
18 The -- as to the admissibility, I -- I would -- I
19 would have to disagree with Mr. Cauthen's
20 statement regarding the Statute. There are three
21 (3) Statutes involved here: 42-15-60, 42-15-80
22 and 42-15-95. 42-15-60 --- 42-15-60 gives the
23 Defendants authority to select the authorized
24 treating physician and then they are required to
25 provide whatever treatment that that attending

1 physician orders and the Claimant is required to
2 accept it.

3 Commissioner Wilkerson: Yes.

4 Mr. Samuels: That Statute refers to
5 treating. 42-15-80 allows the Defendants to
6 compel, at reasonable times and places; an
7 evaluation or examination and, frankly, I don't
8 remember which is the exact term they use, if it's
9 examination or evaluation, but they have -- it
10 gives them authority, basically, to compel an IME,
11 an evaluation, and that IME, it doesn't say
12 whether it's necessarily in person because it
13 could also be a -- a records review; I think a
14 records review is a lot less credible than an
15 actual evaluation but we've already talked about
16 that. But the point about 42-15-95 is, 42-15-95
17 says nothing, as Mr. Cauthen would have it, that
18 it applies only to treating because if you read
19 it, in the first paragraph it talks about a health
20 care provider who is called on to, I think it's
21 examine or treat, so the -- or maybe evaluate or
22 treat but either way the treat refers to 42-15-60
23 and the -- the examine or evaluation refers to
24 42-15-80. So, 42-15-95 is a prohibition on both
25 Statutes and it's to prevent -- it's basically to

1 ensure that this is going to be neutral, that the
2 -- you know, that the Defense cannot take
3 advantage of this by, you know, manipulating the
4 doctor and having -- having ex parte communication
5 with the doctor.

6 Commissioner Wilkerson: Well, why don't
7 you take the deposition of the Radiologist?

8 Mr. Samuels: Frankly, Your Honor,
9 because I -- for one, I don't need to legitimize
10 inadmissible evidence that I believe is
11 inadmissible. If Your Honor rules against me I
12 understand that --

13 Commissioner Wilkerson: Yes.

14 Mr. Samuels: -- and at that point, then
15 we would talk about the weight;

16 Commissioner Wilkerson: Well, yes, I
17 think it comes in because I -- surely -- if one
18 (1) document wins the case, one (1) of you two (2)
19 has got a bad case, okay? I'm going to tell you
20 that right now, if one (1) document ever wins a
21 Workers' Comp case, somebody has got a bad case.
22 So, I'm going to let that document in. Back to,
23 do you want to take the Radiologist's deposition?

24 Mr. Samuels: I do not, Your Honor. And
25 I -- I understand your ruling. It's --

1 Commissioner Wilkerson: Yes. Okay.

2 Mr. Samuels: -- that's all I have to
3 say and I --

4 Commissioner Wilkerson: No, I'm fine.

5 Mr. Samuels: -- I appreciate it.

6 Commissioner Wilkerson: Is -- is there
7 anything else as -- as far as objections?

8 Mr. Samuels: No further objections to
9 APAs --

10 Commissioner Wilkerson: Okay. That's
11 fine.

12 Mr. Samuels: -- Your Honor.

13 Commissioner Wilkerson: Okay. Mr.
14 Cauthen, any objections from your end to -- to the
15 information? We'll take one of yours out; we've
16 got that.

17 Mr. Cauthen: One second, Commissioner.

18 Commissioner Wilkerson: There's 3 right
19 there; I have removed 3.

20 Mr. Cauthen: We have no objections.

21 Commissioner Wilkerson: Okay. So; at
22 this point in time, I think we've covered
23 everything we need to cover and ruled on what we
24 need to rule on; the Commission's file becomes a
25 part of the record with the exception of

1 self-serving declarations and unstipulated medical
2 reports. At this time, Mr. Samuels, I'm going to
3 get you to put your client's position on the
4 record then, likewise, I'll have Mr. Cauthen do
5 the same, okay? Thank you.

6 Mr. Cauthen: Yes, sir.

7 Mr. Samuels: Thank you, Your Honor. I
8 -- the first --

9 Commissioner Wilkerson: Thank you.

10 Mr. Samuels: -- the first thing I need
11 to do is clarify the date of the accident.

12 Commissioner Wilkerson: Okay.

13 Mr. Samuels: The date that you gave,
14 which I believe was September 17th, 2017 --

15 Commissioner Wilkerson: Yes, sir.

16 Mr. Samuels: -- that was based on the
17 first report of injury filed by the Employer; that
18 is actually not the date of the injury. We had
19 communicated with the Commission to have the date
20 changed to reflect October 9th, 2017; that is the
21 date that we put on our 50 and when you get into
22 the facts it'll -- it will make sense why the
23 dates -- why there is a variation in the dates.

24 Commissioner Wilkerson: And I'm not
25 sure they and -- I'm not sure they can just

1 arbitrarily change it without an agreement is my
2 guess but that's okay.

3 Mr. Samuels: Yes, sir. And there was a
4 --

5 Commissioner Wilkerson: We'll figure
6 that out.

7 Mr. Samuels: -- I think there was an
8 issue that there were two (2) -- two (2) WCC file
9 numbers --

10 Commissioner Wilkerson: Sure.

11 Mr. Samuels: -- at one point --

12 Commissioner Wilkerson: I understand.

13 Mr. Samuels: -- because of the
14 different dates.

15 Commissioner Wilkerson: I understand.

16 Mr. Samuels: But, basically, Your
17 Honor, here is the situation. The Employer is a
18 company called Cromed and they are a non-emergency
19 medical transportation company and what they do is
20 transport sick or elderly people to various kind
21 of medical appointments and so on. They don't
22 actually do Workers' Compensation patients but
23 it's -- those are the same sort of things we often
24 have in Workers' Compensation where an injured
25 worker does not have his own transportation so the

1 insurance company provides it; so, it's that kind
2 of transportation. They are not driving
3 ambulances; they are driving vans or passenger
4 cars. So, Mr. McCoy was one of these drivers and
5 what would happen here is he would be given a
6 route, specific assignments of people to pick up
7 and drop off. Mr. Cronan would do this sort of
8 schedule and dispatch and it would be communicated
9 to the employee through an iPad. On, I believe,
10 September 14th, 2017, Mr. McCoy started feeling a
11 dull pain in his back, it's not associated with an
12 accident, we are not claiming it's an accident; he
13 just started having back pain and it started
14 steadily getting worse. So, he reported it to his
15 supervisor, that's Mr. Malcolm Young. The
16 following Monday, September 18th, Mr. McCoy went
17 to the emergency room reporting symptoms of low
18 back pain with some radiation. He had thought it
19 was probably a kidney stone because he had dark
20 urine and there hadn't been any sort of accident
21 but he was diagnosed with lumbar spasm, given some
22 medication and, you know, written out of work for
23 three (3) days. He brought the work note to the
24 Employer and the Employer very kindly gave him a
25 week off to rest and to come back the next week.

1 He came back Monday, September 25th, wasn't really
2 able to stay at work and went home after a couple
3 of hours. Then he went to Providence Hospital
4 Northeast where he reported worsening low back
5 pain with some radiation and at that point the CT
6 scan ordered a lumbar -- excuse me, the emergency
7 room ordered a CT scan of the lumbar spine and the
8 CT scan revealed diffuse lumbar bulging at L4-5
9 and he was referred to Midlands Orthopedics. The
10 next week -- so, he basically rested that week and
11 the next week he goes back to work, Monday,
12 October 2nd, 2017; he's doing pretty well until
13 October 9th and on October 9th, 2017, he had to
14 lift up a wheelchair and load it into the truck of
15 the car he was driving and that we contend, Your
16 Honor, is when he injured his back and that was an
17 aggravation of his pre-existing condition. There
18 are -- most of the testimony is similar as to the
19 events of that day; there are going to be some
20 differences as to who said what and what was said
21 that will come out in the testimony but the
22 essence of it is -- I guess the disputed areas are
23 going to be when did he tell them about this back
24 injury with the wheelchair; there is a dispute in
25 the testimony there. And there is a dispute in

1 the testimony as to whether he quit his job or was
2 let go and is that a miscommunication or did he
3 actually quit his job. In any case, there is no
4 question that later that day he asked them about
5 Workers' Comp information and that's the last day
6 that he worked, October 9th, 2017. From there he
7 went to Midlands Orthopedics for his scheduled
8 appointment; he saw Dr. Ulrich who ordered an MRI,
9 physical therapy and Mobic. Dr. Ulrich, also in
10 his report, puts this as a work-related injury. I
11 will say, Dr. Ulrich was deposed and the -- I
12 think probably the essence of his opinion is he
13 refers to Dr. LaMotta because Dr. LaMotta is a
14 spine surgeon whereas Dr. Ulrich is sort of a
15 general orthopedic.

16 Commissioner Wilkerson: Yes. I think
17 so.

18 Mr. Samuels: But there is no question,
19 he -- he did say it was work-related in his
20 report. Now, the MRI was done on October 20th and
21 it showed a broad-based disk protrusion, kind of
22 very detailed, there is an annular tear. So, the
23 -- so, the question is -- and I think this is the
24 key to the case and this is, frankly, why
25 Defendants retained this Radiologist to give an

1 opinion -- is to whether the MRI shows a worsening
2 and actual -- and actual herniation that wasn't
3 there before because of the lifting of the
4 wheelchair, which is the temporal event that
5 caused this and the immediate worsening of
6 symptoms. So, following the MRI, Mr. McCoy
7 returns to Midlands Orthopedics and sees Dr.
8 LaMotta, the spine surgeon. Dr. LaMotta has been
9 very explicit, both in his deposition and in a
10 questionnaire, in with a very detailed history in
11 his report of the events of this accident relating
12 the September 14th and the October 9th incident.
13 He is also provided a questionnaire and he has
14 confirmed his opinion and the basis for it in his
15 deposition. Since that time, Dr. LaMotta referred
16 Mr. McCoy to a pain management specialist for
17 nerve root blocks; he has not received any of that
18 treatment because he hasn't worked, he hasn't been
19 able to find another job. Dr. LaMotta --

20 Commissioner Wilkerson: Since October
21 of '17?

22 Mr. Samuels: -- yes, sir.

23 Commissioner Wilkerson: Okay. That's
24 what I understood.

25 Mr. Samuels: Doctor -- and I -- and I

1 always -- you know, I always hate to ask for a
2 huge period of back temporary total like that but
3 as -- as we discussed in the pre-trial, due to,
4 you know, the issues with doctor's depositions and
5 the issues with the case being transferred to the
6 Guaranty Fund, it's just taken us this long to be
7 able to get in front of Your Honor.

8 Commissioner Wilkerson: Is there a
9 doctor or doctors having him written out since
10 2017?

11 Mr. Samuels: Yes, sir.

12 Commissioner Wilkerson: Okay.

13 Mr. Samuels: Dr. Poletti performed an
14 independent medical evaluation. Dr. Poletti has
15 him in an out of work status.

16 Commissioner Wilkerson: And if -- is
17 the first time he saw Poletti 1/29 of '18; is that
18 fair?

19 Mr. Samuels: Yes, sir.

20 Commissioner Wilkerson: Okay.

21 Mr. Samuels: That's --

22 Commissioner Wilkerson: Okay.

23 Mr. Samuels: -- the one and only time
24 he has seen him.

25 Commissioner Wilkerson: Okay, that's

1 fine. Okay.

2 Mr. Samuels: So, you know, where this
3 -- where this gets us, you know, we -- we have
4 several requests for what we're looking for:
5 We're asking that Dr. LaMotta be identified as the
6 authorized treating physician; he is local, he was
7 -- was a treater, has a treatment plan, has made
8 recommendations. So, he is in the best position
9 to take over care. At this point it appears it's
10 probably going to be non-operative but, of course,
11 they have got to get through conservative
12 treatment yet and -- and due to the denial of the
13 case and -- and Mr. McCoy's financial situation,
14 none of that has been provided. Dr. LaMotta has
15 opined that doctor -- that Mr. McCoy is not at MMI
16 and that additional treatment would tend to lessen
17 the period of disability. As to the temporary
18 total -- so, Dr. LaMotta did not write Mr. McCoy
19 entirely out of work; he gave him a fifteen (15)
20 pound lifting restriction. The Employer has not
21 offered any light duty work to Mr. McCoy within
22 those restrictions, although one of the issues
23 that is certainly going to have to be decided is
24 the -- the factual dispute as to whether --

25 Commissioner Wilkerson: He left.

1 Mr. Samuels: -- Mr. McCoy just up and
2 quit --

3 Commissioner Wilkerson: Yes.

4 Mr. Samuels: -- or whether he talked
5 about maybe quitting and the Employer, basically,
6 let him go after that and then because -- because
7 of the Workers' Compensation claim, never offered
8 him anything. But if that's the case, I mean,
9 even if you find -- let's say you do find that Mr.
10 McCoy quit, he then is barred from temporary
11 total, because I would agree that they probably
12 could have accommodated him --

13 Commissioner Wilkerson: Yes.

14 Mr. Samuels: -- because he could still
15 drive, even if he couldn't drive with patients
16 with wheelchairs and that kind of thing but I -- I
17 do believe that he would be entitled to temporary
18 total in that case beginning from the day that he
19 saw Dr. Poletti in January, 2018, and was written
20 completely out of work. I just want to sort of
21 inform, Your Honor, of one other note, if I can --
22 without having to necessarily bring it out in
23 testimony, I want to mention it at this point.
24 You know, this is a somewhat unusual set of facts
25 because of the pre-existing back problems showing

1 up a couple of weeks -- about three (3) weeks
2 before the actual injury and there is one that I
3 think is probably a very, very critical document
4 and that is at page 34 of the Claimant's APA
5 submissions.

6 Mr. Cauthen: Did you say 34?

7 Mr. Samuels: What? Yes, sir, 34. So,
8 at page 34, you'll see at the very top it says,
9 when did your pain start, September 14th and when
10 did it worsen, October 9th. So, that sort of
11 confirms that he did have back pain not from an
12 injury and then had this worsening that with --
13 that coincides with the wheelchair accident on
14 October 9th. And the only point I wanted to make,
15 Your Honor, because I had a Commissioner ask me
16 this once, is when did somebody get -- get their
17 lawyer and Mr. McCoy hired me on November 27th,
18 2017. So, he had never spoken to or met me or
19 spoken to or met a lawyer until a month after he
20 had given these two (2) dates, the date his pain
21 started and the date it became worse coinciding
22 with the accident.

23 Commissioner Wilkerson: So, what is
24 your position on the day it started, because it
25 doesn't fall within the 17th and the 9th; it falls

1 outside the 17th?

2 Mr. Samuels: Well, I think his -- I
3 think his pain started on the 14th --

4 Commissioner Wilkerson: Well, that's --
5 yes, that's what I'm talking about.

6 Mr. Samuels: -- yes, I think his pain
7 started on the 14th and I don't think -- I -- I,
8 frankly, don't know what it was but it didn't
9 coincide with any sort of lifting accident or
10 anything; it was -- I don't know if it was sitting
11 or driving but in any case, we are not alleging
12 that the beginning of the pain in September is
13 work-related. Our position is --

14 Commissioner Wilkerson: That's fair.
15 Okay.

16 Mr. Samuels: -- on October 9th --

17 Commissioner Wilkerson: October, okay,
18 I've got you. Okay.

19 Mr. Samuels: -- when it worsened -- he
20 had an acute worsening of a -- that was an
21 aggravation of a pre-existing condition --

22 Commissioner Wilkerson: I've got you.

23 Mr. Samuels: -- that is related to a
24 specific incident when he picked up a wheelchair
25 and --

1 Commissioner Wilkerson: Yes. I -- my
2 question is more along the lines that the first
3 report says the 17th day of September as opposed
4 to the 14th day of September.

5 Mr. Samuels: -- yes, sir. And I -- and
6 I think probably -- probably the explanation for
7 that is that the Employer knew he had this -- this
8 back pain already because he told them on -- on or
9 about September 17th, 2017.

10 Commissioner Wilkerson: Okay. That's
11 fine.

12 Mr. Samuels: So, their contention and
13 -- and I think Mr. Cauthen's position -- okay, I
14 don't want to speak for him but I assume his
15 position is that there was no accident and no
16 aggravation and that --

17 Commissioner Wilkerson: Sure. That's
18 fine. I've got it.

19 Mr. Samuels: -- it's the same back pain
20 --

21 Commissioner Wilkerson: I'm good.

22 Mr. Samuels: -- he had with no work
23 accident --

24 Commissioner Wilkerson: I've got you.

25 Mr. Samuels: -- that he's got now.

1 Commissioner Wilkerson: I've got you.
2 okay. All right. Sure. I'm guessing, not at
3 MMI?

4 Mr. Samuels: Not at MMI, per doctor --

5 Commissioner Wilkerson: Additional
6 treatment requested?

7 Mr. Samuels: -- yes, sir; per Dr.
8 Poletti and Dr. LaMotta, not at MMI.

9 Commissioner Wilkerson: Okay. Okay.
10 Anything else?

11 Mr. Samuels: No, Your Honor.

12 Commissioner Wilkerson: Okay. Thank
13 you. Mr. Cauthen, on behalf of your clients?

14 Mr. Cauthen: Yes, sir, Commissioner,
15 thank you. I would agree with -- with Stephen,
16 it's definitely some rather unusual -- unusual
17 facts. Mr. McCoy was, in fact -- and there is no
18 dispute about this -- having back pain; I think he
19 also described sciatic pain and also described --
20 he initially, I believe the testimony is that he
21 thought it was kidney stones but he was diagnosed
22 with the Providence Hospital -- this is in
23 September, a couple of -- three (3) weeks, at
24 least, before the alleged date of injury and I
25 think was diagnosed with back pain, sciatica, no

1 kidney stone issue found. He was written out of
2 work for a couple of days and Cromed, Robert
3 Cronan here, ended up giving him the entire week
4 off --

5 Commissioner Wilkerson: Okay.

6 Mr. Cauthen: -- the week of the 17th.
7 The 7th -- the 17th, the significance of the 17th
8 being a Sunday is when, as Mr. Cronan will explain
9 or Malcolm Young will explain, they first received
10 notice from him -- I think Robert actually was --
11 was checking with him about the schedule the next
12 day and he said oh, by the -- I'm headed to the
13 emergency room right now with back -- back pain
14 and sciatica or whatever -- whatever it was he
15 said; so, then that led to treatment at
16 Providence, written out for a couple of days, he
17 got the whole week off.

18 Commissioner Wilkerson: So, the date of
19 -- on the 12-As the date it was reported, not
20 necessarily the day it happened, is what I'm
21 hearing.

22 Mr. Cauthen: That -- that was the --
23 that was the day that they first -- that they
24 first learned of --

25 Commissioner Wilkerson: Yes. That's

1 what I'm saying.

2 Mr. Cauthen: -- of anything.

3 Commissioner Wilkerson: Not -- it could
4 have happened two (2) weeks before --

5 Mr. Cauthen: Right.

6 Commissioner Wilkerson: -- or two (2)
7 years before; that's the date they learned that it
8 happened?

9 Mr. Cauthen: That -- that's the day
10 they learned that he was having problems; not that
11 he reported -- he didn't report an accident.

12 Commissioner Wilkerson: No. No, no. I
13 understand.

14 Mr. Cauthen: He reported symptoms.

15 Commissioner Wilkerson: I've got you.
16 Got you. Got you.

17 Mr. Cauthen: So, that's -- that's their
18 first knowledge.

19 Commissioner Wilkerson: Sure. I'm good
20 with that.

21 Mr. Cauthen: Okay. And so, then, a
22 week later he does attempt to return to work that
23 last week in September; I think worked one (1)
24 day. He was having so much pain and problems they
25 told him to go back home; he ended up taking the

1 rest of the week off. I don't know that he was
2 written out that -- that entire week but because
3 these are some good folks, they gave him that week
4 off to continue to recover. Then he did return to
5 work, and I think Stephen already referenced that,
6 the week of October the 2nd and did work that
7 week, the week of October the 2nd. Then, the
8 following Monday, the alleged date of injury,
9 10/9/17, on that morning testimony will -- will
10 show that Mr. Cronan counseled or reprimanded Mr.
11 McCoy for doing his -- his pickups out of order
12 and they had a little discussion; our position is
13 that Mr. McCoy got angry about that. He went
14 ahead and did two (2) early pickups, I believe, at
15 that time and then around 9:25 A.M. that morning
16 calls Malcolm Young, the other supervisor, and
17 expresses his displeasure about that reprimand
18 that morning and at that time tells Malcolm Young
19 this is going to be his last day most likely. He
20 was told to bring it in at that time. He asked if
21 he could go ahead -- he said he needed the money;
22 he wanted to go ahead and finish out the day. So,
23 he did finish out the entire day with this alleged
24 pain that he had from lifting the wheelchair and
25 then at the end of that day, after he turned his

1 car in, finished all of his assignments, somewhere
2 around 4:00, five o'clock that afternoon, then
3 notifies Malcolm -- he calls Malcolm and he says,
4 I need your Workers' Compensation information.

5 Commissioner Wilkerson: And all of this
6 is on October the 9th?

7 Mr. Cauthen: This is October the 9th.

8 Commissioner Wilkerson: Okay.

9 Mr. Cauthen: He said I need -- I need
10 your Workers' Compensation insurance information.
11 He does not report an accident at all, not on the
12 17th, not -- not on the 9th, just asks for the
13 Workers' Compensation information. Malcolm Young
14 and Robert, their only knowledge being that he had
15 the two (2) weeks out of work in September,
16 assumed he wanted -- intended to make a Workers'
17 Compensation claim related back to the September
18 absence from work, which was just a couple of
19 weeks back, and so, that's why they -- they put
20 down the 17th on the first report of injury. Text
21 messages from Mr. Cronan to the Claimant covering
22 some of these things indicated, yes, I filed your
23 claim; he filed his claim immediately and took it
24 from there. And they -- they assumed he had quit.
25 He said that -- you know, he told Malcolm this is

1 probably going to be my last day so they figured
2 now -- now he is asking for insurance information,
3 obviously he is not coming back and he didn't come
4 back. And -- and that was the last that -- that
5 -- that was the last time that Mr. Cronan spoke
6 with Mr. Jeffrey McCoy. And something else
7 significant that I -- that I wanted to point out,
8 when he -- when he did -- Mr. McCoy, of course,
9 had treated at Providence for those two (2) weeks
10 before the October alleged injury, he was referred
11 by Providence over to Midlands where he,
12 ultimately, ended up seeing Dr. Ulrich and Dr.
13 LaMotta; that referral was actually made prior to
14 the alleged injury of 10/9/17. So, that referral
15 for him to get an MRI was already made, based on
16 his -- his symptoms and his complaints from
17 September before he even went over to see -- to --
18 to -- you know, for the first visit, which I
19 believe the records will indicate was 10/12/17,
20 three (3) days after the alleged injury. So, that
21 referral and that request -- and that order for
22 the MRI was already put in before the alleged
23 injury on 10/9/17, and I think that is -- that is
24 very significant. And Stephen had referred you to
25 a document that he indicated was significant, page

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Commissioner Wilkerson: 34.

Mr. Cauthen: -- 34 of his APA and I'd like to -- to refer you to the page before that of his APA, page 33, where one of the symptoms at the -- and now, this is October 12, this is three (3) days after the alleged injury on the 9th, I -- Mr. McCoy, in his deposition and I -- and I assume today, is going to try to draw a -- draw a distinction between his symptoms before the 9th of October being only into the groin and the abdominal area and not all the way down the leg and then after the 9th being all the way -- shooting pain all the way down the leg. Here on the 12th, three (3) days after the injury, you will note he is still complaining of abdominal pain and he is going to try to say there was a difference in symptoms; we contend there was not or that if it was, it was self-serving reports that try to differentiate between symptoms before and after. And we just think Dr. Douglas Bull's opinion -- and there was no need, of course, to schedule an IME for him to see the Claimant because he was addressing a very specific issue -- since there had been an opinion rendered by Dr.

1 LaMotta that there was an anatomical difference,
2 that there was a difference from the CT scan
3 before the 10/9/17 injury and the MRI after
4 showing a structural worsening of disk
5 deformities, Dr. Douglas Bull, I believe,
6 addresses that much more succinctly; he actually
7 took measurements of diameter and differences and
8 noted, the degree of protrusion at L4-5 appears to
9 me to be the same between the two (2) exams. The
10 measurements of the anterior and posterior
11 diameter of the spinal canal, the distance -- that
12 is the distance between the back of the bulging
13 disk to the front edge of the bony lamina, at the
14 point of the greatest disk bulge is eleven point
15 eight (11.8) millimeters on the CT taken on
16 9/26/17, and then twelve (12) millimeters on the
17 MRI taken 10/20/17. In essence, I do not measure
18 any anatomical difference between the two (2)
19 exams relative to the degree of disk -- of disk
20 protrusion, stenosis or foraminal involvement. We
21 just think that is very significant because the
22 only objective evidence that has been pointed to
23 to show that there was a difference, allegedly,
24 between before September when he was treating for
25 other back pain or re-treating for back pain and

1 then after when he allegedly has the injury
2 lifting the wheelchair; that is the only objective
3 evidence that has been identified by any expert
4 and we believe Dr. Douglas Bull's superior
5 qualifications and superior analysis really kind
6 of trumps the other opinions.

7 Commissioner Wilkerson: No doctor has
8 recommended surgery?

9 Mr. Cauthen: No. No, sir.

10 Commissioner Wilkerson: Okay.

11 Mr. Samuels: Not until there is
12 completion of conservative treatment, including
13 injections; injections have been recommended.

14 Commissioner Wilkerson: I understand.

15 Mr. Cauthen: And just a couple of other
16 quick things, Commissioner. Our -- our position
17 is that the very first notice that the Employer
18 Carrier received that there was an injury being
19 alleged on 10/9 of '17, was when Claimant filed
20 his first Form 50, December of 2017, two (2)
21 months later. Of course, he is within the three
22 (3) months --

23 Commissioner Wilkerson: He is, yes.

24 Mr. Cauthen: -- but still two (2)
25 months later, that that was the first notice.

1 Commissioner Wilkerson: Okay.

2 Mr. Cauthen: Mr. McCoy, of course,
3 claims that he reported it; my witnesses deny that
4 and our position is that there's -- there's no
5 indication that they -- that they received notice
6 until December of '17. And -- and with regard --
7 with regard to TTD, the only contemporaneous work
8 excuse that I am aware of is a couple of days, I
9 believe it was just two (2) days from that first
10 week in September of 2017. The other work excuse
11 from Dr. LaMotta, which I think Dr. Poletti agrees
12 with, is well after the fact. So, our position is
13 that without a contemporaneous work excuse, that
14 should be given very little weight, if any; he was
15 just not written out at the -- at the time, other
16 than those two (2) days, that I'm aware of. And
17 thank you very much, Commissioner.

18 Commissioner Wilkerson: Okay. Stephen,
19 anything else before we take some testimony?

20 Mr. Samuels: Oh, yes, a couple of
21 things. I had indicated to you in our statement
22 of the case that there was a dispute in testimony
23 on October 9th as to what was said and what was
24 said and I think Mr. Cauthen accurately and fairly
25 stated what his clients had testified to in their

1 deposition about what they recall being told at
2 the time. The dispute is that -- that I didn't
3 specify what it was but alluded to -- is that Mr.
4 McCoy did tell Robert -- did tell Malcolm Young
5 about the wheelchair, specifically, and even if
6 Mr. Young denies that or does not recall it and,
7 secondly, that -- you know, I think, probably it's
8 just sort of a difference in version. He didn't
9 ask for Workers' Comp information at the end of
10 the day; he actually asked to be -- asked for
11 information on their Workers' Comp doctor because
12 he needed to go to the doctor but, again, I think
13 that's just a question of sort of a different
14 interpretation. There is no question that there
15 was a conversation about Workers' Comp,
16 specifically, at that day and I -- and it is
17 probably true that the Employer assumed that this
18 was the original pain, not the work-related injury
19 on October 9th, 2017. Otherwise, I think we've
20 said enough and, yes, sir; I think we are ready
21 for testimony.

22 Commissioner Wilkerson: I understand
23 misinterpretation, I understand variations of what
24 -- what shall be but if either side lies to me,
25 you're going to the Attorney General, okay? I

1 don't mess with these things. If I've got
2 somebody trying to bring something before me,
3 either side, and I clearly determine underneath
4 the law that I think there's issues with it, the
5 law says I am obligated -- not only obligated, I'm
6 required to send you to the Attorney General. So,
7 I do that in cases like this to tell everybody,
8 interpretations are huge; interpretations are
9 fine, misunderstandings happen every day but if it
10 gets to the level I think it's gotten beyond that
11 to where we are trying to protect assets on either
12 side, they're gone, okay, whoever they are. I've
13 sent insurance companies. I've sent a -- I've
14 sent claims people to the -- I've sent employers
15 and I've sent Claimants; I don't play games with
16 this, okay? The system is not set for that, okay?
17 So, just warn everybody before we start that I'm
18 looking for the truth and what I don't want to
19 hear is what I heard in Charleston one day, after
20 we got through the guy said, the only reason I can
21 get Workers' Comp is I had to explain to you it
22 was this way and, yes, sir, I lied to you during
23 my testimony, okay? If that comes out, they're
24 out of here, either side. I've had the employer
25 do the same thing, okay? That's me, okay? So,

1 search deep. Search deep, both sides, before we
2 start. Okay, are we ready?

3 Mr. Cauthen: Yes, sir.

4 Commissioner Wilkerson: Okay.

5 Mr. Samuels: Ready, Your Honor. The
6 Claimant calls Jeffrey McCoy.

7 Commissioner Wilkerson: Absolutely.
8 Mr. McCoy, if you'd raise your hand, sir; I'm
9 going to have the Court Reporter swear you in and
10 let's just --

11 Mr. McCoy: Stay right here?

12 Commissioner Wilkerson: -- yes, sir.

13 Just stay right there; we're good.

14 Whereupon;

15 Jeffrey William McCoy, being duly sworn and cautioned
16 to speak the truth, the whole truth and nothing but the
17 truth, testified as follows:

18 Court Reporter: Please state your full
19 name for the record.

20 Witness: Jeffrey William McCoy.

21 Court Reporter: Thank you, sir.

22 Commissioner Wilkerson: Thank you, Mr.
23 McCoy.

24 Witness: Just stay right here?

25 Mr. Samuels: Just stay right there.

1. Commissioner Wilkerson: Is it okay if
2 he leads him through all the preliminary
3 stuff, Mr. Cauthen?

4 Mr. Cauthen: Oh --

5 Commissioner Wilkerson: Preliminary
6 stuff, age, dah, dah, dah, dah, dah, dah.

7 Mr. Cauthen: -- yes, sir. No objection
8 --

9 Commissioner Wilkerson: Okay. That's
10 fine.

11 Mr. Cauthen: -- to the preliminary
12 stuff.

13 Commissioner Wilkerson: Just -- just
14 start rattling off how --

15 Mr. Samuels: Okay.

16 Commissioner Wilkerson: -- because
17 there is a lot of stuff we've got to get in
18 and if you get beyond it he will object; if
19 not, we'll just keep going. Thank you.

20 Mr. Samuels: Will do. I may have to
21 pull my mask down a little because it fogs up
22 my glasses.

23 Commissioner Wilkerson: Oh, no, go
24 ahead. If you have to; it's hard, I know.

25 DIRECT EXAMINATION

1 By Mr. Samuels:

2 Q. Mr. McCoy, how old are you?

3 A. Fifty-two (52).

4 Q. You went through the eleventh (11th) grade, then
5 you got a GED; is that correct?

6 A. Yes.

7 Q. You pay some child support; you have two (2) grown
8 children and you have a -- live -- an established
9 relationship with your girlfriend; is that correct?

10 A. Yes.

11 Q. In terms of your work history, you've basically
12 done medical transport for quite some time working for
13 other companies before you went to Cromed?

14 A. Yes.

15 Q. And before this accident, you've been with Cromed
16 about four (4) months; is that right?

17 A. Yes.

18 Q. Is a condition being a medical transportation
19 driver do you have to be drug tested?

20 A. Yes. When you first start, yes.

21 Q. Okay. And -- and you were drug tested in 2016 and
22 2017; your drug test was clear?

23 A. Yes.

24 Q. Okay. Cromed's business model is, basically, they
25 transport patients to medical visits; is that correct?

- 1 A. Yes.
- 2 Q. And that's done in cars or vans?
- 3 A. Yes..
- 4 Q. So, you would either be driving a passenger car or
5 a van?
- 6 A. Yes.
- 7 Q. Does that job require any lifting?
- 8 A. It doesn't require lifting but I help the elder
9 people get in and out, yes.
- 10 Q. Okay. Would you be able to do that job, given the
11 nature of your -- your people you're transporting,
12 without giving them some assistance?
- 13 A. Yes.
- 14 Q. You could?
- 15 A. Yes.
- 16 Q. Okay. What about wheelchairs and so forth; does
17 some of them have wheelchairs?
- 18 A. Really only one (1) had a wheelchair --
- 19 Q. Okay.
- 20 A. -- the rest were all walking or had walkers or
21 something like that, yes.
- 22 Q. Okay. Who would load the equipment they have, the
23 -- the assistive devices like the walkers or the
24 wheelchair, into the vehicle?
- 25 A. I would. We would.

1 Q. Okay. Was there a point in time while you were
2 employed with Cromed that you developed some back pain?

3 A. Yes.

4 Q. When was that?

5 A. I originally started on the -- I'm going to say
6 the 17th; I had groin pain thinking that it was a
7 kidney stone and when I went to the hospital, that's
8 when they said it was in my back.

9 Q. Okay. So, you're talking about the 17th and we've
10 got some medical records --

11 A. It was the 14th that the pain really started but
12 then I went to the hospital on the 17th.

13 Q. -- did you let your employer know about this?

14 A. Yes, I did.

15 Q. Did anything specific happen to cause this pain?

16 A. No.

17 Q. Did it come on suddenly or gradually?

18 A. It just came on kind of gradually.

19 Q. You don't recall having an accident or lifting
20 something at home or anything like that?

21 A. No. That's the reason I thought it was a kidney
22 stone.

23 Q. Okay. All right. And along with that, did you
24 communicate sometimes with Mr. -- Mr. Cronan is the --
25 is -- let me ask you this. Robert Cronan and Malcolm

1 Young, those are the two (2) owners of Cromed; is that
2 correct?

3 A. Yes.

4 Q. Did you have some text messages with Mr. Cronan at
5 various points?

6 A. Yes.

7 Q. Is that often how you communicated?

8 A. Sometimes, yes. We would -- you know, he'd call
9 me and we'd speak on the phone.

10 Q. Okay. So, I'm going to show you Defendant's APA,
11 page 69.

12 A. Yes.

13 Q. All right. Are these text messages between you
14 and Robert Cronan?

15 A. Yes, they are.

16 Q. Okay. And you've -- it looks like on Sunday,
17 September 17th, 2017 --

18 A. Uh-huh.

19 Q. -- there is some communication been happening
20 about your pain and going to the hospital, right?

21 A. Yes.

22 Q. And what -- what does he respond?

23 A. He -- he says, feel better. Feel better, man,
24 hopefully it's just some wicked gas; let me know how
25 you feel and -- and just text me some updates.

1 Q. Okay. And so, after that communication -- so, you
2 went -- so, you went to the emergency room and it
3 appears you were --

4 Mr. Samuels: -- Your Honor, I'll just
5 -- I won't go any further than that; I'll
6 just refer you to page 4 in particular of the
7 --

8 Commissioner Wilkerson: Page 4?

9 Mr. Samuels: -- page 4 of the
10 Claimant's records, which is the narrative
11 report from the emergency room noting back
12 and abdominal pain.

13 Commissioner Wilkerson: Okay.

14 Q. And ultimately you were diagnosed with a muscle
15 spasm, given some medication, a couple of days off and
16 released?

17 A. Yes.

18 Q. Okay. And when you told Cronan about this, they
19 gave you, basically, the week off?

20 A. Yes.

21 Q. And when did you return to work?

22 A. About a week later I went in for a couple of hours
23 and was still in pain and Ronald sent me home, told me
24 to go home.

25 Q. Who sent you home?

1 A. Ronald.

2 Q. Who is Ronald?

3 A. Another one of the employees --

4 Q. Okay.

5 A. -- recommended for me to go home.

6 Q. Okay. And did you follow up with the emergency
7 room after that?

8 A. Yes, I did. I ended up going back.

9 Q. And at that time did they order a CT scan?

10 A. I believe it was that time, yes.

11 Q. And they referred you to an orthopedic surgeon?

12 A. Yes.

13 Q. You made an appointment with Midlands Orthopedics?

14 A. Yes.

15 Q. Had you had any issues of vomiting at that point?

16 A. Yeah, I was in a lot of pain. So, I was -- I was
17 vomiting and --

18 Q. Okay.

19 Mr. Samuels: Page 15 is the narrative
20 report of that visit, which is September 26,
21 2017, Your Honor.

22 Q. All right. Then, it looks like you went back to
23 work at Cromed the week after that, starting at October
24 2nd?

25 A. Yes.

1 Q. And you worked October 2nd through, Friday,
2 October 9th?

3 A. Yes.

4 Q. How were you doing that week?

5 A. I was doing good. I -- Malcolm had put me in
6 heated -- a vehicle with heated seats and it kind of
7 kept some of the pain away; I was doing pretty good.

8 Q. Okay. And we get to October 9th, 2017. So, what
9 was your first route on October 9, 2017?

10 A. Picking up -- picking up Ms. Prader -- Porter and
11 I -- I can't remember the other gentleman's name.

12 Q. You had two (2) people to pick up --

13 A. Yes.

14 Q. -- at your first route?

15 A. Yes.

16 Q. And would you have different routes through the
17 day?

18 A. Yes.

19 Q. How did they -- how did you know what your route
20 was supposed to be that day?

21 A. When we get to the car in the morning we have a
22 laptop, a tablet, and we would pull our schedules up on
23 that.

24 Q. Okay. And how detailed was your schedule?

25 A. It had the time, the address, the name of the

1 person; I mean, I guess pretty detailed, I guess.

2 Q. How far in -- you know, let's say for example, you
3 -- you -- would they give you a specific time, like,
4 9:00 A.M. to pick somebody up?

5 A. Yes. Yes, sir. You had a specific time you have
6 -- like, basically, it be like a ten (10) minutes --
7 over a ten (10) minute window to be either early or
8 late --

9 Q. Okay.

10 A. -- like, you have a specific time that you need --
11 that you have to be there, yes.

12 Q. All right. Did you comply with those specific
13 times?

14 A. Yes.

15 Q. So, you mentioned one patient and then you
16 mentioned Ms. Porter.

17 A. Uh-huh. Yes.

18 Q. Who is the patient who had the wheelchair?

19 A. Ms. Porter.

20 Q. Okay. So, tell us what happened when you went to
21 pick up Ms. Porter.

22 A. Well, when I arrived her son brings her down off
23 the ramp; she -- I basically helped her up from there
24 and helped her into the car, pushed the wheelchair
25 back, collapse it and then put it in the trunk of the

1 car.

2 Q. okay. Is that what you did?

3 A. Yes.

4 Q. okay. And what happened that day?

5 A. When I was picking the wheelchair up, I felt that
6 sharp pain shoot down, like, the inner -- of my inner
7 thigh down towards my knee and it just kind of made me
8 buckle.

9 Q. Was that any different than what you'd helped --
10 that you'd felt before?

11 A. Yes, a lot different.

12 Q. How was it different?

13 A. That was a lot of pain, I mean, it -- like I said
14 before, it just kind of took my -- took my leg away
15 from me, basically, is what it did. It -- it was a
16 sharper pain than what I -- than -- than the dull pain
17 I was normally feeling.

18 Q. Was it in the same location?

19 A. No. It moved down my leg. Normally, it was in my
20 groin and in my abdomen, that shot all the way down my
21 leg.

22 Q. okay. How long did that sharp, shooting pain down
23 your leg last?

24 A. The sharp, shooting pain lasted a while. I had
25 some Ibuprofen and I took some of them and kind of

1 dulled it down a little bit, let my seat back a little
2 bit, adjusted, and was able to do what needed to be
3 done.

4 Q. Okay. So, at this point, who was in the car with
5 you after you had loaded the wheelchair?

6 A. Delores and, like I said, I can't remember the
7 other gentleman's name.

8 Q. Okay. Delores is Ms. Porter?

9 A. Ms. Porter, yes.

10 Q. Okay. And did you then drop them off --

11 A. Yes.

12 Q. -- where they were supposed to be?

13 A. I dropped him off and took Ms. Porter to where I
14 had to take her. I had to go up and have someone come
15 down and assist me because I couldn't push her up the
16 ramp.

17 Q. Okay. At some point did you get a phone call from
18 Robert Cronan?

19 A. Yes, I did.

20 Q. Approximately when do you think you got the call?

21 A. I want to say I still had them in the car with me.
22 So, it -- I think I picked them up around 7:00 or so.

23 Q. Okay.

24 A. I can't remember exactly what time it was I picked
25 them up.

1 Q. why did Mr. Cronan call you?

2 A. He called me because he said that I didn't do the
3 route the way that he wanted me to do the route but
4 like I tried to explain to him, John -- Jonathan stayed
5 here and in order for me -- I had a certain time -- I
6 have a certain time I have to pick them up. So, if I
7 were to pick -- if I had to pass Jonathan's house,
8 picked up Delores and then came back, I would have been
9 late picking up Jonathan. So, I picked Jonathan up
10 first since his house was first, then went up and
11 picked up Miss Delores and then continued on with my
12 route.

13 Q. Okay. So, why was he calling you then?

14 A. Because that's not the way he wanted me to do it.

15 Q. Okay. What are conversations with Mr. Cronan
16 like, are they polite, are mean; I mean, what are they?

17 A. No, sir; they are not polite at all.

18 Q. What are they like?

19 A. He can be aggressive. He can be very aggressive,
20 which is why I prefer talking to Malcolm.

21 Q. Was he aggressive on that day?

22 A. Yes, he was.

23 Q. Okay. Did you guys talk about anything else,
24 other than this disagreement over what route you should
25 have taken that day?

1 A. Me and Robert? No. Me and Malcolm, yeah, I
2 called Malcolm just a few minutes after that and told
3 Malcolm that I didn't understand why Robert would send
4 me to pick up that wheelchair knowing that my back was
5 already hurt.

6 Q. Okay. Did you -- and what did you tell Malcolm
7 about the wheelchair?

8 A. I told Malcolm that -- that when I picked it up I
9 had that sharp pain down my leg and I was in a lot of
10 pain. He asked me did I want to take the rest of the
11 day off. I told him at that point, no, I couldn't -- I
12 couldn't afford to take the rest of the day off and
13 then I told him then that this may or may not be my
14 last day; I will let you know by the end of the day.

15 Q. Okay. Why did you tell him that?

16 A. Because, like I said, I was in a lot of pain and I
17 didn't know if I could continue to do it.

18 Q. Okay. All right. Tell me about the rest of the
19 day.

20 A. The rest of the day went pretty smooth. I had a
21 client, I believe it was in Union, that I went out and
22 picked up; when I dropped her off I just laid the seat
23 back and just laid down. At the end of the day, when I
24 brought the car back, I called Malcolm then and asked
25 Malcolm for information for the workman's comp doctor

1 and his response to me was, Jeff is this really the way
2 you want to go and I said, I just want to talk to your
3 doctor and that was that. I didn't realize I didn't
4 have a job until Robert called or texted me wanting to
5 -- his shirts back and his work hand -- his workbook
6 back but I never -- he never gave me shirts so I let
7 him know that. But I didn't -- I didn't, you know, I
8 thought I still had a job.

9 Q. I'm going to show you, again, page -- this is now
10 page 70 of Defendant's APA submissions; this is a
11 continuation of the text chain. So, there is a text
12 here, October 9th at 6:24 P.M.

13 A. Yes.

14 Q. It says, your claim has been filed; an Adjuster
15 will contact you within twenty-four (24) to forty-eight
16 (48) hours.

17 A. Right.

18 Q. Okay. And -- and that's the response you got at
19 some point after having spoken to Malcolm?

20 A. Yes.

21 Q. And you got a text from -- from Robert?

22 A. From Robert. He said Robert would get in contact
23 with me, yes.

24 Q. All right.

25 A. So, that's what Robert said.

- 1 Q. Okay. And then, this next text, October 9th.
- 2 A. Please -- please text me your -- I'm sorry.
- 3 Please text me your corrected address so I can send you
- 4 a check. Also, can you bring your shirt to Malcolm;
- 5 there is a twenty-five (\$25.00) fee if you choose to
- 6 keep shirt instead.
- 7 Q. All right. What did that tell you?
- 8 A. Basically, it told me I didn't have a job anymore.
- 9 Q. Okay. Then there are some more texts about you
- 10 gave him your address and he wanted you to bring in --
- 11 or a question about bringing the handbook in?
- 12 A. Yes.
- 13 Q. Okay. Is that the first time you found out you
- 14 didn't have a job?
- 15 A. That's when I found out I didn't have a job, yes.
- 16 Q. Did you need to have a job?
- 17 A. Yes. I had child support to pay. I have rent to
- 18 pay. I have a vehicle, I had to pay my car; my car is
- 19 under repo right now, I'm hurting.
- 20 Q. All right. After that, did you have -- you had an
- 21 already scheduled appointment at Midlands Orthopedics
- 22 on October 12th?
- 23 A. On that Thursday, yes.
- 24 Q. Okay. Did you see a Dr. Ulrich?
- 25 A. I believe that was his name, yes.

1 Q. Okay. I'm going to show you page 34. Do you
2 recognize this document?

3 A. Yes, I do.

4 Q. Okay. And what's the first question on there?

5 A. When did your pain first start.

6 Q. What was the answer you gave?

7 A. September 14th.

8 Q. What's the next question?

9 A. When did your pain worsen? October 9th.

10 Q. Okay. Did you discuss with Dr. Ulrich that any of
11 this had happened at work?

12 A. At that -- I believe it was doctor -- I believe
13 that was Dr. Ulrich that I -- I discussed it with, yes.

14 Q. Okay. Is this your handwriting on this form or
15 somebody else's?

16 A. This page right here (indicating) is mine --

17 Q. Okay.

18 A. -- my handwriting.

19 Q. Did Dr. Ulrich order an MRI?

20 A. Yes, sir. I believe that's what he did.

21 Q. And after you had the MRI were you called back in
22 to go and see Dr. LaMotta, the spine specialist?

23 A. Yes.

24 Q. Did you see Dr. LaMotta?

25 A. Yes.

- 1 Q. Did you give Dr. LaMotta a history of what
2 happened?
- 3 A. Dr. LaMotta was the second one, I believe. Yes.
- 4 Q. Okay. And also, at some point you went to see a
5 doctor -- well, at some point you retained an attorney?
- 6 A. Yes.
- 7 Q. And that was me; is that correct?
- 8 A. Yes.
- 9 Q. And that was after seeing Dr. LaMotta?
- 10 A. Yes.
- 11 Q. Now, after that, Jeff, you were sent to -- by my
12 office, for an independent medical evaluation with Dr.
13 Poletti --
- 14 A. Yes.
- 15 Q. -- is that correct?
- 16 A. Yes.
- 17 Q. Have you been able to get any other medical
18 treatment since then?
- 19 A. No. Not -- not for my back, no.
- 20 Q. Have you done any kind of work since then?
- 21 A. I -- I do basically handyman jobs to try to keep
22 food on my table; anything I can do.
- 23 Q. What kind of things?
- 24 A. Cut yards to painting; anything I can get my hands
25 -- anything I can do.

1 Q. okay. Any difficulty doing any of that?

2 A. Some -- I mean, I -- I know my limits; when I get
3 tired or I start to hurt I know when to sit down.

4 Q. okay. Have you looked for a regular job?

5 A. Yes, I have.

6 Q. How long have you been looking?

7 A. I've been looking since that day; since the day I
8 got let go. I mean, when I was able to go back I
9 started looking; I go to Goodwill because I'm -- I
10 don't have a computer at home so I go to Goodwill to
11 the job connections and I put in my applications there.

12 Mr. Cauthen: I'm sorry, I'm -- I
13 apologize, I'm having a little trouble
14 hearing you; could you -- could you repeat
15 that?

16 Witness: I go to -- where I say I go to
17 -- I go to Goodwill Job Connections to put in
18 my applications.

19 Mr. Cauthen: Before that you said
20 something about you're working?

21 Witness: I -- I do handyman jobs, yes.
22 Like I said, I -- I do whatever I can do to
23 put food on my table.

24 Mr. Cauthen: And then, I'm sorry, could
25 you repeat what you said about Goodwill? I

1 apologize for having to ask you to repeat
2 this but --

3 Commissioner Wilkerson: You all are
4 going to have to quit talking back there and
5 you'll be able to listen.

6 Mr. Cauthen: -- but with me mask it's
7 just hard.

8 Commissioner Wilkerson: If you all will
9 quit talking you can listen, okay? I'm not
10 doing this all day.

11 Mr. Cauthen: It's just hard to hear
12 with the --

13 Commissioner Wilkerson: Well, no it's
14 not; it's because you're talking. You all
15 are talking to each other back there. So,
16 stop talking and listen. I'll let you do it
17 this time. I mean, my gosh, if you're not
18 ready we shouldn't be here today. Repeat it.

