

Record ON Appeal

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In the Court of Appeals

SC Court of Appeals

Appeal from Richland County
S.C. Worker's Compensation Commission

Commissioner(s): A. Taylor, T. Beck, A. Wilkerson

Case NO. 2021-000696

S.C. Department of Mental Health,
Employer and State Accident Fund,
Carrier

Respondent

V
Dana L. Dixon,
Employee

Appellant

Record On Appeal

Dana L. Dixon

698 Stabler farm Rd

ST. Matthews, SC 29135

(470) 422-0591

M. Stephen Stublely

1122 Lady St. Suite 1000

Columbia, S.C. 29201

(803) 748-2919

Attorney of record

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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

DANA DIXON,

Claimant,

vs.

DEPT OF MENTAL HEALTH,

Employer,

AND

STATE ACCIDENT FUND,

Carrier,

Defendants.

W.C.C. FILE NO: 1623303

DECISION AND ORDER

HEARING:

Held in Columbia, South Carolina on
June 12, 2020

APPEARANCES:

Dana Dixon, *pro se*.

M. Stephen Stublely, Attorney for Defendants.

PURPOSE OF HEARING:

To determine the issues raised pursuant to Form 50
and Form 51.

DECISION AND ORDER:

Melody L. James Commissioner

FILED:

November 3, 2020

STIPULATIONS

At the call of the case, the parties agreed to the following:

1. The purpose of the hearing was to determine all issues in dispute as set forth in the hearing notice and any other issues which may timely come before the Commissioner.
2. Notice of this hearing was timely and properly served upon all parties of interest.
3. Venue, set in Richland County, is proper as agreed by the parties.
4. The claimant and the defendants were subject to and bound by the provisions of the South Carolina Workers' Compensation Act
5. Without objection, the Workers' Compensation Commission's file, with the exception of unstipulated medicals and self-serving declarations, was made part of the record.
6. The purpose of the hearing was a determination of whether Claimant sustained a compensable injury to her back and whether she is entitled to additional medical treatment.
7. The average weekly wage is \$449.34 making a compensation rate of \$299.57 applicable in this matter.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following documents were submitted into evidence by Claimant.

<u>NAME OF REPORT(S)/PHYSICIAN REPORT(S)</u>	<u>DATES</u>	<u>PAGE NOS.</u>
APA 1. Intermixed Documents:	1/14/16- 7/17/19	1-87
Predominantly Filings		1-41
Predominantly Medical Records		42-73
Predominantly Employment Records		74-87

EXHIBITS:

Exhibit A. Photographs of Claimants MVA	3/22/17	1-3

Under the Administrative Procedures Act, the following documents were submitted into evidence by Defendants:

<u>NAME OF REPORT(S)/PHYSICIAN REPORT(S)</u>	<u>DATES</u>	<u>PAGE NOS.</u>
APA 1. Providence Hospital	4/21/08-3/7/17	1-64
APA 2. Palmetto Health Richland	12/23/16	65-67

EXHIBITS:

Exhibit A. Claimant's ISO reports	1/12/18-10/24/19	68-96
Exhibit B. Claimant's statement	1/13/17	97

STATEMENT OF THE CASE

This was an admitted claim in which Ms. Dixon suffered admitted injuries to her back, neck and jaw on December 22, 2016, after being struck by a patient while assisting them into bed. (~~Tr. p. 26, lines 18-20~~) She received medical treatment for that injury from Palmetto Health Richland emergency room on December 23, 2016. (Defendant's APA p. 65-67) She was released from care the same day and Claimant received no additional authorized medical care for this accident. (Defendant's APA p. 67) During March of 2017, Claimant was involved in a motor vehicle accident. (Defendant's APA p. 34-53)

On September 7, 2017, Claimant's then attorney, Benjamin Cruse, filed a claim on Claimant's behalf via a Form 50, not requesting a hearing, in which Claimant alleged an injury to the back, neck and jaw. In February 2018, Claimant requested to terminate the employee-client relationship with Mr. Cruse, and he was relieved as her counsel by Order of the Commission on March 15, 2018. Claimant, while advised of her right to counsel, proceeded pro se. Claimant subsequently filed a Form 50 February 26, 2019 seeking treatment for her jaw, neck and back. The Defendants' take the position that the Claimant's request is past the statutory period for treatment and lapse for an injury and claimant has provided no evidence which would allow for any of the exceptions to the rule. SC Code § 42-15-60 (2012)

Claimant filed a Form 50 July 8, 2019 requesting a hearing. Following the hearing on October 28, 2019, the parties entered into a Consent Order due to no Form 20 being filed. Claimant again filed a Form 50 requesting a hearing on January 8, 2020. The hearing, which is the subject of this Order, occurred on June 12, 2020.

EVIDENCE OF THE CASE

Without objection, the Commission's file and APA submissions were made a part of the record. Claimant was further advised of her right to counsel by the undersigned and elected to proceed with the hearing *pro se*. ~~(Tr. p. 4, line 14; p. 5, line 12)~~ Claimant also produced an unnumbered stack of documents which had not been presented prior to the hearing. ~~(Tr. P. 5, lines 9-12)~~ As reflected in the APA/Exhibit summary above, the documents were numbered prior to being placed into evidence. During the hearing, the Claimant also presented three photographs that were placed into the record as an Exhibit.

At the time of the injury in question in this claim, Claimant testified that she was working for Defendant South Carolina Department of Mental Health ("SCDMH"). ~~(Tr. p. 17, lines 21-25; p. 18, lines 5-8)~~ Claimant testified that she started working for SCDMH on December 2, 2016. ~~(Tr. p. 10, line 18)~~ Claimant testified that she has been doing CNA-type work off-and-on, starting in October 1988. ~~(Tr. p. 24, lines 24-25)~~ She maintains both her CNA and CDL licenses ~~(Tr. p. 29, lines 11-12)~~

Claimant testified as to the facts of her work-related accident which is the subject of the present claim. This accident occurred on December 22, 2016 while Claimant was acting within the course and scope of her employment with SCDMH. Claimant testified that she was injured by a resident she had never sat with before during a one-on-one ~~(Tr. p. 10, lines 23-24)~~ She stated that a male resident attacked her ~~(Tr. p. 26, lines 18-20)~~

Claimant testified that, she went to Richland Memorial Hospital on December 23rd for medical treatment, was diagnosed with a muscle spasm and received no forms while there, save for a medical excuse from Palmetto Richland ~~(Tr. p. 2, lines 5-11, p. 15, lines 10-12, p. 27, lines 18-19)~~ Claimant had no follow-up medical visits for this injury. (Defendants' APA p. 65-67)

Claimant testified that she was in a car accident during March of 2017, though she provided several varying recollections of the accident ~~(Tr. p. 19, lines 9-11, Tr. p. 23, lines 21-25, Tr. p. 30, lines 17-20 and Tr. p. 40, lines 3-5)~~ She testified that went to the hospital on March 7, 2017 ^{with} ~~(Tr. p. 29, lines 16-17)~~ She complained of pain in her neck and lower back (Defendants' APA p. 34) X-rays of the back showed mild endplate degenerative changes. (Defendants' APA p. 37) The Claimant filed an insurance claim for bodily injury resulting from the accident. (Defendants' APA p. 72) There are no follow-up medical treatments for the back injury on record following the x-ray. Claimant presented no evidence or witnesses to support a causal relationship between the December 22, 2016 injury and any current back issues that may currently exist. Therefore, the claimant has failed to satisfy the burden of proof in the case.

FINDINGS OF FACT

It is found by a preponderance of the substantial evidence as a fact:

1. All the parties of these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, to date.

2. The South Carolina Workers' Compensation Commission has subject matter and personal jurisdiction over all the parties and matters before this Commissioner; all parties having received proper notice of the hearing held set for June 12, 2020.
3. Venue is proper set in Richland County, South Carolina.
4. The Claimant's average weekly wage is \$449.34, which a resulting compensation rate of \$299.57.
5. On December 22, 2016, the Claimant suffered an admitted accident while assisting a resident that occurred while she was in the course and scope of her employment with the South Carolina Department of Mental Health.
6. In her initial report of injury to the employer, the Claimant stated that the injury she sustained was to her back, neck and jaw.
7. Defendants admitted an injury to the jaw, neck, and back pain and provided medical care and treatment.
8. The Claimant was seen at the Palmetto health Richland emergency room on December 23, 2016. The notes reflect that the Claimant was struck on the jaw at work the previous day and that she had neck, jaw and back pain. The physician's assessment was muscle spasm and the Claimant was discharged with no recommendations of further care.
9. Claimant received no authorized medical treatment following December 23, 2016.

10. Subsequently claimant was involved in a motor vehicle accident in March 2017.
11. On March 3, 2017 claimant presented to Providence Hospital. (Defendants APA p.34, p.53) The notes reflect that the Claimant reported that she had been in a MVA days before her visit. X-rays were obtained of the Claimant's cervical and thoracic spine as a result of her symptoms.
12. No medical evidence was presented to suggest to a reasonable degree of medical certainty that the current request for medical treatment was causally related to the December 22, 2016 injury.
13. Claimant filed a Form 50 (Notice of Claim) on September 7, 2017.
14. A Form 50 (Hearing Request) was filed on February 26, 2019.
15. Claimant currently requests treatment for her back.
16. The Claimant provides a note by a physician into the record (Claimants APA p. 52), but the July 17, 2017 note does not reference the date of the workplace assault or the motor vehicle accident.
17. The July 17, 2017 note from Dr. Saunders (Claimants APA p. 52) includes no indication of reviewing records and makes no mention of prior injuries.
18. The note provided by Dr. Saunders (Claimants APA p. 52) is not stated to a degree of reasonable medical certainty as required by Section §42-15-60.
19. Based on the greater weight of the evidence, I would find that Claimant's request for treatment for the back is denied. The medical evidence submitted does not prove any outstanding medical issue is causally related to her December 22, 2016 work accident. Therefore, Claimant's request for treatment is denied under the South Carolina Workers' Compensation Act.

CONCLUSIONS OF LAW

Accordingly, as provided by the S.C. Code Ann. §42-17-40, it is the determination and finding of this Commissioner:

1. Pursuant to S.C. Code Ann. §42-1-130, the Claimant was a covered employee at the time in question and under S.C. Code Ann. §42-1-140, the Defendant employer was a covered employer under the Act.
2. Pursuant to S.C. Code Ann. §42-1-160, Claimant suffered injury to her jaw, neck and back by compensable accident in the course and scope of her employment.
3. Pursuant to S.C. Code Ann. §42-15-60 (A), The employer shall provide medical, surgical, hospital and other treatment, including medical and surgical supplies as reasonably may be required, for a period not exceeding ten weeks from the date of an injury, to effect a cure or give relief and for an additional time as in the judgement of the commission will tend to lessen the period of disability as evidenced by expert medical evidence stated to a reasonable degree of medical certainty. This standard was reiterated upon in Hartzell v. Palmetto Collision, LLC (S.C. App. 2016) 419 S.C, 87m 796 S.E. 2d 145, which limited the period to ten weeks and that the commission's decision to extend compensation must be based upon the heightened standard of medical evidence required as required by the statute.
4. While Claimant does provide a note from Dr. Saunders (Claimants APA p. 52) the note does not reach the standard of reasonable medical certainty as required by Section §42-15-60.

5. The undersigned cannot provide an opinion that is the equivalent to a medical opinion. Burnette v. City of Greenville (S.C. App. 2012) 401 S.C. 417, 737 S.E.2d 200. Therefore, the undersigned cannot relate the complaint/condition to either accident.
6. S.C. Code Ann. §12-15-20 governs the notice that must be provided by an injured worker to his or her employer following an accident.
7. Claimant has allowed her treatment to lapse beyond the statutory period without providing sufficient medical evidence that any ongoing back pain is the result of her December 22, 2016 work accident. As such, her request for treatment for her back in the present claim is denied.

ORDER

IT IS, THEREFORE, ORDERED that for the reasons above, the Claimant's request for medical treatment is denied

AND IT IS SO ORDERED.



Commissioner Melody L. James

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

November 3, 2020

By: Tamara Morris, Administrative Assistant to Commissioner James

request for medical treatment is denied

AND IT IS SO ORDERED.

Melody L. James

Commissioner Melody L. James

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

November 3, 2020

By: Tamara Morris, Administrative Assistant to Commissioner James

10

10 23

Morris, Tamara

From: James, Melody
Sent: Wednesday, September 9, 2020 1:24 PM
To: Morris, Tamara
Subject: Dixon, Dana 1621303 Order Instructions

Order Instructions:
Dixon, Dana 1621303

Mr. Shurey to mail

- 1 The Claimant was struck by a patient during the course and scope of her employment on December 22, 2016.
- 2 The Claimant was seen at the Piedmont Health Richland emergency room on December 23, 2016. The notes reflect that the Claimant was struck on the jaw at work the previous day and that she had jaw, neck, and back pain. The physician's assessment was muscle strain.
- 3 The Claimant filed a Form 50 (Notice of Claim) on September 7, 2017.
- 4 A Form 50 (Hearing Request) was filed on February 26, 2019.
- 5 The Claimant requests medical treatment for her back.
- 6 Section 42-15-86(A) addresses the requirements of medical evidence that the Commission must when treatment beyond ten (10) weeks after the date of accident is requested. [Relevant language of Section 42-15-86(A): "The employer shall provide medical, surgical, hospital, and other treatment, including medical and surgical supplies as reasonably may be required, for a period not exceeding ten weeks from the date of an injury, to effect a cure or give relief and for an additional time as in the judgment of the commission will tend to lessen the period of disability as evidenced by expert medical evidence stated to a reasonable degree of medical certainty."]
- 7 The South Carolina Supreme Court has reiterated the requirement of medical opinion evidence stated to a degree of reasonable medical certainty required in Section 42-15-86(A) for treatment beyond ten (10) weeks of the date of the accident. Hartbilly v. Palmetto Calison, LLC (S.C.App. 2016) 419 S.C. 57, 786 S.E.2d 145, rehearing denied. Employer's responsibility for providing medical treatment to covered employees under the Workers' Compensation Act is limited to ten weeks following an injury, and to hold an employer liable for medical expenses beyond the time period, the Workers' Compensation Commission must decide that, based upon the heightened standard of medical evidence required by the statute [degree of reasonable medical certainty], additional treatment would tend to lessen the claimant's period of disability.
- 8 There is a note provided by a physician in the record. (CI APA 52—letter of Dr. Saunders dated July 17, 2019). However, the note is not stated to a degree of reasonable medical certainty as required by Section 42-15-86.
- 9 It is noted that Dr. Dr. Saunders letter does not reference the date of the workplace assault.
- 10 Subsequent to the accident, the Claimant was involved in a MVA in March of 2017. On March 3, 2017, the Claimant presented to Providence Hospital. (Defs. APA 34; Defs. APA 53). The notes reflect that the Claimant reported that she had been in a MVA days before her visit. X-rays were obtained of the Claimant's cervical and thoracic spine as a result of her symptoms.
- 11 Both parties are essentially seeking a finding of medical relationship of the Claimant's current complaints. The Claimant seeks a relationship to the 2016 event. The Defendants seek an additional finding that the MVA is an intervening event, rupturing the Claimant's back.
- 12 The undersigned can not provide an opinion that is the equivalent to a medical opinion. Sammons v. City of Greenville. Therefore, the undersigned can not relate the complaints/conditions to either accident.
- 13 For the reasons above, the Claimant's request for medical treatment is denied.
- 14 The above paragraphs are an instruction and guidance for the preparation of the decision and order. They do not have to be used verbatim. (Please correct any legal cites or cites to the record.) The drafter may add additional facts or legal basis in the order. Any cite to case law should also provide a full legal analysis in the discussion. The drafting attorney should provide discussion of evidence, findings of facts, and conclusions of law in the proposed order.

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Dana L. Dixon,

Claimant,

vs.

Dept. of Mental Health,

Employer,

and,

State Accident Fund,

Carrier/Defendants.

CONSENT ORDER

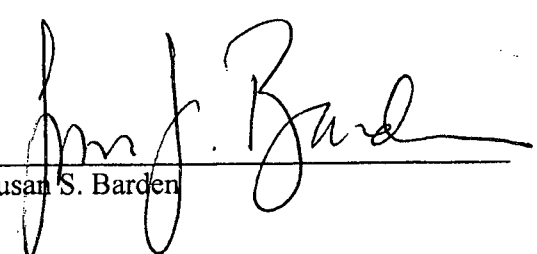
W.C.C. FILE NO.: 1623303

THIS MATTER COMES BEFORE ME on joint motion of the Claimant and the Defendants.

This case was scheduled to be heard by the undersigned Commissioner on October 18, 2019 in Columbia, South Carolina with regard to issues raised in Claimant's 50 and Defendants' Form 51. However, during the pre-hearing conference, it became apparent that the hearing on this matter could not go forward at that time due to the fact that the Defendants needed to provide the Commission with a Form 20, and there was a need for additional discovery regarding causation for Claimant's current medical complaints.

WHEREFORE IT IS HEREBY ORDERED that the hearing scheduled for October 18, 2019 is cancelled and this claim will be returned to General Files until a hearing request is made by either party through proper pleadings.

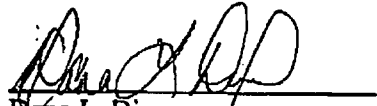
IT IS SO ORDERED!


Susan S. Barden

January 7, 2020

Date

I CONSENT:


Dana L. Dixon
PRO SE CLAIMANT

I CONSENT:


Erin F. Farthing
ATTORNEY FOR DEFENDANTS

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Barbara Skarbek on January 7, 2020

**SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
REQUEST FOR A PROPOSED DECISION AND ORDER**

This document is not a Decision and Order. It is a request for a proposed order. The Commissioners reserve the right to modify and/or delete any or all portions of the submitted Decision and Order.

**Dana Dixon v SC Department of Mental Health
SCWCC: 1623303
Commission Panel: Beck, Wilkerson, Taylor; Chair
Order Assigned to Commissioner: Beck
Court Reporter – Sean Cary- 803-252-3445**

Dana Dixon
M. Stephen Stubley

Pro Se/Appellant
Defendants/Respondent

This matter was heard before the South Carolina Workers' Compensation Full Commission Appellate Panel during the last term of Review. The Commissioners considered the matter and **Affirm** the decision and order of the Single Commissioner. Please add Motion granted as to 1-page document regarding light duty status

Mr. Stubley please prepare a proposed order and submit to the Judicial Department within thirty (30) days of this notice. The proposed order shall be submitted in Word format to appeals@wcc.sc.gov and shared with each Party. Please make sure the Appellate Panel Decision and Order recites the specific Findings of Fact and Rulings of Law of the Single Commissioner's Decision and Order and reflects any comments requested by a Commissioner.

The signature page shall include a signature line for each Commissioner and the first signature should be the name of the Commissioner assigned the case as indicated above.

If you have any questions, please do not hesitate to email me at ehollmon@wcc.sc.gov or call at 803.737.5737

Judicial

Transmitted via email and USPS to Pro Se Claimant this 8 March 2021

02/22/2021

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
JUDICIAL CONFERENCE DECISION AND ORDER

Dana Dixon v SC Department of Mental Health
SCWCC: 1623303
Commissioner: James

This matter was heard before the South Carolina Workers' Compensation Full Commission in Judicial Conference on a **Motion to Add Evidence**. The Commissioners considered the matter and ordered the matter handled in the following manner:

IT IS, THEREFORE, ORDERED the pending appeal of the Administrative Order of the Commission is hereby;
_____ Dismissed as Interlocutory. _____ Set for Oral Argument.

IT IS, THEREFORE, ORDERED the pending motion be, and hereby is;
_____ Granted. _____ Denied. _____ Dismissed _____ x _____ Preserved for hearing

BEFORE THE;
_____ Hearing Comm. _____ Jurisdictional Comm. _____ Full Commission.

IT IS, THEREFORE, ORDERED this matter be, and hereby is; remanded to take such action and enter an Order consistent with the Court's directive.

_____ Remand to Panel as indicated below.
_____ Barden _____ James _____ Taylor
_____ Beck _____ Campbell _____ Wilkerson
_____ McCaskill

_____ Remand for Order consistent with the Order of the Court.
_____ Remand to the Hearing Commissioner.
_____ Remand to the Jurisdictional Commissioner.
_____ Other: _____

_____ Remand: _____ Panel Oral Argument. _____ En Banc Oral Argument.

AND IT IS SO ORDERED.



T. Scott Beck, Commissioner

Columbia, South Carolina

January 25, 2021

CONCURRING:

Commissioner Susan S. Barden
Commissioner Melody James
Commissioner Aisha Taylor
Commissioner Avery Wilkerson
Commissioner Michael Campbell
Commissioner Gene McCaskill

NOT PARTICIPATING:

_____ x _____

DISSENTING:

CERTIFICATE OF SERVICE

THIS IS TO CERTIFY THE UNDERSIGNED HAS THIS DATE SERVED THIS ORDER IN THE ABOVE ENTITLED ACTION UPON ALL PARTIES ELECTRONICALLY OR BY DEPOSITING A COPY HEREOF, POSTAGE PAID, IN THE UNITED STATES MAIL

This _____ day of _____, 2020.

By: _____
SCWCC Judicial Department

Order Served via E-Mail & USPS:

Dana Dixon 181 Stabler Farm Road St. Matthews, SC 29135 danadixon247@gmail.com	M. Stephen Stubley Speed Seta, Martin, Trivett & Stubley P.O. Box 11669 Columbia, SC 29211 Sstubley@speed-seta.com

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on January 25, 2021

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1623303

Dana Dixon,	)	
	)	
Claimant,	)	
vs.	)	
	)	
SC Department of Mental Health,	)	
	)	
Employer,	)	MOTION ORDER
	)	
State Accident Fund,	)	
	)	
Carrier,	)	
Defendants	)	

A Motion regarding the following issue(s) has been received.

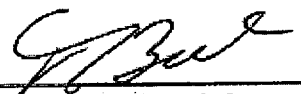
☐ Discovery or Subpoena
☐ Appointment of guardian Ad Litem
☐ Attorney's appearance before the Commission
☐ Withdrawal of Representation
☐ Attorney's Fee
☐ Self Insurance Privileges
☐ Penalties and Interest
☐ Third Party Practice
☒ Other: Motion to Quash Medial Records

The following disposition has been made: ☐ Granted ☒ Denied

Order served USPS:

Dana Dixon 700 Greenlawn Drive Apt 1307 Columbia, SC 29209	Erin Farthing, Esquire State Accident Fund PO Box 102100 Columbia, SC 29221	M. Stephen Stubley, Esquire Speed, Seta, Martin, Trivett & Stubley, LLC PO Box 11669 Columbia, SC 29211

CERTIFICATE OF SERVICE


T. Scott Beck, Commissioner

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Shawnee DeBruhl on February 21, 2020

South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1623303
Carrier File # 2016-004177
Carrier Code # 500 - SF
Employer FEIN 570000J12

Dana DIXON 251-31-0505
2700 Feather Trail Run, West Columbia, SC 29169

DEPT OF MENTAL HEALTH
2414 Bull Street, Columbia, SC 29202

(803) 737-5300 (home) (470) 422-0591 (work)

Preparer's name: April Edwards (803) 896-5915 State Accident Fund, Insurance Carrier

Compensation Paid	Number of Weeks	From	To	Amount
1. Number of weeks T.T.				
2. Number of weeks T.P.				
3. Number of weeks P.P.				
4. Disfigurement				
5. Agreement and Final Release				
Total Compensation Paid				
6. Total Medical Benefits* Paid				618.90
7. Funeral Benefits				.00
(-) Case Denied				

Date of Injury: 12/22/2016

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: _____
Claimant

By: April Edwards
Employer's Representative

Date: 2/21/18

Print or type the name of the person, other than the claimant, receiving benefits and sign below.

please see attached
final medicals

By: _____

Report of additional Fees and Recoupment

A. Carrier Reimbursement by Third Party

B. Attorney's Fee Paid by Employer

C. Attorney's Fee Paid by Claimant

(Non contingent fees, only)

RECEIVED

FEB 22 2018

SC WORKERS' COMPENSATION

\$.00
\$
\$

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. *Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within sixteen days of final payment of compensation. Form 19 must be filed when a claim is denied.

WCC FORM # 19 REV. DATE 3/96 19

STATUS REPORT AND COMPENSATION RECEIPT

Location of Loss: N. MILLWOOD & WASHINGTON

: COLUMBIA SC 27

ISO Received: 08/24/1994

Company: STATE FARM (R) AFFILIATE

Address: CIOS - 00

: ONE STATE FARM PLAZA

: BLOOMINGTON, IL 61710

Claim Number: 401511839

Involved Party: Claimant

--> Name: DIXON, DANA

Address: 1013 UNION ST →

: COLUMBIA, SC 29201

DOB: XX/XX/1967

SSN: XXX-XX-0505?? (SSN ISSUED SC/1976-1976)

: *** More matches on this SSN outside this report ***

Occupation: BURGER KING

Injury/Damage: BACK & NECK

Involved Party: Insured

Name: COLEMAN DONNA L

Address: 1505 GARDEN PLAZA RD APT AF-8

: COLUMBIA, SC 29204

* Reasonable procedures have been adopted to maximize the accuracy of this report. Independent investigations should be performed to evaluate the relevant data provided.

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SOUTH CAROLINA
COUNTY OF RICHLAND

BEFORE THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

DANA DIXON,
Employee/Claimant,

WCC File #: 1712879

vs.

SC DEPT OF MENTAL HEALTH,

Employer,

and

STATE ACCIDENT FUND,

Carrier/Defendants.

 **COPY**

Friday, February 22, 2019
Charlotte, North Carolina

Deposition of DANA L. DIXON, a witness herein,
called for examination by counsel for Defendants in the
above-entitled matter, pursuant to notice, before
Dayna H. Lowe, Court Reporter and Notary Public in and
for the State of North Carolina, at Willson Jones
Carter & Baxley, PA, 11440 Carmel Commons Boulevard,
Suite 206, Charlotte, North Carolina, commencing at the
hour of 10:16 a.m.

1 APPEARANCES:

2
3
4 Plaintiff (Pro Se):

5 MS. DANA L. DIXON
6 3420 Park Road, Room 216
7 Charlotte, North Carolina 28209

8 On behalf of the Defendants:

9 ERIN F. FARTHING, ESQUIRE
10 Deputy Chief Counsel
11 South Carolina State Accident Fund
12 P.O. Box 102100 (ZIP 29221)
13 800 Dutch Square Boulevard, Suite 160
14 Columbia, South Carolina 29210

15 * * *

C O N T E N T S

Examination by Ms. Farthing:

4

E X H I B I T S

(Dixon)

Defendants' 1 Workers' Compensation Package

23

(Exhibit provided with the transcript.)

* * *

P R O C E E D I N G S

Whereupon,

DANA L. DIXON

was called as a witness and, having first been duly sworn, was examined and testified as follows:

EXAMINATION

BY MS. FARTHING:

Q. Good morning, Ms. Dixon.

A. Good morning.

Q. I know we met just a minute ago. Again, my name is Erin Farthing, and I'm an attorney over at the South Carolina State Accident Fund. We're here today in connection with your workers' compensation claim with your employer, the Department of Mental Health, South Carolina Department of Mental Health.

Now, before we go forward here today, I do want to discuss your right to counsel. I know you're here today without representation, and it is my understanding that you are representing yourself in this matter at this point.

A. Yes.

Q. Is that correct?

A. Correct.

Q. You had an attorney but he has now been relieved as counsel.

1 A. Correct.

2 Q. Okay. So what a deposition is is it's sworn
3 testimony. You've just been placed under oath. I'm
4 going to be asking you a number of questions. It's
5 mainly just for discovery purposes, just to find out the
6 information that you know and what you're looking for in
7 this claim.

8 You do have the right to an attorney. If you
9 would like an opportunity to seek the advice of an
10 attorney or to consult with an attorney, we can
11 certainly put this on hold until you do so. You will
12 have that right also at the hearing as well. They'll
13 give you the right to an attorney. So I do want to make
14 sure before we go forward here today that you are
15 comfortable going forward today with your deposition
16 representing yourself.

17 A. I don't know the terminology or the words that
18 you all use as attorneys, so if I have questions can I
19 ask?

20 Q. Of course. And that's -- I'll go through kind
21 of some rules of the deposition in a second, but I do
22 want to make sure that you are comfortable going forward
23 with this today representing yourself.

24 A. I am.

25 Q. Okay. Well, the deposition rules that I'm

1 going to go forward with, and this should hopefully
2 address some of the concerns that you have with
3 potentially my wording going forward today, is the first
4 and most important thing to keep in mind as we go
5 forward is what you have been doing a really great job
6 of so far which is to make sure to answer any questions
7 out loud.

8 A. Okay.

9 Q. In particular, if your answer to a question is
10 yes or no, I know a lot of times it's human nature to
11 say "uh-huh," "huh-uh," shake or nod your head. If I
12 catch you doing that I'm going to ask you to clarify
13 your answer, do you mean yes, do you mean no. I'm not
14 trying to be rude, I'm not trying to be, you know,
15 dismissive or anything. I'm just trying to make sure
16 that the record we have here today is complete and
17 accurate and it accurately reflects what your answers
18 are to these questions.

19 Along those same lines, as we go forward
20 you'll start to anticipate what I'm asking before I've
21 completely asked my question. I'll anticipate your
22 answer or have a new question before you've completely
23 answered my prior question. But if you can try your
24 best to wait until I've completely asked my question
25 before answering, and I will try my best to wait until

1 you've completely answered the question before asking my
2 next. Again, it's for purposes of the record. It is
3 hard for the court reporter to write down what two
4 people are saying at one time.

5 A. Correct.

6 Q. So, again, if I catch you doing that I may
7 stop you or ask you to wait until I've asked my
8 question. Again, I'm not trying to be rude. It's just
9 for purposes of the record.

10 And if at any point I ask a question that you
11 don't understand -- I have a tendency to talk kind of
12 quickly, so I understand sometimes people need me to
13 repeat my question, or as you said earlier, if I ask a
14 question and there's a term you don't understand in it
15 or you're not quite sure what the question is that I'm
16 asking or what I'm looking for, let me know what you're
17 having a hard time understanding. Let me know what you
18 want me to repeat, what you want me to rephrase. If you
19 want me to reword the question or if you need me to
20 clarify something, I'm happy to do so.

21 Otherwise, I'm going to assume that if you
22 answer a question, that you've understood the question
23 as asked and that your response is a truthful response
24 to that question. But, again, I am happy to explain or
25 clarify any questions going forward.

1 A. Okay.

2 Q. Okay? Finally, I don't anticipate that we'll
3 be here terribly long today, but if at any time you need
4 a break for any reason, please let me know. It's not an
5 endurance contest. I'm not trying to torture answers
6 out of you. I want you to be as comfortable as possible
7 going forward here today, so please let me know at any
8 point if you need to take a break or if you need a
9 minute to just walk around or anything like that.

10 Now, the one caveat is if you leave this room
11 you can't discuss your testimony with anybody. If you
12 do, I can ask you about it. It's a little less
13 complicated because you don't have an attorney. With an
14 attorney, those conversations would not be privileged as
15 they would be normal conversations between an attorney,
16 but just the same, any conversations that you have about
17 your testimony or anything else is not privileged. Once
18 we come back on the record, I can ask you those
19 questions.

20 Any questions or concerns before we go forward
21 or anything you need clarified?

22 A. Not yet.

23 Q. Okay. Are you on any medications or anything
24 that could affect your ability to testify truthfully
25 here today?

1 A. No.

2 Q. What is your full name?

3 A. Dana LaShaune Dixon.

4 Q. How do you spell that middle name.

5 A. L-A, capital S-H-A-U-N-E.

6 Q. And have you ever gone by any other name?

7 A. Murphy.

8 Q. Murphy? Was that a maiden name or was that a
9 married name?

10 A. Was a married name. And Greene.

11 Q. Okay. Married name as well?

12 A. Uh-huh.

13 Q. Is that a yes?

14 A. Yes.

15 Q. Okay. And what is your date of birth?

16 A. January the 15th, 1967.

17 Q. And are you currently married?

18 A. Divorced.

19 Q. And last spouse was Murphy?

20 A. No. The other one.

21 Q. The last spouse was Greene.

22 A. Uh-huh.

23 Q. What was his name?

24 A. Frank.

25 Q. And how long ago did y'all divorce?

1 A. 2014.

2 Q. Is he in -- where does he live?

3 A. Columbia.

4 Q. Do you receive any kind of financial
5 support --

6 A. No.

7 Q. -- or anything from him?

8 A. I apologize.

9 Q. It's okay. And then Murphy. What was his
10 name?

11 A. Rodney.

12 Q. Does he live in Columbia as well?

13 A. He's deceased.

14 Q. Did his death end the marriage or were y'all
15 divorced before he passed away?

16 A. Divorced.

17 Q. Any children?

18 A. Yes.

19 Q. How many?

20 A. Three.

21 Q. And what are their names and ages?

22 A. Tamekia, T-A-M-E-K-I-A, Dixon, she's 34.

23 Chasity Dixon, she's 32. No, she's 31. Oh, no, she's
24 32. And then Angel Harris, she's 28.

25 Q. Do any of them live with you?

1 A. No.

2 Q. Are any of your children dependent upon you
3 for financial support?

4 A. No.

5 Q. Is anybody dependent upon you for financial
6 support?

7 A. No.

8 Q. What is your address?

9 A. 3420 Park Road, Room Number 216, Charlotte,
10 North Carolina 28209.

11 Q. And how long have you lived there?

12 A. July of 2018.

13 Q. And where were you before then?

14 A. I think it's 34 -- 3339 Beatties Ford Road.

15 Q. What was the street name? I'm sorry.

16 A. B-E-A-T-T-I-E-S Ford Road.

17 Q. And was that --

18 A. Charlotte.

19 Q. -- Charlotte as well? And how long were you
20 there?

21 A. Maybe three months.

22 Q. And the accident we're here for today happened
23 when you were living in South Carolina?

24 A. Correct.

25 Q. Where were you living in South Carolina at the

1 time?

2 A. Oh goodness. I think it was 2700 Feather
3 Trail Run.

4 Q. I'm sorry. What Trail Run?

5 A. Feather.

6 Q. Feather Trail Run.

7 A. It was West Columbia.

8 Q. Okay. So you moved to Charlotte kind of early
9 2018?

10 A. February 2018 I came to Charlotte.

11 Q. And what was the reason for the move?

12 A. Because I lost everything.

13 Q. What do you mean you lost everything?

14 A. Job, house, car.

15 Q. Was that your job with the Department of
16 Mental Health?

17 A. Correct.

18 Q. And we'll get to your employment with them in
19 just a second. Your residence now, is that an
20 apartment?

21 A. No, it's a transitional home for women.

22 Q. And anybody live there with you?

23 A. As far as family?

24 Q. Yes, ma'am.

25 A. No family's up here.

1 Q. Okay. What is your Social Security number?

2 A. XXX-XX-0505.

3 Q. And the first five digits we'll --

4 MS. FARTHING? Is it usually the first five
5 that we redact?

6 THE COURT REPORTER: Yes.

7 BY MS. FARTHING:

8 Q. The first five digits we'll redact from the
9 transcript so that information won't be in there. And
10 what is your height?

11 A. 5-7.

12 Q. And your current weight? Approximate.

13 A. 216.

14 Q. Okay. And the reason I ask that is at the
15 time of the incident that we're here for today, which I
16 believe was back in 2017, do you remember about what
17 your weight was at the time? About the same?

18 A. Maybe 180.

19 Q. Okay. Is that weight gain something that you
20 attribute to your injuries?

21 A. To some degree.

22 Q. To some degree? How so?

23 A. Because I can't really lift my arm, use my arm
24 like I normally would. I mean, where I stay at, we've
25 got a gym downstairs, and I can walk on the treadmill

1 but that's about it.

2 Q. Are you left-handed or right-handed?

3 A. Right.

4 Q. Do you have a current driver's license?

5 A. Yes.

6 Q. Do you know the number?

7 A. 004015368.

8 Q. And you mentioned earlier you lost your car.

9 Have you gotten a car since? Do you have one now?

10 A. No. No.

11 Q. Do you have access to a car?

12 A. No.

13 Q. How'd you get here today?

14 A. One of the ladies dropped me off.

15 Q. Have you ever had a commercial driver's

16 license?

17 A. I have one.

18 Q. You have a commercial driver's license?

19 A. Yes.

20 Q. Okay. Any restrictions to it or limitations?

21 A. Tractor-trailer.

22 Q. You can or cannot drive a --

23 A. Cannot.

24 Q. Okay. Why did you get the CDL?

25 A. Job requirement.

1 Q. Job requirement? Is that with your job with
2 DMH?

3 A. No. When I was working with South Carolina
4 Department of Transportation.

5 Q. Okay. And what did you do for them?

6 A. Building signs and changing the traffic
7 lights.

8 Q. Okay. And you needed the CDL for that?

9 A. Yes. In order to drive the truck.

10 Q. And you've maintained the commercial driver's
11 license?

12 A. Yes.

13 Q. Do you know when it expires?

14 A. 2023 I think.

15 Q. Do you remember when you last had it renewed?

16 A. Four years ago.

17 Q. Okay. Ever served in the military?

18 A. No.

19 Q. The next few questions, I don't want you to
20 think there's anything about you in particular that
21 makes me ask these. They're just standard questions in
22 any injured worker's deposition. Have you ever been
23 arrested for or convicted of a crime?

24 A. No.

25 Q. Have you ever received treatment for or had

1 issues with drug or alcohol dependency?

2 A. No.

3 Q. Have you ever filed for bankruptcy?

4 A. No.

5 Q. Do you have health insurance currently?

6 A. No.

7 Q. What is the highest level of education that
8 you've completed?

9 A. GED.

10 Q. How far did you get actually going to high
11 school?

12 A. Tenth grade.

13 Q. Tenth grade?

14 A. Correct.

15 Q. And you completed tenth grade?

16 A. As far as I know.

17 Q. Okay. And then you completed your GED after
18 you left high school. Do you remember when you
19 completed that?

20 A. 2001. '1 or '2.

21 Q. Any additional course work or training outside
22 of the GED or outside of high school? Any course work,
23 any certificates, anything like that?

24 A. I have my certified nursing assistant
25 certificate.

1 Q. And where did you get that?

2 A. South Carolina State Nurse's Aide Registry.

3 Q. And what's the process for getting that
4 certificate?

5 A. Taking the test.

6 Q. There wasn't any kind of courses or anything
7 like that that you had to take?

8 A. Huh-uh. I mean, it went through the
9 Department of Mental Health. You know, they'll train
10 you how to -- what you need to do, but I didn't go
11 through them.

12 Q. Any other certificates or training, either on
13 the job or off the job?

14 A. Any training I had has been so many years ago.
15 I mean, I had a flagging certificate, but it wasn't a
16 certification.

17 Q. Okay. Have you ever used the services of
18 vocational rehabilitation, voc rehab?

19 A. No.

20 Q. Are you attending school now?

21 A. No.

22 Q. And we're here obviously today in connection
23 with your employment with the Department of Mental
24 Health. Do you recall when you first started working
25 for them?

1 A. I think it was November -- no, I can't recall.

2 Q. Do you remember the year?

3 A. '16. 2016.

4 Q. Okay.

5 A. I believe.

6 Q. And during the time that you worked for DMH,
7 did you work anywhere else? Any kind of side jobs,
8 anything like that?

9 A. I don't recall. Did I? I don't recall.

10 Q. Where did you work prior to DMH?

11 A. Flying J.

12 Q. Flying J?

13 A. Uh-huh.

14 Q. And where was that?

15 A. On Fairfield Road. I think it's
16 3401 Fairfield Road.

17 Q. Fairfield Road?

18 A. Correct. Columbia.

19 Q. That's in Columbia? And what did you do
20 there?

21 A. I fixed coffee.

22 Q. And how long did you work there?

23 A. Maybe a month and a half, two months.

24 Q. And was that full-time?

25 A. No.

1 Q. And why did you leave there?

2 A. Well, I left there because of the fact I got
3 tired of walking to work and getting there and then they
4 tell me I'm off the schedule. If I had to walk to work
5 in the dark and be there at 4:30 in the morning and then
6 I've got to turn around and walk back because I'm off,
7 it gets kind of -- it got kind of tiring.

8 Q. Okay. And then you started working for DMH?
9 If you don't remember specifically, that's fine. It's
10 just a matter of what you remember at this point.

11 A. I don't. I don't remember. That's bad.

12 Q. It's okay. Do you remember where you worked
13 prior to Flying J?

14 A. Waffle House.

15 Q. What did you -- which Waffle House?

16 A. I think it's at 201 Stoneridge Drive,
17 Columbia.

18 Q. And what did you do there?

19 A. Server.

20 Q. How long did you do that?

21 A. A year and three months.

22 Q. And why did you leave there?

23 A. I had moved from that side of town.

24 Q. Okay. And do you remember where you worked
25 prior to Waffle House?

1 A. I was in -- I was in Atlanta.

2 Q. Okay. And what did you do in Atlanta?

3 A. Basically babysitting my grandson.

4 Q. Okay. Any other employers that you can
5 recall? Do you remember where you worked before you
6 moved to Atlanta?

7 A. No.

8 Q. You mentioned earlier --

9 (Telephone interruption.)

10 A. Sorry.

11 BY MS. FARTHING:

12 Q. It's okay.

13 A. Go ahead.

14 Q. I was going to say if you need to check it,
15 see if you need to take it, we can --

16 A. Uh-huh.

17 Q. You mentioned earlier that at one point you
18 worked for Department of Transportation. When was that
19 that you worked for DOT?

20 A. 2-01, 2-02.

21 Q. 2001, 2002?

22 A. Correct.

23 Q. And you said you worked on changing out light
24 poles, signs, things like that?

25 A. The lightbulbs.

1 Q. And how long -- I'm sorry. You already said
2 from 2001 to 2002. What was the reason you left DOT?

3 A. Life flashing before my eyes. I almost got
4 ran over by a car, so that put things in perspective.
5 Plus I didn't like leaving my girls at home by
6 themselves when I had to go out and be on call. I had
7 to ride to Aiken at 3:00 in the morning and leaving my
8 daughters home by themselves.

9 Q. So when you worked for DOT, was that before or
10 after you moved to Atlanta, when you lived in Atlanta?

11 A. Way before.

12 Q. Okay. Way before. Do you remember where you
13 went to work after you left DOT?

14 A. No. And I had all my information, all the
15 dates, everything.

16 Q. I'm not as concerned about the dates as just
17 where you worked and the type of work you did there.

18 A. I think Columbia Housing Authority.

19 Q. And what did you do for Columbia Housing
20 Authority?

21 A. I guess janitor.

22 Q. And how long did you do that?

23 A. Maybe two, three months.

24 Q. And why did you leave there?

25 A. Better job.

1 Q. And where was that?

2 A. Alvin S. Glenn Detention Center.

3 Q. And what did you do there?

4 A. Detention officer.

5 Q. And how long did you do that?

6 A. I think it was 11 1/2 months.

7 Q. And why did you leave Alvin S. Glenn?

8 A. Injury.

9 Q. And we'll get into some of the -- kind of more
10 of your health history in a minute. Do you remember
11 where you worked after Alvin S. Glenn?

12 A. I think I got a job at Church's Chicken.

13 Q. And what did you do there?

14 A. Trainee.

15 Q. Do you remember about how long you were there?

16 A. Maybe a week.

17 Q. Okay. Do you remember where you worked after
18 that?

19 A. No.

20 Q. Alvin S. Glenn and Columbia Housing Authority,
21 was that before or after DOT?

22 A. Alvin S. Glenn I think was after Columbia
23 Housing Authority.

24 Q. Okay. And was that before or after DOT?

25 A. Repeat the question.

1 Q. Did you work at Columbia Housing Authority and
2 Alvin S. Glenn before or after you worked for DOT, if
3 you can recall?

4 A. No, that's what I said. I worked for Columbia
5 Housing Authority, then I went to DOT.

6 Q. Okay. And then Alvin S. Glenn after that?

7 A. Excuse me.

8 Q. It's okay.

9 A. Okay. I went to work -- I don't recall.

10 Q. Okay. Any other employers that you can recall
11 other than Church's Chicken, Alvin S. Glenn, Columbia
12 Housing Authority, DOT, Waffle House, Flying J, and DMH?

13 A. I'm quite sure there's a list, but as far as
14 recollecting right now, no.

15 Q. Okay. And you indicated earlier that you
16 thought you started working for DMH around 2016?

17 A. I think it was the last part of --

18 Q. I'm sorry?

19 A. I believe it -- if I'd have known all this,
20 I'd have brought my offer letter with me.

21 Q. You're fine. And if you don't remember --
22 okay, here, let me actually go ahead and show you a copy
23 of this.

24 (Exhibit 1 was marked for identification.)

25 BY MS. FARTHING:

1 Q. That's what has been marked Defendant's
2 Exhibit 1, and it's the workers' compensation package.
3 I'll just hand that to you so you can take a look at it
4 to make sure that the information in here that I'm
5 looking at too is correct. On page 3 of that it
6 indicates a date of hire of December 2nd, 2016. Does
7 that sound about right?

8 A. I know it's normally the latter month.

9 Q. That's fine. I think it might be the page
10 before that. One more. There you go. 12/2/16. Does
11 that sound about right?

12 A. I thought it was normally around the 17th.

13 Q. I'm sorry?

14 A. Normally they hire you on the 17th.

15 Q. Okay. But somewhere around October of 2016?
16 Hold onto that, because I might have more questions for
17 you on that. Does that sound about right?

18 A. Not for certain.

19 Q. Do you remember who hired you?

20 A. I think Lorraine Tracy.

21 Q. Lorraine Tracy?

22 A. Uh-huh.

23 Q. Is that a yes?

24 A. Yes.

25 Q. And what was her position at DMH?

1 A. Assistant DON.

2 Q. Assistant --

3 A. DON. Director of nursing.

4 Q. Okay. And do you remember the process for how
5 you got the job there?

6 A. No.

7 Q. Do you remember if you went to a job fair?
8 Did you fill out an application?

9 A. I filled out a application.

10 Q. And I think you indicated earlier you do not
11 currently work for DMH?

12 A. Correct.

13 Q. How did your job there end?

14 A. I resigned due to the fact that I could no
15 longer do the work due to my arm.

16 Q. When was that?

17 A. I think it was July.

18 Q. July of this year? I'm sorry, of 2018?

19 A. '17.

20 Q. And you said you couldn't do the work because
21 of your arm. What sort of issues were you having?

22 A. Pain lifting the residents. A CNA, you have
23 to lift, pull, sit, turn because you're changing, giving
24 showers, and I didn't want to drop anyone, and then the
25 pain. I couldn't take any pain meds.

1 Q. Did you discuss that with any of your
2 supervisors or any of the people that you worked with,
3 the issues that you were having?

4 A. Yes.

5 Q. Do you remember if you ever contacted workers'
6 comp about that? About the issues that you were having?

7 A. I tried to contact but nobody never responded
8 back to my phone calls.

9 Q. Do you remember who you tried to contact?

10 A. I can't recall her name right now, but I know
11 it was a lady who I had to see when I was placed on
12 light duty.

13 Q. Do you remember when you tried to contact
14 them?

15 A. No, I don't.

16 Q. What position were you hired for at DMH?

17 A. Human service assistant.

18 Q. And what were your job duties in that
19 position?

20 A. Changing, feeding, bathing, making beds,
21 cleaning out closets, taking vitals, changing catheters,
22 documentation.

23 Q. And were you in that position the entire time
24 you were with DMH?

25 A. Except for when I went on light duty.

1 Q. What was your position like when you were on
2 light duty?

3 A. Answer a phone.

4 Q. Okay. And how long were you on light duty?

5 A. Let me see. From January 31st I think until
6 March 24th.

7 Q. Okay. In your position at DMH were you
8 responsible for supervising any employees?

9 A. No.

10 Q. And what hours did you work?

11 A. 3 -- 11 to 7.

12 Q. And that was five days a week?

13 A. Sometimes Sunday. Well, weekends.

14 Q. And did you get overtime when you worked the
15 weekends?

16 A. You get a shift differential.

17 Q. Shift differential? What does that mean?

18 A. Shift differential, I think 3 to 11, 11 to 7
19 you might get a dollar more in pay.

20 Q. And who was your immediate supervisor?

21 A. It would be the charge nurse on the floor.

22 Q. So you didn't have a set supervisor?

23 A. In the office. Whoever's turn it was.

24 Q. Okay.

25 A. Like Ms. Akpan. I don't know -- Ms. Caroline.

1 Q. Okay.

2 A. That night she was the supervisor.

3 Q. So she wasn't your supervisor all the time, it
4 was just that night because of that shift?

5 A. Well, different -- no matter the shift. It
6 depends. They can be doing a rotation and it's
7 different supervisors. She might work two nights or
8 somebody else might come in and work.

9 Q. Did you have good relationships with the
10 individuals who worked as your supervisors? Good
11 working relationships?

12 A. I thought I did. I believe I did.

13 Q. During your time at DMH were you ever
14 reprimanded or written up for anything?

15 A. As far as a write-up, I can't recall a
16 write-up. Can you give me clarity on reprimand?

17 Q. Ever disciplined, ever spoken to about
18 breaking any kind of rule or breaking any kind of
19 policy, anything like that?

20 A. I would say yes.

21 Q. Okay. What was that for?

22 A. Because I forgot to take my piercing out.

23 Q. Okay. Anything else?

24 A. Not that I recall.

25 Q. And were you paid hourly or were you paid a

1 salary?

2 A. Hourly.

3 Q. What was your -- how much did you make per
4 hour?

5 A. Maybe 11 and some change. I'm not certain.

6 Q. And were you employed anywhere else at the
7 time you were injured? Work anywhere else?

8 A. I don't recall.

9 Q. Are you working anywhere currently?

10 A. No.

11 Q. Have you worked anywhere since you left DMH?

12 A. Yes.

13 Q. Where did you work?

14 A. I worked at McDonald's.

15 Q. Which one was that?

16 A. On Park Street.

17 Q. Here in Charlotte?

18 A. Yes.

19 Q. And when did you work there?

20 A. I know January 3rd was the last day, of this
21 year, so I would say latter part of November.

22 Q. Until January?

23 A. Uh-huh. January 3rd.

24 Q. And what did you do there?

25 A. Handing people their food.

1 Q. And why did you leave there?

2 A. They closed down.

3 Q. Okay. Worked anywhere else other than
4 McDonald's since you left DMH?

5 A. Wendy's.

6 Q. Here in Charlotte --

7 A. Charlotte.

8 Q. -- as well?

9 A. Uh-huh.

10 Q. Is that a yes?

11 A. Yes.

12 Q. And what did you do there?

13 A. Prep person.

14 Q. And how long did you work there?

15 A. I'd say two months.

16 Q. Was that before McDonald's?

17 A. No.

18 Q. So are you still there?

19 A. No.

20 Q. So from January -- when did you leave there?

21 A. I tried to do both.

22 Q. Okay.

23 A. But I didn't.

24 Q. What do you mean you didn't?

25 A. I started Wendy's first.

1 Q. Okay.

2 A. I wasn't getting any hours there, so the
3 supervisor at McDonald's told me he would guarantee me
4 40 hours if I left Wendy's, so I resigned from Wendy's
5 and went to McDonald's, but that didn't work out either
6 so --

7 Q. Anywhere other than Wendy's and McDonald's?

8 A. I had several jobs.

9 Q. Where else?

10 A. Captain D's.

11 Q. Here in Charlotte?

12 A. Yes.

13 Q. How long did you work there?

14 A. A week.

15 Q. Okay. And why did you leave there?

16 A. Couldn't do the sweeping. The sweeping, the
17 wiping down the tables, that's repetitive and it
18 continually hurts my shoulder.