19 Witness: About me going to Goodwill? I
20 go to the -- the Goodwill Job Connections,
21 they have -- they help me put in applications
22 and they have, like, a big search engine, I
23 guess.

24 Q. Has anybody hired you?

25 A. No. I've had interviews but the last one told me

1 that, basically, without a doctor's release I'm a
2 liability; so, they wouldn't hire me.

3 Q. Have you heard that before?

4 A. I've never really heard that before, no. But once
5 I can get this done and over with, I believe that
6 position may still be available to me.

7 Q. Okay. Do you want to work?

8 A. Yes. I need to work. I have to work.

9 Q. How are you -- well, how much are you -- how much
10 have you made, would you say, in all this two and a
11 half (2 ½) year time as a handyman?

12 A. In a year's time I'm going to say maybe anywhere
13 from a thousand (\$1,000.00) to two thousand (\$2,000.00)
14 dollars, you know, and that's -- like I said, that -- I
15 can't count on that, you know, it's a few dollars here,
16 a few dollars there.

17 Q. Does your girlfriend work?

18 A. Yes, she does.

19 Q. Is that how you support your family?

20 A. That's -- that's how I'm surviving; she pays the
21 rent right now, yes.

22 Q. Okay. Let me ask you about your physical
23 condition right now. Has your condition improved,
24 changed, gotten better, gotten worse or stayed the same
25 since you saw doctors LaMotta and Ulrich?

- 1 A. It's -- it's gotten better, I mean, I -- I can --
2 I can bend now, you know, so it's gotten a little
3 better but it's not a hundred percent (100%), no.
- 4 Q. Okay. Do you think you could work full duty,
5 unrestricted work, as you did before you worked --
6 before you had your back injury?
- 7 A. Yes.
- 8 Q. You do think you can work full duty?
- 9 A. I mean, if -- if I can get -- like I said, if I
10 can get back to where I need to be, yes, as far as
11 driving a vehicle; yes, I can drive a vehicle.
- 12 Q. Okay. Now, Dr. LaMotta has you on a fifteen (15)
13 pound lifting restriction; are you able to constantly
14 lift more than fifteen (15) pounds?
- 15 A. No.
- 16 Q. Sometimes?
- 17 A. Sometimes, yes,
- 18 Q. Did you like Dr. LaMotta?
- 19 A. Yes.
- 20 Q. Would you like him to be your doctor?
- 21 A. Sure. He seemed to know what he was talking about
22 and he was very informative with me; so, yes.
- 23 Mr. Samuels: Jeff, that's all the
24 questions I have. Please answer any
25 questions --

1 Commissioner Wilkerson: Is there any
2 medical in there at all that refers to
3 potential hernia?

4 Mr. Samuels: -- yes, sir. Dr. Poletti
5 testified to it being a herniated disk.

6 Commissioner Wilkerson: No, a hernia.

7 Mr. Samuels: Oh.

8 Commissioner Wilkerson: I mean,
9 lifting, sudden pain, abdomen to legs; that
10 --

11 Mr. Samuels: No, sir.

12 Commissioner Wilkerson: -- I mean, I --

13 Mr. Samuels: No.

14 Commissioner Wilkerson: -- to me that
15 sounds a lot like a hernia but I don't know;
16 I'm not a doctor.

17 Mr. Samuels: Oh, no, sir.

18 Commissioner Wilkerson: Sudden --
19 sudden --

20 Mr. Samuels: Yes, all -- all our -- all
21 --

22 Commissioner Wilkerson: -- every --

23 Mr. Samuels: -- I think all of that has
24 been ruled out.

25 Commissioner Wilkerson: -- okay. That

1 -- that's what I -- that's what I was -- I
2 can't read it as you all move forward. So,
3 okay.

4 Mr. Samuels: Yes.. I --

5 Commissioner Wilkerson: Okay.

6 Mr. Samuels: -- yes, there's no -- I
7 don't think there is any suggestion there is
8 a hernia.

9 Commissioner Wilkerson: Okay. That's
10 fine. All right. Thank you.

11 Mr. Samuels: It's -- it's all back.

12 Commissioner Wilkerson: Okay. I'm
13 fine.

14 Mr. Samuels: Misdiagnoses by the
15 patient.

16 Commissioner Wilkerson: No. I
17 understand. If you would, answer any and all
18 questions that Mr. Cauthen may have, okay?
19 Mark?

20 CROSS-EXAMINATION

21 By Mr. Cauthen:

22 Q. All right. Mr. McCoy, how are you today?

23 A. I am doing great. How about yourself?

24 Q. Let me ask you. At -- at the time that you -- the
25 : total time that you worked for Cromed was about -- was

1 it three (3) months before this injury?

2 A. I believe three (3) to four (4) months, yes.

3 Q. About three (3) to -- three (3) to four (4)
4 months?

5 A. (Nodded head in an up-and-down motion).

6 Q. Okay. You mentioned something about -- in your
7 earlier testimony, child support. How many children do
8 you have?

9 A. All together?

10 Q. Yes.

11 A. I have eight (8) children all together.

12 Q. Okay. Eight (8)?

13 A. Eight (8).

14 Q. And how many are under eighteen (18) or younger?

15 A. None of them.

16 Q. None of -- none of them?

17 A. (Nodded head in an up-and-down motion).

18 Q. Do you have any current child support obligations?

19 A. Yes, I do.

20 Q. Okay. And that's for how many?

21 A. Two (2).

22 Q. Two (2)?

23 A. My -- my twins, my youngest.

24 Q. Okay. In your deposition I think you said you
25 were in arrears; are you still in arrears --

1 A. Yes.

2 Q. -- on your child support?

3 A. Yes, I am.

4 Q. Okay.

5 A. I have no way of paying it.

6 Q. All right. Were they making deductions from your
7 check when you were working for Cromed --

8 A. Yes, they -- yes --

9 Q. -- for child support?

10 A. -- yes, they were.

11 Q. And you haven't been able to catch that up?

12 A. No.

13 Q. Are you making any kind of payments now?

14 A. No.

15 Q. No?

16 A. (Shook head in a side-to-side motion).

17 Q. Okay. Let me go back and talk to you a little bit
18 about the accident that you allege occurred on October
19 the 9th of 2017, when you were assigned to go pick up
20 Delores -- her -- the first name was Delores, right?

21 A. Yes.

22 Q. Let's just call her Miss Delores, without
23 referring to her last name. Now, the -- the process --
24 let's go through the process of the -- because you had
25 picked up Miss Delores before, hadn't you?

- 1 A. Yes.
- 2 Q. You -- you knew her?
- 3 A. Yes.
- 4 Q. So, I just want to go through the process of -- of
- 5 what you -- what you went through to pick her up and as
- 6 I understand, she had a son or someone that would
- 7 usually wheel her out in a wheelchair to --
- 8 A. Sometimes he would, yes.
- 9 Q. -- your vehicle?
- 10 A. Yes.
- 11 Q. Did -- did they do that -- did somebody do that on
- 12 this morning?
- 13 A. Yes. He brought her down to the vehicle, yes.
- 14 Q. He brought her down to the curb?
- 15 A. He brought -- yeah. It's -- it's a trailer; so,
- 16 he just brings her straight down the ramp and I'm,
- 17 like, right there.
- 18 Q. Okay. All right. And so, you were waiting for
- 19 her down at the curb or down at the car -- at your car.
- 20 Did you have a car or did you have a van?
- 21 A. A car.
- 22 Q. A car, okay. All right. Now, did you help Miss
- 23 -- Ms. Porter stand and then get into the seat?
- 24 A. Yes, I do.
- 25 Q. Isn't it a requirement that the -- the patient be

1 able to stand and, like, take a step or two (2)?

2 A. She -- I don't know about that being a
3 requirement, no. I mean, she's -- Ms. Porter is
4 elderly, she's about maybe three (300) or four hundred
5 (400) pounds -- about maybe three hundred (300) pounds,
6 two hundred (200) plus so, she doesn't walk too well,
7 no; that's why she's in a wheelchair.

8 Q. But she was able to stand and -- and --

9 A. Yeah, I help -- you help her up.

10 Q. -- you didn't have to lift her though, did you?

11 A. I don't lift her, no; I just help her up.

12 Q. Okay. You don't --

13 A. She stands up on her own feet.

14 Q. -- as a matter of fact, that's -- as far as Cromed
15 goes, you're not -- you're not required to lift --
16 actually lift patients, are you?

17 A. No.

18 Q. Okay. Okay. And so, then, as I understand it,
19 after you got her loaded in, then you folded up the
20 wheelchair?

21 A. Yes.

22 Q. And, I guess, collapsed it, and then put it into
23 the trunk --

24 A. Yes.

25 Q. -- is that right?

- 1 A. (Nodded head in an up-and-down motion).
- 2 Q. Okay. And so, that's when you felt the pain
- 3 shooting in your back and shooting down your leg?
- 4 A. When I picked up the wheelchair, yes.
- 5 Q. When you picked up the wheelchair?
- 6 A. Yes.
- 7 Q. Okay. And I think you indicated that the pain
- 8 felt like a burning sensation that just shot all the
- 9 way down your leg, down into your upper thigh and also
- 10 pain in your back? It was pretty --
- 11 A. It shot down into my inner thigh, down my left
- 12 side.
- 13 Q. -- it was pretty -- pretty -- pretty severe,
- 14 intense pain, I guess?
- 15 A. Yes.
- 16 Q. Okay. So, and then, after that, what -- tell me
- 17 what -- what would you have done after you loaded that
- 18 wheelchair; what would be the rest of the process
- 19 before you could leave?
- 20 A. Just, basically, type in the time that we picked
- 21 them up and took them to where they have to be.
- 22 Q. Well, you would get back into your -- into -- into
- 23 your car --
- 24 A. Yes.
- 25 Q. -- right? And what would -- you would enter

1 information in -- in the tablet?

2 A. Yes.

3 Q. Okay. And would you get the patient to sign that?

4 A. Yes.

5 Q. And then depart?

6 A. Yes.

7 Q. Okay. Can you give me an idea about how long that
8 process would -- would take with Ms. Porter, you know,
9 that particular day and -- and on a typical day when
10 you would pick Ms. Porter up from start to finish when
11 they bring her down?

12 A. About a minute or two (2).

13 Q. A -- a minute or two (2)?

14 A. Yeah.

15 Q. From the time they bring her down, to the time you
16 get her standing up and get her loaded in --

17 A. About a minute or so, yes.

18 Q. -- put the wheelchair in, getting into the car,
19 loading the information and getting her signature?

20 A. Uh-huh. That whole --

21 Q. You couldn't do all that in a minute, could you?

22 A. -- that whole process could take, I mean, I don't
23 -- maybe three (3) or four (4) minutes.

24 Q. Okay. Does she have any -- any difficulty --
25 three (3) or four (4) minutes, not -- not a minute?

- 1 A. About three (3) or four (4) minutes. I mean, to
2 do the whole process, yes, it probably took about three
3 (3) or four (4) minutes.
- 4 Q. All right.
- 5 A. I mean, I've never really -- I've never timed it,
6 so.
- 7 Q. Now, on this particular occasion you injured your
8 back when you were putting that -- you were putting
9 that wheelchair into the trunk?
- 10 A. Yes.
- 11 Q. So, that would have taken a little bit longer,
12 wouldn't it?
- 13 A. Yeah. It would have took a little bit longer,
14 yes.
- 15 Q. You hurt your back, right here?
- 16 A. Yes.
- 17 Q. Okay. Okay. Now, that morning, Ms. Porter was --
18 was she the first or the second pickup that you had
19 that morning?
- 20 A. She was the second pickup.
- 21 Q. The second pickup. And you started picking up
22 very early, like, 8:00 or somewhere in that -- that
23 vicinity?
- 24 A. Yes.
- 25 Q. Okay.

1 A. Sometime earlier, yes.

2 Q. Now, you had the conversation with Robert, that I
3 think you've already testified about, that morning
4 before picking up any of your patients, wasn't it?

5 A. Yes.

6 Q. Somewhere around 8:00 or maybe even a little
7 before 8:00?

8 A. I had the conversation with Robert?

9 Q. With -- with Robert. Before you talked with
10 Malcolm, the first conversation was Robert?

11 A. After -- that was after the pickups; that wasn't
12 before the pickups.

13 Q. You think you had the conversation with Robert
14 after the pickups?

15 A. After the pickups.

16 Q. Didn't Robert, in fact, notify you that morning
17 that you were going into -- you were actually going to
18 pick up the wrong patient and that was part of the
19 counseling was his telling you that, no, you need to do
20 these stops in order and you're going the wrong way?

21 A. No. We have a tablet; the tablet has names on
22 them. I've picked these people up before; so, I know
23 who I'm picking up, you know, and I know where they
24 live. No, I didn't pick up the wrong person. Robert
25 has also told me that he --

- 1 Q. I don't mean picking up the wrong person. I mean
2 heading in the wrong direction initially.
- 3 A. -- no, I was not heading in the wrong direction.
- 4 Q. Okay. Well, then, what was he counseling you
5 about that -- that got heated that morning?
- 6 A. He -- he was upset because I picked up Jonathan
7 before I picked up Delores --
- 8 Q. Okay.
- 9 A. -- and Robert has told me several times that he
10 makes mistakes, he -- he's doing schedules or writing
11 these out for forty (40) or fifty (50) people, you
12 know, and if it's easier -- you know, which we know our
13 routes, if we find an easier way to do it, you know,
14 without compromising anyone's time or anything like
15 that, then get it done. So, like I explained before,
16 as you're going down this road, Jonathan lives here
17 (indicating) and Miss Delores stays here (indicating).
18 I stopped and picked up Jonathan first, then I went and
19 picked up Delores and then came back.
- 20 Q. Was that the order you were assigned that morning?
- 21 A. No. He wanted me to pick up Delores first --
- 22 Q. Okay.
- 23 A. -- and then Jonathan but because, if I'm not
24 mistaken, I believe there were like a five (5) or ten
25 (10) minutes difference and if I would have picked up

1 Delores first I would have been late picking up
2 Jonathan.

3 Q. But that was not your assignment order that
4 morning --

5 A. No.

6 Q. -- correct?

7 A. (Shook head in a side-to-side motion).

8 Q. Okay. And he's got a GPS so he can see where you
9 are and when you're -- when you're there?

10 A. At all times.

11 Q. So, did he not call you seeing that you were going
12 in a different -- to a different pickup to say, hey,
13 you're doing this out of order; I need you to do it the
14 way I've assigned it to you?

15 A. Yes.

16 Q. Was -- wasn't that the -- you know, that was the
17 -- that was in essence the -- the reason for the phone
18 call?

19 A. Yes.

20 Q. Okay. So, he would have called you in route to, I
21 guess, the first one to say, hey, you're going to wrong
22 way, right? You need to go get this one instead -- you
23 need to go get A instead of B first?

24 A. He never told me I was going the wrong way; he
25 just --

- 1 Q. Or -- or you're going in the wrong order?
2 A. -- that I was going in the wrong order, yes.
3 Q. Okay. And so, that was before the pickup with
4 Delores, then?
5 A. I want to say, yes --
6 Q. Okay.
7 A. -- it could have been.
8 Q. Okay. And so, that conversation got a little bit
9 heated with Robert?
10 A. Robert got heated; I -- I don't argue -- you don't
11 argue with your boss.
12 Q. Okay. Didn't you tell him that, hey, I'm a
13 professional driver; I know what I'm doing?
14 A. I didn't tell him I was a professional driver.
15 Q. Did you tell him you know what you're doing?
16 A. I -- no. I didn't tell him in those words, no.
17 Q. What -- what did you tell him?
18 A. When he told me that to do it this way, blah,
19 blah, blah, I -- the only thing I could say to him was
20 okay.
21 Q. Okay. You weren't a little bit upset with that
22 phone call that morning?
23 A. I didn't get upset with him until after I picked
24 up the wheelchair, that's when -- that's when I was a
25 little bit -- I wasn't upset I was irritated; I was in

- 1 pain and I was very irritated.
- 2 Q. You were already in pain before -- before the trip
- 3 that morning?
- 4 A. I was sore before the trip.
- 5 Q. Yes. Okay. From the two (2) weeks before in
- 6 September?
- 7 A. I -- I was sore because I have back -- you know, I
- 8 have back issues. So, I was sore but, like I said, I
- 9 had been taking my Motrin, I was taking my -- my pain
- 10 meds; I was doing good.
- 11 Q. But you -- I mean, you would agree you didn't
- 12 appreciate that -- I guess, his tone or --
- 13 A. No. I didn't --
- 14 Q. -- the way he approached you?
- 15 A. -- I didn't appreciate the tone, no.
- 16 Q. You didn't appreciate it?
- 17 A. (Shook head in a side-to-side motion).
- 18 Q. Okay.
- 19 A. And I stated before, which is the reason why I
- 20 rather -- I would rather talk with Malcolm; you know,
- 21 Malcolm has a better way of speaking to me.
- 22 Q. Okay. And so, then after the pickup -- the first
- 23 couple of pickups, you then called Malcolm and that was
- 24 around 9:25 A.M. --
- 25 A. I called --

1 Q. -- at that point?

2 A. -- I called Malcolm before that. I called Malcolm
3 as I was taking Ms. Porter and I explained to Malcolm
4 that I was in pain and I didn't understand why Robert
5 would send me to pick up a wheelchair.

6 Q. Okay. But you -- you called Malcolm and you
7 complained about that -- that little reprimand, I
8 guess, from Robert that morning --

9 A. Yes.

10 Q. -- didn't you?

11 A. That was part of our conversation also, yes.

12 Q. Yes. And at that time, in fact, you -- you told
13 Malcolm this is probably going to be your last day --

14 A. I said, this --

15 Q. -- you don't -- you don't have to be -- you don't
16 -- you're not going to be talked to that way; this is
17 probably going to be your last day?

18 A. -- that's not what I said, no.

19 Q. Okay.

20 A. I told him that this may or may not be my last
21 day; I will let you know. And that's when he was
22 saying, okay, well, do you want to just, basically, you
23 know, come in the rest of the -- come in and take a
24 break and let your back, you know, do what it does,
25 dah, dah, dah? And I told him, no, I couldn't afford

1 to take the day off -- I couldn't afford to take
2 anymore time off and I would, you know, talk to him
3 later. I continued on with the day and, as I stated
4 before, at the end of the day, I called him and asked
5 to speak to a -- I called him to ask for a workman's
6 Comp doctor. His response to me was, well, Jeff, if
7 that -- is that really what you want to do and -- he
8 said, is that the route you want to go? And I said,
9 yes. After that, that's when I got the phone call want
10 -- want -- I got the -- basically, the phone call
11 wanting the shirts and the workman's book back and
12 that's when I realized I didn't have a job.

13 Q. Okay. Well, so, you did tell -- you did -- you do
14 recall telling Malcolm though that this may or may not
15 be your last day?

16 A. Yes.

17 Q. Okay. And that was because you were kind of upset
18 with that conversation with Robert?

19 A. I was upset with that conversation with Robert and
20 I didn't know if, you know, the pain from, you know, if
21 it was going to get better.

22 Q. You didn't know -- I'm sorry?

23 A. I didn't know if my back was going to get better,
24 you know, during that -- that time -- during that time.

25 Q. From the problem that you had in September?

1 A. Right.

2 Q. Okay.

3 A. From just that -- I mean --

4 Q. Because the symptoms from September had continued
5 unabated, didn't they?

6 A. -- excuse me?

7 Q. That the -- the symptoms -- the problems and the
8 back pain from September, the sciatica and the back
9 pain from September, that just continued on; that never
10 -- that never stopped, did it?

11 A. That -- that dulled -- I mean, it -- it didn't
12 stop, it dulled, I was able to maintain and do what
13 needed to be done; it had gotten better, it got looser.
14 So, I was able to do what needed to be done, yes.

15 Q. At the -- at the time that you got the assignment
16 for the wheelchair, to pick up Miss Delores, and, of
17 course, you knew Miss Delores was in a wheelchair so
18 you knew what that assignment involved, didn't you?

19 A. Yes.

20 Q. Did you have any kind of restriction from a doctor
21 stating that you couldn't do that?

22 A. At that point, yeah, I did have a lift restriction
23 the what -- the other doctor gave me and told me not to
24 be, you know, lifting a bunch of -- lifting real heavy
25 stuff.

1 Q. Doctor -- this is who -- doctor who?

2 A. I -- one of the emergency room doctors, I'm not
3 exactly sure; I don't know all of their names.

4 Q. okay. Did you -- did you put a -- a work
5 restriction to that effect into evidence in your APAs?

6 A. No, I didn't. That was more of a verbal thing and
7 I had -- I had told Robert and them that maybe -- I
8 mean, they put me in a vehicle for a week with heated
9 seats and told me he didn't want me doing wheelchairs
10 or helping people, you know? So, he put me in a
11 vehicle with heated seats and just had me doing long
12 runs for a week or so.

13 Q. And you -- you didn't have any written work
14 restrictions to give to Robert and Malcolm and say,
15 hey, I can't -- I -- I shouldn't be doing a --

16 A. No. I didn't have anything --

17 Q. -- I mean, I shouldn't be --

18 A. -- I didn't have any --

19 Q. -- doing a wheelchair lady?

20 A. -- the -- the only note that I had from -- from
21 them, they never -- I tried to give it to them; they
22 never got it.

23 Q. If you -- if you were to ask Cromed -- I mean,
24 they -- they were pretty accommodating with those two
25 (2) weeks that you had off in September, weren't they?

- 1 A. Yes.
- 2 Q. Weren't they pretty -- I mean, you didn't have a
3 doctor's excuse to cover that full two (2) weeks, did
4 you?
- 5 A. No, I didn't.
- 6 Q. And they let you come right back to work as soon
7 as you were able, didn't they?
- 8 A. Yes, they did.
- 9 Q. Wouldn't you say that's pretty fair treatment?
- 10 A. Yes.
- 11 Q. I mean, they really pretty decent guys, aren't
12 they?
- 13 A. Yes. I never said they weren't.
- 14 Q. Do you think if you asked, you know, for help with
15 -- with Miss Delores, who had a -- had a wheelchair,
16 they would have provided that to you?
- 17 A. If I would have asked for help?
- 18 Q. Yes. If you'd, hey, I -- you know, I'm not -- not
19 sure about lifting this wheelchair, could I get a --
20 get a hand or get somebody to help me?
- 21 A. You know, I -- honestly, I'm strong believer that
22 when you start telling your boss things that you can't
23 do, then it's time to start looking for another job
24 because there's a million people out here that's
25 unemployed and when you say, I can't do this, then

1 we'll find somebody that can.

2 Q. I've got you. So, you -- you didn't --

3 A. So, sometimes you have to fight through the pain.

4 Q. -- I understand. So, you didn't tell them you
5 couldn't do that job then --

6 A. No.

7 Q. -- because she was in a wheelchair? No reason not
8 to fight through the pain and just go ahead and do it?

9 A. Right. I didn't tell them I couldn't do it, no.

10 Q. Now, after -- let me ask you a little bit about
11 the rest of your day after Miss Delores was dropped off
12 and the other -- the other -- did you have two (2) or
13 three (3) morning that --

14 A. I had three (3) all together.

15 Q. -- and they were already picked up and dropped off
16 before your afternoon --

17 A. No. I had Delores and I believe it was Jonathan;
18 I had already picked them up and dropped them off and
19 then I went to Union, I want to say, I believe it -- I
20 think it was Union; it may have been Union that day.

21 Q. -- were you able to get Miss Delores to her
22 daycare center and unloaded and into the facility?

23 A. I got her there and I went up and knocked on the
24 door and asked for someone to come down and help me get
25 her out of the vehicle and push her up the ramp; I

1 couldn't do it.

2 Q. All right.

3 A. And a gentleman came down and -- and did it.

4 Q. Okay. And then, that afternoon, I think, you said
5 you had to -- you had to drive all the way to Union,
6 pick up another patient and take that patient to Rock
7 Hill; is that correct?

8 A. I believe so. I believe that -- I -- I don't know
9 exactly where I took them but I -- I believe that
10 sounds about right.

11 Q. And at the -- at the Rock Hill drop off, would you
12 have had about a three (3) hour wait for that patient
13 while you were there?

14 A. I believe it was about three (3) hours -- two (2)
15 or three (3) hours, yes.

16 Q. And so, when you finished with your afternoon
17 assignments, then you drove back to Columbia and got
18 back to Columbia probably about 5:00 P.M.; is that
19 right?

20 A. I believe so, yes.

21 Q. So, you -- you were able to work that whole day
22 with the back pain that you had?

23 A. When I got to -- when I dropped that client off, I
24 laid the seat all the way back and just laid there.

25 Q. I'm sorry; say that again?

1 A. When I got -- when I dropped that client off at
2 her doctor's appointment, I just laid the seat all the
3 way back in the car and just laid down with the heat on
4 there.

5 Q. But you were able to complete all the assignments
6 that --

7 A. Yes.

8 Q. -- that day and that afternoon with the symptoms
9 that you had?

10 A. Yes.

11 Q. Okay. And so, that -- I guess around that time
12 when you turned the car in, that's when you had the
13 phone call to Malcolm?

14 A. I had the conversation with Malcolm while I was on
15 my way to -- to drop the car off, yes.

16 Q. Okay. And it was -- it was that time that you
17 asked him for information about your Workers' Comp --
18 about their Workers' Compensation insurance?

19 A. No, I didn't ask for insurance. I asked about the
20 doctor; I wanted to see the Workman's Comp doctor.

21 Q. Okay. And did you say exactly what you wanted to
22 see that doctor about?

23 A. He already knew. I had -- like I said, I'd had
24 several conversations with Malcolm throughout that day.

25 Q. Well, you had two (2) didn't you? The one -- one

1 early that morning after you -- you had the
2 conversation with Robert and then one in the afternoon
3 --

4 A. Yes.

5 Q. -- is that the second one?

6 A. I had a couple -- I had a couple -- couple -- a
7 couple of conversations with Malcolm throughout that
8 day --

9 Q. But -- but --

10 A. -- and I informed Malcolm, you know, about the --
11 the pain in my leg and that's when he asked me did I
12 just want to go home and -- and take the rest of the
13 day off and relax and I told him I couldn't afford to.

14 Q. -- okay. You -- you told him in the afternoon
15 conversation you wanted to see a doctor?

16 A. That -- that -- I didn't say -- I didn't mention
17 anything about the Workman's Comp doctor until, like I
18 said, it was around maybe 4:00 or five o'clock when I
19 was bringing the car back and I was calling Malcolm and
20 told Malcolm then that I wanted to see -- talk to a
21 Workman's Comp doctor -- I asked for a Workman's Comp
22 doctor -- I asked for his Workman's doctor and he said
23 that he would have -- he asked me, is this the route
24 you really want to go? I said, yes. And he said,
25 okay, I'll have Robert get in touch with you and I

1 said, fine.

2 Q. But in the -- in the morning conversation that you
3 had with Malcolm, you never mentioned anything about an
4 on the job injury that day though, did you? You never
5 mentioned --

6 A. Yes.

7 Q. -- you never mentioned anything about Workers'
8 Comp?

9 A. No. I didn't mention anything about Workman's
10 Comp that morning, no. But I did let him know that
11 when I picked up that wheelchair, I felt that sharp
12 pain.

13 Q. Okay. You -- you're saying now that you told him
14 that morning, when you had the morning conversation
15 with Robert that you reported --

16 A. Not Robert.

17 Q. -- I'm sorry --

18 A. Malcolm.

19 Q. -- with Malcolm?

20 A. Malcolm, right.

21 Q. That you -- that you reported -- did you report an
22 injury lifting a wheelchair that morning?

23 A. Yes, I did.

24 Q. Okay. You are under oath now.

25 A. I told Malcolm then that when I picked up that

1 wheelchair I felt that sharp pain and that's when I
2 discussed with him why Robert would send me out here to
3 pick up that wheelchair; me and Malcolm talked.

4 Q. okay. In your testimony a just a few minutes ago
5 you didn't say any of that at all. Now you're saying
6 that you --

7 Mr. Samuels: Object -- objection, Your
8 Honor.

9 Commissioner Wilkerson: I think that's
10 a mischaracterization of what he said.

11 Mr. Cauthen: -- well --

12 Commissioner Wilkerson: He -- he may
13 not have said those exact words but that's
14 exactly what he said.

15 Mr. Cauthen: -- he didn't -- I don't
16 believe --

17 Commissioner Wilkerson: Well, the
18 record will reflect --

19 Witness: That's exactly --

20 Commissioner Wilkerson: -- the record
21 will reflect it.

22 Mr. Cauthen: -- I might be mistaken --

23 Witness: -- that's not got me confused;
24 I don't --

25 Mr. Cauthen: -- but I don't believe he

1 mentioned an on the job --

2 Commissioner Wilkerson: You're
3 struggling so let's --

4 Mr. Cauthen: -- reported an on the job
5 injury --

6 Commissioner Wilkerson: -- you're
7 struggling so we --

8 Mr. Cauthen: So, you -- you're --

9 Commissioner Wilkerson: -- he didn't
10 say the exact words but that's exactly what
11 he said.

12 Q. -- so, your testimony is you did report it to
13 Malcolm that morning?

14 A. Yes, I did.

15 Q. Okay. And that would have been about -- you said
16 several conversations; which -- which conversation
17 would that have been?

18 A. The first conversation -- I don't remember the
19 exact time but the first conversation that I had with
20 Malcolm, I -- I expressed to Malcolm about how Robert
21 had said what he said to me, I expressed to him about
22 the wheelchair, I told him then that I felt the sharp
23 pain, Malcolm asked me did I want to go home; I've said
24 this to you a couple of times already. Yes, sir.

25 Q. Well --

1 Commissioner Wilkerson: And he never
2 did say, I know I had a Workers' Comp case, I
3 know I had a Workers' Comp claim; he -- I
4 agree he never said that but he did say this
5 for about the fifth (5th) time, I promise but
6 keep going.

7 Q. -- when you -- when you -- when you told Malcolm
8 that this may or may not be your last day, you would
9 let him know --

10 A. Uh-huh.

11 Q. -- at that point Malcolm told you to bring it on
12 in, didn't he?

13 A. No. He didn't tell me to bring it in; that's --
14 that's the whole -- he asked me did I want to and I
15 told him, no, I could not afford to.

16 Q. He -- I mean, he asked you --

17 A. He did -- he --

18 Q. -- do you want -- do you want to bring -- this is
19 after you told him you may or may not be quitting,
20 right?

21 A. -- this is after that, yes. I said this may or
22 may not be my last day; I will let you know.

23 Q. Okay.

24 A. I don't -- I mean, I don't remember exactly how
25 each conversation went, I don't remember -- you know, I

1 know we had these conversations and I know that we
2 talked; I can't tell you the time I wasn't watching my
3 watch. I can't tell you, you know, in what order the
4 conversations were but I'm telling you what the
5 conversations were. I told him that I was in pain, he
6 asked me did I want to -- did I want to call it a day,
7 I told him I could not afford to, I would let him know
8 by the end of the day today -- by the end of the day
9 that day.

10 Mr. Cauthen: Give me one second.

11 Q. Okay. Mr. McCoy, I want you to take a look at
12 your deposition.

13 Commissioner Wilkerson: You've got that
14 as D-4?

15 Court Reporter: Yes, sir.

16 (DEFENDANT'S EXHIBIT NUMBER FOUR WAS MARKED FOR
17 IDENTIFICATION)

18 Commissioner Wilkerson: This is the
19 deposition of Jeffrey McCoy, D-4, taken on
20 May the 31st, 2018.

21 Mr. Cauthen: That's correct,
22 Commissioner.

23 Commissioner Wilkerson: What page?

24 Mr. Cauthen: Page 76, Commissioner.

25 Commissioner Wilkerson: 76, okay. 76,

1 I've got you.

2 Q. And, Mr. McCoy, I'm going to ask you to look at
3 the top of page 76 and I'm going to read the question
4 to you and if you would give me the answer that you --
5 do you see where it says Q and A beside -- it's got a Q
6 and that's for my question and A for your answer?

7 A. Okay.

8 Q. So --

9 A. Oh, okay, I see it.

10 Q. -- up at the top of page 76, the first -- the
11 first full sentence question where I asked you, did you
12 talk to Malcolm in the afternoon about workers' --
13 about workers' Comp. Okay. And your answer was?

14 A. As I said before, yes.

15 Q. Yes.

16 A. As I was getting off work.

17 Q. As I was getting off work. Next question: Okay.
18 You didn't have a conversation with him in the morning
19 about workers' Comp and your answer?

20 A. No. We didn't talk about workman's Comp in the
21 morning. And I -- I'm still saying that.

22 Q. Well, if you reported an on the job injury then
23 you're going to be talking about workers' Comp; that's
24 going to be in the conversation, isn't it?

25 A. I reported an on the job injury, okay? But I did

1 not mention anything to him about workers' Comp until
2 that afternoon. That morning I did not say, hey, I
3 hurt myself, I want a Workman's Comp doctor; that's not
4 how it went and you -- you keep asking me the same
5 thing.

6 Commissioner Wilkerson: That's what I
7 said.

8 Q. Not exactly.

9 Commissioner Wilkerson: That's exactly
10 what I said five (5) minutes ago. He never
11 said Workers' Comp in the morning; he only
12 said Workers' Comp in the afternoon. It just

13 --

14 Mr. Cauthen: It's like work -- work --
15 Commissioner Wilkerson: -- solidified
16 it --

17 Mr. Cauthen: -- Workers' Comp --

18 Commissioner Wilkerson: -- for today --

19 Mr. Cauthen: -- a Workers' Comp -- a
20 Workers' Comp injury -- an on the job injury
21 and Workers' Comp is kind of the same thing
22 to me.

23 Commissioner Wilkerson: -- he's an
24 employee; he doesn't know what Workers' Comp
25 is, from unemployment insurance to short term

1 disability.

2 Mr. Cauthen: Well, he certainly asked
3 about it that afternoon.

4 Commissioner Wilkerson: Okay.

5 Mr. Cauthen: That's more -- that's more
6 important.

7 Commissioner Wilkerson: Surely you
8 don't think that's going to fly the flag for
9 today.

10 Mr. Cauthen: I'm sorry?

11 Commissioner Wilkerson: Those words --
12 those three (3) lines?

13 Mr. Cauthen: I'm sorry?

14 Commissioner Wilkerson: Those three (3)
15 lines are going to win your case?

16 Mr. Cauthen: I'm not saying that,
17 Commissioner.

18 Commissioner Wilkerson: Okay.

19 Mr. Cauthen: There's a lot -- a lot to
20 the case.

21 Commissioner Wilkerson: Well, let's get
22 to it because I'm tired of hearing the same
23 question five (5) different ways because he
24 gives the answer the same every time. Maybe
25 we'll get some more information from your

1 side.

2 Q. Now, Mr. McCoy, as far as your -- your back pain,
3 let me ask you a little bit about just your history.
4 And would it be true that you've had back pain for
5 quite a few years?

6 A. Yes.

7 Q. In fact, I believe you told me before you've had
8 back pain for as long as you can remember?

9 A. Yes.

10 Q. Low back pain?

11 A. Yes.

12 Q. You've also had diabetic neuropathy --

13 A. Yes.

14 Q. -- it gives you a sensation of tingling in your
15 feet?

16 A. Yes.

17 Q. Okay. And so, you've already testified some about
18 this but I just want to clarify a couple of things. In
19 September before your -- your accident, September 17,
20 you did go to Providence. We know that you were out
21 for those couple of weeks complaining of some back pain
22 and some pain radiating into your groin; is that right?

23 A. Yes.

24 Commissioner Wilkerson: You're on the
25 17th? He went on the 18th.

1 Mr. Cauthen: I'm sorry?

2 Commissioner Wilkerson: Did he go on
3 the 17th or did he go on the 18th?

4 Witness: The 18th.

5 Commissioner Wilkerson: You said he
6 went on the 17th.

7 Mr. Cauthen: Well, the -- I'm sorry.
8 The 17th was --

9 Witness: A Saturday.

10 Mr. Cauthen: -- so -- so it would have
11 been the 18th, wouldn't it?

12 Commissioner Wilkerson: So, you didn't
13 go on the 17th?

14 Witness: I -- it was -- I believe it
15 was the 18th that I went and I believe it was
16 a Sunday and I believe that was the 18th that
17 I went to the emergency room.

18 Commissioner Wilkerson: I mean, the
19 report says the 18th; I don't know. Your
20 question was the 17th. The report says the
21 18th; so, maybe I'm --

22 Q. The -- did you go see --

23 Commissioner Wilkerson: -- I see
24 admission service date, 9/18 of '17, and the
25 top of the next page says 9/18/17; so, I

1 don't -- I don't have a clue. Did you go
2 late in the date or --

3 Witness: When I went to the -- the
4 emergency room?

5 Commissioner Wilkerson: -- yes.

6 Witness: I don't think it was too late
7 in the afternoon. I believe it was a Sunday
8 though; I could be wrong but I believe it was
9 a Sunday.

10 Mr. Cauthen: -- okay.

11 Q. But you -- you ended up being out of work that --
12 that full week, the week of the 18th?

13 A. Yes.

14 Q. Okay. Then you came -- you came back to attempt
15 to return to work at Cromed the following Monday --

16 A. Yes.

17 Q. -- the 25th, I guess, the 24th or 25th?

18 A. I believe so. I don't know the exact dates on
19 that.

20 Q. And your -- your back pain, I guess, was so bad
21 that day you -- you couldn't complete the day?

22 A. Right.

23 Q. And you had to leave and go home?

24 A. Yes.

25 Q. And they allowed you to do that?

1 A. Ronald -- Ronald wanted me to go home. Ronald
2 thought that it was best for me to go home, which I
3 believe he called Robert and told Robert to send me
4 home; so, I -- he sent me home.

5 Q. So, Robert okayed that?

6 A. Yeah. I believe so, yes.

7 Q. And so, then you took that -- that week off, that
8 full week off?

9 A. Yes.

10 Q. Then, finally, you did return to -- of course, to
11 work as we know on the 2nd, the week of the 2nd,
12 October the 2nd?

13 A. Yes.

14 Q. But your -- your back pain never really improved;
15 it never really resolved, did it?

16 A. It didn't resolve, no, but it did -- it did
17 improve. I mean, I wasn't swollen -- my back wasn't
18 swollen anymore and I was able to do a little bit more
19 movement.

20 Q. Okay. But you -- you didn't have any kind of
21 accidental injury that you're aware of in September of
22 '17?

23 A. No. That's the reason I thought it was a kidney
24 stone because I hadn't done anything to hurt my back;
25 so, I -- I figured -- I thought maybe it was a kidney

1 stone.

2 Q. Okay. And now, when -- you -- you went back to
3 the Providence ER, as I understand it, on September the
4 26th, September the 26th, during your second week out?

5 A. I don't know the exact date but I believe so, yes,
6 when I went back to the emergency room.

7 Q. Okay. At that -- at that time they then referred
8 you -- referred you over to Midlands Orthopedics --

9 A. Yes.

10 Q. -- is that right?

11 A. Yes.

12 Commissioner Wilkerson: It's
13 interesting, that report looks right; it's
14 the one on the 17th and the 18th that doesn't
15 look right but it's not my reports and we --

16 Mr. Cauthen: That's APA, page --

17 Commissioner Wilkerson: -- we don't
18 know.

19 Mr. Cauthen: -- 22, I believe.

20 Q. Okay. So, they -- they referred you over there
21 and set you up for an MRI at that time; is that
22 correct?

23 A. Yes.

24 Q. And that is before you ever had your October
25 injury on the 9th --

1 A. Yes.

2 Q. -- is that right?

3 A. (Nodded head in an up-and-down motion).

4 Commissioner Wilkerson: Mr. Cauthen,
5 are you having a problem hearing?

6 Mr. Cauthen: Sometimes a little bit.

7 Commissioner Wilkerson: I mean, I -- I
8 mean, just because I've noticed with his --

9 Mr. Cauthen: It's just the --

10 Commissioner Wilkerson: -- testimony --

11 Mr. Cauthen: -- it's just distancing.

12 Commissioner Wilkerson: -- I -- I don't
13 mean that as a negative; I just mean that as
14 --

15 Mr. Cauthen: This is the -- this is
16 good ear and this ear is kind of --

17 Commissioner Wilkerson: -- okay.

18 Because you --

19 Mr. Cauthen: -- getting more noise.

20 Commissioner Wilkerson: -- that's the
21 only reason I say that.

22 Mr. Cauthen: That's why you'll see me
23 sometimes turn like this.

24 Commissioner Wilkerson: No, that's
25 fine. I don't mean --

1 Mr. Cauthen: Yes. And I --

2 Commissioner Wilkerson: -- that helps
3 me understand too. Do we -- do we know any
4 idea why some of this stuff says 17 and some
5 says 18 on it, from either side, the reports,
6 the medical reports? I don't know that it
7 matters. It's probably a medical reporting
8 error, is my guess. The 26th is consistent,
9 the 17th one says -- it starts 17th, then the
10 report is dated the 18th. It says
11 temperature was taken on the 18th. I -- I
12 don't know. Go to page 6, physical exam,
13 9/18, temperature, the page before that, the
14 same report, 9/17. It doesn't matter. I
15 mean, it just -- I just didn't -- it's just
16 so many inconsistencies in the report. Do
17 you see what I'm talking about, Stephen?

18 Mr. Samuels: I -- I don't, Your Honor,
19 I --

20 Commissioner Wilkerson: Go to page 6.

21 Mr. Samuels: -- page 6 at the top right
22 says --

23 Commissioner Wilkerson: No. Physical
24 exam, vital signs.

25 Mr. Samuels: -- yes, sir. 9/18 --

1 Commissioner Wilkerson: Okay.

2 Mr. Samuels: -- at 1:22 A.M.

3 Commissioner Wilkerson: Same day he is
4 there, supposedly --

5 Mr. Samuels: And page 5, I think also
6 says 9/18.

7 Commissioner Wilkerson: -- okay. Go
8 back -- keep going. Page 3 says 9/18. Page
9 2 says 9/18. First report of admission
10 service date says 9/18.

11 Mr. Samuels: I think the 9/17 date --

12 Commissioner Wilkerson: I'm all
13 confused.

14 Mr. Samuels: -- would be because that
15 was the date that Mr. McCoy first informed
16 his employer --

17 Commissioner Wilkerson: Yes.

18 Mr. Samuels: -- that he had been having
19 back pain --

20 Commissioner Wilkerson: I'm good with
21 that.

22 Mr. Samuels: -- and the next day he
23 went to the doctor.

24 Court Reporter: I -- I didn't catch --

25 Commissioner Wilkerson: Okay. No, I'm

1 fine with that.

2 Court Reporter: -- what you said at the
3 end of that; I can't hear you.

4 Commissioner Wilkerson: Okay. I'm
5 sorry.

6 Mr. Samuels: And that's the day he went
7 to the doctor, September 18th.

8 Court Reporter: Thank you.

9 Commissioner Wilkerson: Which is
10 interesting because they dictated this on the
11 17th. Okay. All right, I -- I've got you.
12 It's just the 9/17 date was the date that it
13 was reported by the employer, didn't go to
14 the doctor; not -- that's not been an issue
15 -- until the 18th. Okay. But we're still
16 contending the accident is on October the
17 9th?

18 Mr. Samuels: Correct, Your Honor.

19 Commissioner Wilkerson: Yes, I'm good
20 with that. I'm good with that. I just
21 wanted to make sure -- okay. I've got you.
22 All right. I'm good. Go ahead, Mr. Cauthen

23 --

24 Mr. Cauthen: Okay.

25 Commissioner Wilkerson: -- I apologize.

- 1 Q. Mr. McCoy, when you were first seen over at -- at
2 Midlands by a referral from Providence on, I believe,
3 the 12th of October; is that right?
- 4 A. I -- I --
- 5 Q. October 12th?
- 6 A. -- repeat the question; I'm sorry.
- 7 Q. Was your referral, when they -- when they referred
8 you from Providence over to Midlands, the dates of
9 reports that I have is that your first visit was
10 October 12th, which would have been three (3) days
11 after your injury lifting the wheelchair.
- 12 A. The -- yeah -- the appointment was made
13 previously, yes.
- 14 Q. You -- the appointment was made previously but you
15 saw them on the 12th --
- 16 A. Yes.
- 17 Q. -- which is three (3) days after --
- 18 A. Yes.
- 19 Q. -- three (3) days after. Okay. And so, at that
20 point did you say that your symptoms had changed, that
21 it was -- that the pain that you were feeling was a
22 little different?
- 23 A. Yes, I did tell him that.
- 24 Q. Okay. What -- and how was it different?
- 25 A. Let's see, that was a --

1 Q. You told him it was different as far as the
2 radiating pain?

3 A. -- yes. As far as it shooting down my leg, I told
4 him -- I can't remember exactly which doctor it was but
5 I explained to him that -- what was going on and then I
6 told him that it got worse after I had picked up the
7 wheelchair and explained to him how I was feeling the
8 -- the sharpness.

9 Q. Okay. Did you indicate that it was -- it was
10 going further down your leg after the October 9th
11 accident?

12 A. Yes, I did.

13 Q. Okay. And before -- what was the radiating pain
14 before October 9th?

15 A. It was basically -- like I said, it was basically
16 in my stomach and in my groin area and in my back but I
17 was feeling it more -- when it first started I was
18 feeling it more in my groin and in my stomach, which is
19 the reason why I said I thought it was a kidney stone.

20 Q. That's why you thought it was a kidney stone?

21 A. Yes.

22 Q. Okay.

23 A. Because it wasn't in my back at the time, then it
24 -- it started to go -- get worse.

25 Q. But now, when you -- when you did go to Midlands

1 for the first time, three (3) days after the accident
2 on the 12th of October, you were actually still having
3 pain in your groin and in your stomach too, weren't
4 you?

5 A. I was still in pain, yes.

6 Q. I'm sorry?

7 A. Yes, I was still in pain.

8 Q. So, I mean, you were still having pain -- those
9 specific symptoms that you were having before the
10 October 7th, that is into the -- I'm sorry --

11 A. It was in my --

12 Q. -- the 12th, October 12th?

13 A. -- it was in my legs and down my -- my -- my right
14 leg -- down my left leg, right?

15 Q. Okay.

16 A. And I was feeling it in my stomach, in my back, in
17 my groin; just all over.

18 Q. You were -- you were having it specifically into
19 the -- into the groin and the stomach before it -- the
20 lifting wheelchair, right?

21 A. It had started going away before the wheelchair.
22 I had gotten -- that -- that week that I was going back
23 to work, I was -- I was -- like I said, I was feeling
24 good, I was feeling great, it was loosening up, I was
25 taking my medicine like I was supposed to be. I don't

1 know if it was me a hundred percent (100%) or if it was
2 the medicine that was making me feel a hundred percent
3 (100%), you know, or making me feel numb and not
4 feeling the pain. So, when I picked up the wheelchair,
5 like I said, I picked up the wheelchair, as I bent to
6 put it in the car, boom, it made me buckle.

7 Q. Okay. So, we were just trying to find out the
8 difference in the symptoms before --

9 A. My appointment on the 12th was already made before
10 the incident happened on the 9th.

11 Q. -- yes, I understand. But when you were seen on
12 the 12th, the incident on the 9th had already happened
13 --

14 A. Yeah.

15 Q. -- right?

16 A. (Nodded head in an up-and-down motion).

17 Q. So, at that -- at that point it had changed from
18 abdominal to radiating down the leg?

19 A. It was still a little bit of both but it was -- it
20 was in the leg but I was still -- like I said before,
21 still feeling it in -- in my abdomen, still feeling it,
22 you know, in the nether regions and in my back and --
23 yeah.

24 Q. Okay. So, you were still having pain into the
25 groin and in the abdomen --

1 A. I was still in pain, yes.

2 Q. -- when you were seen three (3) days after the
3 accident?

4 A. Yes.

5 Q. okay.

6 Mr. Cauthen: And, Commissioner, I
7 wanted to refer you to page 37 of Claimant's
8 APAS, which was the -- I believe the first --
9 that was his second visit to Midlands.

10 Commissioner Wilkerson: Where is it on
11 that page?

12 Mr. Cauthen: This is APA, page 37, the
13 report starts on page 30 -- no, I'm sorry.
14 I'm sorry; it is the same visit, October
15 12th, 2017.

16 Commissioner Wilkerson: Yes.

17 Mr. Cauthen: This is the first visit
18 but page 3 is what I wanted to refer to.

19 Q. Now, Mr. McCoy, when you did first go to Midlands
20 on the 12th, three (3) days after your wheelchair
21 accident, you actually said nothing at that time to the
22 doctor about lifting a wheelchair and hurting yourself,
23 did you?

24 Commissioner Wilkerson: That's on page
25 3 or page 37?

1 Mr. Cauthen: It's page 37.

2 Commissioner Wilkerson: Oh, I'm sorry;
3 I thought you said 3.

4 Mr. Cauthen: We talked about the
5 symptoms and the report, right above ROS.

6 Commissioner Wilkerson: That's what I
7 was trying to find, ROS.

8 Q. Did you report at that time that you were having
9 some lower back pain with radiating pain down your leg
10 while driving?

11 A. Not while driving --

12 Q. Okay.

13 Mr. Cauthen: That's APA, page 37, at
14 the top, Commissioner.

15 A. -- I don't believe. I mean, I was -- I was in
16 pain but as far as the -- not while driving, I mean,
17 not --

18 Q. Well, if you injured yourself lifting that
19 wheelchair three (3) days before, certainly you would
20 have told the doctor about that at that time, wouldn't
21 you?

22 A. -- I believe I did, yes.

23 Q. Okay.

24 A. I -- I --

25 Q. Why would that not be in the report, sir?

1 Commissioner Wilkerson: It says,
2 lifting patient.

3 A. -- I don't understand why.

4 Commissioner Wilkerson: He was lifting
5 --

6 A. Like -- like I said, I had several different
7 doctor's appointments and after the incident on the
8 9th, when I went in and talked to that doctor, I -- I
9 believe I did tell that doctor that I picked up the
10 wheelchair and it got worse.

11 Q. Well --

12 A. So, why it's not in there, I don't know.

13 Q. -- well, what -- on -- on that visit or the next
14 visit?

15 A. I -- what -- what's the date that you have?

16 Q. 10/12 of '17.

17 A. So, October 12th?

18 Q. Three (3) days -- three (3) days after your --

19 A. I -- I mentioned to him that I picked up the
20 wheelchair and it got worse; I mentioned that to that
21 doctor, yes.

22 Commissioner Wilkerson: -- and the
23 doctor records he is lifting patients, which
24 we know didn't happen.

25 Q. And you weren't lifting a patient, were you?

1 A. I helped the patient up. I don't lift her, I
2 mean, I -- I help her up. You know, she's -- like I
3 said, she's an elderly, heavy woman so I -- I do help
4 her; that's the way I was raised.

5 Q. You -- you helped her into the car but you didn't
6 lift her?

7 A. No. I don't lift, no.

8 Q. Okay.

9 A. I -- I just --

10 Commissioner Wilkerson: He didn't lift,
11 yes.

12 A. -- I assist.

13 Q. So, when you had your MRI on October the 20th,
14 which is just a week later, October the 20th of 2017,
15 at that point you -- you had not yet even reported to
16 any of the doctors at Midlands that you had injured
17 yourself lifting a wheelchair, had you?

18 Mr. Samuels: Objection, Your Honor,
19 mischaracterizing the testimony.

20 Mr. Cauthen: It's a question.

21 Commissioner Wilkerson: I don't know.

22 Q. Had you -- had you reported by that time -- by the
23 time you had your MRI on the 20th, had you reported to
24 any of the doctors at Midlands that you injured
25 yourself lifting a wheelchair?

1 A. I believe the first doctor -- I'm not -- I don't
 2 know the name but when the doctor that gave me the --
 3 the x-ray at Midlands, I told him then that I had
 4 picked up a wheelchair and that's when I got the
 5 radiating -- the -- the sharpness down the leg.

6 Commissioner Wilkerson: Was that on the
 7 -- that's on the 26th; is that the first
 8 image order?

9 Mr. Cauthen: Let's see, that would be
 10 --

11 Mr. Samuels: I think it was referenced,
 12 Your Honor, on October 12th, 2017; he's still
 13 talking about the first visit.

14 Mr. Cauthen: -- the --

15 Commissioner Wilkerson: Oh, I thought
 16 he was talking about when he went back.

17 Mr. Cauthen: -- the exam date for the
 18 MRI is 10/20/17, and that's APA -- Claimant's
 19 APA, page 27.

20 Commissioner Wilkerson: That would be
 21 the second one.

22 Mr. Samuels: I -- I don't believe
 23 that's correct. The --

24 Commissioner Wilkerson: That's the --
 25 that's not at Midlands, that's at Providence,

1 right?

2 Mr. Samuels: -- that is correct. I
3 stand corrected.

4 Mr. Cauthen: Is there -- is there an --

5 Mr. Samuels: That's the MRI report.

6 Commissioner Wilkerson: Yes.

7 Mr. Cauthen: -- that's the MRI.

8 Commissioner Wilkerson: Yes. I was
9 looking -- I'm sorry; I was looking for
10 something from Dr. Ulrich's office, which
11 would have been at Midlands, so. Page 27 and
12 28, I've got you.

13 Q. So, Mr. McCoy, then you were seen, I believe, the
14 next time at Midlands on October the 26th, and I think
15 that was the next visit and, correct me if I'm wrong
16 but is that not the first visit that you reported to
17 any doctor that you injured yourself while lifting a
18 wheelchair?

19 A. That's not the first time I reported to the doctor
20 but, I mean, that's not the first time I mentioned it,
21 no.

22 Q. You -- you say you mentioned it before then to
23 Midlands?

24 A. Right. I mentioned it before when I was at the
25 Midlands that's over by the Providence Hospital. I --

1 I went -- when I went in on the 12th and explained to
2 him what happened, blah, blah, blah, blah, I told him
3 everything; so, yeah, why he didn't write it down, I
4 don't know. Then when I went to the next appointment, I
5 mentioned it to him also.

6 Q. Okay.

7 Mr. Cauthen: Commissioner, I would just
8 refer you to page 40 through 42 or 43 of the
9 Claimant's APAs as the first report of the
10 wheelchair. I don't have too much else here,
11 Mr. McCoy.

12 Commissioner Wilkerson: I'm guessing
13 the depositions must have straightened this
14 out because nobody has been pounding on them,
15 they've pounded on words and medical reports;
16 is that fair?

17 Mr. Samuels: I think that's fair, Your
18 Honor.

19 Commissioner Wilkerson: I would think
20 so because we've pounded on medical reports
21 that's -- the doctor doesn't put in, somebody
22 else puts in. I'm -- I'm guessing I'm going
23 to find a discrepancy in the medical reports
24 and the doctor's deposition is my guess --

25 Mr. Samuels: If -- if I may note, Your

1 Honor --

2 Commissioner Wilkerson: -- which I find
3 all the time.

4 Mr. Samuels: -- the -- the report at
5 page 37, which is the October 12th report,
6 says lifting passengers causing a significant
7 discomfort; this has made the symptoms worse.
8 So, there is a reference to lifting --

9 Commissioner Wilkerson: I -- I
10 understand.

11 Mr. Samuels: -- even if the doctor
12 confused whether it's a wheelchair or --

13 Commissioner Wilkerson: I understand.

14 Mr. Samuels: -- or a passenger.

15 Commissioner Wilkerson: That's why the
16 -- that's why the --

17 Mr. Cauthen: I object to interpreting
18 what it says; it says what it says.

19 Commissioner Wilkerson: -- I know.
20 That's what I said. That's why I read it.
21 That's why I don't know why we're going up
22 through all the medicals reports line-by-line
23 but --

24 Mr. Cauthen: Well --

25 Commissioner Wilkerson: -- if it's

1 straightened out in the doctor's deposition
2 but continue.

3 Mr. Cauthen: -- just a couple of more
4 questions here, Mr. McCoy.

5 Q. In your -- of course, in your medical records,
6 your APAs that you have submitted to the Commission,
7 the most recent medical note is from February 20, 2018,
8 over two (2) years ago; have you had no medical
9 treatment since then?

10 A. As far as my back is concerned?

11 Q. Yes, sir; as far as your back.

12 A. No.

13 Q. Okay. What have you been -- what have you been --
14 how have you been handling the pain and the -- and the
15 radiation; is it just --

16 A. I have -- I have --

17 Q. -- has it gone away?

18 A. -- I have Ibuprofen. I have heat pads. I have
19 cold compresses. I know my limitations and I know that
20 when it starts to hurt, sit your butt down, lay down,
21 put some ice on your back, relax. So, I know how to --
22 I know how to keep it down; I know how to keep it under
23 control.

24 Q. And you can do that without a doctor's
25 intervention?

1 A. I can't afford a doctor but I would love to go see
2 one. I mean, I -- I do the best I can do.

3 Q. Have you ever been -- have you been to the ER in
4 the past two (2) years?

5 A. No, I have not.

6 Q. Your family doctor in the past two (2) years?

7 A. I go see my family doctor -- I'm a diabetic; I go
8 see my family doctor every three (3) months.

9 Q. Have you ever mentioned --

10 A. Yes, I have.

11 Q. -- back pain to your family doctor?

12 A. Yes, I have.

13 Q. Well, why didn't you put those records in?

14 A. I didn't think they were relevant. I mean, I
15 don't -- that's my diabetic, I didn't -- I mentioned to
16 her that my back was in pain and -- but there's nothing
17 she can do but tell me to take Ibuprofen. There's
18 nothing -- I mean, she can't -- she's not -- she is a
19 diabetic doctor.

20 Q. So, the -- the temp work that you indicated that
21 you did, is that -- is that Express Temp?

22 A. I have --

23 Q. Is that called Express Temp, sir?

24 A. -- I have worked for Express Temp a while back,
25 yes. I haven't worked with them in quite a while.

1 Q. That's not -- that's not who you are working part
2 time with now?

3 A. No.

4 Q. Okay. You said you've earned about a thousand
5 dollars (\$1,000.00) --

6 A. I'm -- I -- I mean, I -- I can't really say what
7 I've earned in a year's time. Like I say, I do
8 handyman work; I -- I may make fifty dollars (\$50.00)
9 here, I may make twenty dollars (\$20.00) there, you
10 know, it -- it puts a hamburger on the table.

11 Q. Okay.

12 Mr. Cauthen: I believe that's all the
13 questions I've got. Mr. McCoy, thank you
14 very much.

15 Witness: Yes, sir.

16 Mr. Samuels: No redirect, Your Honor.

17 Commissioner Wilkerson: Next?

18 Court Reporter: Can we take a break,
19 please?

20 Commissioner Wilkerson: We're about
21 through because they asked for two (2) -- two
22 (2) hours; we'll come back Monday, I guess.

23 Court Reporter: Well, it's two (2)
24 hours, ten (10) minutes --

25 Commissioner Wilkerson: Oh.

1 Court Reporter: -- since we've been on
2 the record.

3 Commissioner Wilkerson: Okay. Do you
4 need a quick break?

5 Court Reporter: I do.

6 Commissioner Wilkerson: Okay. Let's
7 take a quick break then.

8 Court Reporter: Thank you.

9 (Off The Record)

10 Commissioner Wilkerson: Okay. So,
11 Stephen, I think we're back to you on any
12 redirect that you may or may not have.

13 Mr. Samuels: Yes, sir. I -- I had
14 indicated no redirect.

15 Commissioner Wilkerson: Oh, I'm sorry.
16 I apologize.

17 Mr. Samuels: So, the Claimant rests.

18 Commissioner Wilkerson: Okay. I was
19 not listening either. Redirect, okay. No
20 other witnesses from the Claimant's case?

21 Mr. Samuels: No, Your Honor.

22 Commissioner Wilkerson: Okay. Mr.
23 Cauthen --

24 Mr. Cauthen: Yes, sir.

25 Commissioner Wilkerson: -- who are you

1 calling first?

2 Mr. Cauthen: Mr. Malcolm Young,
3 Commissioner.

4 Commissioner Wilkerson: Okay. Mr.
5 Young, I'll get you to -- you can stay right
6 there -- I'll get you to raise your right
7 hand; I'm going to have the Court Reporter
8 swear you in and we're going to take some
9 testimony. I'm sorry.

10 Whereupon;

11 Malcolm DePorter Young, being duly sworn and cautioned
12 to speak the truth, the whole truth and nothing but the
13 truth, testified as follows:

14 Court Reporter: Please state your full
15 name for the record.

16 Witness: Malcolm DePorter Young.

17 Commissioner Wilkerson: Thank you, Mr.

18 --

19 Court Reporter: DePorter, spell
20 DePorter for me, please.

21 Witness: Capital D-e- capital
22 P-o-r-t-e-r.

23 Court Reporter: Thank you, sir.

24 Commissioner Wilkerson: -- thank, Mr.
25 Young, I appreciate it. Please?

1 Mr. Cauthen: Malcolm if you could just
2 speak up the best you can because you've got
3 the -- like I do -- I'm going to pull my mask
4 down a little bit.

5 Witness: Okay.

6 DIRECT EXAMINATION

7 By Mr. Cauthen:

8 Q. But, Mr. Young, where -- where are you employed?

9 A. Cromed Transportation.

10 Q. Okay. And what is your role at Cromed?

11 A. I'm a co-owner.

12 Q. Okay. How -- how long have you been in business
13 there at Cromed?

14 A. Oh, about eleven (11) years.

15 Q. Okay. Tell us just briefly what Cromed does.

16 A. We provide transportation for Medicaid patients
17 for the State.

18 Q. Okay. Is this non -- non-emergency
19 transportation?

20 A. It's non-emergency; yes, sir.

21 Q. All right. And what -- what are your -- now, you
22 -- you and Robert Cronan both co-own the business; is
23 that correct?

24 A. Correct.

25 Q. And what -- what exactly are your

1 responsibilities?

2 A. I mean, we -- we really share the responsibilities
3 of -- of normal day-to-day operations, running the
4 business, dealing with our employees and making sure
5 our -- our vehicles are credentialed, our employees are
6 credentialed, making schedules, dispatching --

7 Q. Okay.

8 A. -- and etcetera -- etcetera.

9 Q. So, you both -- being a -- a fairly small
10 business, I guess you both share some -- some of all
11 those responsibilities?

12 A. Correct. Correct. Correct.

13 Q. Okay. Now, would you have been a supervisor --
14 one of the supervisors, I guess, of Mr. Jeffrey McCoy?

15 A. Yes.

16 Q. Okay. What was -- what was Jeffrey's job?

17 A. He was a driver.

18 Q. All right. Was he full time?

19 A. Yes.

20 Q. Okay. And approximately how long did he work from
21 Cromed?

22 A. Approximately three (3) months.

23 Q. Okay. And do you recall -- do you recall Mr. --
24 do you recall Mr. McCoy being out of work back in
25 September of 2017, for a couple of weeks?

1 A. I do, yes.

2 Q. Okay. And what -- what do you -- just without
3 going into great detail, what do you recall about that
4 absence?

5 A. I remember it was a Sunday before the week was
6 getting ready to start, we were finishing up for the --
7 getting ready for the day and I spoke with Robert and
8 he informed me that Mr. McCoy had -- was -- had just
9 gone to the emergency room, I believe he had some
10 kidney stones; that was my first discussion in regards
11 to that.

12 Q. Okay. Did you later gain an understanding of --
13 of more the -- the nature of what his medical problem
14 was?

15 A. The -- the next conversation I had in regards to
16 that was that it wasn't kidney stones, that he may have
17 had some issues with his sciatica -- sciatica.

18 Q. Okay.

19 A. So, that was my -- that was my understanding of
20 it.

21 Q. And do you recall about how long he was out of --
22 out of work there in September?

23 A. I think it was about two (2) weeks.

24 Q. Okay. Now, as I understand it, he came back to
25 work at Cromed on October the 2nd, 2017, which was a

1 Monday.

2 A. Yes, sir.

3 Q. And he worked the next week; is that right?

4 A. Yes.

5 Q. Okay. What I -- what I want to talk to you about
6 is the following Monday, which is October the 9th,
7 2017, which was the date of the alleged injury in this
8 case.

9 A. Uh-huh.

10 Q. Do you remember that day pretty well?

11 A. I -- I do, yeah.

12 Q. Okay. Did you receive a phone call from Jeffery
13 McCoy that morning?

14 A. I did.

15 Q. Okay. Do you know about what time of the morning
16 that was?

17 A. 9:25, in the -- in that area.

18 Q. Okay. Tell us the substance of that phone call,
19 if you will.

20 A. I -- it was a regular morning. I received a call
21 from Mr. McCoy. I -- apparently he and -- and Robert
22 had just had a discussion. He wasn't very happy with
23 the way the discussion went; I believe he mentioned he
24 didn't like the way that -- that Robert was talking to
25 him. I remember him mentioning that, you know, this is

1 probably going to be my last day here because of this.
2 I didn't want to lose an employee; so, I said, you
3 know, are you sure you want to do this? If that's --
4 that's the way you want to go then, you know, go ahead
5 and bring it on in and he said that he wanted to work
6 the rest of the day, that he needed the money. So, I
7 said that was fine.

8 Q. Okay. When he -- when he called you that morning,
9 did he -- did he indicate to you that he had,
10 basically, been reprimanded by -- by Robert?

11 A. Yes. Yeah.

12 Q. And he was -- he was not happy about that?

13 A. Correct.

14 Q. Well, how would you characterize unhappy, angry;
15 how -- how would you characterize his disposition over
16 the phone to you?

17 A. I -- I was -- he was annoyed, obviously. He was,
18 I guess, a little angry --

19 Q. Okay.

20 A. -- I guess, would be my -- my characterization of
21 him.

22 Q. And he -- and he told you that that would probably
23 be his last day?

24 A. Correct. Yes.

25 Q. Did he give -- did he give you a reason for why

1 that would be his last day, probably?.

2 A. Not -- not that I recall, I guess.

3 Q. Did you have an understanding as to what the
4 reason would be?

5 A. I -- I just -- based on the conversation it's that
6 he didn't like the way that Robert was -- was speaking
7 with him; that was my understanding.

8 Q. Okay. What do -- do you -- did you discuss with
9 him the nature of the disagreement, the conversation?

10 A. Yeah. I mean, he had done some trips out of order
11 --

12 Q. Okay.

13 A. -- and, you know, we -- we go through specific
14 steps to try to prevent that from happening; so, when
15 it does happen, you know, it's -- it -- it can be -- it
16 can be costly to us. So, we try to be pretty strict on
17 that sort of thing, so.

18 Q. Okay. You told him to bring it in but he said he
19 wanted to continue working --

20 A. Correct.

21 Q. -- and -- and --

22 A. He said he wanted to work the rest of the day,
23 that he needed the money. So, I said that was fine.

24 Q. -- you said it was okay. Okay. Now, was this
25 call after Mr. McCoy had picked up Delores, the lady in

1 the wheelchair?

2 A. Yes. Yes, it was.

3 Q. Okay. At that time, in that conversation with you
4 that morning, did he say anything to you about injuring
5 or re-injuring his back?

6 A. No.

7 Q. Did he say anything to you about sustaining an
8 injury lifting a wheelchair or when he was helping
9 Delores on her pick up?

10 A. No.

11 Q. Did he say -- did he say anything to you about a
12 Workers' Compensation claim or a Workers' Compensation
13 doctor that morning -- needing a doctor --

14 A. Needing a --

15 Q. -- perhaps?

16 A. -- no.

17 Q. Asking for a doctor or needing to file a claim,
18 anything like that --

19 A. No.

20 Q. -- that morning?

21 A. No.

22 Q. Okay. Now, did -- did Mr. McCoy then work the --
23 the remainder of the day?

24 A. Yes. Yeah, he did.

25 Q. Okay. Did you, then later that day, speak to Mr.

1 McCoy on the telephone?

2 A. I got another call from him later that afternoon;
3 yes, sir.

4 Q. Okay. Tell us about that phone call.

5 A. That was a -- he -- he called and said I need to
6 -- I need to have your Workers' Comp information; I
7 thought that was strange, so I said, okay, I'll -- I'll
8 forward it to you as soon as I can and that was the end
9 of that.

10 Q. Did you assume from the conversation that morning
11 he was quitting; he was not coming back?

12 A. I assumed that from the conversation this morning,
13 yes.

14 Q. In -- in the morning, yes?

15 A. In the morning, yes.

16 Q. Okay. So, when he asked you that afternoon for
17 Workers' Comp information, did he say anything else
18 that you recall?

19 A. No. That was -- that was it. I remember that
20 call being very short.

21 Q. Okay. And that was around the time he was
22 bringing the car back, he had finished up?

23 A. It was around -- just before 5:30ish.

24 Q. Okay. And what -- what did you tell him regarding
25 the Workers' Compensation information that he wanted?

1 understand, he never, at -- at that time, reported any
2 on the job injury that occurred on October 9, 2017, to
3 you?

4 A. No, sir.

5 Q. Okay.

6 Mr. Cauthen: That's all I've got for
7 you.

8 Commissioner Wilkerson: Let me ask him
9 one question. When you got that phone call
10 on that Sunday, the 17th, was he at the
11 hospital at that point in time?

12 Witness: The phone call I got was with
13 -- Robert was -- was the one who relayed that
14 information to me.

15 Commissioner Wilkerson: On a -- on the
16 Sunday, the 17th, right?

17 Witness: Correct. Yes.

18 Commissioner Wilkerson: So, you -- did
19 you know if he was in the hospital on the
20 17th or --

21 Witness: At that time of the phone
22 call, I don't -- I don't know exactly if he
23 was already there or if he was on his way.

24 Commissioner Wilkerson: -- okay.
25 That's fair.

1 A. I just told him I would forward it to him as soon
2 as can.

3 Q. Okay. Okay. And did you report that,
4 subsequently, to Robert Cronan?

5 A. Yeah. I immediately hung up the phone and called
6 Mr. Cronan and --

7 Q. Well, what -- what was your -- what was your
8 thought; what -- what did you think he meant or why do
9 you think he wanted Workers' Compensation information?

10 A. Well, I know he had -- was having some issues from
11 the time that he was off. So, I just assumed that he
12 was going to, I guess, try to report that as -- to the
13 Workers' Comp or -- or state -- or make a claim for
14 Workers' Comp based on that, so.

15 Q. You're talking about September?

16 A. Correct.

17 Q. Okay. And did you subsequently relay that
18 information, that phone call information, to Robert?

19 A. Correct. Yes.

20 Q. In the -- in the conversation with Mr. McCoy that
21 afternoon did he relay anything or report anything to
22 you about an injury on the job that morning, lifting a
23 wheelchair, re-injuring his back; anything like that?

24 A. No, sir.

25 Q. So, he -- he never -- just to make sure I

1 Witness: I'm not exactly sure --

2 Commissioner Wilkerson: Okay. I'm
3 good.

4 Witness: -- because it wasn't -- it
5 wasn't directly to me.

6 Commissioner Wilkerson: Okay. That's
7 fine; I'm good with that. If you would,
8 answer any and all questions that Mr. Samuel's
9 may have.

10 Witness: Okay.

11 Commissioner Wilkerson: You can stay
12 seated. I just -- we'll get them to move; it
13 makes it easier --

14 Witness: Fair enough.

15 Commissioner Wilkerson: -- for
16 everybody. Thank you.

17 CROSS-EXAMINATION

18 By Mr. Samuel's:

19 Q. Good afternoon, Mr. Young.

20 A. Good afternoon.

21 Q. Wouldn't you agree that Mr. Cronan is difficult to
22 talk to for a lot of employees?

23 A. No, I would not agree with that.

24 Q. You wouldn't agree that the consensus among the
25 employees that they would rather talk to you because

1 you're just easier to talk to rather than him because
2 he is kind of overly frank?

3 A. I would agree that there may be some people who at
4 times could think that but those are typically people
5 who are making the same mistakes over and over again.
6 So, our employees who aren't making mistakes over and
7 over again, I think have a -- a fine rapport with Mr.
8 Cronan.

9 Mr. Samuels: Your Honor, if I may, I'd
10 like to open the sealed deposition of Mr.
11 Young and --

12 Commissioner Wilkerson: Is that C-1?
13 Oh, you haven't submitted anything.

14 Mr. Samuels: -- I'm not necessarily
15 submitting it --

16 Commissioner Wilkerson: -- okay. Well,
17 don't open it.

18 Mr. Samuels: -- but I want to
19 cross-examine him on his deposition.

20 Commissioner Wilkerson: Oh, okay. You
21 haven't submitted it yet. Okay, that's fine.
22 So, we won't mark it yet. Go ahead.

23 Mr. Samuels: And I only have the
24 original and apparently one copy. You -- you
25 don't have a copy of it.

1 Commissioner Wilkerson: Oh, yes, okay.
2 I didn't think so. Well, every now and then
3 they will put them in their APAs, which we
4 ask not to, so.

5 Q. Mr. Young, let the record reflect that I'm showing
6 you your deposition. Remember having your deposition
7 taken on August 2nd, 2018?

8 A. Yes, sir; I do.

9 Q. All right. And if you'll look at that you'll
10 notice it's a book and it has various page numbers.
11 So, I'm going to ask you to turn to page 35, if you
12 look at page -- have you got page 35?

13 A. Yes, sir.

14 Q. I'm going to ask you -- on line 21 I'm going to
15 read you a question and I'm going to ask you to read --
16 read your answer. So, my question is, did he call you
17 because you're the easier guy to talk to in his
18 company?

19 A. That seems to be the -- the consensus sometimes.
20 I get -- is that --

21 Q. I get --

22 A. -- it says bad too but I think that should be mad
23 too -- so, it just all depends.

24 Q. -- all right. So, I'm going to ask you the
25 question again, wouldn't you agree that the consensus

1 is that you're easier to talk to than Mr. Cronan?

2 A. Again, it -- there's -- like I said at the end, it
3 all depends but --

4 Q. Well, first you said it was not the consensus
5 under oath the first time I asked you but in your
6 deposition you said it -- it was -- it was the
7 consensus.

8 A. Uh-huh.

9 Q. So, were you lying then or are you lying now?

10 Mr. Cauthen: Objection to the
11 characterization of lying. I believe he
12 asked him was Mr. Cronan difficult and he is
13 saying in his testimony, I'm easier to talk
14 to; a little different.

15 Mr. Samuels: Well, I -- Your Honor, I
16 object to the speaking objection --

17 Commissioner Wilkerson: Yes.

18 Mr. Samuels: -- he is coaching the
19 witness.

20 Commissioner Wilkerson: Yes. Just
21 testify to what he testified to; the record
22 will reflect it.

23 Mr. Samuels: Yes, sir.

24 Commissioner Wilkerson: Whatever he
25 said on the record is what will be reflected

1 once it comes back.

2 Q. So -- now, this -- part of the policy at Cromed is
3 -- well, the way it works, I guess, at Cromed is that
4 Mr. Cronan sets up the schedule and it -- and the --
5 each driver's schedule is sent to them on a tablet or
6 -- or a laptop; isn't that right?

7 A. Correct.

8 Q. And they are supposed to follow that?

9 A. Yes.

10 Q. But sometimes it's more efficient to go directly
11 to one person rather than back track; isn't that true?

12 A. At times, yes.

13 Q. Mr. Cronan does a lot of dispatching and sometimes
14 with the volume of dispatching it's not always perfect,
15 is it?

16 A. I -- yeah. Yeah. Yeah.

17 Q. So, and, in fact, that was the discussion -- that
18 was part of the discussion that you had with Jeffrey
19 McCoy, isn't it; that he thought he needed to go the
20 way he went to pick the patients in the order he picked
21 them up because he didn't want to miss his time,
22 correct?

23 A. Well, one of the reasons why we -- we not only
24 make the schedule, we also have -- okay, we also make
25 another form for them to look at and say, okay, the

1 tablet is going to have things listed in time order
2 and, unfortunately, we can't change that but when we're
3 building routes where you're picking up multiple
4 people, sometimes we have to go outside of that time
5 order. So, in order for us to reflect that to them, we
6 give them another sheet that says, okay, I know what
7 the time says but I want you to do this, this -- I want
8 you to pick this person up, this person up and this
9 person up in this order.

10 Q. And, in fact, he made his time deadlines that day;
11 isn't that true?

12 A. You know what? I -- I really don't know. I don't
13 think I -- I don't think I looked at that.

14 Q. Either way, that wasn't the issue, was it? The
15 issue was that Mr. Cronan was upset with Jeffrey and
16 reprimanded him because he didn't do it exactly the way
17 -- in the order that Mr. Cronan set up in the tablet?

18 A. Correct.

19 Q. And Jeff had this conversation with you; isn't
20 that true? He -- he called you up because he was -- he
21 was upset about several things, wasn't he?

22 A. I -- he was venting, I guess.

23 Q. And his -- I think you described it as a rant in
24 your deposition?

25 A. I very well may have.

1 Q. So, he was venting. So, as part of his venting he
2 told you that he was upset about being sent somewhere
3 with a wheelchair -- to a patient with a wheelchair at
4 a time when he already was having some back pain; isn't
5 that true?

6 A. I can't recall all the details but that may have
7 been part of it.

8 Q. And you do recall, at the very least, that -- and
9 you didn't mention this in direct -- but you would --
10 wouldn't you agree that he definitely told you in that
11 conversation that one of the reasons he was upset was
12 because he was having back pain?

13 A. Well, he had been having back pain for -- I guess,
14 he -- I assume that he had been having back pain for a
15 previous month.

16 Q. Yes, sir. But I didn't ask you what you assume.
17 What I asked you was, wouldn't you agree that in that
18 conversation he specifically mentioned back pain as
19 part of the reason he was upset?

20 A. It's very -- very well possible; yes, sir.

21 Q. Well, it's not just possible, sir, it happened.
22 Let me refer you, again, to your deposition.

23 Mr. Samuels: I beg Your Honor's
24 indulgence; I've got reading glasses but I
25 have a condensed copy of the deposition --

1 Commissioner Wilkerson: Oh, well.

2 Mr. Samuels: -- that makes it difficult
3 finding what I'm looking for.

4 Q. All right. Sir, I'm going to show you page 33 and
5 34 and at the bottom of page 33, starting at line 24,
6 and we're going to go through to the next page at line
7 6; I'll just read it. Did he tell you in the first
8 conversation he had hurt or tweaked his back lifting
9 Mr. Porter's wheelchair into the truck and what was
10 your answer, sir?

11 A. Okay. So, that's 21. So, my answer would be, I
12 remember him -- I remember him telling me -- and
13 probably there was an explanation about why he was
14 saying that, he was still in pain. So, I took that to
15 mean that his back was still hurting from his previous
16 issues.

17 Q. So, I understand -- I'm not going to argue with
18 what your impression may have been. You don't recall
19 the conversation word-for-word, do you?

20 A. I mean, it was three (3) years ago.

21 Q. Yes, sir. But you do recall, now that you've read
22 your deposition, that he specifically was upset because
23 he was in pain and that was part of that conversation;
24 isn't that true?

25 A. I -- the first thing he said to me was that I

1 don't need Robert talking to me like this. So, I -- I
2 believe that's what he was upset about and then there
3 were some other things that were mentioned and, I
4 believe -- and the deposition was closer to the time so
5 I probably remembered more then than I do now.

6 Q. Okay. And one of the things you remembered then
7 is that he was specifically upset because he was in
8 pain; isn't that true?

9 A. I think that was part of it, sure.

10 Q. Okay. Now, one other thing I want to establish,
11 if I may, sir, there are times, is it not true, that
12 the drivers do have to load wheelchairs into the cars?

13 A. Yeah. There could possibly be times like that,
14 sure.

15 Q. And you do -- you were aware that this particular
16 patient required a wheelchair?

17 A. Mrs. Porter? Yes. Yeah, we picked her up pretty
18 regularly back then.

19 Q. And even though you thought Jeffery was quitting,
20 in fact, he didn't quit that -- that morning, he asked
21 to -- he wanted to continue working the rest of the day
22 because he needed the money; isn't that what he told
23 you?

24 A. That was part of the conversation, yes.

25 Mr. Samuels: Thank you, Mr. Young; I

1 appreciate you answering my questions.

2 Commissioner Wilkerson: Are we
3 submitting it or no?

4 Mr. Samuels: I think it was covered in
5 the deposition -- in the -- in the testimony,
6 Your Honor. I'm not intending to submit it
7 unless, Your Honor, requests me to.

8 Commissioner Wilkerson: Oh, no. I -- I
9 don't need it. I just didn't know if you
10 were submitting it. Okay, that's fine.

11 Mr. Cauthen: Just one -- one quick
12 question --

13 Commissioner Wilkerson: Sure. Thank
14 you.

15 Mr. Cauthen: -- from me, Commissioner.

16 REDIRECT EXAMINATION

17 By Mr. Cauthen:

18 Q. Malcolm, to your knowledge did -- did Mr. McCoy
19 ever decline or -- or have any -- express any
20 reservations that you know of about picking up Delores
21 with a wheelchair that morning, doing that particular
22 route, because he was in any kind of back pain?

23 A. No, sir.

24 Q. Okay.

25 Mr. Cauthen: All right. That's all

1 I've got.

2 Mr. Samuels: No recross, Your Honor.

3 Commissioner Wilkerson: Sir, you may --
4 yes, sir. Yes, just hand that deposition
5 back to --

6 Mr. Young: To?

7 Commissioner Wilkerson: -- no, over
8 here; I'm sorry --

9 Mr. Young: Okay.

10 Commissioner Wilkerson: -- because I
11 don't need it. Thank you. Oh, right over
12 here.

13 Mr. Young: There you go.

14 Commissioner Wilkerson: Yes, thank you.
15 Thank you for being here; I appreciate it.
16 You are welcome to sit in, depends on what
17 they need or you're welcome to leave; I'll
18 leave that up to you all.

19 Mr. Young: If you don't mind, I'll --
20 I'd like to stay.

21 Commissioner Wilkerson: Absolutely.
22 Yes, sir.

23 Mr. Young: Thank you.

24 Commissioner Wilkerson: The next
25 witness?

1 Mr. Cauthen: Commissioner, we'll call
2 Robert -- Mr. Robert Cronan.

3 Commissioner Wilkerson: Okay. Mr.
4 Cronan. I'll get you to -- sir, you've been
5 here with us the whole time. I'll get you to
6 raise your right hand; we'll swear you in and
7 take some testimony.

8 Whereupon;

9 Robert Michael Cronan, being duly sworn and cautioned
10 to speak the truth, the whole truth and nothing but the
11 truth, testified as follows:

12 Court Reporter: Please state your full
13 name for the record.

14 Witness: Robert Michael Cronan.

15 Court Reporter: Thank you, sir.

16 DIRECT EXAMINATION

17 By Mr. Cauthen:

18 Q. Okay. Robert, now, you, as I understand it, are
19 also one of the co-owners of Cromed; is that correct?

20 A. That's correct.

21 Q. All right. You and Malcolm are, basically,
22 fifty/fifty (50/50) partners?

23 A. Correct.

24 Q. How do your responsibilities differ from his, if
25 -- if at all?

1 A. They're pretty much the same. I -- I do a little
2 more in depth with the scheduling portion; I would say
3 that's about it.

4 Q. Okay.

5 A. I do -- well, I do some more billing than he does
6 but, I mean, he has other things that he did -- he does
7 but jointly mostly together.

8 Q. And you all -- it's my understanding you all
9 founded the business around 2010?

10 A. Correct.

11 Q. What did you do before that?

12 A. I've had various sales jobs throughout the years.
13 I was in the Air Force for four (4) years and then a
14 student.

15 Q. Okay. What -- when did you serve in the Air
16 Force, what years?

17 A. '93 to '97, I was honorably discharged in February
18 of '97.

19 Q. February of '97. What was your rank at the time
20 of discharge?

21 A. A E-4, Senior Airman.

22 Q. Okay. Now, were you considered Jeffrey McCoy's
23 supervisor or was that just pretty much shared between
24 you and --

25 A. Shared.

1 Q. -- Malcolm?

2 A. Shared.

3 Q. Shared?

4 A. (Nodded head in an up-and-down motion).

5 Q. Okay. And I understand he worked for Cromed -- I
6 understand he was hired about June 26 of 2017; is that
7 right?

8 A. Yes, sir.

9 Q. Okay. Prior to the date of injury here in October
10 of 2017, did you have any disciplinary problems with
11 Mr. McCoy?

12 A. Typical stuff, I mean, with doing trips out of
13 order, when to start, like, what time to start; I -- I
14 believe I had to counsel him a few times with smoking
15 in the vehicle, doing trips out of order, that kind of
16 stuff.

17 Q. Okay. Why is him -- why is it important that
18 trips be done in order?

19 A. Because of -- we do what's called multi-loading.
20 Okay. So, if I just had one person to pick up at eight
21 o'clock, you'd go pick up that person and you'd take
22 them to their appointment but when you have to
23 multi-load people, they give us a window that we can
24 still be considered on time. So, when you're
25 multi-loading, sometimes you may have to pick this

1 person up thirty (30) minutes early, this next one
2 fifteen (15) minutes early and then the next one on
3 time so that way you can get all the three (3) or four
4 (4) or five (5), whatever, passengers in. So, I
5 actually Google the routes the night before to say,
6 okay, it's going to flow this way; do you know what I
7 mean? If -- if you're going here and then you go there
8 and then you come back here and then you go over there,
9 it doesn't flow; you're eating into that time.

10 Q. Okay.

11 A. So, that's why it's important to do them in the
12 order that I -- because I -- I've typed them into -- to
13 Google, I've played around with it; I see that it makes
14 sense to do the route --

15 Q. Okay.

16 A. -- the way that I put it down.

17 Q. And is -- is planning the route and planning the
18 drivers that you would assign to that route, is that
19 pretty time -- time consuming --

20 A. Uh-huh.

21 Q. -- pretty labor intensive --

22 A. Uh-huh.

23 Q. -- type of thing?

24 A. Absolutely.

25 Q. Okay. Now, we've talking about, as you're well

1 aware, Mr. McCoy did have some back pain, some sciatic
2 problems, and missed some time from work in September
3 of 2017.

4 A. Correct.

5 Q. Did you -- tell me just a little bit about your
6 recollection of that, just briefly.

7 A. Okay. And it -- the 17th I was calling -- which
8 was a Sunday evening, I called because sometimes there
9 may be something with a schedule that I want the driver
10 to know, hey, listen, when you pick up this person you
11 might have to go down this -- this road or whatever.
12 So, I -- I was calling -- there may be something that I
13 want to convey to the driver. So, I called Jeff and he
14 said, I'm glad that you called; I'm on my way to the
15 emergency room right now. And then, I said --
16 immediately my mind starts -- oh, man, who am I going
17 to get to cover these trips. So, I think I -- we ended
18 the conversation and then that's -- I think I texted
19 him, hey, man, I hope it's just some wicked gas;
20 please, you know, keep me posted. Just kind of like,
21 hey, you know, I feel bad that I maybe abruptly ended
22 the call. I thought, oh, man, you know, it puts us in
23 a bad spot that, you know, who -- who are we going to
24 get to drive those -- those people in, basically.

25 Q. Okay.

1 A. So, then we have to go back and revamp the -- the
2 schedule; so, that's kind of where we -- what we did
3 but that was the 17th.

4 Q. Right. And so, he -- but he ended up missing the
5 next week, of course, as we know?

6 A. Uh-huh.

7 Q. And he had -- do you recall -- did you -- did he
8 provide you with a doctor's excuse for that week?

9 A. No. I never received anything or -- or got a
10 picture of anything that --

11 Q. Okay.

12 A. -- nothing from that.

13 Q. But you -- you granted him that week off anyway?

14 A. Uh-huh.

15 Q. Okay. And as I understand -- understand he came
16 back the next Monday, which was the 25th --

17 A. Uh-huh.

18 Q. -- Monday the 25th of September?

19 A. Uh-huh.

20 Q. Okay. What -- what -- do you recall what happened
21 that day?

22 A. I believe whenever another employee, Ronald
23 Anderson, when he got to Bridge's Clubhouse and he
24 dropped his people off; it was a previous location
25 where he had to drop a couple of people off. He then

1 called and said, you may want to check on Jeff; he is
2 over there crying, he can't get into the vehicle. So,
3 it's like, okay. So, then, that's when I called Jeff
4 and said, hey, man, how are you doing. And -- and
5 that's when he explained, I'm -- man, I'm in some
6 pretty good pain. And that's when I said, well, why
7 don't you go ahead and go home, we'll clear the rest of
8 your day; go home and get some rest.

9 Q. Okay. And do you know about what time of the day
10 that was?

11 A. It would have been right around 8:30, nine
12 o'clock, something like that; I mean that's typically
13 when -- when --

14 Q. So, it was early?

15 A. -- yeah, it was early that --

16 Q. Early?

17 A. -- yeah.

18 Q. Okay. All right. So, he advised that the pain
19 was bad enough where he just -- he couldn't do his job;
20 he need -- he needed to take the day off?

21 A. Well, he said that he was -- he was -- he was --
22 yes, he was in pain. Then I said, well, if you're in
23 that much pain, why don't you go ahead and go home and
24 get some rest --

25 Q. Okay.

1 A. -- and we'll just clear the rest of your day, get
2 somebody else to do your trips. So, that way he can go
3 -- go home and rest.

4 Q. Okay. And then, so did he take the entire next --
5 the remainder of that week off?

6 A. Correct.

7 Q. And did you receive a -- any kind of doctor's
8 excuse from him for that week?

9 A. No.

10 Q. But you gave him that week off as well?

11 A. Correct. Correct.

12 Q. And was he invited to come back when he was --
13 when he was ready?

14 A. As always, we say, hey, when -- you know, that's
15 fine; take as much time as you need. Whenever you're
16 better just let us know when you're ready to go back on
17 the schedule and we'll start putting you back on the
18 schedule.

19 Q. Now, why would you give that much leeway to -- to
20 drivers? Why wouldn't you -- you know, why would --
21 why would you give them that much of a -- of a break, I
22 guess, with -- with regard to working?

23 A. Because we -- we value our employees and -- and we
24 need -- we need employees and we have trips, we can do
25 as many trips as they'll -- they'll give us. So, it

1 wouldn't do me any good to -- to have to -- to let him
2 go because he -- he had an injury; do you know what I
3 mean? So, you know, I -- I could use that driver when,
4 you know, once he gets better. So, that's why I
5 wouldn't have fired -- I mean, it was going to cost me
6 a whole lot more to get somebody up and running, you
7 know, train them and credential them and wait the time
8 that it takes to get through the state and all that for
9 them to actually start driving.

10 Q. Okay.

11 A. So, that would probably have been longer than a
12 week, you know.

13 Q. All right. And so, ultimately, he did return to
14 work the next Monday, the 2nd of October?

15 A. Correct.

16 Q. And now, did you ask him to take a drug screen
17 before he came back?

18 A. I -- on the 2nd it was -- his annual drug screen
19 was just due on the 3rd. So, I told him on the 2nd to
20 go ahead and get the drug screen. He ultimately went
21 on the 3rd and got the drug screen.

22 Q. Okay.

23 A. It's just an annual thing; you have to have it --
24 every twelve (12) months you have to -- have -- submit
25 a drug screen to our broker for them to be in

1 compliance. So, his was up the 3rd of -- of October.

2 Q. Did he -- did he take it when it was scheduled?

3 A. I asked him to do it on the 2nd and he actually
4 went on the 3rd.

5 Q. Did Mr. McCoy provide you any kind of lifting
6 restrictions --

7 A. No. No, sir.

8 Q. -- on his return for that week, the week of
9 October the 2nd?

10 A. No, sir.

11 Q. Any kind of restrictions on what he could and
12 couldn't do --

13 A. No, sir.

14 Q. -- that you -- that you were aware of?

15 A. No, sir.

16 Q. All right. Let's talk just a little bit about
17 October the 9th, the date of injury, 2017. You -- did
18 you make the schedule for -- for Mr. McCoy or for the
19 -- for him --

20 A. Yes.

21 Q. -- and the other drivers for that --

22 A. Yes.

23 Q. -- for that day?

24 A. Yes.

25 Q. Okay. Can you tell us what you recall what --

1 what his schedule was like, what kind of pick ups and
2 all that he had?

3 A. He had three (3) members to pick up that day; two
4 (2) of them were out a little bit farther down -- down
5 Bluff Road and then one (1) was closer to Bridge's and
6 then after that he had a person in Union that he would
7 take to Rock Hill and then back home. So, he
8 ultimately had four (4) patients that day.

9 Q. He had how many in the morning?

10 A. Three (3).

11 Q. Three (3)? Okay. Could you just give us a -- you
12 know, just a brief rundown of the procedure -- typical
13 procedure for picking up a patient? I know that it may
14 vary, you know, for somebody that's got a wheelchair
15 and somebody that doesn't have a wheelchair but just in
16 general the procedure that Crome'd drivers are supposed
17 to follow in picking up patients.

18 A. We -- we wanted to be -- Malcolm and I, when we
19 started this, we wanted to be a little more personal
20 and then they -- they watch a video; we -- it's more
21 like a limo, almost, you know, that kind of a feel, you
22 are to be outside of the vehicle for every pick up.
23 So, the typical situation would be, you'd get out of
24 your -- when you get to the location -- there's three
25 (3) classifications: There's curb-to-curb, which means

1 that we're responsible for them when they get to the
2 curb of their driveway to make sure that they get into
3 the vehicle safely and then when they get out of the
4 vehicle they assist them. Then you have door-to-door,
5 which means I have to go to their door, pick them --
6 make sure that they're okay to get in the car and then
7 take them from the car to the door of the facility.
8 And then there's hand-to-hand, which is basically the
9 door-to-door only you then take them all the way up to
10 their -- inside the facility. So, they would know that
11 distinction beforehand. So, you'd get to the location,
12 if the patient is not out -- outside waiting on you,
13 then you could either make a call or you could, you
14 know, go up to the door. So, once the patient is -- is
15 out, if -- if it -- you would make sure that they get
16 in securely, make sure that their -- their seatbelt is
17 fastened, stow any items that they -- they may have.
18 So, in the case of a wheelchair, you would have to --
19 you'd have to make sure that you wheel them to where
20 they are close enough to the door, stand up, kind of
21 steady them, you know, just -- you're playing goalie,
22 basically, you don't want them to fall down, you know
23 what I mean? So, that's the whole purpose of being
24 outside of the vehicle. You know, you pick up older
25 people, maybe they are a little wobbly, dialysis

1 patients; they just had a needle in their arm for a
2 good long bit so you just want to make sure that
3 they're okay. Once you put them -- you know, get them
4 in the seat and get them belted up and stow their
5 items, you walk -- walk back to the -- your seat and
6 you'd grab your tablet and then you'd find the -- the
7 appropriate tile, if you will, you press that to say,
8 hey, I've arrived, then you, you know, press it again
9 and it says, okay, sign. So, then you hand the tablet
10 to them, they sign the tablet, you confirm that that
11 signature is on there and then you hit depart and then
12 it's like another little box pops up to clear; then you
13 stow that. Sometimes you might have to put in a GPS
14 address, like, if you didn't know where you were going
15 but if -- if you knew where you were going then you
16 could just go to your next patient or take them to the
17 facility.

18 Q. Okay. Is there a requirement that Cromed has
19 about -- what's the policy on lifting -- lifting
20 patients?

21 A. They're not -- they're not to lift anyone up. The
22 -- the only thing that they can do -- and this policy
23 that comes directly from our broker -- is that in order
24 to be classified as -- as can transfer, wheelchair but
25 can transfer, they have to be able to stand on their

1 own, they have to be able to take two (2) to three (3)
2 steps so that they are close enough to the vehicle,
3 take two (2) to three (3) steps, sit, you know, and
4 then -- and then sit down. We provide them some
5 assistance but under no circumstances are they -- are
6 they to lift a patient up, no.

7 Q. Okay. They have to be able to do some on their
8 own, stand --

9 A. Uh-huh. I mean, no more than anyone else once
10 they're standing; just kind of guiding them, making
11 sure that they don't fall backwards, that kind of --
12 that kind of stuff but you're not lifting --

13 Q. -- okay.

14 A. -- a patient up, no.

15 Q. All right. Now, do you recall on that morning on
16 the 9th of October, having a telephone conversation
17 with Jeffrey McCoy?

18 A. Yes.

19 Q. Okay. Do you recollect about what time that was?

20 A. It was just before eight o'clock.

21 Q. Okay. Would that have been -- now, you have GPS

22 --

23 A. Uh-huh.

24 Q. -- to be able to tell what -- when -- where a
25 driver is and when they are at the --

- 1 A. Correct.
- 2 Q. -- at a particular location?
- 3 A. Correct.
- 4 Q. So, you know what time they're making the --
- 5 A. Pick ups --
- 6 Q. -- pick ups and drop offs?
- 7 A. -- and drop offs.
- 8 Q. Okay.
- 9 A. I have two (2) sets: I have what the tablet when
10 they press the button to say that they have arrived and
11 then there is a GPS unit in the vehicle that tells me
12 exactly when the car pulled up and when the car left.
- 13 Q. Okay. Now, at the time you had the phone call
14 with Mr. McCoy that morning, was that before he had
15 picked up any patients or clients?
- 16 A. He may have had his first one, Jonathan, in the
17 car --
- 18 Q. Okay.
- 19 A. -- at that time but it was -- but was right about
20 -- about the exact same time that -- that he would have
21 been there. So, he may have had him in the car or he
22 may not have had him in the car yet.
- 23 Q. Okay. But -- and Delores would have been the
24 second or the third stop?
- 25 A. She was supposed to be the first stop but it --

1 ultimately, the way that he did it, it was the second
2 -- his second stop.