19 Q. Anywhere else other than Captain D's and
20 Wendy's and McDonald's?

21 A. ABM Industries.

22 Q. What sort of work was that?

23 A. Janitorial.

24 Q. Okay. Is that here in Charlotte?

25 A. Yes.

1 Q. And how long did you work there?

2 A. I would say two months.

3 Q. Okay. And why did you leave there?

4 A. The sweeping, hauling the vacuum. It was a
5 good job, but I didn't like the pain that I was in.

6 Q. Anywhere else?

7 A. Another McDonald's.

8 Q. Here in Charlotte as well?

9 A. Correct.

10 Q. And how long were you there?

11 A. Three days.

12 Q. Three days?

13 A. Yes.

14 Q. And why did you leave there?

15 A. Let's see. I was told one thing by the GM and
16 on my check reflected something else.

17 Q. As far as what your pay would be?

18 A. Yes.

19 Q. Okay. Anywhere else?

20 A. Church's Chicken. I don't know why I forgot
21 them. That was the first job I had.

22 Q. Was that here in Charlotte or in Columbia?

23 A. Yes. Here in Charlotte.

24 Q. How long were you there?

25 A. Let's see. February 4th I moved here.

1 February 7th I got the job. Maybe two and a half
2 months.

3 Q. And why did you leave there?

4 A. I got transferred.

5 Q. To a different Church's?

6 A. Yes.

7 Q. And where was that one?

8 A. Here in Charlotte. And I left there because
9 she put me on the schedule for three days for three
10 hours.

11 Q. She only -- she put you on the schedule for
12 three days for three hours?

13 A. Correct.

14 Q. Anywhere else that you can recall?

15 A. Not that I can recall.

16 Q. And you're not working currently?

17 A. Currently, no.

18 Q. Have you looked for jobs since you left
19 McDonald's?

20 A. I had an interview.

21 Q. Okay. Where was that?

22 A. Harris Teeter and Panera Bread.

23 Q. And when were those interviews?

24 A. On the 18th.

25 Q. 18th of February?

1 A. Correct.

2 Q. Turning now from more of your work -- from
3 your work history to more of your health history, any
4 history of diabetes?

5 A. No.

6 Q. How about high blood pressure?

7 A. When I was married, yes.

8 Q. Okay. Did you ever have to take medication
9 for that?

10 A. I did.

11 Q. Are you still on that medication?

12 A. No, ma'am.

13 Q. Any kind of history of seizures?

14 A. No.

15 Q. Migraine headaches?

16 A. No.

17 Q. Heart trouble?

18 A. No.

19 Q. Any other major illnesses or ailments
20 unrelated to your accident at work?

21 A. No.

22 Q. Who is your family doctor?

23 A. Dr. Jerry Saunders.

24 Q. Jerry Saunders?

25 A. S-A-U-N-D-E-R-S.

1 Q. And where is he?

2 A. On Wilkinson at C.W. Williams.

3 Q. Here in Charlotte?

4 A. Correct.

5 Q. And how long has he been your primary care
6 physician?

7 A. Since the latter part of February of 2018.

8 Q. And when was the last time you were seen by
9 him?

10 A. The 15th of February.

11 Q. Of this year?

12 A. Correct.

13 Q. And what was that for?

14 A. To get my reading. And before that it was on
15 the 1st.

16 Q. To get your reading?

17 A. Of my MRI.

18 Q. Okay. And what was the appointment on the 1st
19 for?

20 A. To do the initial visit to schedule to speak
21 to him in reference to the referral.

22 Q. So February 1st was your initial visit with
23 him? It's the first time you'd seen him?

24 A. No, no. For the MRI.

25 Q. Okay.

1 A. You know, I had to schedule an appointment, be
2 seen, and they had to ask questions as far as what was
3 going on for the MRI.

4 Q. Okay. And then he referred you to get the
5 MRI?

6 A. Correct.

7 Q. Do you remember the last time you had seen him
8 before that?

9 A. No. I can't.

10 Q. Who was your primary care physician before
11 Dr. Saunders?

12 A. Columbia, South Carolina. Waverly Family
13 Practice.

14 Q. Waverly?

15 A. Uh-huh. Yes.

16 Q. Was there a particular doctor --

17 A. No.

18 Q. -- or just the practice?

19 A. The practice.

20 Q. And do you remember the last time you were
21 seen there?

22 A. No.

23 Q. Any other doctors that you see on a regular
24 basis?

25 A. No.

1 Q. Had you ever had a work-related accident --
2 I've got your date of accident for this as January 31st
3 of 2017.

4 A. Correct.

5 Q. Had you ever had a work-related accident prior
6 to that date?

7 A. I've had one before, yes.

8 Q. Okay. What happened in that?

9 A. Torn rotator cuff.

10 Q. Torn rotator cuff?

11 A. Yes.

12 Q. And was that the injury at Alvin S. Glenn?

13 A. Correct.

14 Q. What happened with that? How'd you injure
15 your shoulder?

16 A. Got slammed into a wall. Inmate just became
17 very, very, very combative.

18 Q. Okay. So an inmate pushed you into a wall?

19 A. Well, actually I guess per se fighting, not --
20 trying to restrain. I won't say fighting. Restraining.
21 Trying to restrain, because it didn't work.

22 Q. And which shoulder was that that was injured?

23 A. Right.

24 Q. Do you remember who you treated with?

25 A. When you say who --

1 Q. The doctor or the practice.

2 A. I forgot his name, but it was at Providence,
3 out at Providence-Northeast.

4 Q. Okay. Do you remember when that was?

5 A. As far as the surgery?

6 Q. Yes, ma'am.

7 A. I'm not for sure, but I believe 2004.

8 Q. Okay. And did you file a workers'
9 compensation claim for that?

10 A. Correct.

11 Q. Were you represented?

12 A. Yes.

13 Q. Do you remember who represented you?

14 A. The law firm of McWhirter, Bellinger &
15 Associates.

16 Q. Okay. And do you remember the outcome of your
17 workers' compensation claim? Did you have to go to a
18 hearing or did y'all resolve that in a settlement?

19 A. We did this.

20 Q. You did a deposition?

21 A. Uh-huh. It was so long.

22 Q. Do you remember if you ever actually had to go
23 to court?

24 A. To the courthouse?

25 Q. Or to the Workers' Compensation Commission,

1 yes.

2 A. I think we resolved. I'm not certain.

3 Q. Do you remember for how much?

4 A. No.

5 Q. Any other -- have you ever been deposed
6 outside of that? Your prior claim? So today we're here
7 for a deposition, and you said you gave a deposition as
8 well in connection with your prior workers' compensation
9 claim. Have you ever given a deposition other than
10 today and that time before?

11 A. Alvin S. Glenn and at Veolia.

12 Q. Veolia?

13 A. Transportation. Buses.

14 Q. You had to give a deposition for that too?

15 A. Yes.

16 Q. So you were injured there as well?

17 A. Correct.

18 Q. What did you injure there?

19 A. My foot. It's been so long. And there was
20 another body part but --

21 Q. This is when you were working for DOT?

22 A. No. Veolia Transportation.

23 Q. Okay. And when did you work for them?

24 A. '08, '09.

25 Q. And what did you do for them?

1 A. Driver.

2 Q. And how were you injured?

3 A. Too much bad stuff happened with that, so
4 apparently -- my mind's going blank. I'm sorry.

5 Q. That's okay. What do you mean too much bad
6 stuff happened with that?

7 A. Too many lies.

8 Q. Too many lies about what?

9 A. Me.

10 Q. And that's why you left?

11 A. Huh? Repeat your question, please.

12 Q. My question was how did you get injured?

13 A. Oh okay. That's right. Yeah.

14 Q. So I was confused. I apologize.

15 A. No, no. Just like that. I know it happened,
16 but at the same time, since all the other stuff that
17 came with it, I really don't recall that.

18 Q. Were you in a car accident?

19 A. No. No, no. I remember the cast. I remember
20 the orange cast, but that's it.

21 Q. Do you remember did you file a workers'
22 compensation claim?

23 A. Yes.

24 Q. Were you represented in that one as well?

25 A. Yes.

1 Q. Who represented you in that?

2 A. The same.

3 Q. McWhirter Bellinger?

4 A. Uh-huh.

5 Q. Is that a yes?

6 A. Yes. I'm sorry.

7 Q. It's okay. Do you remember the outcome of
8 that? Was it another settlement? Did you go to court?

9 A. Settlement.

10 Q. And do you remember how much that was for?

11 A. No.

12 Q. Any other work-related accidents other than
13 your accident at Veolia and at Alvin S. Glenn?

14 A. I don't recollect any more.

15 Q. Okay. Ever been in any car accidents?

16 A. Yes.

17 Q. When was that?

18 A. 28 years ago.

19 Q. 28 years ago?

20 A. No, I take that back. I think 24 years ago.

21 Q. What happened in that?

22 A. A girl failed to stop at the stop sign.

23 Q. Any injuries?

24 A. Hurt my knee.

25 Q. Ever injured in any kind of -- any other car

1 accidents?

2 A. Huh-uh.

3 Q. Is that a no?

4 A. I'm sorry. No. That was enough. My babies
5 was with me, so no.

6 Q. Ever injured in any kind of slip-and-fall
7 accident or any other kind of work accident outside of
8 work? I'm sorry. I phrased that weird.

9 Ever injured in any kind of slip and fall or
10 other kind of accident outside of work?

11 A. Slip and fall, no.

12 Q. Any other kind of accident outside of work or
13 outside of a car accident?

14 A. I honestly cannot recall.

15 Q. Okay. Ever filed a lawsuit?

16 A. Define the definition of lawsuit.

17 Q. Ever filed suit in any court, sued anybody,
18 been sued?

19 A. I've never been sued.

20 Q. Have you ever sued anybody?

21 A. Even workmen's comp?

22 Q. Outside of workmen's comp. We've talked about
23 the two prior claims you've had with workers' comp and
24 then you've got this one.

25 A. Okay. No.

1 Q. Ever been hospitalized?

2 A. Uh-huh.

3 Q. What was that for?

4 A. My babies, my surgery on my shoulder, the
5 surgeries that I've had.

6 Q. We've talked about your shoulder surgery.
7 What other surgeries have you had?

8 A. I got -- I need to tell you?

9 Q. Yes, ma'am.

10 A. Had breast reduction, tubal ligation, and a
11 partial hysterectomy.

12 Q. Okay. Any other surgeries?

13 A. That's enough. I said tubal?

14 Q. Yes, ma'am.

15 A. And partial hysterectomy.

16 Q. Yes, ma'am.

17 A. Okay.

18 Q. Ever been hospitalized outside of the
19 surgeries and your babies?

20 A. Yes.

21 Q. What was that for?

22 A. I was PO'ed, upset, and I wanted to do my boss
23 harm, so I signed myself in to I guess a mental health
24 place.

25 Q. Okay. And where was that?

1 A. 1995, '96.

2 Q. Was that in Columbia?

3 A. Uh-huh.

4 Q. Is that a yes?

5 A. Yes.

6 Q. Do you remember which hospital?

7 A. No. It was in a brown building. No. I don't
8 recall the name of it.

9 Q. And where were you working at the time?

10 A. Parks and Recreation.

11 Q. And what did you do for Parks and Recreation?

12 A. Pick up paper, clean toilets.

13 Q. And how long did you work there?

14 A. I don't recall.

15 Q. Do you recall why you left?

16 A. Yeah. Yes.

17 Q. Why'd you leave?

18 A. Sexual harassment.

19 Q. And that was your boss?

20 A. When you say it was my boss, what --

21 Q. Is that who was doing the sexual harassing?

22 A. My boss, his boss, and all the guys. I take
23 that back. It's not all the guys. It was guys.

24 Q. Other males that you worked with?

25 A. Yeah. A guy grabbed my breast.

1 Q. Do you remember how long you were -- you said
2 you went to the hospital because you were concerned you
3 wanted to do harm to your boss. Do you remember how
4 long you were there?

5 A. A day.

6 Q. Okay.

7 A. Gave me too much medicine.

8 Q. Did you continue to treat with any kind of
9 therapist --

10 A. No, ma'am.

11 Q. -- or mental health provider? Any other
12 hospitalizations?

13 A. Not that I recall.

14 Q. Ever treated at the emergency room?

15 A. Yes.

16 Q. When was that?

17 A. In life, period?

18 Q. Yes, ma'am.

19 A. 12/22.

20 Q. Of 2018?

21 A. No. 12/22 of 2016.

22 Q. What was that for?

23 A. My back, jaw, and neck.

24 Q. How did you injure those?

25 A. A resident sucker punched me in my face from

1 me trying to keep him from falling. When he hits me, I
2 falls back and hit my back on the heater.

3 Q. Was this your husband who hit you?

4 A. A resident.

5 Q. Resident. So this was DMH as well?

6 A. Correct.

7 Q. Did you file a claim with that?

8 A. I have.

9 Q. And you treated at the ER?

10 A. Correct.

11 Q. Which ER?

12 A. Palmetto Richland.

13 Q. And what kind of treatment did they give you
14 there?

15 A. Not too much of nothing. They gave me some
16 medicine and I think I had a day or two off.

17 Q. Did you treat with anybody after Palmetto
18 Health? After the ER?

19 A. I was trying to go back to work and wait on
20 the job to tell me what to do but nobody stepped
21 forward. I needed my job.

22 Q. So you didn't treat outside of the emergency
23 room for that?

24 A. No. My daughter came and gave me a massage
25 every day. She's a masseuse or a massage therapist.

1 Q. Must be nice to have in the family.

2 A. I don't like those.

3 Q. Any issues still with your jaw or your neck or
4 your back?

5 A. Back.

6 Q. Back?

7 A. Yes.

8 Q. What sort of issues are you having with your
9 back?

10 A. Where you can't -- well, when I sit down
11 sometimes I fall in the chair because I can't bend.
12 Pain coming across the back, down the leg, and I have a
13 limp for a couple days, and just the ache.

14 Q. Are you having that all the time or is it just
15 some days?

16 A. More days than others. But it's like in the
17 transitional home where I'm at, you have to work in
18 order to stay there, so I'm trying to endure the pain.

19 Q. Is this the low back?

20 A. Uh-huh.

21 Q. Is that yes?

22 A. Yes. I'm sorry.

23 Q. Had you ever had issues with your low back
24 before?

25 A. I think I'm old.

1 Q. You're not old.

2 A. I'm old so -- let me see there. I went to --
3 19 -- like 1994 I went to the ER.

4 Q. What was that for?

5 A. Stab wound.

6 Q. Was that in connection with work as well?

7 A. No. That's why I asked you was it hospital
8 emergency room.

9 Q. Yes, ma'am. I just didn't know because I
10 didn't know if that was part of --

11 A. No, no. No work comp. No.

12 Q. And what sort of injuries did you sustain from
13 that?

14 A. Butcher knife all the way through the leg,
15 right leg. I am so old, I mean --

16 Q. You're not. If that's all you can remember,
17 that's fine.

18 A. Where is my memory? I don't know what year.
19 I had a broke knee.

20 Q. How did you break your knee?

21 A. I got kicked in it.

22 Q. Do you remember which ER you treated with
23 there?

24 A. Probably Palmetto.

25 Q. Okay.

1 A. Well, no, I'm not going to say Palmetto at
2 that time. Probably Baptist.

3 Q. Okay.

4 A. Baptist. I can't recollect nothing else.

5 Q. Okay. And obviously I'm guessing you treated
6 with an orthopedic doctor for your shoulder when you had
7 your shoulder surgery. Do you recall any other time
8 that you've treated with an orthopedic doctor?

9 A. I cannot recall.

10 Q. Do you remember if you ever treated with a
11 chiropractor?

12 A. I believe I have when I was in the car
13 accident.

14 Q. Back in -- back 24 years ago?

15 A. Yeah.

16 Q. Do you remember which chiropractor?

17 A. Huh-uh.

18 Q. Is that a no?

19 A. I apologize. No, ma'am, I do not remember.

20 Q. Did you ever treat with a Doctors Care,
21 walk-in clinic, anything like that?

22 A. No.

23 Q. Any other health problems that we haven't
24 already discussed that are unrelated to your accident at
25 work?

1 A. Apparently my brain. My mind has left me
2 today.

3 Q. Quite all right.

4 A. I should have brought my journals.

5 Q. Had you -- I know you said that you had the
6 rotator cuff surgery sometime you think around 2004.
7 Had you been having issues with your shoulder after
8 then?

9 A. No.

10 Q. And the January 31st, 2017, accident that
11 we're here for today, what were you doing that day?

12 A. Taking care of my client. Well, my resident,
13 Ms. Ruby.

14 Q. And what happened?

15 A. I got her dressed. She was a feisty little
16 lady. She was dead weight. No matter putting on her
17 clothes, changing her whatever, you know, it was -- she
18 was always resistant. But this morning she was pretty
19 good, and I got her dressed, washed up and everything.
20 Got her dressed, sat her on the side of the bed. Was
21 able to put her in a wheelchair.

22 And she had -- she had a tendency to hold on
23 to bed covers. Sometimes she would pull all the covers
24 off the bed just holding on. But she was in a
25 wheelchair, but she was on the edge of the wheelchair,

1 so I hurried and came around behind the wheelchair and
2 was trying to sit her back, but when I put my arms up
3 under her armpits -- well, you know how you -- I put my
4 arms under her arms to lift, to slide her back.
5 Something in my right arm felt like it popped.

6 Sat her back. Put her feet on the wheelchair,
7 the legs of the wheelchair, and rolled her out the best
8 I could with my left hand. Put her in the day room, and
9 then I went to the nurse's station and told them what
10 had happened and I filled out a M300.

11 Q. And what?

12 A. And I filled out an M300.

13 Q. Okay. Which is I think part of I think this
14 package?

15 A. Correct.

16 Q. You said you felt something pop in your right
17 arm.

18 A. Uh-huh.

19 Q. Where in your right arm?

20 A. That's how bad the pain was, because when I
21 was lifting up or whatnot it felt like it popped. It
22 shot all the way up my whole arm, so by the time I go to
23 the nurse's station it's throbbing, so I told them I
24 hurt my arm. So when I asked the nurse what part is
25 this up here, and they was like oh, that's your forearm,

1 so I said okay.

2 Q. So you indicated between your elbow and
3 shoulder and you said somebody told you that was your
4 forearm?

5 A. Yeah. But I said my arm. When I went to the
6 doctor's office, the visit, I said my right arm, because
7 from the fingertips to my shoulder.

8 Q. Okay. I'm looking at page 3. Is that the
9 Form 300 that you're talking about? This is part of the
10 packet that I gave to you. I think it's page 3 of that,
11 the report of injury.

12 A. Page 2?

13 Q. Yeah. I think it's the third page of the
14 packet but it might be --

15 A. Oh okay. Yeah.

16 Q. Did you complete that? Who filled that out?
17 Was it you or was it somebody else? I know it's your
18 signature at the bottom.

19 A. It was me.

20 Q. And it says type and location of injury, right
21 forearm?

22 A. Uh-huh.

23 Q. Is that a yes?

24 A. I had to find it.

25 Q. That's okay.

1 A. Yes.

2 Q. And so once you completed -- you completed
3 this form right after the injury?

4 A. I believe I did, yes.

5 Q. And then what did they do? And I think it
6 indicates on that there were no witnesses. Was there
7 anybody else in the room with you at the time?

8 A. Just me and Ms. Ruby.

9 Q. Okay. Did they send you to get medical care
10 that same day?

11 A. Yes.

12 Q. Okay. And where did they send you to?

13 A. Occupational -- I think it's Carolina
14 Occupational Health.

15 Q. Okay. And actually I think that -- the
16 return-to-work I guess at least is in here. I don't
17 know if the actual note is in here. Looks like it's the
18 last page of that. It indicates from
19 assessment/impression, right hand, wrist, forearm
20 strain? Is that right?

21 A. That's what it says.

22 Q. And then you were given some naproxen and a
23 brace and put on light-duty restrictions. Does that
24 sound right?

25 A. Yes.

1 Q. And you were told to wear the brace at work.
2 Is that when you were answering the phones?

3 A. Yes.

4 Q. Okay. Did he take you out at all or just put
5 you on -- were you able to immediately return to light
6 duty?

7 A. I went to light duty.

8 Q. Okay. And Caroline Akpan?

9 A. Uh-huh.

10 Q. Is that right?

11 A. Correct.

12 Q. That's the supervisor you told about the
13 injury?

14 A. Yes.

15 Q. Did the doctor at the occupational health ever
16 do any kind of x-rays or MRIs or anything?

17 A. Of the wrist.

18 Q. And he put you in a brace. Was that for the
19 wrist as well?

20 A. He put me in a brace. Didn't know why, but he
21 put me in one.

22 Q. Did it cover your whole arm or just the
23 forearm or where?

24 A. The wrist and -- the wrist.

25 Q. Did you wear it?

1 A. Yeah.

2 Q. Did he ever do any kind of injections or
3 anything like that?

4 A. No.

5 Q. And he gave you naproxen. Did he give you any
6 other kind of medications?

7 A. He might have, but it wasn't helping.

8 Q. Okay. So after that first visit do you
9 remember when you went to see him next?

10 A. My next appointment.

11 Q. So February 8th was the next appointment. Do
12 you remember what kind of treatment he provided at that
13 time?

14 A. He would come in, see me, ask questions, and
15 then eventually he started sending me to physical
16 therapy.

17 Q. Did the physical therapy help?

18 A. No, because I was still complaining about my
19 shoulder. He never addressed my shoulder.

20 Q. When did you first start having issues with
21 your shoulder?

22 A. When I first went in and I stated my shoulder.
23 Do you have the rest of the paperwork from the doctor's
24 office?

25 Q. I do. Yes, ma'am. Let's see. This is the

1 MRI he sent us. I think I only have one copy of all the
2 medical records, but I'll go over this with you. So
3 January 31st is the first appointment.

4 A. Uh-huh.

5 Q. And it says the complaints are of the right
6 arm.

7 A. Uh-huh. Right arm. So I guess my question
8 would be what is the right arm?

9 Q. Well, for the history of present illness that
10 we're looking here right now, it says states strained
11 right hand, wrist, forearm assisting a patient into
12 wheelchair.

13 A. Who stated it?

14 Q. I don't know.

15 A. Because it wasn't me.

16 Q. Okay. Do you remember what you told him that
17 first day as to what your --

18 A. My right arm hurts.

19 Q. Okay.

20 A. He went and got the -- what is it, the PDR,
21 book or whatever that doctors use. He went into detail
22 telling me he just had back surgery, he just came back,
23 he's taking some kind of medication. Showed me the
24 book, held my hand out, told me it was my tendons in my
25 hand. Because I was trying to ask him well my shoulder

1 hurts still yet. He told me it was probably tendinitis,
2 whatever that is.

3 Q. Okay. I think at one point -- because the
4 second visit again, 2/8, references the right hand,
5 wrist, and forearm again.

6 A. These are his notes.

7 Q. Okay.

8 A. Because I think somewhere --

9 Q. At some point you do complain of the shoulder.

10 A. On March 20 -- my discharge date I was still
11 telling him when he put in his notations that I was
12 having numbness --

13 Q. February 24th, 2017. States pain in right
14 shoulder now. Somewhat difficult historian. Had to
15 obtain cohesive history. States difficulty raising
16 right arm. Points to anterior aspect right shoulder.
17 Also voices some mild pain in the right shoulder. Wrist
18 not improving. No numbness, weakness in right hand.

19 So it looks like February 24th of 2017 is the
20 first time that the shoulder is referenced specifically
21 in the notes.

22 A. So I guess my question will always be what is
23 deemed the right arm?

24 Q. Well, the first notes indicate hand, wrist,
25 and forearm, and your note -- this initial report of

1 injury indicates right forearm, and that's what we're
2 trying to get -- trying to understand is when the
3 shoulder started to bother you.

4 A. You have the paperwork? On the paperwork when
5 I went to the doctor the very first day --

6 Q. Yes, ma'am.

7 A. -- and the nurse -- that's not it. When the
8 nurse --

9 Q. I don't have -- this is all that I have.

10 A. Well, the nurses states when he filled the
11 paperwork out -- I'm trying to figure out who filled
12 this right here out. I mean, I wasn't able to complete
13 it, so somebody just filled in stuff.

14 Q. Are you talking about this document that we
15 talked about before?

16 A. Carolina Occupational Healthcare. WC-1.

17 Q. No, I was talking about the report of injury.

18 A. And as far as the paperwork, the WC-2A where
19 it says arm, lower, I didn't put that.

20 Q. Okay. But you indicated earlier that you did
21 complete this report of injury, and the report of injury
22 indicates the right forearm.

23 A. I don't know what the forearm is. I knew it
24 was my wrist and I was told this right here is my
25 forearm.

1 Q. You were told that --

2 A. So this is the forearm here? See, that's my
3 question. That was my question then. I told them my
4 arm hurt. When I went to Ms. Akpan and we sat in her
5 office and she told me to go ahead and complete the
6 paperwork, I couldn't really complete. I did the best I
7 could because I had to write with my left hand.

8 When I went to the doctor and they called me
9 back too soon, whomever completed this right here. I
10 wasn't at the Department of Mental Health for two years.

11 Q. Okay.

12 A. So there's a lot of stuff in here that I
13 didn't do. I know as far as me being in pain, the only
14 thing I knew, from the fingertips to my shoulder was
15 hurting. When it happened I was up to the nurse's desk
16 in tears crying.

17 Q. Do you remember which nurse you talked to?

18 A. It was between Nurse Josephine Williams or
19 Ms. Davis.

20 Q. And the reason why I asked about the use of
21 the forearm here and the use of the arm throughout all
22 these medical records is on your Form 50 you've
23 indicated an injury to your right shoulder. The Form 50
24 is the reason we're here today. You requested a hearing
25 with the Commission and you've indicated that your

1 injury is specifically to your right shoulder, and when
2 it said briefly describe how the accident occurred, you
3 indicated resident was about to fall out of wheelchair.
4 She resisted, held onto bed while I tried to sit her
5 back in her chair, causing something to pop in my right
6 shoulder.

7 A. Uh-huh.

8 Q. So in this form you're specific about right
9 shoulder, but in the forms you filled out immediately
10 after the accident you're discussing your right forearm
11 and a pop in your arm and your wrist and your hand and
12 your forearm hurting. So I guess I'm curious as to why
13 there's a change now in the Form 50 to indicate the
14 shoulder when previously the indication was that the
15 injury was to your forearm, and the doctor gave you, as
16 you indicated, a wrist brace.

17 A. And I was telling him then I did not need the
18 wrist brace. I know how to answer a phone. My wrist
19 was not hurting. But because he told me it was
20 something in my hand, I went by what he said.

21 To me I felt like the doctor did not know what
22 he was doing, because he never addressed. He went as
23 far as my elbow. I keep telling him -- kept telling him
24 my shoulder hurts. Then he want to document that I
25 was -- he didn't understand what I was telling him.

1 My shoulder still hurts. That was basically
2 every time I met with him, and the other doctor that saw
3 me when he wasn't there. But at the same time, then and
4 now, my shoulder, and the numbness still in my hand, but
5 nothing was never addressed about the numbness in my
6 hand. I don't know what a tennis elbow is or, what is
7 it, tendinitis.

8 Q. You said that the PT did help or did not help?
9 The physical therapy.

10 A. Did not.

11 Q. Okay. Did you complete all sessions?

12 A. All sessions.

13 Q. Back at the time that you were treating with
14 the doctor at Occupational Healthcare, did you ever ask
15 to be seen by a different doctor, ask anybody at
16 workers' comp to be seen by a different doctor?

17 A. Yes.

18 Q. Who did you ask?

19 A. The receptionist. I got kind of loud there.
20 They should remember me.

21 Q. Receptionist where?

22 A. At Occupational Health.

23 Q. Okay. Did you ever call anybody with the
24 State Accident Fund or anybody over at DMH?

25 A. No.

1 Q. Did you ever see any other doctors on your
2 own, either your primary care physician or any other
3 doctors outside of that, prior to January of this year?

4 A. I don't recall. I guess I might have to
5 investigate, but I don't recall.

6 Q. You were released from Occupational Health
7 back in March of 2017, is that right?

8 A. Correct.

9 Q. Did you treat anywhere else between March of
10 2017 and January of 2019 for your shoulder?

11 A. No.

12 Q. Were you in any accidents or have any
13 subsequent injuries to your shoulder or any other body
14 parts after your work accident?

15 A. No.

16 Q. Were you in a car accident in March of 2018 --
17 or 2017 rather?

18 A. I know the guy clipped my light, so yes.

19 Q. Okay. And did you seek treatment after that
20 car accident?

21 A. Let's see. My grandbaby went -- it's
22 possible.

23 Q. Do you remember where you got treatment?

24 A. Providence-Northeast.

25 Q. And what did you get treatment for?

1 A. I don't recall. I guess it was just to make
2 sure I was okay.

3 Q. Did you treat anywhere other than -- is it the
4 emergency room?

5 A. Correct.

6 Q. Did you treat anywhere else?

7 A. No.

8 Q. Did you ever file any kind of claim with
9 the --

10 A. Yes.

11 Q. -- other driver's insurance? And what was the
12 resolution of that?

13 A. I think it was settled --

14 Q. Do you remember for how much?

15 A. -- and repaired my car.

16 Q. Do you remember how much the settlement was
17 for?

18 A. No.

19 Q. And what sort of issues were you complaining
20 about that time?

21 A. I don't think it was a issue. No issues.

22 Q. What were they settling?

23 A. When you say what were they settling, meaning
24 paying for?

25 Q. Yes, ma'am.

1 A. Car damage and -- is it possible I can get
2 back with you on that so I can --

3 Q. Really what we're just trying to figure out is
4 the information from the deposition today and what you
5 can recall. Did you ever complain to them of any
6 injuries?

7 A. I think I went to the ER just to be checked
8 out, and I think it was like okay, I'm good, and that
9 was the end of it.

10 Q. Did you ever complain to them of any kind of
11 shoulder injury?

12 A. No.

13 Q. Any other accidents since then or subsequent
14 injuries or anything that made your shoulder any worse
15 or any better?

16 A. No.

17 Q. Are you currently receiving any kind of
18 treatment for depression or anxiety or any other kind of
19 mental health issues related to your accident?

20 A. No.

21 Q. Any other doctors that you've seen that we
22 haven't already talked about?

23 A. No.

24 Q. Are you currently receiving treatment?

25 A. No.

1 Q. I know you got the MRI that was ordered by
2 your primary care physician, Dr. Saunders.

3 A. Correct.

4 Q. Is he providing you any actual treatment or he
5 just referred you for the MRI?

6 A. I have been going to him in reference to the
7 shoulder pain and numbness in the hand.

8 Q. And how long have you been going to him for
9 that?

10 A. March. Not for certain but I think March.

11 Q. March of --

12 A. Last year.

13 Q. -- 2018? So I asked you earlier if you'd seen
14 anybody between March of 2017 and January of this year
15 for the shoulder and you said no.

16 A. I didn't understand the question.

17 Q. Okay. So you've been treating with
18 Dr. Saunders for your shoulder injury since March of
19 2018?

20 A. I don't know if it would be shoulder but I
21 know it was the numbness of my hand.

22 Q. And what has he -- has he diagnosed you with
23 anything? What does he think is causing that?

24 A. He said it might be a pinched nerve.

25 Q. Okay.

1 A. But that was also with the MRI. Torn rotator
2 cuff and a pinched nerve.

3 Q. And what sort of treatment has he provided
4 other than the MRI?

5 A. Actually none because like I'm not trying to
6 go through the health department. He's referring me to
7 orthopedic.

8 Q. He's referred you to an orthopedic?

9 A. Yes. I made an appointment. They're supposed
10 to call me back.

11 Q. And who is that appointment with?

12 A. Oh goodness. One Ring?

13 Q. I'm sorry?

14 A. It's a program that they have here in regards
15 to when a doctor refer a person out and if you don't
16 have insurance or whatever where you can go and try and
17 get assistance with help and get the procedure done, and
18 if I'm not mistaken I think it's One Ring.

19 Q. Okay. But you said you don't have an
20 appointment set?

21 A. They're supposed to be calling me back I guess
22 today sometime. That's probably who's calling.

23 Q. Are you currently taking any kind of
24 medications for your injuries?

25 A. A lot of ibuprofen.

1 Q. How often do you take ibuprofen?

2 A. Capsaicin.

3 Q. Capsaicin?

4 A. Yeah.

5 Q. What is capsaicin?

6 A. Got heat to it.

7 Q. Okay. How often are you taking the ibuprofen?

8 A. I take one -- well, every night before I go to
9 bed. Maybe twice in the daytime.

10 Q. And how often are you using the capsaicin?

11 A. Oh, that's every night.

12 Q. Any prescription medications prior to your
13 accident?

14 A. What Dr. Saunders had gave me, but that was
15 back in 2018.

16 Q. What did Dr. Saunders give you?

17 A. For the numbness in my hand. Gabapentin.

18 Q. How about prior to your accident? Were you on
19 any prescription medications at that time?

20 A. Not that I recall, no.

21 Q. So what current problems are you having that
22 you relate to your accident at work?

23 A. Not being able to lift my shoulder, sweeping,
24 mopping, shampooing my hair, washing dishes. Anything
25 repetitive hurts like crazy. Holding my grandson.

1 Q. Were you having any issues with that prior to
2 your accident? Because I know you'd had that prior
3 shoulder injury.

4 A. No, and that's why I was happy, because after
5 I had the surgery I was good as new. I had four grands,
6 and now this one born in six months, and I can't
7 really -- don't feel safe holding him. My daughter's
8 got to sit up under me to hold him so --

9 Q. When did you first start having that issue
10 where you couldn't lift your arm, couldn't do any of
11 that sort of thing?

12 A. I'm not trying to, you know, sound offensive
13 or anything, but in the doctor's notes he states where I
14 hold my shoulder, and I've been holding my shoulder
15 since I left physical therapy. The only thing I wanted
16 him to do was look at my shoulder, and the one time that
17 he sent me for physical therapy by accident or whatever
18 and they worked on my shoulder that 15 minutes, that
19 felt wonderful.

20 Q. Okay.

21 A. And that was the end of it. And in the notes
22 it states that insurance would not authorize MRI, and
23 then I got the voice mail still yet to this day where it
24 states that if I want an MRI I have to pay out of
25 pocket. I just feel like I just got left behind. I

1 mean, it's like I'm waiting on workmen's comp to go
2 ahead and send me to the doctor and that's not being
3 done. Then it's I get a voice mail stating I can go get
4 an MRI, then it was like oh, if you want a MRI, pay for
5 it out of your pocket. Even my prescriptions that I
6 paid for out of pocket, I never was reimbursed for that.

7 Q. What prescriptions did you pay for out of
8 pocket?

9 A. The ones that I had faxed to Megan.

10 Q. Okay. You said you faxed them to Megan? When
11 did you do that?

12 A. The day after I got them.

13 Q. Back in 2017?

14 A. '16.

15 Q. The accident was in 2017.

16 A. The one for my back was 2016.

17 Q. Okay. Well, you've only filed a Form 50 with
18 regard to the 2017 accident, so that's why I was asking
19 about that one.

20 A. Okay. So just for my understanding, if you
21 knew I went to the doctor and I had prescriptions, and I
22 called you and left you a voice message stating that I
23 went to the pharmacy to get my prescription, I'm faxing
24 them to you, knowing I had got hurt on the job, so if I
25 send you my prescriptions or tell you I've got

1 prescriptions or you've got to call a code in to the
2 pharmacist to authorize me to get my prescriptions,
3 wouldn't you have knowledge of me having a prescription?
4 Because you had to send the code. But to this day still
5 didn't get reimbursed even for my prescription.

6 Q. Okay. So those are the 2016 prescriptions?

7 A. Correct.

8 Q. The 2017 prescriptions, they've all been paid
9 to your knowledge?

10 A. Please excuse me, because honestly I didn't
11 know what to bring this morning so I took a lot of
12 stuff --

13 Q. You're fine.

14 A. -- out of my bag. Oh, and the 2017.

15 Q. Okay. What prescriptions have not been paid
16 for for the 2017 claim?

17 A. The Naprosyn 500 milligram tablet.

18 Q. And you said you sent that information to
19 Megan?

20 A. Uh-huh.

21 Q. Is that a yes?

22 A. Yes. And I even made a notation that I had to
23 use my Blue Cross Blue Shield.

24 Q. Okay. Have you applied for any kind of Social
25 Security or any other kind of disability benefits?

1 A. No.

2 Q. How about any kind of unemployment benefits?

3 A. No.

4 Q. Retirement benefits?

5 A. No.

6 Q. And as I mentioned earlier, we're here today
7 because you filed this request for hearing with the
8 Commission. What are you seeking in your request? What
9 is it you're looking for?

10 A. What I have been wanting from day one. The
11 only thing I wanted was for me to have medical treatment
12 and find out what's going on with my shoulder now that I
13 had to pay out of pocket for a MRI.

14 Q. Do you remember about how much you paid for
15 that MRI?

16 A. No. The bill's coming. I was told the bill
17 is \$2901. But I'm trying to go through this program at
18 the hospital where they can try to help me pay the bill.

19 MS. FARTHING: I think that's all that I have
20 at this time. Thank you.

21 (Whereupon, at 11:53 a.m., the deposition was
22 concluded. Signature was waived.)

23

24

25

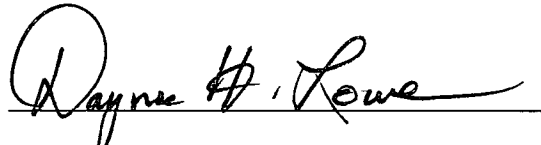
CERTIFICATE OF NOTARY PUBLIC & REPORTER

STATE OF NORTH CAROLINA)

COUNTY OF CABARRUS)

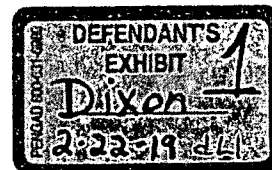
I, Dayna H. Lowe, the officer before whom the foregoing deposition was taken, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; that the testimony of said witness was taken in stenotype and thereafter reduced to typewriting by me or under my direction; that said deposition is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken; and, further, that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

This the 5th day of March, 2019.



DAYNA H. LOWE

Notary Public #19971830009



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

WORKERS' COMPENSATION PACKAGE

PLEASE READ ALL THE INFORMATION IN THIS PACKAGE

COVER SHEET

THINK SAFETY FIRST!!!

PLEASE SIGN FOR THIS PACKAGE:

EMPLOYEE NAME:

PLEASE PRINT NAME:

DATE OF INJURY:

DATE PACKAGE SIGNED FOR:

SUPERVISOR NAME:

SUPERVISOR TELEPHONE NUMBER:

Please send all forms to the Center Human Resources Office/Workers' Compensation along with forms completed by the employee and supervisor.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
WORKERS' COMPENSATION ELECTION FORM

This is to certify the options available to me in connection with the on-the-job accident in which I was involved on 1-31-2017 and have been fully explained to me. I have elected the option marked with an "X" below. I have read the Workers' Compensation explanation sheet explaining my options.

1. ☐ To be placed on paid leave status, using accrued sick leave and/or annual leave (when such leave credits are exhausted before the employee can return to work, the employee shall be entitled to Workers' Compensation disability benefits at the time the specified amount of leave is exhausted).
2. ☒ To use Workers' Compensation benefits awarded in accordance with Title 42 of the 1976 code (under this method the employee would receive the disability equal to 66 2/3% of the employee's gross weekly pay, not to exceed the current rate).
3. ☐ To receive sick and/or annual leave on a prorated basis in conjunction with Workers' Compensation according to the attached formula approved by the State Budget and Control Board.

Regardless of which method of disability compensation an employee elects, he or she would continue to be eligible for payment of medical costs provided by Workers' Compensation.

[Signature]
Signature of employee

Dana Dixon
Print or type employees name

251-31-XXXX
Social Security Number

Roddy 135 1-31-17
Facility and date

FOR SUPERVISOR TO COMPLETE:

Date of Injury 1-31-17

The above named employee began _____ on _____
(Type of leave) (Date)

Signature of Supervisor _____
(Date)

Distribution: DMH Workers' Comp Coordinator Timekeeper
Immediate Supervisor State Accident Fund
Employee



REPORT OF INJURY

INSTRUCTIONS: This report should be prepared on a typewriter, printed or filled in as a computer generated form and must be completed for every injury, no matter how minor. All treatment must be authorized.

Name (Last, First, Middle initial) Title Date of Birth Social Security No. Date of Hire

Dixon Deana L C. W. 11-13-57 261-31-0605 12-2-16

Home Address (City, State, Zip)

Home Phone (Area Code)

Sex

2200 Feather Line Trail Apt 11-10

(410) 22-0591

☐ Male
☒ Female

Location (Facility)

Work Phone

Organizational component (division, service, or section)

Caroline Akpan

Supervisor

Person to whom accident reported

Position title of person reported to

Was injury incurred in line of duty?

Where did accident occur?

Yes ☒

No ☐

Questionable ☐

Time employee began work

Date injury reported

Time reported

Date accident occurred

Time occurred

8:00 AM
PM

1-31-17

6:00 AM
PM

1-31-17

6:00 AM
PM

Type and location of injury

What was the employee doing when accident occurred?

What tools, equipment, or materials was the employee using?

Right Forearm

How did accident occur? (Describe the accident fully stating whether the employee fell or was struck, such as fell down stairs, slipped on wet floor. Give all factors contributing to the accident). What object or substance harmed the employee?

trying to help resident sit back in her wheel chair

* If this was an assault by a patient, please state patient's ID number:

What corrective action was taken to prevent recurrence? This section to be filled out by the supervisor.

NO witnesses

Witnesses (Names, addresses, and phone numbers)

Date

Signature of Employee

1-31-17 [Signature]

Date

Signature of Supervisor

Phone Number

Pager Number

Fax Number

1-31-17

Caroline Akpan, RN

803-737-5347

803-737-5423

HEALTHCARE PROFESSIONAL'S REPORT

I request and give permission to _____ of DMH Employee Health Services for whatever treatment is necessary for my health and well being including the use of whatever medications are deemed necessary. I have been fully informed regarding possible complications.

Signature of Health Care Professional securing release _____

Signature of Employee _____

FINDINGS:

TREATMENT:

Address if treatment given off site: _____

Treatment in emergency room? Yes ☐ No ☐

Hospitalized overnight as inpatient? Yes ☐ No ☐

Employer's First Report of Injury, Form 12-A, SC Industrial Commission (check one) ☐ SHOULD NOT BE FILED. Only First Aid indicated ☐ SHOULD BE FILED because additional medical treatment is required. ☐ No time should be lost from work ☐ Time off authorized by health care professional	On the OSHA 300 Log, this claim: ☐ SHOULD NOT be recorded on OSHA 300 Log ☐ SHOULD be recorded on OSHA 300 Log ☐ Time lost (other than day of injury) ☐ Modified duty assigned ☐ Medical treatment beyond First Aid ☐ OSHA 300 case log number _____

TYPE OR PRINT NAME OF HEALTH CARE PROFESSIONAL

ADDRESS

SIGNATURE

DATE

Employee Name <u>Dana Dixon</u>	DOI: <u>1-31-2017</u>
SSH: <u>251-31-0505</u>	

Distribution:

DMH Workers' Comp Coordinator (original)
 Immediate Supervisor
 Risk Manager/Safety Officer (facility)

Fire/Safety (DMH)
 Employee Health
 Infection Control Coordinator (if applicable)

97

South Carolina Department of Mental Health

EMPLOYEE/SUPERVISOR NOTIFICATION

Facility Location: C.M. TuckerI. EMPLOYEE: Dixon Dana LaShawn 251-31-0505
(Last) (First) (MI) (Social Security #)II. DATE MEDICAL/CLINIC VISIT: 01-31-17 DATE OF INJURY: 01-31-2017INSTRUCTIONS: ☐

Per-medical provider:

Carolina Occupational Healthcare LLC
(Name of Physician or Clinic)

WORK STATUS AND RESTRICTIONS:

The work status and restrictions on the above employee are as follows:

- ☐ Back to work Full Duty immediately ☐ Out of Work until _____, then to Work Full Duty
- ☐ Back to work with Restrictions ☐ Out of Work until _____, then to Work with Restrictions

☒ The work restrictions for Modified Duty are: No lifting more than 5 pounds
right hand - no repetitive use right hand

- ☒ Out of work until medical visit on Feb 8 at 8:30 ☒ AM ☐ PM
- ☒ Return for follow-up appointment Feb 8 at 8:30 ☒ AM ☐ PM ☐ After Doctor visit

III. NOTICE TO EMPLOYEE:

I understand that I must report to my Supervisor for a work assignment when placed on Full Duty or Work Restrictions. If I am unable to return to work as instructed by the Medical Provider, I will immediately notify my supervisor to arrange for further evaluation. I understand that an unauthorized absence can result in a Leave Without Pay status and/or Disciplinary Action.

Employee Signature: _____ Date: _____

IV. SUPERVISOR RESPONSE:

I have read or discussed with the employee the above work status prescribed by the healthcare provider and any work restrictions prescribed. Based on the restrictions, I have decided that the employee: (check one of the following)

- ☐ Can be accommodated immediately
- ☐ Can be accommodated, but not until _____
- ☐ Cannot be accommodated
- ☐ No Restrictions were prescribed
- ☒ Referred to another Dept for accommodation

COMMENTS OR UPDATE: (Date/initial) _____

Supervisor Signature: [Signature]975-7427
(Telephone/Pager)2/1/17
(Date)9:15 AM
(Time)

NOTE TO SUPERVISOR: Please use Comments/Update Section to notify of any changes that occur in the work status of this employee. Use in the dates and times of the changes; use back of form if needed. Thank you.

Distribution: DMH Workers' Comp Coordinator
Immediate Supervisor
Employee

State Accident Fund
Timekeeper

FAXED

JAN 31 2017

CAROLINA OCCUPATIONAL HEALTHCARE, LLC

1715 BLANDING ST, COLUMBIA, SC 29201 • PHONE (803) 798-3928 • FAX (803) 256-7898

RETURN TO WORK STATUS

BY:

PATIENT INFORMATION:

NAME Dana LaShaune DixonSS # 251 31 0505EMPLOYER CompudiumOCCUPATION / JOB DESC CNA

WORK CONTACT PERSON

INJURY INFORMATION: DATE OF INJURY 01/31/17 TIME OF INJURY 6:00 AM / PM

ASSESSMENT/IMPRESSION: LIST EACH INJURED BODY PART ALONG WITH DIAGNOSIS. If Rx written must have corresponding Dx

Ⓡ Hand/wrist/forearm strain
(severe wrist flexor tendon strain)

PLAN, WORKUP & DATA:

Naproxen 500 & Braco, ice, light duty

1. Medications

- ☒ Write / Dispense prescription medication
☐ Continue current prescribed medications
☐ Change previously written prescriptions
☐ Discontinued medications previously prescribed

2. Physical Therapy

- ☐ New order / Change order
☐ Reviewed PT results / treatment update
☐ Continue PT orders
☐ Discontinued PT

3. Radiology

- ☒ X-RAYS ordered
☐ MRI ordered
☐ Reviewed X-rays / MRI done at another facility
☐ Consulted with MD re: X-rays / MRI / treatment

4. Labs

- ☐ Tests Ordered or Reviewed

5. Records

- ☐ Requested
☐ Reviewed Previous records
☐ Test Screening, Data Reviewed

6. Tests

- ☐ EKG
☐ SPIROMETRY (PFT)
☐ AUDITORY
☐ VISION

7. MD orders for (employer requested)

- ☐ 5 Panel Drug Screen
☐ 10 Panel Drug Screen
☐ Breath Alcohol Test

8. Next VISIT

- ☒ Return in 7-10 days
☐ Return after _____
☐ None, patient discharged
☐ Patient referred to _____

RETURN TO WORK STATUS

- ☐ RETURN TO WORK WITH NO LIMITATIONS
☐ RETURN TO WORK WITH NO LIMITATIONS AS A ...
☐ UNABLE TO RETURN TO WORK UNTIL ...
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO ...
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS:

LIMITATIONS: ☐ See EMPLOYER'S limitation / RTW page

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPIING, SQUATTING
☐ NO LIFTING MORE THAN 5 POUNDS Ⓡ hand
☒ NO USE OF repetitive use Ⓡ hand
☐ SIT FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY

Additional Information:

wear brace at work

- STAND FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ WALK FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ ALTERNATE SITTING, STANDING & WALKING - FOR COMFORT
☐ OTHER RESTRICTIONS / RECOMMENDATIONS: _____
☐ SEE CONTINUATION PAGE

PHYSICIAN'S SIGNATURE

[Signature]

DATE 1/31/17PHYSICIAN'S NAME: ☐ MITCHELL H. HEDQUIST, MD☐ THOMAS MOTYCKA, MD☐ JOHN D. MYNEN, MD☐ _____ MDCHECK OUT TIME: 10:30 INITIALS [Signature]

NEXT APPOINTMENT

DATE 2-08-2017TIME @ 8:30am

WC-4

RECEIVED

**SOUTH CAROLINA
STATE ACCIDENT FUND**

AMY V. COFIELD, Director

Feb 22nd, 2019

The Honorable Avery Wilkerson
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Dana Dixon v. SC Dept of Mental Health
WCC File Number: 1712879
SAF File Number: 2017-0258

Dear Commissioner Wilkerson:

Enclosed please find the Pre-Hearing Brief which has been completed by this office in the above-entitled claim, along with the Notice of Witnesses and Written Medical Report(s)/Physician or Other Evidence to be Introduced on Behalf of Defendants and the Certificate of Mailing.

By copy of this letter, I am providing Dana Dixon, Pro-Se Claimant, with a copy of same, along with a copy of the medical reports. Pursuant to WCC R.67-612D, a copy of the medical reports will be given to you at the hearing.

If I may be of further assistance, please feel free to call me.

Sincerely,


Bonnie Thompson
Paralegal

/bjt

Enclosures

cc: ~~Dana Dixon, Pro-Se Claimant~~

**SOUTH CAROLINA
STATE ACCIDENT FUND**

AMY V. COFIELD, Director

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Sincerely,



Bonnie Thompson
Paralegal

/bjt

Enclosures

cc: ~~Dana Dixon, Pro-Se Claimant~~

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

BEFORE THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Dana Dixon,)
Claimant,)
vs.)
SC Dept of Mental Health,)
Employer,)
and)
State Accident Fund,)
Carrier/Defendants.)

WCC File No. 1712879

NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORT(S)/
PHYSICIAN OR OTHER EVIDENCE
TO BE INTRODUCED ON BEHALF
OF DEFENDANTS

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
AND DANA DIXON, PRO-SE CLAIMANT:

YOU ARE HEREBY NOTIFIED that the Defendants, pursuant to the provisions of the SC Workers' Compensation Act and SC Code Section 1-23-330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the employer/carrier, to wit:

ITEM NUMBER	NAME OF REPORT(S)/ PHYSICIAN OR OTHER	DATE OF REPORT(S)	PAGE NUMBERS
1	Carolina Occupational Healthcare LLC	01/31/17 – 3/23/17	1-17 <i>16 There is no page 17.</i>
2	Carolina Physical Therapy	02/23/17 – 3/9/17	~~18-23~~ <i>Additional pgs total 34.</i>

**Defendants have subpoenaed other medical records and will supplement those when received

EXHIBIT A – SC Dept of Mental Health Workers' Compensation Package

EXHIBIT B – Claimant's Deposition Transcript dated 02/22/19 (to be supplemented)

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.