3 Q. Okay. You had the conversation with -- with him
4 before Delores?

5 A. Correct.

6 Q. Okay. Okay. Tell us just a little bit about what
7 you recall about the conversation with Jeffrey that
8 morning.

9 A. That the -- the reason for my conversation,
10 initially, when -- when I'm dispatching I look and see
11 -- I -- I scroll down to see who has been picked up and
12 who hasn't been picked up. So, I had noticed he
13 started at 7:00, he should have been there around 7:45
14 to pick up his first person. So, immediately I
15 started, okay, let me see what happened. So, I go and
16 I look at the route that he took. He had passed -- if
17 you can imagine 77, you come down 77; there's Bluff
18 Road, that's where these two (2) patients lived. He
19 had passed Bluff Road and had to turn around on the
20 12th Street Extension; that cost him a couple of
21 minutes. So, by 7:56, :57, :58, whenever I had that
22 phone conversation with him, it was already past the
23 time. So, then I looked and said, okay, you're --
24 you're doing it out of order, this was a repeated thing
25 where -- where often times he wouldn't even look at his

1 order; he would just do it by -- the way that the pad
2 said that. So -- and it's not just him; there's a lot
3 of employees that do it that way. So, it -- yes, it
4 does -- I invest a lot of time to make sure that they
5 don't have to think about anything, they can just go
6 and do that but when you're not taking the steps that I
7 provide for you, yeah, it does get aggravating. So, I
8 -- I said, you know, you're going to have to tighten
9 this up; you know what I mean? You've been here long
10 enough to know now that this is not -- this isn't
11 acceptable; you can -- you need to start doing them the
12 way that you're doing and -- and what was that about
13 missing the -- you know, missing your turn and having
14 to turn down Twelfth Street. So -- and then, that was
15 the -- pretty much the end of the conversation.

16 Q. Okay.

17 Commissioner Wilkerson: Let me ask a
18 question. You said earlier he may or may not
19 have had Jonathan in there; would you not
20 have known that by looking at the tablet?

21 Witness: Well, I -- I wasn't physically
22 there. Now, the phone conversation, based on
23 phone records, was 7:58 that I made the phone
24 call; that's the exact time that that vehicle
25 left according to GPS records. So, it said

1 that he was there from 7:57 to 7:58. So,
2 could it have been 7:58 and ten (10) seconds
3 I had the conversation with him and then he
4 picked him up?

5 Commissioner Wilkerson: I'm not talking
6 about the conversation. I'm talking about
7 you said earlier he may have already had
8 Jonathan in the car.

9 Witness: Okay. He arrived at 7:57 --

10 Commissioner Wilkerson: At Jonathan's?

11 Witness: -- at Jonathan's and he was
12 already leaving by 7:58, one (1) minute. The
13 call came in at 7:58 --

14 Commissioner Wilkerson: So, if he
15 doesn't cut the GPS on, you don't know where
16 the car is?

17 Witness: -- he can't touch the GPS;
18 it's a plug-in box that plugs into the OBD
19 port. I know exactly where they are at all
20 times.

21 Commissioner Wilkerson: So, why would
22 you not have known if he had Jonathan in the
23 car?

24 Witness: That has nothing to do with --
25 that -- his GPS has nothing to do with when

1 he picked the member up; that's a tablet that
2 -- that he's doing that on a tablet that also
3 has GPS.

4 Commissioner Wilkerson: But your tablet
5 wouldn't show where he had been that morning
6 the time he got in the car?

7 Witness: The tablet would have; if I
8 had pulled the record off of the tablet, yes.

9 Commissioner Wilkerson: So, you would
10 have known if Jonathan was in the car, right?

11 Witness: At the time that I made the
12 call he had not hit the pick up button, so.

13 Commissioner Wilkerson: I'm not asking
14 about any pick up button. I'm asking did he
15 have Jonathan in the car.

16 Witness: And I'm saying I was not
17 physically there; so, I don't know if he did
18 or not.

19 Commissioner Wilkerson: And the GPS
20 didn't show it?

21 Witness: The GPS showed him at his
22 location. The vehicle GPS showed him at the
23 location.

24 Commissioner Wilkerson: At Jonathan's
25 --

1 Witness: Correct.
2 Commissioner Wilkerson: -- not at Ms.
3 --
4 Witness: Not at Ms. Porter.
5 Commissioner Wilkerson: -- okay. All
6 right.
7 Witness: Two (2) sets of GPSes.
8 Commissioner Wilkerson: And you control
9 the GPSes; he cannot mess with a GPS?
10 Witness: That's correct.
11 Q. Okay. We -- we were talking about the
12 conversation with Mr. McCoy --
13 A. Uh-huh.
14 Q. -- and do you recall anything that he -- you --
15 you said that was a -- you described the subject of the
16 conversation; do you recall anything specific that he
17 said to you or relayed to you?
18 A. Just about that -- that -- that he was a
19 professional driver; he's been doing it -- you know,
20 he's done this before.
21 Q. Okay.
22 A. You know, nothing -- nothing crazy, you know.
23 Q. Okay.
24 A. I mean, I have to have these conversations; I've
25 had it with him before, I've had it other people. You

1 know, if -- if I -- maybe -- maybe I was angrier than
2 normal or whatever but I think that most of the -- the
3 people know that -- that I'm very fair and I'm very,
4 you know, good to my employees but -- but every now and
5 then if you keep repeatedly making mistakes, I'm going
6 to say, hey, listen, let's tighten up. There -- it's
7 not like I'm screaming at them and cursing at them or
8 anything like that but it will be strenuous, like, hey,
9 man, you know --

10 Q. Okay.

11 A. -- you're going to make these mistakes over and
12 over again, you know, come on, let's tighten up a
13 little bit.

14 Q. There wasn't any cursing or screaming --

15 A. No.

16 Q. -- or anything like that?

17 A. Nothing like that.

18 Q. Okay. But at the same time you -- you want things
19 done right?

20 A. Right.

21 Q. Okay. Did you have any further conversations with
22 Jeffrey -- Jeffrey McCoy later on that day?

23 A. No.

24 Q. Okay. It was just that one (1) in the early
25 morning?

1 A. That's correct.

2 Q. Okay.

3 A. I -- I had text messaged with him late in the
4 evening, after I'd -- I had set up his Workers' Comp
5 case --

6 Q. Okay.

7 A. -- after I called it in. I -- I tried to call; he
8 didn't answer, then I texted him the information.

9 Q. Okay. Okay. Now, we have --

10 Mr. Cauthen: -- Commissioner, at tab 5
11 we -- we have submitted Cromed's GPS records
12 for that day --

13 Commissioner Wilkerson: Okay.

14 Mr. Cauthen: -- and I wanted to have
15 Robert just take a look at those briefly
16 here.

17 Q. I have a couple of questions about those -- about
18 the GPS that day.

19 A. Let me -- this is actually the fuel report. So,
20 do you want me to find where the GPS is?

21 Q. Like that?

22 A. This is the fuel report.

23 Q. Hold on. I may have shown you to the wrong tab or
24 that may just be the front page. Okay.

25 A. That's all -- that -- that's basically the -- the

1 timeframe's fuel reports.

2 Q. Okay.

3 A. This would be the GPS right here (indicating).

4 Q. Okay.

5 A. That right there.

6 Q. GPS is at the back?

7 A. Uh-huh.

8 Q. Okay. If you would -- if you would take a look at
9 those; I just wanted to ask you a few --

10 Commissioner Wilkerson: What page?

11 Witness: On the lower corner it says
12 78.

13 Commissioner Wilkerson: Okay. Thank
14 you.

15 Witness: If that -- does that --

16 Mr. Cauthen: Yes.

17 Commissioner Wilkerson: Yes, that's it.
18 That's perfect. That's perfect.

19 Witness: -- do you just want me to kind
20 of --

21 Mr. Cauthen: If -- if you'd just take a
22 quick look and let me -- I'm going to ask you
23 a couple of questions --

24 Witness: Okay. Go ahead.

25 Mr. Cauthen: -- about the pick up at

1 Delores -- at Delores' stop.

2 Witness: Correct.

3 Q. And when you finish looking at them, tell us, if
4 you would, what these show about time -- time-wise and
5 time at Miss Delores' stop on that day, 10/9/17.

6 Commissioner Wilkerson: We might need
7 to -- I don't know where Miss Delores lives.

8 Mr. Cauthen: Well, this -- no, just
9 talking about arriving at her house and how
10 long he was there at the stop; that's what --

11 Commissioner Wilkerson: Well, there are
12 nine (9) things on here. Where is Miss
13 Delores' stop?

14 Witness: Sir, I -- I do have a document
15 or a manifest if that -- if I could show --

16 Commissioner Wilkerson: Well, I don't
17 know who -- does she live at Sam's Crossing
18 or does she live at --

19 Witness: -- Joe Collins.

20 Commissioner Wilkerson: -- King's Hill
21 Road?

22 Witness: She on -- off Joe Collins.

23 Commissioner Wilkerson: So, she's at
24 1525 Joe Collins Road --

25 Witness: It --

1 Commissioner Wilkerson: -- number 8?

2 Witness: -- I mean, yes. Yes.

3 Sometimes the -- the address might be 1521 or
4 1522, you know --

5 Commissioner Wilkerson: No, I
6 understand.

7 Witness: -- but yeah.

8 Commissioner Wilkerson: But this number
9 8 on here --

10 Witness: Number 8.

11 Commissioner Wilkerson: -- is not the
12 top of the report, is what I'm getting at.

13 Witness: That's correct.

14 Commissioner Wilkerson: Okay.

15 Witness: The -- the CVS Chap Lane is
16 when we left -- he left the --

17 Commissioner Wilkerson: Okay.

18 Witness: -- that's where we park the
19 cars --

20 Commissioner Wilkerson: Okay.

21 Witness: -- he left at 7:04 that day.

22 Commissioner Wilkerson: I've got you.

23 Witness: Sam's Crossing is -- is the --
24 the CVS -- the actual CVS parking lot. All
25 right. So, you're asking me about the -- her

- 1 particular stop, stop 8?
- 2 Q. Yes, her -- her -- her particular stop.
- 3 A. Okay. So, what this does, it tells me where the
- 4 vehicle was; it gives the coordinates. It will tell
- 5 the maximum speed that he traveled from there, how --
- 6 how far he traveled, how -- how long the travel time
- 7 was, the date, the time that he arrived and the date
- 8 and time that he departed based on the vehicle and then
- 9 it gives a -- a stop duration of four (4) minutes.
- 10 Q. A stop duration of four (4) minutes?
- 11 A. Uh-huh.
- 12 Q. So, arriving, picking her up --
- 13 A. Pulling -- pulling in -- pulling in, getting out
- 14 of his vehicle, going around, if she's -- if --
- 15 Q. Okay.
- 16 A. -- if --
- 17 Q. Hang on -- hang on one second --
- 18 A. -- go ahead. I'm sorry.
- 19 Q. -- we're going to get to that.
- 20 A. Okay.
- 21 Q. I just want to make sure first, four (4) --
- 22 A. Yes.
- 23 Q. -- four (4) minutes total stop --
- 24 A. Yes.
- 25 Q. -- at her location?

1 A. Correct.

2 Q. Okay. That would be from start to -- from arrival
3 to departure?

4 A. Correct.

5 Q. Okay.

6 A. That's the vehicle, correct.

7 Q. Tell -- tell me then, with Miss Delores, with the
8 wheelchair, what all Mr. McCoy would have had to do at
9 that stop to get her in and get going.

10 A. It -- he would have to notify them that he was
11 there; now they may or may not have seen that. He
12 would get out of the vehicle. They would bring Miss
13 Delores -- Miss Delores down, usually it was the -- I
14 think it was a son-in-law would bring her down and then
15 he would have to assist putting her in the -- in the
16 vehicle and after he got her seatbelted in and -- and
17 seated, he would wheel the chair back to the back of
18 the vehicle, fold that vehicle up, lift it up, put it
19 in the -- in the -- in the trunk, close the trunk, walk
20 around to the front. Then he would have to get in the
21 vehicle, grab his tablet, hit that he arrived and then
22 get her signature; hand her the tablet, she uses her
23 finger on the tablet, gets a signature, hits okay, he
24 hits okay, he hits another button to depart and -- and
25 then okay, and then that -- then he can depart the --

1 the area.

2 Q. Okay. In addition to what you just described when
3 he was loading the wheelchair into the trunk --

4 A. Uh-huh.

5 Q. -- as Mr. McCoy has testified, he injured his back
6 --

7 A. That -- that's correct.

8 Q. -- or reinjured it?

9 A. Well, yes, whatever it --

10 Q. Okay.

11 A. -- yeah.

12 Q. So, you would have to factor that into the time
13 that he was there?

14 A. I would imagine.

15 Q. Okay. Does it seem plausible to you that all that
16 could have happened in four (4) minutes?

17 A. It seems like an awful lot to do in four (4)
18 minutes and -- and -- and you have to factor in getting
19 inside the vehicle and that's just when the vehicle
20 left. So, he did most of those steps before he even
21 got back in the vehicle to do the tablet, so.

22 Q. I mean, with -- with injuring his back as well --

23 A. Correct.

24 Q. -- does that seem --

25 Commissioner Wilkerson: How long does

1 he usually stop there?

2 Witness: I -- I did pull a report, I
3 mean, there were several times; that was the
4 shortest time that he had ever stopped at
5 that location.

6 Commissioner Wilkerson: How do I know
7 that? I don't see any reports.

8 Witness: Right. I mean, I have
9 documents that -- I don't know if they have
10 them, you know, so.

11 Mr. Samuels: I'd object to hearsay,
12 Your Honor.

13 Commissioner Wilkerson: That's --
14 that's hearsay --

15 Mr. Samuels: They were certainly never
16 provided to me.

17 Commissioner Wilkerson: -- that doesn't
18 count. That's what I'm saying, if it was that
19 important we would have brought them.

20 Witness: I -- me may have it in
21 evidence; I believe he does.

22 Commissioner Wilkerson: Okay. That's
23 why I asked the question.

24 Witness: I'm pretty sure you have that,
25 yeah.

1 Mr. Cauthen: You're talking about in
2 this report?

3 Witness: Yeah. It's the page right
4 before, page 77. You might have to do some
5 calculating -- well, actually, never mind,
6 forget it, never mind. That is -- just
7 forget -- strike it. This is just the -- the
8 previous times that he has picked them up; it
9 doesn't show the -- the actual GPS, so, no.

10 Commissioner Wilkerson: So, wouldn't
11 you think that would be important; if he --
12 if he picked her up quite often, wouldn't it
13 be important to bring those documents to show
14 me?

15 Witness: To show you that -- how long
16 it took him every time he did that?

17 Commissioner Wilkerson: Since today
18 it's your opinion that it was quick. So,
19 wouldn't your opinion be justified by
20 bringing me a report showing --

21 Witness: I -- I -- I -- I do believe --

22 Commissioner Wilkerson: -- it was two
23 (2) minutes or six (6) minutes?

24 Witness: -- I do believe that I did
25 prepare something; I don't know if I ever

1 gave it to Mark.

2 Commissioner Wilkerson: Well, it
3 doesn't count if you -- I mean --

4 Witness: I understand. I understand.

5 Commissioner Wilkerson: -- I've got to
6 have something to look at.

7 Witness: I -- I don't really have a --
8 you know.

9 Commissioner Wilkerson: If this is the
10 only report then --

11 Witness: Uh-huh. I've got you.

12 Commissioner Wilkerson: -- because you
13 don't disagree that he picked the wheelchair
14 up?

15 Witness: I wasn't there --

16 Commissioner Wilkerson: Well, you --

17 Witness: -- so, I don't know.

18 Commissioner Wilkerson: -- I know but
19 you said earlier that earlier that he --

20 Witness: He would have had to.

21 Commissioner Wilkerson: -- walking down
22 he'd have to pick the wheelchair up and put
23 it in there.

24 Witness: That would have been the
25 procedure; going by his testimony --

1 Commissioner Wilkerson: Procedure,
2 that's right.

3 Witness: -- that would have been the
4 procedure.

5 Commissioner Wilkerson: Okay.

6 Witness: I wasn't physically there to
7 -- to do that. I know that for some of the
8 -- the patients the -- the -- the son-in-law
9 puts it in the back. So, I don't -- I don't
10 know; I wasn't there. But that --
11 presumably, if that's what he said he did,
12 that that's the -- that's what he would have
13 had to go around and do in -- within four (4)
14 minutes on that day.

15 Commissioner Wilkerson: Yes. That --
16 exactly --

17 Witness: Yeah.

18 Commissioner Wilkerson: -- that's the
19 day in question.

20 Witness: Yeah. Yeah.

21 Commissioner Wilkerson: It doesn't
22 matter whether --

23 Witness: Yeah. Yeah.

24 Commissioner Wilkerson: -- I'm good
25 with that.

1 Witness: And -- and in hindsight, I --
2 maybe I should have prepared something a
3 little bit more but --

4 Commissioner Wilkerson: That's the only
5 report I've got.

6 Witness: -- I've got you.

7 Commissioner Wilkerson: Because all of
8 his other stops look to be a minute, three
9 (3) minutes, one (1) minute, one (1) minute
10 --

11 Witness: Which indicates that --

12 Commissioner Wilkerson: -- which
13 indicates that he did something --

14 Witness: -- that he is not getting out
15 of the vehicle.

16 Commissioner Wilkerson: -- I don't know
17 that. It indicates --

18 Witness: Well, you can't -- you just --
19 even with a healthy person, one (1) minute at
20 a location tells me, from previous dealings
21 in -- for the past ten (10) years, that you
22 did not get out of the vehicle and assist
23 your passenger. But -- but that goes to the
24 same thing, I don't know if he -- if he got
25 in or out and I don't know if he put the

1 wheelchair in or out. So, all -- it's pretty
2 quick, four (4) minutes, you know, to do all
3 that stuff. That's all. That's all.

4 Commissioner Wilkerson: -- in your
5 opinion?

6 Witness: Yeah, I mean, and a -- well,
7 it might be more than just my opinion but
8 here, yes.

9 Commissioner Wilkerson: But I've got to
10 have evidence of what your opinion is based
11 on --

12 Witness: Okay.

13 Commissioner Wilkerson: -- other than
14 opinion.

15 Witness: I understand. I -- yeah, I --
16 I understand.

17 Commissioner Wilkerson: I mean, I've
18 got to have something other than I've got a
19 report.

20 Witness: The only thing that I have is
21 showing that that stop took four (4) minutes.

22 Commissioner Wilkerson: I'm good.

23 Mr. Cauthen: His testimony is four (4)
24 minutes, with an injury, with a -- with a
25 back injury or --

1 Witness: Correct.

2 Mr. Cauthen: -- or a re-injury.

3 Q. Okay. Now, prior to that day, did -- did Mr.
4 McCoy express any reservation to you about doing that
5 particular stop for Miss Delores or request that he not
6 have her on -- on his schedule?

7 A. Not to -- not to my recollection, no.

8 Q. Okay. And you don't know of any doctor's excuse
9 that would have advised against that?

10 A. Nothing that I ever saw.

11 Commissioner Wilkerson: Let me ask one
12 more question about that stop. Eight (8)
13 minus three (3) is what?

14 Witness: I -- yeah, it's five (5). Can
15 I explain?

16 Commissioner Wilkerson: Yes.

17 Witness: Okay.

18 Commissioner Wilkerson: I think you
19 explained earlier. So, is it -- it's not
20 exactly four (4) minutes --

21 Witness: Thank you.

22 Commissioner Wilkerson: -- it's
23 somewhere between four (4) and five (5)
24 minutes.

25 Witness: There you go. Think of a cell

1 phone call, if it doesn't go over five (5) or
2 ten (10) --

3 Commissioner Wilkerson: No, I -- no, I
4 agree with you.

5 Witness: -- okay.

6 Commissioner Wilkerson: I just want to
7 make sure.

8 Witness: Yeah, it could have --

9 Commissioner Wilkerson: We're -- we're
10 homing in on it --

11 Witness: -- it could have been one
12 second --

13 Commissioner Wilkerson: -- four (4)
14 minutes --

15 Witness: -- yeah. Well, it could have
16 been one (1) second --

17 Commissioner Wilkerson: -- we know he
18 was there longer than four (4) minutes.

19 Witness: -- I've got you.

20 Commissioner Wilkerson: Okay. That's
21 fine. I just wanted to make sure I didn't
22 read it --

23 Witness: But not more than five (5).

24 Commissioner Wilkerson: -- yes, that's
25 fine.

1 Witness: Okay. I've got you.

2 Commissioner Wilkerson: Somewhere
3 between four (4) and five minutes. Okay.

4 Q. Okay. Did -- Robert, did Mr. McCoy ever report an
5 on the job injury to you that occurred on October 9 of
6 2017?

7 A. No.

8 Q. And, of course, we -- as we've already discussed,
9 he didn't report any accident from September of '17,
10 either --

11 A. No.

12 Q. -- not on the job?

13 A. No.

14 Q. Okay.

15 Commissioner Wilkerson: Now, when you
16 -- when you talked to him on September the
17 17th you said he was on the way to the
18 hospital; is that right?

19 Witness: That's what he -- that's what
20 he told me on -- on the phone. He goes, I'm
21 glad that you called me. I'm not -- I'm not
22 going to be able to make it in tomorrow; I'm
23 on my way to the ER. And I said, what -- you
24 know, what's going on. And he said, I -- I
25 think I have some kidney stones. And so

1 then, I was like, oh man, that puts me in a
2 bad spot and I said, okay, I'll call you
3 later.

4 Commissioner Wilkerson: But that's not
5 in the text; the only thing in the text is, I
6 hope you get to feeling better?

7 Witness: Right. But it was around that
8 -- that timeframe.

9 Commissioner Wilkerson: Okay.

10 Witness: It would have been minutes
11 after the phone call was made to him that I
12 would have texted him back saying, okay, man,
13 I hope it's just some wicked gas.

14 Commissioner Wilkerson: And we now know
15 that he didn't go to the hospital until the
16 18th, based on the hospital records; I don't
17 know.

18 Witness: Well -- well --

19 Mr. Cauthen: I'm sorry. He didn't go
20 to the hospital until when, now?

21 Commissioner Wilkerson: He didn't go to
22 the hospital until the next day.

23 Witness: -- but he told me he was going
24 to the hospital.

25 Commissioner Wilkerson: I -- I

1 understand.

2 Witness: I've got you.

3 Commissioner Wilkerson: I'm just trying
4 to --

5 Q. Okay. Robert, when was the first time, to -- to
6 the best of your knowledge, that you learned that Mr.
7 McCoy was asserting an injury on the job at Cromed on
8 October 9 of 2017?

9 A. I'm not exactly sure when I learned of that but I
10 -- I'm thinking maybe in December sometime.

11 Q. Well, you would have received -- Cromed would --

12 A. Uh-huh.

13 Q. -- would have received a copy of the -- what we
14 call a Form 50 initiating a claim --

15 A. Right.

16 Q. -- filing with the workers' Compensation
17 Commission, Cromed would have received a copy of that
18 in December when it was filed wouldn't he -- wouldn't
19 they -- wouldn't you?

20 A. I would imagine, yes, that that was sent to me.

21 Q. Okay.

22 A. Correct.

23 Q. Was it -- to the best of your knowledge, did --
24 did you know before December --

25 A. I don't believe that I did --

1 Q. -- that date of that Form 50?

2 A. -- no. That's why it was a -- it was sort of a
3 surprise, like, oh, that -- he's saying that he hurt
4 himself that day because I -- up until then I was
5 operating on the impression of -- that it was the --

6 Q. Okay.

7 A. -- the subsequent sciatic --

8 Q. Okay.

9 A. -- that he missed the two (2) weeks for.

10 Q. Okay. And, of course, we -- there has already
11 been some testimony about the -- the text messages
12 where you had indicated to Mr. McCoy that you were
13 filing his claim?

14 A. Right.

15 Q. That you -- that you filed his claim, like, that
16 day, I think, and texted him?

17 A. Right after I got off the phone with Malcolm I
18 went ahead and called it in.

19 Q. And when you called it in, what -- what date of
20 injury did you relate to them?

21 A. I was -- the 9/17.

22 Q. 9/17?

23 A. The time whenever he said he was going to the
24 hospital.

25 Q. Okay. Why did you -- why did you decide on 9/17

1 or why did you use 9/17?

2 A. Because that's the -- the original timeframe. I
3 -- I had no other information to go on as far as, hey,
4 I've -- I've injured myself at any other time. That
5 was the first time that I knew that he had been having
6 -- he had that issue on -- on that day. That's the
7 first time that -- with the kidney stones, that's the
8 first -- so, I just went back to that day and assumed
9 that that's what he was talking about.

10 Commissioner Wilkerson: And you filed
11 in December is what --

12 Witness: I filed on October 9th.

13 Commissioner Wilkerson: -- oh, on
14 October 9th, okay.

15 Witness: I -- that's when I called it
16 in to my insurance --

17 Commissioner Wilkerson: Okay.

18 Witness: -- line and then they took the
19 report.

20 Q. And they used the 9/17 --

21 A. Uh-huh.

22 Q. -- '17, date of injury?

23 A. Correct.

24 Q. Okay. Because that's all you knew --

25 A. Yeah, that's what I --

1 Q. -- at that point?

2 A. -- yes, that was the information I was operating
3 on.

4 Q. And, of course, that was filed way before you
5 received the Form 50 in December?

6 A. Correct.

7 Q. And now, as far as that First Report -- we call a
8 First Report of Injury a Form 12-A, who would have
9 prepared that? Would that be Patriot, the TPA?

10 A. Yeah. The -- whoever our Workers' Comp was that
11 -- they have a -- a 800 number or something you call, a
12 claim line --

13 Q. The --

14 A. -- so, I would have called that and spoke with one
15 of the Agents.

16 Q. -- the TPA for Guarantee --

17 A. Uh-huh.

18 Q. -- Guarantee Insurance Company, which is now in
19 liquidation?

20 A. I've got you.

21 Mr. Cauthen: Robert, I think that's all
22 that I have. Thank you very much.

23 Witness: You're welcome.

24 Commissioner Wilkerson: Mr. Samuels?

25 Mr. Samuels: Thank you, Your Honor.

CROSS-EXAMINATION

By Mr. Samuels:

Q. Good afternoon, Mr. Cronan.

A. Good afternoon.

Q. Any information you have as to whether there was an accident on October 9th --

A. Uh-huh.

Q. -- would have come directly from Malcolm; isn't that true?

A. Yes. I didn't speak with -- with Jeff anymore after that morning.

Q. The last conversation you had with Jeff was about 7:58 A.M. the morning of October 9th?

A. Correct.

Q. So, if Malcolm got it wrong and it got lost in translation, even though you would admit he's already said there was a discussion about a wheelchair, there was a discussion about pain in the morning, if he got it wrong and you just assumed it was September the 17th because that was the first time you heard of any back pain; those things happen, right?

A. I can only testify to what the conversations that I had with Malcolm. So, if he got it wrong, he got it wrong.

Q. Okay. I've got it. And you'd agree that lifting

1 a wheelchair is sometimes part of the job at -- at
2 Cromed?

3 A. It is a task; it is something that is performed,
4 correct. It's not required but it is performed.

5 Q. And if it's needed, both for efficiency and for
6 good customer service, you want people to provide that
7 service?

8 A. It -- ultimately, that would be the best case
9 scenario but there are situations that do arise that we
10 can alter that a little bit if we know about it but,
11 yes, it would be beneficial if the diver can lift the
12 wheelchair and put it in the trunk.

13 Q. This conversation you had with Jeff, this was
14 definitely before he picked up Delores and her
15 wheelchair, correct?

16 A. Correct.

17 Q. So, at that point, there wouldn't be any point in
18 telling you -- telling you he hurt -- he'd hurt his
19 back lifting a wheelchair because he hadn't lifted the
20 wheelchair, right?

21 A. Correct.

22 Q. But you would agree, would you not, that that
23 conversation -- in that conversation, even though if
24 you didn't curse or scream, you definitely yelled at
25 him, didn't you?

1 A. No.

2 Q. Okay.

3 Mr. Samuels: Let the record reflect I'm
4 opening the original of Mr. Cronan's
5 deposition.

6 Commissioner Wilkerson: Are you
7 submitting it or --

8 Mr. Samuels: No. I'm not going to
9 submit it, Your Honor --

10 Commissioner Wilkerson: -- okay. I
11 just wanted to make sure.

12 Mr. Samuels: -- I'm just going to open
13 it.

14 Commissioner Wilkerson: Get the proper
15 protocol.

16 Mr. Samuels: Well, actually, you know,
17 if Mark can show -- share it with him.

18 Mr. Cauthen: Sure.

19 Mr. Samuels: I only have one (1) -- one
20 (1) question.

21 Commissioner Wilkerson: Okay.

22 Mr. Cauthen: What -- what page?

23 Commissioner Wilkerson: Yes. Give us
24 the page. And the date of the deposition; if
25 you said it I didn't get it. It's probably

1 the same as the other one.

2 Mr. Cauthen: May 31, 2018,
3 Commissioner.

4 Commissioner Wilkerson: Okay. It was
5 the same date; that's what I thought.

6 Q. Mr. Cronan, I'm going to ask you to turn to page
7 44 of your deposition.

8 Commissioner Wilkerson: Mr. Cronan, can
9 you tell me what question you asked your
10 attorney?

11 Witness: I didn't.

12 Commissioner Wilkerson: Well, you all
13 were talking about something.

14 Witness: When?

15 Mr. Cauthen: Turn the page or
16 something.

17 Commissioner Wilkerson: What does the
18 record reflect?

19 Court Reporter: I didn't hear him.

20 Commissioner Wilkerson: Okay. That's
21 fine. I just heard some conversation going
22 on, so.

23 Court Reporter: I mean, I heard
24 whispering but I couldn't make it out.

25 Commissioner Wilkerson: Well, I knew

1 something was going on.

2 Mr. Cauthen: I think we were talking --
3 talking about navigating to where -- where we
4 were going in the deposition.

5 Q. All right. At page 44, we're going to start at
6 line 12.

7 A. I've got you.

8 Q. And the question is -- and -- and I'll just tell
9 you this is in follow up to some questions about this
10 conversation you had with -- with Malcolm apparently
11 about 9:25 A.M. after --

12 A. Okay.

13 Q. -- Miss Delores had been picked up. So, you --
14 what -- you were asked, what did Mr. Young tell you and
15 what was your answer at line 13?

16 A. Jeff was not happy about my conversation with him
17 earlier in the day.

18 Q. In what respect?

19 A. That I guess I yelled at him.

20 Q. Did you yell at him?

21 A. I can't recall either way; that's why I said I
22 guess.

23 Q. Yes. But that wasn't the answer you gave in your
24 deposition and I'll read your answer in your
25 deposition. I asked you, did you yell at him and you

1 said, I didn't shout or scream or anything like that.

2 A. Oh, you wanted me to go to the next line. Okay.

3 I'm sorry.

4 Q. Yes, sir.

5 A. I didn't shout or scream or anything like that. I
6 counseled him, like I said, it was maybe -- it was a
7 little bit vigorous but it wasn't -- I mean, it wasn't
8 screaming or shouting or cursing anything along these
9 lines.

10 Q. And you -- you can put the deposition away.

11 A. Okay.

12 Q. But you would agree that you made it pretty clear
13 to Malcolm that you were angry with him? Oh, not
14 Malcolm; excuse me, Jeffrey.

15 A. Displeased with the events, yes.

16 Q. All right, sir. Your company does not have any
17 light duty work available, do they?

18 A. We might have some now as dispatchers but back
19 then we were doing the dispatching; so, there is no
20 filing or anything that he could come sit in an office
21 and do anything. I mean, driving is light duty for --
22 you know, because you're driving. The only thing that
23 we might be able to do is make some accommodations
24 like, hey, don't get out of the vehicle for this one
25 but you still have to, you know, get in and -- in the

1 vehicle and drive. So, there is no light duty as far
2 as filing and sitting in an office.

3 Q. Would you agree when I asked you in your
4 deposition that same question your testimony was that
5 there was no light duty at your company?

6 A. Correct. At that time, then, yes, you -- you are
7 correct.

8 Q. Now, sir, is it -- is it your testimony that it's
9 implausible or it could not have happened that as Mr.
10 McCoy testified that he stopped, got out of the car,
11 helped Miss Delores into the car and then put the
12 wheelchair in the trunk, then got back in the car in
13 less than five (5) minutes; is that your testimony?

14 A. Say it one more time. Is it plausible what you
15 were saying?

16 Q. Well, I'm --

17 A. Sorry.

18 Q. -- I'm trying --

19 A. Sorry.

20 Q. -- to understand the question --

21 A. Right.

22 Q. -- that your attorney was asking you; it didn't
23 make a lot of sense to me and I'm trying to -- trying
24 to figure it out. So, you know, you described --

25 A. Right.

1 Q. -- you described the events --

2 A. Right. Right.

3 Q. -- that he would get out of the car --

4 A. Uh-huh.

5 Q. -- and help Miss DeLores --

6 A. Right.

7 Q. -- into the car, then walk -- wheel the wheelchair
8 to the back of the car --

9 A. Uh-huh.

10 Q. -- open the trunk of the car, load it into the
11 car, then get in the car and then drive away. And --
12 and --

13 A. It just seems like a short period of time --

14 Q. -- okay.

15 A. -- to do all of those events, injure your back to
16 where lightening is coming down your leg; I mean, that
17 would probably have slowed you down a little bit, I
18 would think. Could it be done? Maybe, you know.
19 That's just a lot to me because I don't know where Miss
20 DeLores was in -- in the process. Was she in her
21 house? Was she on top of a ramp? How fast did they
22 come down the ramp? How long did it take them to get a
23 seventy-nine (79) year old woman into the -- to the
24 seat, get her belted up, then walk back, fold it up? I
25 mean, I don't -- I don't know. It's just, like I said,

1 it's my opinion that that's pretty quick.

2 Q. But -- but you weren't there --

3 A. Right.

4 Q. -- you're just speculating, aren't you?

5 A. What's that?

6 Q. You're just speculating, aren't you?

7 Mr. Cauthen: Objection.

8 A. I'm giving my best opinion because I've done this
9 job before. So, my -- my opinion is something that --
10 that I did for, at that point, seven (7) years before
11 transporting patients. So, based on my experience,
12 that's very quick if you're doing all the steps that --
13 that are required.

14 Q. And per the GPS that would be done in under five
15 (5) minutes, correct, somewhere between four (4)
16 minutes and four (4) minutes fifty-nine (59) seconds?

17 A. According to the GPS, all of that was done in
18 under five (5) minutes, correct.

19 Q. All right. So, I've got an iPhone, I hit my stop
20 watch, start. So, I would be stepping out of the car.

21 A. Uh-huh.

22 Q. I walk around to the back of the car --

23 A. Slow down now, you're -- you're sprinting.

24 Q. -- walk to the back of the car. Well, I'm
25 assuming you want you people to actually walk as

1 quickly as they can --

2 A. Well --

3 Q. -- but I'm walking pretty slowly.

4 A. -- okay.

5 Q. And so, here I am at the front of the car.

6 A. All right.

7 Q. Hi, Miss Delores. Hi, son-in-law. Come on in.

8 I'm going to help you now. You be careful getting out
9 of that wheelchair. Okay, good, you're out of the
10 wheelchair. Okay, step in. Step into the car. Okay.
11 All right, good, you're safe. You're going to let me
12 bend over; let me buckle up your seat belt. All right,
13 son-in-law, don't worry; I've got the wheelchair.
14 Okay, I'm taking the wheelchair; I'm wheeling the
15 wheelchair to the back of the car. Let me open the
16 back of the trunk. Okay, the trunk is open. I've the
17 wheel chair, I'm going to fold this up; that's going to
18 take me a few seconds. I fold it up, I'm going to lift
19 it up. My back, ah ow. I'm going to stop for a second
20 because I've hurt my back and pain is shooting down my
21 leg. All right, I'm going to walk on over a little
22 bit; I'm kind of slow because my leg is hurting me. I
23 guess I'm limping, I'm limping, I'm limping. All
24 right, in the car. All right, I'm getting in the car.
25 Miss Delores, are you okay? Okay, good, don't worry

1 about me. All right, I'm shutting the door. All
2 right, shutting the door. Looking around, start up the
3 car. Look around, put it in drive. Wait a minute,
4 I've got to hit the button on the -- on the GPS; I hit
5 the button. Start the car, I drive away. I'm moving
6 now so the GPS is going to stop. Does that sound about
7 right?

8 A. Not necessarily, no..

9 Q. What was wrong with that?

10 A. I mean, that's -- that's pretty quick for an
11 elderly lady to get her in the car. Were -- you're
12 assuming that she was standing right next to the
13 vehicle, not coming down that ramp --

14 Q. Okay.

15 A. -- you're -- you didn't mention anything about
16 giving a tablet to an elderly lady to sign the tablet.
17 So, I mean, there's a lot of things that -- that may
18 have added some time to that.

19 Q. Okay. How much time do you think my demonstration
20 took?

21 A. I don't -- I don't know. I have no guess.

22 Q. Well, I will tell you, I'm sure the Commissioner

23 --

24 Commissioner Wilkerson: Mine said two
25 (2) minutes.

1 Q. -- one (1) minute, fifty (50) seconds.

2 A. Okay.

3 Commissioner Wilkerson: so, double it.

4 Mr. Cauthen: Object and move to strike

5 --

6 Commissioner Wilkerson: Why?

7 Mr. Cauthen: -- that is completely

8 irrelevant, Commissioner, it's speculative.

9 Commissioner Wilkerson: It's not
10 irrelevant. You --

11 Mr. Cauthen: Irrelevant and -- and
12 speculative.

13 Commissioner Wilkerson: -- I disagree.

14 Mr. Cauthen: His -- his testimony is in
15 the record as to what he knows and records
16 he's looked at and his investigation; his
17 testimony is what it is.

18 Commissioner Wilkerson: Well, he didn't
19 investigate anything. If he had investigated
20 he would have brought me another report for
21 the last seven (7) times somebody stopped
22 there and how long they were there. If
23 that's not on him, it's on you. I mean, you
24 bring me one report that shows between four
25 (4) and five (5) minutes; the other party

1 Q. -- one (1) minute, fifty (50) seconds.

2 A. Okay.

3 Commissioner Wilkerson: So, double it.

4 Mr. Cauthen: Object and move to strike

5 --

6 Commissioner Wilkerson: Why?

7 Mr. Cauthen: -- that is completely
8 irrelevant, Commissioner, it's speculative.

9 Commissioner Wilkerson: It's not
10 irrelevant. You --

11 Mr. Cauthen: Irrelevant and -- and
12 speculative.

13 Commissioner Wilkerson: -- I disagree.

14 Mr. Cauthen: His -- his testimony is in
15 the record as to what he knows and records
16 he's looked at and his investigation; his
17 testimony is what it is.

18 Commissioner Wilkerson: Well, he didn't
19 investigate anything. If he had investigated
20 he would have brought me another report for
21 the last seven (7) times somebody stopped
22 there and how long they were there. If
23 that's not on him, it's on you. I mean, you
24 bring me one report that shows between four
25 (4) and five (5) minutes; the other party

1 proves it's less than two (2) minutes. I was
2 even going to say double it, not quite long
3 enough. I -- to me it falls within the realm
4 of all that -- all he's got to prove is it's
5 reasonable to expect that all of that could
6 have happened within a four (4) to five (5)
7 minute process because you don't have any
8 records showing that it didn't. I don't know
9 if it did or not; I haven't got to that
10 point.

11 Mr. Samuels: No further questions, Your
12 Honor.

13 Commissioner Wilkerson: Any redirect?

14 Mr. Caution: I'm just looking over a

15 few notes, Commissioner; I'll tell you in one
16 second. No. No, further questions,

17 Commissioner.

18 Mr. Samuels: Nothing further from the

19 Claimant, Your Honor.

20 Commissioner Wilkerson: I don't think

21 we got to the level we discussed before we

22 started from either side, indications,

23 confusion, boom, boom, boom. I don't see

24 anything there; it would have been glaring if

25 I had seen it, none of that is there. It's

1 just what happened, what didn't happen, what
2 we thought happened, what could have
3 happened, what should have happened; I'm good
4 with all of that. So, no issues from that
5 perspective, okay? So, this concludes our
6 hearing. I need to meet with the attorneys
7 for a few minutes.

8 Mr. Cauthen: Okay.

9 Commissioner Wilkerson: Thank you all
10 for being here. You all have a great day and
11 be safe out there.

12 (THERE BEING NO FURTHER QUESTIONS, THE HEARING CONCLUDED AT
13 1:22 P.M.)

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

CERTIFICATE

Be it known that I took the foregoing South Carolina Workers' Compensation Commission Hearing of Jeffrey McCoy, vs. Cromed, LLC;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was first duly sworn to testify the truth, the whole truth, and nothing but the truth, concerning the matter in controversy aforesaid;

The foregoing transcript of 200 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

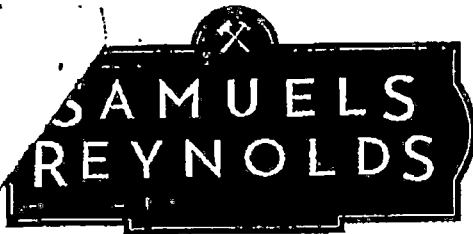
That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action;

Witness my hand and seal this 28th Day of November, 2020.

Gloria G. Davis
Gloria G. Davis
Notary Public for South Carolina
My Commission Expires 12/21/21

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STEPHEN B. SAMUELS
P. JASON REYNOLDS
ATTORNEYS AT LAW

April 14, 2020

Via Ecase upload

Commissioner Avery B. Wilkerson, Jr.
S. C. Workers' Compensation Commission
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Columbia, SC 29202-1715

Re: Jeffrey W. McCoy v. Cromed, LLC and Guarantee Insurance Company (*in liquidation*)/S.C. Property & Casualty Ins. Guaranty Assoc.
D/A: 10/09/2017
WCC No.: 1717573

Dear Commissioner Wilkerson:

The above-captioned claim is scheduled for hearing before you on April 29, 2020. Enclosed for your review please find our Pre-Hearing Brief (WCC Form #58) and Notice of Witnesses and Written Reports of Physicians which we hereby submit on behalf of the Claimant, Mr. Jeffrey McCoy.

By copy of this letter and enclosures along with accompanying medical records to Mark Cauthen, counsel of record for the Defendants, we are hereby serving a copy of the same upon them as indicated by the attached Certificate of Service.

Thank you for your consideration in this matter. Please feel free to contact us with any questions or if further information is needed.

Yours very truly,

Wanda Powell
Paralegal to Stephen B. Samuels

/wp
Enclosure(s) as stated
cc: Mark Cauthen, Esquire (*via email: mcauthen@mckayfirm.com*)

WE WORK FOR THE PEOPLE WHO WORK

1320 RICHLAND STREET, COLUMBIA, SC 29201 | P: (803) 779.4000 | F: (803) 779.4004 | WWW.SAMUELSREYNOLDS.COM

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5575 www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: 1717573

Claimant's Name: Jeffrey McCoy Employer's Name: Cromed, LLC
Address: _____ Address: 3 Waterside Ct.
City: Columbia State: SC Zip: 29203 City: Imo State: SC Zip: 29083
Home Phone: () - Work Phone: () - Carrier: Guarantee Ins. Co./S.C. Property & Casualty Ins. Guaranty Assoc
Preparer's Name: Stephen B. Samuels Preparer's Phone #: (803) 779-4000

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$255.01 2. AWW: \$382.50 Date of Injury: 10/09/17
3. Type of Injury and body part(s): (L) leg and back
4. Facts in controversy: Please see "Attachment to Pre-Hearing Brief (WCC Form #58)"
5. Legal issues involved: Please see "Attachment to Pre-Hearing Brief (WCC Form #58)"
6. Unusual aspects: Please see "Attachment to Pre-Hearing Brief (WCC Form #58)"
7. Witnesses (designate if expert):* Jeffrey McCoy and any witnesses presented on behalf of Defendants. Claimant may submit additional witnesses in response to Defendants Pre-Hearing Brief.
8. Exhibits: Drug test results; Depositions of Jeffrey McCoy, Robert Cronan, Malcolm Young, Dr. Ivan E. Lamotta, Dr. Slif Ulrich and Dr. Steven C. Poletti
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):
Please see enclosed "Notice of Witnesses and Written Expert Reports to be Submitted on Behalf of Claimant."
10. Name, address, and specialty, if any, of the treating physician: Ivan LaMotta, MD, Midlands Orthopedics & Neurosurgery, 1910 Blanding St., Columbia, SC 29201; Steven Poletti, MD, Southeastern Spine Institute, 1106 Chuck Dawley Blvd, Mt. Pleasant, SC 29464;
11. Impairment rating(s); body part(s); physician and date of opinion: Please see "Attachment to Pre-Hearing Brief (WCC Form #58)"
12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the 14th day of April 2020, by: ☐ first class postage ☐ certified mail ☐ personal service ☒ electronic service

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

Signature: [Signature]
Date of hearing: April 29, 2020

Email: stephen@samuelsreynolds.com
Time needed for hearing: 2 hours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58
Revised 7/15

58

PRE-HEARING BRIEF

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 1717573

Jeffrey W. McCoy,

Claimant,

v.

Cromed, LLC,

Employer,

and

Guarantee Ins. Co. (*in liquidation*)/S.C.
Property & Casualty Ins. Guaranty Assoc.,

Carrier,

Defendants,

**NOTICE OF WITNESSES AND
WRITTEN REPORTS OF PHYSICIANS
TO BE INTRODUCED ON BEHALF OF
THE CLAIMANT**

**TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, MARK
CAUTHEN, ESQ., COUNSEL FOR THE DEFENDANTS:**

YOU ARE NOTIFIED that the Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws, submits the following medical records and other documents as evidence:

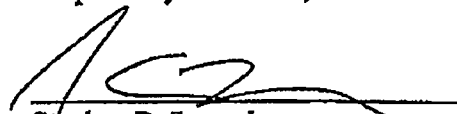
APA	MEDICAL PROVIDER	DATES	PAGES
1.	Providence Hospital Northeast	09/18/17 - 10/20/17	01 - 28
2.	Midlands Orthopedics & Neurosurgery	10/12/17 - 02/20/18	29 - 51
3.	Southeastern Spine Institute	01/29/18	52 - 53

TAB	EXHIBIT	DATES	PAGES
A.	Drug Test Results	10/03/17	54 - 55
B.	Deposition of Jeffrey McCoy		
C.	Deposition of Robert Cronan		
D.	Deposition of Malcolm Young		
E.	Deposition of Ivan E. Lamotta, MD		
F.	Deposition of Slif Ulrich, MD		
G.	Deposition of Steven C. Poletti, MD		

NOTICE IS GIVEN of the right to cross-examination, and, should you desire to exercise said right, you are to immediately schedule the deposition of any of the physicians or other persons, whose reports are submitted for the purposes of cross-examination.

NOTICE IS ALSO GIVEN that the following witnesses may be called on behalf of the Claimant: Jeffrey McCoy. Claimant also reserves the right to call any witness(es) listed on behalf of the Defendants.

Respectfully Submitted,


 Stephen B. Samuels
 Samuels Reynolds Law Firm, LLC
 1320 Richland Street
 Columbia, SC 29201
 (803) 779-4000

Attorney for Claimant

April 14, 2020
 Columbia, South Carolina

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 1717573

Jeffrey W. McCoy,
Claimant,

v.

Cromed, LLC,
Employer,

and

Guarantee Ins. Co. (*in liquidation*)/S.C.
Property & Casualty Ins. Guaranty Assoc.,
Carrier,

Defendants,

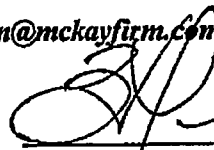
CERTIFICATE OF SERVICE

This is to certify that I, Wanda Powell, paralegal for the Samuels Reynolds Law Firm, LLC, have caused the following described document, to be served on the parties listed below, by placing a copy of same in the United States mail, with sufficient postage affixed thereto, and return address clearly marked, on the date indicated below:

Document served: 1. Pre-Hearing Brief (WCC Form #58);
 2. Attachment to Pre-Hearing Brief;
 3. Notice of Witnesses and Written Reports of Physicians
 to be Submitted on Behalf of Claimant

Person(s) served: Commissioner Avery B. Wilkerson, Jr.
 S. C. Workers' Comp. Commission
 Post Office Box 1715
 Columbia, SC 29202-1715
 Uploaded via eCase

Mark D. Cauthen, Esq.
McKay Cauthen Settana & Stublely, P.A.
P.O. Box 7217
Columbia SC 29202
Via email: mcauthen@mckayfirm.com



Wanda Powell, Paralegal

April 14, 2020

CLAIMANT'S A.P.A. SUBMISSIONS

Jeffrey W. McCoy v. Cromed, LLC

WCC FILE NO.: 1717573

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G.	Deposition of Steven C. Poletti, MD		

APA Submission #1

Providence Hospital Northeast

RUN DATE: 12/01/17
RUN TIME: 1145
RUN USER: CARTERGS

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 1

Patient: MCCOY, JEFFREY W Acct No: E10000864919 Unit No: 2000097412
ED Physician: Carroll, Vernon Scott, Sr, MD Age/Sex: 45/M Loc: E-ED
Chief Complaint: Back Pain Status: DEP ED

09/18/17 - 0822 - SIMPSON, GRANT A, RN

*****EMERGENCY DEPARTMENT TRIAGE ASSESSMENT*****

Patient Age: 49
Accompanied By: FAMILY
Mode of Arrival to ED: 4
AMB/EMS Arrival:
Primary Doctor:

Focused Assessment of Stated Complaint:
PATIENT REPORTS LOWER BACK PAIN, LEFT GREATER THAN
RIGHT WITH RADIATION TO GROIN AND DOWN BILATERAL
LEGS. PATIENT ALSO REPORTS DARK URINE SINCE
YESTERDAY.

*****Treatment Prior To Arrival*****

Y/N/U: O2: IV: FAP:
Meds:

*****Vital Signs*****

Blood Pressure: 161/96 Height - Feet: 5 Inches: 10 Cm: 177.80
Pulse: 88 SPO2 (%): 99 Weight - Lb: 226 Oz: 0 Kg: 102.513
Respirations: 16 On Room Air: Y Wt. Obtained: ACTUAL
Temperature: 98.4 on: *****Visual Acuity*****
Temp Source: ORL Via: LPM O2 R Eye: L Eye:

*****Initial Pain Assessment*****

Pain: Y
Pain Location:
Pain Scale: 10
Radiation:
Pain Description:
Onset: Timing:

Both:
Is Pt Pregnant:

LMP:
EDC:
Gravida:
Para:
Abortions:

Medical History: IDDM

Previous Surgeries: DENIES

Have you traveled outside the country in the last 30 days: N

Have you been in contact with anyone that is sick, who

has traveled outside the country in the past 30 days: N

If yes, name of Physician contacted:

*****SCREENING QUESTIONS*****

Over the past two weeks, have you been bothered by any of the following problems more than half the days or nearly every day.

1) Felt down/depressed or hopeless: N

2) Had little interest/pleasure in doing things: N

Comments

Is pat. at risk for self-harm and/or presents with a psychiatric or behavioral complaint: N

Assign Triage Priority Now: Y

Triage Interventions Performed:

Triage - Additional Comments:

Triage Assessment Complete:

*****Triage Interventions*****

Ice Pack: Elevation: Pressure Applied: Tetanus Given: Location:
Tylenol Given: Motrin Given: Dose:

Comment:

RUN DATE: 12/01/17
RUN TIME: 1145
RUN USER: CARTERGS

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 1

Patient: MCCOY, JEFFREY M
MD Physician: CASTELL, Vernon Scott, Sr. MD
Chief Complaint: Back Pain
Acct No: E10000204319 Unit No: 7000397412
Age/Sex: 49/M Loc: E 10
Status: DEL ER

09/18/17 - 1019 - OGDEN, MICHELLE M, RN

Disposition Type: 2

INT/IV Discontinued: Y
Catheter Intact: Y

Goals For Visit (Select All That Apply)+:
INCREASE COMFORT

Met: Y

Not Met:

Did patient receive a copy of Discharge Instructions: Y

Did patient receive electronic Discharge Instructions: N

Did patient receive the Transition Record: Y

Patient has been given the ability to view, download, or
transmit hospital visit information? Y

Patient wishes to Opt out of document exchange/SCHIE: No
(SC Health Information Exchange)

Unable to Obtain Reconsent:

Blood Pressure: 136/82 Pulse: 68 Respirations: 16 Temperature: Pain Scale: 0

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MOODY, JEFFREY W	ACCOUNT # E10000804319
DICTATING PROVIDER: Carroll, Vernon Scott Sr. MD	MED REC # Z000797412
ATTENDING: Carroll, Vernon Scott Sr. MD	DOB: AGE: 49
ADMISSION DATE:	NURSING STATION: E. ED
DISCHARGE DATE:	DATE OF DICATION: 09/18/17
ROOM/ED:	TIME OF DICATION: 0907
PATIENT TYPE:	

General Medical Prob. HPI

General

Mode of Arrival to ED Walk In
Accompanied By+ FAMILY
Chief Complaint Back Pain
Stated Complaint BACK AND ABDOMINAL PAIN
Time Seen by MD 0842
Source patient
Exam Limitations no limitations

History of Present Illness

Initial Comments

PATIENT PRESENTS WITH LEFT LOWER BACK PAIN SINCE WEDNESDAY NIGHT OF LAST WEEK. DENIES INJURY. PAIN IS NOTED TO RADIATE INTO HIS LEFT GROIN. HE HAS A LOW DULL ACHING PAIN WITH ASSOCIATED BURNING TYPE PAIN IS LOCATED IN THE LOWER BACK THAT IS WORSE WHEN HE MOVES OR WHEN HE SITS STRAIGHT ON HIS BUTTOCKS. HE DENIES HAVING MOTOR OR SENSORY DEFICITS. HE HAS HAD NO FEVERS OR CHILLS. NO CHANGES IN HIS BOWEL MOVEMENTS OR URINATION. SINCE STARTED ON METFORMIN YEARS AGO HE ALWAYS HAS LOOSE STOOLS.

Respiratory ROS

Constitutional

Pt denies: fever.

Gastrointestinal

Pt denies: abdominal pain, nausea.

Genitourinary

Pt reports: other (DARK). Pt denies: dysuria, frequency, hematuria.

Musculoskeletal

Pt reports: back pain.

Skin

Pt reports: no symptoms.

Psychiatric/Neurological

Pt denies: headache, paresthesia, weakness.

All Other Systems Negative except in HPI

Run: 09/18/17-10:15 by

ED NOTE (DTP) - Additional copy

Page 1 of 6

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MOODY, JEFFREY W
DICTATING PROVIDER: Carroll, Vernon Scott Sr. MD
ATTENDING: Carroll, Vernon Scott Sr. MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/ED:
PATIENT TYPE:

ACCOUNT # E10000804319
MED REC # Z000797412
DOB: AGE: 49
NURSING STATION: E.ED
DATE OF DICTATION: 09/18/17
TIME OF DICTATION: 0907

PMH, Allergies, Home Meds

Past Surgical Hx:

DENIES

Past Medical Hx:

NIDDM, HTN

Tetanus (Within 5 Yrs): YES

Flu shot this season? No

Pneumonia shot in the past? No

Immunizations UTD: Yes

Allergies

Coded Allergies:

No Known Drug Allergies (09/18/17)

Reported Home Medications

Aspirin * 81 MG TABLET.DR 81 MG PO DAILY

Hydrochlorothiazide * 25 MG TAB 25 MG PO DAILY

Insulin Aspart 100 UNIT/1 ML INSULN.PEN 10 UNITS SUBCUT TID W/MEALS

Insulin Glargine 100 UNITS/ML VIAL 20 UNITS SUBCUT DAILY

Lisinopril * 40 MG TABLET 40 MG PO DAILY

Metformin HCl * 1,000 MG TABLET 1,000 MG PO BID

Rosuvastatin * 10 MG TABLET 10 MG PO BEDTIME

Sitagliptin Phosphate * 100 MG TABLET 100 MG PO DAILY

PFSH

Tobacco Use+: CIGARETTES

Alcohol: Yes

Frequency+: OCCASIONAL

Substance Abuse: Yes (THC)

Family History:

No Known Family History.

General Physical Ex w/ Pelvis

Run: 09/18/17-10:15 by

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Page 2 of 6

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MCCOY, JEFFREY W
DICTATING PROVIDER: Carroll, Vernon Scott Sr. MD
ATTENDING: Carroll, Vernon Scott Sr. MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # E10000804319
MED REC # 2000797412
DOB: AGE: 49
NURSING STATION: E, ED
DATE OF DICTATION: 09/18/17
TIME OF DICTATION: 0907

Physical Exam

Vital Signs

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	B/P	Pulse	O2	O2 Flow	FI O2
					Mean	Ox	Delivery	Rate	
09/18 0822	98.4	88	16	161/86		99			

General Appearance W/DWN, no apparent distress

Respiratory no respiratory distress

Gastrointestinal soft, non tender, NABS, no organomegaly

Back normal inspection, no vertebral tenderness, neg. straight leg raise, decreased range of motion, muscle spasm, TENDERNESS TO THE LEFT LOWER PARASPINAL MUSCLES.

Extremities non-tender, normal range of motion, normal inspection

Neurologic/Psychiatric conscious, alert, oriented x3, no motor deficits, no sensory deficits

Skin normal color, warm/dry

Comments

DEEP TENDON REFLEXES IT IS KNEES WERE 0. PLANTAR REFLEXES DOWNGOING BILATERALLY. THERE IS NO MILD CLONUS. NO MOTOR WEAKNESS.

GU EXAM: NORMAL GU EXAM, NO TESTICULAR MASSES NOTED, NO PENILE DISCHARGE, NO INGUINAL HERNIATIONS WITH VALSALVA.

Medical decision making

Course:

PATIENT IS MEDICATED FOR PAIN. HE IS CONCERNED THAT HE COULD HAVE A KIDNEY STONE SINCE HIS URINE IT HAS BEEN GOING ON FOR DAYS AND THE PAIN INTENSE WITH MOVEMENT I SUSPECT THIS IS MORE OF A MUSCULOSKELETAL PROCESS WITH MUSCLE SPASM. WILL CHECK A CT SCAN WITHOUT CONTRAST TO EVALUATE FOR STONE. ALSO CHECK AN URINE AND LABS.

CT SCAN SHOWS NO SIGN OF LEFT KIDNEY STONE. HIS URINE IS NEGATIVE FOR BLOOD HIS RENAL FUNCTION IS NORMAL. WILL TREAT FOR MUSCLE SPASM.

Medications administered:

Current Medications

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin

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ED NOTE (DTP) - Additional copy

Page 3 of 6

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MOODY, JEFFREY W
 DICTATING PROVIDER: Carroll, Vernon Scott Sr. MD
 ATTENDING: Carroll, Vernon Scott Sr. MD
 ACCOUNT # E10000804319
 MED REC # 2000797412
 DOB: AGE: 49
 NURSING STATION: E, ED
 DISCHARGE DATE: DATE OF DICTATION: 09/18/17
 ROOM/ED: TIME OF DICTATION: 0907
 PATIENT TYPE:

Dilaudid 1 MG/ML Inj	1 MG	1X ER STAT STA IV	09/18 0906	DC	09/18
Zofran	4 MG	1X ER STAT STA IV	09/18 0907	DC	0925
			09/18 0907	DC	09/18
			09/18 0908		0925

Orders placed:
Orders

Procedure	Date/Time	Status
URINALYSIS	09/18 0907	Complete
CBC W/AUTO DIFF:REFLX MAN DIFF	09/18 0907	Complete
BASIC METABOLIC PANEL	09/18 0907	Complete
ED Urine Collection	09/18 0907	Active
CT ABDOMEN and PELVIS W/O CONT	09/18 0907	Active

Decision made to admit? No
Lab data

Test	Result	Date Time
Chemistry		
Sodium (136 - 145 mmol/L)	141	09/18 0900
Potassium (3.5 - 5.0 mmol/L)	4.2	09/18 0900
Chloride (101 - 110 mmol/L)	108	09/18 0900
Carbon Dioxide (22 - 29 mmol/L)	26	09/18 0900
Anion Gap (10 - 20)	11	09/18 0900
BUN (8.9 - 20.6 mg/dL)	11	09/18 0900
Creatinine (0.72 - 1.25 mg/dL)	0.9	09/18 0900
Est GFR (African Amer)	> 90.00	09/18 0900
BUN/Creatinine Ratio	12	09/18 0900
Glucose (70 - 105 mg/dL)	146 H	09/18 0900
Calcium (8.4 - 10.2 mg/dL)	8.9	09/18 0900
Hematology		
WBC (4.23 - 9.07 K/UL)	5.5	09/18 0900
RBC (4.63 - 6.08 M/UL)	3.89 L	09/18 0900
Hgb (13.7 - 17.5 g/dL)	13.1 L	09/18 0900
Hct (40.1 - 51.0 %)	38.4 L	09/18 0900
MCV (79.0 - 92.2 fL)	95.2 H	09/18 0900

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****ED PROVIDER NOTE****

PATIENT: MCCOY, JEFFREY W
 DICTATING PROVIDER: Carroll, Vernon Scott Sr. MD
 ATTENDING: Carroll, Vernon Scott Sr. MD
 ADMISSION DATE:
 DISCHARGE DATE:
 ROOM/BED:
 PATIENT TYPE:

ACCOUNT # E10000804319
 MED REC # 7000797412
 DOB: AGE: 49
 NURSING STATION: E, ED
 DATE OF DICTATION: 09/18/17
 TIME OF DICTATION: 0907

MCH (25.7 - 32.2 PG)	32.8 H	09/18 0900
MCHC (32.3 - 36.5 G/DL)	34.10	09/18 0900
RDW (11.6 - 14.4 %)	13.3	09/18 0900
Plt Count (163 - 337 K/MM3)	212	09/18 0900
MPV (8.4 - 12.4 fL)	9.8	09/18 0900
Gran % (34.0 - 57.9 %)	54.4	09/18 0900
Gran # (1.78 - 5.38 K/MM3)	3.0	09/18 0900
Immature Gran % (0.1 - 3.0 %)	0.4	09/18 0900
Lymphocytes % (21.8 - 59.1 %)	36.1	09/18 0900
Monocytes % (5.3 - 12.2 %)	7.5	09/18 0900
Eosinophils % (0.8 - 7.0 %)	1.1	09/18 0900
Basophils % (0.2 - 1.2 %)	0.5	09/18 0900
Nucleated RBC % (0 - 0.2 %)	0	09/18 0900
Lymphocytes # (1.32 - 3.57 K/mm3)	2.0	09/18 0900
Monocytes # (0.30 - 0.82 K/mm3)	0.4	09/18 0900
Eosinophils # (0.04 - 0.54 K/mm3)	0.1	09/18 0900
Basophils # (0.01 - 0.08 K/mm3)	0.01	09/18 0900
Urines		
Ur Collection Type	CLEAN CATCH	09/18 0840
Urine Color	YELLOW	09/18 0840
Urine Appearance	CLEAR	09/18 0840
Urine pH (5.0 - 9.0)	6.0	09/18 0840
Ur Specific Gravity (1.003 - 1.035)	1.020	09/18 0840
Urine Protein (NEGATIVE)	NEGATIVE	09/18 0840
Urine Glucose (UA) (NEGATIVE)	NEGATIVE	09/18 0840
Urine Ketones (NEGATIVE)	NEGATIVE	09/18 0840
Urine Blood (NEGATIVE)	NEGATIVE	09/18 0840
Urine Nitrite (NEGATIVE)	NEGATIVE	09/18 0840
Urine Bilirubin (NEGATIVE)	NEGATIVE	09/18 0840
Urine Urobilinogen (NORMAL)	NORMAL	09/18 0840
Ur Leukocyte Esterase (NEGATIVE)	NEGATIVE	09/18 0840

ED Departure

Time of Disposition 1013
 Disposition Type+ Discharge

Run: 09/18/17-10:15 by

ED NOTE (DTP) - Additional copy

Page 5 of 6

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MCCOY, JEFFREY W
DICTATING PROVIDER: Carroll, Vernon Scott Sr. MD
ATTENDING: Carroll, Vernon Scott Sr. MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/ED:
PATIENT TYPE:
ACCOUNT # E10000804319
MED REC # Z000797412
AGE: 49
NURSING STATION: E. ED
DATE OF DICTATION: 09/18/17
TIME OF DICTATION: 0907

ED Outcome/Disposition: DISCH HOME OR RETURN SNF/ALF

Clinical Impression

Primary Impression: ACUTE LEFT LUMBAR SPASM

Condition Stable

Prescriptions

Current Visit Scripts

Diazepam * (Vallium *) 10 MG PO TID PRN PRN MUSCLE SPASM
#15 TAB

IBUPROFEN * (Motrin *) 800 MG PO TID
#20 TAB

TAKE WITH FOOD

Patient Instructions Muscle Spasm (ED)

Additional Instructions

SEE YOUR DOCTOR IF SYMPTOMS NOT IMPROVING WITH MEDICATIONS.

~ ~

~ ~

~ ~

Dictating Provider Signature: Carroll, Vernon Scott Sr. MD
E-Signed by

Electronic Signature Date: 09/18/17
Electronic Signature Time: 1015

Report Co-Signed by:
E-Signed by

Electronic Signature Date:
Electronic Signature Time:

Run: 09/18/17-10:15 by

ED NOTE (DTP) - Additional copy

Name: MCCOY, JEFFREY W
Phys: Carroll, Vernon Scott Sr. MD
DOB: Age: 50 Sex: M
Acct: E10000804319 Loc: E.ED
Exam Date: 09/18/2017 Status: DEP ER
Radiology No:
Unit No: Z000797412

EXAM#	TYPE/EXAM	RESULT
001964164	CT/CT ABDOMEN and PELVIS W/O CO	

CT ABDOMEN AND PELVIS, 09/18/2017:

INDICATION: Low back pain, left flank pain.

TECHNIQUE: 5 mm axial images through the abdomen and pelvis were submitted post intravenous contrast. Coronal and sagittal reconstructed images were submitted.

FINDINGS: No renal or ureteral calculi or hydronephrosis are noted. The nonenhanced morphology and density of the liver, spleen, kidneys, pancreas and adrenal glands are within normal limits. There is no significant osseous abnormality. The lung bases are clear.

PELVIC FINDINGS: No distal ureteral or bladder stones are noted. There is no active inflammatory process or free air or fluid. The nonopacified bowel loops are within normal limits. There are some scattered colonic diverticula.

IMPRESSION: No stone or obstruction of the urinary tract or other acute process in the abdomen or pelvis.

All CT scans are performed using radiation dose reduction techniques. Technical factors are evaluated and adjusted to ensure appropriate moderation of exposure. Automated dose management technology is applied to adjust the radiation dose to minimize exposure while achieving a diagnostic-quality image. Degree of stenosis is based on NASCET criteria.

** REPORT ELECTRONICALLY SIGNED 09/18/2017 (1620) **
Reported By: DOUGLAS M. McCONNELL, M.D.
Signed By: MCCONNELL, DOUGLAS M

CC:

Technologist: GRICE JACOBS, R.T. (R) (CT)
Dictated Date/Time: 09/18/2017 (0925)
Transcribed Date/Time: 09/18/2017 (1128)
Transcriptionist: NELSONRV
Printed Date/Time: 12/01/2017 (1144)

PAGE 1

Signed Report ⁷¹⁹Printed From PCI



Providence
HEALTH

Patient: MCCOY, JEFFREY W
Account No: E10000804319
Unit No: Z000797412
Location: NEP EMERGENCY DEPART...
Physician: Carroll, Vernon Scott...
Date: 09/18/17

School/Work Release

Patient may return to School and/or Work on : . 9. 21. 17

Additional Comments:

Carroll, Vernon Scott Sr. MD
09/18/17

RUN DATE: 12/01/17
RUN TIME: 1137
RUN USER: CARTERGS

Providence Hospital PCI **LIVE** for CARTERGS
DEMOGRAPHIC INFORMATION FOR A PATIENT

ACCT NUMBER: E10000814706
ADM SVC DATE: 09/26/17
PATIENT NAME: MCCOY, JEFFREY W
SEX: M
PT ADDR1:
PT CITY, ST, ZIP: COLUMBIA, SC 29229
PT HOME PHONE: (803) 669-9975
REASON FOR VISIT: BACK PAIN AND NAUSEA
LAST HOSPITAL:
NOK NAME: MCCOY, MAMMIE
NOK HOME PHONE: (803) 206-7338
ADMIT MD:
ATTEND MD:
ER MD: Washington, Lorone Cowayne MD
PERSON TO NOTIFY: NO, CONTACT
PERSON NOTIFY HOME PHN:
RELIGION: NONE
GUAR NAME: MCCOY, JEFFREY W
GUAR ADDR1:
GUAR ADDR2:
GUAR CITY, ST, ZIP: COLUMBIA, SC 29229
GUAR HOME PHONE: (803) 669-9975
FAMILY MD: NONE
PT EMR NAME: N/
PT EMR ADDR1:
PT EMR CITY, ST:

PRIMARY INS NAME: SELF PAY
PRIMARY GRP NUM:
PRIM TREAT AUTH #:
PRIM POLICY NUM: 522351449
PRIM INSURED NAME: MCCOY, JEFFREY W
PRIM GROUP NAME: SELF PAY
PRIM INS ADDR1:
PRIM INS ADDR2:
PRIM INS CITY:
PRIM INS STATE, ZIP:
PRIM INS PHONE: (803) 669-9975
SUBSCRIBER: MCCOY, JEFFREY W
SUBSCRIBER DOB:
LAST USER: CARTERGS
DEVICE: PRNEROID1.1
REGISTRATION FROM NAME: Emergency Room

ROOM:
ADM SVC TIME: 0922
ADM DIF:
RACE: BLACK
PT ADDR2:
SS#:
PT COUNTY: RICHLAND
NOK ADDR1: 116 SINGING LANE
NOK RELATIONSHIP: PARENT
NOK WORK PHONE:
SERV/LOCATION: E.ED
PERSON TO NOTIFY ADDR1:
PERSON TO NOTIFY CITY:
PERSON TO NOTIFY REL:
PERSON NOTIFY WORK PHN:
PREVIOUS ACCOUNT NUM:
GUAR EMR: N/
GUAR EMR ADDR1:
GUAR EMR ADDR2:
GUAR EMR CITY, ST, ZIP:
GUAR OCCUPATION:
GUAR WORK PHONE:
GUAR PT RELATIONSHIP: PATIENT
PT EMR ADDR2:
PT EMR PHONE:

SECONDARY INS NAME:
SECONDARY GRP NUM:
SEC TREAT AUTH #:
SEC POLICY NUM:
SEC INSURED NAME:
SEC GROUP NAME:
SEC INS ADDR1:
SEC INS ADDR2:
SEC INS CITY:
SEC INS STATE, ZIP:
SEC INS PHONE:
SEC SUBSCRIBER:
PRIMARY CARE DOCTOR: NONE
SEC SUBSCRIBER DOB:

UNIT NUMBER: E000797412 STATUS:
ADMIT CLERK: BRYANT SIMMONS
FIN CLASS: SP
AGE: 50
MARITAL STATUS: S MAIDEN NAME
DOB:
PRIMARY LOCATION: E.ED SE
NOK ADDR2:
NOK CITY, ST, ZIP: ELGIN, S
NO SERVICE: PRIVAC
DISCLO:
BLOOD I
LIVING
ECPA: I
ADMIT SOURCE: NON-HEAL
ACCOMMODATION:
SERVICE:

GUAR SS#:
PT OCCUPATION:

TERTIARY INS NAME:
TERTIARY GRP NUM:
TERTIARY TREAT AUTH #:
TERTIARY POLICY NUM:
TERTIARY INSURED NAME:
TERTIARY GROUP NAME:
TERTIARY ADDR1:
TERTIARY ADDR2:
TERTIARY CITY:
TERTIARY STATE, ZIP:
TERTIARY PHONE:
TERTIARY SUBSCRIBER:
TERTIARY SUBSCRIBER DOB

BX MDRO: N

RUN DATE: 12/01/17
RUN TIME: 1138
RUN USER: CARTERGS

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 1

Patient: MORRIS, ANNA B, RN
MD Physician: Washington, Roderic Osvaldo, MD
Chief Complaint: Gastrointestinal Complaints
Acct No: 11080001505 Unit No: 2000997422
Age/Sex: 48/FN
Status: DRP 20

09/26/17 - 0844 - MORRIS, ANNA B, RN

*****EMERGENCY DEPARTMENT TRIAGE ASSESSMENT*****

Patient Age: 49
Accompanied By+: FAMILY
Mode of Arrival to ED+: 4
AMB/EMS Arrival+:
Primary Doctor: NONE

Focused Assessment of Stated Complaint:
LEFT FLANK PAIN RADS TO LLQ. HERE 9/18 AND PAIN
WORSENING FROM THEN. NOW ABD PAIN WITH N/V/D FOR 2
DAYS.

*****Treatment Prior To Arrival*****
Y/N/U: O2: IV: FSP:
Meds:

*****Vital Signs*****

Blood Pressure: 202/109

Pulse: 92

SPO2 (%): 99

Height - Feet: 6

Inches: 2

Cm: 187.96

Respirations: 18

On Room Air: Y

Weight - lb: 221

Oz: 4

Kg: 100.359

Temperature: 98.3

on:

Wt. Obtained+: ACTUAL

Temp Source+: ORL

Via+:
IPM O2

*****Visual Acuity*****

IPM O2

R Eye:

Both:

L Eye:

*****Initial Pain Assessment*****

Pain: Y

Is Pt Pregnant:

Pain Location+: ABD

LMP:

Pain Scale: 10

EDC:

Radiation:

Gravida:

Pain Description+:
Onset: Timing+:
Medical History: NIDDM, HTN

Para:

Previous Surgeries: DENIES

Abortions:

Have you traveled outside the country in the last 30 days: N

Have you been in contact with anyone that is sick, who
has traveled outside the country in the past 30 days: N

If yes, name of Physician contacted:

*****SCREENING QUESTIONS*****

Over the past two weeks, have you been bothered by any of the following problems more
than half the days or nearly every day.

1) Felt down/depressed or hopeless: N

2) Had little interest/pleasure in doing things: N

Comments

Is pat. at risk for Self-harm and/or presents with a psychiatric or behavioral complaint:
Assign Triage Priority Now: Y

Triage Interventions Performed:

Triage - Additional Comments:

Triage Assessment Complete:

*****Triage Interventions*****

Ice Pack:

Elevation:

Pressure Applied:

Tetanus Given:

Location+:
Tylanol Given:

Comment:

Motrin Given:

Dose:

RUN DATE: 12/01/17
RUN TIME: 1138
RUN USER: CARTERGS

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 1

Patient: MCCOY, JEFFREY W. Acct No: E00000214706 Unit No: Z0000097412
MD Physician: Washington, Lorone Schwayne MD Age/Sex: 49/M Loc: E-ED
Chief Compl: Gastrointestinal Complaints Status: DEPTN

09/26/17 - 1357 - WINTER, KELLY D, RN

Disposition Type+ 2

INT/IV Discontinued: Y
Catheter Intact: Y

Goals For Visit (Select All That Apply)++:

Met: Y

Not Met:

Did patient receive a copy of Discharge Instructions: Y

Did patient receive electronic Discharge Instructions: N

Did patient receive the Transition Record: Y

Patient has been given the ability to view, download, or
transmit hospital visit information? Y

Patient wishes to Opt out of document exchange/SCHIEx: No
(SC Health Information Exchange)

Unable to Obtain Reason+:

Blood Pressure: 165/77 Pulse: 92 Respirations: 18 Temperature: Pain Scale:

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MCCOY, JEFFREY W
DICTATING PROVIDER: Boeggeman, Kellie Lee FNP
ATTENDING: Washington, Loxone Cowayne MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/RED:
PATIENT TYPE:
ACCOUNT # E10000814706
MED REC # 7000797412
DOB: AGE: 49
NURSING STATION: E, ED
DATE OF DICTATION: 09/26/17
TIME OF DICTATION: 1214

General Medical Prob. HPI

General

Mode of Arrival to ED Walk In
Accompanied By+ FAMILY
Chief Complaint Gastrointestinal Complaints
Stated Complaint BACK PAIN AND NAUSEA
Time Seen by MD 0910
Source patient
Exam Limitations no limitations

History of Present Illness

Initial Comments

pt presents with c/o continued lower back pain with radiation into abdomen started 1 week ago. was seen recently in the ER and given valium/motrin without relief. states pain is worse and now has vomiting secondary to the pain. abd pain to lq started 1 week ago but has worsened in the past 24 hours.
no weakness or numbness to extremities. no loss of bowel or bladder function.

Timing/Duration per HPI

Severity moderate

Modifying Factors

Improves with: per HPI.

Associated Symptoms per HPI

Respiratory ROS

Constitutional

Pt reports: no symptoms.

Respiratory

Pt reports: no symptoms.

Cardiovascular

Pt reports: no symptoms.

Gastrointestinal

Pt reports: see HPI.

Genitourinary

Pt reports: no symptoms.

Run: 09/26/17-13:30 by

ED NOTE (DTP) - Additional copy

Page 1 of 8

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MCCOY, JEFFREY W
DICTATING PROVIDER: Boeggeman, Kellie Lee FNP
ATTENDING: Washington, Lorone Cowayne MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/ED:
PATIENT TYPE:

ACCOUNT # E10000814706
MED REC # 7000797412
DOB: AGE: 49
NURSING STATION: E, ED
DATE OF DICTATION: 09/26/17
TIME OF DICTATION: 1214

Musculoskeletal
Pt reports: see HPI.
Psychiatric/Neurological
Pt reports: no symptoms.
All Other Systems Negative except in HPI

PMH, Allergies, Home Meds

Past Surgical Hx:
DENIES
Past Medical Hx:
NIDDM, HTN
Tetanus (Within 5 Yrs): YES
Flu shot this season? No
Pneumonia shot in the past? No
Immunizations UTD: Yes
Allergies
Coded Allergies:
No Known Drug Allergies (09/26/17)

Reported Home Medications

Aspirin * 81 MG TABLET.DR 81 MG PO DAILY
Diazepam * 10 MG TABLET 10 MG PO TID PRN PRN MUSCLE SPASM #15 TAB
Hydrochlorothiazide * 25 MG TAB 25 MG PO DAILY
IBUPROFEN * 800 MG TABLET 800 MG PO TID #20 TAB
Insulin Aspart 100 UNIT/1 ML INSULN.PEN 10 UNITS SUBCUT TID W/MEALS
Insulin Glargine 100 UNITS/ML VIAL 20 UNITS SUBCUT DAILY
Lisinopril * 40 MG TABLET 40 MG PO DAILY
Metformin HCl * 1,000 MG TABLET 1,000 MG PO BID
Rosuvastatin * 10 MG TABLET 10 MG PO BEDTIME
Sitagliptin Phosphate * 100 MG TABLET 100 MG PO DAILY

PFSH

Tobacco Use+: CIGARETTES
Alcohol: Yes
Frequency+: OCCASIONAL
Substance Abuse: Yes

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Page 2 of 8

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MOCOY, JEFFREY W
DICTATING PROVIDER: Boeggeman, Kellie Lee FNP
ATTENDING: Washington, Lorone Cowayne MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/ED:
PATIENT TYPE:
ACCOUNT # E10000814706
MED REC # Z000797412
DOB: AGE: 49
NURSING STATION: E, ED
DATE OF DICTATION: 09/26/17
TIME OF DICTATION: 1214

Family History:
No Known Family History.

General Physical Ex w/ Pelvis

Physical Exam

Vital Signs

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	B/P Mean	Pulse Ox	O2 Delivery	O2 Flow Rate	FIO2
09/26 1205						97			
09/26 0844	98.3	92	18	202/109		99			

General Appearance moderate distress

Eyes

bilateral eye PERRL, bilateral eye EOMI

Ear, Nose, Throat hearing grossly normal, normal ENT inspection, normal pharynx

Neck normal alignment, no JVD, normal inspection, non-tender, supple, no cerv. mdln
tenderness, full range of motion

Respiratory chest non-tender, lungs clear, normal breath sounds, no respiratory distress, no
accessory muscle use

Cardiovascular no MRG, no murmur, no gallop, normal peripheral pulses, regular
rate/rhythm

Gastrointestinal soft, NABS, no organomegaly, no pulsatile mass, neg. Murphy's sign, no
rebound tenderness, McBurney's point non-tend, no guarding, tenderness (LLQ)

Back vertebral tenderness (LUMBAR SPINE), PARASPINAL MUSCLE TENDERNESS TO
LUMBAR SPINE DECREASED FLEX/EXT AND LATERAL MOVEMENT

Extremities non-tender, normal range of motion, normal inspection, normal capillary refill,
no calf tenderness, no pedal edema, pelvis stable, no pretibial edema

Neurologic/Psychiatric conscious, alert, oriented x3, no motor deficits, no sensory deficits,
normal mood, normal affect, normal concentration, CNs II-XII nml as tested

Medical decision making

Pt seen under the direction of:

Washington, Lorone Cowayne MD

Run: 09/26/17-13:30 by

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Page 3 of 8

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MCCOY, JEFFREY W
DICTATING PROVIDER: Boeggeman, Kellie Lee FNP
ATTENDING: Washington, Lorone Cowayne MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/RED:
PATIENT TYPE:

ACCOUNT # E10000814706
MED REC # 7000797412
DOB: AGE: 49
NURSING STATION: E. ED
DATE OF DICTATION: 09/26/17
TIME OF DICTATION: 1214

Course:

CT ABD/PEL NEG PER RADS
CT LUMBAR SPINE REVEALS IMPRESSION: Diffusely bulging disc L4-5 with mild central canal and biforaminal stenosis. There is mild bulging of the L5-S1 disc without central canal stenosis.
LIPASE 223 OTHERWISE ELECTROLYTES AND RENAL FUNCTION NORMAL
WHITE COUNT, H/H STABLE
PT MEDICATED ON SEVERAL OCCASIONS AND IS FEELING BETTER.
1315 REPEAT BP 165/77
WILL DISCHARGE HOME

Medications administered:

Current Medications

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Dilaudid 1 MG/ML Inj	1 MG	1X ER STAT STA IV	09/26 1217 09/26 1218	DC	09/26 1226
Dilaudid 1 MG/ML Inj	1 MG	1X ER STAT STA IV	09/26 0915 09/26 0916	DC	09/26 0830
Phenergan Amp	12.5 MG	1X ER STAT STA IV	09/26 1202 09/26 1203	DC	09/26 1206
Sodium Chloride 0.9% 1000ML Bag Floor Stock	1,000 ML	1X ER BOLUS STA IV	09/26 0915 09/26 0944	DC	09/26 0930
Zofran	4 MG	1X ER STAT STA IV	09/26 1039 09/26 1040	DC	09/26 1040
Zofran	4 MG	1X ER STAT STA IV	09/26 0915 09/26 0916	DC	09/26 0930

Orders placed:

Orders

Procedure	Date/Time	Status
IV: Peripheral Insertion +	09/26 0915	Active
URINALYSIS	09/26 0915	Complete
LIPASE	09/26 0915	Complete
COMPREHENSIVE METABOLIC PANEL	09/26 0915	Complete

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Page 4 of 8

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MCCOY, JEFFREY W
DICTATING PROVIDER: Boeggeman, Kellie Lee FNP
ATTENDING: Washington, Lorone Cwayne MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/ED:
PATIENT TYPE:

ACCOUNT # E10000814706
MED REC # 2000797412
DOB: AGE: 49
NURSING STATION: E-ED
DATE OF DICATION: 09/26/17
TIME OF DICATION: 1214

CBC W/AUTO.DIFF:FLX MAN.DIFF	09/26 0915	Complete
ED Urine Collection	09/26 0915	Active
ED IV Contrast	09/26 0915	Active
ED Oral Contrast	09/26 0915	Active
CT RECONSTRUCTION #1	09/26 0915	Active
CT LUMBAR SPINE W/O CONTRAST	09/26 0915	Active
CT ABD and PEL w/IVandPO CONT	09/26 0915	Active

Decision made to admit? No
Lab data

Test	Result	Date Time
Chemistry		
Sodium (136 - 145 mmol/L)		
Potassium (3.5 - 5.0 mmol/L)	143	09/26 0935
Chloride (101 - 110 mmol/L)	3.7	09/26 0935
Carbon Dioxide (22 - 29 mmol/L)	107	09/26 0935
Anion Gap (10 - 20)	22	09/26 0935
BLIN (8.9 - 20.6 mg/dl)	18	09/26 0935
Creatinine (0.72 - 1.25 mg/dl)	9	09/26 0935
Est GFR (African Amer)	0.9	09/26 0935
BLIN/Creatinine Ratio	> 80.00	09/26 0935
Glucose (70 - 105 mg/dl)	10	09/26 0935
Calcium (8.4 - 10.2 mg/dl)	162 H	09/26 0935
Corrected Calcium (8.4 - 10.2 mg/dl)	9.3	09/26 0935
Total Bilirubin (0.2 - 1.2 mg/dl)	9.5	09/26 0935
AST (5 - 34 IU/L)	0.5	09/26 0935
ALT (0 - 55 IU/L)	16	09/26 0935
Total Alk Phosphatase (40 - 150 IU/L)	25	09/26 0935
Total Protein (6.4 - 8.3 g/dl)	54	09/26 0935
Albumin (3.5 - 5.0 g/dl)	7.1	09/26 0935
Globulin (2.7 - 4.5 g/dl)	3.8	09/26 0935
Albumin/Globulin Ratio (1.0 - 2.5)	3.3	09/26 0935
Lipase (8 - 78 U/L)	1.2	09/26 0935
Hematology	223 H	09/26 0935
WBC (4.23 - 9.07 K/U/L)		
RBC (4.63 - 6.08 M/U/L)	9.3 H	09/26 0935
	4.25 L	09/26 0935

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PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MCCOY, JEFFREY W
DICTATING PROVIDER: Boeggeman, Kellie Lee FNP
ATTENDING: Washington, Lorone Cowayne MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/ED:
PATIENT TYPE:

ACCOUNT # E10000814706
MED REC # 2000797412
DOB: AGE: 49
NURSING STATION: E. ED
DATE OF DICTATION: 09/26/17
TIME OF DICTATION: 1214

Hgb (13.7 - 17.5 g/dL)	14.0	09/26 0935
Hct (40.1 - 51.0 %)	39.9 L	09/26 0935
MCV (79.0 - 92.2 fL)	93.9 H	09/26 0935
MCH (25.7 - 32.2 pg)	32.9 H	09/26 0935
MCHC (32.3 - 36.5 g/dL)	35.10	09/26 0935
RDW (11.6 - 14.4 %)	13.4	09/26 0935
Plt Count (163 - 337 K/MM3)	259	09/26 0935
MPV (8.4 - 12.4 fL)	10.5	09/26 0935
Gran % (34.0 - 67.9 %)	74.5 H	09/26 0935
Gran # (1.78 - 5.38 K/MM3)	6.9 H	09/26 0935
Lymphocytes % (21.8 - 53.1 %)	17.9 L	09/26 0935
Monocytes % (5.3 - 12.2 %)	7.0	09/26 0935
Eosinophils % (0.8 - 7.0 %)	0.4 L	09/26 0935
Basophils % (0.2 - 1.2 %)	0.2	09/26 0935
Lymphocytes # (1.32 - 3.57 K/mm3)	1.7	09/26 0935
Monocytes # (0.30 - 0.82 K/mm3)	0.7	09/26 0935
Eosinophils # (0.04 - 0.54 K/mm3)	0.0 L	09/26 0935
Basophils # (0.01 - 0.08 K/mm3)	0.0 L	09/26 0935
Urines		
Ur Collection Type	CLEAN CATCH	09/26 1140
Urine Color	YELLOW	09/26 1140
Urine Appearance	CLEAR	09/26 1140
Urine pH (5.0 - 9.0)	6.0	09/26 1140
Ur Specific Gravity (1.003 - 1.035)	1.020	09/26 1140
Urine Protein (NEGATIVE)	NEGATIVE	09/26 1140
Urine Glucose (UA) (NEGATIVE)	2+ H	09/26 1140
Urine Ketones (NEGATIVE)	1+	09/26 1140
Urine Blood (NEGATIVE)	NEGATIVE	09/26 1140
Urine Nitrite (NEGATIVE)	NEGATIVE	09/26 1140
Urine Bilirubin (NEGATIVE)	NEGATIVE	09/26 1140
Urine Urobilinogen (NORMAL)	NORMAL	09/26 1140
Ur Leukocyte Esterase (NEGATIVE)	NEGATIVE	09/26 1140

Radiology Impressions
Recent Impressions

COMPUTERIZED TOMOGRAPHY - CT RECONSTRUCTION #1 09/26 0915

Run: 09/26/17-13:30 by

ED NOTE (DTP) - Additional copy

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MCCOY, JEFFREY W
DICTATING PROVIDER: Boeggeman, Kellie Lee FNP
ATTENDING: Washington, Lorone Cowayne MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/BED:
PATIENT TYPE:

ACCOUNT # E10000814706
MED REC # Z000797412
DOB: AGE: 49
NURSING STATION: E, ED
DATE OF DICTATION: 09/26/17
TIME OF DICTATION: 1214

*** Report Impression - Status: DRAFT (not yet signed) Entered: 09/26/2017 1217
IMPRESSION:

Diffusely bulging disc L4-5 with mild central canal and biforaminal
stenosis. There is mild bulging of the L5-S1 disc without central
canal stenosis.

Impression By: LOULA - LAWRENCE R. LOUGH, M.D.

COMPUTERIZED TOMOGRAPHY - CT LUMBAR SPINE W/O CONTRAST 09/26 0915
*** Report Impression - Status: DRAFT (not yet signed) Entered: 09/26/2017 1217
IMPRESSION:

Diffusely bulging disc L4-5 with mild central canal and biforaminal
stenosis. There is mild bulging of the L5-S1 disc without central
canal stenosis.

Impression By: LOULA - LAWRENCE R. LOUGH, M.D.

Independent review of Images Allergies/meds reviewed, Interpretations discussed,
Independent image review, Medical records reviewed

ED Departure

Time of Disposition 1325

Disposition Type+ Discharge

ED Outcome/Disposition *DISCH HOME OR RETURN SNF/ALF

Clinical Impression

Primary Impression: Bulging lumbar disc

Secondary Impressions: Abdominal pain, Elevated blood pressure reading, Lumbar
radiculopathy

Condition Stable

Prescriptions

Current Visit Scripts

Prednisone * 10 MG PO TAPER

#30 TAB

TAPER INSTRUCTIONS:

Take 5 tabs (50MG) x 2 days then

Take 4 tabs (40MG) x 2 days then

Take 3 tabs (30MG) x 2 days then

Run: 09/26/17-13:30 by

ED NOTE (DTP) - Additional copy

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: MCCOY, JEFFREY W
DICTATING PROVIDER: Boeggeman, Kellie Lee FNP
ATTENDING: Washington, Lorone Cowayne MD
ADMISSION DATE:
DISCHARGE DATE:
ROOM/ED:
PATIENT TYPE:
ACCOUNT # E10000814706
MED REC # 2000797412
DOB: GE: 49
NURSING STATION: E, ED
DATE OF DICTATION: 09/26/17
TIME OF DICTATION: 1214

Take 2 tabs (20MG) x 2 days then
Take 1 tab (10MG) x 2 days

Promethazine HCl * (Phenergan *) 25 MG PO Q4H PRN PRN NAUSEA
#10 TAB

Diazepam * (Valium *) 10 MG PO TID PRN PRN SPASMS
#16 TAB

Patient Instructions Acute Abdominal Pain (ED), Low Back Strain (ED)
Additional Instructions
REST, ICE AND HEAT ALTERNATING
GENTLE STRETCHING EXERCISES
GENTLE MASSAGE
FOLLOW UP WITH ORTHOPEDICS THIS WEEK, CALL FOR APPOINTMENT
TAKE MEDICATION AS DIRECTED
RETURN TO ED IF WORSENS

~ ~
-Referrals:
*MIDLANDS ORTHOPAEDICS

~ ~
~ ~

-Dictating Provider Signature: Boeggeman, Kellie Lee FNP
E-Signed by

Electronic Signature Date: 09/26/17
Electronic Signature Time: 1330

Report Co-Signed by:
E-Signed by

Electronic Signature Date:
Electronic Signature Time:

Run: 09/26/17-13:30 by

ED NOTE (DTP) - Additional copy

Name: MCCOY, JEFFREY W
Phys: Boeggeman, Kellie Lee FNP
DOB: Age: 50 Sex: M
Acct: E10000814706 Loc: E.ED
Exam Date: 09/26/2017 Status: DEP EI
Radiology No:
Unit No: Z000797412

EXAM#	TYPE/EXAM	RESULT
001966712	CT/CT ABD and PEL w/IVandPO CON	

CT ABDOMEN/PELVIS, DATED 9/26/17

TECHNIQUE: Axial scans obtained through the abdomen and pelvis with IV contrast administration. Coronal and sagittal reconstructions of the abdomen and pelvis performed.

INDICATION: Abdominal pain, left lower quadrant.. vomiting.

COMPARISON: CT abdomen/pelvis 9/18/17

FINDINGS: There is diffuse fatty infiltration of the liver. The spleen, pancreas, gallbladder, kidneys and adrenal glands are unremarkable. There is some atherosclerotic disease involving the abdominal aorta and iliac vessels but no aneurysmal dilatation of those vessels. CT pelvis shows a few scattered sigmoid colonic diverticula but no evidence of acute diverticulitis. Prostate is mildly enlarged. Appendix is not identified as a discreet structure.

IMPRESSION:
Diffuse fatty infiltration of the liver. No acute inflammatory process identified. Prostate is enlarged.

All CT scans are performed using radiation dose reduction techniques. Technical factors are evaluated and adjusted to ensure appropriate moderation of exposure. Automated dose management technology is applied to adjust the radiation dose to minimize exposure while achieving a diagnostic-quality image. Degree of stenosis is based on NASCET criteria.

** REPORT ELECTRONICALLY SIGNED 09/29/2017 (1303) **
Reported By: LAWRENCE R. LOUGH, M.D.
Signed By: LOUGH, LAWRENCE R

CC:

Technologist: CONSTANCE A MALPASS, R.T. (CVT)
Dictated Date/Time: 09/27/2017 (1200)
Transcribed Date/Time: 09/27/2017 (1336)
Transcriptionist: WALDRORS
Printed Date/Time: 12/01/2017 (1137)

PAGE 1

Signed Report ⁷³² Printed From PCI

Name: MCCOY, JEFFREY W
Phys: Boeggeman, Kellie Lee FNP
DOB: : : Age: 50 Sex: M
Acct: E10000814706 Loc: E.ED
Exam Date: 09/26/2017 Status: DEP E)
Radiology No:
Unit No: Z000797412

EXAM#	TYPE/EXAM	RESULT
001966713	CT/CT LUMBAR SPINE W/O CONTRAST	
001966716	CT/CT RECONSTRUCTION #1	

CT LUMBAR SPINE, DATED 9/26/17

TECHNIQUE: Axial scans obtained through the lumbar spine. Sagittal and coronal reconstructions of the lumbar spine performed.

INDICATION: Pain with radiculopathy, low back pain for one week.

FINDINGS: Lumbar vertebral bodies show anatomic alignment. There is no compression fracture or spondylolisthesis. There is diffuse broad-based bulging of the L4-L5 disc which extends laterally bilaterally. There is facet hypertrophy and this contributes to some mild biforaminal stenosis. There is some mild central canal stenosis at that level as well. Other disc levels appear unremarkable with the exception of L5-S1 which shows some mild bulging of the disc but no central canal stenosis.

IMPRESSION:

Diffusely bulging disc L4-5 with mild central canal and biforaminal stenosis. There is mild bulging of the L5-S1 disc without central canal stenosis.

All CT scans are performed using radiation dose reduction techniques. Technical factors are evaluated and adjusted to ensure appropriate moderation of exposure. Automated dose management technology is applied to adjust the radiation dose to minimize exposure while achieving a diagnostic-quality image. Degree of stenosis is based on NASCET criteria.

** REPORT ELECTRONICALLY SIGNED 09/26/2017 (1730) **
Reported By: LAWRENCE R. LOUGH, M.D.
Signed By: LOUGH, LAWRENCE R

CC:

Technologist: PAUL HENSLEY III
Technologist: CONSTANCE A MALPASS, R.T. (CVT)
Dictated Date/Time: 09/26/2017 (1200)
Transcribed Date/Time: 09/26/2017 (1221)
Transcriptionist: WALDRORS
Printed Date/Time: 12/01/2017 (1137)

PAGE 1

733
Signed Report Printed From PCI



Providence
HEALTH

Page 1 of 1

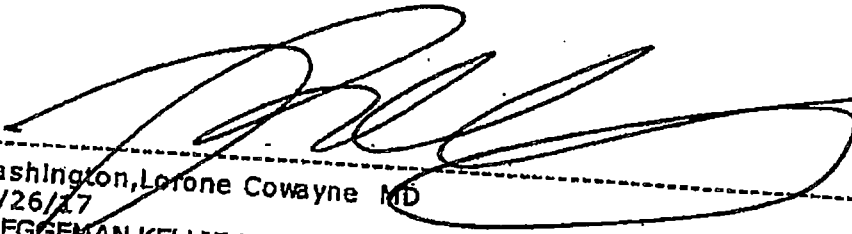
Patient: MCCOY, JEFFREY W
Account No: E10000814706
Unit No: 2000797412
Location: NEP EMERGENCY DEPART...
Physician: Washington, Lorone Co...
Date: 09/26/17

School/Work Release

Patient may return to School and/or Work on : .