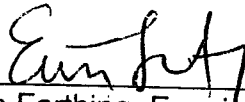
YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, will be submitted at the hearing as evidence on behalf of the employer/carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the employer/carrier:

Dana Dixon, Claimant, any witnesses called by Claimant and Employer Representative and/or coworkers

Columbia, SC

Feb 12 2019


Erin Farthing, Esquire
FOR: State Accident Fund



**SOUTH CAROLINA
STATE ACCIDENT FUND**

*Just copies for your
records. Nothing for
you to do.*

AMY V. COFIELD, Director

February 21, 2019

Providence Health - Northeast
120 Gateway Corporate Blvd
Columbia, SC 29203

Attention: Medical Records Custodian

Re: Dana DIXON vs. DEPT OF MENTAL HEALTH
WCC: 1712879
SF#: 2017-000258

Dear Sir/Madam:

Enclosed please find a Subpoena Duces Tecum which we hereby serve upon you in connection with the above-referenced matter. Please note that the Subpoena Duces Tecum is for the production of documents. In lieu of appearing, you may mail the requested information to us on or before March 13, 2019.

The records, reports, and information requested are to be used for the workers' compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA - see attached).

Sincerely,

Crystal Smith

Crystal Smith
Claims Technician
Phone #: (803)896-5853
Fax #: (803)896-5801 or (803)896-5828 Attn: Crystal
csmith@saf.sc.gov
Enclosures

RECEIVED
MAR 13 2020
SC WORKERS' COMPENSATION

Post Office Box 102100 Columbia, South Carolina 29221-5000 (803) 896-5800

www.saf.sc.gov

105

**SOUTH CAROLINA
STATE ACCIDENT FUND**

AMY V. COFIELD, Director

February 27, 2019

* Palmetto Health Baptist Hospital *
Taylor at Marion St.
Columbia, SC 29220

Attention: Medical Records Custodian

Re: Dana DIXON vs. DEPT OF MENTAL HEALTH
WCC: 1712879
SF#: 2017-000258

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Crystal Smith

Crystal Smith
Claims Technician
Phone #: (803) 896-5853
Fax #: (803) 896-5801 or (803) 896-5828 Attn: Crystal
csmith@saf.sc.gov
Enclosures

191

RECEIVED
MAR 13 2020
SC WORKERS' COMPENSATION

**SOUTH CAROLINA
STATE ACCIDENT FUND**

AMY V. COFIELD, Director

February 27, 2019

Palmetto Health Richland
5 Richland Medical Park Dr
Columbia, SC 29203

Attention: Medical Records Custodian

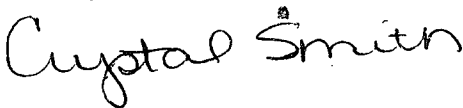
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WCC: 1712879
SF#: 2017-000258

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Claims Technician
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Fax #: (803)896-5801 or (803)896-5828 Attn: Crystal
csmith@saf.sc.gov
Enclosures

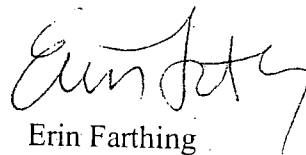
SOUTH CAROLINA
STATE ACCIDENT FUND

AMY V COFIELD, Director

To Whom It May Concern:

The South Carolina State Accident Fund, created pursuant to S.C. Code Section 42, Chapter 7, is a government agency. As a governmental entity, the State Accident Fund does not pre-pay for records. Invoices will be paid upon receipt with the requested records. If you have any questions, please contact the attorney of record on the records request.

Sincerely,



Erin Farthing
State Accident Fund Legal Department

South Carolina Workers' Compensation Commission

P. O. Box 1715 • 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #1712879
Carrier File #2017-000258
Carrier Code # 500-SF
Employer FEIN 570000J12

Dana DIXON 251-31-0505
Claimant's Name SSN
3420 Park Road Room 216 Charlotte NC 28206
Address City State Zip
(470) 422-0591 () -
Home Phone # Work Phone #
Erin Farthing P.O. Box 102100
Preparer's Name Address

DEPT OF MENTAL HEALTH
Employer's Name
Columbia SC 29202
Address City State Zip
State Accident Fund
Insurance Carrier
Columbia, SC 29221-5000 (803) 896-5800
City State Zip Phone #

TO Medical Records Custodian: **Palmetto Health Richland, 5 Richland Medical Park Dr, Columbia, SC 29203**

☐ **YOU ARE COMMANDED** to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects): **Any and all records relating to Dana DIXON, DOB: 01/15/1967, including, but not limited to, the following: Any and all medical records, reports, documents, inter-department notes or records, test results, copies of x-rays and results, copies of MRIs and results, copies of EKGs and results, copies of EEG reports, copies of CBC reports, progress notes, consultation notes, office notes, nurses' notes, health care questionnaires, correspondence, evaluation interviews, charts, diagrams, treatment plans, medical flow charts, telephone call reports, medical logs, disability determination information, and any other written or printed information in your medical file, including medical reports from other facilities, correspondence from any attorneys, or correspondence to attorneys or other parties.**

The medical records and information requested are to be used for worker's compensation purposes only, and therefore are exempt from any requirements under the Health Insurance Portability and Accountability Act (HIPAA).

***IN LIEU OF APPEARING, YOU MAY MAIL THE REQUESTED INFORMATION TO THE ABOVE STATE ACCIDENT FUND'S ADDRESS BEFORE **March 13, 2019**.

PLACE: **STATE ACCIDENT FUND, P.O. BOX 102100, COLUMBIA, SC 29221-5000** DATE AND TIME: **March 13, 2019**

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.


ISSUING OFFICER'S SIGNATURE AND TITLE _____, Attorney

(803)896-5892
PHONE#

2/27/19
DATE

Serve this form according to R.67212B. Refer to R. 67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

Health Information Privacy

Question

Are the following types of insurance covered under HIPAA: long\short term disability; workers' compensation; automobile liability that includes coverage for medical payments?

Answer

No, the listed types of policies are not health plans. The HIPAA Administrative Simplification regulations specifically exclude from the definition of a "health plan" any policy, plan, or program to the extent that provides, or pays for the cost of, excepted benefits, which are listed in section 2791(c)(1) of the Public Health Service Act, 42 U.S.C. 300gg-91(c)(1). See 45 CFR 160.103. As described in the statute, excepted benefits of one or more (or any combination thereof) of the following policies, plans or programs:

- Coverage only for accident, or disability income insurance, or any combination thereof.
 - Coverage issued as a supplement to liability insurance.
-
- Liability insurance, including general liability insurance and automobile liability insurance.
 - Workers' compensation or similar insurance.
 - Credit-only insurance.
 - Coverage for on-site medical clinics.
 - Other similar insurance coverage, specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

**BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**

Dana DIXON,

Employee/Claimant,

vs.

DEPT OF MENTAL HEALTH,

Employer,

and,

State Accident Fund,

Carrier/Defendants.

CERTIFICATE OF MAILING

W.C.C. FILE NO.: 1712879

I hereby certify that a copy of the foregoing Subpoena Duces Tecum has been served upon the following on this **27th** day of February, 2019, in the US Postal Service, by first-class postage, addressed to:

Palmetto Health Richland
5 Richland Medical Park Dr
Columbia, SC 29203

Dana L Dixon
3420 Park Road Room 216
Charlotte, NC 28206

Crystal Smith
Crystal Smith
Claims Technician
State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000

**SOUTH CAROLINA
STATE ACCIDENT FUND**

AMY V. COFIELD, Director

February 27, 2019

Providence Health
2435 Forest Drive
Columbia, SC 29204

Attention: Medical Records Custodian

Re: Dana DIXON vs. DEPT OF MENTAL HEALTH
WCC: 1712879
SF#: 2017-000258

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Sincerely,

Crystal Smith

Crystal Smith
Claims Technician
Phone #: (803)896-5853
Fax #: (803)896-5801 or (803)896-5828 Attn: Crystal
csmith@saf.sc.gov
Enclosures

South Carolina Workers' Compensation Commission

P. O. Box 1715 • 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File #1712879
Carrier File #2017-000258
Carrier Code # 500-SF
Employer FEIN 570000J12

Dana DIXON 251-31-0505
Claimant's Name SSN
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Address City State Zip
(470) 422-0591 () -
Home Phone # Work Phone #
Erin Farthing P.O. Box 102100
Preparer's Name Address

DEPT OF MENTAL HEALTH
Employer's Name
Columbia SC 29202
Address City State Zip
State Accident Fund
Insurance Carrier
Columbia, SC 29221-5000 (803) 896-5800
City State Zip Phone #

TO Medical Records Custodian: **Providence Health, 2435 Forest Drive, Columbia, SC 29204**

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ISSUING OFFICER'S SIGNATURE AND TITLE

(803)896-5892
PHONE#

2/27/19
DATE

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**BEFORE THE
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Employee/Claimant,

vs.

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and,

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State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000

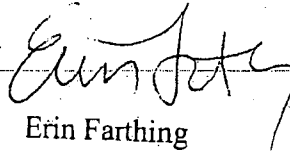
**SOUTH CAROLINA
STATE ACCIDENT FUND**

AMY V COFIELD, Director

To Whom It May Concern:

The South Carolina State Accident Fund, created pursuant to S.C. Code Section 42, Chapter 7, is a government agency. As a governmental entity, the State Accident Fund does not pre-pay for records. Invoices will be paid upon receipt with the requested records. If you have any questions, please contact the attorney of record on the records request.

Sincerely,



Erin Farthing
State Accident Fund Legal Department

49.

STATE ACCIDENT FUND

P.O. Box 102100

Columbia, S.C. 29221-5000



S. J. Jones

DANA DIXON
3420 PARK RD ROOM 216
CHARLOTTE, NC 28206

SC WORKERS' COMPENSATION

MAR 13 2020

RECEIVED

NIXIE 274 7E 1 0203/06/19

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 29221500000...2040N065191-00110

STAT

P.O. B

Columbia, S.C. 29221-5000

CERTIFIED MAIL



7018 1130 0001 4521 1755



STATE ACCIDENT FUND

P.O. Box 102100

Columbia, S.C. 29221-5000

Dana Dixon
3420 Park Road #216
Charlotte, NC 28209

Handwritten signature

117

SC WORKERS' COMPENSATION

MAR 13 2020

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PRIORITY MAIL



For Domestic Use Only



Label 107R, July 2013



USPS TRACKING #



9114 9023 0722 4139 2800 23

Label 400 Jan 2013
7690-16-000-7948

Medical Decision Making

Pain in the neck and back after mild trauma. Consider differential diagnosis including muscle strain versus contusion versus fracture. After thorough history and physical exam patient's presentation is most consistent with muscle spasm. Patient was given 30 mg IM Toradol in the emergency department and had improvement of symptoms. She was able to ambulate on her own without ataxia or gait abnormality. Discussed with patient that she can be excused from work duties tomorrow and will return after that. Wrote a prescription for Naprosyn and Flexeril.

Emergency Department Course

Patient was seen immediately on arrival by myself. Pt had signs, symptoms and clinical history most consistent with muscle spasm. Pt has agreed with the course and plan and verbally states understanding of the discharge instructions. Pt agrees to return to the ED if they get worse, do not improve, or experience other concerning symptoms.

Assessment

Muscle spasm

History of hypertension

Disposition

Discharge

Attending present for evaluations and procedures.

I saw and evaluated the patient. I discussed with resident and agree with resident's findings and plan as written. I supervised all above procedures done by the resident.

Problem List/Past Medical History

Chronic

Hypertension

Historical

No historical problems

Procedure/Surgical History

Appendectomy, Cholecystectomy, Hysterectomy, Tubal ligation.

Social History

Tobacco

Cigarettes, Current every day smoker

Family History

Hypertension

Medications

Inpatient

No active inpatient medications

Home

Azithromycin 5 Day Dose Pack 250 mg oral tablet, 250 mg, PO, As Directed

Allergies

cortisone (nausea)

shellfish

Signature Line

Electronically Signed & Verified on 12/23/2016 04:35
by Hardy MD, Zachary L.

Electronically Signed & Verified on 12/24/16 00:23
by Wenning MD, Derick M

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FEB 22 2013

SC WORKERS' COMPENSATION

118

12/22/10

**SOUTH CAROLINA
STATE ACCIDENT FUND**

AMY V. COFIELD, Director

April 2nd, 2019

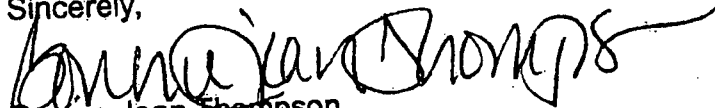
Amy Bracy, Judicial Director
S. C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: **Dana Dixon v. SC Dept of Mental Health**
WCC File No.: **1623303**
SAF File No.: **2016-4177**

Dear Ms. Bracy:

Enclosed please find the Form 51 which has been completed by this office in the above-referenced claim. If I may be of further assistance, please feel free to call me.

Sincerely,


Bonnie-Jean Thompson
Paralegal

/bjt

Enclosure

cc: Dana Dixon, Pro-Se Claimant



Claimant's Name: Dana L. Dixon SSN: 251-31-0505

Address: 3420 Park Road, Room 216

City: Charlotte State: NC Zip: 28206

Home Phone: () - Work Phone: () -

Date of Injury: 12/22/2016

Employer's Name: SC Dept of Mental Health

Address: 2414 Bull Street

City: Columbia State: SC Zip: 29201

Insurance Carrier: State Accident Fund

Preparer's Name: Erin Farthing, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5892

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

Date of Injury: 12/22/2016

- It is **ADMITTED** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants deny injury to Claimant's jaw, neck and back; however, extent of injury and all other body parts affected are denied.
- It is **ADMITTED** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
- It is **ADMITTED** the relationship of employer and employee existed at the time in question. The reasons for denial are:
- It is **ADMITTED** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
- It is **ADMITTED** notice of injury was given the employer. The reasons for denial are:
- It is **DENIED** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: Claimant was last seen on 12/23/2016 and has not received authorized medical treatment since that date.
- It is **DENIED** the employee is entitled to temporary total disability for the period(s) of : To be determined.
- It is **DENIED** the employee is permanently disabled. The reasons for denial are: Disability, if any, to be determined by W.C.C.
- It is **DENIED** the employee has serious disfigurement.
- It is contended that an average weekly wage of **\$F20 REQUESTED** applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are: All defenses available under 42-9-60; 42-9-150; 42-9-160; 42-9-170; 42-15-60; 42-17-90; 42-9-210; Code of Laws of South Carolina, 1976
- Estimated time needed for hearing: 30 minutes

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Dana Dixon

Judicial Director, SCWCC

Address: 3420 Park Road, Room 216, Charlotte, NC 28206

P.O. Box 1715, Columbia, SC 29202-1715

on the 2nd day of April, 2019 by ☒ first class mail ☐ personal service ☒ certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Deputy Chief Counsel

efarthing@saf.sc.gov

Title

Email

RECEIVED
MAR 13 2019
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51

Revised 9/07

51

Employer's Answer to Request for Hearing

At the start of the hearing, Defendants requested a postponement of the hearing as they had not received subpoenaed records from a number of medical providers identified by Claimant during her deposition on February 22, 2019, including the provider who treated her following a motor vehicle accident that occurred after her January 31, 2017 work accident. Claimant objected to this request due to the fact that she is currently living in a transitional home in North Carolina and has limited access to transportation. In light of this objection, the undersigned denied Defendants' request for a postponement. Claimant was the only witness to testify at the hearing.

Following the hearing on March 7, 2019, Order directives were sent to the parties on March 12, 2019.

EVIDENCE OF THE CASE

Without objection, the Commission's file and APA submissions were made a part of the record. Claimant was further advised of her right to counsel by the undersigned and elected to proceed with the hearing *pro se*. (Tr. p. 4, lines 8-12) Claimant appeared and testified that she was born on January 15, 1967. (Tr. p. 17, lines 8-9) Claimant testified that she is currently living in a transitional home for women in Charlotte, North Carolina. (Tr. p. 17, lines 14-16)

At the time of the injury in question in this claim, Claimant testified that she was working for Defendant South Carolina Department of Mental Health ("SCDMH"). (Tr. p. 17, lines 21-25; p. 18, lines 5-8) Claimant testified that she thinks she started working for SCDMH on November 17, 2016. (Tr. p. 18, lines 9-13) Her official title with SCDMH was Human Services Assistant, but her position was as a Certified Nursing Assistant ("CNA"). (Tr. p. 21, lines 3-9; p. 22, lines 5-11) Claimant testified that she has

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SC WORKERS' COMPENSATION

Commission on March 15, 2018. (R. p. 323). Appellant subsequently filed a Form 50 requesting a hearing dated November 27, 2018, in which she alleged an injury to, and sought medical treatment for, her right shoulder.

In response, Respondents filed a Form 51 denying injury to Appellant's right shoulder, and instead asserting that the injury was to Appellant's right arm. (R. p. 319). In support of the denial compensability, Respondents pointed to the fact that the previous Form 50 filed in the claim alleged only an injury to the right hand. (R. p. 294).

At the Hearing before the Single Commissioner, Respondents requested a postponement of the hearing as they had not received subpoenaed records from a number of medical providers identified by Appellant during her deposition on February 22, 2019. (R. p. 119, lines 1-3). This includes the provider who treated Appellant following a subsequent motor vehicle accident that occurred after her January 31, 2017 work accident. Appellant objected to this request due to the fact that she was living in a transitional home in North Carolina and has limited access to transportation, making it difficult to appear. (R. p. 119, lines 3-6). In light of this objection, the Single Commissioner denied Respondents' request for a postponement and the hearing commenced. (R. P. 119, lines 10-16). Appellant was the only witness to testify at the hearing.

(R. p. 126, Line 4 – p. 161, line 2).

Following the hearing, the Single Commissioner issued an Order on June 12, 2019, in which he reached the following findings of fact and conclusions of law:

Findings of Fact:

1. All the parties of these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, to date.

AY 8/25

South Carolina Workers' Compensation Commission
1333 Main Street, Ste 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700
www.wcc.sc.gov



WCC File #: 1623303
Carrier File #: 2016-4177
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Dana L. Dixon SSN: XXX-XX-0505
Address: 3420 Park Road, Room 216
City: Charlotte State: NC Zip: 28206
Home Phone: () - Work Phone: () -
Date of Injury: 12/22/2016
Preparer's Name: Erin Farthing, Esq. ¹⁰⁰⁶¹ Law Firm: State Accident Fund

Employer's Name: SC Dept of Mental Health
Address: 2414 Bull Street
City: Columbia State: SC Zip: 29201
Insurance Carrier: State Accident Fund
Preparer's Phone #: (803) 896-5892

Date of Injury or Illness: 12/22/2016

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is **ADMITTED** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants admit injury to the Claimant's jaw, neck and back only; however, extent of injury and all other body parts affected are denied.
2. It is **ADMITTED** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is **ADMITTED** the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is **ADMITTED** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:

5. It is **ADMITTED** notice of injury was given the employer. The reasons for denial are:

6. It is **DENIED** the employee Needs / Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
Claimant was released from care on 10/24/17 and no additional medical treatment has been authorized since that date.
7. It is **DENIED** the employee is entitled to temporary total disability for the period(s) of :
To be determined.
8. It is **DENIED** the employee is permanently disabled. The reasons for denial are:
Disability, if any, to be determined by the WCC.
9. It is **DENIED** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$FORM 20 REQ applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
All defenses available under 42-9-60; 42-9-150; 42-9-160, 42-9-170; 42-15-20; 42-15-40; 42-15-60; 42-17-90; 42-9-210; Code of Laws of South Carolina, 1976.

12. Estimated time needed for hearing: 30 minutes

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to:
Dana Dixon via email at danadixon247@gmail.com and mailed to 3420 Park Road, Room 216, Charlotte, NC 28206

on the 26th day of August, 2019

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.

Preparer's Signature: [Signature] Deputy Chief Counsel: efarthing@saf.sc.gov
Title: _____ Email: _____ Date: 8/14/19

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 9/07

51

Employer's Answer to Request for Hearing



WCC File #: **1623303**
Carrier File #: **2016-4177**
Carrier Code #:
Employer FEIN #:

Claimant's Name: Dana Dixon SSN: XXX-XX-0505 Employer's Name: SC Department of Mental Health
Address: 3420 Park Rd., #216 Address: 2414 Bull Street
City: Charlotte State: NC Zip: 28209 City: Columbia State: SC Zip: 2920
Home Phone: (470) 422-0591 Work Phone: () - Insurance Carrier: State Accident Fund
Date of Injury: 12/22/2016
Preparer's Name: M. Stephen Stuble, Esq. Law Firm: Speed, Seta, Martin, Trivett & Stuble, LLC Preparer's Phone #: (803) 748-2919

Date of Injury or Illness: **12/22/2016**

Estimated time for hearing: **30 min.**

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is ☒ Admitted ☐ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Admitted injuries to the jaw, neck and back. All other injuries denied.
2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is ☒ Admitted ☐ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are:
6. It is ☐ Admitted ☒ Denied the employee ☒ Needs ☒ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
CI was released by the ATP on 10/24/17.
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of:
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ **TBD** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
All defenses available under 42-9-35; 42-9-60; 42-15-20; 42-15-40; 42-15-60; 42-17-90; 42-9-210; 42-1-60; 42-1-130; 42-1-140; 42-1-160 et. Seq. Code of Laws of South Carolina, 1976. Defendant/Carrier also reserves the right to amend this Answer to include additional affirmative legal or factual defenses which may arise through the course of the investigation of this claim.

☐ **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 Dana Dixon

Address 3420 Park Rd., #216, Charlotte, NC 28209; 700 Greenlawn Dr., Apt. 1307, Columbia, SC 29209 on the 7th day of February 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.

Preparer's Signature: [Signature] Attorney: sstuble@speed-seta.com Title: Email: Date: February 7, 2020

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 d from the date of filing this form.

WCC Form # 51

Revised 07/15

51

Employer's Answer to Request for Hearing

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South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500 • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5675 www.wcc.sc.govWCC File #: **1623303**Carrier File #: **2016-4177**

Carrier Code #:

Employer FEIN #:

Claimant's Name: Dana Dixon SSN: XXX-XX-0505Employer's Name: SC Department of Mental HealthAddress: 181 Stabler Farm RoadAddress: 2414 Bull StreetCity: St. Matthews State: SC Zip: 29135City: Columbia State: SC Zip: 29202Home Phone: (470) 422-0591 Work Phone: () -Date of Injury: 12/22/2016Insurance Carrier: State Accident FundPreparer's Name: M. Stephen Stubley, Esq. Law Firm: Speed, Seta, Martin, Trivett & Stubley, LLC Preparer's Phone #: (803) 748-2919**Date of Injury or Illness: 12/22/2016****Estimated time for hearing: 30 min.****Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:**

- It is ☒ Admitted ☐ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Admitted injuries to the jaw, neck and back. All other injuries denied. Further, Defendants are unsure as to why Claimant has filed a Form 50 regarding this claim as it is currently before the Full Panel appealing a decision by a single Commissioner denying Claimant's request for additional medical treatment. A hearing was held on February 22, 2021, and order instructions were given in the Defendants' favor, denying Claimant's request for additional medical treatment. A proposed order outlining the Full Panel's findings from Defendants has not yet come due. Defense counsel believes that a hearing on the Form 50 filed by Claimant prompting this response is untimely and inappropriate. At such time there is a final decision on the merits, Claimant may file an Appeal with the South Carolina Court of Appeals.
- It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
- It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
- It is ☒ Admitted ☐ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
- It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are:
- It is ☐ Admitted ☒ Denied the employee ☒ **Needs** ☒ **Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Cl was released by the ATP on 10/24/17.
- It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :
- It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
- It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
- It is contended that an average weekly wage of \$ TBD applies, according to attached Form 20 as provided by law.
- Further contentions, grounds of defense, or unusual aspects are:
All defenses available under 42-9-35; 42-9-60; 42-15-20; 42-15-40; 42-15-60; 42-17-90; 42-9-210; 42-1-60; 42-1-130; 42-1-140; 42-1-160 et. Seq. Code of Laws of South Carolina, 1976. Defendant/Carrier also reserves the right to amend this Answer to include additional affirmative legal or factual defenses which may arise through the course of the investigation of this claim.

☐ 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 Dana Dixon****Address 181 Stabler Farm Road, St. Matthews, SC 29135 on the 24th day of March 2021, 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.**

Preparer's Signature

Attorney
Titlesstubley@speed-seta.com
EmailMarch 24, 2021
Date



Claimant's Name: Dana L. Dixon Employer's Name: SC Dept of Mental Health
Address: 3420 Park Road, Room 216 Address: 2414 Bull Street
City: Charlotte State: NC Zip: 28209 City: Columbia State: SC Zip: 29201
Home Phone: _____ Work Phone: _____ Carrier: State Accident Fund
Preparer's Name: Erin Farthing, Esq. Preparer's Phone #: 803-896-5892

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$F20REQ 2. AWW: \$F20REQ Date of Injury: 12/22/2016
3. Type of Injury and body part(s): Admitted injury to the jaw, neck and back only. All other alleged injuries are denied.
4. Facts in controversy: Whether Claimant is entitled to additional medical treatment.
5. Legal issues involved: See # 4 above and 42-15-60(B)(3).
6. Unusual aspects: _____
7. Witnesses (designate if expert):* Claimant and Employer Representative
8. Exhibits: _____
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance):
Please see APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Please see APA submissions
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant was released from care on 12/23/2016. Claimant has not received authorized medical treatment since that date.
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 Dana Dixon, 3420 Park Road, Room 216, Charlotte, North Carolina 28206 on the 31st day of May 2019, 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] Email: EFARTHING@saf.sc.gov
Date of hearing: June 11, 2019 at 12:00p.m. - Commissioner Campbell Time needed for hearing: 30 minutes

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.



Claimant's Name: Dana L. Dixon Employer's Name: SC Dept of Mental Health
Address: 3420 Park Road, Room 216 Address: 2414 Bull Street
City: Charlotte State: NC Zip: 28209 City: Columbia State: SC Zip: 29201
Home Phone: _____ Work Phone: _____ Carrier: State Accident Fund
Preparer's Name: Erin Farthing, Esq. Preparer's Phone #: 803-896-5892

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$F20REQ 2. AWW: \$F20REQ Date of Injury: 12/22/2016
3. Type of injury and body part(s): Admitted injury to the jaw, neck and back only. All other alleged injuries are denied.
4. Facts in controversy: Whether Claimant is entitled to additional medical treatment.
5. Legal issues involved: See # 4 above and 42-15-60(B)(3).
6. Unusual aspects: _____
7. Witnesses (designate if expert):* Claimant and Employer Representative
8. Exhibits: _____
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Please see APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Please see APA submissions
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant was released from care on 12/23/2016. Claimant has not received authorized medical treatment since that date.
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 Dana Dixon, 3420 Park Road, Room 216, Charlotte, North Carolina 28206 and danadixon247@gmail.com on the 8th day of October 2019, 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] Email: EFARTHING@saf.sc.gov
Date of hearing: October 18, 2019 at 11:00 a.m. - Commissioner Barden Time needed for hearing: 30 minutes

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.



Claimant's Name: Dana Dixon Employer's Name: SC Dept. of Mental Health
Address: 3420 Park Road, Room 216 Address: 2414 Bull Street
City: Charlotte State: NC Zip: 28209 City: Columbia State: SC Zip: 29201
Home Phone: _____ Work Phone: () - Carrier: State Accident Fund
Preparer's Name: M. Stephen Stubley, Esquire Preparer's Phone #: (803) 748-2919

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: 490.88 2. AWW: \$736.29 Date of Injury: 12/22/2016
3. Type of injury and body part(s): Admitted injury to the jaw, neck and back only. All other alleged injuries are denied.
4. Facts in controversy: Whether Claimant is entitled to additional medical treatment
5. Legal issues involved: See # 4 above and 42-15-60(B)(3), 42-1-160.
6. Unusual aspects: Claimant has a 2nd 2017 DOI, ongoing claim.
7. Witnesses (designate if expert):* Shannon Bedell and any other representative of the employer; the Claimant and any witnesses listed by the Claimant.
(The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330 (3). The Defendants reserve the right to amended their Pre-hearing brief upon receipt of additional information.
8. Exhibits: Claimant's ISO reports; Claimant's Statement
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: See APA Submissions.
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant was released from care on 12/23/2016. Claimant has not received authorized medical treatment since that date.
12. I am amending my Form 50/51 in the following manner: N/A

☐ **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 Dana Dixon, 3420 Park Rd., Room 216, Charlotte, NC 28206; Dana Dixon, 700 Greenlawn Dr., Apt. 1307, Columbia, SC 29209 and danadixon247@gmail.com on the 23rd day of March, 2020 by; ☒ first class postage ☒ certified mail ☐ personal service.

Signature: _____ Email: sstubley@speed-seta.com
Date of hearing: April 1, 2020 (Commissioner James) Time needed for hearing: 1 hour

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.



DIXON, DANA
R1635800070
MR 010142806
01/15/1967
EMS, EMS
49Y F

Palmetto Health Richland
Worker's Compensation Information

Patient Name: Dana Dixon
Address: 2700 Feather Post Trail Apt. H-10
Home Phone: _____ Cell Phone: (410) 422-0591
Date of Birth: 1/15/1967 Social Security No: 251-31-0505
Employer: Department of Mental Health Occupation: CNA
Employer Address: 2200 Harden St. Columbia, SC 29203
Work Phone: (803) 737-5300
Contact Person/Supervisor's Name: Lorraine Tracy
Contact/Supervisor's Phone: (803) 737-7142

Insurance Information

Insurance Company Name: _____
Address: _____
Phone: _____
Policy Number/Claim Number: _____
Group Number: _____

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MAR 13 2020

SC WORKERS' COMPENSATION

Emergency Dept

DIXON, DANA - R010142806

Medical Decision Making

Pain in the neck and back after mild trauma. Consider differential diagnosis including muscle strain versus contusion versus fracture. After thorough history and physical exam patient's presentation is most consistent with muscle spasm. Patient was given 30 mg IM Toradol in the emergency department and had improvement of symptoms. She was able to ambulate on her own without ataxia or gait abnormality. Discussed with patient that she can be excused from work duties tomorrow and will return after that. Wrote a prescription for Naprosyn and Flexeril.

Emergency Department Course

Patient was seen immediately on arrival by myself. Pt had signs, symptoms and clinical history most consistent with muscle spasm Pt has agreed with the course and plan and verbally states understanding of the discharge instructions. Pt agrees to return to the ED if they get worse, do not improve, or experience other concerning symptoms.

Assessment

Muscle spasm
History of hypertension

Disposition

Discharge

Attending present for evaluations and procedures.

I saw and evaluated the patient. I discussed with resident and agree with resident's findings and plan as written. I supervised all above procedures done by the resident.

Signature Line

Electronically Signed & Verified on 12/23/2016 04:35
by Hardy MD, Zachary L

Electronically Signed & Verified on 12/24/16 00:23
by Wenning MD, Derick M

Completed Action List:

- * Modify by Hardy MD, Zachary L on December 23, 2016 03:39
- * Perform by Hardy MD, Zachary L on December 23, 2016 03:39
- * Modify by Hardy MD, Zachary L on December 23, 2016 04:35
- * Sign by Hardy MD, Zachary L on December 23, 2016 04:35 Requested by Hardy MD, Zachary L on December 23, 2016 03:39
- * Modify by Wenning MD, Derick M on December 24, 2016 00:23
- * Sign by Wenning MD, Derick M on December 24, 2016 00:23 Requested by Hardy MD, Zachary L on December 23, 2016 04:35
- * VERIFY by Wenning MD, Derick M on December 24, 2016 00:23

Printed by: Cimino, Barbara A
Printed on: 01/25/2017 07:25

Page 2 of 2
(End of Report)



Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wenning MD, Derick M

Admitting Physician: Wenning MD, Derick M

Patient Info: DIXON, DANA

2700 FEATHER RUN TRAIL

APT. H-10

WEST COLUMBIA, SC 29169-

Pt. Age: 50 years

Date of Birth: 1/15/1967

CMRN: 000468083

MRN: B000016062; R010142806

FIN: R1635800070

ED Documentation

Social History

Partner Emotional/Physical Abuse Hx : No

Other Physical Abuse : No

Sexual Abuse : No

Social History

Tobacco:

Barbas RN, Laura J - 12/23/2016 02:57

(As Of: 12/23/2016 3:01:08 EST)

Cigarettes, Current every day smoker Comments: 04/24/2014
22:59 - Conlon RN, Katelyn N 1/2 pack/day (Last Updated:
4/24/2014 22:59:00 EDT by Conlon RN, Katelyn N)

Numeric/FACES Pain Scale

Numeric Pain Scale : 10 = Worst possible pain

Numeric Pain Score : 10

Image 1 - Images currently included in the form version of this document have not been included in the text rendition
version of the form.

Barbas RN, Laura J - 12/23/2016 02:57

Pain Evaluation

Primary Pain Location : Back

Quality : Aching

Primary Pain Onset : Sudden

Primary Pain Time Pattern : Constant

Self Report Pain Tool : Numeric rating scale

Barbas RN, Laura J - 12/23/2016 02:57

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

ELECTRONICALLY SIGNED BY:

Emergency Dept

12/23/2016 03:32 EST

Auth (Verified)

Hardy MD, Zachary L (12/23/2016 03:39 EST)

Wenning MD, Derick M (12/24/2016 00:23 EST); Hardy MD,

Zachary L (12/23/2016 04:35 EST)

Chief Complaint

Pt. was in some altercation with patient at CM tucker yesterday. She was hit in the face and is now here with jaw pain, back pain, and neck pain.

History of Present Illness

Patient is a 49-year-old female who presents with pain in her neck and back since yesterday. She works as a nurse at CM to occur in a resident puncture in the left side yesterday. She had no loss of consciousness. Initially she did not have significant pain however she woke up the next day with significant pain in her back and neck. Pain is worse with movement and has throbbing.

Problem List/Past Medical History

Chronic

Hypertension

Historical

No historical problems

Procedure/Surgical History

Appendectomy, Cholecystectomy,
Hysterectomy, Tubal ligation.

Social History

Tobacco

Patient Name: DIXON, DANA

Facility Info: Prisma Health Richland Hospital
5 Richland Medical Park
Columbia, SC 29203

Attending Physician: Wenning MD, Derick M

Admitting Physician: Wenning MD, Derick M

Patient Info: DIXON, DANA
2700 FEATHER RUN TRAIL
APT. H-10
WEST COLUMBIA, SC 29169
PL. Age: 52 years
Date of Birth: 1/15/1967
CMRN: 00468083

MRN: B000016062; R010142808

FIN: R1635800070

Non Medication Orders

Order: Discharge
Order Start Date/Time: 12/23/2016 04:30 EST
Order Date/Time: 12/23/2016 04:30 EST
Order Status: Discontinued Department Status: Discontinued Catalog Type: Patient Care Activity Type: Communication Orders
End-state Date/Time: 12/24/2016 01:32 EST End-state Reason:
Ordered and Electronically Signed By: SYSTEM, SYSTEM Consulting Physician:
Entered By: SYSTEM, SYSTEM on 12/23/2016 04:30 EST
Order Details: 12/23/16 4:30:59 AM EST, 12/24/16 1:32:16 AM EST
Order Comment:
Action Type: Order Action Date/Time: 12/23/2016 04:30 EST Action Personnel: SYSTEM, SYSTEM
Responsible Provider: SYSTEM, SYSTEM Supervising Provider: Communication Type: Discern Expert
Order Details: 12/23/16 4:30:59, 12/23/16 4:30:59
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue Action Date/Time: 12/24/2016 01:32 EST Action Personnel: SYSTEM, SYSTEM
Responsible Provider: SYSTEM, SYSTEM Supervising Provider: Communication Type:
Order Details: 12/23/16 4:30:59, 12/23/16 4:30:59
Review Information:
Doctor Cosign: Not Required
Order Comment:

Medication Orders

Order: Ketorolac (Toradol)
Order Start Date/Time: 12/23/2016 04:29 EST
Order Date/Time: 12/23/2016 04:29 EST
Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 12/23/2016 04:40 EST End-state Reason:
Ordered and Electronically Signed By: Hardy MD, Zachary L Consulting Physician:
Entered By: Hardy MD, Zachary L on 12/23/2016 04:29 EST
Order Details: 30 mg. Inj. IM, OT, NOW, Start Date: 12/23/16 4:29:00 AM EST, Stop date 12/23/16 4:40:02 AM EST
Order Comment: Rx Waste: Dispose in black bin. Maximum daily dose of 150mg on first day, then 120mg thereafter.
Action Type: Complete Action Date/Time: 12/23/2016 04:40 EST
Action Type: Order Action Date/Time: 12/23/2016 04:29 EST
Order: Cyclobenzaprine (Flexaril) (2mg oral tablet)
Order Start Date/Time: 12/23/2016 04:31 EST
Order Date/Time: 12/23/2016 04:31 EST
Order Status: Completed Clinical Category: Medications Medication Type: Prescription
End-state Date/Time: 12/30/2016 04:31 EST End-state Reason:
Ordered and Electronically Signed By: Hardy MD, Zachary L Consulting Physician:
Entered By: Hardy MD, Zachary L on 12/23/2016 04:31 EST
Order Details: = 1 tab, PO, 3x daily, X 7 days, # 21 Tab, 0 Refill(s)
Order Comment:
Action Type: Status Change Action Date/Time: 12/30/2016 04:35 EST
Action Type: Prescribe Action Date/Time: 12/23/2016 04:32 EST

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SC WORKERS' COMPENSATION

132

Facility Info: Prisma Health Richland Hospital
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wenning MD, Derick M

Admitting Physician: Wenning MD, Derick M

Patient Info: DIXON, DANA
2700 FEATHER RUN TRAIL
APT. H-10
WEST COLUMBIA, SC 29169-
Pl. Age: 52 years

Date of Birth: 1/15/1967

CMRN: 00468083

MRN: B000016062; R010142806

FIN: R1635800070

Medication Orders

Order: Naproxen (Naprosyn 375 mg Oral Tablet)
Order Start Date/Time: 12/23/2016 04:32 EST
Order Date/Time: 12/23/2016 04:32 EST
Order Status: Completed Clinical Category: Medications Medication Type: Prescription
End-state Date/Time: 1/22/2017 04:32 EST End-state Reason:
Ordered and Electronically Signed By: Hardy MD, Zachary L Consulting Physician:
Entered By: Hardy MD, Zachary L on 12/23/2016 04:32 EST
Order Details: # 1 tab, PO, 2x daily, PRN PRN for pain, # 20 tab, 0 Refill(s)
Order Comment:
Action Type: Status Change Action Date/Time: 1/22/2017 04:35 EST
Action Type: Prescribe Action Date/Time: 12/23/2016 04:32 EST

Medication Administration

Medications

Admin Date/Time: 12/23/2016 04:40 EST
Medication Name: ketorolac (Toradol)
Charted Date/Time: 12/23/2016 04:40 EST
Ingredients: Toradol 30 mg 1 mL
Admin Details: (Auth) IM, Right Gluteus Medus
Action Details: Order: Hardy MD, Zachary L 12/23/2016 04:28 EST; Perform: Lockett RN, Stephanie E 12/23/2016 04:40 EST; VERIFY: Lockett RN, Stephanie E 12/23/2016 04:40 EST

Education

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SC WORKERS' COMPENSATION

Physician's Discharge Summary

Name: DIXON, DANA

MRN: R010142806

FIN/Acct. Number: R1635800070

Address: 343 JOCBS RD COLUMBIA SC 29210

Phone: (803)262-8836

DOB: 01/15/67

Visit Date: 12/23/16 02:53:00

Current Date: 12/23/16 04:30:53

Primary Care Provider:

Name: Santos MD, Carlos, PH10 Community Provider **Phone:** 4803632501

Palmetto Health would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

I understand that the emergency care which I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician immediately for continued and complete medical diagnosis, care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or and part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the referred physician listed above.

Name: DIXON, DANA

MRN: R010142806

1 of 4

12/23/2016 4:30:55

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SC WORKERS' COMPENSATION

134

CVS PHARMACY
 PATIENT PRESCRIPTION RECORD
 BETWEEN 01/01/2016 AND 12/31/2017
 PHARMACY# 5596

PAGE: 1 of 2
 RUN DATE: 12/12/2019 TIME: 09:03:27
 Request NBR: 4201730

PHARMACY NAME:
 ADDRESS: 4627 NORTH MAIN STREET
 CITY, ST, ZIP: COLUMBIA SC 29203

PATIENT KEY: 55961161870
 PATIENT NAME: DIXON DANA D
 ADDRESS: 3420 PARK RD APT216
 CITY, ST, ZIP: CHARLOTTE NC 28209

TELEPHONE: 470-422-0591
 BIRTHDATE: 01/15/1967

RX NUMBER	REL NUMBER	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP.	PATIENT PD AMT	PAYER #	TP AUTHORIZATION #
863293	0	69097084507	CYCLOBENZAPRINE 5 MG TABLET	HARDY, ZACHA L	12/23/2016	21	9.58	26105	1163585287855G
863294	0	65162018910	NAPROXEN 375 MG TABLET	HARDY, ZACHA L	12/23/2016	20	10.90	26105	1163585274785J
874326	0	65162019050	NAPROXEN 500 MG TABLET	HYNES, JOHN D	01/31/2017	30	0.00	15721	56600 0358019
882277	0	00378247401	DICLOFENAC POT 50 MG TABLET	HYNES, JOHN D	02/24/2017	30	0.00	15721	56600 0360436
886512	0	53746010901	HYDROCODON-ACETAMINOPHEN	GIBBS, MYKEN A	03/09/2017	15	2.66	25490	MKFXNQM

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 MAR 13 2020
 SC WORKERS' COMPENSATION



23000039

4201730

2036280-000000039

135

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 01/01/2016 AND 12/31/2017
PHARMACY# 5596

PAGE: 2 of 2
RUN DATE: 12/12/2019 TIME: 09:03:27
Request NBR: 4201730

PHARMACY NAME:
ADDRESS: 4627 NORTH MAIN STREET
CITY, ST, ZIP: COLUMBIA SC 29203

PATIENT KEY: 55961161870
PATIENT NAME: DIXON DANA D
ADDRESS: 3420 PARK RD APT216
CITY, ST, ZIP: CHARLOTTE NC 28209

TELEPHONE: 470-422-0591
BIRTHDATE: 01/15/1967

SCRIPT COUNT: 5

TOTAL PATIENT PAID AMOUNT: 23.14



33000039

4201730

2036280-000000039

134

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1333 Main Street, Suite 500

Columbia, South Carolina 29202-1715

(803) 737-5700

WCC File # 1623303

Carrier File # 2016-004177

Carrier Code # 500 SF

Employer FEIN 570000J12

Dana DIXON 251-31-0505

2700 Feather Trail Run, West Columbia, SC 29169

Wk#:(470) 422-0591 Home#:(803) 737-5300

DEPT OF MENTAL HEALTH

2414 Bull Street, Columbia, SC 29202

Preparer's name: April Edwards (803) 896-5915

State Accident Fund, Insurance Carrier

1. Date of injury: 12/22/2016
month day year

2. Total Weeks of Compensation Paid: 0

3. Type of Compensation Paid (TP or TT)/Periods of Payment:

4. Date of First Payment:

month day year

5. Total Amount Paid (a) Compensation: \$

(b) Medical (Include Nursing, Hospital Drugs, Etc.): \$ 618.90

6. Informal Conference is Requested: () yes (x) no
(check one)

7. Use these lines to send a memo to the Commission:

Employer's Representative

Phone #

12/22/2017

Date

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request an informal conference. Refer to R.67-413, R.67-507, and R.67-804 for further information.

WCC FORM # 18 REV. DATE 3/96

18

PERIODIC REPORT

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1623303
Carrier File # 2016-004177
Carrier Code # 500 SF
Employer FEIN 570000J12

Dana DIXON 251-31-0505
3420 Park Road Room 216, Charlotte, NC 28206
Wk#: Home#:(470) 422-0591

DEPT OF MENTAL HEALTH
2414 Bull Street, Columbia, SC 29202

Preparer's name: April Edwards (803) 896-5915

State Accident Fund, Insurance Carrier

1. Date of injury: 12/22/2016
month day year
2. Total Weeks of Compensation Paid: 0
3. Type of Compensation Paid (TP or TT)/Periods of Payment:

4. Date of First Payment:
month day year

5. Total Amount Paid (a) Compensation: \$
(b) Medical (Include Nursing, Hospital Drugs, Etc.): \$ 618.90

Bonnie Thompson 896
Employer's Representative Phone # 5409

03/06/2019
Date

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request and informal conference. Refer to R.67-413, R.67-507, and R.67-804 for further information.

WCC FORM # 18 REV. DATE 3/96

18

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PERIODIC REPORT

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138

(803) 737-5700

Employer FEIN 570000J12

DEPT OF MENTAL HEALTH
2414 Bull Street, Columbia, SC 29202

State Accident Fund, Insurance Carrier

1. Date of injury: 12/22/2016
month day year
2. Total Weeks of Compensation Paid: 0
3. Type of Compensation Paid (TP or TT)/Periods of Payment:

4. Date of First Payment: _____ month day year

5. Total Amount Paid (a) Compensation: \$
(b) Medical (Include Nursing, Hospital Drugs, Etc.): \$ 618.90

Aldrich
Employer's Representative Phone #

06/24/2019
Date

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request an informal conference. Refer to R.67-113, R.67-507, and R.67-804 for further information.

WCC FORM # 18 REV. DATE 3/96

18

PERIODIC REPORT

139

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1623303
Carrier File # 2016-004177
Carrier Code # 500 SF
Employer FEIN 570000J12

Dana DIXON 251-31-0505
3420 Park Road Room 216, Charlotte, NC 28206
Wk#: Home#:(470) 422-0591

DEPT OF MENTAL HEALTH
2414 Bull Street, Columbia, SC 29202

Preparer's name: April Edwards (803) 896-5915

State Accident Fund, Insurance Carrier

1. Date of injury: 12/22/2016
month day year

2. Total Weeks of Compensation Paid: 0

3. Type of Compensation Paid (TP or TT)/Periods of Payment:

4. Date of First Payment:
month day year

5. Total Amount Paid (a) Compensation: \$

(b) Medical (Include Nursing, Hospital Drugs, Etc.): \$ 618.90


Employer's Representative Phone # 896 5409

07/31/2019
Date

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request and informal conference. Refer to R.67-413, R.69-507, and R.67-804 for further information.

WCC FORM # 18 REV. DATE 3/96

18

00113
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PERIODIC REPORT
00113

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1623303
Carrier File # 2016-004177
Carrier Code # 500 SF
Employer FEIN 570000J12

Dana DIXON 251-31-0505
700 Greenlawn Drive, Columbia, SC 29209
Wk#:() - Home#:(470) 422-0591

DEPT OF MENTAL HEALTH
2414 Bull Street, Columbia, SC 29202

Preparer's name: Shameeka Wilson (803) 896-5798 State Accident Fund, Insurance Carrier

1. Date of injury: 12/22/2016
month day year
2. Total Weeks of Compensation Paid: 0
3. Type of Compensation Paid (TP or TT)/Periods of Payment:

4. Date of First Payment:
month day year

5. Total Amount Paid (a) Compensation: \$
(b) Medical (Include Nursing, Hospital Drugs, Etc.): \$ (618.90

Antoinette Walker for S. Wilson
Employer's Representative Phone #

12/23/2019
Date

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request and informal conference. Refer to R.67-413, R.67-507, and R.67-804 for further information.

WCC FORM # 18 REV. DATE 3/96

18

PERIODIC REPORT

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1623303
Carrier File # 2016-004177
Carrier Code # 500 SF
Employer FEIN 570000J12

Dana DIXON 251-31-0505
700 Greenlawn Drive, Columbia, SC 29209
Wk#:() - Home#:(470) 422-0591

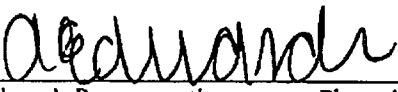
DEPT OF MENTAL HEALTH
2414 Bull Street, Columbia, SC 29202

Preparer's name: Shameeka Wilson (803) 896-5798 State Accident Fund, Insurance Carrier

1. Date of injury: 12/22/2016 —
month day year
2. Total Weeks of Compensation Paid: 0
3. Type of Compensation Paid (TP or TT)/Periods of Payment:

4. Date of First Payment:
month day year

5. Total Amount Paid (a) Compensation: \$
(b) Medical (Include Nursing, Hospital Drugs, Etc.): \$ 4,323.90


Employer's Representative Phone #

06/22/2020
Date

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request and informal conference. Refer to R.67-413, R.67-507, and R.67-804 for further information.

South Carolina Workers' Compensation Commission
P.O. Box 1715 ♦ 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1623303
Carrier File # 2016-004177
Carrier Code # 500 SF
Employer FEIN 570000J12

Dana DIXON 251-31-0505
700 Greenlawn Drive, Columbia, SC 29209
Wk#:() - Home#:(470) 422-0591

DEPT OF MENTAL HEALTH
2414 Bull St., Columbia, SC 29202

Preparer's name: Shameeka Wilson (803) 896-5798 State Accident Fund, Insurance Carrier

1. Date of injury: 12/22/2016
month day year
2. Total Weeks of Compensation Paid: 0
3. Type of Compensation Paid (TP or TT)/Periods of Payment:

4. Date of First Payment:
month day year

5. Total Amount Paid (a) Compensation: \$
(b) Medical (Include Nursing, Hospital Drugs, Etc.): \$ 6,701.40

Employer's Representative Phone #

09/30/2020
Date

Type or print all information. File this form 6 months after the alleged injury date and each 6 months until the Commission's File is closed. Form 18 must be filed whether or not compensation is ongoing. Check "yes" after number 6 to request an informal conference. Refer to R.67-413; R.67-507, and R.67-804 for further information.

WCC FORM # 18 REV. DATE 3/96

18

PERIODIC REPORT

143

Request for Medical Records

Date: 1/18/2017

To: ROI

Facility: Richland

Type of Records: Medical

From: Mary V. Johnson

Phone/Fax: 803-296-7920

Please send the following record(s) on the below named patient:

- ☒ Abstract - (Use unless otherwise specified by insurance)
- ☐ Entire Medical Record (**Must attach documentation from insurance**)
- ☐ Pain Management Notes / Physical Therapy
- ☐ Discharge Summary/Operative Notes (Needed for Medicaid claims)
- ☐ Other: Treatment plan and letter of medical necessity

Patient Name: Dana Dixon Total Charges: \$892.00

DOB: 01/15/1967 Claim Number: 251310505

Account Number: R1635800070

Medical Record Number: 010142806

DOS: 12/23/2016 thru 12/23/2016

Insurance Company: State Accident Fund

Send Medical Records To: Click or tap here to enter text.

Attention: Claims

State Accidents Fund

PO Box 102100

Columbia, SC 29221

REC'D JAN 19 2017

- ☐ Please include the attachments when submitting the medical record(s).
- ☒ This request is for payment purposes.
- ☐ This request is for legal purposes.

Notes: *** PLEASE SEND ALL RECORDS VIA PRIORITY MAIL ***

1037

PRISMA HEALTH
P.O. BOX 2266
COLUMBIA, SC 29202-2266

**ITEMIZED STATEMENT
OF CHARGES**

TYPE OF BILL	DATE OF BILL	PAGE NO.