9/28/17

Additional Comments:


Washington, Lorone Cowayne MD
09/26/17
BOEGGEMAN, KELLIE L

RUN DATE: 12/01/17
RUN TIME: 1134
RUN USER: CARTERGS

Providence Hospital PCI **LIVE** for CARTERGS
DEMOGRAPHIC INFORMATION FOR A PATIENT

ACCT NUMBER: E10000838796
ADM SVC DATE: 10/20/17
PATIENT NAME: MCCOY, JEFFREY W
SEX: M
PT ADDR1:
PT CITY, ST, ZIP:
PT HOME PHONE: (803) 669-9975
REASON FOR VISIT: LOWER BACK PAIN
LAST HOSPITAL:
NOK NAME: MCCOY, MAMMIE
NOK HOME PHONE: (803) 206-7336
ADMIT MD:
ATTEND MD: Ulrich, Slif Dagobert MD
ER MD:
PERSON TO NOTIFY: KRUSE, ANNA
PERSON NOTIFY HOME PHN: (803) 729-5685
RELIGION: NONE
GUAR NAME: MCCOY, JEFFREY W
GUAR ADDR1:
GUAR ADDR2:
GUAR CITY, ST, ZIP: COLUMBIA, SC 29229
GUAR HOME PHONE: (803) 669-9975
FAMILY MD:
PT EMER NAME: CROWED
PT EMER ADDR1: KILLAN RD
PT EMER CITY, ST: COLUMBIA, SC 29201
PRIMARY INS NAME: SELF PAY
PRIMARY GRP NUM:
PRIM TREAT AUTH #:
PRIM POLICY NUM: 522351449
PRIM INSURED NAME: MCCOY, JEFFREY W
PRIM GROUP NAME:
PRIM INS ADDR1:
PRIM INS ADDR2:
PRIM INS CITY:
PRIM INS STATE, ZIP:
PRIM INS PHONE: (803) 669-9975
SUBSCRIBER: MCCOY, JEFFREY W
SUBSCRIBER DOB: ...
LAST USER: CARTERGS
DEVICE: PRNRO101.1
REGISTRATION FROM NAME: Inpatient

ROOM:
ADM SVC TIME: 0756
ADMDIF:
RACE: BLACK
PT ADDR2:
SS#: ...
PT COUNTY: RICHLAND
NOK ADDR1: 116 SINGING LANE
NOK RELATIONSHIP: PARENT
NOK WORK PHONE:
SERV/LOCATION: E.MRI
PERSON TO NOTIFY ADDR1: ...
PERSON TO NOTIFY CITY: COLUMBIA, SC 29229
PERSON TO NOTIFY REL: OT
PERSON NOTIFY WORK PHN: NONE
PREVIOUS ACCOUNT NUM:
GUAR EMER: CROWED
GUAR EMER ADDR1: KILLAN RD
GUAR EMER ADDR2:
GUAR EMER CITY, ST, ZIP: COLUMBIA, SC 29201
GUAR OCCUPATION: DRIVER
GUAR WORK PHONE: (803) 354-1999
GUAR PT RELATIONSHIP: PATIENT
PT EMER ADDR2:
PT EMER PHONE: (803) 354-1999

SECONDARY INS NAME:
SECONDARY GRP NUM:
SEC TREAT AUTH #:
SEC POLICY NUM:
SEC INSURED NAME:
SEC GROUP NAME:
SEC INS ADDR1:
SEC INS ADDR2:
SEC INS CITY:
SEC INS STATE, ZIP:
SEC INS PHONE:
SEC SUBSCRIBER:
PRIMARY CARE DOCTOR: Ulrich, Slif Dagobert MD
SEC SUBSCRIBER DOB:

UNIT NUMBER: Z000797412 STATU
ADMIT CLERK: KIONA R JAY
FIN CLASS: SP
AGE: 50
MARITAL STATUS: S MAIDEN
DOB: 11/01/67
PRIMARY LOCATION: E.MRI
NOK ADDR2:
NOK CITY, ST, ZIP: ELGIN
NO SERVICE:
PRIV
DISC
BLOO
LIVIT
HCPA
ADMIT SOURCE: PHYSIC
ACCOMMODATION
SERVICE:

GUAR SS#: ...
PT OCCUPATION:

TERTIARY INS NAME:
TERTIARY GRP NUM:
TERTIARY TREAT AUTH #:
TERTIARY POLICY NUM:
TERTIARY INSURED NAME:
TERTIARY GROUP NAME:
TERTIARY ADDR1:
TERTIARY ADDR2:
TERTIARY CITY:
TERTIARY STATE, ZIP:
TERTIARY PHONE:
TERTIARY SUBSCRIBER:
TERTIARY SUBSCRIBER DOB:

EX MDRO: N

PROVIDENCE HOSPITAL NORTHEAST
120 GATEWAY CORPORATE BLVD
COLUMBIA, S.C. 29203

Sent 10/20/2017 15:07:51, Page 1

Name: MCCOY, JEFFREY W
Phys: Ulrich, Slif Dagobert MD
DOB: Age: 45 Sex: M
Acct: 210000255-796 Loc: E.MRI
Exam Date: 10/20/2017 Status: REG CLI
Radiology No:
Unit No: Z000797412

EXAM#	TYPE/EXAM	RESULT
901974021	MRI/MRI SPINE-LUMBAR WO CONTRAS	

MR LUMBAR SPINE:

INDICATION: Left leg pain for one month.

T1 and Water Weighted Sequences through the lumbar spine were obtained in sagittal and axial planes. Lumbar vertebral bodies are grossly normal in height and alignment. No bone marrow abnormalities are seen. Disk spaces are fairly well maintained. There is decreased signal within the L4-5 and L5-S1 disk consistent with disk degeneration. Spinal canal is congenitally normal in caliber. The cord terminates normally at the thoracolumbar junction.

At the L1-2, L2-3 and L3-4 levels, there is no significant disk deformity. There is no spinal stenosis. Lateral recesses and neural foramina are patent at all three levels.

At the L4-5 level, there is a broad-based disk protrusion noted located centrally into the left. There is effacement of the CSF space and some mild flattening of the anterior aspect of the thecal sac. Disk material extends to the left to the lateral recess towards the neural foramen. Central canal size is marginal. There is mild degenerative facet change.

At L5-S1, there is a shallow midline disk protrusion seen along with an annular fissure. There is mild effacement of the CSF space. Disk material is touching but not significantly displacing nerve roots at this level.

IMPRESSION: Disk deformities at L4-5 and L5-S1. It is worse at L4-5 where there is a prominent broad-based disk deformity present extending centrally to the left. Disk material extending to the left lateral recess and towards the left neural foramen. There is a

PROVIDENCE HOSPITAL NORTHEAST
120 GATEWAY CORPORATE BLVD
COLUMBIA, S.C. 29203

Sent 10/20/2017 15:07:51, Page 1

Name: MCGOY, JEFFREY W
Phys: Ulrich, Slif Dagobert MD
DOB: Age: 49 Sex: M
Acct: E100006838796 Loc: E-MRI
Exam Date: 10/20/2017 Status: REG CLI
Radiology No:
Unit No: Z090797412

EXAM#	TYPE/EXAM	RESULT
001974021	MRI/MRI SPINE-LUMBAR NO CONTRAS	
	<Continued>	

slightly smaller disk deformity at L5-S1, but there is associated
annular fissure at L5-S1 level.

** REPORT ELECTRONICALLY SIGNED 10/20/2017 (1504) **
Reported By: MARK A. LOVERN, M.D.
Signed By: LOVERN, MARK A.

CC: Slif Dagobert Ulrich MD

Technologist: Job Stringfellow, RT
Dictated Date/Time: 10/20/2017 (0841)
Transcribed Date/Time: 10/20/2017 (1147)
Transcriptionist: NELSONRV
Printed Date/Time: 10/20/2017 (1505)

PAGE 2

Signed Report

737

APA Submission #2

Midlands Orthopedics & Neurosurgery

Oct 12 2017 10:22am
MCCOY, JEFFREY

P0017004
#3212500



*61168054566

A-FamLett

MIDLANDS
Orthopaedics
Neurosurgery

LAST NAME McCoy	FIRST NAME Jeffrey	MIDDLE INITIAL W.
GENDER Male	DATE OF BIRTH	SSN
MAILING ADDRESS 107 Scarlettberry Ln. #107		CITY Columbia
STATE SC		ZIP CODE 29229
HOME # 257	MIDDLE # 803-1662-9975	WORK #
CONSENT TO TEXTING: ☐ YES ☐ NO		
Email mon-jeff 410 gmail.com		
Contact preference (Please circle) Home # () Work # () Email () Mail Portal ()		
LANGUAGE English	RACE African American	ETHNICITY
DECLINE TO ANSWER: ☐	DECLINE TO ANSWER: ☐	DECLINE TO ANSWER: ☐
MARITAL STATUS Single	Emergency Contact Name (Relationship) Anna Kruze - Girl friend	Mobile # 803-729-5688
PATIENT'S EMPLOYER Cromed	Referring Doctor Provident Health ER	
OCCUPATION Driver	☐ Self-employed	

GUARANTOR - PERSON RESPONSIBLE FOR THE BILL IF THE PATIENT IS A MINOR OR STUDENT.

LAST NAME	FIRST NAME	RELATIONSHIP
MAILING ADDRESS		CITY
STATE		ZIP CODE
DATE OF BIRTH	SSN	HOME #
MOBILE #	WORK #	

INSURANCE INFORMATION *COPIES OF YOUR INSURANCE CARDS ARE REQUIRED*

INSURANCE #1 (PRIMARY INSURANCE)		INSURANCE #2 (SECONDARY INSURANCE)	
INSURED'S NAME	RELATIONSHIP TO PATIENT	INSURED'S NAME	RELATIONSHIP TO PATIENT
SSN OF INSURED (IF DIFFERENT FROM PATIENT)	☐ SAME AS ABOVE	SSN OF INSURED (IF DIFFERENT FROM PATIENT)	☐ SAME AS ABOVE
DATE OF BIRTH OF INSURED	☐ SAME AS ABOVE	DATE OF BIRTH OF INSURED	☐ SAME AS ABOVE
INSURED'S EMPLOYER (IF DIFFERENT FROM PATIENT)	☐ SAME AS ABOVE	INSURED'S EMPLOYER (IF DIFFERENT FROM PATIENT)	☐ SAME AS ABOVE

I acknowledge that by providing insurance information, I have asked and promised to pay for services provided in exchange for this information. I assign to Midlands Orthopaedics & Neurosurgery, P.A., all health insurance benefits available for services provided to me. I understand that fees for services provided by Midlands Orthopaedics & Neurosurgery, P.A. are my responsibility and I agree to pay any balance left unpaid by any insurance company or third party entity immediately upon notification of said balance. If I do not have insurance, I understand that I am responsible for any incurred expenses in their entirety.

Patient/Guarantor

Date

10-12-17

Oct 12 2017 10:16am
MCGOY, JEFFREY

P0017011
#3212800

MIDLANDS
Orthopaedics
& NEUROSURGERY



*6116605/5499 A Form Lett

GENERAL MEDICAL INFORMATION

Reason for your visit today: Bulging Disc

Was this the result of an accident? No Yes If yes, DATE of accident and please describe.

Date: _____

Where did the injury occur? Work Auto Home Other

Referring Physician Information:		Family Physician Information	
Name: <u>Providence Health EL</u>		Name:	
Address:		Address:	
Phone:		Phone:	
Please provide your preferred pharmacy information. This will help us in the event we need to call in a prescription for you or send a prescription over a secure electronic connection to your pharmacy.			
Preferred Pharmacy:		Mail-in Pharmacy:	
Name:		Name:	
Address:		Address:	
Phone:		Phone:	

Height: 5'10" Weight: 220

Current Pain Scale (Circle one number)

NO PAIN 1 2 3 4 5 6 7 8 9 10 SEVERE PAIN

ALLERGIES AND REACTIONS (List all allergies, medications, metals or latex)			
Name of Allergy:	Reaction:	Name of Allergy:	Reaction:
<u>N/A</u>			
FAMILY HISTORY (List all blood relatives)			
	Relationship		Relationship
Blood Clots In Legs or Lungs		Heart Disease	
Bleeding Disorder		Aneurysm	
Osteoporosis		High blood pressure	<u>Mother, Father, Brother</u>
Osteoarthritis		Diabetes	<u>Mother, Father, Brother</u>
Rheumatoid arthritis		Nerve Disease	
Muscle or Bone Disease		Depression	
Cancer		Lupus	<u>Daughter</u>
Thyroid disease		Malignant Hypothermia	

Oct 12 2017 10:16am
MCCOY, JEFFREY

F002/011
#3212600

MIDLANDS
Orthopaedics
EXHIBIT

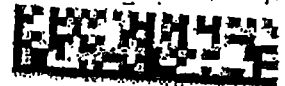


6116005409 A-FomLen

Are you a: <u>Current Smoker</u> Nonsmoker Former Smoker	
Tobacco-years of use (current and former smokers): <u>35 yrs</u>	
If current smoker, how often do you smoke cigarettes? <u>Every Day</u> Some Days	
If current smoker, how much do you smoke per day? <u>1 PD</u> 1/2 PD 1 PD 1 1/2 PD 2PD 3PD	
Cigar/pipe Use: Yes <u>No</u>	
Chewing Tobacco: <u>1/day</u> 2-4/day 5/day	
Alcohol: None <u>Occasional</u> Moderate Heavy	
Number of Children? <u>8</u>	
Marital Status: Married <u>Single</u> Divorced Separated Widowed Domestic Partner	
Diet: <u>Regular</u> Vegetarian Vegan Gluten free Carbohydrate (limited) Cardiac Diabetic	
Work History: Disabled Student Homemaker Retired	
Are you currently employed? <u>Yes</u> No	
Occupation: <u>Driver</u>	
Employer: <u>Cro-med</u>	
Type of work: <u>Non Emergency Transportation</u>	
Recent Hospitalizations:	
Description:	Date:

Oct 12 2017 10:18am
MCGOY, JEFFREY

P003/01
#321269



* 6116605W5499 A-Form Lett

AIDS/HIV		
Anemia	Fracture	Osteoarthritis
Anxiety	Gallbladder	Osteoporosis
Asthma	Glaucoma	Pacemaker or AICD
Atrial Fib (irregular heartbeat)	Gout	Panic Attack
	Heart Attack	Phlebitis
Bladder Disease	High Cholesterol	Pneumonia
Blood Clots in Legs or Lungs	Heartburn/Gerd	Poor Circulation
Bronchitis	Heartburn/GERD	Pregnancy (current or recent)
Cancer	Hepatitis B or C	Pulmonary Embolism
Cardiac Stents	Hernia	Restless Legs
Chronic Bronchitis	Irritable Bowel Syndrome	Rheumatoid Arthritis
Congenital Heart Defect	High Blood Pressure	Seizure Disorder
Depression	High Cholesterol	Emphysema
Diabetes	Sickle Cell Anemia/Trait	Kidney Disease
Eating Disorder	Enlarged Prostate	Kidney Stones
Insomnia	Epilepsy	Liver Disease
Stomach Ulcers	Migraines	Lupus
Stroke	Mitral Valve Prolapse	Tuberculosis
Thyroid Disorder	MRSA or VRE	
Fibromyalgia	Multiple Sclerosis	

Do you have sleep apnea? Yes or No

If yes, do you use C-PAP or Bi-PAP? Yes or No

Device Settings:

Do you have cardiac stents? Yes or No

If yes, please list date(s):

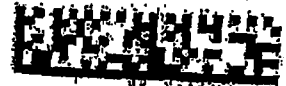
Do you have a pacemaker or AICD? Yes or No

If yes, please dates:

Other Medical History not mentioned above:

Oct 12 2017 10:17am
MCCOY, JEFFREY

P0057011
#3212880



*6116605w5496 A:FormLet

REVIEW OF SYSTEMS (circle what applies to you)

Constitutional: fever night sweats weight gain weight loss difficulty exercising

Eyes: dry eyes irritation change in vision

Ears: difficulty hearing ear pain

Nose: frequent nosebleeds nose/sinus problems

Mouth/Throat: sore throat bleeding gums sores
dry mouth mouth ulcers oral abnormalities tooth problems

Cardiovascular: chest pain arm pain on exertion
shortness of breath when walking
shortness of breath when lying down
palpitations heart murmur

Respiratory: coughing wheezing shortness of breath coughing up blood

Gastrointestinal: abdominal pain vomiting loss of appetite diarrhea vomiting blood

Genitourinary: incontinence difficulty urinating painful urination
blood in urine increase urinary frequency

Musculoskeletal: muscle aches muscle weakness joint pain back pain
swelling in extremities

Skin: abnormal mole jaundice rash itching dry skin growth/lesions

Neurologic: loss of consciousness weakness numbness seizures dizziness headaches
migraines restless legs

Psychiatric: depression sleep disturbance alcohol abuse

Endocrine: fatigue increased thirst hair loss increased hair growth cold intolerance

Hematologic/Lymphatic: swollen glands easy bruising excessive bleeding

Allergic/Immunologic: runny nose sinus pressure itching hives frequent sneezing

MCCOY, JEFFREY

#3212600

8128138W5499 Admin

When did your pain first start? Sept, 14thWhen did it worsen? (date and event, if applicable) Oct, 9th

Rate the severity of your pain on a scale from 1 to 10, with 1 being the least painful and 10 being the most severe:

1 2 3 4 5 6 7 8 9 10

Type of pain (circle all that apply):

aching cramps numbness shooting swelling tingling
burning pull sharp stiffness throbbing

Does the pain interfere with any of the following activities of daily living? (Circle all that apply):

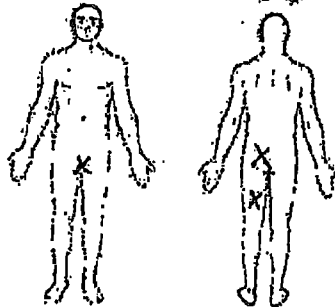
Bathing Feeding Grooming Sleep Work
Dressing Food preparation Housework Toilet hygiene

How often are you having pain? Constant It comes and goes

Activities or movements that are painful to perform: (circle all that apply):

Bending Lying down Sitting Standing Walking

Mark "X" on the picture where you are having pain; numbness or tingling:

Have you received (are receiving) any formal Physical Therapy for this condition? (date & for how long) NODo you perform home exercises/stretches for this condition? YESHave you received an Epidural Steroid Injection for this condition? NOWhen? NOWhat percentage relief did the injection provide? NOFor how long? NO (hours, days, weeks, months)When did the pain return? (date) NOHave you tried any of the following for pain relief? YES NO Did this provide relief? Name of MedicationHeatIce

Over the Counter Medications

PrescriptionAre you claustrophobic (fear of being in a closed/confined place)? Yes NoDo you have metal in your body? Yes No If yes, where? NO

MCCOY, JEFFREY W (Id #3212600, dob: ')

Patient

Name	MCCOY, JEFFREY (49yo, M) ID# 3212600	Appt. Date/Time	10/12/2017 08:45AM
DOB		Service Dept.	PNE Office
Provider	SLIF ULRICH, MD		
Insurance	Med Primary: *SELF PAY* Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint

Bilateral Low Back

self pay/back pain/Ortho/Omva/Owrkcomp/pt to bring disc/ Pt seen @PNE ER 09/26/17 Dr ULRich on call

PT RUNNING 10 MIN LATE

Patient's Pharmacies

WAL-MART PHARMACY 1339 (ERX): 10060 TWO NOTCH RD, COLUMBIA SC 29223, Ph (803) 699-1100, Fax (803) 785-2667

Vitals

10/12/2017 09:20 am

BMI: 31.6

Ht: 5 ft 10 in (177.8 cm)

Pain Scale: 3

Wt: 220 lbs (99.79 kg)

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

Aspirin-81

1 PO QD

10/12/17 entered

hydroCHLORothiazide 25 mg tablet

Take 1 tablet(s) every day by oral route.

10/12/17 entered

Januvia 100 mg tablet

Take 1 tablet(s) every day by oral route.

10/12/17 entered

Lantus 100 unit/mL subcutaneous solution

Inject 20 unit(s) every day by subcutaneous route.

10/12/17 entered

lisinopril 40 mg tablet

Take 1 tablet(s) every day by oral route.

10/12/17 entered

metFORMIN 1,000 mg tablet

Take 1 tablet(s) twice a day by oral route.

10/12/17 entered

Mobic 15 mg tablet

Take 1 tablet(s) every day by oral route before meals.

10/12/17 prescribed

Motrin 800 mg tablet

Take 1 tablet(s) 3 times a day by oral route.

10/12/17 entered

NovoLIN N 100 unit/mL subcutaneous suspension

MCCOY, JEFFREY W (id #3212600, dob:

rosuvastatin 10 mg tablet

Take 1 tablet(s) every day by oral route.

10/12/17 entered

Vallum 10 mg tablet

Take 1 tablet(s) 3 times a day by oral route.

10/12/17 entered

Some medications listed in Document: #453903 could not be added to this patient's chart. Please review this document and add these medications to the patient's chart manually as needed.

Vaccines

Reviewed Vaccines

Some vaccines listed in Document: #453903 could not be added to this patient's chart. Please review this document and add these vaccines to the patient's chart manually as needed.

Problems

Reviewed Problems

Family History

Reviewed Family History

Father

- Hypertensive disorder

- Diabetes mellitus

Mother

- Hypertensive disorder

- Diabetes mellitus

Brother

- Hypertensive disorder

- Diabetes mellitus

Daughter

- Diabetes mellitus

- Lupus erythematosus

Social History

Reviewed Social History

Smoking Status: Current every day smoker

Smoker (1/2 PPD)

Cigar/Pipe use: N

Chewing tobacco: none

Alcohol intake: Occasional

Number of children: 8

Marital status: Single

Diet: Regular

Are you currently employed?: N

Occupation: Driver

Employer: Cromed

Type of Work: Non Emergency Transportation

Hand Dominance: Right

Tobacco-years of use: 35

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Depression: Y

Diabetes: Y

Gout: Y

High Blood Pressure: Y

High Cholesterol: Y

Insomnia: Y

Screening

None recorded.

HPI

Back Pain

Reported by patient.

Location: lumbar; left side mainly

Severity: pain level 3/10- mild to mod

MACCOY, JEFFREY W (Id #3212600, dob:)

Alleviating Factors: rest; relieved by lying down; relieved by ice; elevation

Associated Symptoms: weak limbs; numbness of the legs/feet; tingling; bowel/bladder symptoms; popping and clicking, radiates down leg

Prior Imaging: CT scan; MRI; X-ray

Mr. Jeffrey McCoy is a 49-year-old male who presents for evaluation of lower back pain. He is a driver and states that he developed lower back pain with radiating pain down his left leg while driving. Lifting passengers causes him significant discomfort. This has made his symptoms worse. He was seen on 09/18/2017 and on 09/26/2017 at the emergency room. He presents today for assessment.

ROS

Patient reports exercise intolerance. He reports abdominal pain, vomiting, change in appetite, and frequent diarrhea loss. He reports muscle aches, muscle weakness, arthralgia/joint pain, back pain, and swelling in the extremities. He reports numbness. He reports depression.

ROS as noted in the HPI

Physical Exam

Patient is a 49-year-old male.

Constitutional: General Appearance: healthy-appearing and NAD.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: active and alert.

Gait and Station: Gait And Stance fluid gait, normal stance, no limp, and ambulating with no assistive devices.

Cardiovascular System: Arterial Pulses Right: posterior tibial normal and dorsalis pedis normal. Arterial Pulses Left: posterior tibial normal and dorsalis pedis normal.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process. Bony Palpation of the Right Hip: no tenderness of the SI joint or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the paraspinal region. Soft Tissue Palpation on the Left: tenderness of the paraspinal region at L₄. Active Range of Motion: Some limitation of lumbar motion.

Motor Strength: L1-2 Motor Strength on the Right: hip flexion iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5.

Neurological System: Ankle Reflex Right: normal (2). Knee Reflex Right: normal (2). Sensation on the Right: normal distal extremities. Special Tests on the Right: supine straight leg raising test negative and seated straight leg raising test negative. Special Tests on the Left: supine straight leg raising test positive and seated straight leg raising test positive

Assessment / Plan

1. Left lumbar radiculopathy.
2. Low back pain.

This was a work related injury. He has difficulties driving. He is failing conservative management. He had a steroid dose pack with no relief of his symptoms. I think the next best step is an MRI. This patient has signs and symptoms consistent with nerve impingement. This may be due to different etiologies such as a herniated disc, hypertrophy of the ligamentum flavum, facet arthropathy, or instability. For this reason I will recommend this patient for an MRI examination of the lumbar spine. The patient will come back to see me one week after the above examination. The patient was told to contact our office if there are any significant changes in symptoms, problems with bowel or bladder, or any other major concerns. All current questions have been answered and patient education has taken place today. I look forward to seeing this patient after the MRI examination.

We will also start physical therapy. Based on my evaluation and the above assessment, I believe this patient would benefit from nonoperative treatment. I recommend a course of directed physical therapy as well as a course of nonsteroidal anti-inflammatory medication. We gave him a prescription for Mobic. Therapy may include aquatic therapy and other modalities.

The patient was instructed to contact our office if the experienced any significant changes in their symptoms or if the patient has any other major concerns. Current questions have been addressed and patient education has been done during this visit.

He will follow up with our spine service for further treatment and recommendation. He might be a candidate for epidural injections versus surgical intervention if needed.

1. Lumbar radiculopathy
M54.16: Radiculopathy, lumbar region

2. Low back pain
M54.5: Low back pain

MCCOY, JEFFREY W (id #3212600, dob:

- BACK CARE AND PREVENTING INJURIES: CARE INSTRUCTIONS
- GETTING BACK TO NORMAL AFTER LOW BACK PAIN: CARE INSTRUCTIONS
- LEARNING ABOUT RELIEF FOR BACK PAIN

CT, LUMBAR SPINE, W/O CONTRAST

- Side: BILATERAL

CT scan from Providence was reviewed. This shows evidence of a disc bulge at L4-5.

Return to Office

- Troy Blanks, PA-C for NEW 10 at Imo on 10/26/2017 at 10:30 AM

Encounter Sign-Off

Encounter signed-off by Slif Ulrich, MD, 10/13/2017.

Encounter performed by Slif Ulrich, MD

Encounter scribed for Slif Ulrich, MD by Melissa Masterson

Encounter signed by Melissa Masterson as scribe at 10/12/2017 at 4:17pm

Encounter reviewed & signed by Slif Ulrich, MD on 10/13/2017 at 11:07am

Midlands Orthopaedics and Neurosurgery • 114 Gateway Corporate Blvd, COLUMBIA SC 29204-2026

MCCOY, JEFFREY W (id #3212600, dob:

Imaging Order

10/12/2017

To Provider	From Provider
PROVIDENCE CENTRALIZED SCHEDULING 120 GATEWAY CORPORATE BLVD COLUMBIA, SC 29203 Phone: (803) 256-5850 Fax: (803) 256-5816	SLIF ULRICH, MD Midlands Orthopaedics & Neurosurgery 114 Gateway Corporate Blvd Suite 110 COLUMBIA, SC 29204-2026 Phone: (803) 256-4107 Fax: (803) 933-6100

Imaging Order Information

Diagnosis	Low back pain ICD-10: M54.5: Low back pain
Order Name	Orders included: 1 Low back pain ICD-10: M54.5: Low back pain • MRI, LUMBAR SPINE, W/O CONTRAST NOTE TO IMAGING FACILITY: Lumbar Spine MRI without contrast eval for left sided disc herniation L4-5 S1 please provide patient copy of images and fax report to 933-6100 ***MRI lumbar spine 72148-Self Pay*** Side: LEFT
Notes	

Patient Information

Patient Name	MCCOY, JEFFREY W
Sex - DOB - Age	M 50yo
Address	COLUMBIA, SC 29228-1602
Phone	H: (803) 669-9975 M: (803) 669-9975
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SLIF ULRICH, MD

Slif Ulrich

SLIF ULRICH, MD
749

MCCOY, JEFFREY W (id #3212600, dob:

Patient Name	MCCOY, JEFFREY (50yo, M) ID# 3212600	Appt. Date/Time	10/26/2017 10:30AM
DOB		Service Dept.	Immo
Provider	TROY BLANKS, PA-C		
Insurance	Med Primary: *SELF PAY* Prescription:		

Chief Complaint

Low Back

Patient presents today with low back pain

Patient's Pharmacies

WAL-MART PHARMACY 1339 (ERX): 10060 TWO NOTCH RD, COLUMBIA SC 29223, Ph (803) 699-1100, Fax (803) 788-2667

Vitals

10/26/2017 11:41 am

BMI: 31.6

Ht: 5 ft 10 in (177.8 cm)

Pain Scale: 2
4

Wt: 220 lbs (99.79 kg)

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

Aspir-81

1 PO QD

10/12/17 entered

hydroCHLOROthiazide 25 mg tablet

Take 1 tablet(s) every day by oral route.

10/12/17 entered

Januvia 100 mg tablet

Take 1 tablet(s) every day by oral route.

10/12/17 entered

Lantus 100 unit/mL subcutaneous solution

Inject 20 unit(s) every day by subcutaneous route.

10/12/17 entered

lisinopril 40 mg tablet

Take 1 tablet(s) every day by oral route.

10/12/17 entered

metFORMIN 1,000 mg tablet

Take 1 tablet(s) twice a day by oral route.

10/12/17 entered

Mobic 15 mg tablet

Take 1 tablet(s) every day by oral route before meals.

10/12/17 prescribed

Motrin 800 mg tablet

Take 1 tablet(s) 3 times a day by oral route.

10/12/17 entered

NovoLIN N 100 unit/mL subcutaneous suspension

Inject 10 unit(s) 3 times a day by subcutaneous route.

10/12/17 entered

NovoLOG Flexpen 100 unit/mL subcutaneous

750

MCCOY, JEFFREY W (id #3212600, dob:

promethazine 25 mg tablet
start 09/26/2017

09/26/17 filed

rosuvastatin 10 mg tablet
Take 1 tablet(s) every day by oral route.

10/12/17 entered

Vallum 10 mg tablet
Take 1 tablet(s) 3 times a day by oral route.

10/12/17 entered

Some medications listed in Document: #453903 could not be added to this patient's chart. Please review this document and add these medications to the patient's chart manually as needed.

Vaccines

Reviewed Vaccines

Some vaccines listed in Document: #453903 could not be added to this patient's chart. Please review this document and add these vaccines to the patient's chart manually as needed.

Problems

Reviewed Problems

- Lumbar radiculopathy
- Disorder of lumbar disc
- Abdominal pain
- Elevated blood pressure

Family History

Reviewed Family History

Father

- Hypertensive disorder

- Diabetes mellitus

Mother

- Hypertensive disorder

- Diabetes mellitus

Brother

- Hypertensive disorder

- Diabetes mellitus

Daughter

- Lupus erythematosus

Social History

Reviewed Social History

Smoking Status: Current every day smoker

Smoker (1/2 PPD)

Cigar/Pipe use: N

Chewing tobacco: none

Alcohol Intake: Occasional

Number of children: 8

Marital status: Single

Diet: Regular

Are you currently employed?: N

Occupation: Driver

Employer: Cromed

Type of Work: Non Emergency Transportation

Hand Dominance: Right

Tobacco-years of use: 35

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Depression: Y

Diabetes: Y

Gout: Y

High Blood Pressure: Y

High Cholesterol: Y

Insomnia: Y

Screening

MCCOY, JEFFREY W (id #3212600, dob

None recorded.

HPI

Lower Back

Reported by patient.

Severity: moderate; pain level 2/10; worst pain 4/10

Timing: abrupt

Context: fall

Alleviating Factors: standing; lying down; exercise

Aggravating Factors: sitting; walking; twisting; bending/squatting; exercise

Previous Surgery: none

Prior Imaging: MRI; CT scan

Previous Injections: none

Previous PT: none

Work Related: no

Working: no

Mr. Jeffrey McCoy is a 49-year-old male who presents to the clinic for an initial evaluation of his lumbar spine. The patient reports that he has a history of lower back problems. He is unsure what triggered onset of his lower back pain, and notes that he woke up with stiffness on 09/14/2017. He states that he presented to the emergency room on 09/18/2017, and subsequently took 1 week off from work. He recalls that he initially felt that his condition was improving, and he returned to work on Monday 09/25/2017. However, he states that he then ended up taking another week off from work. He recalls attempting to pick up a wheelchair at work on 10/09/2017 when he experienced a flare-up of pain in his lower back and left lower extremity. He notes that sitting in a car triggers significant pain. He states that he is able to tolerate his condition while sitting at an angle on his foam cushion.

He localizes pain to the left side of his lower back, which radiates down through his left posterior hip and wraps around into his groin region. He notes that pain radiates down diagonally into his left leg as well, from laterally to medially. He claims that pain is fairly constant, which is triggered by placing weight on his left side while sitting. He denies having any significant numbness. He denies experiencing any bladder or bowel dysfunction, but notes that he constantly feels as though he must empty his bowels. The paperwork is in progress for the patient to be approved for workers' compensation.

ROS

Patient reports back pain.

ROS as noted in the HPI

Physical Exam

Patient is a 49-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Psychiatric: Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Gait and Station: Gait And Stance heel to shin test normal and and toe test normal and normal stance, no limp, ambulating with no assistive devices, tandem gait test normal, and antalgic gait.

Cardiovascular System: Arterial Pulses Right: femoral normal, posterior tibial normal, dorsalis pedis normal, and popliteal normal. Arterial Pulses Left: femoral normal, posterior tibial normal, dorsalis pedis normal, and popliteal normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Lymph Nodes: Inspection/Palpation Right: no inguinal LAD. Inspection/Palpation Left: no inguinal LAD.

Skin: Lumbosacral Spine: normal skin.

Lumbar Spine: Inspection: no induration, ecchymosis, or swelling and normal alignment. Bony Palpation of the Lumbar Spine: no tenderness of the spinous process, the transverse process, the sacral promontory, the sacrum, or the coccyx. Bony Palpation of the Right Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Bony Palpation of the Left Hip: no tenderness of the iliac crest, the ASIS, the PSIS, the pubic tubercle, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft Tissue Palpation on the Right: no tenderness of the supraspinous ligament, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis and tenderness of the paraspinal region at L. Tenderness along the paravertebral muscles of the lumbar spine bilaterally. Soft Tissue Palpation on the Left: no tenderness of the supraspinous ligament, the iliolumbar region, the gluteus maximus, the gluteus medius, the sciatic nerve, the anterior abdominal muscles, the inguinal ligament, or the piriformis and tenderness of the paraspinal region at L. Active Range of Motion: no pain with motion. Severely restricted range of motion. Passive Range of Motion: no pain with motion. Severely restricted range of motion.

Motor Strength: 1-2 Motor Strength on the Right Hip Extension. 1-2 Motor Strength on the Left Hip Extension.

MCCOY, JEFFREY W (id #3212600, dob: .

Iliopsoas 5/5. L2-L4 Motor Strength on the Right: knee extension quadriceps 5/5. L2-L4 Motor Strength on the Left: knee extension quadriceps 4/5; 4/5 strength to the quadriceps on the left side. L5 Motor Strength on the Right: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. L5 Motor Strength on the Left: ankle dorsiflexion tibialis anterior 5/5 and great toe extension extensor hallucis longus 5/5. S1 Motor Strength on the Right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 5/5.

Neurological System: Babinski Reflex Right: plantar reflex absent. Babinski Reflex Left: plantar reflex absent. Special Tests: Valsalva's test negative. Ankle Reflex Right: normal (2). Ankle Reflex Left: normal (2). Knee Reflex Right: normal (2). Knee Reflex Left: normal (2). Sensation on the Right: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Sensation on the Left: T12 normal, L1 normal, L2 normal, L3 normal, L4 normal, L5 normal, S1 normal, S2 normal, and normal distal extremities. Special Tests on the Right: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee. Special Tests on the Left: compression test negative, femoral nerve traction test negative, Patrick-Fabere test negative, supine straight leg raising test negative, seated straight leg raising test negative, and no clonus of the ankle/knee.

*******Lumbar Spine Exam**

Antalgic gait.

Severely restricted range of motion.

4/5 strength to the quadriceps on the left side.

Tenderness along the paravertebral muscles of the lumbar spine bilaterally.

Procedure Documentation

Diagnostic Testing Results:

RESULTS:

MRI of the lumbar spine performed at Providence Northeast Hospital dated 10/20/2017 was reviewed in detail with Dr. LaMotta as well as myself. It was discussed in detail with the patient. It reveals a broad-based disc protrusion at L4-5, favoring the left side. There is moderate facet arthropathy noted. Moderate foraminal stenosis is seen on the left at L4-5, and mild on the right. There is moderate lateral recess stenosis seen on the left side. At L5-S1, there is a annular tear along with a disc protrusion. There is abutment of the right S1 transversing nerve root. There is at least mild foraminal stenosis seen bilaterally.

Assessment / Plan

Radiographic Findings:

X-rays of the lumbar spine were reviewed in detail with Dr. LaMotta as well as myself. They were discussed in detail with the patient. They reveal mild spondylosis throughout. The disc space height appears to be fairly well maintained. There are mild arthritic changes seen at the hip joints bilaterally. Moderate facet arthropathy is noted from L4 to S1.

ASSESSMENT:

Low back pain.

Left lower extremity radiculitis, L4 nerve root pattern.

Lumbar stenosis L4-5.

PLAN:

Based on my evaluation and the above assessment, this patient can be treated nonoperatively. The patient will be referred to our pain management specialist for a selective nerve root block at left L4. This patient will come back and see me two weeks after the injection.

I have explained to the patient that sometimes a selective nerve root block may not work, and that it is impossible to predict the duration of the injection effects. The injection is not meant to be a cure of the spine disease process but rather a way to help control the patient's symptoms.

All current questions have been addressed and patient education has taken place and today's visit. The patient was instructed to contact our office if there are any significant changes in symptoms or if any other major concerns arise.

PLAN:

Based on my evaluation and the above assessment, I believe this patient would benefit from nonoperative treatment. I recommend a course of directed physical therapy of the lumbar spine as well as a course of nonsteroidal anti-inflammatory medication, ibuprofen 800 mg. Therapy may include aquatic therapy and other modalities.

The patient was instructed to contact our office if he experienced any significant changes in his symptoms or if the patient has any other major concerns. Current questions have been addressed, and patient education has been done during this visit.

MCCOY, JEFFREY W (Id #3212600, dob:

The patient will return to clinic to see me after the above therapy course has been completed.

1. Low back pain

M54.5: Low back pain

• **XR, LUMBAR SPINE**

Views (X-RAY, LUMBAR SPINE): AP & Lateral

• **PHYSICAL THERAPY REFERRAL -** Schedule Within: provider's discretion
Note to Provider:

Physical Therapy- Lumbar Spine

2x a week for 6 weeks

ROM lumbar spine, core abdominal & paraspinal muscle strengthening, hamstring stretching. Include modalities. May do aquatic therapy as part of treatment.

Visits per Week: Number of Weeks: 6 weeks
BIW

• **SELECTIVE NERVE ROOT BLOCK (PROC) -** Note to Provider: Left SNRB L4 with Dr. Wetzel
Where? (SELECTIVE NERVE ROOT BLOCK):
Lumbar

2. Lumbar radiculopathy

M54.16: Radiculopathy, lumbar region

XR, LUMBAR SPINE

• Views (X-RAY, LUMBAR SPINE): AP & Lateral

X-rays of the lumbar spine were reviewed in detail with Dr. LaMotta as well as myself. They were discussed in detail with the patient. They reveal mild spondylosis throughout. The disc space height appears to be fairly well maintained. There are mild arthritic changes seen at the hip joints bilaterally. Moderate facet arthropathy is noted from L4 to S1.

MRI, LUMBAR SPINE, W/O CONTRAST

MRI of the lumbar spine performed at Providence Northeast Hospital dated 10/20/2017 was reviewed in detail with Dr. LaMotta as well as myself. It was discussed in detail with the patient. It reveals a broad-based disc protrusion at L4-5, favoring the left side. There is moderate facet arthropathy noted. Moderate foraminal stenosis is seen on the left at L4-5, and mild on the right. There is moderate lateral recess stenosis seen on the left side. At L5-S1, there is a annular tear along with a disc protrusion. There is abutment of the right S1 transversing nerve root. There is at least mild foraminal stenosis seen bilaterally.

Discussion Notes

DISCUSSION:

The patient is attempting to have this case approved through workers' compensation. I will order physical therapy and administer a selective nerve root block of the left L4. He does describe more L4 nerve root symptoms.

Return to Office

- Troy Blanks, PA-C for ROV 5 at Irmo on 12/07/2017 at 03:05 PM

Encounter Sign-Off

Encounter signed-off by Ivan E. LaMotta, MD, 11/01/2017.

Encounter performed by Troy Blanks, PA-C

Encounter scribed for Troy Blanks, PA-C by Andre Ford

Encounter signed by Andre Ford as scribe at 10/27/2017 at 12:37pm

Encounter reviewed & signed by Ivan E. LaMotta, MD on 11/01/2017 at 1:39pm

Midlands Orthopaedics and Neurosurgery • 1013 Lake Murray Blvd, IRMO SC 29063-2824

MCCOY, JEFFREY W (id #3212600, dob:

Imaging Order

10/26/2017

To Provider	From Provider
IRMO 1013 LAKE MURRAY BLVD IRMO, SC 29063-2824 Phone: Phone: (803) 256-4107 Fax: Fax: (803) 933-6100	TROY BLANKS, PA-C Midlands Orthopaedics & Neurosurgery 1013 Lake Murray Blvd IRMO, SC 29063-2824 Phone: (803) 256-4107 Fax: (803) 933-6100

Imaging Order Information

Diagnosis	• Low back pain ICD-10: M54.5: Low back pain
Order Name	Orders Included: 1 Low back pain ICD-10: M54.5: Low back pain • XR, LUMBAR SPINE Views (X-RAY, LUMBAR SPINE): AP & Lateral
Notes	

Patient Information

Patient Name	MCCOY, JEFFREY W
Sex - DOB - Age	M ' 50yo
Address	COLUMBIA, SC 29229-1602
Phone	H: (803) 669-9975 M: (803) 669-9975
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: TROY BLANKS, PA-C

Troy H. Blanks, PA-C

TROY BLANKS, PA-C

Midlands Orthopaedics and Neurosurgery
Standing Street, COLUMBIA SC 29201-3520

MCCOY, JEFFREY W (Id #3212600, dob:

Imaging Results

XR, LUMBAR SPINE 10/26/2017 (#577892)

Interpretation	X-rays of the lumbar spine were reviewed in detail with Dr. LaMotta as well as myself. They were discussed in detail with the patient. They reveal mild spondylosis throughout. The disc space height appears to be fairly well maintained. There are mild arthritic changes seen at the hip joints bilaterally. Moderate facet arthropathy is noted from L4 to S1.

MRI, LUMBAR SPINE, W/O CONTRAST 10/27/2017 (#584016, 10/20/2017)

Interpretation	MRI of the lumbar spine performed at Providence Northeast Hospital dated 10/20/2017 was reviewed in detail with Dr. LaMotta as well as myself. It was discussed in detail with the patient. It reveals a broad-based disc protrusion at L4-5, favoring the left side. There is moderate facet arthropathy noted. Moderate foraminal stenosis is seen on the left at L4-5, and mild on the right. There is moderate lateral recess stenosis seen on the left side. At L5-S1, there is a annular tear along with a disc protrusion. There is abutment of the right S1 transverse nerve root. There is at least mild foraminal stenosis seen bilaterally.

CT, LUMBAR SPINE, W/O CONTRAST 10/12/2017 - BILATERAL (#523271)

Interpretation	CT scan from Providence was reviewed. This shows evidence of a disc bulge at L4-5.

Midlands Orthopaedics and Neurosurgery • Blanding Street, COLUMBIA SC 29201-3520

MCCOY, JEFFREY W (Id #3212600, dob;

Procedure Orders

MCCOY, JEFFREY 3212600
10/26/2017 - 10:30AM - lmo



*2156071w5489 ClinDoc

Surgery Order

10/26/2017

From Provider		To Provider	
TROY BLANKS, PA-C Midlands Orthopaedics & Neurosurgery 1013 Lake Murray Blvd IRMO, SC 29063-2824 Phone: (803) 256-4107 Fax: (803) 933-6100			
Orders Included: 1			
Low back pain ICD-10: M54.5: Low back pain • SELECTIVE NERVE ROOT BLOCK (PROC) Note to Provider: Left SNRB L4 with Dr. Wetzel			
Where? (SELECTIVE NERVE ROOT BLOCK): Lumbar			
Patient		NAME: MCCOY, JEFFREY W ** PATIENT ID: 3212600 ** PATIENT SSN: 522351449 Gender: M ** DOB: ** AGE: 50yo	
Address			
Phone		H: (803) 669-9975 M: (803) 669-9975	
Primary Ins.		*SELF PAY* ** ID: ** Policy Holder:	*SELF PAY* ** Claim Case#: ** Case Injury Date: ** Case Worker's Name:
Secondary Ins.		** ID: ** Policy Holder:	

Electronically Signed by: TROY BLANKS, PA-C

Troy H. Blanks, PA-C

ON: 11/30/2017 02:00 PM

Consult Orders

Referral Order

10/26/2017

To Provider	From Provider
PHYSICAL REHABILITATION GROUP 113 PROFESSIONAL PARK BLVD COLUMBIA, SC 29229 Phone: Phone: (803) 788-4705 Fax:	75 TROY BLANKS, PA-C Midlands Orthopaedics & Neurosurgery 1013 Lake Murray Blvd IRMO, SC 29063-2824 Phone: (803) 256-4107 Fax: (803) 933-6100

Midlands Orthopaedics and Neurosurgery • Blanding Street, COLUMBIA SC 29201-3520
MCCOY, JEFFREY W (id #3212600, dob

Referral Order Information

Diagnosis:	• Low back pain ICD-10: M54.5: Low back pain • Lumbar radiculopathy ICD-10: M54.16: Radiculopathy, lumbar region
Order Name:	PHYSICAL THERAPY REFERRAL
Notes:	Physical Therapy- Lumbar Spine 2x a week for 6 weeks ROM lumbar spine, core abdominal & paraspinal muscle strengthening, hamstring stretching. Include modalities. May do aquatic therapy as part of treatment.

Patient Information

Patient Name:	MCCOY, JEFFREY W
Sex - DOB - Age:	M 50yo
Address:	
Phone:	H: (803) 669-9975 M: (803) 669-9975
Primary Insurance:	*SELF PAY*
Secondary Insurance:	None recorded.

Electronically Signed by: TROY BLANKS, PA-C

Troy H. Blanks, PA-C

TROY BLANKS, PA-C

Referral Order

10/12/2017

To Provider:	From Provider:
PHYSICAL REHABILITATION GROUP 113 PROFESSIONAL PARK BLVD COLUMBIA, SC 29229 Phone: Phone: (803) 788-4705 Fax: Fax: (803) 788-4797	SLIF ULRICH, MD Midlands Orthopaedics & Neurosurgery 114 Gateway Corporate Blvd Suite 110 COLUMBIA, SC 29204-2026 Phone: (803) 256-4167 Fax: (803) 933-6100

Referral Order Information

Diagnosis:	Low back pain ICD-10: M54.5: Low back pain
Order Name:	PHYSICAL THERAPY REFERRAL
Notes:	ROM lumbar spine, core abdominal & paraspinal muscle strengthening, hamstring stretching. Include modalities. 2x a week x 6 weeks

The following are my opinions, stated to a reasonable degree of medical certainty, concerning my patient, Jeffrey McCoy:

1. The patient presented to Midlands Orthopaedics on October 12, 2017, on referral from the Providence Northeast emergency room.
☒ Yes ☐ No.
2. The patient provided a history of back pain and stiffness first noticed on September 14, 2017. He reported to the emergency room and took some time off his work as a medical transporter. On October 9, 2017, he experienced an acute flare up of pain while attempting to pick up a wheelchair at work.
☒ Yes ☐ No.
3. At the emergency room, the patient underwent a CT scan on September 26, 2017, which showed: *"Diffusely bulging disc L4-5 with mild central canal and biforaminal stenosis. There is mild bulging of the L5-S1 disc without central canal stenosis."*
☒ Yes ☐ No.
4. An MRI taken on October 20, 2017 showed: *"Disk deformities at L4-5 and L5-S1. It is worse at L4-5 where there is a prominent broad-based disk deformity present extending centrally to the left. Disk material extending to the left lateral recess and towards the left neural foramen. There is a slightly smaller disk deformity at L5-S1, but there is associated annular fissure at L5-S1."*
☒ Yes ☐ No.
5. The MRI shows worsening of the disk deformities compared to the previous CT scan consistent with an acute injury from lifting the wheelchair as reported by the patient.
☒ Yes ☐ No.
6. The lifting of the wheelchair on October 9, 2017 most probably aggravated a preexisting condition leading to the need for treatment.
☒ Yes ☐ No.



7. The patient injured his back in a work accident, resulting in a diagnosis of left lumbar radiculopathy and low back pain.
☒ Yes ☐ No.
8. The patient requires additional treatment including L4 epidural steroid injections. The response to the injection will aid in determining whether conservative treatment is sufficient or whether the patient requires operative treatment. This treatment recommendation is reasonable, necessary and would tend to lessen his period of disability.
☒ Yes ☐ No.
9. As of the most recent examination, the patient is under the following work restrictions:
No work: _____
Limited Duty: NO lifting > 15 lbs.
Full Duty: _____
10. The work restrictions are:
☒ Temporary ☐ Permanent.
11. The patient has reached MMI:
☒ Yes ☐ No.
12. Additional Comments:

DATE: 2/20/18


Ivan E. LaMotta, M.D.

APA Submission #3

Southeastern Spine Institute



1106 Chuck Dawley Blvd., Suite 200 ■ Mt. Pleasant, SC 29464

Patient Name: Jeffrey McCoy

Encounter Date: 1/29/2018

Date of Birth:

Account Number: 1037680

History of Present Illness: This man has a history of an injury, which occurred on 10/9/2017. He was working for Cromed. He describes himself as reaching over to pick up a wheelchair when he felt pain into his low back and a sensation of pins and needles radiating down the left leg.

He did note a history of back pain that preexisted the accident after which he presented to the emergency department at Providence Health in Columbia. Specifically on 9/18/2017 he presented to the emergency room with left-sided low back pain since Wednesday of the previous week. He denies any injury. He noted pain radiating into the left groin and had no changes in his neurologic examination. He was given medication for pain. He underwent CT scanning to evaluate for a kidney stone. He then attempted to return to work on October 9, 2017 and after this episode as described felt specific radiating pain down the leg. He was seen at Midlands Orthopaedics on October 12, 2017 and underwent MRI scanning of the lumbar spine and was recommended for a left L4 selective nerve root block and was prescribed ibuprofen. He describes his pain as being in the low back, buttocks, hips, and both legs. He describes it as being 7-10 on a visual analog scale worse with bending, sitting, and standing for a long period of time.

Past Medical History: Hypertension, Diabetes

Drug Allergies: No known allergies

Physical Examination: On physical examination, he has pain with extension and forward flexion with positive straight leg raising on the left and dysesthesia in the posterolateral aspect of the buttocks, hip, and left leg. He has no upper or lower extremity long tract signs.

Imaging Findings: Diagnostic imaging studies include MRI scan of the lumbar spine demonstrating a left-sided disc herniation with compression of the neural foramen causing L5 nerve root encroachment with annular fissuring and disc bulging. There is broad-based disc protrusion noted centrally and into the left at the L4-5 level also on the MRI scan. The date of the MRI is 10/20/2017.

At the L4-5 level, disc material is described as extending into the left in the lateral recess towards the neural foramen.

Diagnosis Codes:

M51.26 Other intervertebral disc displacement, lumbar region

Impression: Lumbar radiculopathy with disc disruption L4-5 level

Treatment Plan: To a reasonable degree of medical certainty most probably, this man has a herniated L4-5 disc, which occurred as a consequence of his lifting injury. He has ongoing signs and symptoms of lumbar radiculopathy, and

DIGITALLY SIGNED Steven C. Poletti, MD
3/16/2018

762

1 of 2

Patient Name: McCoy, Jeffrey
Account number: 1037680
DOB:
Encounter Date: 1/29/2018

he has been seen by physicians at Midlands Orthopaedics to include Dr. Lamotta who has recommended a selective nerve root block. He potentially could consider further diagnostic testing to include lumbar discography and consideration of operative intervention, and I have recommended that he be placed on off-duty status and consider injection therapy directed towards his L4-5 disc and potentially consider discography and subsequent surgery should that not help.

Basically, this man has some disc disease. He may have sustained some measure of annular fissuring or tearing at the L5-S1 level. His signs and symptoms were consistent with back pain and groin pain only, but after this lifting injury he most likely herniated the L4-5 disc and began having the radicular pain going down his leg.

This lifting injury was potentially a straw that broke the camel's back, but nonetheless in my opinion it is most likely the inciting incident which caused the disc to herniate and ultimately has led to the recommendations by both myself and Dr. Lamotta. He has a current impairment of 13 percent to the whole person, and it would be higher should he undergo operative intervention. I would place him on off-duty status. I'm in agreement with Dr. Lamotta's recommendation for ongoing non-operative treatment to include injection-based therapy. I'm in agreement with Dr. Lamotta's recommendation for physical therapy and administration of a selective nerve root block on the left at L4. Specifically, this man did not have L4 radicular symptoms prior to his injury of 10/9/2017 and most likely extended or herniated his L4-5 disc as a consequence of his lifting injury as described. I would be glad to answer any further questions with regards to this.

The patient was given Necessity/Excuse Form. The patient is instructed to return if pain or symptoms arise. The patient is instructed to call us if pain persists or get worse.

Steven C. Poletti, MD

SCP/dmp

CC: Stephen B. Samuels, Esquire (FAX #803-779-4004)

APA Submission #3

Southeastern Spine Institute

Julius W. McKay, II
Mark D. Cauthen
Daniel R. Setiana, Jr.
Janet Brooks Holmes
Brandon P. Jones
Makenzie Polston
JC Nicholson
Alexander Zuraff
Jennie Clark

Of Counsel:
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mcauthen@mckayfirm.com
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June 15, 2020

Via E-Case

The Honorable Avery B. Wilkerson
Commissioner
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

JUN 17 2020

RE: McCoy, Jeffrey v. CroMed, LLC
WCC File No.: 1717573
Claim No.: G10073
DOA: 09/17/2017
Our File No.: 3800-0287

Dear Commissioner Wilkerson:

Enclosed please find the Defendant's Pre-hearing Brief and Notice of Witnesses and Written Medical Reports.

By copy of this letter to claimant's attorney, Stephen B. Samuels, I am serving him with the Pre-hearing Brief and Notice of Witnesses and copies of medical reports and exhibits we intend to submit pursuant to the Administrative Procedures Act.

Sincerely,



Mark D. Cauthen

MDC/dch

Enclosures

cc: Stephen B. Samuels, Esquire (w/encl)
Amy Vickers



Claimant's Name: Jeffrey W. McCoy Employer's Name: CroMed LLC
Address: _____ Address: 3 Waterside Ct.
City: Columbia State: SC Zip: 29229 City: Irmo State: SC Zip: 29063
Home Phone: (864) 426-3780 Work Phone: () Carrier: Guarantee Insurance Company in Liquidation/SC Property & Casualty Insurance Guaranty Assoc.
Preparer's Name: Mark D. Cauthen, Esquire Preparer's Phone #: (803) 258-4545

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$234.22 2. AWW: \$351.33 Date of Injury: 10/09/2017
3. Type of Injury and body part(s): Back, LLE (denied claim)
4. Facts in Controversy:
1. See Addendum.
5. Legal Issues Involved: See number 4.
6. Unusual aspects: _____
7. Witnesses (designate if expert):* Robert Cronan, Malcolm Young, Ronald Anderson, Katherine Blackburn, Wendy Woods; the Claimant and any witnesses listed by the Claimant. The defendants reserve the right to cross-examine any experts submitted by the claimant pursuant to section 1-23-3330(3). The Defendants reserve the right to amend their pre-hearing brief upon receipt of additional information.
8. Exhibits: Deposition transcripts of Jeffrey McCoy, Robert Cronan and Malcolm Young. Deposition transcript of Dr. Slif Ulrich. Written summary of events surrounding alleged injury prepared by Robert Cronan; text messages between Claimant and Mr. Cronan; GPS and other business records of CroMed, LLC; payroll records; video surveillance disk; Defendant's reserve right to amend their pre-hearing brief and to submit a memoranda of issues at the hearing of this matter.
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):
See APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: _____
11. Impairment rating(s); body part(s); physician and date of opinion: N/A
12. I am amending my Form 50/51 in the following manner: See No. 4

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Stephen B. Samuels

Address: Samuels Law Firm 13020 Richland Street Columbia, SC 29201 on the 15 day of June, 2020 by: ☒ first class postage

☐ certified mail ☐ personal service

Signature: Mark D. Cauthen

Date of hearing: _____

Email: mcauthen@mckayfirm.com

Time needed for hearing: 3.0 hours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

ADDENDUM TO DEFENDANT'S FORM 58
JEFFREY MCCOY V. CROMED, LLC
WCC NO. 1717573

#4.

- A. Whether Claimant suffered a compensable injury to his back and left leg on October 9, 2017 while employed by CroMed, LLC? (Claimant sought medical treatment for pre-existing/unrelated lower back pain with radiation to his lower extremities in the weeks prior to the alleged accident of 10/9/2017. Claimant additionally missed approximately two weeks of work from 9/18/2017 through 9/29/2017 due to pre-existing symptoms. On 10/09/2017, the alleged date of injury and also Claimant's final day of work with CroMed, Claimant received a verbal reprimand from his supervisor, Robert Cronan, and immediately thereafter complained to another supervisor (Malcolm Young) about the reprimand and notified the supervisor he would probably be resigning his employment and this would be his last day. Defendants assert that, at the end of the day, claimant requested workers compensation information from his supervisor, but reported nothing about an alleged injury on 10/09/2017. CroMed subsequently completed a 12A believing the request to file a claim related to back pain for which claimant sought treatment in September 2017.)
- B. Whether claimant gave timely notice of an alleged injury on 10/09/2017? (Defendants contend the first notice of the alleged 10/09/2017 injury was the filing of claimant's Form 50 dated December 4, 2017.)
- C. Whether Claimant's current symptoms are casually related to alleged 10/09/2017 injury or preexisting.

It is Claimant's position that the MRI performed after the alleged injury (on 10/20/17) "shows worsening of the disc deformities compared to the previous CT scan (performed prior to the alleged injury on 9/26/17) consistent with an acute injury from lifting the wheelchair as reported by the patient." (Questionnaire of Dr. Lamotta, 2/20/18).

However, Dr. Douglas Bull, a board-certified Radiologist, reviewed the two scans and disagreed. Dr. Bull opined "The degree of disc protrusion appears to me to be the same between the two exams. My measurements of the anterior to posterior diameter of the spinal canal (distance from the back of the bulging disc to the front edge of the bony lamina) at the point of greatest disc bulge is 11.8mm on the CT scan 9/26/17 and 12mm on the MRI scan 10/20/17. In essence, I do not measure any anatomic difference between the two exams relative to the degree of disc protrusion, stenosis, or foraminal involvement." (see Defendant's APA submissions, page 62, report of Dr. Douglas Bull 3/7/19).

Dr. Bull's opinion is the only opinion of a board-certified radiologist in this case.

- D. Whether claimant properly served Defendant SCPCIGA with initial Form 50.
- E. If compensable, the extent of claimants entitlement to medical treatment and/or TTD benefits.

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

Jeffery McCoy,

Claimant,

vs.

CroMed, LLC,

Employer,

and

Guarantee Insurance Co. in liquidation/
SC Property and Casualty
Insurance Guaranty Association,

Carrier.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC FILE NO. 1717573

NOTICE OF WITNESSES
AND WRITTEN REPORT(S) PHYSICIAN
OR OTHER EVIDENCE TO
INTRODUCED ON BEHALF OF
THE EMPLOYER/CARRIER

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
THE CLAIMANT'S ATTORNEY STEPHEN SAMUELS

YOU ARE HEREBY NOTIFIED THAT THE employer/carrier, 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 reports/physicians or other evidence on behalf of the employer/carrier, to wit:

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORTS	NO.
1.	Southeastern Spine Institute	1/29/18	56-61
2.	Report and CV of Douglas M. Bull, MD	3/7/19	62-65

EXH #	EXHIBIT	DATED	PAGE NOS.
3.	Summary prepared by Robert Cronan		66-68
4.	Text Messages between Claimant and Robert Cronan		69-72
5.	GPS and other business records of CroMed, LLC		73-83
6.	Payroll Records		84-90
7.	Deposition Transcript of Claimant		

8.	Deposition Transcript of Robert Cronan		
9.	Deposition Transcript of Malcolm Young		
10.	Deposition of Dr. Slif Ulrich		
11.	Surveillance DVD of January 14, 2019		

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 deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER HEREBY NOTIFIED that the originals of the documents referred 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 evidence on behalf of the employer/carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the employer/carrier:

Any representative of the employer. The Claimant and/or any witness named by the Claimant. The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330(3).



Mark D. Cauthen
McKay Law Firm
Post Office Box 7217
Columbia, South Carolina 29202-7217
(803) 256-4645

Attorney for the Defendants

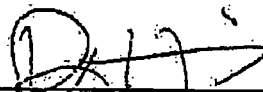
Columbia, South Carolina
June 15, 2020

CERTIFICATE OF SERVICE

Dixon Hill, states that he is a Legal Assistant for McKay Law Firm, with offices in Columbia, South Carolina. This is to certify that a copy of the foregoing Pre-hearing Brief, Notice of Witnesses and medical records, have been served upon the claimant, by placing a copy of the same in the United States mail, certified mail, return receipt requested and by first class mail, postage prepaid, addressed below this the 15 day of June, 2020 as follows:

Stephen B Samuels, Esquire
Samuels Law Firm
1320 Richland Street
Columbia, SC 29201

Via E-File Only
The Honorable Avery B. Wilkerson
Commissioner
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715



Dixon C. Hill, Legal Assistant
McKay Law Firm
1303 Blanding Street
Post Office Box 7217
Columbia, SC 29202

(803) 256-4645

Jeffrey Valley # 1037680

Use the body diagram below to indicate the location of any of the 5 sensations listed. Mark the areas on the drawings with the symbol that best describes the sensation that you feel.

DOB:

IME 1/29/18

AGE: 50

HT: 5'10"

WT: 225

FU: no

R: b

OOOOO

XXXXX

IIIIII

AAAAA

Numbness

Pins and needles

Burning Pain

Stabbing Pain

Aching Pain

FRONT

BACK

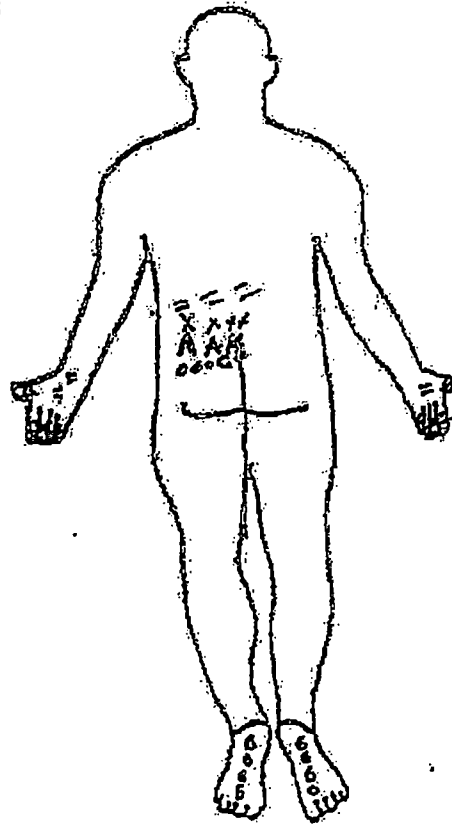
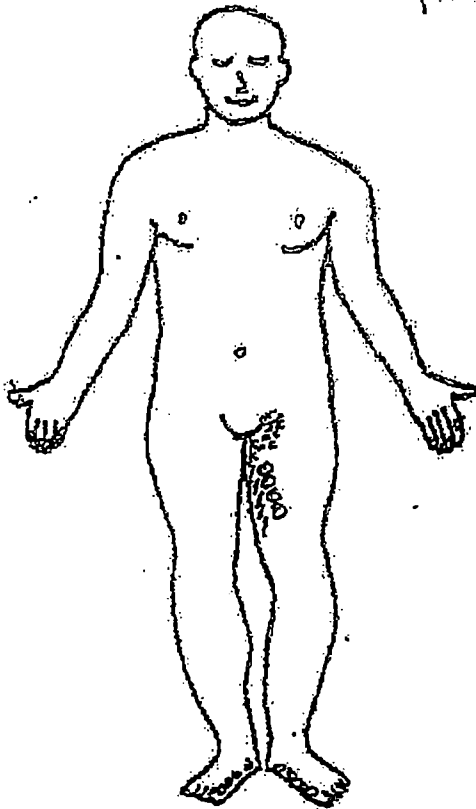
Right

Left

Left

Right

OPAC
CON
PRN



JEFF J. MULLOY
#1031680

- (1) Who referred you to us?
Samuels Law Firm
- (2) Who is your primary care physician?
Grandville Medical
- (3) Briefly describe the details of your injury or the initial onset of your symptoms:
Ran over the pick up wheel chair, felt back pain
and plus needles in front left leg.
- (4) How long have the symptoms been present?
9-12-12
- (5) Please provide the following information:
If this was a work injury or a motor vehicle accident: _____
Please briefly describe the accident/injury: _____

Were you taken to the hospital? Yes No

Were you hospitalized? Yes No

What physicians (or other) healthcare professionals who have treated you for this injury to date?
None

(6) How would you compare your pain ratio (circle one)

FOR BACK AND LEG PAIN ONLY
1 = 100% back pain and 0% leg pain
2 = 75% back pain and 25% leg pain
3 = 50% back pain and 50% leg pain
4 = 25% back pain and 75% leg pain
5 = 0% back pain and 100% leg pain

FOR NECK AND ARM PAIN ONLY
1 = 100% neck pain and 0% arm pain
2 = 75% neck pain and 25% arm pain
3 = 50% neck pain and 50% arm pain
4 = 25% neck pain and 75% arm pain
5 = 0% neck pain and 100% arm pain

Jeffrey Wilcox #1057680

(7) Put a check mark next to the activities which change the nature of your pain:

	Aggravates	Relieves
1. Sitting	☒	☐
2. Standing	☒	☐
3. Rising from sitting	☒	☐
4. Leaning forward (Brushing teeth)	☒	☐
5. Walking	☒	☐
6. Lying on your side	☒	☐
7. Lying on your back	☒	☐
8. Lying on your stomach	☒	☐
9. Driving	☒	☐
10. Coughing/sneezing	☒	☐
11. Bending forward	☒	☐

(8) Please circle the number that best applies to your usual level of pain.

0 = No pain
10 = Pain as bad as it can be
0 1 2 3 4 5 6 8 9 10

(9) What makes your pain better?

Sitting, walking, etc.

(10) What makes your pain worse?

Standing, sitting or standing for long time

(11) Circle the tests that have been performed thus far:

X-ray CT-Scan Myelogram MRI BMG Bone Density Study
If so, when? 9-26-12 & 10-20-12

(12) Circle the treatment that you have had so far:

Back Braces Nerve Block Physical Therapy Chiropractic
TENS Unit
Other: None

(13) List all major illnesses (glaucoma, diabetes, high blood pressure, heart attack, etc.) or injuries (concussion, etc.):

(14) Past surgeries including neck or back?

None

(15) List any medications you currently take: See list on Jeffrey Macias #10 37180

(16) Do you have allergies to any medications? YES NO
If YES, list the medications: _____

(17) Family History of: (Please Circle)

1- Arthritis

5- Diabetes

9- Tuberculosis

2- Back Pain

6- Glaucoma

10- Other Inheritable Diseases

3- Neck Pain

7- Cancer

11- Blood Transfusion - YES or NO

4- Hypertension

8- Stroke

Other _____

(18) Social History

Have you ever had a blood transfusion? YES NO

Do you drink alcohol YES NO If YES, how much? 1 d. week

Do you presently smoke? YES NO If YES, how many packs per day? 1/2
How many years? 25 yrs

Are you a past smoker? YES NO If YES, how many packs per day? _____
How many years? _____

1- If you have been off work this year, how much time have you lost?

1- Unknown

2- About 1 day

3- About 3 days

4- About a week

5- About 1 month

6- About 3 months

7- About 6 months

8- About 6 months to a year

(19) Are you (circle one)

1- Unemployed

2- Employed

3- Homemaker

4- Student

5- Retired

(20) If you selected "1" or "2", please answer the following questions:

(21) To help us better understand the physical stresses during your work day, please tell us what type of job you do.

Job Description:

Dr. Doe

Employer:

Charmel LLC

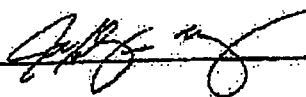
Jeff y McCoy
#1037680

(22) Do you currently have any problems in the following areas? If YES, please provide additional information.

	YES	NO	Details
Eyes (poor vision, eye pain, tearing, redness, etc.)	☒	☐	
General / constitutional (fever, heat stroke, weight loss, weight gain, unusually tired)	☒	☐	
Ears, nose, throat (hard of hearing, stuffy nose, earache, cough, dry mouth, etc.)	☐	☒	
Cardiovascular (high bp, racing pulse, etc.)	☒	☐	
Respiratory (congestion, wheezing, short of breath, etc.)	☐	☒	
Gastrointestinal (stomach upset, diarrhea, constipation, hernia, ulcers, etc.)	☒	☐	
Genital, kidney, bladder (painful urination, frequent urination, impotence, yellow jaundice, etc.)	☐	☒	
Females are you pregnant? Nursing?	☐	☒	
Muscles, bones, joints (joint pain, stiffness, swelling, cramps, arthritis, etc.)	☒	☐	
Skin (pimples, warts, growths, rash, etc.)	☐	☒	
Neurological (numbness, headache, seizures, paralysis, etc.)	☒	☐	
Psychiatric (anxiety, depression, insomnia)	☒	☐	
Endocrine (diabetes, hypothyroid, etc.)	☒	☐	
Blood / lymph (bleeding, cholesterolemia, anemia, problems related to blood transfusion, etc.)	☐	☒	
Allergic / immunologic (sneezing, swelling, redness, itching, hives, lupus, etc.)	☐	☒	

(23) If you want to make any additional comments please do so below and on the back of this page.

Patient Signature



Date 1-3-18

Oswestry Disability Questionnaire

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

Section 1: Pain Intensity

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☒ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

Section 2: Personal care (eg. washing, dressing)

- ☐ I can look after myself normally without causing extra pain
- ☒ I can look after myself normally but it causes extra pain
- ☐ It is painful to look after myself and I am slow and careful
- ☐ I need some help but manage most of my personal care
- ☐ I need help every day in most aspects of self-care
- ☐ I do not get dressed, I wash with difficulty and stay in bed

Section 3: Lifting

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it gives extra pain
- ☒ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on a table
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ I can lift very light weights
- ☐ I cannot lift or carry anything at all

Section 4: Walking

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me from walking more than 2 kilometres
- ☐ Pain prevents me from walking more than 1 kilometre
- ☒ Pain prevents me from walking more than 500 metres
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time

Section 5: Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can only sit in my favourite chair as long as I like
- ☒ Pain prevents me sitting more than one hour
- ☐ Pain prevents me from sitting more than 30 minutes
- ☐ Pain prevents me from sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all

Section 6: Standing

- ☐ I can stand as long as I want without extra pain
- ☐ I can stand as long as I want but it gives me extra pain
- ☒ Pain prevents me from standing for more than 1 hour
- ☐ Pain prevents me from standing for more than 3 minutes
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

Section 7: Sleeping

- ☐ My sleep is never disturbed by pain
- ☐ My sleep is occasionally disturbed by pain
- ☒ Because of pain I have less than 6 hours sleep
- ☐ Because of pain I have less than 4 hours sleep
- ☐ Because of pain I have less than 2 hours sleep
- ☐ Pain prevents me from sleeping at all

Section 8: Sex life (if applicable)

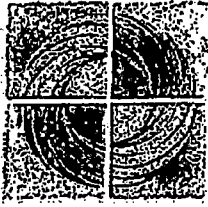
- ☐ My sex life is normal and causes no extra pain
- ☐ My sex life is normal but causes some extra pain
- ☒ My sex life is nearly normal but is very painful
- ☐ My sex life is severely restricted by pain
- ☐ My sex life is nearly absent because of pain
- ☐ Pain prevents any sex life at all

Section 9: Social life

- ☐ My social life is normal and gives me no extra pain
- ☐ My social life is normal but increases the degree of pain
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests eg. sports
- ☒ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

Section 10: Travelling

- ☐ I can travel anywhere without pain
- ☒ I can travel anywhere but it gives me extra pain
- ☐ Pain is bad but I manage journeys over two hours
- ☐ Pain restricts me to journeys of less than one hour
- ☐ Pain restricts me to short necessary journeys under 30 minutes
- ☐ Pain prevents me from travelling except to receive treatment



PITTS RADIOLOGY

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D. Timothy Powell, M.D.

Kevin G. Carroll, Jr., M.D.

Jonathan E. Boistein, M.D.

Kevin R. Gibbs, M.D.

Jason P. Eastlack, M.D.

March 7, 2019

Mark D. Cauthen
The McKay Law Firm
PO Box 7217
Columbia, SC 29202-7217

RE: McCoy, Jeffrey vs. CroMed, LLC

Dear Mr. Cauthen,

After receiving the materials sent to me last week, I have now had the opportunity to review this case.

Comparing anatomic findings between two different modalities such as CT and MRI can occasionally create some difficulties. However, in this case, I feel confident in my opinion that there is no real change between the scans from an anatomic standpoint.

The L4-L5 disc does show broad bulge and protrusion with some narrowing of the central canal (spinal stenosis) and some mass effect on both nerve root foramina, slightly more pronounced on the left side. My guess is that if the patient was symptomatic, it was probably from the findings at this level. The degree of disc protrusion appears to me to be the same between the two exams. My measurements of the anterior to posterior diameter of the spinal canal (distance from the back of the bulging disc to the front edge of the bony lamina) at the point of greatest disc bulge is 11.8 mm on the CT scan 9-26-17 and 12 mm on the MRI scan 10-20-17. In essence, I do not measure any anatomic difference between the two exams relative to the degree of disc protrusion, stenosis, or foraminal involvement.

Keep in mind that certain conditions can exist in conjunction, such as nerve root inflammation, and these can worsen or improve, but without any perceived change in anatomic findings on the scans themselves. We cannot determine if that might be the case here.

At L5-S1, there is a much milder disc protrusion which could perhaps be subclinical. However, the MRI does in fact show an annular tear at this level, a finding that typically cannot be perceived on CT scan. Therefore that specific condition could have existed at the time of the CT scan, but just not visible.

After thorough review of these exams, I feel that the opinions included herein are to a reasonable degree of medical certainty.

Very truly yours,

Douglas M. Bull, M.D.

CURRICULUM VITAE

Douglas Middleton Bull, M. D.

Business Address:

Pitts Radiology, P. A.
1519 Marion Street
Columbia, SC 29220

UNDERGRADUATE EDUCATION

August 1974 - May 1978

Clemson University
Clemson, SC
Bachelor of Science, Microbiology

MEDICAL EDUCATION

June 1978 - June 1982

Medical University of South Carolina
Charleston, SC
Doctor of Medicine

POST GRADUATE TRAINING

July 1986 - June 1990

University of Virginia Medical Center
Charlottesville, VA
Residency in Diagnostic Radiology

July 1982 - July 1983

Spartanburg General Hospital
Spartanburg, SC
Medical-Surgical Internship

PROFESSIONAL EXPERIENCE

July 1990 - Present

Pitts Radiology, PA
Columbia, SC

July 1983 - June 1986

General Medical Practice
Steele Creek Medical Center
Lake Wylie, SC

August 1983 - June 1986

Medical Director & Staff Physician
Sharon Village Nursing Home
Charlotte, NC

September 1983 - June 1986

Student Health Service Physician
Belmont Abbey College

Belmont, NC

BOARD CERTIFICATION

1990

American Board of Radiology

MEDICAL LICENSURE

1983

South Carolina (#11386)

PROFESSIONAL SOCIETIES

Radiological Society of North America
American College of Radiology
Society of Breast Imaging
Columbia Medical Society
South Carolina Medical Association

HOSPITAL AFFILIATIONS

1990 - Present

Staff Radiologist
Prisma Health (formerly Palmetto Health) Baptist
Columbia, SC

1990 - Present

Staff Radiologist
Providence Hospitals
Columbia, SC

1993 - Present

Staff Radiologist
Newberry County Memorial Hospital
Newberry, SC

2005 - Present

Staff Radiologist
Prisma Health (formerly Palmetto Health) Richland
Columbia, SC

2008 - 2016

KershawHealth
Camden, SC

2014 - Present

Staff Radiologist
Prisma Health (formerly Palmetto Health) Baptist Parkridge
Columbia, SC

LEADERSHIP ROLES

2005 – Present	Department of Radiology Professional Director Palmetto Health Richland Hospital
2002 – Present	Vice President of Operations Pitts Radiology
1993 – Present	Medical Director Breast Health Center, Palmetto Health Baptist
1998 – 2000	Radiology Department Chief Palmetto Health Baptist

HONORS/AWARDS

Medical University of South Carolina

- 1981 Student Chairman - Curriculum Committee
- 1978 South Carolina Department of Health and Environmental
Control Medical Scholarship - Four Year Scholarship recipient

Clemson University

- 1978 Algemon Sydney Sullivan Award (The Institution's Highest Non-Academic Award)
- 1978 Who's Who In American Colleges and Universities
- 1978 Interfraternity Council Man of the Year Award
- 1978 President - Sigma Nu Fraternity
- 1977 President - Interfraternity Council
- 1976 Vice President - Tiger Brotherhood Honor Society
- 1976 Blue Key Honor Society
- 1977 Phi Kappa Phi

Date	Time	Event	
17-Sep	6:20 PM	See Note 1 - First Time Learning he was hurt...not on job but hurt	Cronan to McCoy
17-Sep	6:21 PM	See Note 2 - texting jeff to say feel better	Cronan to McCoy
18-Sep	8:21 AM	Called got VM	Cronan to McCoy
18-Sep	8:22 AM	See Note 3 - called no answer	Cronan to McCoy
18-Sep	10:39 AM	See Note 3 - jeff saying sciatic, dr says back by wed	McCoy to Cronan
19-Sep	9:28 AM	4 min convo about how he was and his MVR we needed	Cronan to McCoy
19-Sep	4:35 PM	called Jeff No Answer	Cronan to McCoy
19-Sep	4:36 PM	Texted "I need to speak to you asap, please call"	Cronan to McCoy
19-Sep	5:59 PM	Jeff Called probably confirming he couldn't work	McCoy to Cronan
21-Sep	1:25 PM	Jeff Texted "U Get That" Referring to photo of MVR on google docs	McCoy to Cronan
21-Sep	4:38 PM	Called Jeff confirmed I received a pic of his MVR	McCoy to Cronan
24-Sep	11:50 PM	Texted to Bring MVR to work	McCoy to Cronan
25-Sep	6:41 AM	Jeff couldn't get his pad to work, already 11 mins late to work	McCoy to Cronan
25-Sep	6:58 AM	called Jeff back letting him know since he was late I'd take a trip off to help	Cronan to McCoy
25-Sep	7:13 AM	Jeff called saying no one was coming to door...made call for him...	McCoy to Cronan
25-Sep	7:39 AM	Asking where he was	Cronan to McCoy
25-Sep	7:47 AM	call me back confirming pick up and confirming he didn't have to get a pt	McCoy to Cronan
25-Sep	8:35 AM	See Note 4 - clearing rest of his day based on him crying in parking lot	McCoy to Cronan
25-Sep	9:00 AM	missed Jeffs call	Cronan to McCoy
25-Sep	9:00 AM	Called Jeff Bck	Cronan to McCoy
25-Sep	5:48 PM	Called Jeff Got VM	Cronan to McCoy
26-Sep	1:44 PM	Called Jeff, wife answered saying they were going to ER SEE NOTE	Cronan to McCoy
28-Sep	2:17 PM	MY called and Jeff says he will be back Monday 10/2	Young to McCoy
2-Oct	9:34 AM	Instructed Jeff to Take Drug Test...he did not comply, see Note 5	Cronan to McCoy
		Jeff worked 10/02 - 10/7	
9-Oct		Jeff Worked 10/09 SEE NOTE 7	

1. Called Jeff to inform him about work Monday. He said "I was just about to call you to let you know that I am not coming in tomorrow, I am on my way to ER, I think I have Kidney Stones" This is in direct violation of hand book rules which forbids a Text Message to call in sick. I ask him to keep me posted because I have to make my schedules in advance, and if he isn't working I need to make arrangements. No Mention whatsoever of being injured at work....Check with ER doctors at whatever ER he went to. See if he claims injury then.
2. Texted Jeff back - "Feel Better Man, Hopefully it's just some wicked gas", "Let Me Know How You are feeling, just text me some updates.....Jeff Responded "Will DO".
3. No Updates that night; called at 0821 got VM, texted at 0822 saying "Checking in on how you are doing" then Jeff called back at 1039, said that it was his sciatic nerve acting up and that his doctor gave him meds and he had a note to miss Monday and Tuesday, but that his doctor cleared him back for Wed Sept 20th. Instructed Jeff to keep me posted. No such note was ever submitted.
4. Got a call from Ronald Anderson stating he saw Jeff crying near cars, Jeff saying he couldn't get back in car. Jeff was instructed previously no not exit car to assist passengers if his back was hurting, he claimed he was fine, and came to work, the whole crying and cant get back in car was just Ronald's statement....I called Jeff and said he was okay but in some discomfort, I told him we were clearing the rest of his day and for him to go home and rest...Still NO mention of hurting himself on the job. (Driving Passengers, sitting in car) Jeff returned car and went home. We were still operating on his Sciatic Nerve hurting him.
5. Jeff was instructed to go take a Drug Screen. On Monday 10/02 Yearly Drug Screen, Jeff did not comply and went the next day. Kathryn Blackburn, told Wendy Woods that the reason Jeff did not is because he smokes Pot, Deals pot, and does Cocaine. I was also told that he needed to wait for his wife to get home from work so he could use her pee to pass the drug screen, which is why he did not go on the day he was asked and went the next day. I don't know about any of that other than what the workers told me.
6. I have no evidence other than Jeff's Word that he went back to the ER this day, however, when the initial investigation was ongoing, Jeff did not mention going back to Doctor or ER to the Claims Adjuster for WC.
7. Jeff started work at 0700. While he was picking up his first three patients I called him at 0758 to council him on "doing the trips in the correct order" He did the trips out of order. When I was telling him that he was doing them out of order and that he needed to pay closer attention to his work he informed me that he was a professional driver and that he knew what he was doing. Jeff Dropped his 3 clients off with the last client being dropped off at 0913 he entered in the information for his next trip which was about 75 minutes away. At 0918 he departed for his next trip. At 0925 he made a call to Malcolm Young. He was complaining about how I (Robert Cronan) spoke to him and that this was probably going to be his last day, but he would let us know for sure. Malcolm told him to bring it in then and we would find someone else to run that trip. Jeff said that he needed the money and would run the trip. Jeff arrived at his next patients house at 1046 sat for 9 minutes loading patient. Drove towards his patients appointment, made a 6 minute stop at gas station, then dropped his patient off at 1157 sat for 3 hours then proceeded to take patient home. Dropped his patient back off at their home at 1557 then drove back to Columbia filled it up with gas, returned it to the lot and left at 1718. Called Malcolm Young at 1721 and asked for our Workers Comp info. Malcolm Young called me and let me

know Jeff Requested this info. I called in a claim then I called Jeff to let him know I filed his claim at 1823, He did not answer, texted him at 1824 that his claim was filed..(Text Provided)

The call to Malcolm Young at 1721 was the first time Jeff was claiming to be hurt at work. This was NOT because he said he was hurt, and when he got hurt, or how he got hurt, rather just to ask for our WC info. We did not find out until later the details of his claim. Not one time did Jeff relay any information to us.

Jeff was upset because he was verbally counseled earlier in the day and did not get the answers he was looking for when he called Malcolm Young to complain about my comments to him. This angered Jeff to the point where he resigned. When told to come in he said he would finish his day. He proceeded to work an additional 8 hours then asked for the Workers Compensation info at the end of his shift.



Jeff

Sun, Sep 17, 18:21

Feel better man, hopefully it's just some wicked gas

Let me know how you are feeling, just text me some updates



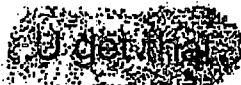
Mon, Sep 18, 08:22

Checking in on how you are doing

Tue, Sep 19, 16:36

I need to speak to you asap. Please call

Thu, Sep 21, 13:25



Sun, Sep 24, 23:50

Make sure you bring in your MVR I can't send them a picture of it. Place it in the older white Camry. Malcolm will grab at 0700

Thu, Oct 5, 14:39



Text Message



784



Thu, Oct 5, 14:39

[Redacted]

Sun, Oct 8, 18:19

0730

[Redacted]

I don't know at this point. Check with Malcolm.

[Redacted]

Mon, Oct 9, 18:24

Your claim has been filed.
An adjuster will contact you within
24-48 hours.

Mon, Oct 16, 09:42

Please text me your corrected
address so I can send your check.
Also can you bring your shirt to
Malcolm. There is a 25.00 fee if you
choose to keep shirt instead.

[Redacted]



Text Message





JM



Jeff

Mon, Oct 9, 18:24

Your claim has been filed.
An adjuster will contact you within
24-48 hours.

Mon, Oct 10, 09:42

Please text me your corrected
address so I can send your check.
Also can you bring your shirt to
Malcolm. There is a 25.00 fee if you
choose to keep shirt instead.

127 S. Main St. Apt. 201
Denver, CO 80202

Thought I did. Okay

Do you still have your handbook?

Yes

Okay. If I need anything I'll get in
touch. Do the same if you need
anything



Text Message



786



34% 23:52

Jeff McCoy
(803) 669-9975



In there 16:02

Monday, October 2, 2017

0600

17:32 Same car

Monday, October 23, 2017



When can I get paid? 13:24

13:34 Check was mailed on Saturday. I was thinking you would have gotten today or tomorrow.

Mailed to

13:35 Columbia sc 29229



I was just told it put in mail 2 day but thank u yes rite address 13:36

13:50 If malcolm told you that then that's what happened. I was told Saturday. So look for it tomorrow or Wed then



ok no problem 13:51

Enter message



Fuelman

Provided By:
The Carolinas
(800) 877-0800

CROMED LLC
7228 WOODROW ST SUITE 1
IRMO SC 29053

FLEET MANAGEMENT REPORT

Account # BG2128085
FLEET # 2182987
Name: CROMED LLC
MATCHING STATEMENT # NP51807829
Page: 1 of 4

FLEET MANAGEMENT REPORT FOR 10/9/2017 - 10/16/2017 SUMMARY OF TRANSACTIONS THIS REPORTING PERIOD FOR ALL VEHICLES IN YOUR FLEET

PRODUCT	QUANTITY	BASE PRICE	FED TAX	ST TAX	OTH TAX	OTH CHARGES	TOTAL
UNL	729.941	\$1,321.93	\$135.83	\$135.84	\$0.00		\$1,594.60
Total	729.941	\$1,321.93	\$135.83	\$135.84	\$0.00		\$1,594.60

This report is for information only.
Please see remittance copy on the statement for the total payment amount.

TOTAL MILES: 17,152

EXCEPTION CODES:

11 Odometer entry is out of sequence

Transaction Detail for Customer NO. 2182987 - CROMED LLC; 10/9/2017 - 10/16/2017

DATE	TIME	SITE	DRIVER	ODOMETER	MPG	FUEL TYPE	QTY	NET PRICE	TAXES	TOTAL AMT	EXCEPT CODE*
112518 - 2017 Honda Accord Gray											
10/09	17:49	360972	Darian And	51382	35.7	UNL	8.450	1.82250	0.37360	\$18.68	
10/10	17:03	588828	Darian And	51695	35.0	UNL	9.514	1.82380	0.37360	\$20.90	
10/11	11:04	588823	Darian And	51985	38.3	UNL	7.895	1.81220	0.37360	\$17.48	
10/12	13:28	333473	Darian And	52252	37.5	UNL	7.086	1.88440	0.37360	\$16.88	
10/12	15:27	588823	Darian And	52378	37.5	UNL	3.350	1.80300	0.37360	\$7.29	
10/13	15:51	360972	Darian And	52583	31.9	UNL	5.816	1.76470	0.37360	\$12.54	
Miles:				1503	35.8		42.322			\$92.73	
115812 - 2016 VW Passat											
10/11	17:25	841827	Debra Forb	79047	30.1	UNL	9.284	1.76220	0.37360	\$19.98	
10/12	13:28	841827	Marva Fair	79323	46.8	UNL	5.894	1.78490	0.37360	\$12.72	
Miles:				555	35.5		15.158			\$32.70	
118242 - 2017 Honda Accord Silver											
10/09	15:32	844909	Lavonda Hu	45528	35.5	UNL	7.732	1.77820	0.37360	\$16.80	
10/10	17:53	844909	Lavonda Hu	45884	33.0	UNL	7.749	1.76280	0.37360	\$16.56	
10/11	17:31	844909	Lavonda Hu	46228	32.2	UNL	10.819	1.75440	0.37360	\$22.59	
10/12	18:13	844909	Lavonda Hu	46538	34.2	UNL	12.053	1.75310	0.37360	\$23.81	
10/13	17:16	360972	Lavonda Hu	47006	39.6	UNL	8.288	1.76360	0.37360	\$19.87	
Miles:				1653	34.9		47.452			\$101.24	
131489 - 2016 Dodge GCV Red											
10/09	17:15	844374	Sanita Sim	37170	23.4	UNL	13.152	1.78290	0.37360	\$23.50	
10/10	15:19	844374	Sanita Sim	37484	23.8	UNL	13.181	1.79350	0.37360	\$23.85	
10/11	17:28	844374	Sanita Sim	37791	23.2	UNL	13.222	1.78340	0.37360	\$23.52	
10/12	17:23	844374	Sanita Sim	38086	23.5	UNL	12.577	1.77300	0.37360	\$22.00	
10/13	15:56	360972	Sanita Sim	38391	24.9	UNL	12.236	1.76370	0.37360	\$22.15	
Miles:				1529	23.8		64.368			\$139.73	
335551 - 2016 Dodge GCV White											
10/09	15:19	360972	Deborah Sm	75582	22.2	UNL	13.591	1.82390	0.37360	\$24.86	
10/10	15:29	360972	Deborah Sm	76747	18.7	UNL	9.908	1.80450	0.37360	\$21.57	
10/11	16:34	360972	Deborah Sm	77004	22.1	UNL	11.607	1.78430	0.37360	\$22.04	
10/12	15:25	360972	Deborah Sm	77221	20.5	UNL	10.588	1.77420	0.37360	\$22.69	



FLEET MANAGEMENT REPORT

Account # BG2128055

FLEET # 2162997

Name: CROMED LLC

MATCHING STATEMENT # NP51607929

Page: 2 of 4

DATE	TIME	SITE	DRIVER	ODOMETER	MPG	FUEL TYPE	QTY	NET PRICE	TAXES	TOTAL AMT	EXCISE CODE
335551 - 2016 Dodge GCV White (continued)											
10/13	16:38	360972	Deborah Sm	77493	23.0	UNL	11.808	1.76380	0.37360	\$25.24	
Miles:				1233	21.3		67.483			\$124.40	
350267 - 14 Toyota Camry White											
10/08	16:32	841827	Courtney B	232810	31.0	UNL	10.369	1.81310	0.37360	\$22.86	
10/10	11:19	841827	Courtney B	233308	30.4	UNL	8.613	1.80410	0.37360	\$14.16	
10/11	17:08	841827	Courtney B	233352	31.0	UNL	11.086	1.78440	0.37360	\$23.94	
10/12	14:32	841827	Courtney B	233582	30.8	UNL	7.460	1.78280	0.37360	\$16.10	
10/13	12:01	841827	Courtney B	233788	26.2	UNL	7.105	1.76500	0.37360	\$15.18	
Miles:				1279	28.5		42.543			\$92.09	
458880 - 2014 Silver Toyota Sienna											
10/09	21:10	841827	Malcolm Yo	158088	25.4	UNL	8.691	1.81220	0.37360	\$16.00	
10/10	16:06	841827	Alaynn Wo	158342	24.3	UNL	10.450	1.80570	0.37360	\$22.77	
10/10	17:34	841827	Alaynn Wo	158431	21.4	UNL	4.182	1.79460	0.37360	\$9.02	
10/11	23:42	841827	Malcolm Yo	158712	23.6	UNL	11.918	1.78500	0.37360	\$25.71	
10/12	22:36	841827	Malcolm Yo	159062	25.0	UNL	14.809	1.77330	0.37360	\$31.79	
10/13	17:22	841827	Alaynn Wo	159372	23.2	UNL	12.514	1.75320	0.37360	\$26.61	
Miles:				1895	23.8		\$2,644			\$134.90	
501576 - 2016 Toyota Camry White											
10/08	17:16	841827	Jeff McCoy	90065	33.5	UNL	10.341	1.81410	0.37360	\$22.82	
10/10	21:53	841827	Malcolm Yo	90428	34.8	UNL	10.379	1.78360	0.37360	\$22.49	
10/11	11:34	841827	Alaynn Wo	90880	32.8	UNL	7.138	1.81640	0.37360	\$16.63	
10/12	12:41	841827	Alaynn Wo	90907	32.7	UNL	7.550	1.78160	0.37360	\$16.28	
10/13	18:00	841827	Malcolm Yo	91148	28.3	UNL	8.041	1.75230	0.37360	\$17.10	
Miles:				1424	\$2.8		43.450			\$94.12	
584638 - 2015 Toyota Camry Silver											
10/09	16:19	841827	Marva Fair	81895	32.4	UNL	4.227	1.81490	0.37360	\$8.24	
10/10	17:19	841827	Marva Fair	81880	34.2	UNL	7.767	1.79060	0.37360	\$16.80	
10/11	15:37	841827	Marva Fair	82226	0.0	UNL	8.127	1.78360	0.37360	\$17.03	
10/13	13:02	841827	Marva Fair	82361	0.0	UNL	4.584	1.76390	0.37360	\$10.01	11
Miles:				492	33.3		24.765			\$68.58	
591705 - 2015 Dodge GCV Gold											
10/08	17:35	841827	Kathryn Bl	48914	29.7	UNL	17.742	1.81320	0.37360	\$36.80	
10/10	14:32	389332	Kathryn Bl	50182	18.7	UNL	14.123	1.91800	0.37360	\$32.33	
10/10	18:09	841827	Kathryn Bl	272	0.0	UNL	4.817	1.78570	0.37360	\$10.44	11
10/11	13:49	841827	Kathryn Bl	50385	0.0	UNL	6.006	1.78320	0.37360	\$12.06	
10/12	14:42	389332	Kathryn Bl	50962	18.5	UNL	14.951	1.91570	0.37360	\$34.24	
10/12	17:30	841827	Kathryn Bl	50728	15.9	UNL	4.208	1.77480	0.37360	\$8.04	
10/13	17:13	841827	Kathryn Bl	50894	19.0	UNL	13.941	1.75380	0.37360	\$29.65	
Miles:				1254	18.8		75.789			\$167.46	
745079 - 2016 Dodge GCV Black											
10/09	16:48	844923	Jennifer R	72590	21.2	UNL	11.877	1.83350	0.37360	\$25.77	
10/11	18:40	844923	Jennifer R	72987	22.4	UNL	17.761	1.82310	0.37360	\$39.02	
10/12	17:01	844923	Jennifer R	73903	20.2	UNL	15.573	1.80310	0.37360	\$35.12	
Miles:				961	21.3		45.111			\$99.91	
772128 - 14 Toyota Camry Silver											
10/08	11:59	835103	Ablynn Wo	217382	28.0	UNL	8.233	1.82440	0.37360	\$16.10	
10/10	16:30	841827	Wendy Wood	217831	33.0	UNL	14.218	1.79350	0.37360	\$30.91	
10/12	06:39	389333	Wendy Wood	5621	0.0	UNL	12.180	1.86580	0.37360	\$27.52	11
10/12	16:14	333473	Wendy Wood	218518	0.0	UNL	10.079	1.85430	0.37360	\$22.65	
Miles:				708	31.0		44.710			\$98.98	
835028 - 2014 Toyota Camry Green											
10/09	10:39	389344	Alvah Wood	188060	34.4	UNL	12.630	1.85650	0.37360	\$29.42	
10/10	13:10	389344	Alvah Wood	188260	34.6	UNL	6.969	1.85600	0.37360	\$14.81	
10/11	12:03	841827	Alvah Wood	188553	30.2	UNL	9.045	1.78220	0.37360	\$19.51	
10/12	11:46	841827	Alvah Wood	188809	33.5	UNL	7.653	1.78100	0.37360	\$16.50	

**FLEET MANAGEMENT REPORT**

Account # 5G2128055
FLEET # 2162987
Name: CROMED LLC
MATCHING STATEMENT # NP61607929
Page: 3 of 4

DATE	TIME	SITE	DRIVER	ODOMETER	MPG	FUEL TYPE	QTY	NET PRICE	TAXES	TOTAL AMT	EXCEPT CODE
835028 - 2014 Toyota Camry Green (continued)											
10/13	08:19	841827	Alvah Wood	189100	30.8	UNL	6.615	1.77350	0.37360	\$20.84	
				Miles:	1476		45.203			\$100.88	
A28642 - 2016 Ford Transit 15Pass											
10/09	17:32	841827	Ronald And	25816	14.7	UNL	21.083	1.81380	0.37360	\$46.11	
10/11	14:20	389332	Ronald And	28106	14.1	UNL	20.550	1.81680	0.37360	\$47.04	
10/13	08:47	389332	Ronald And	28422	14.2	UNL	22.188	1.81600	0.37360	\$50.78	
				Miles:	916		83.821			\$143.93	
A78917 - 2008 FORD 15 PASS											
10/09	18:57	841827	Malcolm Yo	118302	10.1	UNL	15.204	1.81330	0.37360	\$33.25	
10/11	16:47	841827	Malcolm Yo	118602	12.7	UNL	23.618	1.78330	0.37360	\$50.84	
				Miles:	453		38.823			\$84.19	
Middle - David Middlebrook											
10/12	00:41	644923	David Midd	85014	18.8	UNL	16.259	1.62300	0.37360	\$35.72	
				Miles:	303		16.258			\$35.72	