PATIENT NAME		PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
DANA DIXON		1635800070	F	53Y	12/23/16	12/23/16	
INSURANCE COMPANY NAME		GROUP NUMBER	POLICY NUMBER		PLEASE RETAIN FOR YOUR RECORDS		
060612 WORKER'S COMP SC STAT 060999 1500 WORKERS COMPENSA			251310505 251310505				
GUARANTOR NAME AND ADDRESS	DANA DIXON 700 GREENLAWN DR. APT 1307 COLUMBIA SC 29209			FOR PATIENT INFORMATION ONLY. ALL BENEFITS ASSIGNED TO PRISMA HEALTH FOR QUESTIONS CALL (803) 296-5098 1-800-243-7711.			

DATE	ITEM NO.	DESCRIPTION	CLM CODE	ORDER NO.	QTY.	UNIT PRICE	TOTAL CHARGES
12/23/16	4891	IM/SQ MED INJECTION	450	3	1	122.00	122.00
12/23/16	5532	LEVEL 3	450	2	1	730.00	730.00
		TOTAL EMERGENCY ROOM					\$852.00
12/23/16	26763	KETOROLAC 30MG/ML INJ 1ML	636	1	1	40.00	40.00
		TOTAL EPO/DRUGS REQUIRING DET CODE					\$40.00
		TOTAL CHARGES					\$892.00
03/14/17	I3011	962 WORKERS COMPENSATION PAYMENT					-299.40
03/14/17	A3019	962 WORKMAN'S COMP ADJ					-592.60
		TOTAL PAYMENTS/ADJUSTMENTS					-892.00

PATIENT NUMBER
1635800070

PLEASE REFER TO PATIENT
NUMBER ON ALL INQUIRIES
AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR
ANY CHARGES NOT POSTED WHEN THIS BILL IS PRE-
PARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY
ANY AMOUNT OF THE AMOUNTS SHOWN.

TOTAL AMOUNT DUE	\$0.00



Emergency Medicine Department
Medically Excused Absence

Handwritten notes and signatures in the top right corner.

TO WHOM IT MAY CONCERN:

This is to certify that Dana Dixon was seen in this
department at 0456 a.m./p.m. on 12/23/14 and is excused
from school/work from 12/23/14 through 12/24/14

Remarks:

[Signature], M.D.
Physician in Charge

99202S70 1/90 r5/05

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SC WORKERS' COMPENSATION

SC WORKERS' COMPENSATION

MAR 13 2020

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
WITNESS STATEMENT OF INJURY OR ILLNESS

This Form Must Be Completed And Submitted With The Initial Report Of Injury

Witness Name:	Today's Date:		
Injured Employees Name:	Dana Dixon		
Contact #:	Date of alleged incident:	Time of incident:	
Supervisor's Name:	Contact #:		

Please include date, time and place of incident along with the activity that you were engaged in at the time of incident. State exactly what happened to cause the injury. Specifically, list all body parts affected (Example - right index finger, lower/mid/upper back, etc.). Do NOT include patient name(s) but do include patient/unit number(s) and the names of others present, if applicable. Use extra sheets of paper if necessary.
DIRECTIVE NO. 060-00; Employee Disciplinary Standards and attachments, requires every employee, including supervisors, to assist in the performance of any investigations.

I was doing a 1 on 1 with Resident [REDACTED] on Unit 134 while Chastin on Resident [REDACTED] got up this bed heading for his room door but was already in his hurried state to keep Resident from seeing I grab Resident clothing to keep him from getting his head on the wheelchair and gentleman while trying to help him keep his balance so during on the resident's [REDACTED] on the left side of my head. I kept Resident from falling I placed 1 leg over onto his bed.

List any other witnesses to the incident:

The Incident as described is true and complete to the best of my knowledge.

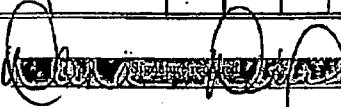
[Signature]
Employee Signature

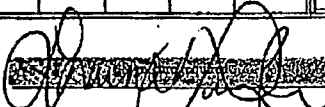
* 10/13/17 *
Date

EMPLOYEE TIME SHEET
 January 2, 2017 THROUGH January 16, 2017
 LEAVE USAGE - TOTAL HOURS WORKED THIS PAY PERIOD

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 MAR 13 2020
 SC WORKERS' COMPENSATION
 51

DIXON DANA 10078644		On Duty		Lunch/Time Away from Duty		Time Worked Over Schedule		Time Worked Under Schedule								Total	
DATE	NAME OF EMPLOYEE	IN	OUT	OUT	IN	Comp	Over	Reg	OT	OT2	OT3	OT4	OT5	OT6	OT7		
01/02/17 Mon	Dana Dixon	5:00	11:28				8.5										
01/03/17 Tue	U							SUPERVISOR'S USE									
01/04/17 Wed	U																
01/05/17 Thu																	
01/06/17 Fri																	
01/07/17 Sat	Dana Dixon	3:00	7:15				8										
01/08/17 Sun	Dana Dixon	1:00	7:40				8	SUPERVISOR'S USE									
01/09/17 Mon	U																
01/10/17 Tue									8								
01/11/17 Wed									8								
01/12/17 Thu									8								
01/13/17 Fri									8								
01/14/17 Sat	U							SUPERVISOR'S USE									
01/15/17 Sun	U							SUPERVISOR'S USE									
01/16/17 Mon	Dana Dixon	11:00	7:20														

EMPLOYEE'S SIGNATURE 

SUPERVISOR'S SIGNATURE 

SCWHS FORM
Rev. 2003-07 DMHF-F160.pdf

YOUR SIGNATURE VERIFIES THAT YOU HAVE
 REVIEWED YOUR TIME SHEET & THE INFORMATION
 IS ACCURATE & COMPLETE. OMISSIONS OF
 INFORMATION MAY RESULT IN LEAVE WITHOUT

YOUR SIGNATURE IS VERIFICATION THAT YOU
 HAVE REVIEWED THE EMPLOYEE'S TIME SHEET
 AND ALL SCHEDULE CHANGES & ABSENCES HAVE
 BEEN APPROVED OR DISAPPROVED

**SOUTH CAROLINA
STATE ACCIDENT FUND**

HARRY B. GREGORY, JR., Director

~~JANUARY 18, 2017~~

Dana DIXON
2700 Feather Trail Run Apt. H-10
West Columbia, SC 29169

RE: Dana DIXON vs.
DEPT OF MENTAL HEALTH
SF#: 2016-004177
D/A: 12/22/2016

Dear Ms. DIXON:

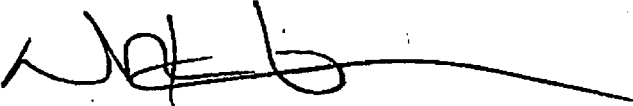
~~We have received from your employer the report of your job-related injury, which occurred on 12/22/2016.~~ You are eligible to receive Workers Compensation benefits for that injury as provided by the South Carolina Workers' Compensation Law.

If you are receiving bills from your authorized treating provider, do not pay those bills. Submit the original bill to State Accident Fund to ensure payment. State Accident Fund will not accept any medical bills that are faxed, and will not be responsible for any unauthorized medical treatment. Please have the provider bill State Accident Fund directly.

You are also entitled to reimbursement of mileage for round-trip travel over ten (10) miles for authorized medical treatment. I have enclosed the Mileage Reimbursement Form for your use, which you may copy, if necessary. State Fund will compare all submitted roundtrip mileage to MapQuest Driving Directions. It is recommended that you wait at least 30 days before submitting mileage so the proper documentation can be received from the Physician's office. If this form is not completed in its entirety it will be returned.

If you should have any questions, please contact me at (803) 896-5915.

Sincerely,
State Accident Fund



Christy Harris
Claim Representative
charris@saf.sc.gov

Fax: () -

Enclosures: 1

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SC WORKERS' COMPENSATION
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**SOUTH CAROLINA
STATE ACCIDENT FUND**

HARRY B. GREGORY, JR., Director

~~FEBRUARY 02 2017~~

Dana DIXON
2700 Feather Trail Run Apt. H-10
West Columbia, SC 29169

RE: Dana DIXON vs.
DEPT OF MENTAL HEALTH
SF#: 2017-000258
~~D/A: 01/31/2017~~

Dear Ms. DIXON:

We have received from your employer the report of your job-related injury, which occurred on ~~01/31/2017~~. You are eligible to receive Workers Compensation benefits for that injury as provided by the South Carolina Workers' Compensation Law.

If you are receiving bills from your authorized treating provider, do not pay those bills. Submit the original bill to State Accident Fund to ensure payment. State Accident Fund will not accept any medical bills that are faxed, and will not be responsible for any unauthorized medical treatment. Please have the provider bill State Accident Fund directly.

You are also entitled to reimbursement of mileage for round-trip travel over ten (10) miles for authorized medical treatment. I have enclosed the Mileage Reimbursement Form for your use, which you may copy, if necessary. State Fund will compare all submitted roundtrip mileage to MapQuest Driving Directions. It is recommended that you wait at least 30 days before submitting mileage so the proper documentation can be received from the Physician's office. If this form is not completed in its entirety it will be returned.

If you should have any questions, please contact me at (803) 896-5893.

Sincerely,
State Accident Fund

Meggan Damiano
Claim Representative
mdamiano@saf.sc.gov

Fax: 803-612-2736

Enclosures: 1

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MAR 13 2020
SC WORKERS' COMPENSATION

1
State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715



Tel: (803) 737-5700
Fax: (803) 737-1258
www.wcc.sc.gov

Workers' Compensation Commission

September 14, 2017

State Accident Fund
P.O. Box 102100
Columbia, SC 29221

Re: WCC File No. 1623303
DANA DIXON
SSN: 251-31-0505
Date of Injury: 12/22/2016

SC DEPARTMENT OF MENTAL HEALTH
Carrier Policy No.
Carrier Code No. 00500

The above claim has been filed according to Regulation 67-206. However, we have not received a First Report of Injury (Form 12A) for this claim. According to our records, you are the party responsible for filing the First Report of Injury (Form 12A) for the above claim. Please submit a Form 12A to the Commission within ten days of the date this letter, pursuant to Regulation 67-416, which requests the Form 12A be submitted using electronic data interface.

A copy of the correspondence establishing this claim is enclosed for your information. Please reference the WCC file number on all correspondence and forms filed with the Commission regarding this claim.

Sincerely,

Audra J. Paskowich
Coverage & Compliance Director
803-737-5718

:AJP
Enclosure: Claim Filing

09/25/17
FILEID065578

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION R08
EDI CREATED/UPDATED FIRST REPORT

CONTAINS ALL ITEMS REQUIRED BY OSHA FORM 101 (Enter all dates in MM/DD/YY format)

EMPLOYER: DEPT OF MENTAL HEALTH
2414 Bull Street
Columbia, SC 29202

CARRIER CLAIM#: 200600417

SCWCC CLAIM#: 1623303

NAICS CODE: 525190

FED. TAX I.D. NO.: 570000J12

INSURANCE STATE ACCIDENT FUND
CARRIER: P.O. Box 102100
Columbia, SC 29221

CLAIMS STATE ACCIDENT FUND
ADMIN: P.O. Box 102100
COLUMBIA, SC 29221-5000

CARRIER ID: 00500 CARRIER FEIN: 576000286

EMPLOYEE NAME (Last, First, Middle)
DIXON, DANA L

SOCIAL SECURITY NUMBER
251-31-0505

PHONE NO.
(803) 737-5300

ADDRESS: 2700 Feather Trail Run
Apt. H-10
West Columbia, SC 29169

DATE OF BIRTH: 01/15/1967 ~~MALE/FEMALE: F~~

DEPENDENT CHILDREN: 0

DATE OF HIRE: 01/01/10
OCCUPATION: NURSING HOME

WAGE INFORMATION

~~RATE: \$14.00~~

WAGE PERIOD:

DATE RETURNED TO WORK:

FULL DAY PAY FOR DAY OF INJURY: N

DID SALARY CONTINUE: N

OCCURRENCE

PLACE OF ACCIDENT OR OCCURRENCE: -

DATE OF INJ: 12/22/16 TIME OF INJ: 06:00 AM

EMPLOYER'S PREMISES: N LAST WORKDATE:

~~DATE EMPLOYER NOTIFIED: 12/22/16~~

DESCRIBE NATURE OF INJURY OR ILLNESS IN DETAIL

CAUSE: 74 PERSON-FELLOW WORKER/PATIENT
NATURE: 10 CONTUSION
LOCATION: 42 LOW BACK AREA

DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURED WITH DETAILS OF HOW EVENT OCCURED

IW verbalizes first time working on this unit with *Resident*

IF FATAL GIVE DATE OF DEATH:

** Amended **

ELECTRONIC FILING

ORIGINAL DATE SENT:

TRADING PARTNER: State Accident Fund

<1>:

<2>:

DATE PROCESSED: 09/25/17

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SC WORKERS' COMPENSATION
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My Full Name is: Dana LaShaune Dixon
Date of Hire was: 12/02/2016.

Time of injury was: Before 6 AM, Was at E.R. @ 2:53 AM.

place of Occurrence/Accident: Was on
employer's premises.

Nature of injury was: Due to
Resident Assaulting me.

∴ If I W means: Eye Witness then
that's incorrect as well I was in
resident room being a one on one
(Resident & I were in room alone)
I didn't know anything about this/wasn't told
My Occupation title was: Human Service
Assistant II (CNA-B) please see
offer letter.

Date processed: 09/25/17. 9 months after injury

P.O. Box 1715 ♦ 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

Carrier File # 2017-UUU258
Carrier Code # 500 - SF
Employer FEIN 570000J12

Dana DIXON- 251-31-0505
2700 Feather Trail Run, West Columbia, SC 29169

DEPT OF MENTAL HEALTH
2414 Bull Street, Columbia, SC 29202

(home) (803) 737-5300 (work) (470) 422-0591

Preparer's name: April Edwards (803) 896-5915 State Accident Fund, Insurance Carrier

Date of Injury: 01/31/2017

A. Total Wages Paid

1. Check Applicable Method:

- () Report of earnings of injured employee based on four completed quarters.
2 () Report of earnings of injured employee who did not complete four quarters based on actual time worked.
3 (X) Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury.

Hire date: 12/02/2016

() Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)

2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1 st	12/31/2016	6759.25
2 nd	09/30/2016	8323.19
3 rd	06/30/2016	5015.81
4 th	03/31/2016	5267.46
Total Paid		23365.71

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

4. Add lines 2 and 3.

TOTAL WAGES PAID: 4. 23365.71

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 52.00

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. 449.34

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. 299.57

8. The compensation rate is as follows (choose one):

() When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.

() When the estimate compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.

() When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.

() Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8:

(X) The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 299.57

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC FORM # 20 REV. DATE 3/97

20

STATEMENT OF EARNINGS OF INJURED EMPLOYEE
SEE WORKERS' COMPENSATION



Carrier File #: _____
Carrier Code #: **500-SF**
Employer FEIN #: **570000J12**

Claimant's Name: **Dana Dixon** Employer's Name: **SC Dept of Mental Health**
Address: **3420 Park Road, Room # 216** Address: **2414 Bull St., Room 203**
City: **Charlotte** State: **NC** Zip: **28209** City: **Columbia** State: **SC** Zip: **29201**
Home Phone: **(470) 422-0591** Work Phone: **(803) 479-8157** Insurance Carrier: **State Accident Fund**
Preparer's Name: **Dawn Floyd** Preparer's Phone #: **(803) 898-8600**

Date of Injury: **12/22/2016**
month day year

A. Total Wages Paid

1. Check Applicable Method:
 - ☐ Report of earnings of injured employee based on four completed quarters.
 - ☒ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
 - ☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
 - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).
2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	12/02/2016 – 12/21/2016	\$2105.80
2nd		\$
3rd		\$
4th		\$

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. \$0.0
4. Add lines 2 and 3. **TOTAL WAGES PAID:** 4. \$2105.80
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 2.86

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5). **AVERAGE WEEKLY WAGE:** 6. \$736.29

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. \$490.88
8. The compensation rate is as follows (choose one):
 - ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
 - ☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
 - ☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
 - ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. _____
 - ☒ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. \$490.88



**SOUTH CAROLINA
STATE ACCIDENT FUND**

AMY V. CORFIELD, Director

Jan 16th, 2019

TR
1-17

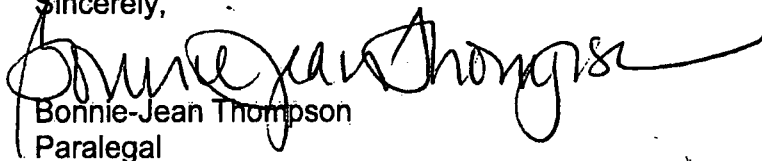
Amy Bracy, Judicial Director
S. C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Dana Dixon v. SC Dept of Mental Health
WCC File No.: 1712879
SAF File No.: 2017-0258

Dear Ms. Bracy:

Enclosed please find the Form 51 which has been completed by this office in the above-referenced claim. If I may be of further assistance, please feel free to call me.

Sincerely,


Bonnie-Jean Thompson
Paralegal

/bjt

Enclosure

cc: Dana Dixon, Pro-Se Claimant

SCWCC

JAN 17 2019

JUDICIAL

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WCC File #: 1712879
Carrier #: 2017-0258
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Dana L. Dixon SSN: 251-31-0505 Employer's Name: SC Dept of Mental Health
Address: 2700 Feather Trail Road, Apt H-10 Address: 2414 Bull Street
City: West Columbia State: SC Zip: 29169 City: Columbia State: SC Zip: 29201
Home Phone: () - Work Phone: () - Insurance Carrier: State Accident Fund
Date of Injury: 01/31/2017
Preparer's Name: Erin Farthing, Esq. Law Firm: State Accident Fund Preparer's Phone #: (803) 896-5892

Date of Injury: 01/31/2017

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is **ADMITTED** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants deny injury to Claimant's right shoulder and instead assert it is to her right arm; however, extent of injury and all other body parts affected are denied.
2. It is **ADMITTED** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is **ADMITTED** the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is **ADMITTED** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:

5. It is **ADMITTED** notice of injury was given the employer. The reasons for denial are:

6. It is **DENIED** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Claimant reached MMI on 03/23/17 with a 0% impairment rating.
7. It is **DENIED** the employee is entitled to temporary total disability for the period(s) of:
To be determined.
8. It is **DENIED** the employee is permanently disabled. The reasons for denial are:
Disability, if any, to be determined by W.C.C.
9. It is **DENIED** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$449.34 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
All defenses available under 42-9-60; 42-9-150; 42-9-160, 42-9-170; 42-15-60; 42-17-90; 42-9-210; Code of Laws of South Carolina, 1976
12. Estimated time needed for hearing: 30 minutes

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Dana Dixon Judicial Director, SCWCC
Address: 2700 Feather Trail Run, Apt H-10, West Columbia, SC 29169 P.O. Box 1715, Columbia, SC 29202-1715
on the 11th day of January, 2019 by ☒ first class mail ☐ personal service ☒ certified mail.
I verify the contents of this form are accurate and true to the best of my knowledge.
Erin Farthing Deputy Chief Counsel efarthing@saf.sc.gov
Preparer's Signature Title Email Date 1/10/19

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

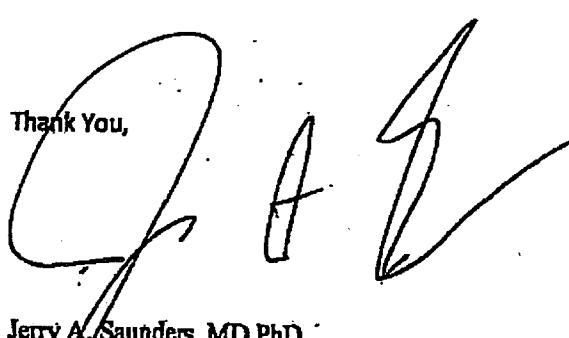


July 17th, 2019

To Whom It May Concern:

This letter is to address the medical condition of my patient Dana Dixon (DOB: 1/15/67). Ms. Dixon is under my care, and has been suffering with ongoing, chronic low back pain, stemming from a workplace related assault, causing significant injury to her back, right arm, and right shoulder. As such, Ms. Dixon has severe, constant pain that significantly interferes with her abilities to walk long distances and lift more than 5 pounds with routine exertion. Prolonged standing, sitting, bending, and squatting exacerbate the pain, and impact her acts of independent daily living as well as her ability to work. Please take this into consideration as related to your deliberation on her eligibility for disability. If there are any questions or concerns going forward, please do not hesitate to contact me at the numbers listed below.

Thank You,


Jerry A. Saunders, MD PhD
Associate Chief Medical Officer
The C.W. Williams Community Health Center, Inc.
3333 Wilkinson Blvd.
Charlotte, N.C. 28208
jsaunders@CWWilliams.org
Tel: 704-393-7720 ext. 1063
Fax: 704-398-3173

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SC WORKERS' COMPENSATION

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SHELLY LEEKE
LAW FIRM, LLC

Main Office
3614 Ashley Phosphate Rd.
N. Charleston, SC 29418

Phone: 843.297.8485
Toll Free: 888.690.0211
Fax: 843.297.8497

Call For Additional Office Locations
www.LeekeLaw.com

NR

September 5, 2017

Ms. Debbie Backman
Judicial Department
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

RE: Dana Dixon v. SC Dept. of Mental Health
Carrier: State Accident Fund
Date of Loss: 1/31/2017
WCC File #: Unknown

Dear Ms. Backman,

Enclosed please find the original and one copy of a **Form 50** (Employee's Notice of Claim), together with a Certificate of Service. I am not requesting a hearing at this time. Please return a clocked copy in the pre-addressed, stamped envelope.

By copy of this letter, I am serving upon the Defendants a copy of the Form 50 (Employee's Notice of Claim), as reflected on the attached Certificate of Service.

Thank you for your time in this matter.

Sincerely,

Benjamin T. Cruse
Attorney at Law

9831

RECEIVED

BTC/lp

SEP 08 2017

Enclosures

cc: SC Dept. of Mental Health
State Accident Fund
Dana Dixon

Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm.



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

Claimant's Name: Dana Dixon SSN: 251-31-0505 Employer's Name: SC Dept. of Mental Health
Address: 1011 Beatty Rd. Apt. B7 Address: 2414 Bull St.
City: Columbia State: SC Zip: 29210 City: Columbia State: SC Zip: 29202
Home Phone: (843) 343-6336 Work Phone: _____ Insurance Carrier: State Accident Fund
Preparer's Name: Benjamin T. Cruse Law Firm: Shelly Leeke Law Firm Preparer's Phone #: (843) 297-8485

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

Date of Injury or Illness: 1/31/2017

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to Right Hand (Part(s) of Body Injured) on 1/31/2017 (Month/Day/Year) in Richland county, state of State of South Carolina.
2. Body part(s) affected are: Right Hand
Briefly describe how the accident occurred. While assisting patient to sit, Claimant's hand jerked down causing injury
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 1/31/2017 (Month/Day/Year) in the following manner: verbally

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

☐ (a) medical examination and treatment for:

☒ (b) additional medical examination and treatment for: Right Hand

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

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

☐ (1) General Disability: ☐ Total ☐ Partial

☐ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss

9a. ☒ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
To be determined

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

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

11. Further grounds or unusual aspects of claim:
Unknown at this time

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Carolina Occupational Healthcare 1715 Blanding St. Columbia, SC 29201

11b. To the best of your knowledge, did you have any prior permanent disability? N/A
If yes, describe:

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

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

14. Estimated time needed for hearing: _____

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

☐ **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

I certify I have served this document pursuant to Reg. 67-2 mediation www.wcc.sc.gov, 11 by delivering a copy to SEE ATTACHED ADDRESSES on the 5th Day of September 2017, by ☒ first class postage ☒ certified mail ☐ personal service. I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature

Attorney

SEP 08 2017

ben@leekelaw.com

Email

9/5/2017

Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-211 and Regulations 67-601 through 67-604 as well as Reg. 67-1801. WCC Form # 50
Revised 7/13

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

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Dana Dixon,	)	WCC FILE NO.
Employee/Claimant,	)	
	)	
vs.	)	
	)	CERTIFICATE OF
SC Dept. of Mental Health,	)	SERVICE BY MAIL
	)	
Employer,	)	
and	)	
	)	
State Accident Fund,	)	
	)	
Carrier,	)	
	)	
Defendants.	)	
	)	

I, the undersigned, a legal assistant at Shelly Leeke Law Firm, attorney for the Claimant, Dana Dixon, do hereby certify that I have, this 5th day of September, 2017 served the above-named Defendants by personally depositing in a United States Postal Service mail box a copy of the Form 50 (Notice of Claim), postage prepaid addressed to the following:

South Carolina Workers' Compensation Commission
PO Box 1715
Columbia, S.C. 29202-1715

SC Department of Mental Health
2414 Bull St.
Columbia, SC 29202

State Accident Fund
PO Box 102100
Columbia, SC 29221

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SEP 08 2017

Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm

Hanna Cooke
Shelly Leeke Law Firm
3614 Ashley Phosphate Rd.
North Charleston, SC 29418
(843) 297-8485



SHELLY LEEKE
LAW FIRM, LLC

Main Office
3614 Ashley Phosphate Rd
North Charleston, SC 29418

Phone: 843.297.8485
Toll Free: 877.533.1046
Fax: 843.297.8497
www.LeekeLaw.com

Call For Additional Office Locations

March 2, 2018

VIA FIRST CLASS MAIL

South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Dana Dixon v. SC Department of Mental Health
Carrier: State Accident Fund
Date of Loss: 1/31/2017 + 1623303
WCC File #: 1712879

Dear Commissioner,

Please find enclosed a Motion to be Relieved as Counsel, in duplicate, along with a check for filing costs in the amount of \$25.00. If this document meets your approval, please also return to me a copy of the approved Motion in the enclosed stamped envelope.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Yours very truly,

Benjamin T. Cruse
Attorney

BTC/lp

Enclosures

371731

SCWCC
MAR 05 2018
JUDICIAL

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MAR 13 2020
SC WORKERS' COMPENSATION

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

DANA DIXON,	)	WCC FILE NO. 1712879
	)	
CLAIMANT,	)	
	)	
Vs.	)	ORDER TO BE
	)	RELIEVED AS COUNSEL
	)	
SC DEPARTMENT OF MENTAL HEALTH,	)	
	)	
EMPLOYER,	)	
	)	
	)	
STATE ACCIDENT FUND,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

TO: South Carolina Workers' Compensation Commission and Dana Dixon, Claimant:

IT APPEARING that the Claimant retained Shelly Leeke Law Firm, LLC on August 29, 2017, to represent her for her workers' compensation claim arising from her injury on January 31, 2017. On February 13, 2018, the Claimant informed Shelly Leeke Law Firm, LLC that she would like to terminate the client-attorney relationship. Prior to termination of the client-attorney relationship, the Defendants made a formal settlement offer in writing and the undersigned attorneys assert a lien as a result of the settlement offer and costs incurred in pursuing the claim;

IT APPEARING that the undersigned attorney has been released and have withdrawn as counsel for the Claimant, and should be removed as counsel for the Claimant and that the Claimant has been notified of such; and

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SC WORKERS' COMPENSATION

IT IS THEREFORE ORDERED that Benjamin T. Cruse, Esquire, is hereby released and withdrawn as counsel for the Claimant in this case, and the Claimant shall be entitled to retain counsel of choice;

IT IS SO ORDERED. Fee subject to properly filed Form 61


T. Scott Beck, Commissioner

Dated: March 15, 2018

WE SO MOVE:



Benjamin T. Cruse, Esq.
Shelly Leeke Law Firm, LLC

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Shawnee DeBruhl on March 15, 2018

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SC WORKERS' COMPENSATION

Ben Cruse

From: April Edwards <aedwards@saf.sc.gov>
Sent: Wednesday, February 7, 2018 4:47 PM
To: Ben Cruse
Subject: RE: Dana Dixon

Hey Ben,

Can you meet me in the middle at \$4,500.00 to clincher both claims? That is the max I can get from my client under the circumstances.

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SC WORKERS' COMPENSATION

165

Certificate of Service

This is to certify that a copy of the foregoing Order to Be Relieved as Counsel has been served upon all parties by placing a copy of the same in the United States mail, first class postage prepaid, addressed as shown below on this 2 day of March, 2018:

Dana Dixon
2002 Weyland Ave.
Charlotte, NC 28208

State Accident Fund
PO Box 102100
Columbia, SC 29221



Hanna Cooke
Shelly Leeke Law Firm
3614 Ashley Phosphate Rd.
N. Charleston, SC 29418
(843) 297-8485

N. Charleston, SC
March 2, 2018

Pay Period: 12/02/2016 through 12/16/2016
 Check Date: 01/01/2017

NAME: DANA LASHAUNE DIXON
 Agency: J120-DEPARTMENT OF MENTAL HEALTH

Personnel NO: 1001004

Earnings	Deductions	Taxes	Net Pay	Deductions	Current	YTD
Current: 1,132.20 -	168.03 -	175.44 =	788.73	3000 MoneyPlus BasAdmFeePre	0.14	0.14
YTD: 1,132.20 -	168.03 -	175.44 =	788.73	3002 Ben-Health-SHP EE Pre-	48.84	48.84
Earnings	Hours	Current	YTD	3005 Ben-Opt Life EE Pre-ta	3.24	3.24
Unalarmed Non-Exempt		833.50	833.50	3009 Ben-Dental Plus Pretax	12.98	12.98
Night/3rd Shift Premium		132.00	132.00	3010 Ben-Vision EE Pre-tax	3.50	3.50
Special Assignment Pay		166.70	166.70	3400 Ben-SCRS EE Pre-tax	98.05	98.05
Total Earnings		1,132.20	1,132.20	3507 Ben-SLTD EE Post-tax	1.28	1.28
				Total Deductions	168.03	168.03

The Defendants Form 20 for 01/31/2017.

Imputed Income 1.15 1.15

Taxes	Tax Type	Status	EXMT AddlAmt	Cur Tax	YTD Tax	Cur Txbl Earn	YTD Txbl Earn
Federal	Withholding	Single	02	60.56	60.56	966.60	966.60
Federal	Social Security			66.01	66.01	1,064.65	1,064.65
Federal	Medicare			15.44	15.44	1,064.65	1,064.65
South Carolina	Withholding		02	33.43	33.43	966.60	966.60
Total Taxes				175.44	175.44		

Payment	Account	Type	Amount
BANK OF AMERICA, N.A.	223012	Checking	788.73

Pay Period: 12/17/2016 through 01/01/2017
 Check Date: 01/13/2017

Name: DANA LASHAUNE DIXON
 Agency: J120-DEPARTMENT OF MENTAL HEALTH

Personnel No: 1007864

Earnings	Deductions	Taxes	Net Pay	Deductions	Current	YTD
Current: 973.60 -	154.29 -	132.45 =	686.86	3000 MoneyPlus BasAdmFeePre	0.14	0.28
YTD: 2,105.80 -	322.32 -	307.89 =	1,475.59	3002 Ben-Health-SHP EE Pre-	48.84	97.68
				3005 Ben-Opt Life EE Pre-ta	3.24	6.48
Earnings	Hours	Current	YTD	3009 Ben-Dental Plus Pretax	12.98	25.96
Salaried Non-Exempt		648.57	1,482.07	3010 Ben-Vision EE Pre-tax	3.50	7.00
Night/3rd Shift Premium		84.00	216.00	3400 Ben-SCRS EE Pre-tax	84.31	182.36
Weekend Shift Premium		3.75	3.75	3507 Ben-SLTD EE Post-tax	1.28	2.56
Weekend Shift Prem-3 rd		52.00	52.00	Total Deductions	154.29	322.32
SNE-Straight Time/OT 1.0		23.08	23.08			
SNE-Overtime Premium 50%		14.02	14.02			
Special Assignment Pay		148.18	314.88			
Total Earnings		973.60	2,105.80			

Imputed Income 1.15 2.30

Taxes	Tax Type	Status	EXMT AddlAmt	Cur Tax	YTD Tax	Cur Txbl Earn	YTD Txbl Earn
Federal	Withholding	Single	02	38.84	99.40	821.74	1,788.34
Federal	Social Security			56.17	122.18	906.05	1,970.70
Federal	Medicare			13.14	28.58	906.05	1,970.70
South Carolina	Withholding		02	24.30	57.73	821.74	1,788.34
Total Taxes				132.45	307.89		

Payment Account Type Amount
 Check Checking 686.86

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Dixon, Don L.
in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49)
and with knowledge of the driving rules, and that this person is qualified and, if applicable,
only where:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a qualified person
- ☐ driving within an exempt intrastate zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete.
A complete examination form with any attachment embossed by findings completely and
correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>Dr. John H. Jones</u>		TELEPHONE <u>503-499-3970</u>
MEDICAL EXAMINER'S NAME (PRINT) <u>DR. JOHN H. JONES</u>		DATE <u>04/19/10</u>
MEDICAL EXAMINER'S LICENSE NO. <u>SC 108294</u>	CERTIFICATE NO. / ISSUING STATE <u>310-209-1773</u>	☐ M ☐ F ☐ Other
NATIONAL REGISTRY NO. <u>310-209-1773</u>	SIGNATURE OF DRIVER <u>Don L. Dixon</u>	☐ Driver ☐ Other
DRIVER'S LICENSE NO. <u>004015365</u>	ADDRESS OF DRIVER <u>343 Jacobs Rd. Oak, SC 29901</u>	☐ YES ☐ NO
MEDICAL CERTIFICATION EXPIRATION DATE <u>07/19/18</u>		STATE <u>SC</u>

ORIGINAL - DRIVER

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MAR 13 7
SC WORKERS' COMPENSATION

Last Name: Dixon First Name: DANA Middle Initial: [initials] DOB: 01/15/67 Exam Date: 01/14/14**TESTING**Pulse rate: 82 Pulse rhythm regular: ☒ Yes ☐ NoHeight: 5 feet 7 inches Weight: 205 pounds

Blood Pressure Systolic Diastolic

Sitting 140 75

Second reading (optional)

Other testing if indicated

Urinalysis 1.025 Sp. Gr. neg Protein neg Blood neg Sugar

Urinalysis is required. Numerical readings must be recorded.

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity Uncorrected Corrected Horizontal Field of Vision

Right Eye: 20/40 20/ Right Eye: 95 degreesLeft Eye: 20/40 20/ Left Eye: 70 degreesBoth Eyes: 20/40 20/ Yes No ORApplicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors ☒ ☐

Monocular vision

Referred to ophthalmologist or optometrist? ☐ ☒Received documentation from ophthalmologist or optometrist? ☐ ☒**Hearing**

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid)

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☒ Neither

Whisper Test Results

Right Ear Left Ear

Record distance (in feet) from driver at which a forced whispered voice can first be heard

15 ft 15 ft

Audiometric Test Results

Right Ear

Left Ear

500 Hz

1000 Hz

2000 Hz

500 Hz

1000 Hz

2000 Hz

Average (right):

Average (left):

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System

1. General

2. Skin

3. Eyes

4. Ears

5. Mouth/throat

6. Cardiovascular

7. Lungs/chest

Normal Abnormal

☒☐☒☐☒☐☒☐☒☐☒☐☒☐**Body System**

8. Abdomen

9. Genito-urinary system including hernias

10. Back/Spine

11. Extremities/joints

12. Neurological system including reflexes

13. Gait

14. Vascular system

Normal Abnormal

☒☐☒☐☒☐☒☐☒☐☒☐☒☐

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

Normal Exam - No limitation**RECEIVED****MAR 13 2020****SC WORKERS' COMPENSATION**

(Attach additional sheets if necessary)

Last Name: DIXON First Name: DAVID Middle Initial: [initials] DOB: 01/15/67 Exam Date: 01/14/18

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations):

- ☐ Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): _____
- ☒ Meets standards in 49 CFR 391.41 with any applicable State variances
- ☐ Meets standards, but periodic monitoring required (specify reason): _____
- Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____
- ☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State) _____

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): THOMAS MOTYCKA, MD X JOHN HYNES, MD MARIA MODESTO, MD

Medical Examiner's Address: 1715 BLANDING ST. City: COLUMBIA, State: SC Zip Code: 29201

Medical Examiner's Telephone Number: 803-799-3926 Date Certificate Signed: 01/14/18

Medical Examiner's State License, Certificate, or Registration Number: 18894 Issuing State: SC

- ☒ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse
- ☐ Other Practitioner (specify): _____

National Registry Number: 7167071773

Medical Examiner's Certificate Expiration Date: 1/14/18

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MAR 18 2020

SC WORKERS' COMPENSATION



State of South Carolina

Department of Mental Health

MENTAL HEALTH COMMISSION:

Allison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Beverly Cardwell
Bob Hiatt, MEd
Everard Rutledge, PhD
J. Budon Terry
Sharon L. Wilson

STATE DIRECTOR

John H. Magill

Division of Inpatient Services
220 Faison Drive
Columbia, SC 29203
Information: (803) 935-7140

November 18, 2016

Dana Dixon
2700 Feather Run Trail Apt H-10
West Columbia, SC 29169

Dear Ms. Dixon:

I am pleased to confirm our verbal offer of employment with the South Carolina Department of Mental Health (SCDMH), made on behalf of the Division of Inpatient Services at C.M. Tucker, Jr. Nursing Care Center (CMTNCC), for the position of Human Services Assistant II (CNA-B) at the annual salary of \$20,004.00. This is a full-time/permanent position scheduled for 80 hours bi-weekly. This position is located in the Nursing Department and you will be required to serve a probationary period of one year.

Your first date of employment is Friday, December 2, 2016. On this day you are scheduled to attend an all-day orientation on the campus of Crafts-Farrow State Hospital, 7901 Farrow Road, Columbia SC, Building 22, from 8:00 a.m. to 4:30 p.m. Information regarding additional training will be provided to you during the orientation.

Your pre-employment processing has been scheduled for Monday, November 21, 2016 at 9:00 AM in the DIS Human Resources Office, 220 Faison Drive, Columbia SC. At this time, you will need to bring and present your social security card and driver's license, or a copy of your birth certificate. Please allow for a minimum of two hours for processing.

This offer of employment is contingent upon the following: an acceptable review of your past employment history, personal references, cumulative sanction report, and other sources, including but not limited to, the criminal reference check which will be conducted by the South Carolina Law Enforcement Division (SLED), receiving clearance from the Child Registry Check that indicates no record of child abuse or neglect. This offer is also contingent on you passing a pre-employment drug test and a pre-employment Employee Health Physical and PPD. This offer is contingent upon successful validation of credentials which meet State and Federal standards as outlined for this position, including an official sealed copy of your college transcript. Failure to meet the standard may result in withdrawal of any bona fide job offer made by this agency or immediate removal from position up to termination.

We reserve the right to rescind this offer in the event our review of your background develops information, including opinions of previous employers or colleagues, which cause us to conclude, at our sole discretion, that you are not suited for the position.

You have 31 days from the date of hire to enroll in health/dental and other state offered benefits. Please schedule an appointment with Joyce Thompson (803) 935-5731 or Kim Church at (803) 935-7112. Retirement benefits selection must be completed within 30 days of your hire date.

I am delighted that you are joining SCDMH and, more specifically, our team with the Division of Inpatient Services at CMT.

Sincerely,
Glenda A. Martin

Glenda A. Martin
Human Resource Specialist
DIS Human Resources
(803) 935-6703

[Signature]
Employee signature

RECEIVED
MAR 18 2020
11:21 AM
SC WORKERS' COMPENSATION

MISSION STATEMENT
To support the recovery of people with mental illnesses.





State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:

L. Gregory Pearce, Jr., Chair
Louise Haynes, Vice Chair
Alison Y. Evans, PsyD
Bob Hiett

2414 Bull Street • P.O. Box 485
Columbia, SC 29202
Information: (803) 898-8581

Mark Binkley
Interim State Director

December 3, 2019

To Whom This May Concern:

This is to verify that Ms. Dana Dixon was employed with the South Carolina Department of Mental Health as a Human Services Assistant in a Full time position.

Her dates of employment were October 17, 1988 through July 17, 1989, November 17, 2013 through May 8, 2014, and December 2, 2016 through July 25, 2017.

If you have any questions, please feel free to contact me at (803) 898-8621.

Sincerely,

Sharon S. Brown
Human Resources

MISSION STATEMENT

To support the recovery of people with mental illnesses.



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MAR 13 2020
SC WORKERS' COMPENSATION

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DEC 10 2020

SC WORKERS' COMPENSATION

GO S.C.W.C.C

I am writing to request
a motion to add the form that
I am asking to be added is titled:

Employee/Supervisor Notification that's
(enclosed) dated 02/03/2017 and has
my signature. This document was
was between (form 27) the subpoena, Employee

time sheet dated 02/02/2017 - 02/16/2017, *Employee (Typed)

Supervisor Notification dated 02/03/2017, and signed

by me (Dana Dixon), J.C.P.M.H. form of

Memorandum of Agreement for light duty

dated 02/01/2017, signed by me on 02/03/2017

SCWCC
DEC 11 2020
JUDICIAL

7/05/20
①

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DEC 10 2021

SC WORKERS' COMPENSATION

And the Dependents Employer/Supervisor
Notification that is hand written, that
has instructions per: medical provider
Carolina Occupational Healthcare LLC
Signed and dated 02/01/2017, by
Mr. Galen Sanders (Signed both)

Knowing that on 10/06/20, at
8:59pm I took pictures of ALL
items that I submitted and every
thing else I submitted is part of (same)
my APA and stamped except for
this document, which has been REMOVED
Several times for both W.C.C. file No. 5

2/05/20

(1)

1712879 (D.O.I 01/31/17) 1623303

(D.O.I 12/22/2016) SO I am requesting

a motion to add the same document

that has/was removed in 2019

and again in 2020 as part of my

A.P.A.

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DEC 10 2020

80 WORKERS' COMPENSATION

Kind Regards
Dane Dixon

12/05/20

③

SPEED, SETA, MARTIN, TRIVETT & STUBLEY, LLC
ATTORNEYS AT LAW

REPLY TO

**P.O. BOX 11669
COLUMBIA, SOUTH CAROLINA 29211
PHONE (803) 748-2919
FAX (803) 748-2735
www.Speed-Seta.com**

**WALLACE SPEED (GA & TN)
LESLI R. SETA (GA & FL)
SETH C. MARTIN (GA & FL)
ERIC L. TRIVETT (GA)
M. STEPHEN STUBLEY (SC)
STEPHANIE A. ROCKWELL (GA & TN)
JAMES E.L. FICKLING (SC & NC)**

**ALEXANDER ADKINS (GA & TN)
SCOTT H. ANDREWS (GA)
RAINA AZARKHAIL (GA)
HUNTER CHANDLER (GA & TN)
MELISSA CRUZ (GA & TN)
JEREMY T. ENGLAND (AL & MS)
CARLY RECORD FEDELE (GA)
C. BENTON HILBURN (GA)
SARA P. MORRIS (SC)
ANDREA S. OWEN (GA)
TRACEY R. PERLMAN (SC)
CALEY A. PITTS (GA)
KELSIE L. QUEEN (SC & NC)
JENNIFER S. RAY (GA)
BRITTANY SCHWANITZ (GA)
SARAH V. SNIPES (GA)
MARK M. STUBLEY, JR. (AL & NC)
BRIGGS P. TUCKER (SC)
BRITTANY BELL TURNER (GA & FL)
LILY D. WILKERSON (GA & FL)**

January 6, 2021

The Honorable Amy Bracy
Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

GEORGE D. GALLAGHER (SC), of counsel

**RE: Dana Dixon v. SC Department of Mental Health
WCC No.: 1623303
Claim No.: 2016-4177
DOA: 12/22/2016
Our File No.: 1200-0178**

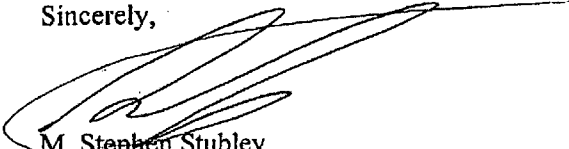
Dear Ms. Bracy:

Enclosed for filing is the Defendant's Reply to Claimant's Motion to Add in the above-referenced workers' compensation claim.

By copy of this letter to the claimant, Dana Dixon, I am serving her with a copy of these documents.

Thank you for your assistance.

Sincerely,


M. Stephen Stubley
MSS/bej

Enclosures

cc: Dana Dixon
Shannon Bedell
Erin Farthing
Eugenia Hollmon

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)
)
Dana Dixon,)
)
Employee,)
)
vs.)
)
SC Department of Mental Health,)
)
Employer,)
)
and)
)
State Accident Fund,)
)
Carrier,)
)
Defendants.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC FILE NO: 1623303

**DEFENDANTS' REPLY TO
CLAIMANT'S MOTION TO ADD**

TO: SOUTH WORKERS COMPENSATION COMMISSION; AND DANA DIXON,
CLAIMANT.

The Employer, South Carolina Department of Mental Health, and its insured, State Accident Fund (hereinafter "Defendants") respectfully move before the Commission for an Order of the Commission denying the Motion to Add filed by Claimant Dana Dixon (hereinafter "Claimant"), against the Defendants to add an "Employee/Supervisor Notification dated 02/03/2017." This responsive motion is made pursuant to Regulation 67-215 of the Regulations of the South Carolina Workers' Compensation Commission on the following grounds:

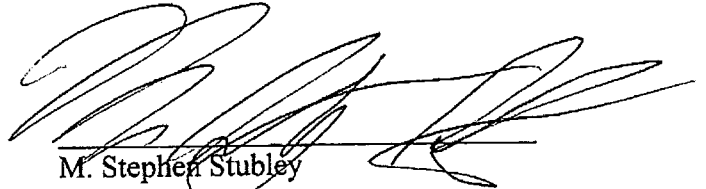
1. At a hearing before the Honorable Commissioner Melody James on June 12, 2020 ("the Hearing"), Pursuant to Regulation 6-612(G), both parties were provided the opportunity to review and make objections regarding the APA submissions contained within the record. Claimant made no such objection.
2. Claimant had the opportunity at all times prior and during the Hearing to submit evidence as to her position for the Commissioner's review and consideration. Claimant's failure to

timely submit all documents in her possession she considers relevant to the claim is not grounds for supplementation to the record. Frankly, ignorance of the law is not an excuse.

3. The document sought to be submitted by Claimant into the record was by Claimant's own admission known to her at the time of the Hearing. Pursuant to Regulation 67-707, the document fails to meet the specific requirements necessary in order to be considered by the Commission to include in the record.

For the foregoing reasons, Defendants respectfully move the Commission for an Order denying Claimant's Motion to Add additional evidence to the Record.

Respectfully Submitted,



M. Stephen Stubley
Bar No. 14109
Speed, Seta, Martin, Trivett & Stubley, LLC
Post Office Box 11669
Columbia, SC 29211
803.748.2919
sstubley@speed-seta.com

January 9, 2021

Columbia, South Carolina

CERTIFICATE OF SERVICE

Blythe E. Justen, states that she is a paralegal for Speed, Seta, Martin, Trivett & Stubley, LLC, with offices in Columbia, South Carolina. This is to certify that a copy of the foregoing Defendants' Reply to Claimant's Motion to Add was served upon the claimant, and the judicial department, 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 6 day of January, 2021 as follows:

VIA E-MAIL & U.S. MAIL

The Honorable Amy Bracy
Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

VIA U.S. MAIL, CERTIFIED MAIL & EMAIL

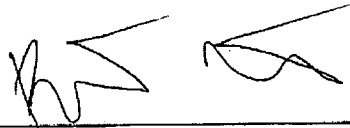
DANA DIXON
181 Stabler Farm Road
SAINT MATTHEWS, SC 29135

VIA EMAIL

Erin Farthing
State Accident Fund

VIA E-MAIL

Eugenia Hollmon
Appeals



Blythe E. Justen, Paralegal
Speed, Seta, Martin, Trivett & Stubley, LLC
PO Box 11669
Columbia, SC 29211
Attorney for Defendants



Claimant's Name: Dana Dixon SSN: 257-31-025 Employer's Name: S.C.D.M.H
Address: 235 Chimney Bridge Dr. Address: 2414 Bull St
City: Columbia State: SC Zip: 29204 City: Columbia State: SC Zip: 29204
Home Phone: 470-422-1591 Work Phone: () Insurance Carrier: S.A.F
Preparer's Name: Dana Dixon Law Firm: N/A Preparer's Phone #: 470-422-0591

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 12/22/2016

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

Commissioner James, has Erred by noting that I had a injured back, when its
not in the defendants A.P.R, which she based off me having X-Ray of Thoracic spine.
A.P.R. 34, 53. I did (Be open) fill a form 50 on Oct 26/2019. I request medical treatment for
my back due to defendants never sent me for medical treatment or pay for my med in
2016. 48-15-(a)(2) Was not applied to S.C.W.C.C. # 1623903. Commissioner Erred when she
addresses the requirement of medical evidence needed when "Requesting" treatment beyond 10 weeks
after the date of accident, Defendants never sent me to the Dr. (The letter from S.A.F that's dated
01/18/2017 states defendants had received my work injury report from my employer.) Defendants
forms 51&52, state "Claimant has not received authorized medical treatment since 10/23/2016."

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to _____

address _____ on the _____ day of _____ 20____

by ☐ first class postage ☐ certified mail ☐ personal service

☐ electronic service

Dana Dixon
Preparer's Signature

Claimant
Title

Danadixon@gmail.com
Email

Check this box if you are not represented by an attorney ☐

SCWCC

NOV 19 2020

JUDICIAL

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

SPEED, SETA, MARTIN, TRIVETT & STUBLEY, LLC
ATTORNEYS AT LAW

WALLACE SPEED (GA & TN)
LESLI R. SETA (GA & FL)
SETH C. MARTIN (GA & FL)
ERIC L. TRIVETT (GA)
M. STEPHEN STUBLEY (SC)
STEPHANIE A. ROCKWELL (GA & TN)
JAMES E.L. FICKLING (SC & NC)

REPLY TO
P.O. BOX 11669
COLUMBIA, SOUTH CAROLINA 29211
PHONE (803) 748-2919
FAX (803) 748-2735
www.Speed-Seta.com

ALEXANDER ADKINS (GA & TN)
SCOTT H. ANDREWS (GA)
HUNTER CHANDLER (GA & TN)
MELISSA CRUZ (GA & TN)
JEREMY T. ENGLAND (AL & MS)
CARLY RECORD FEDELE (GA)
C. BENTON HILBURN (GA)
SARA P. MORRIS (SC)
ANDREA S. OWEN (GA)
TRACEY R. PERLMAN (SC)
CALEY A. PITTS (GA)
KELSIE L. QUEEN (SC & NC)
JENNIFER S. RAY (GA)
DAMIEN REES (GA)
BRITTANY SCHWANTZ (GA)
SARAH V. SNIPES (GA)
BRIGGS P. TUCKER (SC)
BRITTANY BELL TURNER (GA & FL)
LILY D. WILKERSON (GA & FL)
GEORGE D. GALLAGHER (SC), of counsel

February 10, 2021

VIA ECASE UPLOAD

The Honorable Amy Bracy
Judicial Director
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202

RE: *Dana Dixon v. SC Department of Mental Health*
WCC No.: 1623303
Claim No.: 2016-4177
DOA: 12/22/2016
Our File No.: 1200-0178

Dear Ms. Bracy:

Enclosed for filing please find the Respondent's Brief in Opposition in the above-mentioned claim.

By copy of this letter to the claimant and all counsel of the involved parties, I am serving them with a copy of the Brief.

Sincerely,



M. Stephen Stubley

Enclosures

Cc: Eugenia Hollmon
Dana Dixon
Erin Farthing
Commissioner Melody L. James

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)
Dana Dixon,)
Employee,)
vs.)
SC Department of Mental Health,)
Employer,)
and)
State Accident Fund,)
Carrier,)
Respondents.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC FILE NO: 1623303

RESPONDENTS' BRIEF
IN OPPOSITION

TO: SOUTH WORKERS COMPENSATION COMMISSION; AND DANA DIXON,
APPELLANT.

The Employer, South Carolina Department of Mental Health, and its insured, State Accident Fund (hereinafter "Respondents") respectfully submit their Brief in Opposition of Appeal to the Full Commission in response to the Form 30 appeal and subsequent Form 59 Informal Brief filed by Appellant Dana Dixon (hereinafter "Appellant"), seeking a full panel review of the Order issued by Commissioner James on November 3, 2020 ("hereinafter "the Order"), denying Appellant's request for additional medical treatment. This brief is submitted pursuant to Regulation 67-701 of the Regulations of the South Carolina Workers' Compensation Commission.

Prior to addressing the substance of Appellant's brief, Respondents respectfully bring the Panel's attention to several procedural inconsistencies that accompanied the filing and service of Appellants' brief. Specifically, Respondents received an email from Ms. Eugenia Hollmon on 1/12/21, notifying Appellant that her brief, submitted via email on 1/12/21, could not be indexed into the Commission's system. (Exhibit A). Further, the email stated that Appellant was to place

"the hard copy in the mail to be received by the Commissioner no later than Tuesday, January 19." (Exhibit A). Respondents were provided service of Appellant's brief on 1/12/21, which was six (6) pages in length. Pursuant to R. 67-705(C), Respondents timely submitted their brief in opposition and served same to Appellant on 1/27/21. That same day, Respondents received an email from Ms. Hollman, providing service of Appellant's brief. (Exhibit B). After review, Respondents noted that this brief was substantially augmented and revised from the original copy received on 1/12, to which Respondents provided their response. Specifically, the "hard copy" received was sixteen pages in length. Moreover, a stamped copy provided to Respondents was dated as received on 1/22/21, three (3) days past the deadline provided in the 1/12/21 email. Respondents were notified via email that Appellant's brief received on 1/12 was not accepted by the Commission and was not made part of the Commission's file.

While Respondents have been permitted to remove their previously filed brief and provide response to Appellant's "hard copy" brief, Respondents respectfully object to the acceptance of Appellant's "hard copy" brief as it was substantially augmented and revised from the original submission on 1/12/21. Appellant was instructed to place "the hard copy" of her brief submitted on 1/12/21 in the mail to the Commission. Appellant should not, therefore, be permitted to rely on anything more than the content of the brief submitted on 1/12/21.

Notwithstanding the above, Respondents respectfully respond to Appellant's "hard copy" brief as follows:

1. Respondents contend that Appellant's appeal provides nothing more than a contradictory repetition of inaccurate and false statements. It appears Appellant reviewed the Order denying her additional medical treatment and attempts to seek review of findings of fact and conclusions of law that are not found in the Order. For example:

- A. The Appellant's form 30 seems to state that Commissioner James made a finding of fact that Appellant's back was injured based on a single x-ray. The Order made 19

findings of fact, and seven (7) conclusions of law. None of those findings or conclusions make such a determination. Appellant provides no evidence or argument as to her false claim that Commissioner James made such a finding. In fact, Appellant testified during the hearing held on June 12, 2020 that she was in a car accident in March 2017 wherein she complained of neck and low back pain. (Respondents' APA p. 34).

B. Appellant's appeal and subsequent brief are riddled with accusations that the Respondents did not provide medical treatment regarding her work accident. These accusations are false, meritless, and wholly untrue as clearly demonstrated by the evidence in the record. Appellant was treated on December 23, 2016 for injuries sustained during her work accident. (Respondents' APA p. 65-67). Upon discharge, Appellant was released with no further recommendations for medical care or future treatment. (Respondents' APA p. 67). Moreover, Appellant's request for additional treatment is precisely governed by S.C. Code 42-15-60(b)(3), which states in pertinent part: "In no case shall an employer be required to provide medical treatment or modalities in any case where there is a lapse in treatment of the employee by an authorized physician in excess of one year." Therefore, additional medical treatment was not authorized, and should not be required to be provided by Respondents.

2. As it relates to additional evidence Appellant seeks introduce, or evidence that Appellant appears to seek additional review of by the Panel, Respondents respectfully direct the Panel's attention to Respondents' previously filed Reply to Appellant's Motion to Add wherein Appellant sought to include several documents into the record. A ruling was issued on Appellant's motion, preserving the Commission's dispositive decision for a hearing. To reiterate Respondents' argument against Appellant's request to introduce additional

evidence in the record, Appellant had the opportunity at all times prior and during the Hearing to submit evidence as to her position for the Commissioner James's review and consideration. Appellant's failure to timely submit all documents in her possession she considers relevant to the claim is not grounds for supplementation to the record. Moreover, during the hearing, pursuant to R. 6-612(G), both parties were provided the opportunity to review and make objections regarding the APA submissions contained within the record. Appellant made no such objection. (hrg. trans. 5, ln. 21-25). It is not Respondents' burden to police Appellant's APA submissions and the completion thereof.

3. Although unclear, Appellant appears to argue that records obtained through properly served subpoenas for a separate WC claim cannot be submitted in the case at bar. There are no legal grounds to prohibit Respondents from submitting any properly obtained medical records they feel are relevant to the defense of a claim. Whether the records include information for prior and/or subsequent injuries is irrelevant. Appellant was properly served with subpoenas pursuant to R. 67-214 and the Respondents' APA submissions pursuant to 67-211 (c) prior to the 6/12/20 Hearing.
4. With regard to Appellant's contention that Respondents failed to file a Form 51 related to Appellant's 12/22/2016 date of injury, Respondents direct the Panel's attention to the Form 51 filed with the Commission on 2/7/2020, specifically notating a date of injury of 12/22/2016.
5. It appears that Appellant is attempting to bring several allegations as to actions or alleged inactions as it relates to her 2017 claim before the Commission as part of this appeal. Inasmuch, Respondents object as this appeal is limited to review of Appellant's 2016 claim.
6. Respondents contend that they are not responsible for the collection or preservation of documents submitted by Appellant to the Commission. Any concerns Appellant has with the preparation of the record and its contents should be directed to the Commission. Moreover,

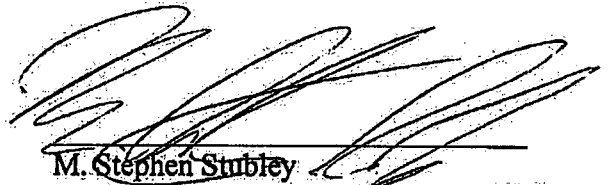
statements made regarding conversations between Appellant and various employees of the Commission regarding the contents of the record and her APA submissions, without supporting evidence, are hearsay under Rule of Evidence 801 to which no exception or exclusion applies. Therefore, those statements should not be admitted or considered by the Full Panel in its review of the Order. Additionally, Respondents posit the same argument with regard to Appellant's statement of her conversation with the court reporter and alleged errors in the hearing transcript.

7. Appellant continues to provide baseless accusations, both implied and bluntly stated, that call Respondents' character into question. While Respondents do not wish to unnecessarily add fuel to the fire with regard to these false accusations, Respondents object to any statement found with Appellant's brief that Respondents have been untruthful or unprofessional throughout the life of this claim. Appellant's attempt to impugn Respondents' character is improper and inappropriate. These unfounded accusations to do not have a place in the determination of the merits of Appellant's appeal and should not be considered in any manner that would otherwise impair Respondents' right to defend against Appellant's meritless appeal.
8. While Respondents understand that Appellant has a right to defend her claim without the assistance of an attorney, her recurring unfamiliarity of the law is not an excuse. Appellant is, and has been, aware of the potential issues that can arise in making such a decision to proceed as a *pro se* Appellant. (hrg. trans. pg. 4-5). Despite this awareness, Appellant continues to make filings with the Commission, not one of which contains accurate recitations of facts or evidence relevant to the issues at bar, or plausible legal arguments with appropriate citations to law. Contrarily, Appellant's filings are littered with ramblings that, for the most part, simply continue to repeat her claims that she has been deceived by Respondents over and over again, which is not at all supported by any evidence. Appellant's

continued failure to understand and comprehend the procedural background of this claim and the interworking of the South Carolina Workers' Compensation Commission Regulations and South Carolina Code of Laws should not allow her cart blanche to continue to file frivolous motions and appeals that continue to interfere with the Commission's judicial economy and require the Respondents to continually exert unnecessary time and expense in providing responses to Appellant's meritless, baseless claims.

For the foregoing reasons, Respondents respectfully pray that the Panel AFFIRM Commissioner James' Order dated November 3, 2020 denying Appellant's request for additional medical treatment.

Respectfully Submitted,



M. Stephen Stubley

Bar No. 14109

Speed, Seta, Martin, Trivett & Stubley, LLC

Post Office Box 11669

Columbia, SC 29211

803.748.2919

sstubley@speed-seta.com

February 11, 2021

Columbia, South Carolina

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Respondents' Brief in Opposition, has been served upon the following parties by placing a copy of the same in the United States mail, first class postage prepaid, addressed to the following as shown below on the 10 day of February, 2021.

The Honorable Amy Bracy
Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202
judicialanalysts@wcc.sc.gov

VIA EMAIL

Eugenia Hollmon
Appeals

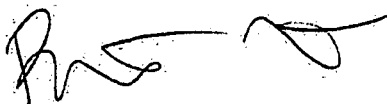
VIA EMAIL, CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

Dana Dixon
181 Stabler Farm Rd.
St. Matthews, SC 29135

Erin Farthing, Esquire
State Accident Fund
PO Box 102100
Columbia SC 29221

VIA EMAIL

Commissioner Melody L. James
S.C. Workers' Compensation Commission
tmorris@wcc.sc.gov



Blythe Justen, Paralegal
Speed, Seta, Martin, Trivett & Stublely, LLC
PO Box 11669
Columbia, SC 29211

Attorney for Respondents

EXHIBIT A

Sara P. Morris

From: Stephen Stubley
Sent: Wednesday, January 27, 2021 12:58 PM
To: Sara P. Morris
Subject: FW: [External] W.C.C. BRIEF 1623303

Stephen

M. Stephen Stubley, Esquire
Speed, Seta, Martin, Trivett & Stubley, LLC
P.O. Box 11669
Columbia, SC 29211
Office: (803) 748-2992
Fax: 803-748-2735
www.speed-seta.com

This transmission is intended by the sender and proper recipient(s) to be confidential, intended only for the proper recipient(s) and may contain information that is privileged, attorney work product or exempt from disclosure under applicable law. If you are not the intended recipient(s) you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you receive this message in error, or are not the proper recipient(s), please notify the sender at either the email address or telephone number above and delete this email from your computer. Receipt by anyone other than the proper recipient(s) is not a waiver of any attorney-client, work product, or other applicable privilege. Thank you.

Unless expressly stated to the contrary herein, (a) Nothing contained in this message was intended or written to be used, can be used, nor may be relied upon or used, by any taxpayer for the purpose of avoiding penalties that could be imposed upon the taxpayer under the Internal Revenue Code of 1986, as amended; and (b) Any written statement contained herein relating to any federal tax transaction or issue may not be used by any individual or entity to recommend or support the promotion or marketing of any such transaction or issue.

From: Hollmon, Eugenia <EHollmon@wcc.sc.gov>
Sent: Tuesday, January 12, 2021 4:43 PM
To: Dana Dixon <danadixon247@gmail.com>
Cc: Stephen Stubley <sstubley@speed-seta.com>; Michelle James <MJJames@speed-seta.com>
Subject: RE: [External] W.C.C. BRIEF 1623303

Ms. Dixon,

Per our conversation, I can not index these items to our system as your brief. So, you will be placing the hard copy in the mail to be received by the Commission no later than Tuesday, January 19, based on the original brief due date that the State Holiday on Monday. I will also be returning to you a stamped copy of this brief for your records.

Please let me know if you need anything additional.

Genia Hollmon

Eugenia Hollmon
Judicial Docketing Director
803-737-5737
803-737-1281 (Fax)
ehollmon@wcc.sc.gov

EXHIBIT B

Sara P. Morris

From: Stephen Stublely
Sent: Wednesday, January 27, 2021 11:41 AM
To: Sara P. Morris; Blythe Justen
Subject: FW: Dixon - 1623303
Attachments: dz0remmxqh.pdf; Letters1 - Compatibility Mode.docx

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: "Hollmon, Eugenia" <EHollmon@wcc.sc.gov>
Date: 1/27/21 11:39 AM (GMT-05:00)
To: Stephen Stublely <sstublely@speed-seta.com>
Cc: Michelle James <MJJames@speed-seta.com>, Dana Dixon <danadixon247@gmail.com>
Subject: Dixon - 1623303

Mr. Stublely,

Attached is service of the pro se appellant's brief.

Ms. Dixon please review the attached brief to make sure that all the pages you sent were copied and included in this brief. The original hard copy has been returned to you via USPS.

Thank you.

Genia Hollmon

Eugenia Hollmon
Judicial Docketing Director
803-737-5737
803-737-1281 (Fax)
ehollmon@wcc.sc.gov

The Commission is now open to the public normal business hours 8:30 a.m. to 5:00 p.m. operating with minimal staff on-site. For additional information go to <https://wcc.sc.gov/news>

CONFIDENTIAL & PRIVILEGED



WCC File #: 1423303
Carrier File #: 2014-004177
Carrier Code #: 5005F
Employer FEIN #: 570000J12

Claimant's Name: Dana L. Dixon SSN: 251-37-0525

Address: 181 Stabler Farm Rd

City: St. Matthews State: S.C. Zip: 29135

Home Phone: (470) 482-0591 Work Phone: ()

Preparer's Name: Dana L. Dixon Law Firm: N/A

Employer's Name: S.C.D.M.H

Address: 2414 Bull Street

City: Columbia State: SC Zip: 29201

Insurance Carrier: J.A.F

Preparer's Phone #: (470) 482-0591

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

Questions

Did the Commissioner fail to consider important reasons for award of compensation? If so, what reasons? 73 days AFTER my work related injury. Defendant did not submit any documents to support their claim of authorization. The Discharge Summary instructing me (APA # 42) to contact my doctor immediately. I received 2 physicals (APA # 42-44), (APA # 45) and 20 days later I am injured on the job. My 1st day of employment was 12/02/2016.

Did the Commissioner incorrectly decide the facts? If so, what facts? I feel the Commissioner was under the impression that I was asking for ADDITIONAL Treatment, when Defendants did not apply 42-15-60(A) and Commissioner James, erred by saying that Dr. Saunders letter dated 7-19-19 is not stated to a degree of reasonable medical certainty as required by section 42-15-60.

Do you think the Commissioner applied the wrong law? If so, what law? 42-15-60(B3)

In no case shall an employer be required to provide medical treatment or modalities in any case where there is a lapse in treatment of the employee by an authorized physician in excess of 1 yr.

Do you feel there are any other reasons why the Commissioner's judgment was wrong? If so, what? Dr. Saunders, WAS NOT the Doctor of record for my workplace Assault OR Motor Vehicle Accident in 2017. The letter from Dr. Saunders, is dated 7/17/2019.

What action do you want the Commission to take in this case? To review where the Defendants submitted documents showing evidence of an Authorization numbers for 12/29/2016. To review the date of when I wrote my Statement on 01/8/2017, and then 5 days later Defendants mailed letter to me, To show I document with the words "Workers Compensation" or an Authorization # for 2016, from the Defendants.

Dana L. Dixon
Signature

01/14/2021
Date (m/d/yyyy)

SCWCC
JAN 22 2021

JUDICIAL

IMPORTANT: The Commission will serve your Brief on the employer's representative. Questions about the use of this form may be directed to the Commission's Judicial Department at 803.737.5675 or judicial@wcc.sc.gov.

Brief of
Dana Dixon
Claimant

W.C.C. file NO.

— 1623303 —

1-16 pages

for Full Commission
02/22/2021

1.
 - 01/31/2017. Authorization number was given (APA#64)
 - Defendants paid for hospital bill on March 14, 2017. (APA#88 Submitted)
 - Transcript page 5 line 9: States I handed up my APAs. The documents that I submitted to W.C.C. was hand delivered and stamped received March 13, 2020. I never gave the Commissioner any packet.
 - The Defendants first Report dated 09/25/2017, submitted by Defendants states "I w verbalizes first time working on this unit." (APA#15)
 - Defendants stated that I testified to receiving only a medical excuse (TR p 18. Lines 21-25. TR p. 19. Lines 1-3.)

2.

- * • Defendants mailed me a letter which is dated 01/18/2017, stating they had received my work injury report from my employer. (APA #1)
- 42-15-60(A) was not applied for W.C.C. file NO. 1623303. Defendants did not feel the need to pay for my medication. (APA#) On 12/23/2016.
- 22 days after my 12/22/2016, I was called in to the supervisor's office to write my S.C.D.M.H witness statement of injury or illness report dated 01/13/2017. (APA #50)
- Defendants have stated that I stated I never had a workers compensation claim. (TR. p.37. Lines 6-11) Cont-

3.

- On 08/22/2019, At my subpoenaed Deposition in Charlotte N.C. The Defendants Asked me about W.C. Claims and Accidents, that is how the Defendants know about my Accidents And how the Defendants has used my words of "off and on for (Tr. p. 22, L. 1120) 33 years" because I stated that in The Transcript of W.C.C. NO. 1712879.

* I've never filed a form 50 or a claim since I started with the Defendants on October 17, 1988* until 2016.

• APA #2 titled: Caroline Occupational Healthcare dated 01/31/2017, has the Authorization # for date of injury 01/31/2017.

• Report of Injury, dated 01/31/2017 has Supervisors signature. (Defendants Exhibit A)

4.

- I Submitted the required documents to S.C.W.C.C. to have my attorney Benjamin Cuse to be removed as Counsel. (APA# 4) in the forms Mr. Cuse stated that the Defendants had made a formal offering to clinch both cases (APA# 22)
- Defendants had ample amount of time to review my medical record since they have had them since 02/03/2017 (APA# 65) showing Defendants scan date of 02/06/17.
- Defendants have stated that there was no follow-up appointment. But by the instructions on the Discharge Summary that I received on 12/23/2016 (APA# 48) it's telling me to contact my Doctor immediately. Still I received no medical care.

5.

- Defendants appear to have missed read my written statement: APA#50
Defendants APA has "his" and "him" within the statement. Same page that's dated 01/13/17.
- 84 days after my work injury of 12/22/2016, I was involved in a mva on 03/05/2017.
- On 03/07/2017, I went to Providence N.E. due to neck pain. (APAs#36, 38-45, 52, 54)
And APA#57 states "you were seen in the E.R. on 03/07/2017 for neck pain." Not a back injury.
- Defendants have erred by listing Dr. Jerry Saunders, as the doctor of record, when I went to C.W. Williams in 2018.
- Defendants put the wrong date of 07/17/2017. The letter is dated 07/17/2019.

6.

APA #52.

- Dependents subpoenaed, Richland, Baptist Providence N.E., Providence for my Medical Records for W.C.C. file NO. 1712879, then (01/31/2017) those same files they were used for W.C.C. file NO. 1623303. 12/22/2016. D.O.I
- Dependents did not subpoena C.W. Williams in Charlotte N.C. for my Medical Records, after I told them on 02/22/2019 on record that I was being treated by Dr. Saunders for my Shoulder and back.
- Dependents signed Order, transcripts references are in-accurate.
- Dependents has compiled an ISO report that states "Reasonable procedures have been -

7.

- Adopted to maximize the accuracy of this report. Independent investigations should be performed to evaluate the relevant data provided" On page 28.

- Defendant learned of my work related injury after I wrote my "Witness Statement of Injury Sickness" On 01/13/2017. And 5 days later I received the letter from the Defendants saying they received my work injury (April) report from my employer dated 01/18/2017,

- Defendants never gave me any documents the right of my work related injury to complete with no paper trail or conversations the Defendants were able to give authorization On 12/22/2016. Defendants have ^{not} submitted

8.

Any Paperwork for 12/22-23/2016.
And no other times.

- Dependents has taken the position that my request for medical treatment is past statutory period for treatment and lapse for an injury that I

provided NO evidence. But Dependents Can not and have not provided documents for my work injury, But I provided NO Evidence?

- The Dependents filed first Report on 09/25/2017. 9mths 3 days later, for date of injury 12/22/2016.

- The Dependents sent me to their Doctor of Choice with an Authorization # on 01/31/2017 for injury date of 01/31/2017.

- Dependents paid for all of my (APR# 61,62) Medications on 01/31/2017, but not

9

for 12/22/2014 Injury.

- Defendants Subpoenaed Medical Records for W.C.C. 1712879 But used them for W.C.C. 1623303 (12/22/2014 injury)
- W.C.C. 1623303, Was a Workers Compensation Then The Defendants Would Not Need to have Subpoenaed The Hospitals for my medical records, if it was an Actual Claim.
- Defendants Were able to provide an Authorization # for W.C.C. NO. 1712879, The Second injury, But Not for WCC 1623303 The first injury.
- Defendants lied by stating that I was struck by a patient while assisting them into bed. When their pg 97 does not say that.

10.

- The Spoilation of Evidence by The Defendants Having Changed The Garrison of my APAs That I Submitted On 03/13/20 From 1-97 (Tr.p 5. line 9) to 1-87.
- The Defendants have Assistants Working for them to continually put Wrong dates from Submitted documents.
- The Defendants have been untruthful about me having Authorization for Medical Treatment On 12/22/2016 (start)
- Defendants Can Submit an ISO Report as far back as 1990 (in ISO Report) But Can't provide One shred of Evidence With The Words "Workers Compensation of 2016," or Claim #.

11.

- Dependents have been untruthful about me being discharged with no recommendation of further care. Knowing the Discharge Summary instructed me to contact my Doctor immediately. (APA #48) Therefore it would be no reason for a follow-up appointment, from the Emergency Room.
- Dependents did not even follow up after my hospital visit on 12/23/2016.
- In order for me to return back to work on the 25th of December I had to have given my medical excuse earlier than 01/13/17.
- Dependents have not submitted any forms for date of injury of 12/22/2016.
- The referenced Cites in order does not apply for W.C.C. file no. 1623303.

12.

- All of my APAs were not submitted by Judicial. I spoke to Amy Bracy and Eugenia Hollman. Reply: "I don't know what to tell you!"
- The Court Reporter MS. Gloria Davis stated on 09/08/2020, at 11:59 am admitted to errors in the transcript.

(Note learned) * By Law an Employer or an Attorney cannot obtain the employee medical record unless it's a Workers Compensation Case or a signed Subpoena requesting the medical record. ③ The Employer signed a document giving consent.*

Dependents subpoenaed medical records in 8017 W.C.C. file NO 1712879, to use in WCC NO. 1623303

13. "Transcript" Errors in Signed Order of
W.C.C NO. 1623303.

TR. p. 26. Lines 18-20

TR. p. 4. Line 14

TR. p. 5. Line 12

TR. p. 5 Lines 9-12

I did not hand any documents up.
That's why they have "Received March 13, 2020"
I had delivered them.

TR. p. 19. Lines 12-14. TR. p. 19 Line 21. TR. p. 19. Lines 23-24.

TR. p. 20. Lines 1-4. TR. p. 20. Lines 23-25.

TR. p. 21. Lines 7-8. TR. p. 22 Lines 13-17. TR. p. 37. Lines 17-23

TR. p. 17 Lines 21-25

TR. p. 18. Lines 5-8

TR. p. 24 Lines 24-25

TR. p. 2. Lines 5-11 There is no page 2

TR. p. 15. Lines 10-12 (Should be 11-12)

TR. p. 27. Lines 18-19 (Line 19 "State & muscle spasm")

TR. p. 23. Lines 21-25 was about 150 of Defendants.

14.

Questions

If I did not complete any documents
on the night of 12/22/2016, then how
did the Defendants give Authorization?

If the Defendants gave me Authorization
on 12/22/2016 where is the S.C.D.M.#.
Report of Injury ^{report} that would have
my signature and my supervisors?

Since I've learned from my 01/31/2017,
Work Injury that even before I
could go to the doctor on 01/31/2017,
the supervisor had to call the insurance
carrier to get an Authorization Number.
So where is Defendants Authorization
Number?

15.

Why did the Defendants use
W.C.C. file NO 1712879 to get my
Medical records by subpoena and then
use them in W.C.C. file NO. 1623303?

Why did the Defendants start
with W.C.C. file NO. 1712879, date of
injury 01/31/2017, rather than W.C.C.
file NO. 1623303 date of injury 12/22/2016?

Why was the two cases handled
differently one with documents and
authorization numbers (1712879) but
one without (1623303) why?

Why was medicine paid for 2017, but
not for 2016?

No.

11 The Claimant find it to be Unprofessional of the Defendants to put the wrong transcript references in a sign Order. And to add in their own opinion in a sign Order. That the Defendants continue to put the wrong dates from submitted documents. For the number of documents (tr.p.5 line 9) the Commissioner said on record, to the change of numbers Defendants listed on the APA Submissions form.

The #14 of the proposed Order is what the Defendants were to go by, but Defendants has lied.

South

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

Workers' Compensation Commission



WCC File #: 1623303

Carrier File #: 2016004177

December 17, 2020

FORM 31 BRIEFING SCHEDULE
AND
NOTICE OF APPELLATE HEARING

DANA DIXON
181 Stabler Farm Road
SAINT MATTHEWS, SC 29135

[Handwritten signature]

DANA DIXON v SC DEPARTMENT OF MENTAL HEALTH

Filing Date for Appellant's Brief: January 16, 2021

Subject: Set on Review.

Date: 02/22/2021 at 03:00 PM

Location: This hearing will be conducted electronically via the Zoom application. Instructions to participate via Zoom will be emailed to the parties.

You are receiving this notice pursuant to South Carolina Regulation 67-704. This matter is to be set for Full Commission Review on the above date. Regulation 67-705(A) requires the appellant to file a brief which includes a statement of the case, questions presented, argument, and the conclusion by the date above. Pursuant to Regulation 67-205, please submit your brief electronically through the Upload functionality in eCase located on the Commission's website at www.wcc.sc.gov or via US Mail. **Unrepresented claimant need only mail a copy of their brief to the Commission by the date listed above.**

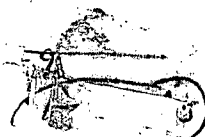
The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Pursuant to South Carolina Regulation 67-705, the Respondent may file a responding brief within fifteen (15) days of service of Appellant's brief. Appellant may then file a reply brief within ten (10) days of service of Respondent's responding brief. All briefs must be received by the Workers' Compensation Commission at least five (5) days before the scheduled date for review.

For questions regarding this matter, please visit eCase Status at www.wcc.sc.gov or contact the Judicial Department of the South Carolina Workers' Compensation Commission at (803) 737-5739.

This matter is set before: Panel B

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon a parties to this cause by sending a copy hereof by electronic mail or United States mail. Unrepresented parties were served by United States Postal Service first class postage.



213

SPEED, SETA, MARTIN, TRIVETT & STUBLEY, LLC
ATTORNEYS AT LAW

WALLACE SPEED (GA & TN)
LESLI R. SETA (GA & FL)
SETH C. MARTIN (GA & FL)
ERIC L. TRIVETT (GA)
M. STEPHEN STUBLEY (SC)
STEPHANIE A. ROCKWELL (GA & TN)
JAMES E.L. FICKLING (SC & NC)

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SARAH V. SNIPES (GA)
BRIGGS P. TUCKER (SC)
BRITTANY BELL TURNER (GA & FL)
LILY D. WILKERSON (GA & FL)
∞
GEORGE D. GALLAGHER (SC), of counsel

January 27, 2021

VIA ECASE UPLOAD

The Honorable Amy Bracy
Judicial Director
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202

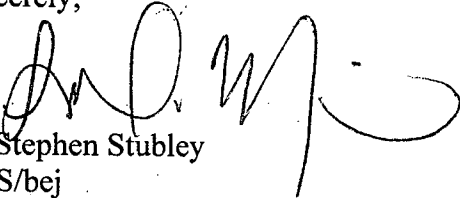
RE: *Dana Dixon v. SC Department of Mental Health*
WCC No.: 1623303
Claim No.: 2016-4177
DOA: 12/22/2016
Our File No.: 1200-0178

Dear Ms. Bracy:

Enclosed for filing please find the Respondents' Brief in the above-mentioned claim.

By copy of this letter to all counsel of the involved parties, I am serving them with a copy of the Brief.

Sincerely,



M. Stephen Stubley
MSS/bej

Enclosures

cc: Eugenia Hollmon
 Dana Dixon
 Erin Farthing

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)
Dana Dixon,)
Employee,)
vs.)
SC Department of Mental Health,)
Employer,)
and)
State Accident Fund,)
Carrier,)
Defendants.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC FILE NO: 1623303

**RESPONDENTS' BRIEF
IN OPPOSITION**

TO: SOUTH WORKERS COMPENSATION COMMISSION; AND DANA DIXON,
CLAIMANT.

The Employer, South Carolina Department of Mental Health, and its insured, State Accident Fund (hereinafter "Defendants") respectfully submit their Brief in Opposition of Appeal to the Full Commission in response to the Form 30 appeal and subsequent Form 59 Informal Brief filed by Claimant Dana Dixon (hereinafter "Claimant"), seeking a full panel review of the Order issued by Commissioner James on November 3, 2020 ("hereinafter "the Order"), denying Claimant's request for additional medical treatment. This brief is submitted pursuant to Regulation 67-701 of the Regulations of the South Carolina Workers' Compensation Commission.

1. Defendants contend that Claimant's appeal provides nothing more than a contradictory repetition of inaccurate and false statements. It appears Claimant reviewed the Order denying her additional medical treatment and attempts to seek review of findings of fact and conclusions of law that are not found in the Order. For example:

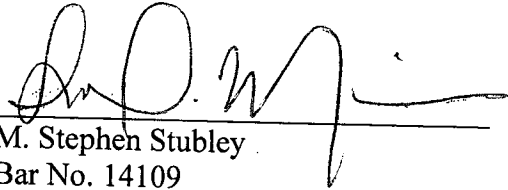
- A. The Claimant's appeal seems to state that Commissioner James made a finding of fact that Claimant's back was injured based on a single x-ray. The Order made 19 findings of fact, and seven (7) conclusions of law. None of those findings or conclusions make such a determination. Claimant provides no evidence or argument as to her false claim that Commissioner James made such a finding. In fact, Claimant testified during the hearing held on June 12, 2020 that she was in a car accident in March 2017 wherein she complained of neck and low back pain. (Defendants' APA p. 34).
- B. Claimant's appeal and subsequent brief are riddled with accusations that the Defendants did not provide medical treatment regarding her work accident. These accusations are false, meritless, and wholly untrue as clearly demonstrated by the evidence in the record. Claimant was treated on December 23, 2016 for injuries sustained during her work accident. (Defendants' APA p. 65-67). Upon discharge, Claimant was released with no further recommendations for medical care or future treatment. (Defendants' APA p. 67). Moreover, Claimant's request for additional treatment is precisely governed by S.C. Code 42-15-60(b)(3), which states in pertinent part: "In no case shall an employer be required to provide medical treatment or modalities in any case where there is a lapse in treatment of the employee by an authorized physician in excess of one year." Therefore, additional medical treatment was not authorized, and should not be required to be provided by Defendants.
2. As it relates to additional evidence Claimant seeks introduce, or evidence that Claimant appears to seek additional review of by the Panel, Defendants respectfully direct the Panel's attention to Defendants' previously filed Reply to Claimant's Motion to Add wherein Claimant sought to include several documents into the record. A ruling was issued on

Claimant's motion, preserving the Commission's dispositive decision for a hearing. To reiterate Defendants' argument against Claimant's request to introduce additional evidence in the record, Claimant had the opportunity at all times prior and during the Hearing to submit evidence as to her position for the Commissioner James's review and consideration. Claimant's failure to timely submit all documents in her possession she considers relevant to the claim is not grounds for supplementation to the record. Moreover, during the hearing, pursuant to R. 6-612(G), both parties were provided the opportunity to review and make objections regarding the APA submissions contained within the record. Claimant made no such objection. (hrg. trans. 5, ln. 21-25). It is not Defendants' burden to police Claimant's APA submissions and the completion thereof.

3. While Defendants understand that Claimant has a right to defend her claim without the assistance of an attorney, her recurring unfamiliarity of the law is not an excuse. Claimant is, and has been, aware of the potential issues that can arise in making such a decision to proceed as a *pro se* Claimant. (hrg. trans. pg. 4-5). Claimant's continued failure to understand and comprehend the procedural background of this claim and the interworking of the South Carolina Workers' Compensation Commission Regulations and South Carolina Code of Laws should not allow her cart blanche to continue to file frivolous motions and appeals that continue to interfere with the Commission's judicial economy and require the Defendants to continually exert unnecessary time and expense in providing responses to Claimant's meritless, baseless claims.

For the foregoing reasons, Defendants respectfully pray that the Panel AFFIRM Commissioner James' Order dated November 3, 2020 denying Claimant's request for additional medical treatment. Further, should the Panel rule in Defendants' favor, Defendants respectfully requests Claimant be charged an additional fee for filing a meritless appeal pursuant to R. 67-703.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'M. Stephen Stubley', written over a horizontal line.

M. Stephen Stubley

Bar No. 14109

Speed, Seta, Martin, Trivett & Stubley, LLC

Post Office Box 11669

Columbia, SC 29211

803.748.2919

ssubbley@speed-seta.com

January 27, 2021

Columbia, South Carolina

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Respondents' Brief in Opposition, has been served upon the following parties by placing a copy of the same in the United States mail, first class postage prepaid, addressed to the following as shown below on the 27 day of January, 2021.

The Honorable Amy Bracy
Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202
judicialanalysts@wcc.sc.gov

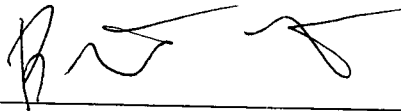
VIA EMAIL

Eugenia Hollmon
Appeals

VIA EMAIL, CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

Dana Dixon
181 Stabler Farm Rd.
St. Matthews, SC 29135

Erin Farthing, Esquire
State Accident Fund
PO Box 102100
Columbia SC 29221



Blythe Justen, Paralegal
Speed, Seta, Martin, Trivett & Stubley, LLC
PO Box 11669
Columbia, SC 29211

Attorney for Defendants

SPEED, SETA, MARTIN, TRIVETT & STUBLEY, LLC
ATTORNEYS AT LAW

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STEPHANIE A. ROCKWELL (GA & TN)
JAMES E.L. FICKLING (SC & NC)

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BRITTANY BELL TURNER (GA & FL)
LILY D. WILKERSON (GA & FL)

March 23, 2020

The Honorable Melody L. James
Commissioner
S.C. Worker's Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

GEORGE D. GALLAGHER (SC), of counsel

RE: *Dana Dixon v. SC Department of Mental Health*
WCC No.: 1623303
Claim No.: 2016-4177
DOA: 12/22/2016
Our File No.: 1200-0178

Dear Commissioner James:

Enclosed please find a Pre-hearing Brief, Notice of Witnesses and APA Submissions on behalf of the employer and insurance carrier in the above-referenced matter.

By copy of this letter to pro se Claimant, Dana Dixon, I am serving her with the Pre-hearing Brief and Notice of Witnesses and copies of all medical reports we intend to submit pursuant to the Administrative Procedures Act.

Sincerely,



M. Stephen Stubley
MSS/kgj
Enclosure

cc: Dana Dixon (w/encl)
Erin Farthing (w/encl)
Shannon Bedell (w/encl)

SPEED, SETA, MARTIN, TRIVETT & STUBLEY, LLC
ATTORNEYS AT LAW

WALLACE SPEED (GA & TN)
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SARAH V. SNIPES (GA)
BRIGGS P. TUCKER (SC)
BRITTANY BELL TURNER (GA & FL)
LILY D. WILKERSON (GA & FL)

∞

GEORGE D. GALLAGHER (SC), of counsel

April 6, 2020

The Honorable Melody L. James
Commissioner
S.C. Worker's Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

RE: Dana Dixon v. SC Department of Mental Health
WCC No.: 1623303
Claim No.: 2016-4177
DOA: 12/22/2016
Our File No.: 1200-0178

Dear Commissioner James:

The Employer/Carrier will rely on its previously submitted Pre-hearing brief and Notice of Witnesses at the hearing scheduled on April 16, 2020, at 11:45 a.m. in connection with the above referenced matter.

By copy of this letter to the pro se claimant, Dana Dixon, I am notifying her of this correspondence.

Sincerely,



M. Stephen Stubley

MSS/kg1

Enclosure

cc: Dana Dixon (certified mail)
 Erin Farthing (w/encl)
 Shannon Bedell (w/encl)



Claimant's Name: Dana Dixon Employer's Name: SC Dept. of Mental Health
Address: 3420 Park Road, Room 216 Address: 2414 Bull Street
City: Charlotte State: NC Zip: 28209 City: Columbia State: SC Zip: 29201
Home Phone: _____ Work Phone: () - _____ Carrier: State Accident Fund
Preparer's Name: M. Stephen Stubley, Esquire Preparer's Phone #: (803) 748-2919

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: 490.88 2. AWW: \$736.29 Date of Injury: 12/22/2016
3. Type of injury and body part(s): Admitted injury to the jaw, neck and back only. All other alleged injuries are denied.
4. Facts in controversy: Whether Claimant is entitled to additional medical treatment
5. Legal issues involved: See # 4 above and 42-15-60(B)(3), 42-1-160.
6. Unusual aspects: Claimant has a 2nd 2017 DOI, ongoing claim.
7. Witnesses (designate if expert):* Shannon Bedell and any other representative of the employer; the Claimant and any witnesses listed by the Claimant.
(The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330 (3). The Defendants reserve the right to amended their Pre-hearing brief upon receipt of additional information.)
8. Exhibits: Claimant's ISO reports; Claimant's Statement
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: See APA Submissions.
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant was released from care on 12/23/2016. Claimant has not received authorized medical treatment since that date.
12. I am amending my Form 50/51 in the following manner: N/A

☐ **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 Dana Dixon, 3420 Park Rd., Room 216, Charlotte, NC 28206; Dana Dixon, 700 Greenlawn Dr., Apt. 1307, Columbia, SC 29209 and danadixon247@gmail.com on the 23rd day of March, 2020 by; ☒ first class postage ☒ certified mail ☐ personal service.

Signature: _____
Date of hearing: April 1, 2020 (Commissioner James)

Email: sstubley@speed-seta.com
Time needed for hearing: 1 hour

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)
Dana Dixon,)
Employee,)
vs.)
SC Department of Mental Health,)
Employer,)
And)
State Accident Fund,)
Carrier,)
Defendants.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC FILE NO: 1623303

NOTICE OF WITNESSES
AND WRITTEN REPORT(S) PHYSICIAN
OR OTHER EVIDENCE TO BE
INTRODUCED ON BEHALF OF
THE EMPLOYER/CARRIER

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
THE PRO SE CLAIMANT, DANA DIXON:

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:

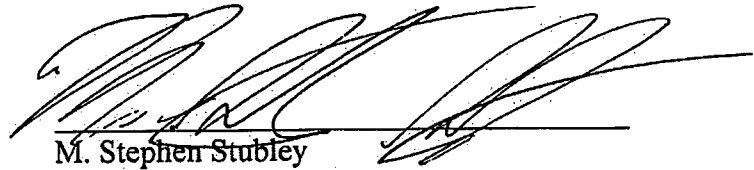
APA #	NAME OF PHYSICIAN/OTHER	DATED	PAGE NOS.
1.	Providence Hospital	4/21/2008-3/7/2017	1-64
2.	Palmetto Health Richland	12/23/2016	65-67

EXH #	EXHIBIT	DATED	PAGE NOS.
3.	Claimant's ISO reports	1/12/2018-10/24/2019	68-96
4.	Claimant's statement	1/13/2017	97

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: Shannon Bedell, the Claimant, the Claimant's direct supervisor on the date of accident; and any other representative of the employer; and any witness called by the Claimant; any expert called by the Claimant. The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330(3).



M. Stephen Stubley
Speed, Seta, Martin, Trivett & Stubley, LLC
PO Box 11669
Columbia, SC 29211
(803) 748-2919

Columbia, South Carolina
March 23, 2020

CERTIFICATE OF SERVICE

Kim Long, states that she is a paralegal for Speed, Seta, Martin, Trivett & Stubley, LLC, 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, first class postage prepaid, addressed to him at his office as shown below this the 23 day of March 2020 as follows:

The Honorable Melody L. James
Commissioner
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

Dana Dixon
700 Greenlawn Dr., Apt. 1307
Columbia, SC 29209

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

Dana Dixon
3420 Park Road, Room #216
Charlotte, NC 28209

Kim Long
Kim Long, Paralegal
Speed, Seta, Martin, Trivett & Stubley, LLC
PO Box 11669
Columbia, SC 29211

(803) 748-2919



South Carolina State Accident Fund

Henry D. McMaster
Governor

Amy V. Cofield, Esq.
Director

May 31ST, 2019

The Honorable Mike Campbell
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Dana Dixon v. SC Dept of Mental Health
WCC File Number: 1623303
SAF File Number: 2016-4177

Dear Commissioner Campbell:

Enclosed please find the Pre-Hearing Brief which has been completed by this office in the above-entitled claim, along with the Notice of Witnesses and Written Medical Report(s)/Physician or Other Evidence to be Introduced on Behalf of Defendants and the Certificate of Mailing.

By copy of this letter, I am providing Dana Dixon, Pro-Se Claimant, with a copy of same, along with a copy of the medical reports. Pursuant to WCC R.67-612D, a copy of the medical reports will be given to you at the hearing.

If I may be of further assistance, please feel free to call me.

Sincerely,

Bonnie Thompson
Paralegal

/bjt

Enclosures

cc: Dana Dixon, Pro-Se Claimant



Claimant's Name: Dana L. Dixon Employer's Name: SC Dept of Mental Health
Address: 3420 Park Road, Room 216 Address: 2414 Bull Street
City: Charlotte State: NC Zip: 28209 City: Columbia State: SC Zip: 29201
Home Phone: _____ Work Phone: _____ Carrier: State Accident Fund
Preparer's Name: Erin Farthing, Esq. Preparer's Phone #: 803-896-5892

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$F20REQ 2. AWW: \$F20REQ Date of Injury: 12/22/2016
3. Type of injury and body part(s): Admitted injury to the jaw, neck and back only. All other alleged injuries are denied.
4. Facts in controversy: Whether Claimant is entitled to additional medical treatment.
5. Legal issues involved: See # 4 above and 42-15-60(B)(3).
6. Unusual aspects: _____
7. Witnesses (designate if expert):* Claimant and Employer Representative
8. Exhibits: _____
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Please see APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Please see APA submissions
11. Impairment rating(s); body part(s); physician and date of opinion: Claimant was released from care on 12/23/2016. Claimant has not received authorized medical treatment since that date.
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 Dana Dixon, 3420 Park Road, Room 216, Charlotte, North Carolina 28206 on the 31st day of May 2019, 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: *Erin Farthing* Email: EFARTHING@saf.sc.gov
Date of hearing: June 11, 2019 at 12:00p.m. - Commissioner Campbell Time needed for hearing: 30 minutes

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)

BEFORE THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Dana Dixon,)
Claimant,)
vs.)
SC Dept of Mental Health,)
Employer,)
and)
State Accident Fund,)
Carrier/Defendants.)

WCC File No. 1623303

NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORT(S)/
PHYSICIAN OR OTHER EVIDENCE
TO BE INTRODUCED ON BEHALF
OF DEFENDANTS

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND DANA
DIXON, PRO-SE CLAIMANT:

YOU ARE HEREBY NOTIFIED that the Defendants, pursuant to the provisions of the SC
Workers' Compensation Act and SC Code Section 1-23-330 (1976, as amended), herewith
submits the following reports/physician or other evidence on behalf of the employer/carrier, to wit:

ITEM NUMBER	NAME OF REPORT(S)/ PHYSICIAN OR OTHER	DATE OF REPORT(S)	PAGE NUMBERS
1	Providence Hospital	4/21/08 – 3/7/17	1 - 64
2	Palmetto Health Richland	12/23/16	65 – 67

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.

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photocopies received from said physicians/others, will be submitted at the hearing as evidence on
behalf of the employer/carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the
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Dana Dixon, Claimant, any witnesses called by Claimant and Employer Representative
and/or coworkers


Erin Farthing, Esquire
FOR: State Accident Fund

Columbia, SC
May 31, 2019.

STATE OF SOUTH CAROLINA)

COUNTY OF RICHLAND)

Dana Dixon,)
Claimant,)

vs.)

SC Dept of Mental Health,)
Employer,)

and)

State Accident Fund,)
Carrier/Defendants.)

BEFORE THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

WCC File No. 1623303

CERTIFICATE OF SERVICE

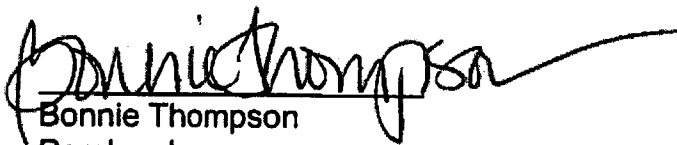
I hereby certify that a copy of the foregoing Pre-Hearing Brief, Notice of Witnesses and Written Medical Reports, and a copy of the medical reports in the case have been served upon the following on this 31st day of May, 2019, by placing a copy in the U.S. Postal Service addressed to:

VIA REGULAR AND CERTIFIED MAIL

Dana Dixon
3420 Park Road, Room 216
Charlotte, North Carolina 28209

Uploaded to:

The Honorable Michael Campbell
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715



Bonnie Thompson
Paralegal
State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000



South Carolina State Accident Fund

Henry D. McMaster
Governor

Amy V. Cofield, Esq.
Director

OCT 8th, 2019

The Honorable Susan Barden
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: Dana Dixon v. SC Dept of Mental Health
WCC File Number: 1623303
SAF File Number: 2016-4177

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I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Dana Dixon, 3420 Park Road, Room 216, Charlotte, North Carolina 28206 and danadixon247@gmail.com on the 8th day of October 2019, 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] Email: EFARTHING@saf.sc.gov
Date of hearing: October 18, 2019 at 11:00 a.m. - Commissioner Barden Time needed for hearing: 30 minutes

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.*
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STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

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SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

Dana Dixon,)
Claimant,)

WCC File No. 1623303

vs.)

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Employer,)
and)

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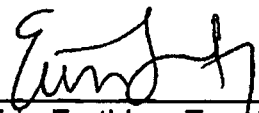
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Dana Dixon, Claimant, any witnesses called by Claimant and Employer Representative and/or coworkers


Erin Farthing, Esquire
FOR: State Accident Fund

Columbia, SC
10/18, 2019.

STATE OF SOUTH CAROLINA)

COUNTY OF RICHLAND)

Dana Dixon,)
Claimant,)

vs.)

SC Dept of Mental Health,)
Employer,)
and)

State Accident Fund,)
Carrier/Defendants.)

BEFORE THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

WCC File No. 1623303

CERTIFICATE OF SERVICE

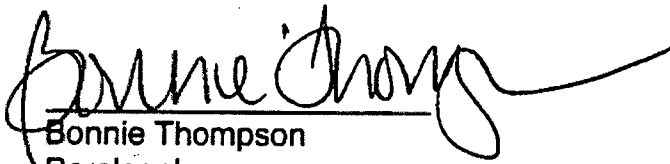
I hereby certify that a copy of the foregoing Pre-Hearing Brief, Notice of Witnesses and Written Medical Reports, and a copy of the medical reports in the case have been served upon the following on this 8th day of October, 2019, by placing a copy in the U.S. Postal Service addressed to:

VIA EMAIL danadixon247@gmail.com AND CERTIFIED MAIL

Dana Dixon
3420 Park Road, Room 216
Charlotte, North Carolina 28209

Uploaded to:

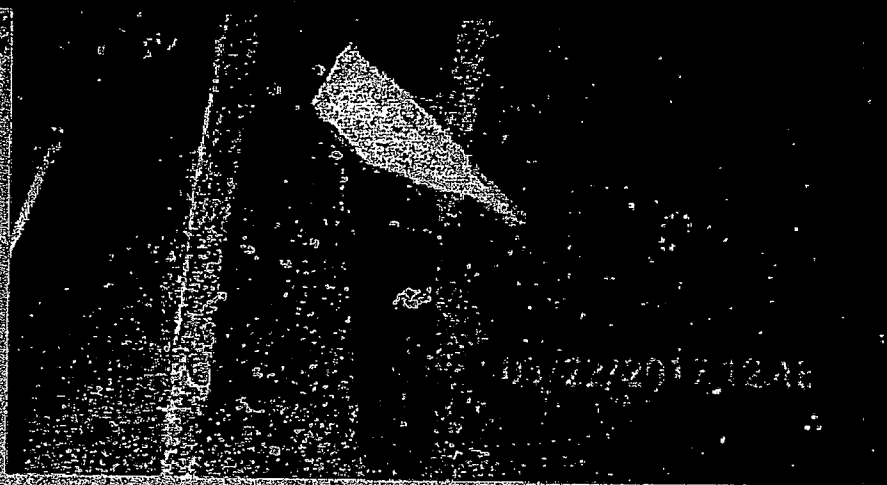
The Honorable Susan Barden
SC Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715



Bonnie Thompson
Paralegal
State Accident Fund
P.O. Box 102100
Columbia, SC 29221-5000

GEICO

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EXHIBIT
1
PENGAD 800-831-8888



GEICO

LOG OUT



10/17/2017 12:52



12:37

EXHIBIT
2
PERIOD NO. 451-989

GEICO



EXHIBIT
3

FENGAD 800-651-6888

CAROLINA OCCUPATIONAL HEALTHCARE, LLC

1715 BLANDING ST., COLUMBIA, SC 29201

Corvel Scan Date: 4/4/2017
(P) (803) 799-3825 (F) (803) 256-7096

PATIENT INFORMATION

DXON, DANA, L

RETURN TO WORK STATUS

Employer: SC DEPT OF MENTAL HEALTH SS# 251-31-0505
OCCUPATION/JOBDESC: CNA

Diagnosis: S46.911A S66.119A

DATE OF INJURY 1/31/2017

Case # 2014

Authorization # 28021743039752

ASSESSMENT:

1) R Shoulder strain
2) R Wrist, forearm strain

PLAN, WORKUP & DATA:

finish cefepime Dr. Alleva bid MRI due to chronicity

1. Medications

- ☐ Write / Dispense prescription medication(s)
- ☒ Continue current prescribed medication(s) unchanged
- ☐ Change previously prescribed medication(s)
- ☐ Discontinue previously prescribed medication(s)

2. Physical Therapy

- ☐ New / Change Order
- ☐ Reviewed PT results / treatment update
- ☒ Continue PT order(s)
- ☐ Discontinue PT

3. Radiology

- ☐ XRAYs ordered
- ☒ MRI ordered
- ☐ Reviewed Xrays / MRI done at another facility
- ☐ Consulted with MD re: Xrays / Treatment (see Xray report)

4. Labs

- ☐ Tests ordered or reviewed

5. Records

- ☐ REQUESTED
- ☐ Reviewed Previous Records

6. Tests, Screening, Data Reviewed

- ☐ EKG
- ☐ SPIROMETRY (PFT)
- ☐ AUDITORY
- ☐ VISION

7. MD Orders for (employer requested)

- ☐ 5 Panel Drug Screen
- ☐ 10 Panel Drug Screen
- ☐ Breath Alcohol Test

8. NEXT VISIT

- ☐ RETURN IN _____ DAYS
- ☒ RETURN AFTER MRI
- ☐ NONE, PATIENT DISCHARGED
- ☐ PATIENT REFERRED TO _____

RETURN TO WORK STATUS

- ☐ RETURN TO WORK WITH NO LIMITATIONS FOR CURRENT OCCUPATION
- ☐ RETURN TO WORK WITH NO LIMITATIONS FOR LIGHT DUTY
- ☐ UNABLE TO RETURN TO WORK UNTIL ...
- ☐ RELEASED FROM CARE
- ☐ REFERRED FOR SPECIALTY EVALUATION TO ...
- ☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS ...