SITE LEGEND

SITE #	SITE NAME	ADDRESS	CITY	STATE
333473	Speedway 2848	3514 N Main St	Columbia	SC
360972	Circle K #3289	7710 Broad River Rd	Irmo	SC
389332	Pitt Stop #42	1928 Airport Blvd	West Columbia	SC
389333	Pitt Stop #03	10328 Wilson Blvd	Bluffton	SC
389344	Pitt Stop #35	2022 Bluff Rd	Columbia	SC
588923	Circle K 3112	5848 Edmund Hwy	Lexington	SC
644974	Murphy Usa #5789	2365 Augusta Rd	West Columbia	SC
644908	Murphy Usa #7460	1830 Bush River Rd	Columbia	SC
644923	Murphy Express #8511	4873 Augusta Rd	Lexington	SC
644924	Murphy Express #8538	4873 Augusta Rd	Lexington	SC
935085	Circle K #5133	2600 Sunset Blvd	Columbia	SC
935103	Circle K #5144	90 Clemson Rd	Columbia	SC

Site Updates

New Sites

Name	Address	City	State	Description	Fuel	Diesel	Maint.	Pay at Pump	Open 24 Hrs.
Circle K #3254-smart Desq	1019 E Lake Dr	Lexington	SC	Unbranded	Y	Y		Y	Y
Circle K #3272-smart Desq	4048 Charleston Hwy	West Columbia	SC	Unbranded	Y	Y		Y	Y
Circle K #3418-smart Desq	8200 Highway 221	Rosburg	SC	Circle K	Y	Y		Y	Y
Circle K #3438-smart Desq	408 Shelby Hwy	Gaffney	SC	Circle K	Y	Y		Y	Y
Eagles #6	7008 Gb Alford Hwy	Holly Springs	NC	Unbranded	Y	Y		Y	Y
Fayetteville Cong	4740 Corporation Dr	Fayetteville	NC	Unbranded	Y	Y		Y	Y
Han-Dee Hugo's #8	926 Sunset Ave	Clinton	NC	BP	Y	Y		Y	Y
Jack's	2180 Pageland Hwy	Lancaster	SC	Unbranded	Y	Y		Y	Y
Marla Mart	211 Cary Dr	Beech Island	SC	Unbranded	Y	Y		Y	Y
Phil Stop #02	11047 Broad River Rd	Irmo	SC	Sunoco	Y	Y		Y	
Phil Stop #03	10928 Wilson Blvd	Byrneswood	SC	Shell	Y	Y		Y	Y
Phil Stop #04	7009 Edmond Hwy	Fairton	SC	Sunoco	Y	Y		Y	
Phil Stop #05	1127 Lake Murray Blvd	Irmo	SC	Shell	Y	Y		Y	Y
Phil Stop #06	8036 Augusta Rd	Lexington	SC	Shell	Y	Y		Y	Y
Phil Stop #07	648 Columbia Ave	Chapin	SC	Shell	Y	Y		Y	
Phil Stop #08	7460 Two Notch Rd	Columbia	SC	Sunoco	Y	Y		Y	
Phil Stop #10	5901 Monticello Rd	Columbia	SC	Shell	Y	Y		Y	
Phil Stop #12	200 Knox Abbott Dr	Cayce	SC	Shell	Y	Y		Y	
Phil Stop #13	7409 Broad River Rd	Irmo	SC	Exxon	Y	Y		Y	Y
Phil Stop #14	1340 Dutch Fork Rd	Ballantyne	SC	Exxon	Y	Y		Y	Y
Phil Stop #15	222 Longs Pond Rd	Lexington	SC	Shell	Y	Y		Y	Y
Phil Stop #16	5018 Augusta Rd	Lexington	SC	Sunoco	Y	Y	Y	Y	Y
Phil Stop #17	4328 Augusta Hwy	Robert	SC	Shell	Y	Y		Y	
Phil Stop #28	784 Highway 578 W	Lexington	SC	Shell	Y	Y		Y	
Phil Stop #28	595 Spears Creek Church Rd	Elgin	SC	Shell	Y	Y		Y	Y
Phil Stop #30	4462 Devine St	Columbia	SC	Shell	Y	Y		Y	
Phil Stop #31	4379 Augusta Rd	Lexington	SC	Shell	Y	Y		Y	
Phil Stop #32	697 Main St	West Columbia	SC	Shell	Y	Y		Y	Y
Phil Stop #33	7911 Gamers Ferry Rd	Columbia	SC	Shell	Y	Y		Y	
Phil Stop #34	7701 Broad River Rd	Irmo	SC	Shell	Y	Y		Y	Y
Phil Stop #35	2022 Bluff Rd	Columbia	SC	Shell	Y	Y		Y	Y
Phil Stop #36	125 Rolling Meadows Ln	West Columbia	SC	Exxon	Y	Y		Y	Y
Phil Stop #37	2374 Augusta Hwy	Lexington	SC	Mobil	Y	Y		Y	
Phil Stop #38	351 Longs Pond Rd	Lexington	SC	Mobil	Y	Y		Y	
Phil Stop #39	100 N 12th St	West Columbia	SC	Shell	Y	Y		Y	
Phil Stop #40	4900 Forest Dr	Columbia	SC	Shell	Y	Y		Y	
Phil Stop #41	1005 Old Cherokee Rd	Lexington	SC	Mobil	Y	Y		Y	
Phil Stop #42	1928 Airport Blvd	West Columbia	SC	Mobil	Y	Y		Y	Y
Phil Stop #43	5521 Highway 321	Gaston	SC	Mobil	Y	Y		Y	
Phil Stop #45	1231 Longreen Pkwy	Columbia	SC	Mobil	Y	Y		Y	
Phil Stop #46	585 Spears Creek Church Rd	Elgin	SC	Exxon	Y	Y		Y	
Phil Stop #47	3809 Sunset Blvd	West Columbia	SC	Shell	Y	Y		Y	Y
Phil Stop #48	5149 Platt Springs Rd	Lexington	SC	Sunoco	Y	Y		Y	
Sam's Mart #99	100 E Woodlawn Rd	Charlotte	NC	Exxon	Y	Y		Y	Y
Stop & Save Exxon	121 Julian Place	Troutman	NC	Exxon	Y	Y		Y	
Westview Grocery	1021 West Catesaba Ave	Mound Holly	NC	BP	Y	Y		Y	
Xpress Travel Center-smartdesq	1935 Old Edisto Dr	Orangeburg	SC	Unbranded	Y	Y		Y	Y

Jeffrey McCoy	1-Aug-17	8:19:00 AM	8:34:27 AM	9:27:00 AM	9:16:44 AM	Residence	Eastover	MT Day Center	Columbia
Jeffrey McCoy	22-Aug-17	8:19:00 AM	7:49:49 AM	9:27:00 AM	9:24:12 AM	Residence	Eastover	MT Day Center	Columbia
Jeffrey McCoy	28-Aug-17	1:30:00 PM	1:31:40 PM	2:40:00 PM	2:12:45 PM	MT Day Center	Columbia	Residence	Eastover
Jeffrey McCoy	1-Sep-17	1:30:00 PM	1:31:19 PM	2:40:00 PM	2:09:08 PM	MT Day Center	Columbia	Residence	Eastover
Jeffrey McCoy	6-Sep-17	1:30:00 PM	1:33:57 PM	2:40:00 PM	2:09:24 PM	MT Day Center	Columbia	Residence	Eastover
Jeffrey McCoy	8-Sep-17	1:30:00 PM	1:42:07 PM	2:40:00 PM	2:25:45 PM	MT Day Center	Columbia	Residence	Eastover
Jeffrey McCoy	12-Sep-17	1:30:00 PM	1:30:41 PM	2:40:00 PM	2:06:59 PM	MT Day Center	Columbia	Residence	Eastover
Jeffrey McCoy	15-Sep-17	8:19:00 AM	7:47:17 AM	9:27:00 AM	9:34:24 AM	Residence	Eastover	MT Day Center	Columbia
Jeffrey McCoy	15-Sep-17	1:30:00 PM	1:50:06 PM	2:40:00 PM	2:28:58 PM	MT Day Center	Columbia	Residence	Eastover
Jeffrey McCoy	9-Oct-17	8:19:00 AM	8:06:59 AM	9:27:00 AM	9:13:33 AM	Residence	Eastover	MT Day Center	Columbia

DO-Drop Off

MT-Mountain Top PU-Pick Up

Sheet was prepared by Robert Cronan, Managing Principle CronMed LLC
 This sheet shows trip history data for trips involving Mr. McCoy and Patient transported on alleged injury date 10/09/2017
 Information to create sheet was taken from Captured Trip Data (tablets in field, using Welbyde, a Trip Dispatching Software System)

507575 Camry Stops 10/9/2017 7:00 AM through 10/9/2017 8:00 PM*All times reported in the US/Eastern time zone.*

Stop Number	Location	Street Address	Coordinates	Miles Traveled	Maximum Speed	Travel Time	Arrival Date/Time	Departure Date/Time	Stop Duration
1	CVS 2725 S-40-52 Columbia, SC, 29229	Chap Ln, Columbia, SC 29229, USA	34.14090 -80.93878	0.0	0	0 min	10/9/17 07:00AM	10/9/17 07:04AM	4 min
2		Sams Crossing Dr, Columbia, SC 29229, USA	34.14235 -80.94288	0.3	31	0 min	10/9/17 07:05AM	10/9/17 07:08AM	3 min
3		12th St Ext, West Columbia, SC 29172, USA	33.92782 -81.04258	20.9	72	21 min	10/9/17 07:30AM	10/9/17 07:32AM	2 min
4		7829-7639 Bluff Rd, Gadsden, SC 29052, USA	33.84732 -80.77522	18.3	67	18 min	10/9/17 07:50AM	10/9/17 07:51AM	1 min
5		1100-1104 Kingville Rd, Gadsden, SC 29052, USA	33.83203 -80.69952	4.9	66	4 min	10/9/17 07:55AM	10/9/17 07:57AM	1 min
6		1024 Tucker Town Rd, Gadsden, SC 29052, USA	33.81949 -80.69825	1.0	20	0 min	10/9/17 07:57AM	10/9/17 07:58AM	1 min
7		129 Jack Paul Rd, Gadsden, SC 29052, USA	33.83825 -80.69852	1.4	52	1 min	10/9/17 08:00AM	10/9/17 08:01AM	1 min
8		1525 Joe Collins Rd, Eastover, SC 29044, USA	33.82042 -80.66476	2.5	54	2 min	10/9/17 08:03AM	10/9/17 08:08AM	4 min
9		5125-6189 Bluff Rd, Columbia, SC 29209, USA	33.92562 -80.98100	18.5	65	18 min	10/9/17 08:27AM	10/9/17 08:28AM	1 min

793

foxtrax GPS

Page 2 of 5

10	I-77, Columbia, SC 29206, USA	33.93533 -81.01107	4.1	67	3 min	10/9/17 08:32AM	10/9/17 08:33AM	1 min
11	12 12th St Ext Columbia, SC 29201, USA	33.94920 -81.04653	3.1	61	2 min	10/9/17 08:36AM	10/9/17 08:37AM	1 min
12	1010 Pine St, Cayce, SC 29033, USA	33.96317 -81.05887	1.2	50	0 min	10/9/17 08:38AM	10/9/17 08:39AM	1 min
13	2105-2115 Commerce Dr, Cayce, SC 29033, USA	33.95473 -81.08943	2.9	48	5 min	10/9/17 08:45AM	10/9/17 08:47AM	1 min
14	2124-2144 Airport Blvd, West Columbia, SC 29169, USA	33.95678 -81.09265	0.6	34	1 min	10/9/17 08:48AM	10/9/17 08:50AM	1 min
15	I-77, Columbia, SC 29206, USA	34.02990 -80.94107	14.8	75	12 min	10/9/17 09:02AM	10/9/17 09:04AM	1 min
16	1941 Decker Blvd, Columbia, SC 29206, USA	34.04801 -80.94404	1.4	43	1 min	10/9/17 09:05AM	10/9/17 09:18AM	12 min
17	1735 Decker Blvd, Columbia, SC 29206, USA	34.04478 -80.94205	0.2	47	0 min	10/9/17 09:18AM	10/9/17 09:19AM	1 min
18	Charles F. Bolden Fwy, Columbia, SC 29223, USA	34.06977 -80.92313	2.5	74	2 min	10/9/17 09:21AM	10/9/17 09:22AM	1 min
19	1045 Great Falls Hwy, Chester, SC 29706, USA	34.66655 -81.16835	48.8	80	41 min	10/9/17 10:03AM	10/9/17 10:04AM	1 min
20	1138 J A Cochran Bypass, Chester, SC 29706, USA	34.69090 -81.21073	3.1	53	2 min	10/9/17 10:07AM	10/9/17 10:08AM	1 min
21	1595-1679 Pinckney Rd, Chester, SC 29706, USA	34.73802 -81.30842	6.8	60	7 min	10/9/17 10:16AM	10/9/17 10:18AM	1 min
22	3847 Pinckney Rd, Chester, SC 29706, USA	34.77333 -81.42650	7.6	63	5 min	10/9/17 10:23AM	10/9/17 10:24AM	1 min
23			5.3	62	4 min	10/9/17 10:29AM	10/9/17 10:30AM	1 min

794

	4488-4498 SC-49, Union, SC 29379, USA	34.78973 -81.50885					
24	4119 Lockhart Hwy, Union, SC 29379, USA	34.78145 -81.53025	1.3	50	0 min 10/9/17 10:31AM 10/9/17 10:33AM	2 min	
25	3455-3473 SC-49, Union, SC 29379, USA	34.73860 -81.54775	1.9	51	0 min 10/9/17 10:33AM 10/9/17 10:34AM	1 min	
26	100-120 Selgler Rd, Union, SC 29379, USA	34.73766 -81.62270	6.0	54	10 min 10/9/17 10:44AM 10/9/17 10:46AM	1 min	
27	120 Selgler Rd, Union, SC 29379, USA	34.73734 -81.62208	0.0	6	0 min 10/9/17 10:46AM 10/9/17 10:55AM	9 min	
28	4119 Lockhart Hwy, Union, SC 29379, USA	34.78142 -81.53025	7.8	64	11 min 10/9/17 11:06AM 10/9/17 11:08AM	1 min	
29	4701-4765 SC-49, Union, SC 29379, USA	34.77306 -81.50170	1.8	54	0 min 10/9/17 11:08AM 10/9/17 11:09AM	1 min	
30	8761-8899 SC-49, Sharon, SC 29742, USA	34.82283 -81.42448	8.1	60	6 min 10/9/17 11:15AM 10/9/17 11:16AM	1 min	
31	7862-8188 SC-49, Sharon, SC 29742, USA	34.83668 -81.41997	1.0	54	0 min 10/9/17 11:16AM 10/9/17 11:17AM	1 min	
32	4897 W McConnells Hwy, Sharon, SC 29742, USA	34.85480 -81.40862	1.4	51	0 min 10/9/17 11:18AM 10/9/17 11:19AM	1 min	
33	6261 McConnells Hwy, McConnells, SC 29726, USA	34.88939 -81.22624	11.3	58	12 min 10/9/17 11:32AM 10/9/17 11:38AM	6 min	
34	4148 Chester Hwy, McConnells, SC 29726, USA	34.88988 -81.22612	0.0	18	0 min 10/9/17 11:38AM 10/9/17 11:39AM	1 min	
35	603 Brattonsville Rd, McConnells, SC 29726, USA	34.88533 -81.19192	3.1	63	2 min 10/9/17 11:42AM 10/9/17 11:43AM	1 min	
36	2065 McConnells Hwy, Rock Hill, SC 29732, USA	34.92608 -81.08280	6.6	60	6 min 10/9/17 11:49AM 10/9/17 11:50AM	1 min	
37			2.5	45	3 min 10/9/17 11:54AM 10/9/17 11:55AM	1 min	

	550 S Herlong Ave, Rock Hill, SC 29732, USA	34.95088 -81.08247					
38	189 S Herlong Ave, Rock Hill, SC 29732, USA	34.85517 -81.04862	4.1	39	2 min 10/9/17 11:58AM 10/9/17 02:57PM	2 hr 58 min	
39	2275-2379 McConnells Hwy, Rock Hill, SC 29732, USA	34.92025 -81.10043	4.0	52	7 min 10/9/17 03:04PM 10/9/17 03:05PM	1 min	
40	3818-3887 McConnells Hwy, Rock Hill, SC 29732, USA	34.80456 -81.13660	2.3	54	1 min 10/9/17 03:06PM 10/9/17 03:07PM	1 min	
41	5620 McConnells Hwy, McConnells, SC 29726, USA	34.87647 -81.20412	4.8	63	4 min 10/9/17 03:11PM 10/9/17 03:13PM	1 min	
42	4399 Pinckney Rd, Chester, SC 29706, USA	34.78238 -81.44475	26.7	67	26 min 10/9/17 03:39PM 10/9/17 03:40PM	1 min	
43	120 Seigler Rd, Union, SC 29379, USA	34.73744 -81.52208	13.2	64	16 min 10/9/17 03:57PM 10/9/17 03:58PM	1 min	
44	3292-3298 Santuc Carlisle Hwy, Carlisle, SC 29031, USA	34.62412 -81.50138	11.5	63	14 min 10/9/17 04:13PM 10/9/17 04:14PM	1 min	
45	4013-4187 Santuc Carlisle Hwy, Carlisle, SC 29031, USA	34.60527 -81.47888	1.8	57	0 min 10/9/17 04:15PM 10/9/17 04:16PM	1 min	
46	3846-3958 SC-121, Carlisle, SC 29031, USA	34.59593 -81.43167	3.2	62	2 min 10/9/17 04:19PM 10/9/17 04:20PM	1 min	
47	9989 Newberry Rd, Winnsboro, SC 29180, USA	34.40830 -81.23425	18.7	68	19 min 10/9/17 04:39PM 10/9/17 04:40PM	1 min	
48	8925 Newberry Rd, Winnsboro, SC 29180, USA	34.40272 -81.21982	0.9	49	0 min 10/9/17 04:40PM 10/9/17 04:41PM	1 min	
49	83 US-321, Winnsboro, SC 29180, USA	34.38987 -81.10075	9.1	60	9 min 10/9/17 04:51PM 10/9/17 04:52PM	1 min	
50			0.9	51	0 min 10/9/17 04:52PM 10/9/17 04:53PM	1 min	

796

		568-635 US-321, Winnsboro, SC 29180, USA	34,35723 -81.08822				
51		210 Ricky Ln, Columbia, SC 29229, USA	34,14149 -80.94081	20.9	81	20 min 10/9/17 05:13PM-10/9/17 05:17PM	4 min
52	CVS 2725 S-40- 52 Columbia, SC, 29229	1002 Sams Crossing Rd., Columbia, SC 29229, USA	34,14091 -80.93868	0.2	13	0 min 10/9/17 05:18PM-10/9/17 08:00PM	41 min
Totals			342.4		5 hr 42 min		5 hr 17 min
Averages			6.6		6 min		6 min



FLEET MANAGEMENT REPORT

Account # BG2428055
FLEET # 2182987
Name: CROMED LLC
MATCHING STATEMENT # NP61807829
Page: 2 of 4

DATE	TIME	SITE	DRIVER	ODDMETER	MPG	FUEL TYPE	QTY	NET PRICE	TAXES	TOTAL AMT	EXCEPT CODE
336551 - 2016 Dodge GCV White (Continued)											
10/13	18:38	380672	Deborah Sm	77488	23.0	UNL	11.808	1.78360	0.37360	\$26.24	
Miles:				1233	21.3		67.481			\$124.40	
358247 - 14 Toyota Camry White											
10/08	18:32	841827	Courtney B	252810	31.0	UNL	10.889	1.81310	0.37360	\$22.55	
10/10	11:19	841827	Courtney B	253008	30.4	UNL	8.513	1.80410	0.37360	\$14.18	
10/11	17:08	841827	Courtney B	233352	31.0	UNL	11.008	1.78440	0.37360	\$23.94	
10/12	14:32	841827	Courtney B	235582	30.8	UNL	7.480	1.78280	0.37360	\$18.10	
10/13	12:01	841827	Courtney B	233758	28.2	UNL	7.105	1.78500	0.37360	\$15.18	
Miles:				1279	28.9		42.543			\$92.86	
458680 - 2014 Silver Toyota Sienna											
10/08	21:10	841827	Malcolm Yo	158088	25.4	UNL	8.891	1.81220	0.37360	\$18.00	
10/10	18:06	895088	Ashlyn Wo	158342	24.3	UNL	10.450	1.80670	0.37360	\$22.77	
10/10	17:34	841827	Ashlyn Wo	158431	21.4	UNL	4.162	1.79480	0.37360	\$8.02	
10/11	23:42	841827	Malcolm Yo	158712	28.6	UNL	11.818	1.78300	0.37360	\$25.71	
10/12	22:35	841827	Malcolm Yo	159082	26.0	UNL	14.809	1.77380	0.37360	\$31.78	
10/13	17:22	841827	Ashlyn Wo	159372	23.2	UNL	12.514	1.78320	0.37360	\$28.81	
Miles:				1895	23.8		62.644			\$134.80	
507576 - 2016 Toyota Camry White											
10/09	08:55	841827	Malcolm Yo	90085	33.5	UNL	10.833	1.81110	0.37360	\$23.82	
10/10	21:53	841827	Malcolm Yo	90428	34.8	UNL	10.379	1.78300	0.37360	\$22.49	
10/11	11:34	938103	Ashlyn Wo	80880	32.8	UNL	7.138	1.81540	0.37360	\$18.83	
10/12	12:41	841827	Ashlyn Wo	90907	32.7	UNL	7.550	1.78150	0.37360	\$18.28	
10/13	18:00	841827	Malcolm Yo	91143	28.3	UNL	8.041	1.75230	0.37360	\$17.10	
Miles:				1424	32.6		43.450			\$94.12	
564638 - 2016 Toyota Camry Silver											
10/09	16:19	841827	Marva Fair	81895	32.4	UNL	4.227	1.81450	0.37360	\$8.24	
10/10	17:19	841827	Marva Fair	81880	34.2	UNL	7.757	1.78880	0.37360	\$16.80	
10/11	16:37	841827	Marva Fair	822226	0.0	UNL	8.127	1.78300	0.37360	\$17.63	
10/13	13:02	841827	Marva Fair	82361	0.0	UNL	4.884	1.78350	0.37360	\$10.01	
Miles:				492	33.3		24.783			\$63.58	
591705 - 2016 Dodge GCV Gold											
10/09	17:35	841827	Kathryn Bl	49914	20.7	UNL	17.742	1.81820	0.37360	\$38.80	
10/10	14:52	389332	Kathryn Bl	50192	19.7	UNL	14.123	1.91600	0.37360	\$32.33	
10/10	18:08	841827	Kathryn Bl	272	0.0	UNL	4.817	1.78370	0.37360	\$10.44	
10/11	13:49	841827	Kathryn Bl	50865	0.0	UNL	8.008	1.78320	0.37360	\$12.86	
10/12	14:42	389332	Kathryn Bl	50882	18.6	UNL	14.881	1.81570	0.37360	\$34.24	
10/12	17:30	841827	Kathryn Bl	50729	15.9	UNL	4.209	1.77480	0.37360	\$9.04	
10/13	17:13	841827	Kathryn Bl	50894	18.0	UNL	13.941	1.75380	0.37360	\$29.65	
Miles:				1254	18.8		75.799			\$167.48	
745079 - 2016 Dodge GCV Black											
10/09	18:49	844923	Jennifer R	72590	21.2	UNL	11.677	1.83350	0.37360	\$26.77	
10/11	18:40	844923	Jennifer R	72887	22.4	UNL	17.781	1.82310	0.37360	\$38.02	
10/12	17:01	844923	Jennifer R	73303	20.2	UNL	15.673	1.80310	0.37360	\$34.12	
Miles:				981	21.8		45.111			\$98.91	
772128 - 14 Toyota Camry Silver											
10/09	11:39	935103	Ashlyn Wo	217392	29.0	UNL	8.233	1.82440	0.37360	\$18.10	
10/10	18:30	841827	Wendy Wood	217831	33.0	UNL	14.218	1.78360	0.37360	\$30.81	
10/12	08:39	389333	Wendy Wood	9621	0.0	UNL	12.180	1.88590	0.37360	\$27.62	
10/12	18:14	333473	Wendy Wood	218518	0.0	UNL	10.079	1.86430	0.37360	\$22.56	
Miles:				708	31.0		44.710			\$98.98	
885028 - 2014 Toyota Camry Green											
10/09	10:39	389344	Alvah Wood	188080	34.4	UNL	12.680	1.85550	0.37360	\$28.42	
10/10	13:10	389344	Alvah Wood	188280	34.8	UNL	8.380	1.85800	0.37360	\$14.81	
10/11	12:03	841827	Alvah Wood	188553	30.2	UNL	8.045	1.78220	0.37360	\$18.51	
10/12	11:45	841827	Alvah Wood	188809	33.5	UNL	7.893	1.78100	0.37360	\$16.50	

CROMED, LLC

6359

Employee					SSN	Status (Fed/State)	Allowances/Extra
Jeffrey W McCoy						Single/Withhold	Fed-10/SG-10
					Pay Period: 06/26/2017 - 07/09/2017		
					Pay Date: 07/14/2017		
Earnings and Hours	Hours	Rate	Current	YTD Amount			
Hourly	20.00	8.50	170.00	170.00			
Taxes			Current	YTD Amount			
Medicare Employee Add Tax			0.00				
Federal Withholding			0.00				
Social Security Employee			-10.54	-10.54			
Medicare Employee			-2.47	-2.47			
SG - Withholding			-1.04	-1.04			
			-14.05	-14.05			
Adjustments to Net Pay			Current	YTD Amount			
Cell Phone			25.00	25.00			
Net Pay			180.95	180.95			

Cromed LLC, 7223 Woodrow Street, Ste. 1, Irmo, SC 29063.

799

CROWNED, LLC

6382

<u>Employee</u>		<u>SSN</u>		<u>Status (Fed/State)</u>	<u>Allowances/Exem</u>
Jeffrey W McCoy, Jr.				Single/Withhold	Fed-1/0/SC-1/0
				Pay Period: 07/10/2017 - 07/23/2017	Pay Date: 07/28/2017
<u>Earnings and Hours</u>		<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD Amount</u>
Hourly		80:00	8.50	680.00	850.00
Hourly Overtime		10:00	12.75	127.50	127.50
		90:00		807.50	977.50
<u>Taxes</u>				<u>Current</u>	<u>YTD Amount</u>
Medicare Employee Add Tax				0.00	
Federal Withholding				-57.00	-57.00
Social Security Employee				-50.07	-50.07
Medicare Employee				-11.70	-11.70
SC - Withholding				-21.83	-21.83
				-140.76	-174.76
<u>Adjustments to Net Pay</u>				<u>Current</u>	<u>YTD Amount</u>
Cell Phone				0.00	25.00
<u>Net Pay</u>				616.80	827.75

Crown LLC, 7228 Woodrow Street, Ste. 1, Irmo, SC 29063

800

CROMED, LLC

6402

Employee
Jeffrey W McCoy

SSN

Status (Fed/State)

Allowances/Extra

Single Withhold

Fed-1/0/SC-1/0

Pay Period: 07/24/2017 - 08/06/2017

Pay Date: 08/11/2017

Earnings and Hours	Hours	Rate	Current	YTD Amount
Hourly	72.00	8.66	612.00	1,183.00
Hourly Overtime			0.00	127.50
	72.00		612.00	1,310.50

Taxes	Current	YTD Amount
Medicare Employee Add Tax	0.00	
Federal Withholding	-37.08	-104.00
Social Security Employee	-37.94	-94.68
Medicare Employee	-8.88	-23.05
SC - Withholding	-18.59	-52.53
	-103.49	-274.26

Adjustments to Net Pay	Current	YTD Amount
Cell Phone	25.00	80.00
Child Support	-158.82	-158.82
Child Support Fee	-5.00	-9.00
	-138.82	-187.82
Net Pay	370.70	1,122.66

Cromed LLC, 7228 Woodrow Street, Ste. 1, Ino, SC 29063

801

CROWNED, LLC

6426

Employee:
Jeffrey McCoy,SSN
-**-*

Status (Fed/State)

Allowances/Extra

Single/Withhold

Fed-1/0/SC-10

Pay Period: 06/27/2017 - 07/02/2017

Pay Date: 07/26/2017

Earnings and Hours:	Hours	Rate	Current	YTD Amount
Hourly	80.00	8.50	680.00	2,142.00
Hourly Overtime	11.00	12.75	140.25	297.75
	91.00		820.25	2,439.75

Taxes	Current	YTD Amount
Medicare Employee Add'l Tax	0.00	
Federal Withholding	-68.00	-172.00
Social Security Employee	-60.86	-149.40
Medicare Employee	-11.88	-34.95
SC - Withholding	-32.70	-85.23
	-163.43	-441.58

Adjustments to Net Pay	Current	YTD Amount
Child Support	-169.82	-318.84
Child Support Fee	-3.00	-8.00
Advance	-140.00	-140.00
Cell Phone	0.00	50.00
	-302.62	-416.84
Net Pay	353.00	1,652.35

Crowned LLC, 7228 Woodrow Street, Ste. 1, Irmo, SC 29063

802

CROMED, LLC

6448

Employee		SSN		Status (Fed/State)		Allowances/Extra	
Journey W McCoy				Single/Married		Fed-1/0/SC-1/0	
				Pay Period: 08/21/2017 - 09/03/2017		Pay Date: 09/08/2017	
Earnings and Hours		Hours	Rate	Current	YTD Amount		
Hourly		60:00	8.50	510.00	2,822.00		
Hourly Overtime		11:00	12.75	140.25	405.00		
		91:00		650.25	3,227.00		
Taxes				Current	YTD Amount		
Medicare Employee Add Tax				0.00			
Federal Withholding				-48.00	-240.00		
Social Security Employee				-50.86	-208.26		
Medicare Employee				-11.96	-48.53		
SC - Withholding				-32.72	-117.95		
				-143.54	-605.04		
Adjustments to Net Pay				Current	YTD Amount		
Cell Phone				25.00	75.00		
Child Support				-159.82	-478.78		
Child Support Fee				-3.00	-9.00		
Advance				0.00	-140.00		
				-137.82	-553.78		
Net Pay				518.55	2,071.20		

Cromed LLC, 7220 Woodrow Street, Ste. 1, Lima, SC 29063

CROWNED, LLC

6469

Employee		SSN	Status (Fed/State)	Allowances/Exemptions	
Jeffrey W McCoy			Single/Head of Household	Fed-1/0/SC-1/0	
			Pay Period: 09/04/2017 - 09/17/2017	Pay Date: 09/22/2017	
Earnings and Hours		Hours	Rate	Current	YTD Amount
Hourly:		66.00	0.00	578.00	3,400.00
Hourly Overtime:				0.00	408.00
		66.00		578.00	3,808.00
Taxes				Current	YTD Amount
Medicare Employee Adm Tax:				0.00	
Federal Withholding:				-33.00	-273.00
Social Security Employee:				-35.84	-228.10
Medicare Employee:				-8.38	-65.21
SC - Withholding:				-17.41	-135.36
				-94.63	-669.67
Adjustments to Net Pay				Current	YTD Amount
Child Support:				-159.82	-630.68
Child Support Fee:				-3.00	-12.00
Cell Phone:				0.00	75.00
Advance:				0.00	-140.00
				-162.82	-717.68
Net Pay				320.45	2,381.65

Crowned LLC, 7228 Woodrow Street, Ste. 1, Inmo, SC 29063

CROMED, LLC

6505

Employee		SSN		Status (Fed/State)		Allowances/Exemptions	
Jeffrey W McCoy				Single/Withhold		Fed-1/0/SC-1/0	
				Pay Period: 10/02/2017 - 10/15/2017		Pay Dates: 10/20/2017	
Earnings and Hours		Hours	Rate	Current	YTD Amount	Net Pay	
Hourly		48.00	8.50	408.00	2,008.00	320.20	2,711.86
Hourly Overtime				0.00	0.00		
		48.00		408.00	2,008.00		
Taxes				Current	YTD Amount		
Medicare Employee Add Tax				0.00			
Federal Withholding				-18.00	-288.00		
Social Security Employee				-22.25	-281.88		
Medicare Employee				-6.91	-81.12		
SC - Withholding				-8.92	-123.90		
				-35.92	-751.48		
Adjustments to Net Pay				Current	YTD Amount		
Background Check				-14.48	-14.48		
Drug Screen				-17.50	-17.50		
Cell Phone				0.00	75.00		
Advance				0.00	-140.00		
Child Support				0.00	-630.58		
Child Support Fee				0.00	-12.00		
				-31.98	-748.96		

Cromed LLC, 7228 Woodrow Street, Ste. 1, Inmo, SC 29063

Julius W. McKay, II
Mark D. Cauthen
Daniel R. Settana, Jr.
Janet Brooks Holmes
Brandon P. Jones
Makenzie Polston
JC Nicholson
Alexander Zuraff
Jennie Clark

Of Counsel:
C. E. Hardin, Jr.

Law Offices
The McKay Firm, P.A.

Post Office Box 7217
Columbia, South Carolina 29202-7217

1303 Blanding Street
Columbia, South Carolina 29201

Douglas McKay, Jr.
(1917-2008)

Telephone
(803) 256-4645
Fax
(803) 753-5705
E-Mail
mcauthen@mckayfirm.com
Web
www.mckayfirm.com

June 15, 2020

Via E-Case

The Honorable Avery B. Wilkerson
Commissioner
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: McCoy, Jeffrey v. CroMed, LLC
WCC File No.: 1717573
Claim No.: G10073
DOA: 09/17/2017
Our File No.: 3800-0287

Dear Commissioner Wilkerson:

Enclosed please find the Defendant's Amended Pre-hearing Brief and Notice of Witnesses and Written Medical Reports.

By copy of this letter to claimant's attorney, Stephen B. Samuels, I am serving him with the Pre-hearing Brief and Notice of Witnesses and copies of medical reports and exhibits we intend to submit pursuant to the Administrative Procedures Act.

Sincerely,



Mark D. Cauthen

MDC/dch

Enclosures

cc: Stephen B. Samuels, Esquire (w/encl)
Amy Vickers



Claimant's Name: Jeffrey W. McCoy Employer's Name: CroMed, LLC
Address: _____ Address: 3 Waterside Ct.
City: Columbia State: SC Zip: 29228 City: Irmo State: SC Zip: 29063
Home Phone: (864) 426-3780 Work Phone: () Carrier: Guarantee Insurance Company in liquidation/SC Property & Casualty Insurance Guaranty Assoc.
Preparer's Name: Mark D. Cauthen, Esquire Preparer's Phone #: (803) 258-4645

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$234.22 2. AWW: \$351.33 Date of Injury: 10/09/2017
3. Type of injury and body part(s): Back, LLE (denied claim)
4. Facts in Controversy:
1. See Addendum.
5. Legal Issues Involved: See number 4.
6. Unusual aspects: _____
7. Witnesses (designate if expert):* Robert Cronan, Malcolm Young, Ronald Anderson, Katherine Blackburn, Wendy Woods; the Claimant and any witnesses listed by the Claimant. The defendants reserve the right to cross-examine any experts submitted by the claimant pursuant to section 1-23-3330(3). The Defendants reserve the right to amend their pre-hearing brief upon receipt of additional information.
8. Exhibits: Deposition transcripts of Jeffery McCoy, Robert Cronan and Malcolm Young. Deposition transcript of Dr. Silf Ulrich. Written summary of events surrounding alleged injury prepared by Robert Cronan; text messages between Claimant and Mr. Cronan; GPS and other business records of CroMed, LLC; payroll records; video surveillance disk; Surveillance Report; Defendant's reserve right to amend their pre-hearing brief and to submit a memoranda of issues at the hearing of this matter.
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):
See APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: _____
11. Impairment rating(s); body part(s); physician and date of opinion: N/A
12. I am amending my Form 50/51 in the following manner: See No. 4

☐ Mediation

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Stephen B. Samuels

Address: Samuels Law Firm 13020 Richland Street, Columbia, SC 29201 on the 15 day of JULY, 2020 by: ☒ first class postage
☐ certified mail ☒ electronic service.

Signature: [Signature]
Date of hearing: _____

Email: mcauthen@mckayfirm.com
Time needed for hearing: 3.0 hours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. *Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

Jeffery McCoy,

Claimant,

vs.

CroMed, LLC,

Employer,

and

Guarantee Insurance Co. in liquidation/
SC Property and Casualty
Insurance Guaranty Association,

Carrier.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC FILE NO. 1717573

AMENDED NOTICE OF WITNESSES
AND WRITTEN REPORT(S) PHYSICIAN
OR OTHER EVIDENCE TO
INTRODUCED ON BEHALF OF
THE EMPLOYER/CARRIER

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
THE CLAIMANT'S ATTORNEY STEPHEN SAMUELS

YOU ARE HEREBY NOTIFIED THAT THE employer/carrier, 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 reports/physicians or other evidence on behalf of the employer/carrier, to wit:

TAB	NAME OF PHYSICIAN/OTHER	DATE OF REPORTS	NO.
1.	Southeastern Spine Institute	1/29/18	56-61
2.	Report and CV of Douglas M. Bull, MD	3/7/19	62-65

EXH #	EXHIBIT	DATED	PAGE NOS.
3.	Summary prepared by Robert Cronan		66-68
4.	Text Messages between Claimant and Robert Cronan		69-72
5.	GPS and other business records of CroMed, LLC		73-83
6.	Payroll Records		84-90
7.	Deposition Transcript of Claimant		

8.	Deposition Transcript of Robert Cronan		
9.	Deposition Transcript of Malcolm Young		
10.	Deposition of Dr. Slif Ulrich		
11.	Surveillance DVD of January 14, 2019		
12.	Surveillance Report		

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 deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER HEREBY NOTIFIED that the originals of the documents referred 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 evidence on behalf of the employer/carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the employer/carrier:

Any representative of the employer. The Claimant and/or any witness named by the Claimant. The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330(3).


Mark D. Cauthen
McKay Law Firm
Post Office Box 7217
Columbia, South Carolina 29202-7217
(803) 256-4645

Attorney for the Defendants

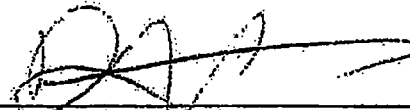
Columbia, South Carolina
July 15, 2020

CERTIFICATE OF SERVICE

Dixon Hill, states that he is a Legal Assistant for McKay Law Firm, with offices in Columbia, South Carolina. This is to certify that a copy of the foregoing Amended Pre-hearing Brief, Notice of Witnesses and medical records, have been served upon the claimant, by placing a copy of the same in the United States mail, certified mail, return receipt requested and by electronic service and first class mail, postage prepaid, addressed below this the 15 day of July, 2020 as follows:

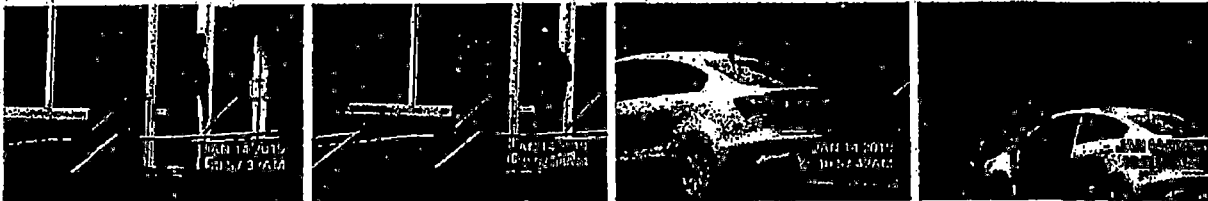
Stephen B Samuels, Esquire
Samuels Law Firm
1320 Richland Street
Columbia, SC 29201

Via E-File Only
The Honorable Avery B. Wilkerson
Commissioner
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715



Dixon C. Hill, Legal Assistant
McKay Law Firm
1303 Blanding Street
Post Office Box 7217
Columbia, SC 29202

(803) 256-4645

	Surveillance Report Contego Investigative Services 424 East Central Blvd, Suite 417 Orlando, FL 32801-1923 FL License A2900053 www.ContegoServicesGroup.com
	

DATE: January 15, 2019
 TO: Marc Cauthen
 COMPANY: SC Guaranty Association
 CLAIMANT: Jeffrey McCoy
 CLAIM#: 1717573
 CASE#: 00775OR-02
 DATE OF INJ: 09/17/2017
 TYPE OF INJ: Leg and Back
 DATE ASSIGNED: 01/11/2019

SURVEILLANCE SUMMARY

On Sunday, January 13, 2018, surveillance was conducted from 7:00AM until 12:04PM at the claimant's provided address, located at 127 Sparkleberry Lane, Apartment 101, Columbia, South Carolina 29229. Upon arrival, no vehicles known to be associated with the claimant were observed in the area. A neighborhood canvass was conducted; however, no new information was obtained. With no activity noted, a spot-check was conducted at the claimant's last known residence, located at 4908 Katy Street, Columbia, South Carolina 29203. Upon arrival, no vehicles were present, and no activity was noted. A spot-check was conducted at a residence associated with the claimant's parents, located at 116 Singing Wood Lane, Elgin, South Carolina 29045. Upon arrival, a silver, newer model Lincoln MKS, bearing South Carolina license plate number MYF995, and a gray, older model Ford Explorer, bearing South Carolina license plate number HXH170, were present. No activity was detected on behalf of the claimant, and surveillance was terminated at 12:04PM. No video documentation was obtained.

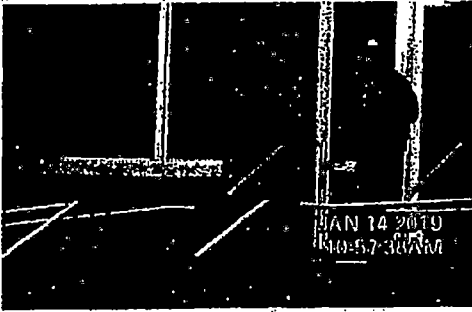
On Monday, January 14, 2019, surveillance was conducted from 5:56AM until 11:01AM at the claimant's last known residence, located at 4908 Katy Street, Columbia, South Carolina 29203. Upon arrival, a silver Kia Rio, bearing South Carolina license plate number PJB610, was present. A spot-check was conducted at the provided address, located at 127 Sparkleberry Lane, Apartment 101, Columbia, South Carolina 29229. Upon arrival, no vehicles known to be associated with the claimant were present, and no activity was noted. The investigator returned to the residence at 4908 Katy Street. Midmorning, the claimant was briefly observed as he stood on the front porch and watched his dogs in the yard. A short time later, he departed as the driver of the Kia Rio with his girlfriend as a passenger. During continued mobile surveillance, the claimant appeared to become surveillance conscious and stopped at a local police department. In order to maintain the integrity of the investigation, surveillance was terminated at 11:01AM. The claimant was documented as he stood, walked, ascended and descended stairs, and entered, exited, and operated a motor vehicle.

Approximately 1 minute and 14 seconds of video documentation was obtained.



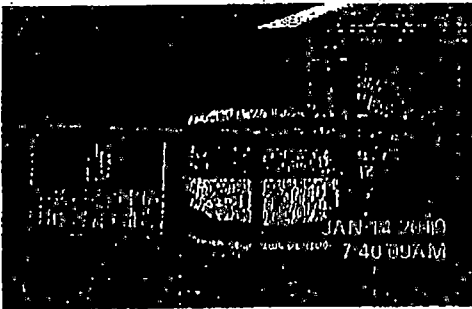
CLAIMANT PROFILE

CLAIMANT



The claimant is a 51-year-old, African-American male, approximately 5'10" tall and approximately 220 pounds. The claimant also wears glasses.

RESIDENCE



The claimant resides at 4908 Katy Street, Columbia, South Carolina 29201. The residence is a brick, one-story home located within a lower-income subdivision. There is a handicapped ramp leading to the front door, and the property is surrounded by a chain link fence.

VEHICLES



The claimant is associated with a red Kia Forte, bearing South Carolina license plate number LFC764, and a silver Kia Rio, bearing South Carolina license plate number PJB610. Please note that the Kia Forte was not observed during this surveillance effort.

SURVEILLANCE NARRATIVE

Sunday, January 13, 2019

- 7:00 AM** Surveillance was initiated at the claimant's provided address, located at 127 Sparkleberry Lane, Apartment 101, Columbia, South Carolina 29229. Upon arrival, no vehicles known to be associated with the claimant were observed. No activity was noted. *A stationary surveillance position was established with a direct view of the residence.*
- 9:00 AM** No change or activity was noted. *Stationary surveillance was maintained.*
- 11:00 AM** A neighborhood canvass was conducted; however, no new information was obtained.
- 11:15 AM** With no activity noted, a spot-check was conducted at the claimant's last known residence, located at 4908 Katy Street, Columbia, South Carolina 29203. Upon arrival, no vehicles were present, and no activity was noted. A spot-check was conducted at a residence associated with the claimant's parents, located at 116 Singing Wood Lane, Elgin, South Carolina 29045. Upon arrival, a silver, newer model Lincoln MKS, bearing South Carolina license plate number MYF995, and a gray, older model Ford Explorer, bearing South Carolina license plate number HXH170, were present. No activity was detected.
- 12:04 PM** With the claimant's whereabouts unknown, surveillance was terminated at this time.

Monday, January 14, 2019

- 5:56 AM** Surveillance was initiated at the claimant's last known residence, located at 4908 Katy Street, Columbia, South Carolina 29203. Upon arrival, a silver Kia Rio, bearing South Carolina license plate number PJB610, was present. A spot-check was conducted at the provided address, located at 127 Sparkleberry Lane, Apartment 101, Columbia, South Carolina 29229. Upon arrival, no vehicles known to be associated with the claimant were present, and no activity was noted. The investigator returned to the residence at 4908 Katy Street. *A stationary surveillance position was established with a partial view of the residence.*
- 8:30 AM** No outside activity was observed. *Stationary surveillance was maintained.*

10:43 AM



The claimant exited the residence, stood on the front porch of the home, and watched his dogs in the front yard. Due to visual obstructions, the claimant was only partially visible. He reentered the home a short time later.

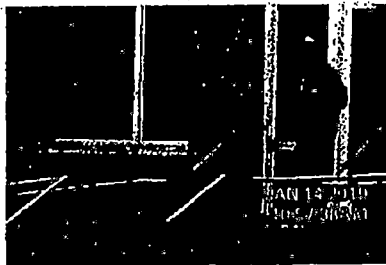
10:51 AM

The claimant's girlfriend exited the residence, walked to the end of the driveway, and opened the chain link fence.

10:53 AM

The claimant departed in the Kia Rio with his girlfriend as a passenger. *Mobile surveillance was initiated.*

10:57 AM



During continued mobile surveillance, the claimant appeared to become surveillance conscious and stopped at the Columbia Police Department, located on Monticello Road in Columbia, South Carolina. He parked in the road, exited the vehicle, ascended the front steps, and attempted to enter the building; however, the doors were locked. He then returned to his vehicle and departed from the area.

11:01 AM

In order to maintain the integrity of the investigation, surveillance efforts were discontinued at this time.

RECOMMENDATIONS

Due to the claimant's suspicious behavior, if additional surveillance is required, the investigator recommends that surveillance should be conducted after a cooling-off period.

End of Report



DISCLAIMER

PRIVILEGED COMMUNICATIONS

This report is confidential and is intended solely for the use and information of the client to whom it is addressed.

The public record information contained in this report has been obtained through online public record sources or by direct visits to sources of such documents, such as the court of jurisdiction, deemed to generally be reliable. However, please note that these records are not always complete. The public agencies and other providers of public records can and have missed recording some records and misfiled others. The above information should not be relied upon without separate verification. It should also be noted that there may be more than one person with the same name as the person whom the search was conducted on, and only fingerprints of the individual can provide positive identification. Consequently, Contego Investigative Services cannot and does not guarantee the accuracy of the records reported in this report and accepts no liabilities which may arise from the use of the same. The client agrees and certifies that its ordering of and use of this report is in strict compliance with any applicable provision of the Fair Credit Reporting Act, Public Law 91-508, and state and federal equal opportunity laws and regulations.



THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No. 2021-001174

WCC File No. 1717573

Jeffrey W. McCoy, Claimant, ... Appellant-Respondent,

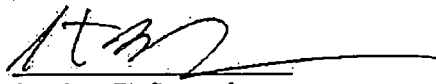
v,

Cromed, LLC, Employer,
and Guarantee Ins. Co. (*in liquidation*)/S.C. Property & Casualty Ins. Guaranty Assoc,
Carrier, ... Respondents-Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material
proposed to be included by any of the parties and not any other material

Respectfully Submitted,



Stephen B. Samuels
SAMUELS REYNOLDS LAW FIRM, LLC
1320 Richland Street
Columbia, SC 29201
(803) 779-4000

July 14, 2022
Columbia, South Carolina

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED

JUL 15 2022

SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

Appellate Case No. 2021-001174

WCC File No. 1717573

Jeffrey W. McCoy, Claimant, ... Appellant-Respondent,

v.

Cromed, LLC, Employer,
and Guarantee Ins. Co. (*in liquidation*)/S.C. Property & Casualty Ins. Guaranty Assoc.,
Carrier, ... Respondents-Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material

Respectfully Submitted,



Stephen B. Samuels
SAMUELS REYNOLDS LAW FIRM, LLC
1320 Richland Street
Columbia, SC 29201
(803) 779-4000

July 14, 2022
Columbia, South Carolina