Additional Information:

LIMITATIONS ☐ See EMPLOYER'S Limitation / RTW page

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
- ☐ NO PROLONGED BENDING, STOOPING, SQUATTING
- ☐ NO LIFTING MORE THAN 5 POUNDS
- ☐ NO USE OF overhead use R arm
- ☐ SIT FOR NO LONGER THAN _____ HOURS PER 8 HR WORKDAY

- ☐ STAND FOR NO LONGER THAN _____ HOURS PER 8 HR WORK DAY
- ☐ WALK FOR NO LONGER THAN _____ HOURS PER 8 HR WORK DAY
- ☐ ALTERNATE SITTING, STANDING & WALKING - FOR COMFORT
- ☐ OTHER RESTRICTIONS / RECOMMENDATIONS (use space above)
- ☐ SEE CONTINUATION PAGE WC-5

No repetitive use R arm

PHYSICIAN SIGNATURE

John Hynes MD

PHYSICIANS: MITCHELL HEGQUIST, MD/

THOMAS MOTYCKA, MD/

☒ JOHN HYNES, MD/

H.W. BLEDSOE, MD/

DATE 3/6/17

CHECK OUT TIME 4:10

INITIALS: *JD*

Next Appointment Date / Time

MRI

FAXED

MAR 06 2017

BY:

WC-4

237

1
Name: DIXON, DANA L
Phys: Gibbs, Mykenzi Alexis FA
DOB: 01/15/1967 Age: 52 Sex: F
Acct: E10000544469 Loc: UNK
Exam Date: 03/07/2017 Status: UNK
Radiology No:
Unit No: Z000052510

EXAM#	TYPE/EXAM	RESULT
001906182	RAD/SPINE CERVICAL COMPLETE	

CERVICAL SPINE, DATED 3/7/17

INDICATION: Neck pain

FINDINGS: Five views of the cervical spine show degenerative changes. No fracture or subluxation is noted. Odontoid and prevertebral soft tissues are unremarkable.

CONCLUSION:
Cervical spondylosis.

** REPORT ELECTRONICALLY SIGNED 03/07/2017 (1552) **
Reported By: J. EDSSEL GARRICK, M.D.
Signed By: GARRICK, J EDSSEL

CC:

Technologist: Job Stringfellow, RT
Dictated Date/Time: 03/07/2017 (1530)
Transcribed Date/Time: 03/07/2017 (1531)
Transcriptionist: WALDRORS
Printed Date/Time: 03/11/2019 (0750)

PAGE 1

Archived Report Printed From PC1

RUN DATE: 03/11/19
RUN TIME: 0751
RUN USER: CARTERJS

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 1

Patient: DIXON, DANA L Acct No.: E10000544469 Unit No.: 2000052510
ED Physician: Hayes, Michael Thomas MD Age/sex: 50/F Loc: E.ED
Chief Complnt: Neck Pain Status: DEP ER

03/07/17 - 1426 - WILLIAMS, ADEIRE L, RN

-----EMERGENCY DEPARTMENT TRIAGE ASSESSMENT-----

Patient Age: 50 Have you, or close family members, traveled outside the N
Mode of Arrival+: AMBULATORY country (affected Ebola/Ebola areas) w/in the past 21 days:
Accompanied By+: NONE If yes, has the Physician been notified:
Primary Doctor: Physician name:
Focused Assessment of Stated Complaint: -----Treatment Prior To Arrival-----
MVC ON SUNDAY, RESTRAINED DRIVER AND HIT CAR FROM Y/N/U: N O2: IV: FBP:
BEHIND AND LEFT SIDE. NECK AND LOWER BACK PAIN. Meds:

---SCREENING QUESTIONS---

Is pat. at risk for Self-harm and/or presents with a psychiatric or behavioral complaint: N
-----Vital Signs-----

Blood Pressure: 156/86 Height - Feet: 5 Inches: 6 Cm: 167.64
Pulse: 86 SPO2 (s): 97 Weight - Lb: 195 Oz: 0 Kg: 88.452
Respirations: 17 On Room Air: Y Wt. Obtained+: ACTUAL
Temperature: 98.4 on: -----Visual Acuity-----
Temp Source+: OPL Viat+: LPM O2 R Eye: L Eye:

-----Initial Pain Assessment-----

Pain: Y Is Pt Pregnant: N
Pain Location+: NECK IMP:
Pain Scale: 6 EDC:
Radiation: Gravidia:
Pain Description+: ACHING Para:
Onset: Timing+: CON Abortions:

----Tuberculosis Screening-Symptoms and History----

Fever: N Unexplained weight loss: N
Night sweats: N Persistent cough > than 3 wks: N
Bloody sputum: N Exposure to TB within last 3 mths: N
Hx. Positive PPD: N Chest xray to rule out TB: N

----Immunizations----

Immunizations UTD:
Hepatitis B: Y
Tetanus (Within 5 Yrs): Y

Has the pt. had an influenza vaccination prior to this adm., but during this flu season: Y
Has the patient received the pneumococcal vaccine at anytime in the past: N

Medical History: HTN/CHRONIC PAIN, BACK INJURY

Previous Surgeries:

----- Patient Transport -----

How is patient transported+: A AMBULATORY

IV/O2/Monitor required+: NONE

Assign Triage Priority Now: Y

Triage - Additional Comments:

Triage Interventions Performed:

Triage Assessment Complete:

-----Triage Interventions-----

Ice Pack: Elevation: Pressure Applied: Tetanus Given: Location+:
Tylenol Given: Motrin Given: Dose:

Comment:

RUN DATE: 02/11/19		Providence Hospital EIM **LIVE**		PAGE 1	
RUN TIME: 0751		Assessment Data			
RUN USER: CARTERGS					
Patient: DIXON, DANA L		Acct No.: E10000544469		Unit No.: 2000052510	
ED Physician: Hayes, Michael Thomas MD		Age/sex: 50/F		Loc: E.ED	
Chief Complnt: Neck Pain		Status: DEP ER			
03/07/17 - 1606 - WINDHAM, JASON M, RN					
INT/IV Discontinued: NA		Goals For Visit (Select All That Apply)+:			
Catheter Intact:		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 Reason:			
Blood Pressure:	Pulse:	Respirations:	Temperature:	Pain Scale:	

51
240

RUN DATE: 03/11/19
RUN TIME: 0751
RUN USER: CARTERJS

Providence Hospital EDM **LIVE**
Assessment Data

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ED Physician: Hayes, Michael Thomas MD Age/sex: 50/F Loc: E.ED
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[REDACTED]

03/07/17 1439 WILLIAMS, ADRIAN L, RN

RUN DATE: 03/11/19
RUN TIME: 0751
RUN USER: CARTERGS

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 1

Patient: DIXON, DANA L

Acct No.: E10000544469 Unit No.: 2000052510

ED Physician: Hayes, Michael Thomas MD

Age/sex: 50/F

Loc: E.ED

Chief Complnt: Neck Pain

Status: DEP BR

03/07/17 - 1443 - WINTER, KELLY D, RN

-----HENDRICH II FALL RISK MODEL-----

(A score of 5 or greater = High Risk)

RISK FACTORS

POINTS

Confusion/Disorientation/Impulsivity: N : 0

Symptomatic Depression: N : 0

Altered Elimination: N : 0

Dizziness/Vertigo: N : 0

Gender (Male): N : 0

Any Administered Antiepileptics (anticonvulsants): N : 0

Any Administered Benzodiazepines: N : 0

---GET UP AND GO TEST: 'RISING FROM A CHAIR'---

Answer the one (1) most appropriate below with 'Y'.

Able to Rise in a Single Movement-No Loss of Balance with 2-3 Steps Noted: Y : 0

Pushes Up, Successful in One Attempt: N : 0

Multiple Attempts but Successful: N : 0

Unable to Rise Without Assistance During Test: N : 0

(OR if a medical order states the same and/or complete bed rest is ordered)

TOTAL SCORE: 0

Patient placed on Fall Prevention Program: N

Patient has a history of falls within the last 30 days: N <File>

-----Fall Prevention Program-----

Bed in low position with brakes on:

Personal items and call bell within reach:

Use of non-skid footwear with ambulation:

Non-skid footwear color:

Side Rails Up+:

Education: Pt/family teaching provided for Fall Prevention:

Comment:

RUN DATE: 03/11/19
RUN TIME: 0751
RUN USER: CAPTEHGS

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 1

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Acct No.: E19000544469 Unit No.: 2000052510

ED Physician: Hayes, Michael Thomas MD

Age/sex: 50/F

Loc: E.ED

Chief Complai: Neck Pain

Status: DEP ER

03/07/17 - 1443 - WINTER, KELLY D, RN

-----EMERGENCY DEPARTMENT SYSTEM ASSESSMENTS-----

To view normal patterns for a system, press the

Shift+FS keys together when the cursor is in the block

Cardiovascular: Normal Pattern:	Neurological: Normal Pattern:
Gastrointestinal/Nutritional: Normal Pattern:	Respiratory: Normal Pattern:
Genitourinary/Reproductive: Normal Pattern:	SBNT: Normal Pattern:
Integumentary/Musculoskeletal: Normal Pattern:	Psycho/Social: Normal Pattern:

Is patient under 18 years of age: N

Tobacco Use+: NONE	Alcohol: N	Substance Abuse: N
Packs/Day:	Frequency+:	Frequency+:
Number of Years:	Amount+:	

---SCREENING QUESTIONS---

Any Type of Suspected Abuse: N
Any Medical/Educational Barriers Present: N
Medical History: HTN/CHRONIC PAIN, BACK INJURY
Previous Surgeries:
Patient Belongings Charted: Y
ID Band on: Y
Call Light within reach: Y
Safety Rails Up: Y Has Room Assignment Been Charted: Y
Please Answer Yes or No to the Above System Assessments.
If You Answer No, the Individual System Assessment Screen
Will 'Pop-Up' for Documentation.

-----CARDIOVASCULAR-----

Heart Sounds+:	Pulses
	Pulses 3+ or > Palp in All Extremities:
EKG Rhythm+:	Right Dorsalis Pedis+:
	Right Femoral+:
	Right Radial+:
	Left Dorsalis Pedis+:
	Left Femoral+:
	Left Radial+:

Capillary Refill < 3 sec in All Extremities:
Left Upper Extremity+:
Left Lower Extremity+:
Right Upper Extremity+:
Right Lower Extremity+:
JVD: Peripheral Edema:

Edema Location:

Additional Information:

-----GASTROINTESTINAL-----

Abdomen+:
Tender on Palpation:
Bowel Sounds Active X 4:
Left Upper Quadrant+:
Left Lower Quadrant+:
Right Upper Quadrant+:
Right Lower Quadrant+:

RUN DATE: 03/11/19
RUN TIME: 0751
RUN USER: CARTERGS

Providence Hospital EDM **LIVE**
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PAGE 2

Patient: DIXON, DANA L Acct No.: E10000544469 Unit No.: 2000052510
ED Physician: Hayes, Michael Thomas MD Age/sex: 50/F Loc: E.ED
Chief Complnt: Neck Pain Status: DEP ER

Times N/V Last 24 Hours:
Times Diarrhea Last 24 Hours:
Appetite+:
Stool Pattern+:
Last Bowel Movement:
NG/Feeding/PEG Tube:
Type+:
Site+:

-----GENITOURINARY-----

Incontinence: Vaginal Discharge:
Ileoconduit: Vaginal Bleeding:
Urine+: Breast Problem:
Prostate Problem:
Color+: Genitalia Problem:
Foley: Is Pt Pregnant:
Size: Wks. Gestation:
Patent and Draining Urine: FHT:
Additional Information:

-----MUSCULOSKELETAL-----

Extremity Movement+: Splint/Support:
Affected Extremity+: Type:
Muscle Contractures+: Location:
Muscle Cramping+:
Muscle Spasm+:

-----INTEGUMENT-----

Skin Temp+: Skin Integrity+:
Moisture+:
Color+: Mucous Membranes+:
Turgor+:

---Wound/Injury---

Wound Present: Injury Present: Y
Wound Type+: Injury Type+: PAIN
Bleeding+:
Location+: Location+: NECK
Additional Information: MVC

-----NEUROLOGICAL-----

Level of Responsiveness+: Pupil Size L (mm): Speech+:
Pupil Reaction Left+: Tongue Position+:
Pupil Size R (mm): Pattern of Movement+:
Does NOT Respond to+: Pupil Reaction Right+:
Cognition+:
Right Grip+:
Left Grip+:

Additional Information:

-----RESPIRATORY-----

Respirations+:
Breath Sounds Clear X4:
Right Upper Lobet+:
Right Mid Lobet+:
Right Lower Lobet+:
Left Upper Lobet+:
Left Lower Lobet+:

RUN DATE: 03/11/19
RUN TIME: 0751
RUN USER: CARTERJJ

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 3

Patient: DIXON, DANA L Acct No.: E10000544469 Unit No.: 2000052510
ED Physician: Hayes, Michael Thomas MD Age/sex: 50/F Loc: E.ED
Chief Complnt: Neck Pain Status: DEP BR

Cough+:
Sputum Color+:
Sputum Amount+:
Additional Information:

-----EARS/EYES/NOSE/THROAT ASSESSMENT-----

Ears+: Eyes+: Nose+: Throat+:
Comment:

-----PSYCHO/SOCIAL ASSESSMENT-----

Anxious: Flat Affect:
Angry: Homicidal:
Aggressive: Hostile:
Crying: Labile:
Demanding: Suicidal:
Depression History: Suicidal Ideation:
Additional Information:

---AGE GROUP 0-18 MONTHS---

Nasal Flaring: Head Circ. (cm): Right Brachial+:
Grunting Noted: Fontanelst+: Left Brachial+:
Retractions+:

Birth Weight (kgs):

---ALL PEDIATRIC AGE GROUPS (AGE 0-18 YEARS)---

Seizure: Tears Present:
Type+: Age App. Behavior:
Duration:

-----Abuse/Neglect Screening-----

Assault/Abuse+: Who Notified+: Time Notified:
Name Of Person Notified:

-----Medical/Educational Assessment-----

Independent ADL's:
Barriers and Impairments+:
Describe:

-----BELONGINGS CHECKLIST-----

Clothing: Cat PTA: Shirt: Sweater: Pants:
Underwear: Socks/Hose: Robe:
Accessories: Coat: Shoes: Hat/Cap: Gloves:
Purse/Wallet: \$: Keys:
Jewelry: Ring: Necklace: Watch: Bracelet:
Other:
Misc.: Glasses: Contacts: Hearing Aid: Walker/Cane:
Dentures: Upper Plate: Lower Plate: Partial Bridge:
Disposition of Belongings: Patient: Family: Security:
Other - Name:
Other:

RUN DATE: 03/11/19		Providence Hospital EDM **LIVE**		PAGE 1
RUN TIME: 0751		Treatment Data		
RUN USER: CARTERS				
Patient: DIXON, DANA L		Acct No.: E10000544469		Unit No.: 200005251C
MD Physician: Hayes, Michael Thomas MD		Age/sex: 50/F		Loc: E.ED
Chief Complnt: ~~Neck Pain~~		Status: DEP ER		
03/07/17 - 1443 - WINTER, KELLY D, RN				
Hourly rounding note: MOVED TO UC 4				
03/07/17 - 1546 - WINTHAM, JASON M, RN				
Hourly rounding note: pt updated. waiting on xray results.				

PAGE 1

Patient: DIXON, DANA L

Acct No.: 510000544469 Unit No.: 2000052510

ED Physician: Hayes, Michael Thomas MD

Age/sex: 50/F

Log: E, ED

Chief Complaint: ~~Back Pain~~

Status: DEP ER

Patient may return to School and/or Work on : .

Additional Comments:

Hayes, Michael Thomas MD

03/07/17

GIBBS, MYKENZI A

RUN DATE: 03/11/19
RUN TIME: 0751
RUN USER: CARTERGS

Providence Hospital EDM **LIVE**
Transition Record

PAGE 1

Patient: DIXON, DANA L Acct No.: E10000544469 Unit No.: Z000052510
ED Physician: Hayes, Michael Thomas MD Age/sex: 52/F Loc: E.ED
You were seen in the ER on 03/07/17 for: ~~Neck Pain~~

Orders and Treatments

To protect your privacy, remote images are blocked in this message.

[Display Images](#)

Case Manager:

Claimant Name:

Date of Injury: _____

Provider:

Physician:

Address:

City:

Phone:

Date of Visit:

Body Part/Diagnosis:

Assessment:

Plan of Treatment:

Work Status:

Test Ordered:

RX Written:

MEDICAL EVENT REPORT FOR: Dana Dixon

Trisha Strickland

Authorization Number:

31011754258927 *

Dana Dixon

SSN:

- 1/31/2017 6:05

Date of Birth:

1-15-1967

Carolina Occupational Health Center

1715 Blanding Street

Columbia SC 29201

803-799-3926

1/31/2017

Initial Visit work comp Right FA State Accident Fund PO Box
102100 Columbia, SC 29221-5000 NCM: Raquel Fowler P: 877-709-
2667 F: 877-710-2667

Referrals:

Next Appt:

RECEIVED

MAR 18 2020

SC WORKERS' COMPENSATION

Compendium Services Inc.

MEDICAL EVENT REPORT FOR: Dana Dixon

Case Manager:

Raquel Fowler

Authorization Number:

09021743039255

Claimant Name:

Dana Dixon

SSN:

Date of Injury:

1/31/2017 6:05

Date of Birth:

1-16-1967

Provider:

Carolina Occupational Health Center

Physician:

Address:

1715 Blanding Street

City:

Columbia SC 29201

Phone:

803-799-3926

Date of Visit:

* 2/17/2017

Body Part/Diagnosis:

Assessment:

WC authorization # 09021743039255

Plan of Treatment:

Work Status:

Test Ordered:

RX Written:

Referrals:

Next Appt:

RECEIVED

MAR 13 2020

SC WORKERS' COMPENSATION

2/10/2017 9:21 AM

CAROLINA OCCUPATIONAL HEALTHCARE, LLC

1715 BLANDING ST., COLUMBIA, SC 29201

(P) (803) 799-3926 (F) (803) 259-7996

Corvel Scan Date: 4/4/2017

PATIENT INFORMATION

DIXON, DANA, L

DATE: 3-23-17

TIME: 9:52

TECH: JT

SS# 251-31-0505

DATE OF INJURY 1/31/2017

OCCUPATION/JOB DESC: CNA

Case # 2014

☐ New Injury ☐ Follow Up

VITALS: HEIGHT: 66

IN.

WEIGHT: 202

LBS

PULSE: 86

BPM

BP 130

189

CC Rt wrist is fine

PMH See WC-1, dated 1-31-17

NKDA ☒ or list of Allergies:

CURRENT MEDICATIONS

TETANUS IMMUNIZATION STATUS:

UTD

UNKNOWN

RECOMMENDED ☒

OTHER IMMUNIZATION INFO:

PFH (Family Medical Hx)

☒ Reviewed, See WC-1. Comments: diabetes, hbp, cancer, hcd

PSH ☒ Reviewed, See WC-1

☒ CURRENT Tobacco USER

☐ NON-Smoker

WORKED for Current Employer

2465

RECEIVED

FEB 22 2018

☐ All other systems reviewed and are negative/non-contributory.

SC WORKERS' COMPENSATION

HPI (Location-Quantity-Severity-Duration-Timing-Context-Modifying factors - Assoc S & S)

State no problem to flexion

on elbow. Occ pain ventral wrist to distal forearm.

No paresthesia, No sensory/motor changes.

(Also mention contact @ shoulder pain)

☐ See CONTINUATION PAGE (WC-5)

PHYSICAL EXAMINATION:

o - Neck comfortable, NAD

o - Wrist: NT dorsal aspect, FADOM, minimally tender to deep palpation of ventral aspect, grip 5/5 sensory/motor intact

☐ See CONTINUATION PAGE (WC-5)

ASSESSMENT & PLAN: See RETURN TO WORK STATUS

PHYSICIAN SIGNATURE

[Signature]

DATE 3-23-17

PHYSICIANS: MITCHELL HEGQUIST, MD/

THOMAS MOTYCKA, MD/

JOHN HYNES, MD/

H.W. BLEDSOE, MD/

FAXED

MAR 23 2017

WC-3

2017/FEB/23/THU 12:53

P. 001/001

Carolina Occupational Healthcare, LLC1715 BLANDING STREET
COLUMBIA, SC 29201
www.CarolinaOH.com**PHYSICIAN'S ORDER - PHYSICAL THERAPY REFERRAL**TO: Careia
ATTN: _____
FAX #: _____
PHONE: _____FROM: Referrals email CONTACT@CarolinaOH.com
DATE: 2/20/2017
FAX #: (803) 256-7896
PHONE: (803) 799-3926**Patient Information**Name: DANA L. DIXONDOB: 01/15/1967 Age: 50 Sex: Female
(H) (C) (470) 422-0591 W (803) 737-6300SSN: 251-31-0505Pt Address: 2700 FEATHER TRAIL RUN APT H-10
WEST COLUMBIA, SC 29169Employer: SC DEPT OF MENTAL HEALTH

Emp Phone: _____

PT Practice Referred to: _____

Office: _____

Case InformationDOI: 1/31/2017Case Description: RIGHT HAND/WRIST/FOREARM STRAIWC Ins SC STATE ACCIDENT FUNDWC Ins Phone: 896-5800

Claim #: _____

Adjuster / Case Mgr: Tasha SANCYANDPhone 877-709-2167FAX 816-488-8882

EMAIL: _____

☒ YES **REFERRAL APPROVED** BY - DATE - TIME: 2-21-17 @ 6 by RAQUELFOWLER-NCNDiagnosis: M77.11REFERRING PHYSICIAN'S SIGNATURE ON FILE: THOMAS J. MOTYCKA MDNPI: 1073823415**CAROLINA OCCUPATIONAL HEALTHCARE, LLC**1715 BLANDING STREET
COLUMBIA, SC 29201
PHONE: (803) 799-3926
FAX: (803) 256-7896MITCHELL H. HESQUIST, MD 8H8871714
CHARLES W. BOYTER, JR., MD 8H1518977
THOMAS J. MOTYCKA, MD 8M3042888
JOHN D. HYNES, MD 8H2670289
JEFFERY FORD, MD 8F4493994
MARIA MODESTO, MD 8M0307808Patient Name: DIXON, DANA L.

Address: _____

Date: 2-17-2017R. P.T. referral Cervical
nerve elbow lateral epicondylitisplease eval & tx - add physiotherapy to treatment☐ unless checked, label with drug nameRefill 0 times (No refill unless indicated)

M.D.

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

RECEIVED**MAR 13 2020**Joint responsibility for compensation
to release the
Rule, which we have been
nt or as required by law.This transmittal is
the intended recip
contents of the

Printed On: 2/20/2017

Page: 1

152

CAROLINA OCCUPATIONAL HEALTHCARE, LLC

1715 BLANDING ST., COLUMBIA, SC 29201

(P) (803) 766-3426 (F) (803) 255-7886

Corvel Scan Date: 3/8/2017

803 737 5423

RETURN TO WORK STATUS

PATIENT INFORMATION

DIXON, DANA, L

SS# 251-31-0505

DATE OF INJURY 1/31/2017

Case # 2014

Employer: SC DEPT OF MENTAL HEALTH OCCUPATION/JOB DESC: CNA

Authorization # 21021743039592

Diagnosis: M77.11

ASSESSMENT

1) R shoulder strain
2) R flexor tendon strain - wrist

PLAN, WORKUP & DATA:

Cotaplan 50 tid. PT

1. Medications

- ☒ Write / Dispense prescription medication(s)
☐ Continue current prescribed medication(s) unchanged
☐ Change previously prescribed medication(s)
☐ Discontinue previously prescribed medication(s)

2. Physical Therapy

- ☐ New / Change Order
☐ Reviewed PT results / treatment update
☒ Continue PT order(s)
☐ Discontinue PT

3. Radiology

- ☐ XRAYs ordered
☐ MRI ordered
☐ Reviewed Xrays / MRI done at another facility
☐ Consulted with MD re: Xrays / Treatment (see Xray report)

4. Labs

- ☐ Tests ordered or reviewed

5. Records

- ☐ REQUESTED
☐ Reviewed Previous Records

6. Tests, Screening, Data Reviewed

- ☐ EKG
☐ SPIROMETRY (PFT)
☐ AUDITORY
☐ VISION

7. MD orders for (employer requested)

- ☐ 5 Panel Drug Screen
☐ 10 Panel Drug Screen
☐ Breath Alcohol Test

8. NEXT VISIT

- ☒ RETURN IN 7-10 DAYS
☐ RETURN AFTER _____
☐ NONE, PATIENT DISCHARGED
☐ PATIENT REFERRED TO _____

RETURN TO WORK STATUS

- ☐ RETURN TO WORK WITH NO LIMITATIONS FOR CURRENT OCCUPATION
☐ RETURN TO WORK WITH NO LIMITATIONS FOR LIGHT DUTY
☐ UNABLE TO RETURN TO WORK UNTIL ...
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO ...
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS ...

Additional Information:

LIMITATIONS ☐ See EMPLOYERS Limitation / RTW page

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPING, SQUATTING
☐ NO LIFTING MORE THAN 5 POUNDS
☒ NO USE OF negative force use of arm
☐ SIT FOR NO LONGER THAN _____ HOURS PER 8 HR WORKDAY

- ☐ STAND FOR NO LONGER THAN _____ HOURS PER 8 HR WORK DAY
☐ WALK FOR NO LONGER THAN _____ HOURS PER 8 HR WORK DAY
☐ ALTERNATE SITTING, STANDING & WALKING - FOR COMFORT
☐ OTHER RESTRICTIONS / RECOMMENDATIONS (use space above)
☐ SEE CONTINUATION PAGE WC-5

PHYSICIAN SIGNATURE

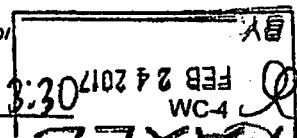
Mitchell H. Hegquist

DATE 2-24-17

PHYSICIANS: MITCHELL HEGQUIST, MD/ THOMAS MOTYCKA, MD/ JOHN HYNES, MD/ H.W. BLEDSOE, MD/

CHECK OUT TIME 4:40 INITIALS: *J*

Next Appointment Date / Time 03-06-17 @ 3:30



ONE CALL CARE DIAGNOSTICS Patient Scheduling Notification

20 Waterview Blvd. P.O. Box 614 Parsippany, New Jersey 07054-0614

TEL (800) 872-2875 FAX 1-877-922-3992

Fax Date: Monday March 20, 2017

To Referring Physician: JOHN HYNES

Fax #: (803)256-7896

One Call Care Diagnostics has scheduled the following patient:

Patient: DANA L DIXON

Claim Number: OCMP01449102

Date of Injury: January 31, 2017

Date of Birth: January 15, 1967

Please fax the Medical Order to:

Provider: PALMETTO IMAGING- DOWNTOWN

1331 LADY STREET

COLUMBIA, SC 29201

Phone: (803)256-7646

Fax: (803)936-9202

Procedure

Scheduled Date and Time

MRI ANY JOINT UPPER EXTREMITY WITHOUT CONTRAST - RIGHT SHOULDER

03/21/2017 09:45 AM *AE*

Notes Sent to the Provider:

PATIENT TO HAND CARRY CD
PLEASE PROVIDE IW WITH IMAGES

If you have any questions, please contact us at referrals@onecallcm.com or call us at 800-872-2875, 8AM - 8PM EST.
One Call Care Diagnostics - The Connection to Quality <http://www.onecallcm.com>

Sincerely,

BRIONNA
JORDAN

OCCM Service Consultant

NOTICE OF PRIVILEGE AND CONFIDENTIALITY

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RECEIVED

MAR 13

SC WORKERS COMP

Richland Memorial Hospital

Service Date: 12/23/2016 *

Attending Physician: Zachary L.

Hardy M.D. *

I received medical record from
the Hospital. There are only 43
pages.

RECEIVED
MAR 13 2020
WORKERS' COMPENSATION

Providence Northeast;

Date of Service: 03/07/2017 *

Physician: Thomas Michael Hayes, MD *

Medical record pages are the Defendants

Numbered pages: 34, 35, 36, 37, 38, 39, 40, 41,

42, 43, 44, 45, 46, 52, 53, 54, 55, 56, 57, 58,

59, 60, 61, 62, 63, 64, 47, 48, 49, 50, 51

(34-64)

RECEIVED
MAR 13 2020

SC WORKERS' COMPENSATION

RECEIVED
MAR 13 2020

SC WORKERS' COMPENSATION

Palmetto Health Richland

Date of Service: Do not contain date.

Attending Physician: Ada D. Stewart *

There are only 2 pages.

And not numbered.

RECEIVED

MAR 13 2020

SC WORKERS' COMPENSATION

Providence Hospital

Service Date: 04/21/2008

Attending physician: Dana Bawli

Not a Complete Medical Record!

4 pages Only-Defendants pages

2, 3, 5, 6.

RECEIVED

MAR 13 2020

SC WORKERS' COMPENSATION

Providence Hospital

Service Date: 04/10/2013

Attending Physician: Luis Jose *
Gonzalez, M.D.

Defendants numbered pages are
7-33 for this medical record.

* And the Defendants didn't sub-
mitt medical records from Baptist
hospital. *

The Defendant Combined all medical
records

received together. And re-numbered
pages. (All)

05/08/2003 07:56 FAX

002/002



SISTERS OF CHARITY PROVIDENCE HOSPITALS

(PRINT IN CAPITAL LETTERS)

DIXON DATA L
A# E00112464656 WZ000052510
05/07/08 F 41 01/18/07
Rev1, Date Br.

PHYSICAL THERAPY INITIAL PLAN OF CARE

Onset Date: 4/10/08 Begin Date: 5/7/08
Primary Diagnosis: Back Pain Prior hospitalization (for current episode): 1/08 N/A
Treatment Diagnosis(es): Back Pain Physician: Dr. Dana Rowland
Rehab Potential: Excellent Good ✓ Fair Certification Period: From 5/7/08 to 4/7/09

PATIENT PROBLEMS (Reason for Referral)

☒ Pain in <u>LB</u>	☐ Endurance	☐ Functional activity	☐ Contracture of
☐ Postural mobility	☐ Respiratory capacity	☐ Improper body mechanics	☐ Release of
☐ <u>110°/R UE ROM</u>	☐ Balance	☐ Transfer status	☐ Other
☐ <u>110°/L UE ROM</u>	☐ Dysequilibrium	☐ <u>110°/R mobility</u>	☐ Other
☐ <u>110°/R ROM</u>	☐ Postural dysfunction	☐ <u>Stitch breakdown</u>	☐ Other
☐ <u>110°/R UE strength</u>	☐ Coordination	☐ Atrophy	☐ Other
☐ <u>110°/L UE strength</u>	☐ Fine motor/dexterity	☐ Visual Perception	☐ Other
☐ <u>110°/R UE strength</u>	☐ Sensation/Proprioception	☐ Soft Tissue dysfunction	☐ Other
☐ Abnormal Gait	☐ Abnormal Tone	☐ Joint hypermobility of	☐ Other
☐ Difficulty ambulating	☐ Abnormal Movement	☐ Joint hypomobility of	☐ Other

PATIENT GOALS:

SHORT TERM GOALS:

- 5 visits - Weeks
1. 1. Pain in LB to 90° at least; 4/10 avg (vs 3-10%)
2. ↑ Flexibility (Hamstrings by 10°; 4/10 avg (vs 3-10%)
3. ↑ Trunk Bow Flex by 50%; 4/10 avg (vs 3-10%)
4. Maximize trunk strength; 4/10 avg (vs 3-10%)
5. ↑ Postural correction & body mechanics

LONG TERM GOALS:

1. To be assessed as indicated
2.
3.
4.
5.

TREATMENT PLAN: Treatment may include the following:

☒ Modalities <u>pass</u>	☐ Balance Training	☐ Flexibility/Stretching	☐ Other
☒ <u>US or EMS: HC/CP</u>	☐ Functional Mobility Training	☐ Adverse Management	☐ Other
☒ AROM/ROM	☐ ADL Training	☐ Equipment Evaluation	☐ Other
☒ Manual Therapy	☐ Posture/Body Mechanics	☐ Splinting/Orthotics	☐ Other
☒ Strengthening Exercise(s)	☐ Gross Motor Coordination	☐ Patient/Family Training	☐ Other
☐ Neuromuscular Re-educ.	☐ Fine Motor Dexterity	☐ Home Exercise Program	☐ Other
☐ Gait Training	☐ Endurance Activities	☐ Other	☐ Other

TREATMENT FREQUENCY: 5 visits (2x/week) Times/Week DURATION: Weeks 1x visit

I certify the need for these services provided under this plan of treatment while under my care.

PHYSICIAN SIGNATURE: Dana Rowland

DATE: 5/8/08

THERAPIST SIGNATURE: Jessie Baggett, PT DATE: 5/7/08

My therapist has reviewed my Plan of Care with me. PATIENT/CAREGIVER SIGNATURE: _____

RUN DATE: 03/11/19 Providence Hospital PCI **L for CARTERGS PAGE 1
 RUN TIME: 1011 PATIENT ABSTRACT
 RUN USER: CAPTEP35

NAME: DIXON, DANA L ACCT #: E00112433339

ADM DATE: 04/21/08 0934 UNIT #: 2060052510
 ATTEND PHYS: Pawl, Dana OBS PT:
 ROOM/BED: PT CLASS: OUT
 LOS: 1 FIN CLASS: SP
 DIS DATE: 04/21/08 ABS STATUS: NONE
 DIS DISP:
 PROD LINE:
 FACILITY: NEP

DEMOGRAPHICS:
 PATIENT SEX: F PATIENT RACE: BL
 MARITAL STATUS: M
 DATE OF BIRTH: 01/15/67 AGE: 41 PATIENT ZIP: 29203
 WEIGHT: lbs OZS grams

REASON FOR VISIT DIAGNOSES:

VISIT DIAGNOSES:

ORDERING DIAGNOSES:

DIAGNOSES:
 ADMIT: POA? VISIT EVENT TYPE
 PRINC:
 SECOND:

OPERATIONS:

DRG:
 DRG LOS: EXP DRG REIMS: COST WT:
 CHGS TO DATE: 230.90
 VERSION: 25 ALT.DESC.GRP:

CHARGE MASTER CPTS:							DFT
#	DATE	ALT TYPE	OV CODE	QTY	NAME	BILL PROC	GRP
1	04/21/08	CPT	Y 72070		X-RAY EXAM THORAC SPINE	728037	
2	04/21/08	HCPCS	Y 72070		X-RAY EXAM THORAC SPINE	728037	
3	04/21/08	CPT	Y 72100		X-RAY EXAM L-S SPINE 2/	728039	
4	04/21/08	HCPCS	Y 72100		X-RAY EXAM L-S SPINE 2/	728039	

CONSULTATIONS/SERVICES/SPEC CARE UNITS:

---SERVICES---
 SERVICE START DAYS SERVICE NAME

---SPECIAL CARE UNITS / LOCATIONS---

START	END	DAYS	SPEC CARE	LOCATION	NAME
1	04/21/08 0934 04/21/08	1		E.RAD	NEP RADIOLOGY

ADMISSION/REGISTRATION:
 ADMIT PRIORITY:
 ADMIT SOURCE:
 ARRIVAL MODE:
 NEWBORN ADMIT SRC:

RUN DATE: 02/06/12
 RUN TIME: 0502
 RUN USER: CAPTERGS

Providence Hospital "Admissions"
 DEMOGRAPHIC INFORMATION FOR A PATIENT

ACCT NUMBER: 60011243339

ADM SVC DATE: 04/21/08
 PATIENT NAME: DIXON, DANA L
 SEX: F
 PT ADDR1: 7901 DARTMOORE LN
 PT CITY, ST, ZIP: COLUMBIA, SC 29223
 PT HOME PHONE: (803) 734-8916 ONLY
 REASON FOR VISIT: FALL

LAST HOSPITAL:
 NOK NAME: JAMES, QUEEN NMI
 NOK HOME PHONE: (803) 600-6195

ADMIT MD:
 ATTEND MD: Rawl, Dana

ER MD:
 PERSON TO NOTIFY: DIXON, TAMEKA NMI
 PERSON NOTIFY HOME PHN: (803) 307-9130
 RELIGION: METHODIST

GUAR NAME: DIXON, DANA L
 GUAR ADDR1: 1060 SPARKLEBERRY LANE EXT
 GUAR ADDR2: APT 104
 GUAR CITY, ST, ZIP: COLUMBIA, SC 29223
 GUAR HOME PHONE: (803) 269-8476
 FAMILY MD: NO DOCTOR
 PT ENPR NAME: RICHLAND SCHOOL DISTRICT 2
 PT ENPR ADDR1: 6831 BROOKFIELD ROAD
 PT ENPR CITY, ST: COLUMBIA, SC 29206

PRIMARY INS NAME:
 PRIMARY GRP NUM:
 PRIM TREAT AUTH 1:
 PRIM POLICY NUM:
 PRIM INSURED NAME:
 PRIM GROUP NAME:
 PRIM INS ADDR1:
 PRIM INS ADDR2:
 PRIM INS CITY:
 PRIM INS STATE, ZIP:
 PRIM INS PHONE:
 SUBSCRIBER:
 SUBSCRIBER DOB:
 LAST USER: ADM/BAR BG
 DEVICE: ADMKRGDEV
 REGISTRATION FROM NAME: Inpatient

ROOM:

ADM SVC TIME: 0934
 ADMOIF:
 RACE: BLACK
 PT ADDR2:
 SSI: 251-31-0505
 PT COUNTY: RICHLAND

NOK ADDR1: 3133 SUMMER HILL DR

NOK RELATIONSHIP: OT

NOK WORK PHONE: NONE

SERV/LOCATION: E.RAD

NO SERVICE:

PERSON TO NOTIFY ADDR1: 3133 SUMMER HILL DR

PERSON TO NOTIFY CITY: COLUMBIA, SC 29203

PERSON TO NOTIFY REL: OT

PERSON NOTIFY WORK PHN: NONE

PREVIOUS ACCOUNT NUM:

GUAR ENPR: RICHLAND SCHOOL DISTRICT 2

GUAR ENPR ADDR1: 6831 BROOKFIELD ROAD

GUAR ENPR ADDR2:

GUAR ENPR CITY, ST, ZIP: COLUMBIA, SC 29206

GUAR OCCUPATION: BUS DRIVER

GUAR WORK PHONE: (803) 738-3236

GUAR PT RELATIONSHIP: PATIENT

PT ENPR ADDR2:

PT ENPR PHONE: (803) 738-3236

UNIT NUMBER: 2000052512 STATUS: REG REF
 ADMIT CLERK: BERNARD S WHITENER

ETH CLASS: SP

AGE: 45

MARITAL STATUS: 3 MAIDEN NAME: MURPHY,

DOB: 01/15/67

PRIMARY LOCATION: E.RAD

SECONDARY I

NOK ADDR1:

NOK CITY, ST, ZIP: COLUMBIA, SC 29206

PRIVACY NOTICE:

DISCLOSURE:

BLOOD PRODUCTS:

LIVING WILL: N

HCFA: N

ADMIT SOURCE:

ACCOMMODATION:

SERVICE:

GUAR SSI: 251-31-0505

PT OCCUPATION: BUS DRIVER

SECONDARY INS NAME:

SECONDARY GRP NUM:

SEC TREAT AUTH 1:

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: NO DOCTOR

SEC SUBSCRIBER DOB:

TERTIARY INS NAME:

TERTIARY GRP NUM:

TERTIARY TREAT AUTH 1:

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:

MX MDRQ: N

1. 3

Name: DIXON, DANA L
Phys: Rawl, Dana
DOB: 01/15/1967 Age: 52 Sex: F
Acct: EG0112433339 Loc: UNK
Exam Date: 04/21/2008 Status: UNK
Radiology No:
Unit No: Z000052510

EXAM#	TYPE/EXAM	RESULT
000962612	RAD/SPINE LUMBAR AP/LAT/SPOT	
000962613	RAD/SPINE THORACIC AP & LAT	

INDICATION: Fall. Rule out fracture.

LUMBAR SPINE:

AP, lateral, and coned down lower lateral views of the lumbar spine were obtained. The vertebrae are well aligned, and no compression fracture or other acute abnormality is seen. The disc spaces are well preserved.

IMPRESSION: Negative lumbar spine.

THORACIC SPINE:

AP and lateral views of the thoracic spine show no evidence of compression fracture or other acute abnormality. Disc spaces are well preserved. There is some minor osteophyte formation at T8-9. There is a very slight scoliosis. No paraspinal hematoma or mass is seen. Pedicles are intact.

IMPRESSION: Early degenerative changes but no evidence of compression fracture or other acute finding in the thoracic spine.

-- REPORT ELECTRONICALLY SIGNED 04/21/2008 (1556) --
Reported By: JOHN W. LAUVER, M.D.
Signed By: LAUVER, JOHN W

CC: Dr. Dana Rawl

Technology: CONSTANCE A MALPASS, R.T. (CVT)
Dictated Date/Time: ()
Transcribed Date/Time: 04/21/2008 (1226)
Transcriptionist: COSTLOGE
Printed Date/Time: 03/11/2019 (1011)

PAGE 1

Archived Report: Printed from FCI

RUN DATE: 03/11/19		Providence Hospital FCI **LIVE** for CARTER35		PAGE 1
RUN TIME: 1012		ORDER RECORD		
RUN USER: CARTER35				
PATIENT DIXON, DANA L		ACCT NO E00112433339	UNIT NO E000052510	
ORDERED BY Rawl, Dana ←		ENTERED BY MALPASCA 04/21/08 0943		
OTHER PROV				
ORDER NO. 0421-003		STATUS COM		
CATEGORY RAD	PROCEDURE SPL2 - SPINE LUMBAR AP/LAT/SECT	FOR DATE 04/21/08 FOR TIME 0943		
	PRIORITY ROUTINE QUANTITY 1	SOURCE		
SIGNED BY				
AUDIT TRAIL				
1 04/21/08 0943 Order ENTER in RAD				
2 04/21/08 0943 Ordering Doctor: Rawl, Dana Dr.				
3 04/21/08 0943 Order Source:				
4 04/21/08 0945 cc'd doctors edited in RAD				
5 04/21/08 1003 order's status changed from LOGGED to IN PRO by RAD				
6 04/21/08 1226 cc'd doctors edited in RAD				
7 04/21/08 1554 order's status changed from IN PRO to COMP by RAD				

RUN DATE: 03/11/19		Providence Hospital PCI **L for CARTERGS		PAGE 2
RUN TIME: 1011		PATIENT ABSTRACT		
RUN USER: CARTERGS				
NAME: DIXON, DANA L		ACCT #: E00112433339		
ADMIT THRU ER:		LOA DAYS:		
LAST DISCH DATE: 06/22/91		EXPECTED LOB:		
REASON FOR VISIT: FALL				
DISCHARGE DISP.:		AUTOPSY OBTAINED:		
WITHIN 48 HR:		MEDICAL EXAMINER:		
IN O.R. OR POST OP:				
ER PHYS:				
PRIM CARE PHYS:		NONE		
ADMIT PHYS:				
FAMILY PHYS:		NONE		
-----PHYSICIANS-----				
	PHYSICIAN	TYPE	SERVICE	SERVICE NAME
1)	RAWDA	MEDSTF	OCC	OCCUPATIONAL HEALTH
FINANCIAL CLASS: SP		CLIENT: OCCMEDOM		
INSURANCES:		POLICY #		
# DIS PLAN DAYS				

RUN DATE: 03/11/19		Providence Hospital PCI **L for CARTERGS		PAGE 1			
RUN TIME: 0803		PATIENT ABSTRACT					
RUN USER: CARTERGS							
NAME: DIXON, DANA L		ACCT #:		E00115402109			
ADM DATE: 04/10/13 2330		UNIT #:		2000052510			
ATTEND PHYS: Gonzalez, Jose Luis MD		OBS PT:					
ROOM/BED:		PT CLASS:		ER.APC			
LOS: 1		FIN CLASS:		EC			
DIS DATE: 04/11/13 0003		ABS STATUS:		FINAL			
DIS DISP: *DISCH HOME OR RETURN SNF/ALF		ABS ST DATE:		04/15/13			
PROD LINE:							
FACILITY: NEP							
DEMOGRAPHICS:							
PATIENT SEX: F		PATIENT RACE: BL					
DATE OF BIRTH: 01/15/67		AGE: 46		MARITAL STATUS: M			
		PATIENT ZIP: 29203					
WEIGHT: 150		OBS		GRAMS			
REASON FOR VISIT DIAGNOSES:							
724.5 BACKACHE NOS							
VISIT DIAGNOSES:							
ORDERING DIAGNOSES:							
DIAGNOSES:							
ADMIT: 724.5		BACKACHE NOS		POA? VISIT EVENT TYPE			
PRINC: 723.1		CERVICALGIA					
SECOND: 724.5		BACKACHE NOS					
401.9		HYPERTENSION NOS					
338.29		OTHER CHRONIC PAIN					
V58.69		OTH MED, LT, CURRENT USE					
305.1		TOBACCO USE DISORDER					
V14.8		HX-DRUG ALLERGY NEC					
OPERATIONS:							
DRG:							
DRG LOS:		EXP DRG REIME:		COST WT:			
		CHGS TO DATE:		511.09			
VERSION: 30		ALT.DESC.GRP:					
NORM DRG:							
NORM LOS:		NORM EXP REIME:		NORM CSTWT:			
NORM VERSION: 30							
CHARGE MASTER CPTS:							
#	DATE	ALT TYPE	OV CODE	QTY	NAME	BILL PROC	DFT
1	04/10/13	HCPCS	Y 99283	1	EMERGENCY DEPT VISIT	760085	
2	04/10/13	HCPCS	Y 96372	1	THER/PROPH/DIAG INJ SC/	760621	
CONSULTATIONS/SERVICES/SPEC CARE UNITS:							
—SERVICES—							
SERVICE		START	DAYS	SERVICE NAME			

RUN DATE: 03/11/19 Providence Hospital PCI *L for CARTERGS PAGE 2
 RUN TIME: 0803 PATIENT ABSTRACT
 RUN USER: CARTER33

NAME: DIXON, DANA L ACCT #: E00115402109

----- SPECIAL CARE UNITS / LOCATIONS -----

START	END	DAYS	SPEC CARE	LOCATION	NAME
1) 04/10/13	2330	04/11/13	0003 1	E:EC	NEP EMERGENCY DEPARTMENT

ADMISSION/REGISTRATION:

ADMIT PRIORITY: E EMERGENCY
 ADMIT SOURCE: NP NO REFERRAL, HOME/WORK
 ARRIVAL MODE: WT WALK-IN
 NEWBORN ADMIT SRC:

ADMIT THRU ER: LOA DAYS:
 LAST DISCH DATE: 05/27/09 EXPECTED LOS:

REASON FOR VISIT: BACK PAIN

DISCHARGE DISP.: HOM *DISCH HOME OR RETURN SNE/ALF
 WITHIN 48 HR: AUTOPSY OBTAINED:
 IN O.R. OR POST OP: MEDICAL EXAMINER:

PRIM CARE PHYS: SOTO, CARLOS
 ADMIT PHYS:
 FAMILY PHYS: SOTO, CARLOS

----- PHYSICIANS -----

PHYSICIAN	TYPE	SERVICE	SERVICE NAME
1) GONJOC	MEDSTF	EP	EMERGENCY MEDICINE

FINANCIAL CLASS: BC CLIENT:
 INSURANCES: POLICY #
 1) BCSTATE - BLUE CROSS STATE 2CS94974599

DIS PLAN DAYS

----- APC DATE 04/10/13 -----

APC Source: OTH VEND APC Version 20130401 Version 30
 APC Status F APC Last Bar Date 04/14/13
 **** Warning: A63 Edited Chg Master Data

CPT WITH APC:

#	APC	CPT	CPT Name	Bill ST	Bill TYPE
1	614	99283	EMERGENCY DEPT VISIT		V
2	437	96372	THER/PPOPH/DIAG INJ SC/IM		S

APC:

#	APC	APC Name	CoPay	MoPay	Catwt
1	614	Level 3 Type A Emergency Visit	30.66	100.14	3.01
2	437	Level II Drug Administration	7.14	29.56	0.55

RUN DATE: 03/11/19		Providence Hospital PCI **L for CARTERGS		PAGE 3			
RUN TIME: 0803		PATIENT ABSTRACT					
RUN USER: CARTERGS							
NAME: DIXON, DANA L		ACCT #:		E00115402109			
APC Status Comment: Inlier Payment(s)							
Charges		Outlier	CoPay	MoPay	Cst Wt	Reimb	Oth Pt Resp
Totals:			37.80	128.70	2.56	166.50	
APC CPT CODES:		DESCRIPTION		DPT GRP			
1)	614 99283	EMERGENCY DEPT VISIT					
	REV CODE: 450						
	MODIFIER: 25 Significant, Separately Identifiabl						
2)	437 96372	THER/PROPH/DIAG INJ 3C/IM					
	REV CODE: 450						

RUN DATE: 03/11/19
RUN TIME: 0803
RUN USER: CARTERJ

Providence Hospital EDM **LIVE**
Patient EDM Data (General Info)

PAGE 1

Patient: DIXON, DANA L
ED Physician: Gonzalez, Jose Luis MD
Chief Complnt: Back Pain

Acct No.: E00115402109 Unit No.: 3000052510
Age/sex: 46/F Loc: E.ED
Status: DEP ER

Address: 3700 W AVE APT L-1
COLUMBIA, SC 29203

Phone: (803)261-2990

Primary Care Physician: SOTC, CARLOS

Nurse: KIM, JOHANNA, RN
Practitioner: PATEL, BHADRIK I

Arrival Date: 04/10/13 Time: 2209
Triage Date: 04/10/13 Time: 2253

EDM Location: E.ED
EDM Room:
Status Event: Patient Left Dept

Wait List:
Wait No.:

Stated Complaint: BACK PAIN
Priority: Non-Urgent

Primary Impression: Neck pain
Departure Disposition: *DISCH HOME OR RETURN SNE/ALF
Departure Comment: FOLLOW-UP WITH PMD
Departure Condition: Stable

Departure Date: 04/11/13
Time: 0003

RUN DATE: 03/11/19
RUN TIME: 0803
RUN USER: CARTERS

Providence Hospital EDM **LIVE**
Assessment: Data

PAGE 1

Patient: DIXON, DANA L
ED Physician: Gonzalez, Jose Luis MD
Chief Complnt: Back Pain

Acct No.: E00115402109 Unit No.: 2003052510
Age/sex: 46/F Loc: 2.ED
Status: DEP BR

04/10/13 - 2253 - FOGLE, CINDY H. RN

Patient Age: 46 -----EMERGENCY DEPARTMENT TRIAGE ASSESSMENT-----

Mode of Arrival+: WHEELCHAIR

-----Treatment Prior To Arrival-----

Accompanied By+: FAMILY

Y/N/U: N 02: IV: FSP:

Focused Assessment of Stated Complaint:

Meds:

PT CO BACK AND NECK PAIN/STARTED APPROX 1 MTH AND
HAS PROGRESSIVELY GOTTEN WORSE

---SCREENING QUESTIONS---

Is pat. at risk for Self-harm and/or presents with a psychiatric or behavioral complaint: N

-----Vital Signs-----

-----Initial Pain Assessment-----

Blood Pressure: 125/70

Pain: Y

Pulse: 84

SPO2 (t): 99

Pain Location+: NECK

Respirations: 16

On Room Air: Y

Pain Scale: 10

Temperature: 97.5

on:

LPM 02

Radiation: BACK

Temp Source+: ORL

Via+:

Pain Description+: STABBING

Onset: 1 MT

Height - Feet: 5

Weight - Lb: 185

-----Visual Acuity----- Timing+: INT

Inches: "

Os: 0

R Eye:

Cm: 170.15

Kg: 83.916

L Eye:

Wt. Obtained+: STATED

Both:

Is Pt Pregnant:

Gravida:

-----Immunisations-----

LMP:

Para:

Hepatitis B: Y

EDC:

Abortions:

Tetanus (Within 5 Yrs): U

Pneumovax (Last 5 Yrs): U

Influenza (Within 1 yr): U

Immunisations UTD:

-----Tuberculosis Screening-Symptoms and History-----

Fever: N

Unexplained weight loss: N

Night sweats: N

Persistent cough > than 3 wks: N

Bloody sputum: N

Exposure to TB within last 3 mths: N

Hx. Positive PPD: N

Chest xray to rule out TB: N

Medical History: HTN/CHRONIC PAIN

Previous Surgeries: PARTIAL HYSTERECTOMY

Primary Doctor: SOTC

Assign Triage Priority Now: Y

Triage Interventions Performed:

Triage - Additional Comments:

How is patient transported+: WC

WHEELCHAIR

IV/02/Monitor required+: NONE

Triage Assessment Complete:

-----Triage Interventions-----

Ice Pack: Elevation:

Pressure Applied:

Tetanus Given:

Location+:

Tylenol Given:

Motrin Given:

Dose:

Comment:

RUN DATE: 03/11/19
RUN TIME: 0803
RUN USER: CARTERS

Providence Hospital EDM **LIVE**
Assessment: Data

PAGE 1

Patient: DIXON, DANA L

Acct No.: E00115402109 Unit No.: 2000052510

ED Physician: Gonzalez, Jose Luis MD

Age/sex: 46/F

Loc: 2.ED

Chief Complaint: Back Pain

Status: DSP ER

04/10/13 - 2342 - KIM, JOHANNA

INT/IV Discontinued:

Goals For Visit (Select All That Apply)+:

Catheter Intact:

VERBAL UNDERSTAND OF PROC

IV Stop Time Documented: N/A

IV Stop Time:

IV Amount Infused:

ml

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

Blood Pressure: 125/70 Pulse: 84 Respirations: 16 Temperature: 97.5 Pain Scale: 5

RUN DATE: 03/11/19
RUN TIME: 0803
RUN USER: CARTERGS

Providence Hospital EDM **LIVE**
Assessment Data

PAGE 1

Patient: DIXON, DANA L
ED Physician: Gonzalez, Jose Luis MD
Chief Complint: Back Pain

Acct No.: E00115402109 Unit No.: Z000052510
Age/sex: 46/F Loc: E.ED
Status: DEP ER

04/10/13 - 2344 - KIM, JOHANNA, RN

-----ED Departure Disposition-----

Admitted: ED Departure Mode+: WC
Discharged: Y Escorted By+: FAMSO
AMA: Departure Understanding+: VERDC
LWBS:

Transferred:

Expired:

-----Goal Evaluation-----

Goals For Visit (Select All That Apply)+:
VERBAL UNDERSTAND OF PROC

INT/IV Discontinued:

Catheter Intact:

IV Amount Infused: ml

Met: Y

Not Met:

Not Met, Explain:

Blood Pressure: 125/70 Pulse: 84 Temperature: 97.5 Respirations: 16 Pain Scale: 8 |

-----Admitted-----

Room#: Report Time: Report Called To:

RUN DATE: 03/11/19
 RUN TIME: 0803
 RUN USER: CARTEPS

Providence Hospital EDM **LIVE**
 Assessment Data

PAGE 1

Patient: DIXON, DANA L Acct No.: E00115402109 Unit No.: 2000052510
 ED Physician: Gonzalez, Jose Luis MD Age/sex: 46/F Loc: E.ED
 Chief Complnt: Back Pain Status: DEP ER

04/10/13 - 2343 - KIM, JOHANNA, RN

=====HENDRICH II FALL RISK MODEL=====

(A score of 5 or greater = High Risk)

RISK FACTORS	POINTS
Confusion/Disorientation/Impulsivity: N	: 0
Symptomatic Depression: N	: 0
Altered Elimination: N	: 0
Dizziness/Vertigo: N	: 0
Gender (Male): N	: 0
Any Administered Antiepileptics (anticonvulsants): N	: 0
Any Administered Benzodiazepines: N	: 0
==GET UP AND GO TEST: 'RISING FROM A CHAIR'==	
Answer the one (1) most appropriate below with 'Y'.	
Able to Rise in a Single Movement-No Loss of Balance with 2-3 Steps Noted: N	: 0
Pushes Up, Successful in One Attempt: N	: 0
Multiple Attempts but Successful: N	: 0
Unable to Rise Without Assistance During Test: Y	: 4
(OR if a medical order states the same and/or complete bed rest is ordered)	
TOTAL SCORE: 4	
Patient placed on Fall Prevention Program: N <File>	

RUN DATE: 03/11/19
RUN TIME: 0903
RUN USER: CARTERGS

Providence Hospital EIM **LIVE**
Assessment Data

PAGE 1

Patient: DIXON, DANA L
ED Physician: Gonzalez, Jose Luis MD
Chief Complnt: Back Pain

Acct No.: E00115402109 Unit No.: 2000052510
Age/sex: 46/F Loc: E.ED
Status: DEP ER

04/10/13 - 2344 - KIM, JOHANNA, RN

-----EMERGENCY DEPARTMENT SYSTEM ASSESSMENTS-----

To view normal patterns for a system, press the

Shift+F8 keys together when the cursor is in the block

Cardiovascular: Normal Pattern:	Neurological: Normal Pattern: Y
Gastrointestinal/Nutritional: Normal Pattern:	Respiratory: Normal Pattern:
Genitourinary/Reproductive: Normal Pattern:	EENT: Normal Pattern:
Integumentary/Musculoskeletal: Normal Pattern: N	Psycho/Social: Normal Pattern: Y
Tobacco Use+: NONE	Is patient under 18 years of age: N
Packs/Day:	Substance Abuse: N
Number of Years:	Frequency+:
Alcohol: N	
Frequency+:	
Amount+:	

---SCREENING QUESTIONS---

Any Type of Suspected Abuse: N
Any Medical/Educational Barriers Present: N
Medical History: HTN/CHRONIC PAIN
Previous Surgeries: PARTIAL HYSTERECTOMY
Patient Belongings Charted: Y
ID Band on: Y
Call Light within reach: Y
Safety Rails Up: Y Has Room Assignment Been Charted: Y
Please Answer Yes or No to the Above System Assessments.
If You Answer No, the Individual System Assessment Screen
Will 'Pop-Up' for Documentation.

-----CARDIOVASCULAR-----

Heart Sounds+:	Pulses
	Pulses 3+ or > Palp in All Extremities:
EKG Rhythm+:	Right Dorsalis Pedis+:
	Right Femoral+:
	Right Radial+:
Capillary Refill < 3 sec in All Extremities:	Left Dorsalis Pedis+:
Left Upper Extremity+:	Left Femoral+:
Left Lower Extremity+:	Left Radial+:
Right Upper Extremity+:	
Right Lower Extremity+:	
JVD:	Peripheral Edema:

Edema Location:

Additional Information:

-----GASTROINTESTINAL-----

Abdomen+:
Tender on Palpation:
Bowel Sounds Active X 4:
Left Upper Quadrant+:
Left Lower Quadrant+:
Right Upper Quadrant+:
Right Lower Quadrant+:

RUN DATE: 03/11/19
 RUN TIME: 0803
 RUN USER: CARTER,JS

Providence Hospital EDM **LIVE**
 Assessment Data

PAGE 2

Patient: DIXON, DANA L
 MD Physician: Gonzalez, Jose Luis MD
 Chief Complaint: Back Pain

Acct No.: E00115402109 Unit No.: 2000052510
 Age/sex: 46/F Loc: E.ED
 Status: DEP ER

Times N/V Last 24 Hours:
 # Times Diarrhea Last 24 Hours:
 Appetite+:
 Stool Pattern+:
 Last Bowel Movement:
 NG/Feeding/PEG Tube:
 Type+:
 Site+:

-----GENITOURINARY-----

Incontinence+: Vaginal Discharge:
 Ileocoecum+: Vaginal Bleeding:
 Urine+: Breast Problem:
 Color+: Prostate Problem:
 Foley: Genitalia Problem:
 Size: Is Pt Pregnant:
 Wks. Gestation:
 Patent and Draining Urine: FHT:
 Additional Information:

-----MUSCULOSKELETAL-----

Extremity Movement+: Splint/Support:
 Affected Extremity+: Type:
 Muscle Contractures+: Location:
 Muscle Cramping+:
 Muscle Spasms+:

-----INTEGUMENT-----

Skin Temp+: Skin Integrity+:
 Moisture+:
 Color+: Mucous Membranes+:
 Turgor+:

---Wound/Injury---

Wound Present: Injury Present: Y
 Wound Type+: Injury Type+:
 Bleeding+:
 Location+: Location+: BACK

Additional Information: ALSO C/O NECK PAIN

-----NEUROLOGICAL-----

Level of Responsiveness+: Pupil Size L (mm): Speech+:
 Pupil Reaction Left+: Tongue Position+:
 Pupil Size R (mm): Pattern of Movement+:
 Does NOT Respond to+: Pupil Reaction Right+:
 Right Grip+:
 Left Grip+:
 Cognition+:
 Additional Information:

-----RESPIRATORY-----

Respirations+:
 Breath Sounds Clear I&L:
 Right Upper Lobe+:
 Right Mid Lobe+:
 Right Lower Lobe+:
 Left Upper Lobe+:
 Left Lower Lobe+:

RUN DATE: 03/11/19		Providence Hospital EDM **LIVE**		PAGE 3
RUN TIME: 0803		Assessment Data		
RUN USER: CARTERGS				
Patient: DIXON, DANA L		Acct No.: E00115402109 Unit No.: Z000052510		
ED Physician: Gonzalez, Jose Luis MD		Age/sex: 46/F Loc: E.ED		
Chief Complnt: Back Pain		Status: DEP ER		
Cough+: Sputum Color+: Sputum Amount+: Additional Information:				
-----EARS/EYES/NOSE/THROAT ASSESSMENT-----				
Ears+: Comment:	Eyes+: Comment:	Nose+: Comment:	Throat+: Comment:	
-----PSYCHO/SOCIAL ASSESSMENT-----				
Anxious:	Flat Affect:			
Angry:	Homicidal:			
Aggressive:	Hostile:			
Crying:	Labile:			
Demanding:	Suicidal:			
Depression History:	Suicidal Ideation:			
Additional Information:				
---AGE GROUP 0-18 MONTHS---				
Nasal Flaring:	Head Circ. (cm):	Right Brachial+:		
Grunting Noted:	Fontanelst+:	Left Brachial+:		
Retractions+:		Birth Weight (kgs):		
---ALL PEDIATRIC AGE GROUPS (AGE 0-18 YEARS)---				
Seizure:	Tears Present:			
Type+:	Age App. Behavior:			
Duration:				
-----Abuse/Neglect Screening-----				
Assault/Abuse+:	Who Notified+:	Time Notified:		
		Name Of Person Notified:		
-----Medical/Educational Assessment-----				
Independent ADL's:				
Barriers and Impairments+:				
Describe:				
-----BELONGINGS CHECKLIST-----				
Clothing:	Cat PTA:	Shirt:	Sweater:	Pants:
	Underwear:	Socks/Hose:	Robe:	
Accessories:	Coat:	Shoes:	Hat/Cap:	Gloves:
	Purse/Wallet:	\$:	Keys:	
Jewelry:	Ring:	Necklace:	Watch:	Bracelet:
	Other:			
Misc.:	Glasses:	Contacts:	Hearing Aid:	Walker/Cane:
	Dentures:	Upper Plate:	Lower Plate:	Partial Bridge:
Disposition of Belongings:		Patient:	Family:	Security:
		Other - Name:		
Other:				

RUN DATE: 03/11/19
RUN TIME: 0803
PUN USER: CARTERS

Providence Hospital EIM **LIVE**
Patient Notes

PAGE 1

Patient: DIXON, DANA L
ED Physician: Gonzalez, Jose Luis MD
Chief Complnt: Back Pain

Acct No.: E00115402109 Unit No.: 2000952510
Age/sex: 46/F Loc: E.ED
Status: DEP ER

DC INSTRUCTIONS GIVEN. VERBALIZED UNDERSTANDING.



Providence

Patient: GREENE, DANA L
Account No: E00115402109
Unit No: Z000052510
Location: E.ED
Physician: Gonzalez, Jose Luis ...
Date: 04/10/13

Patient Visit Information

Staff

Your caregivers today were:

Physician: Gonzalez, Jose Luis MD
Practitioner: PATEL, BHADRIK I
Nurse: JJK

Patient Instructions Reviewed

Low Back Strain

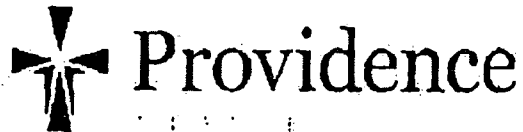
received 04/10/13 - 2342

Activity Restrictions or Additional Instructions

return if symptoms worsen.
f/u with PCP 3-5 days

Departure Forms for GREENE, DANA L

School/Work Release



Patient: GREENE, DANA L
Account No: E00115402109
Unit No: Z000052510
Location: E.ED
Physician: Gonzalez, Jose Luis ...
Date: 04/10/13

Low Back Strain

WHAT YOU SHOULD KNOW:

Low back strain is an injury to the lower back muscles or ligaments (tissues holding bones together). The lower back supports most of your body weight and is involved with moving, twisting, and bending. Lower back strains more commonly occur if you need to lift or pull heavy items frequently.

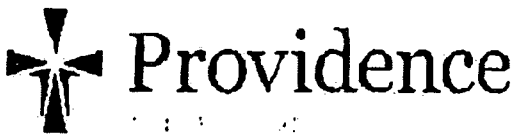
INSTRUCTIONS:

Medicines:

- **Nonsteroidal anti-inflammatory medicines:** These medicines are also called NSAIDs. They help decrease pain and swelling. They can be bought without a doctor's order. NSAIDs can cause stomach bleeding or kidney problems if they are not taken correctly.
- **Muscle relaxers:** When your muscles relax, you may move more easily and have less pain.
- **Pain medicine:** You may be given medicine to take away or decrease pain. Do not wait until the pain is severe before taking your medicine.
- **Take your medicine as directed:** Call your primary healthcare provider if you think your medicine is not helping or if you have side effects. Tell him if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

Activity:

- You may be told to rest in bed for 3 to 5 days if your back injury is severe. This will decrease the pain and help the injury heal faster. Ask what positions may decrease back pain when you lie down.



Patient: GREENE, DANA L
 Account No: E00115402109
 Unit No: 2000052510
 Location: E.ED
 Physician: Gonzalez, Jose Luis ...
 Date: 04/10/13

Pillow



Sleeping Positions for Back Pain

- Avoid activities that make the pain worse, such as picking up heavy things. When the pain decreases, begin normal, slow movements as directed.
- After your symptoms have improved, exercises that strengthen your back muscles may help prevent further problems. Before you exercise, ask about exercises that will not cause further injury to your back. Walking, stationary biking, and swimming are good exercises. Avoid exercises that put strain on your back, such as rowing.

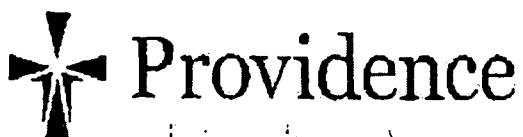
Follow up with your primary healthcare provider as directed: Write down any questions you may have so you remember to ask them at your follow-up visits.

Contact your primary healthcare provider if:

- You have back pains that go to your buttocks, groin, or legs. The groin is the area where your upper leg and lower abdomen meet.
- Your symptoms do not go away with medicines.
- You have questions or concerns about your condition, medicines, or care.

Return to the emergency department if:

- You have a fever.

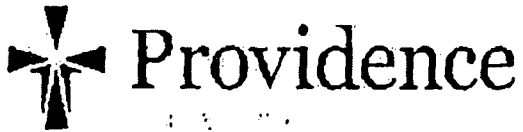


Patient: GREENE, DANA L
Account No: E00115402109
Unit No: Z000052510
Location: E.ED
Physician: Gonzalez, Jose Luis ...
Date: 04/10/13

- You have increased swelling, pain, or redness in your lower back.
- You have trouble moving your legs.
- Your legs feel numb or you cannot feel them.

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The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.



Patient: GREENE, DANA L
Account No: E00115402109
Unit No: Z000052510
Location: E.ED
Physician: Gonzalez, Jose Luis ...
Date: 04/10/13

Who to contact regarding this visit:

If you have any questions or concerns about your Emergency Department visit, please contact Anna Diller at the Department of Emergency Medicine at 803-256-5329.

Transition record & follow up care

The above-named patient and/or guardian has received a transition record prior to departure from the Emergency department.

If no follow-up care is defined on your Patient Visit Information page, no follow-up care is necessary.

23

RUN DATE: 03/11/19
RUN TIME: 0803
RUN USEP: CARTERS

Providence Hospital EDM **LIVE**
Departure Form(s)

PAGE 1

Patient: DIXON, DANA L

Acct No.: E00115402109 Unit No.: 2000052510

MD Physician: Gonzalez, Jose Luis MD

Age/sex: 46/F

Loc: E.ED

Chief Complaint: Back Pain

Status: DEP ER

████████████████████
Patient may return to School and/or Work on : .

Additional Comments:

Gonzalez, Jose Luis MD
04/10/13
PATEL, BHADRIK I

RUN DATE: 03/11/19
RUN TIME: 0903
RUN USER: CARTERGS

Providence Hospital EDM **LIVE**
Transition Record

PAGE 1

Patient: DIXON, DANA L

Acct No.: E001154C2109 Unit No.: Z000052510

ED Physician: Gonzalez, Jose Luis MD

Age/sex: 52/F

Loc: E. ED

You were seen in the ER on 04/10/13 for: Back Pain

Orders and Treatments

ED DEPARTMENT LEVEL 3

THER/PROPH/DIAG INJ SC/IM

Providence Hospital PCI **LIVE** Summary of Medications	
DIXON, DANA L (2000052510) Age/Sex: 52 F	All Medications

Medication Sig - Mar 11, 19 Timeline of Results

	(Mar 04, 2019	8 Days	Mar 11, 2019)
All Medications	Ending SIG 04 05 06 07 08 09 10 11		
Toradol			

Run: Mon - Mar 11 (05:05) for CARTER, GERNORIS S

nl

286

20	32

1. **Consent to Treatment:** I voluntarily consent to any and all healthcare treatment and diagnostic procedures provided by the Hospital and its associated physicians, clinicians, and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations in the Hospital.
2. **Consent to Testing for Infectious or Contagious Diseases:** I consent to being tested for infectious or contagious diseases such as, but not limited to Hepatitis B and HIV (AIDS) infection. If such testing is deemed advisable by my/the patient's physician. I understand that consent means that I agree to have blood drawn and analyzed for any and all tests necessary to diagnose an infectious or contagious disease. I am aware that the Hospital reports all positive test results to the Department of Health and Environmental Control as required by law.
3. **Personal Valuables and Belongings:** I understand that the Hospital recommends that I not bring any personal valuables to the Hospital. Articles such as jewelry, cash, valuables documents, unnecessary clothing or other items of value not necessary for my/the patient's stay should not be brought to the Hospital. Essential valuables such as eyeglasses, contact lenses, hearing aids, dentures, etc. are my/our responsibility and I understand that I must protect essential valuables brought to the Hospital carefully. I understand that the Hospital maintains a safe for the storage of valuables that are necessary for my/the patient's stay and that I will be asked to turn any valuables over to security for deposit in the safe. I agree that the Hospital is not responsible for the loss, disappearance, or damage of any valuables that I choose to keep in my/the patient's room.
4. **Use and Disclosure of Protected Health Information:** I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Hospital's Notice of Privacy Practices. I acknowledge that I have received a copy of the Hospital's Notice of Privacy Practices.
5. **Verification and Assignment of Hospital Insurance Benefits:** I understand that a bill will be sent to my/the patient's insurance company or other payer. I consent to the Hospital contacting my insurance company or other payer for the purpose of obtaining payment. I hereby consent to payment being made by the insurance company or other payer directly to the Hospital. I assign, transfer and convey to the Hospital any and all of my/the patient's rights and interests that I may have to any and all medical insurance benefits. This includes but is not limited to, no fault insurance benefits, liability insurance benefits, workers compensation benefits, and any other benefits to which I may be entitled as a result of hospitalization or treatment at the Hospital. I further agree that this assignment will not be withdrawn or voided at any time until this account is paid in full. I understand and agree that I am responsible for payment for the services rendered to the fullest extent allowed by law.
6. **Prior Authorization:** I understand that many insurance companies or other payers require pre-authorization or referrals for certain treatment, tests and/or procedures. I understand that it is my/the patient's responsibility to obtain either pre-authorization or referral. I understand that I may be held financially responsible for treatment, tests and/or procedures that are not reimbursed by my/the patient's insurance company or other payer due to lack of pre-authorization and/or referral as stipulated in my/the patient's particular insurance policy.

04/10/13 F 46 01/15/67
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

7. Private Room Difference: I understand that if I request a private room I am responsible for the entire private room difference, unless the difference is covered by insurance.
8. Independent Status of Physicians: I understand that during the course of my/the patient's stay that my/the patient's physician may request consultations and/or the services of Hospital based health care providers including, but not limited to, emergency physicians, radiologists, pathologists, or anesthesiologists. I recognize that any or all physicians who furnish services to me/the patient during this admission are independent contractors and are not agents or employees of the Hospital. I understand that the Hospital does not control or have the right to control the medical decisions and actions of physicians including Hospital based providers and independent contractors, and that physicians are responsible and liable for their own acts or omissions. I understand and agree that each of the practitioners who render professional services to me/the patient may bill and collect independently for these services. I understand that their bills will be separate and apart from the Hospital's billing and collections or that the Hospital may bill on the healthcare provider's behalf. Furthermore, I understand that each health care provider may be individually contracted with an HMO or PPO. These contracts could be different from the contracts the Hospital holds. I understand that it is my responsibility to find out if each healthcare provider is a member of my/the patient's insurance provider network.
9. Consent to Photograph: I understand that photographs, videotapes, digital or other images may be recorded to document my care and I consent to this. I understand that these photographs, videotapes, digital or other images will become part of my medical record and are considered protected health information. I also understand that Sisters of Charity Providence Hospitals is the owner of my medical record but that I have a right to access my protected health information in the medical record in the manner described in the Notice of Privacy Practices. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept at least for the time period required by law.

Guarantee of Payment

By signing the form below, I understand that:

- I am financially responsible for this account with the Hospital, regardless of any insurance benefits, to the fullest extent allowed by law.
- I understand that I may be held responsible for any charges not covered for any reason by a third party payer. Should this account be turned over to a collection agency or an attorney for collection, I understand that I will be obligated to pay all collection fees and reasonable attorney's fees.

By signature below, I consent to and agree to the conditions set forth on this form. I have been given the opportunity to ask questions regarding this form, and understand the obligation I assume by signing this form.

4-10-13
Date and Time

Dana Greene
Signature of Patient
or
Patient's Personal Representative

Witness

Yearly Consent for Outpatient Radiology and Lab

I hereby give consent to use this Cons one (1) year from today's date for any Providence Hospitals.

GREENE, DANA J.
Af E00115402109 U02000052510
04/10/13 F 46 01/15/67
(THIS LABEL SHALL REMAIN WITH THE PATIENT'S RECORD)

289

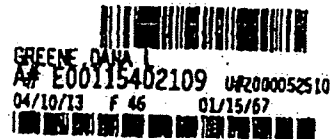
PROVIDENCE HOSPITALS
A Ministry of the Sisters of Charity Health System



Date: 04/10/13
Account No: E00115402109
Unit No: Z000052510
Patient: GREENE, DANA L
Location: E.ED
Physician: Gonzalez, Jose Luis MD

Patient Instructions Signature Page

Patient Name: GREENE, DANA L



Guardian Name:

The above-named patient and/or guardian has received the following patient instructions:

Low Back Strain

on this date: 04/10/13 - 2342

I have read and understand the instructions given to me by my caregivers.

GREENE, DANA L

Print Patient Name	_____
Patient (or Guardian) Signature	<u>Dana L Greene</u> <u>4-10-13</u>
Physician/PA/Doctor Signature	<u>Jimeda - R. M. B.</u> <u>4/10/13</u>

SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 POPEST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 236-5300

****ED PROVIDER NOTE****

PATIENT: GREENE, DANA L

DICTATING PROVIDER: Patel, Bhadrak I FA-C

ATTENDING: Gonzalez, Jose Luis MD

ADMISSION DATE:

DISCHARGE DATE:

ROOM/BED:

PATIENT TYPE:

ACCOUNT # E00115402109

MED REC # 2000052510

AGE: 46

NURSING STATION: E.ED

DATE OF DICTATION: 04/10

TIME OF DICTATION: 2306

Back Pain HPI

General

Mode of Arrival+: WHEELCHAIR

Accompanied By+: FAMILY

Chief Complaint Back Pain

Stated Complaint BACK PAIN

Time Seen by MD 2300

Source patient, family

Exam Limitations no limitations

History of Present Illness

Initial Comments

46 y/o AAF present with back pain and neck pain patient reports she was at work and strained her back was sent to urgent care where XR was take and was told has pinche nerve awaiting referral to workers comp doctor. wants soemthing for pain.

Timing/Duration getting worse

Severity/Quality moderate

Location C-spine, lumbar spine

Radiation none

Method of Injury twisted

Modifying Factors

worse with: movement.

Associated Symptoms muscle spasms

General ROS 2

Unable to obtain (see HPI) No

Constitutional

Pt reports no symptoms reported

EENTM

Pt reports no symptoms reported

Respiratory

no symptoms reported

Cardiovascular

no symptoms reported

Gastrointestinal

no symptoms reported

Genitourinary

no symptoms reported

Emergency Dept

DIXON, DANA - R010142806

Result type: Emergency Dept
 Result date: December 23, 2016 03:32
 Result status: Auth (Verified)
 Result title: Emergency Department Note
 Performed by: Hardy MD, Zachary L on December 23, 2016 03:39
 Verified by: Wenning MD, Derick M on December 24, 2016 00:23
 Encounter info: R1635800070, Richland, ERR-Emergency Room, 12/23/16 - 12/23/16

Chief Complaint

Pt. was in some altercation with patient at CM tucker yesterday. She was hit in the face and is now here with jaw pain, back pain, and neck pain.

History of Present Illness

Patient is a 49-year-old female who presents with pain in her neck and back since yesterday. She works as a nurse at CM to occur in a resident puncture in the left side yesterday. She had no loss of consciousness. Initially she did not have significant pain however she woke up the next day with significant pain in her back and neck. Pain is worse with movement and has throbbing.

Review of Systems

A ten point review of systems was obtained and was negative except as listed above.

Physical Exam

Patient Stated Height/Length: 170.2 cm 12/23/16 03:01:14
 Patient Stated Weight: 90.90 kg 12/23/16 03:01:14
 Temperature Oral: 97.7 DegF 12/23/16 03:01:14
 Heart Rate Monitored: 86 bpm 12/23/16 03:01:14
 Respiratory Rate: 18 br/min 12/23/16 03:01:14
 Pulse Ox Sat: 100 % 12/23/16 03:01:14
 Oxygen Modality: Room Air 12/23/16 03:01:14
 NIBP Systolic: 170 mmHg 12/23/16 03:01:14
 NIBP Diastolic: 82 mmHg 12/23/16 03:01:14
 NIBP Mean Calculated: 111 mmHg 12/23/16 03:01:14
 Pulse Equipment: Dinamap 12/23/16 03:01:14
 NIBP Cuff Site: Right arm 12/23/16 03:01:14
 NIBP Position: Sitting 12/23/16 03:01:14
 NIBP Equipment: Automatic 12/23/16 03:01:14
 Pulse Ox Monitoring: Spot Check Daily Charge 12/23/16 03:01:14

General: Alert, cooperative, non-toxic, NAD

Neuro: CN II-XII grossly intact, strength 5/5 in upper and lower extremities bilaterally. Able to ambulate without ataxia or gait abnormality. Reflexes 2+

HEENT: No signs of basilar skull fracture, no septal hematoma, no intraoral lesions or injuries

Neck: No cervical midline tenderness, full range of motion. Soft and supple

Eyes: Anicteric, conjunctiva pink. PERL, EOM

Resp: CTAB with symmetric chest rise, no wheezes, rales, rhonchi, no accessory muscle use

CV: RRR, no murmurs, S1/S2 normal. Radial and ulnar artery is palpable bilaterally. Dorsalis pedis, posterior tibialis arteries palpable bilaterally.

GI: Soft, non tender, non distended, no rebound or guarding, no HSM

MSK: Tender to palpation on the paraspinal muscles on the left side as well as the trapezius on the left side. Muscles are tense. No bony abnormalities, full range of motion in all extremities.

SKIN: No hematomas lacerations or other signs of injury

Problem List/ Past Medical HistoryChronic

Hypertension

Historical

No historical problems

Procedure/ Surgical History

Appendectomy, Cholecystectomy,
 Hysterectomy, Tubal ligation

Social HistoryTobacco

Cigarettes, Current every day smoker

Family History

Hypertension

MedicationsInpatient

No active inpatient medications

Home

Azithromycin 5 Day Dose Pack 250
 mg oral tablet, 250 mg, PO, As
 Directed

Allergies

cortisone (nausea)
 shellfish

Printed by: Cimino, Barbara A
 Printed on: 01/25/2017 07:25

Page 1 of 2
 (Continued)

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Emergency Dept

Medical Decision Making

Pain in the neck and back after mild trauma. Consider differential diagnosis including muscle strain versus contusion versus fracture. After thorough history and physical exam patient's presentation is most consistent with muscle spasm. Patient was given 30 mg IM Toradol in the emergency department and had improvement of symptoms. She was able to ambulate on her own without ataxia or gait abnormality. Discussed with patient that she can be excused from work duties tomorrow and will return after that. Wrote a prescription for Naprosyn and Flexeril.

Emergency Department Course

Patient was seen immediately on arrival by myself. Pt had signs, symptoms and clinical history most consistent with muscle spasm Pt has agreed with the course and plan and verbally states understanding of the discharge instructions. Pt agrees to return to the ED if they get worse, do not improve, or experience other concerning symptoms.

Assessment

Muscle spasm
History of hypertension

Disposition

Discharge

Attending present for evaluations and procedures.

I saw and evaluated the patient. I discussed with resident and agree with resident's findings and plan as written. I supervised all above procedures done by the resident.

Signature Line

Electronically Signed & Verified on 12/23/2016 04:35
by Hardy MD, Zachary L

Electronically Signed & Verified on 12/24/16 00:23
by Wenning MD, Derick M

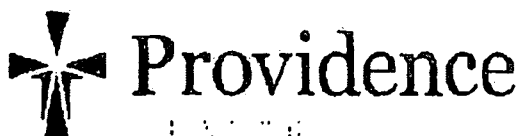
Completed Action List:

- * Modify by Hardy MD, Zachary L on December 23, 2016 03:39
- * Perform by Hardy MD, Zachary L on December 23, 2016 03:39
- * Modify by Hardy MD, Zachary L on December 23, 2016 04:35
- * Sign by Hardy MD, Zachary L on December 23, 2016 04:35 Requested by Hardy MD, Zachary L on December 23, 2016 03:39
- * Modify by Wenning MD, Derick M on December 24, 2016 00:23
- * Sign by Wenning MD, Derick M on December 24, 2016 00:23 Requested by Hardy MD, Zachary L on December 23, 2016 04:35
- * VERIFY by Wenning MD, Derick M on December 24, 2016 00:23

Printed by Cimino, Barbara A
Printed on: 01/25/2017 07:25

Page 2 of 2
(End of Report)





Patient: DIXON, DANA L
Account No: E1000054469
Unit No: Z000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

Patient Visit Information

Staff

Your caregivers today were:

Physician: Hayes, Michael Thomas MD
Practitioner: GIBBS, MYKENZI A

Patient Instructions Reviewed

Motor Vehicle Accident

received 03/07/17 - 1604

Activity Restrictions or Additional Instructions

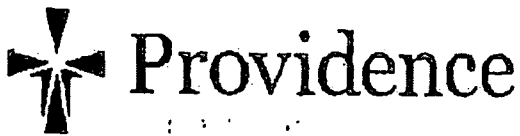
Patient to follow up with PCP for further evaluation and care.
Take Norco as directed, as needed for pain. Do not drive within 8 hours of taking.
Apply ice to areas of soreness as needed. Alternate 15 minutes on and 15 minutes off for one hour.
Return to ED as needed.

Medication Dose and Instructions

HYDROCODONE BIT/APAP (Norco) 5 MG/325 MG TABLET
1 TAB ORAL EVERY 4 HOURS AS NEEDED As Needed for PAIN#15 TAB REF 0
Instructions: As needed for pain. Do not drive while taking.
03/07/17 3:55pm NONE

Departure Forms for

School/Work Release



Patient: DIXON, DANA L
Account No: E10000544469
Unit No: Z000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

Motor Vehicle Accident

WHAT YOU NEED TO KNOW:

A motor vehicle accident (MVA) can cause injury from the impact or from being thrown around inside the car. You may have a bruise on your abdomen, chest, or neck from the seatbelt. You may also have pain in your face, neck, or back. You may have pain in your knee, hip, or thigh if your body hits the dash or the steering wheel. Muscle pain is commonly worse 1 to 2 days after an MVA.

DISCHARGE INSTRUCTIONS:

Call 911 if:

- You have new or worsening chest pain or shortness of breath.

Return to the emergency department if:

- You have new or worsening pain in your abdomen.
- You have nausea and vomiting that does not get better.
- You have a severe headache.
- You have weakness, tingling, or numbness in your arms or legs.
- You have new or worsening pain that makes it hard for you to move.

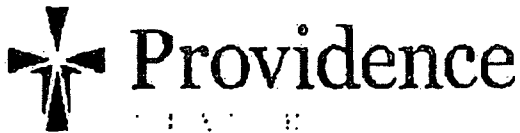
Contact your healthcare provider if:

- You have pain that develops 2 to 3 days after the MVA.
- You have questions or concerns about your condition or care.

Medicines:

- **Pain medicine:** You may be given medicine to take away or decrease pain. Do not wait until the pain is severe before you take your medicine.
- **NSAIDs**, such as ibuprofen, help decrease swelling, pain, and fever. This medicine is available with or without a doctor's order. NSAIDs can cause

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Patient: DIXON, DANA L
 Account No: E10000544469
 Unit No: 2000052510
 Location: NEP EMERGENCY DEPART...
 Physician: Hayes, Michael Thomas...
 Date: 03/07/17

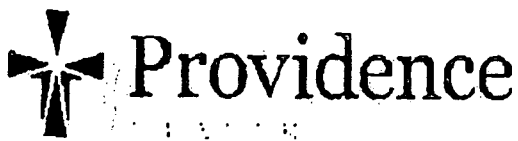
stomach bleeding or kidney problems in certain people. If you take blood thinner medicine, **always** ask if NSAIDs are safe for you. Always read the medicine label and follow directions. **Do not give these medicines to children under 6 months of age without direction from your child's healthcare provider.**

- **Take your medicine as directed.** Call your healthcare provider if you think your medicine is not helping or if you have side effects. Tell him if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

Follow up with your healthcare provider as directed: Write down your questions so you remember to ask them during your visits.

Safety tips:

- **Always wear your seatbelt.** This will help reduce serious injury from an MVA.
- **Use child safety seats.** Your child needs to ride in a child safety seat made for his age, height, and weight. Ask your healthcare provider for more information about child safety seats.
- **Decrease speed.** Drive the speed limit to reduce your risk for an MVA.
- **Do not drive if you are tired.** You will react more slowly when you are tired. The slowed reaction time will increase your risk for an MVA.
- **Do not talk or text on your cell phone while you drive.** You cannot respond fast enough in an emergency if you are distracted by texts or conversations.
- **Do not drink and drive.** Use a designated driver. Call a taxi or get a ride home with someone if you have been drinking. Do not let your friends drive if they have been drinking alcohol.
- **Do not use illegal drugs and drive.** You may be more tired or take risks that you normally would not take. Do not drive after you take prescription medicines that make you sleepy.



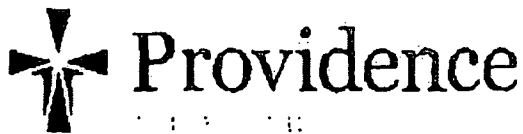
Patient: DIXON, DANA L
Account No: E10000544469
Unit No: Z000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

Self-care:

- **Use ice and heat.** Ice helps decrease swelling and pain. Ice may also help prevent tissue damage. Use an ice pack, or put crushed ice in a plastic bag. Cover it with a towel and apply to your injured area for 15 to 20 minutes every hour, or as directed. After 2 days, use a heating pad on your injured area. Use heat as directed.
- **Gently stretch.** Use gentle exercises to stretch your muscles after an MVA. Ask your healthcare provider for exercises you can do.

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The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.



Patient: DIXON, DANA L
Account No: E10000344469
Unit No: Z000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

Who to contact regarding this visit:

If you have any questions or concerns about your Emergency Department visit, please contact the emergency department via the following numbers:

Providence Northeast Campus: 803-865-4530

Providence Downtown Campus: 803-256-5320

Information for your pharmacist:

****If your Emergency Department provider has electronically prescribed medications for you, and your pharmacist has a question about these prescriptions, please have your PHARMACIST contact the emergency department at the following numbers:**

Providence Northeast: 803-865-4530

Providence Downtown: 803-256-5320

Transition record & follow up care

The above-named patient and/or guardian has received a transition record prior to departure from the Emergency department.

If no follow-up care is defined on your Patient Visit Information page, no follow-up care is necessary.

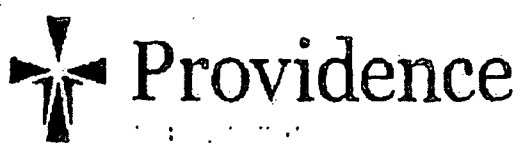
Patient Experience Survey Information

****Within a few weeks of going home, you may receive a call, email, or text message from HealthStream, an independent survey company, that Providence has partnered with. Your feedback is very important to us. Please consider participating in this brief survey about your experience at Providence. When HealthStream calls, the caller ID may display:*

(615) 846-8410--HealthStream

*Cell phone caller ID may vary by carrier. We greatly appreciate your participation and value any feedback you have. Thank you in advance. ****

Providence Patient Health Portal Information



Patient: DIXON, DANA L
Account No: E10000544469
Unit No: Z000052510
Location: NEP EMERGENCY DEPART...
Physician: Hayes, Michael Thomas...
Date: 03/07/17

We are now offering a new Providence Patient Health Portal, also known as HEALTHeChart. This gives you access to view your medical records and pay your hospital bills online!

Email us at MyHealthChart@ProvidenceHospitals.com with your full name, date of birth, and last 4 of your social security number and we would be happy to enroll you!

To self-enroll, look for the Patient Portal link at ProvidenceHospitals.com or type the following url into your web browser:

<https://healthchart.providencehospitals.com/templates/selfsignup-SCPWEB.LIVEF-Phm.html>

You must have the following information ready:

1. Name
2. Gender
3. Email address (you must give the registrars an accurate email upon admission to allow for self-enrollment)
4. Medical Record Number - or Unit Number) located on the header of these instructions (starts with M for downtown or Z for northeast)

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PAGE 1

Acct No.: E10000546469 Unit No.: 2000052510
Age/sex: 50/F Loc: E.ED
Status: DEP ER

Additional Comments:

Hayes, Michael Thomas MD
03/07/17
GIBBS, MYKENZI A

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: DIXON, DANA L
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA
ATTENDING: Hayes, Michael Thomas MD
ADMISSION DATE:
DISCHARGE DATE: 03/07/17
ROOM/ED:
PATIENT TYPE:
ACCOUNT # E10000544469
MED REC # 2000052510
DOB: 01/15/67 AGE: 50
NURSING STATION: E.ED
DATE OF DICTATION: 03/07/17
TIME OF DICTATION: 1446

MVA HPI

General

Mode of Arrival+: AMBULATORY

Accompanied By+: NONE

Chief Complaint Neck Pain

Stated Complaint PAIN IN NECK LOWER BACK

Time Seen by MD 1447

Source patient. RN notes reviewed

Exam Limitations no limitations

History of Present Illness

Initial Comments

50 yo AAF presents with complaints neck and back pain, s/p MVC 2 days ago. Patient was restrained driver when another motorist rear ended her vehicle on the back passenger side. Patient states that upon impact she was turned around in the seat playing with her granddaughter in the back seat. No airbag deployment, head injury or LOC.

Occurred 2 days ago

Severity moderate

Injury/Pain Location neck, back

Context driver, restraints, per HPI

Loss of Consciousness no loss of consciousness

Associated Symptoms neck pain, back pain

Trauma ROS

Constitutional

Pt reports no symptoms

Respiratory

Pt reports no symptoms

Cardiovascular

Pt reports no symptoms reported

Musculoskeletal

Pt reports back pain, neck pain

Skin

no symptoms reported

Psychiatric/Neurological

Per: 03/11/19-07:51 by CARTER, GERNORIS S

ED NOTE (JTP) - Additional copy

Page 1 of 4

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: OXON, CANA L.
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA
ATTENDING: Hayes, Michael Thomas MD
ADMISSION DATE: DOB: 01/15/67 AGE: 50
DISCHARGE DATE: 03/07/17 NURSING STATION: E, EC
ROOM/BED: DATE OF DICTATION: 03/07/17
PATIENT TYPE: TIME OF DICTATION: 1446

Pt reports no symptoms. Pt denies loss of consciousness

PMH, Allergies, Home Meds

Past Medical Hx:

HTN/CHRONIC PAIN, BACK INJURY

Tetanus (Within 5 Yrs): YES

Flu shot this season? Yes

Pneumonia shot in the past? No

Allergies

Coded Allergies:

cortisone (03/07/17)

Reported Home Medications

HYDROCODONE BIT/APAP * 5 MG/325 MG TABLET 1 TAB PO Q4H PRN PRN PAIN
#15 TAB

PFSH

Tobacco Use+: NONE

Packs/Day: 1/2

Alcohol: No

Frequency+: OCCASIONAL

Substance Abuse: No

Family History:

No Known Family History.

Injury Exam

Physical Exam

General Appearance WDAWN, no apparent distress

Head no evidence of injury

Neck tender lateral (over R proximal SCM), tender midline

Cardiovascular/Respiratory normal breath sounds, regular rate/rhythm, no M/R/G, no respiratory distress

Back normal inspection, vertebral tenderness (thoracic spine), R lumbar paraspinous muscle

Pun: 03/11/19-07:51 by CARTER, GERNORIS S

ED NOTE (ETP) - Additional copy

Page 2 of 4

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: DIXON, CANA I.
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA
ATTENDING: Hayes, Michael Thomas MD
ADMISSION DATE:
DISCHARGE DATE: 03/07/17
ROOM/ED:
PATIENT TYPE:
ACCOUNT # E10000544169
MED REC # 200005237C
DOB: 01/15/67 AGE: 50
NURSING STATION: E.EC
DATE OF DICTATION: 03/07/17
TIME OF DICTATION: 1446

tenderness

Neurologic/Psychiatric conscious, alert, oriented x3

Skin normal color, warm/dry

Medical decision making

Pt seen under the direction of:

Hayes, Michael Thomas MD

Course:

50 yo AAF with neck and back pain, s/p MVC 2 days ago

Exam: as noted above

Cervical spine xray: Cervical spondylosis. per radiology

Thoracic spine xray Three views of the thoracic spine show no evidence of any acute fracture or subluxation Mild endplate degenerative changes are noted per radiology

Tylenol given for headache

Patient is clinically stable, will be discharged home to follow up with PCP. Will give prescription for Norco (handwritten), patient advised to apply ice to areas of soreness

Decision made to admit? No

Independent review of Images Allergies/meds reviewed

ED Departure

Time of Disposition 1553

Clinical Impression

Primary Impression: MVA restrained driver

Secondary Impressions: Back pain, Neck pain

Disposition DISCH HOME OR RETURN SNF/ALF

Condition Stable

Prescriptions

Current Visit Scripts

HYDROCODONE BIT/APAP * (Norco *) 1 TAB PO Q4H PRN PRN PAIN
#15 TAB

As needed for pain. Do not drive while taking.

Run: 03.11/12-07:51 by CARTER, GERNORIS S

ED NOTE IDTP: - Additional copy

Page 3 of 4

PROVIDENCE HEALTH
2435 FOREST DRIVE
COLUMBIA, SOUTH CAROLINA 29204
(803) 256-5300

****ED PROVIDER NOTE****

PATIENT: DIXON, CANA I.	ACCOUNT # E10000544463
DICTATING PROVIDER: Gibbs, Mykenzi Alexis PA	MED REC # 2000052510
ATTENDING: Hayes, Michael Thomas MD	DOB: 01/15/67 AGE: 50
ADMISSION DATE:	NURSING STATION: E.EE
DISCHARGE DATE: 03/07/17	DATE OF DICTATION: 03/07/17
ROOM/FED:	TIME OF DICTATION: 1446
PATIENT TYPE:	

Patient Instructions Motor Vehicle Accident (ED)

Additional Instructions

Patient to follow up with PCP for further evaluation and care.

Take Norco as directed, as needed for pain. Do not drive within 8 hours of taking

Apply ice to areas of soreness as needed Alternate 15 minutes on and 15 minutes off for one hour.

Return to ED as needed

--
--
--
--

-Dictating Provider Signature: Gibbs, Mykenzi Alexis PA
E-Signed by

Electronic Signature Date: 03/07/17
Electronic Signature Time: 1612

Report Co-Signed by:
E-Signed by

Electronic Signature Date:
Electronic Signature Time:

Run: 03/11/19-07:51 by CARTER, GERNORIS S

ED NOTE (CTP) - Additional copy

Page 4 of 4

PUN DATE: 03/11/19
PUN TIME: 0751
RUN USER: CARTER35

Providence Hospital EDM **LIVE**
Transition Record

PAGE 1

Patient: DIXON, DANA L

Acct No.: E10000544469 Unit No.: Z000052510

ED Physician: Hayes, Michael Thomas MD

Age/sex: 52/F

Loc: E.ED

You were seen in the ER on 03/07/17 for: Neck Pain

Orders and Treatments

Providence Hospital PCI **LIVE**
Summary of Medications

DIXON, DANA L (8000082510)
Age/Sex: 52 F

All Medications

Medication Sig - Mar 11, 19 Timeline of Results

All Medications
Tylenol Extra Streng

Mar 04, 2019 8 Days Mar 11, 2019
Ending SIG | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 |

Run: Mon - Mar 11 07:11 for CARTER, GERNORIS S

12
304

12/2020 - Appeal

Activities of Claimant & Defendant.

1623303

Opened - 09/07/2017 - Form 50 filed.

Closed - 02/23/2018 - By Defendants.

Reopened - 03/05/2018 - By Claimant

Closed - 03/20/2018 - By Defendants (relief of counsel)

Reopened - 02/26/2019 - By Claimant

SCWCC

1712879

DEC 23 2020

JUDICIAL

09/07/2017 - Opened - By Claimant

09/20/2017 - Form 122 Submitted by Defendants.

02/23/2018 - Closed - By Defendants.

03/03/2018 - Closed - By Defendants.

03/20/2018 - Closed - By Defendants.

12/18/2018 - Reopened By Claimant

RECEIVED

DEC 22 2020

Motion-to ADD (2017) 06/22/2019 - Filed - C.O.H. Record.
Quash-to Remove (2016) 12/04/2019 - Filed - Hospital Records

Division of Claims
SC Workers' Comp. Comm.

Table of Content of pages enclosed.

1. South Carolina Commercial Driver's License.

2. Offer Letter of employment/Requirements

3. Letter from my Doctor: Jerry Saunders

4. South Carolina Workers Compensation ~~etc~~
first report & letter of collection.

RECEIVED

SEP 24 2019

Division of Claims
S.C. Workers' Comp. Bd.

5. South Carolina Department of Mental Health Letter
Contact information between myself and a
workers Compensation representative.

6. South Carolina Department of Mental Health
Witness statement of injury or illness. Hand
Written (Right hand) by me on a very different day
(when the form was given to me by supervisor).

7. Email from myself to the Defendant representative
of Workers' Compensation. Dated 4/02/19 @ 6:12 pm.

8. Email from representative to me (from Defendants)

9. Email from myself to Defendant (workers Comp Representative)

10. My first paycheck from dates I worked: 12/02/16
thru 12/16/16.

11. My second paycheck from dates I worked: 12/1/16 thru 01/01/2017. Both from the Defendants. The second check shows I worked over time.
12. Letter from State Accident Fund to South Carolina Workers' Compensation Commission judicial Department dated 04/02/2019.
13. A form 51, from the Defendants, Verifying injury to neck, jaw, back Dated 04/02/2019.
14. A form filled notice of witness and written medical report(s) physician or other evidence to be introduced on behalf of Defendants. Which Defendants intentionally omitted 2 of the 4 hospitals that Defendants subpoenaed ("Subpoenaed Duces Tecum") and ~~this~~ be numbered the pages and dates.
* Please see enclosed subpoenas *
Defendants added ALL of subpoenaed medical records as one from the 4 hospitals.
15. A form 58 (Pre-Hearing Brief) showing that the Defendants admitted injury to the jaw, neck, back. Dated 5/31/19.
16. An invoice from Prisma Health Richland showing quantity of pages is 43. The Defendants added these pages to other medical records.

for * The Defendants Subpoenaed my Medical Records in 02/2019 for pending WCC file # 1712879. (On 02/27/19). With Subpoena's Duces Tecum With pages 16, 18, 19, 20, 21, 37, 38.

P.16. History P.18 Discharge Summary. P.19 ED Documentation. P.20. Events information showing ^{arrival} ~~admission~~ / discharge times. P.27. order information. P.37. Non-medication orders & medication orders Ketorolac / Toradol. P.38. medication orders.

17. CVS Receipt of medications: I had to pay for my own medication with my insurance and money.

18. Form 18 Showing injury date of 01/31/17. I included this form to show that the Defendants did not nor did they feel the need to file a form 18 for injury date of 12/22/16.

19. Form 19. Was the only form that I have found (the attorney sent to me) Supporting where #6 (they) the Defendants paid \$ 618.90 (It says "Medical Benefits-Paid") so I am curious as to whom these benefits were paid too? And at the bottom of the form I was suppose to have signed, but I never saw this form, so whom did the Defendants pay? I put E.R. (Emergency Room beside it)

20. South Carolina Department of Mental Health

Workers' Compensation package to show that the Defendants gave me these 5 pages (for the injury date of 01/31/2017) on the morning of 1/31/17, but not for injury date of 12/22/16. Pages included are: 22, 23, 24, 25.

26. A letter from my then attorney dated 9/5/17 to the Judicial Department of Workers' Compensation Commission without the WCC file #. But he was my attorney.

27. A form 50 filed by my then attorney Ben Cruise dated 9/7/17.

28. Certificate of Service by mail, dated 9/8/17.

29. A letter from Prisma Health-Midlands, dated 7/9/19 from Ms. Sabrina Wright.

30. A Request for Correction/Amendment of protected Health information.

31. A Authorization for the use and disclosure of protected Health information, dated 7/28/2019.

32. A letter from Prisma Health - Midlands (Palmetto Richland) dated 7/30/19. RE: Request for Correction/Amendment of protected Health information for injury

- date 12/22/14.

33 Comment of Healthcare provider (Doctor) dated 07/29/19.

34 Page 4 of the Decision and Order where the Defendants stated that they asked for postponement (of Hearing on 02/22/19) due to the Defendants hadn't received my medical records that the Defendants Subpoenaed) Duces Tecum

35 A letter from Subpoena Duces Tecum from
36 State Accident Fund to Palmetto Health Baptist Hospital.

37 A letter from State Accident Fund to Palmetto Health Richland. # includes pages 38, 39, 40, 41.

38 A (Subpoena Duces Tecum) letter from State Accident Fund to Providence Health-Northeast. includes pages 43, 44, 45.

46 A letter from State Accident Fund to Providence Health, includes pages 47, 48, 49.

50 The Definition (I found at www.wcc.sc.gov) of Subpoena Duces Tecum. I mean no disrespect by enclosing the definition, I found it to be interesting

because the Defendants didn't go by the Subpoena Duces Tecum because instead of leaving my medical records intact the Defendants supposedly renumbered all of the pages and added other medical records ~~from~~ ~~for~~ for example the medical records from Calmetto Richland consist of 43 pages only (page 16) and again the Defendants only listed ~~added~~ 2 of the 4 hospitals subpoenaed (* page 14*) from WCC file # 1712879 (Date of injury 11/31/17) but are using the same files (medical records) for WCC file # 1623303, date of injury being 12/22/16.

51. I enclosed this form 14B physician's Statement because the Defendants never sent me to a doctor.

52. I enclosed a form 20 because the Defendants never filed one or anything in order for me to get treatment of any kind. Reference to WCC file # 1623303.

Completed By: Dana S. Dim

1. Offer Letter from the Defendants
2. Medical Examiner's Certificate
3. Offer Letter from the Defendants.
(Showing I passed my Physical (job offer contingent upon it))
4. S.C.D.M.H Witness Statement Of

Injury OR Illness. This Form is mandatory by the Defendants. If injury occurs and OSHA injury report log is not correct then the Defendants is fined. To show how important the form is (The Supervisors, Charge nurse(s) gives this form to injured employees in correct. For instance my D.O.I was 12/22/16. But I was called in on 01/13/2017 to write a Statement, almost a month later. The night of my injury I was in severe pain that I wasn't able to write my statement nor did the Defendants give me Workers' Compensation paperwork of any kind. Before I went to Richland Memorial E.R. The time is wrong on the form also. My Shift was 11-7¹⁵ AM.

5. ~~A Memorandum that I received on 01/31/17,~~

But not for 12/22/16.

6. Explanation of Elective Option that the Defendants gave me on 01/31/17, but not for 12/22/16.

7. A Phone Number of my Case Manager (New) Name Raquel for D.O.I of 01/31/17. But not for 12/22/16. And a page with the name of Company that handled my 01/31/17 injury only. Injury Report.

8. A Form Titled S.C. Workers' Compensation Commission ED I Created/updated First Report. I received this from my then Attorney Ben Cruse after he was no longer my Attorney. And I Realize that the Defendants has incorrect information on this form, such as Date of Hire; It should have been 12/02/2016. My Occupation: Was C.N.A.

Employer's Premises: Should have been yes. Time of Injury Should have been 11:44pm (I had to wait at CM Tucker until 2 some thing ^{injury} and Supervisor Never Came with W.C.C. paperwork) Time that is on this Sheet the Defendants used the S.C.D.M.H

Witness Statement Of Injury Or Illness Report, that Supervisor turned in.

On the form (first report) it ask to describe nature of injury or illness in detail. Defendants Stated Contusion (Nature: 10) Location: 42 Low Back Area. My question is if this is the first report which has the date processed being 9/26/2017 how did the defendants know what the doctor (ER) said unless the scanned date on the hospital records that defendant mailed to me before the hearing is correct (Corvel Scan date is 02/06/2016.) So why did the defendant stand before the Commissioner and ask for a postponement due to Defendants had not received Subpoenaed medical records. On 03/07/2019. on the "first Report" it ask to describe employee's injury or illness happened in detail; And at the time of injury there wasn't one. That's why Supervisor had me write the S.C.D.M.H Witness Statement of injury or illness report On 01/13/2017

9. A Form that (Palmetto Health Richland Worker's Compensation Information) Shows

Supervisor name and phone number, but yet I was made to write a Statement, the Defendants filed it but chose not to send me for treatment of any kind for my injuries And Defendants even found the time to close W.C.C. file number 11023303.

10. 2 Medically Excused Absences from Palmetto Health Richland, that was Completed on 12/23/16. I gave a copy (12/23/16) to Supervisor when I returned back (12/23/16) without signature to work. (See Excuse) Supervisor dated and signed stating when she received it. And the date that she received the excuse is the same day I was told I had to write my Statement.

* I am trying to get my hands on paper work from the Defendants to show the numerous times I've been employed with S.C.D.M.H. And each time that I left their employment I gave my resignation letter(s) so when I kept asking questions about being sent to the doctor for my back

And telling my Supervisor how much pain I was in, Lorain Tracy did nothing (NO phone calls to W.C.C) for me. I told her I got injured on the job I told her I needed to go to a doctor. "I'll see what I can find out." I even asked this is a workers comp case, if not I'll go to my doctor. She (Supervisor) told me if I did "Workers' Compensation will not pay those medical bills."

I've never got injured (claim) while working @ S.C.D.M.H. - See enclosed - I worked as long as I could in pain. Couldn't tolerate the pain so I resigned. After all the many times of giving my RESIGNATIONS My Supervisor stated that I didn't which is Not true! - See enclosed - *

11 ~~XX~~ WCC Form 19, dated 02/21/2018

Defendants NEVER gave me this form.

My then Attorney Mr. Cruse did. Date of injury for this form WCC # 1623303 is 12/22/16.

12-
~~XX~~ Defendants Exhibit A, that was and is being used in W.C.C. file # 1712879

Date of injury 01/31/17. (Workers' Compensation package) But never completed or was given one by the Defendants for 12/22/16 injury. Or a S.C.D.M.H Employee/Supervisor Notification either.

13. S.C.D.M.H Memorandum Agreement for light duty / modified / transitional Duty assignments for 12/22/16 injury.

14. A Form 20 for 01/31/2017 Submitted by the Defendants. Defendants didn't feel the need or care enough to send me for treatment of any kind. On 10/18/2019 Defendant didn't have a form 20 for the Commissioner @ the hearing. Hearing was postponed again!

+ 5B
15. On form 5B filed by the Defendants #11. reply by the Defendant was: Claimant has not received AUTHORIZED treatment since that date. The form is dated 05/31/2019. I told defendant at the hearing & the Deposition that I have seen another Doctor (Jerry Saunders) in Charlotte.

Defendant don't have any records aside from my visit at Palmetto Richland 319

And at the time that WAS NOT AUTHORIZED
MEDICAL Treatment

Defendants did not Send me
for ANY treatment.

16. A letter dated 07/17/2019, from
my Doctor. Jerry A. Saunders MD A.D.

17. * The Defendant Used Subpoenas to
get Medical Records (that they had in their
possession since 01/18/2019 from Palmetto Richland.) But
then on 02/27/2019 Subpoena were sent to ALL four
Hospitals in Columbia for All records of Every visit, due
to Defendants had nothing else, due to them not
Sending me for treatment. On the form 58
Defendant(s) Stated Such * -See enclosed -

Defendants didnt feel that W.C.C. file #
1623303 was a Workers' Compensation Case, so Why
Subpoena Records?

18. A Copy of My Driver's License
Showing that I Went to D.M.V With my
RENEWED D.O.T Card (01/14/16)

19. A Statement from Claimant

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1623303

EMPLOYEE/CLAIMANT: DANA DIXON

EMPLOYER: SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

INSURER: STATE ACCIDENT FUND

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 12TH DAY OF
JUNE, 2020, COMMENCING AT THE HOUR OF 1:16 P.M. IN
COLUMBIA, SOUTH CAROLINA, BEFORE THE HONORABLE MELODY L. JAMES,
ATTENDED BY COUNSEL AS FOLLOWS:

EMILY HULLEY-ROACH
VERBATIM REPORTER

O

WHITWORTH COURT REPORTING
POST OFFICE BOX 551
ROEBUCK, S.C. 29376
(864) 494-2705

I N D E X

PAGE

DANA DIXON:

BY MS. DIXON.....	10
BY MR. STUBLEY.....	32
CERTIFICATE OF NOTARY PUBLIC.....	42

APPEARANCES

DANA DIXON, PRO SE

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

M. STEPHEN STUBLEY, ESQUIRE, OF THE FIRM
SPEED, SETA, MARTIN, TRIVETT & STUBLEY
POST OFFICE BOX 11669
COLUMBIA, SOUTH CAROLINA 29211

ATTORNEY FOR THE EMPLOYER/INSURER.

1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN COLUMBIA,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * * * *

6 BY COMMISSIONER JAMES:

7 Today is June 12, 2020. We're here on WCC File
8 Number 1623303. This is the matter of Dana Dixon
9 versus the South Carolina Department of Mental
10 Health and the State Accident Fund. Present on
11 behalf of Ms. Dixon is herself. Present on behalf
12 of the Defendants is Mr. Stephen Stubley. The date
13 of accident is December 22, 2016.

14 Before we get started with the actual issues,
15 I've had a discussion with Ms. Dixon with regards to
16 her right to an attorney. And, Ms. Dixon, I just
17 need to go over that again now that we're on the
18 record. You do have a right to an attorney. You
19 understand that, ma'am? And that I would also
20 continue it for you -- in order for you to consult
21 with an attorney. Do you understand that, ma'am?

22 THE WITNESS: Yes, ma'am. I do.

23 COMMISSIONER JAMES: Okay. You understand
24 that there's always a risk to proceeding forward
25 without an attorney' correct, ma'am?

1 THE WITNESS: Correct.

2 COMMISSIONER JAMES: And it is your desire
3 to proceed forward today representing yourself; is
4 that my understanding?

5 THE WITNESS: Correct.

6 COMMISSIONER JAMES: All right. Then let
7 me go forward with the various issues then. The
8 parties have handed up their APAs. The Defendants
9 is numbered pages 1-97. The Claimant has handed an
10 unnumbered stack of documents which will be placed
11 in the Commission's file. I believe there are no
12 objections. I'll ask that in a moment.

13 And, in addition, the Defendant indicates that
14 the correct Form 20 was filed within WCC File No.
15 1712879, and that that Form 20 needs to be filed in
16 this particular claim and that those would be the
17 relevant period of time that needs to be referenced
18 in order to make a determination of average weekly
19 wage and compensation rate. So those are the
20 submissions as I understand them.

21 Are there any objections to the submissions as -
22 - jurisdiction, venue, or any other item? On behalf
23 of the moving party, the Claimant, do you have any
24 objections, ma'am?

25 THE WITNESS: No, ma'am.

1 COMMISSIONER JAMES: On behalf of the
2 Defendants?

3 MR. STUBLEY: No, Commissioner.

4 COMMISSIONER JAMES: Without objection
5 then, the Commission file becomes part of the record
6 with the exception of any self-serving declarations
7 and unstipulated medical reports. I've indicated to
8 the parties that if they're in agreement as to the
9 average weekly wage and comp rate, then we can place
10 that on record. If not, then I will make a
11 determination based on what is contained within the
12 record. Do you all have an agreement, or do I need
13 to make a decision?

14 THE WITNESS: I'll let you make the
15 decision.

16 COMMISSIONER JAMES: All right. And it's
17 my understanding, also, Mr. Stubley, that although
18 this contains -- this Form 20 that's being submitted
19 contains the quarter of the injury, which is a
20 higher wage amount, there's no objection to using
21 that quarter in the wage records should that be?

22 MR. STUBLEY: No objection, Commissioner.

23 COMMISSIONER JAMES: All right. Thank
24 you. My understanding is the Claimant is presenting
25 and requesting medical treatment for the back. She

1 has an admitted back injury. The Defendants'
2 position is that she's not had any treatment since
3 December 23rd of 2016 and they're indicating 42-15-
4 60B3, 42-15-60 in whole and intervening accidents
5 that they state in the pre-trial occurred on March
6 7, 2017. And that's just a skinny of what they're
7 asking me to determine. I just want to make sure
8 what everybody is asking.

9 But I'm going to allow you an opportunity -- of
10 course, we're going to do testimony in a moment,
11 ma'am, but is there anything you want to add to your
12 position, anything else you're asking for the
13 Commission to do?

14 THE WITNESS: I have a lot of questions,
15 and I don't know if I'll get the chance to ask those
16 questions now or ever, but I don't understand half
17 the terms, the numbers, that y'all are mentioning.
18 I don't --

19 COMMISSIONER JAMES: Okay. The Form 20 is
20 the wage --

21 THE WITNESS: No, not the Form 20.

22 COMMISSIONER JAMES: Okay.

23 THE WITNESS: The 42 dash --

24 COMMISSIONER JAMES: 15-60? Certainly, we
25 can provide you a copy of that so you can look at

147
1-1

327

1 it.

2 THE WITNESS: Okay.

3 COMMISSIONER JAMES: Yes. And that's
4 something you should be aware of before you proceed
5 forward so you know what the actual position is.

6 THE WITNESS: And when you asked the
7 question what would I like for you all to do, is it
8 just basically me seeking medical treatment or?

9 COMMISSIONER JAMES: That's what I
10 understood in the pre-trial. If there's anything
11 else that you are seeking or any position that you
12 have. You're going to -- we're going to go into the
13 testimony in a moment.

14 THE WITNESS: Okay.

15 COMMISSIONER JAMES: And you may want to
16 point out medical records, but we can get into that.
17 I just want to make sure that if you're requesting
18 something that I don't know about it, for instance,
19 if there's a specific type of treatment that you're
20 requesting, that somebody has recommended, that type
21 of thing. Okay. And I'm going to bring you a code
22 section so you can see the -- you can read that. If
23 you need a moment to read through it.

24 Before we do that, I'll go ahead and ask Mr.
25 Stubley, do you have anything else as far as your

1 position, sir?

2 MR. STUBLEY: Commissioner, I'm going to
3 add *Laches* to our defense.

4 THE WITNESS: I'm sorry? Add who?

5 COMMISSIONER JAMES: He indicates *Laches*,
6 which means delay and there's not a statute that
7 will describe that. I can't represent you though.
8 Basically, that's a delay in acting with prejudice.
9 And this would be, again, one of the reasons to
10 think about acquiring an attorney.

11 THE WITNESS: For the 42-15-60?

12 COMMISSIONER JAMES: Yes. And he also
13 quoted specifically, as I understand it, pre-trial
14 60-B3.

15 THE WITNESS: You were moving fast --
16 case.

17 COMMISSIONER JAMES: Ma'am? I'm sorry. I
18 couldn't hear you.

19 THE WITNESS: I'm sorry. Excuse me. I'm
20 good.

21 COMMISSIONER JAMES: Okay. All right. I
22 believe that's the parties' positions. So I think
23 we're ready to proceed with the testimony then.

24 * * * * *

25 DANA DIXON, was called as a witness pursuant to

1 notice and being duly sworn in the manner provided by
2 law, was examined and testified upon her oath as follows:

3 COMMISSIONER JAMES: Okay. My
4 understanding from the pre-trial, and I think this
5 is admitted, that you had an admitted back injury
6 and you're seeking treatment for that. Do you want
7 to tell me a little bit about what's happened, what
8 you're seeking, and what's going on with your back?
9 Just go ahead. And I'll ask you some specific
10 questions in a moment, but just go ahead.

11 THE WITNESS: Should I stand?

12 COMMISSIONER JAMES: Absolutely. Yes,
13 ma'am.

14 THE WITNESS: Okay. Thank you. December
15 22, 2016, was my daughter's birthday. I'll never
16 forget that. I waited three hours after I was
17 injured. I did overtime. That was an overtime day
18 for me. I started December 2, 2016. Before that,
19 January 14, 2016, I had a physical. November 21,
20 2016, the Defendants gave me a physical because that
21 was contingent upon my job, the job offer, and it's
22 in the paperwork. Passed both.

23 December 22, as I stated, I got injured by a
24 resident I'd never sat with during a one-on-one.
25 That night I never received a response. The

1 supervisor come into the unit. I never received any
2 documents of any kind. As I said, I waited three
3 hours. I took myself to the emergency room,
4 Palmetto Richland, right up the street from the Sam
5 Tucker Center, located at 2200 Hardin Street.
6 There, the doctor gave me a shot of some narcotic
7 and the pain went away. And medical -- the
8 physician's medical record -- excuse me -- not
9 medical record, the physician's discharge summary,
10 after I read that, and I knew I was going to contact
11 my supervisor anyway, it stated for me to contact my
12 doctor, who's Dr. Soto, immediately --

13 MR. STUBLEY: Commissioner, I would
14 object. The medical records speak for themselves.

15 COMMISSIONER JAMES: And that was placed
16 in the record?

17 THE WITNESS: Yes.

18 COMMISSIONER JAMES: Okay. All right.
19 And I'll read that. So let's --

20 THE WITNESS: Okay. This right here is
21 the information that I was aiming to provide the
22 nurse at the hospital when I did go there,
23 information from workers' comp. The only thing that
24 I could provide was my supervisor's name. So I
25 don't know. I've asked; I've begged. I didn't have

1 anybody to contact. My supervisor, she never was
2 forthcoming with the number.

3 As I've stated, and my paper is in my paperwork,
4 I started in 1988 with the Sam Tucker Center. I
5 have a Class-A CDL. I got injured and the times
6 that I left, off and on, the Sam Tucker Center, I
7 went and drove a school bus or the city bus. But I
8 was able to be employed because of my credentials.

9 But because of my injury and never receiving
10 treatment, I just started my job, just got through a
11 divorce, a bitter divorce, got back on my feet, came
12 to work for Sam Tucker Center, got injured, and I
13 got thrown under the bus. Nobody sent me to medical
14 treatment.

15 I had to work. So everyday that I went to work,
16 I was in pain. And everyday that I saw Ms. Lorraine
17 Tracy, my supervisor, I asked her, "Can you please
18 get someone to contact me?" Then when I got injured
19 again in January, never heard anything -- oh, I'm
20 sorry. I did receive a letter, January 18th.

21 MR. STUBLEY: Commissioner, I'm going to
22 object again. We're now going on to the 2017
23 injury.

24 THE WITNESS: As I was saying --

25 COMMISSIONER JAMES: And I understand.

1 Just maybe as far as background, we won't -- we're
2 not trying that case.

3 THE WITNESS: That's fine.

4 COMMISSIONER JAMES: I understand there's
5 still some points forward --

6 THE WITNESS: Right.

7 COMMISSIONER JAMES: -- that the
8 Defendants also want to go to in March. So just, by
9 way of background.

10 THE WITNESS: This right here is dated
11 January 18 -- January 18, 2017 for my 12/22/2016
12 injury. 22 days later, after the fact, is when they
13 first told me that they just received from my
14 employer my work-related injury.

15 COMMISSIONER JAMES: Now, okay, let's make
16 sure we're referencing. So are you using that as a
17 reference point to say that that's the first time
18 that they had learned about the 12/22 accident?

19 THE WITNESS: Correct.

20 COMMISSIONER JAMES: Okay.

21 THE WITNESS: That's the first time I've
22 heard anything, and they still didn't do anything,
23 nothing. But I had to work because I had my house.
24 I had a daughter that I was taking care of. I had a
25 car payment. But I came to work and every time that

1 I saw my supervisor I asked her, "Can you please?"

2 Then she -- I submitted my time sheets also.
3 The Defendants submitted the witness statement of
4 injury or illness that I would have to come in. On
5 my time sheet you can see I was out basically for
6 seven days. But on that day, two days before my
7 birthday, my supervisor, Lorraine Tracy, called me
8 at home and told me I had to come in and write the
9 statement.

10 MR. STUBLEY: Commissioner, I'm going to
11 object again.

12 THE WITNESS: I was on medication.

13 COMMISSIONER JAMES: Okay.

14 MR. STUBLEY: I'm going to put a running
15 objection. I'm not going to keep objecting. I'm
16 going to put a running objection down to anything
17 that she testifies other people told her that she
18 did not subpoena here today to appear.

19 THE WITNESS: It's --

20 COMMISSIONER JAMES: Okay. Hold on one
21 second. Let me rule on it. Okay. And it depends
22 on who she's speaking about as to whether there's an
23 exception or not. So if it's something that a
24 doctor said, it's, you know, outside the realm.

25 THE WITNESS: Okay.

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1 COMMISSIONER JAMES: If there's something
2 in the record. If it's something the supervisor
3 said, then that's -- then that's -- that's
4 management, then there's an exception --

5 THE WITNESS: Okay.

6 COMMISSIONER JAMES: -- for that. All
7 right.

8 THE WITNESS: On the form that the
9 Defendants as well as myself has submitted into
10 evidence where my supervisor, Lorraine Tracy, signed
11 and dated when she received the form, my medical
12 excuse from Palmetto Richland.

13 COMMISSIONER JAMES: Now, when you say the
14 medical excuse, you're talking about the medical
15 excuse that came from the date of the injury?

16 THE WITNESS: Correct.

17 COMMISSIONER JAMES: Where you went and I
18 think you must have been released on the 23rd?

19 THE WITNESS: I went on the 23rd. That's
20 how long I waited.

21 COMMISSIONER JAMES: Okay.

22 THE WITNESS: It happened on the 22nd, but
23 I was waiting on the supervisor to come. He never
24 came. So on the 23rd at 2:53 I arrived at Richland
25 Memorial Hospital.

1 COMMISSIONER JAMES: Okay. So that's what
2 you're talking about, that she signed and dated that
3 she had received it?

4 THE WITNESS: Yes. This right here is
5 what the hospital gave me. This right here shows
6 01/13/2017 where I wrote my statement. The only way
7 I get this form right here is my supervisor gives it
8 to me.

9 COMMISSIONER JAMES: Okay. And these
10 aren't numbered in your packet.

11 THE WITNESS: I'm sorry.

12 COMMISSIONER JAMES: But let's just
13 address the record with what you're showing me.

14 THE WITNESS: Okay.

15 COMMISSIONER JAMES: So what you're
16 showing me is a statement that you filled out about
17 the accident?

18 THE WITNESS: Correct.

19 COMMISSIONER JAMES: And that that's
20 inside your packet?

21 THE WITNESS: Correct.

22 COMMISSIONER JAMES: Okay.

23 THE WITNESS: South Carolina Witness
24 Statement, Department of Mental Health.

25 COMMISSIONER JAMES: All right. Thank

1 you, ma'am.

2 THE WITNESS: Dated January 13, 2017.

3 This right here is my time sheet, date January 2,
4 2017. From January 9, 2017 through January 15, I
5 was out of work. So there would be no reason for me
6 to go to my job or anything while I'm using sick
7 leave. So after my supervisor stated, wrote her
8 name on this paper, is when I received the letter
9 dated January 18, 2017 in reference to my work
10 injury.

11 COMMISSIONER JAMES: And that was received
12 from who? Just because I need to reference it.

13 THE WITNESS: I'm sorry. It was from the
14 South Carolina State Accident Fund.

15 COMMISSIONER JAMES: Okay. Thank you.

16 THE WITNESS: The Defendants have had my
17 medical records probably since 2016, '17, and they
18 have used -- they stated that -- can I ask a
19 question, Your Honor? Commissioner?

20 COMMISSIONER JAMES: You can ask; I'm not
21 sure whether I can answer or not.

22 THE WITNESS: Okay.

23 COMMISSIONER JAMES: But, yes, ma'am,
24 certainly.

25 THE WITNESS: In regards to the

1 Defendants' Form 51 or the Defendants' Form 51 prior
2 to this one, it states the reason for denial are the
3 C -- I guess it's C.L., that would be me, was
4 released. This wouldn't be the one. Anyone, on the
5 Form 51 it states that I was denied I guess
6 treatment or whatever because of the fact that I
7 have not received authorized medical treatment since
8 -- since that date. So I don't know if I'm wrong or
9 have just got a misunderstanding. Would that imply
10 that I received authorized medical treatment?

11 COMMISSIONER JAMES: Ma'am, I'm just --
12 that's something that evidentiary, y'all have to
13 present to me.

14 THE WITNESS: Okay.

15 COMMISSIONER JAMES: So I certainly
16 couldn't decide on that without hearing the whole
17 case as to --

18 THE WITNESS: Okay.

19 COMMISSIONER JAMES: -- any type of facts
20 like that.

21 THE WITNESS: Okay. As I had stated
22 earlier, the physician's discharge summary, it
23 states, I understand that the emergency care which I
24 received is not intended to be complete and
25 definitive care and treatment. I acknowledge that I

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1 have been instructed to contact the above physicians
2 immediately to continue and complete medical
3 diagnosis, care, and treatment. That never
4 happened. I never received any medical treatment.

5 It's hard to walk now, to stand, or sit longer
6 periods of time. I went there to the Department of
7 Mental Health. When I started my job, I was fit. I
8 passed both of my physicals.

9 The Defendants have stated that I was in a car
10 accident. My taillight was broken. I went to the
11 emergency room. He submitted -- where I submitted
12 pictures. I got an e-mail where he stated that he
13 did get the pictures. I sent them to Tamara also,
14 but I don't see them in anything. Hopefully, you
15 will see them.

16 COMMISSIONER JAMES: No, ma'am. As I explained
17 before we started the hearing, I don't -- nothing
18 that is sent to any of our offices goes into the
19 record until y'all come in here. So the only thing
20 that's in this record right now is the packet that
21 you presented today --

22 THE WITNESS: Okay.

23 COMMISSIONER JAMES: -- and the documents
24 Mr. Stubley has handed up plus this Form 20 that was
25 filed in another file.

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1 THE WITNESS: Okay. I have an e-mail
2 showing I sent a copy to Tamara and the Defendants.

3 COMMISSIONER JAMES: They don't go in
4 until today.

5 THE WITNESS: Okay.

6 COMMISSIONER JAMES: If you're moving to
7 submit those, but there's a procedure for that.

8 THE WITNESS: See, I don't really know the
9 procedure. That's --

10 COMMISSIONER JAMES: That's why we had the
11 discussion --

12 THE WITNESS: I've been trying to find an
13 attorney.

14 COMMISSIONER JAMES: That's why we had the
15 discussion about an attorney.

16 THE WITNESS: Right.

17 COMMISSIONER JAMES: But I haven't seen
18 them. I have to be kept away from anything until it
19 becomes evidence.

20 THE WITNESS: Okay. So basically they
21 could still be back there. I just wanted to make
22 sure that --

23 COMMISSIONER JAMES: No, ma'am. They're
24 not. She wouldn't -- she doesn't put those
25 anywhere. We can't. That would be unfair to any

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1 party. It would be unfair if people presented stuff
2 until you come to the hearing. Mr. Stubley, you may
3 be more aware of this certainly than I am because
4 I'm not supposed to see anything until we come to a
5 hearing. Is there any objection to whatever
6 document -- whatever pictures?

7 MR. STUBLEY: She sent photos and I got
8 them and --

9 THE WITNESS: Okay.

10 MR. STUBLEY: I mean, one thing I want to
11 relay is I'm not her attorney.

12 COMMISSIONER JAMES: I understand.

13 MR. STUBLEY: And it's not my
14 responsibility to submit her exhibits or any medical
15 records. I mean, that's -- you know, she was free
16 to hire counsel as we discussed beforehand, and she
17 chose to proceed pro se.

18 THE WITNESS: It was not a choice, Your
19 Honor. It was not a choice.

20 COMMISSIONER JAMES: I understand you
21 sought counsel. Today --

22 THE WITNESS: I have sought counsel since
23 for the shoulder.

24 COMMISSIONER JAMES: Yes, ma'am. Okay.
25 Well, let's address the pictures because my --

1 THE WITNESS: Anyway, I sent pictures to
2 him and to Tamara. So I'm just hoping that when you
3 get to look at everything --

4 COMMISSIONER JAMES: No, ma'am. We need
5 to address that now.

6 THE WITNESS: Okay.

7 COMMISSIONER JAMES: This is what we call
8 a record. Everything today is the only thing that
9 goes in record.

10 THE WITNESS: Okay.

11 COMMISSIONER JAMES: If there's anything
12 that's not presented today, then it's not in the
13 record. So that's what I'm saying. If you -- if
14 there are pictures and you wish to use those and
15 you've provided them already as a possible exhibit
16 and you want to use those in your testimony, then
17 that's certainly fine. But I don't --

18 THE WITNESS: So I don't have pictures.

19 COMMISSIONER JAMES: Well, let me ask.
20 Are there any, and Mr. Stubley, you've seen them.
21 Are there any objections?

22 MR. STUBLEY: I have no objection. If she
23 wants to send them to you, leave the record open for
24 her to submit those.

25 COMMISSIONER JAMES: Let's make sure we

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1 have the proper record and that the record is
2 finished. Let me -- when we get to that point, I'll
3 go and -- when you finish your testimony, right
4 before the end of it, I'll get with Tamara and we'll
5 see.

6 THE WITNESS: Okay.

7 COMMISSIONER JAMES: And then we'll
8 address how they go in. But go ahead with your
9 testimony.

10 THE WITNESS: Okay.

11 COMMISSIONER JAMES: And then we'll take a
12 moment a little bit later to look for those.

13 THE WITNESS: Okay. The Defendants -- I
14 have got medical records on top of medical records
15 on top of medical records, five or six sets of
16 medical records of the same thing. The Defendants
17 have had time to compile an IOS -- ISO report. But
18 none of these documents, none, there's nothing with
19 the word workers' comp for the 2016 injury, not one
20 document. I don't have anything to hide.

21 I can go through here, this ISO report and tell
22 you the times that my child was in the car, my
23 children was in the car with me. They were bloody
24 from a car accident. Or the fact that I went to
25 work on my way home and someone hit me. I don't

1 have no reason to say okay, no, that didn't happen.
2 I don't have no reason to stand here and lie.

3 Defendants have stated time and time and time
4 and time again in their report that they have sent
5 me on the 22nd -- excuse me -- the 23rd, well, we
6 started the 22nd of 2016 of December, for medical
7 treatment at Richland Memorial Hospital. But noone
8 spoke to me. The charge nurse I spoke to, he never
9 gave them the forms. The supervisor never came to
10 the unit. I had to wait three hours before being
11 taken to the ER, which is right up the street from
12 the Sam Tucker Center.

13 Once again, the paperwork states that I'm denied
14 because of the fact that I was released on
15 12/23/2016 when I went to the emergency room. But
16 they still, if it was a workers' comp case, why
17 couldn't the Defendants even pay for my medicine? I
18 had to pay for my own medicine out of my pocket.
19 But in another incident, I didn't have to pay for my
20 medicine. I don't get the difference. I'm still
21 me. I came to work. I did my job. I got injured.

22 Then it's like the letter that's in here from
23 my supervisor after I resigned -- resigned, as I
24 stated, and the paper is in here, October of '88 is
25 when I started. Yes, I left and came back. But

1 every time I came back I was able to come back, no
2 problem. When I did put my resignation in, I get a
3 letter from my same supervisor, Ms. Lorraine Tracy,
4 who tells me that I can't be rehired because of the
5 fact that I didn't put in a resignation from '88
6 until all the times that I've been -- came and went
7 and came again, I put in a resignation.

8 But I feel like because of the fact that I got
9 hurt twice on the job, now I can't be rehired. I
10 think that's unfair. I felt intimidated. But I
11 still did my job in pain, still begging for medical
12 treatment.

13 To this day, nobody, and I gave the Defendants,
14 all of them, all four of them, copies of the same
15 receipt that's in here from CVS to ask for my money
16 back, but, no, I can't do that. Everybody says
17 nothing. I was told I could file a Form 50 in
18 reference to trying to get my money back. \$20, \$21
19 tops, something I had to pay for.

20 But at the same time this is workers' comp.
21 Workers' comp did not do anything for me to date.
22 He got -- submitted these forms where -- my medical
23 records where I've been to the hospital, ER, for
24 back -- back injuries and other things. What he
25 needed to do, or should have been done, was go back

1 and look at my employment record.

2 This is the first time that I ever filed a
3 workers' comp regardless of when I got hurt on the
4 job. I don't see nowhere in here when I passed out
5 and I hit my head at the Sam Tucker Center. Why?
6 Because I didn't file a workers' comp, liked my job.

7
8 COMMISSIONER JAMES: Ma'am, you're getting
9 me a little bit lost with that.

10 THE WITNESS: I'm just saying --

11 COMMISSIONER JAMES: That's another claim.

12 THE WITNESS: It wasn't a claim. That's
13 what I'm saying. It was never a claim.

14 COMMISSIONER JAMES: Okay.

15 THE WITNESS: All the times I've gotten
16 injured at the Sam Tucker Center, I've never filed a
17 claim. But the one time that I really, really,
18 really, really was in pain, when a resident, male,
19 attacked me, hurt me, I filed a claim and now it
20 becomes a problem.

21 So in the medical records that he has submitted,
22 you might see where I went to the emergency for
23 this, that, and the other. But was I working for
24 the Defendants? The dates line up. So what I seek
25 and ask for today is medical treatment for my back.

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1 I've been having to deal with this right here since
2 2016.

3 COMMISSIONER JAMES: Okay. Can I ask you
4 just a couple of questions just so I have the time
5 line?

6 THE WITNESS: Yes.

7 COMMISSIONER JAMES: And I realize some of
8 it is afterwards, but I want to make sure that I
9 understand. You've went over the date of the new
10 accident. You got a letter and it's in your packet.
11 When did you resign? What was that date?

12 THE WITNESS: July 24th or 27th of 2017.

13 COMMISSIONER JAMES: Okay. And can you
14 tell me, and I haven't had the benefit of looking at
15 the medical records that y'all have from the ER
16 visit. Can you tell me what part of your back you
17 injured from this accident from December 22, 2016?

18 THE WITNESS: It basically don't say. It
19 stated muscle spasm.

20 COMMISSIONER JAMES: Okay. But you tell
21 me. Was it lower back, middle back?

22 THE WITNESS: Lower back.

23 COMMISSIONER JAMES: Okay.

24 THE WITNESS: And I have a question. In
25 reference to the Defendants -- Defendants, South

1 Carolina Workers' Compensation EDI, updated first
2 report date 9/25/2017, the information that's on
3 here is incorrect. So my question is where did
4 contusion come from? Because in my medical record
5 it says muscle spasm. This right here is nothing
6 like the one, if it was workers' comp and I got
7 authorization. It will be four pages. My statement
8 would be on here. My supervisor had signed it.

9 This right here is one page. They just stated
10 that the injury didn't happen even on the employer's
11 premises. I don't have -- I got hurt on the job.
12 All I wanted was medical treatment. I tried to work
13 as long as I possibly could in pain -- take off
14 because I was in pain. But my supervisor cared so
15 little about my well-being and called me in to have
16 the paper signed because they didn't want to be
17 fined by OSHA. I talked to OSHA myself.

18 COMMISSIONER JAMES: Commissioner, I'm
19 going to again object. She can't testify to what
20 somebody else thinks.

21 COMMISSIONER JAMES: That's sustained.

22 THE WITNESS: I apologize, Your Honor.

23 COMMISSIONER JAMES: Okay.

24 THE WITNESS: I called OSHA myself. The
25 rule is, the law, if a person is injured and it's

1 not reported, OSHA can come in and fine that
2 business -- do an investigation on two things. So I
3 guess that hasn't happened yet. All I want is
4 medical treatment.

5 When the Defendants go back and look at the time
6 line as far as my dates of employment and the time
7 going to the hospital and not writing up a workers'
8 comp case and me taking myself to the hospital,
9 that's fine. But this right here was my first
10 workers' comp claim ever with the Defendants since
11 1988. I'm a good worker. I'm a certified CNA. I
12 worked hard for my CDL. I raised three daughters
13 and I try, or I thought that things would get better
14 as life went on, as I got older, kids grown now, and
15 it's just I guess a blessing I want to say.

16 Because when I went to the hospital on March 7,
17 2017, all kind of tests was ran. Just like when I
18 went to the hospital two weeks ago to get checked
19 for Corvid (sic), they ran all kind of tests. Come
20 to find out, I had pneumonia. And now I got to
21 fight another fight and I still can't. So when I
22 finish this here, now I've got to go deal with
23 oncologists.

24 So it's just the fact that I'm trying to figure
25 out when is enough enough? I've been fighting.

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1 Don't have no lawyer and because I don't know the
2 law, I'm felt to be made stupid each time. I don't
3 know the law. I never said I did. But the evidence
4 should speak for itself. I don't know the time
5 lines, how things are done, but I think if
6 everything, God as my witness, once all this right
7 here is over, I will sign myself up for law school
8 because right is right and wrong is wrong. That's
9 all I have to say, Your Honor.

10 COMMISSIONER JAMES: All right, Ms. Dixon,
11 and I will get those pictures hopefully from my
12 assistant. I have e-mailed her. And then what
13 we'll do, it will be a little bit out of order, but
14 I'll let her tell me what the pictures are, because
15 I haven't seen them, and what they're about. Let me
16 see -- let me see --

17 THE WITNESS: Oh, he stated that earlier.
18 When he stated -- I had a car accident; it was a
19 fender-bender. It wasn't a full on collision of the
20 car.

21 COMMISSIONER JAMES: So these are pictures
22 from --

23 THE WITNESS: Showing --

24 COMMISSIONER JAMES: -- the accident in
25 March?

1 THE WITNESS: Correct.

2 COMMISSIONER JAMES: Of 2017?

3 THE WITNESS: Correct.

4 COMMISSIONER JAMES: All right. Let's
5 just, we'll get those and identify those.

6 THE WITNESS: Okay.

7 COMMISSIONER JAMES: All right. So let
8 me --

9 THE WITNESS: Can I -- up?

10 COMMISSIONER JAMES: Yes, ma'am.
11 Absolutely.

12 THE WITNESS: Thank you.

13 COMMISSIONER JAMES: So let me take just a
14 moment. We're going to go off the record on camera.
15 (WHEREUPON, a brief recess was observed.)

16 COMMISSIONER JAMES: All right. Let's go
17 back on the record. All right. Yes, ma'am? We
18 were off record and you said you had one other thing
19 you wanted to say?

20 THE WITNESS: In reference to -- excuse
21 me. In reference to anything, well, I've learned
22 thus far, for authorization to be done, there's a
23 number to everything: first day of visit, any
24 treatment needed or whatever. You need an
25 authorization code and a referral code. And I have

1 not seen one for these in 2016 or to date. That's
2 all, for me to say that I have received
3 authorization.

4 COMMISSIONER JAMES: Thanks, ma'am. All
5 right. Cross examination?

6 MR. STUBLEY: Commissioner, I don't have
7 any questions for her, but I would appreciate the
8 opportunity to lay out our argument a little bit
9 better citing actual evidence in the APAs and our
10 exhibits.

11 COMMISSIONER JAMES: All right. If you
12 wish to go ahead and do that. We're still waiting
13 on the pictures that we're going to put in evidence.

14 MR. STUBLEY: Okay. That's fine.

15 COMMISSIONER JAMES: But you can go ahead
16 now if you wish to.

17 MR. STUBLEY: All right, Commissioner,
18 first of all, I just want to say she says there's no
19 authorization rating showing payment of medicals.
20 There's a Form 18 that's been filed with the
21 Commission which is required by the Workers'
22 Compensation Act that shows that the medical
23 evaluation that she had back in December of 2018 --
24 excuse me -- 2016, was paid for in the amount of
25 \$618.90.

1 The medical records that we're relying on, page
2 66 of our APA, was her release when the doctor
3 discharged her. There's no additional followup with
4 the doctor. The medical, APA page 34 begins the
5 records on the March 7, 2017 motor vehicle accident
6 where she did go to the hospital with a complaint of
7 neck and back pain. Those records go all the way
8 through page 53 of our APAs.

9 Now, if I understood the Claimant correctly, she
10 testified that she had no prior workers'
11 compensation claims. But the ISO report that we
12 attached shows that she did have prior workers'
13 compensation claims and in fact has --

14 MS. DIXON: I said --

15 MR. STUBLEY: -- subsequent claims as
16 well.

17 MS. DIXON: Objection. Objection.

18 MR. STUBLEY: She has -- she has worked.

19 MS. DIXON: Objection.

20 COMMISSIONER JAMES: Okay. You can speak
21 in just a second.

22 MS. DIXON: Okay.

23 MR. STUBLEY: I take the position,
24 Commissioner, that if somebody files a workers' --
25 files an insurance claim as a result of an accident

1 alleging injuries to their neck and back, they would
2 be estopped from coming back at this point and
3 alleging that we're entitled or that we are
4 responsible for the additional medical care. I'm
5 specifically relying on 4215-60B3, as previously
6 outlined. I would also point out that she did hire
7 an attorney who subsequently withdrew as counsel.

8 MS. DIXON: Objection.

9 MR. STUBLEY: Commissioner, this is all
10 part of your record.

11 MS. DIXON: Object.

12 COMMISSIONER JAMES: Yes, ma'am? Your
13 objection?

14 MS. DIXON: Everything he's saying, he did
15 not listen to what I stated. I stated that I've
16 never filed a workers' compensation claim with the
17 Defendant. He had a book right here. I told you
18 when I started my -- when I started speaking,
19 everything has a paper trail. I don't have a
20 problem with that. I still have a case in Charlotte
21 where I got a workers' comp injury. I had a
22 fractured foot. I didn't state that I never had
23 workers' comp, never file one.

24 COMMISSIONER JAMES: Okay..

25 MS. DIXON: I don't want him to tell that

1 story on me.

2 COMMISSIONER JAMES: All right. Yes,
3 ma'am. All right. Then your position --

4 MS. DIXON: And as far as the --

5 MR. STUBLEY: Commissioner, I'm just
6 laying out my time line.

7 MS. DIXON: The neck and the back
8 injury --

9 MR. STUBLEY: I think I should have the
10 opportunity to do that.

11 MS. DIXON: Correction, Your Honor. No,
12 he --

13 COMMISSIONER JAMES: All right. Ma'am, if
14 you can just make a note and you can argue again.
15 If you have a legal objection, I'll hear it, but if
16 you have a factual --

17 MS. DIXON: If I have? I'm sorry?

18 COMMISSIONER JAMES: If you have a legal
19 objection to what he's saying, I'll hear it, but if
20 you have a counter position that you're saying that
21 what he's saying is wrong, then after he finishes --

22 MS. DIXON: Okay.

23 COMMISSIONER JAMES: -- you can tell me;
24 okay?

25 THE WITNESS: Okay.

1 COMMISSIONER JAMES: If you'll just make a
2 note and then we'll go back to you. All right.
3 Yes, sir?

4 MR. STUBLEY: Give me one second,
5 Commissioner. Benjamin Cruse was released from
6 counsel March 15, 2018. The Commission -- the
7 Claimant did not file a subsequent 50 until July,
8 2019, which is well over a year. So she had proper
9 notice of our denial, of any additional medical
10 treatment. I think she's barred under the statute
11 and there's also the issue of an intervening injury
12 along with Laches and estoppel as we've outlined.
13 We're going to rely on the medical records as they
14 speak for themselves, as well as the ISO report.

15 COMMISSIONER JAMES: All right. And you
16 had something else you wanted to say, ma'am, in
17 response?

18 MS. DIXON: Okay. When I went to the
19 hospital on March 7, 2017, I complained of neck
20 injury only. Now, for example, when I went and got
21 tested for Corvid (sic), I had a CAT scan. I had
22 the thing in my nose. I had x-rays, all of this
23 right here that I did not ask for. So I complained
24 of my neck when I went, not my back, and they ran
25 tests, that was on them even though I did not say

1 anything about my back. It was my neck.

2 COMMISSIONER JAMES: Are you talking about
3 the March, 2017?

4 MS. DIXON: Correct. As far as -- again,
5 as far as the workers' comp. Yes, I have filed a
6 workers' comp claim. He produced -- the Defendants
7 have some of, inaccurate or not, paperwork stating
8 where I had it. But I stated a while ago that I've
9 never, since 1988, I've never had a workers' comp
10 claim even though I've been injured, but I never
11 filed a workers' comp claim until 2016. That's what
12 I said. And as far as the injury, did you get
13 pictures of it?

14 COMMISSIONER JAMES: That's what I was
15 going to ask y'all.

16 MS. DIXON: Okay.

17 COMMISSIONER JAMES: And Ms. Moore has
18 brought these in. Are these the pictures that
19 you're referencing, ma'am?

20 MS. DIXON: Yes.

21 COMMISSIONER JAMES: Are these --

22 MS. DIXON: Side of the car, yes.

23 COMMISSIONER JAMES: It's three pictures?

24 MS. DIXON: Uh-huh.

25 COMMISSIONER JAMES: Okay. And these are

1 pictures, just and we're going to mark those and put
2 them in record. These are pictures from your 2017,
3 March accident?

4 MS. DIXON: Yes, March the 7th -- 5th.

5 COMMISSIONER JAMES: The year 2017?

6 MS. DIXON: Yes, ma'am.

7 COMMISSIONER JAMES: I was just using the
8 month.

9 MS. DIXON: March was correct.

10 COMMISSIONER JAMES: Okay. And so I'm
11 going to mark those and we're going to mark those
12 Claimant's Exhibit 1.

13 (WHEREUPON, Claimant's Exhibit 1 was
14 marked for identification.)

15 COMMISSIONER JAMES: Okay. If you can
16 mark those 2 and 3 because I'm going to ask a
17 question or two.

18 (WHEREUPON, Claimant's Exhibits 2 and 3
19 were marked for identification.)

20 COMMISSIONER JAMES: Okay. And I'm just
21 going to show these to you and ask you what they are
22 just to make sure. Because the first one looks like
23 it has some rain or some kind of spots on it. So
24 Claimant's Exhibit 1, what is that?

25 MS. DIXON: What date is on it?

1 COMMISSIONER JAMES: It's March 22, 2017.
2 It would have been part of the pictures that you
3 sent to me.

4 MS. DIXON: It could have been the person,
5 the adjuster or whoever came by and took pictures in
6 the rain. I don't know.

7 COMMISSIONER JAMES: Okay. So that's not
8 showing anything that you want me to be aware of
9 that you know of?

10 MS. DIXON: No, it's just part of the car,
11 but the other pictures, if you can see --

12 COMMISSIONER JAMES: Okay.

13 MS. DIXON: -- it doesn't --

14 COMMISSIONER JAMES: I have two other
15 pictures. I'm going to ask you about each one. So
16 this one --

17 MS. DIXON: The lower one --

18 COMMISSIONER JAMES: Okay. Let's just
19 look at this one right now.

20 MS. DIXON: Okay. Okay.

21 COMMISSIONER JAMES: So the big picture --
22 the big picture at the top that looks like rain,
23 you're not really sure what that is?

24 MS. DIXON: No.

25 COMMISSIONER JAMES: Okay. All right.

1 Then let's go to Exhibit 2. And do you know what
2 that is?

3 MS. DIXON: The side panel. You can see
4 down below right there, that's the tire and that's
5 where the damage was done. I wasn't rear-ended.

6 COMMISSIONER JAMES: And it looks like the
7 side panel is --

8 MS. DIXON: It was dented in the
9 taillight.

10 COMMISSIONER JAMES: But is it taken off?

11 MS. DIXON: Yes.

12 COMMISSIONER JAMES: Okay. So the side
13 panel is off?

14 MS. DIXON: Right.

15 COMMISSIONER JAMES: Okay. I just wanted
16 to make sure that I could see.

17 MS. DIXON: That was just me sending --
18 wanting to send the pictures to show I was not
19 rear-ended.

20 COMMISSIONER JAMES: Okay.

21 MS. DIXON: And I was checking on my
22 granddaughter who was in the backseat.

23 COMMISSIONER JAMES: All right. And here
24 is Exhibit 3. And what does that show?

25 MS. DIXON: The panel back on.

1 COMMISSIONER JAMES: So that's repaired?

2 MS. DIXON: Yes.

3 COMMISSIONER JAMES: Okay. So I have
4 three pictures.

5 MS. DIXON: Uh-huh.

6 COMMISSIONER JAMES: This is what you want
7 to go into evidence?

8 MS. DIXON: Yes, ma'am.

9 COMMISSIONER JAMES: Okay. Mr. Stublely, I
10 know you've seen those. Do you need to ask any
11 questions with regards to these?

12 MR. STUBLEY: No, Commissioner.

13 COMMISSIONER JAMES: All right. I believe
14 that unless there's anything else, that that will
15 conclude the hearing.

16 **(THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS**
17 **CONCLUDED AT THE HOUR OF 2:02 P.M.)**

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CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1623303

EMPLOYEE/CLAIMANT: DANA DIXON

**EMPLOYER: SOUTH CAROLINA DEPARTMENT OF MENTAL
HEALTH**

INSURER: STATE ACCIDENT FUND

I, EMILY HULLEY-ROACH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING **41** PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF **DANA DIXON** TAKEN ON THE 12TH DAY OF JUNE, 2020.

THAT THE WITNESSES WERE DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 7TH DAY OF JUNE, 2020.

EMILY HULLEY-ROACH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 3-07-2021

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

Dana Dixon,
Appellant,
vs.
SC Department of Mental Health,
Employer,
and
State Accident Fund,
Carrier,
Respondents.

FULL COMMISSION APPELLATE
PANEL ORDER

FILED: May 26, 2021

STATEMENT OF THE CASE

This matter comes before the Full Commission Appellate Panel ("Panel") via appeal by the Appellant from the Hearing Commissioner's Order dated November 3, 2020. This was an admitted claim in which Ms. Dixon suffered admitted injuries to her back, neck and jaw on December 22, 2016, after being struck by a patient while assisting them into bed. (Tr. p. 26, lines 18-20) She received medical treatment for that injury from Palmetto Health Richland emergency room on December 23, 2016. (Respondents' APA p.65-67) She was released from care the same day and Appellant received no additional authorized medical care for this accident. (Respondents' APA p.67) During March of 2017 Appellant was involved in a motor vehicle accident. (Respondents' APA p.34-53).

On September 7, 2017, Appellant's then attorney, Benjamin Cruse, filed a claim on Appellant's behalf via a Form 50, not requesting a hearing, in which Appellant alleged an injury to the back, neck and jaw. In February 2018, Appellant requested to terminate the employee-client relationship with Mr. Cruse, and he was relieved as her counsel by Order of the Commission on March 15, 2018. Appellant, while advised of her right to counsel, proceeded pro se. Appellant subsequently filed a Form 50 February 26, 2019 seeking treatment for her jaw, neck and back. This was past the statutory period for treatment and lapse for an injury and Appellant has provided no evidence which would allow for any of the exceptions to the rule. SC Code § 42-15-60 (2012).

Appellant filed a Form 50 July 8, 2019 requesting a hearing. Following the hearing on October 28, 2019, the parties entered into a Consent Order due to no Form 20 being filed. Appellant again filed a Form 50 requesting a hearing on January 8, 2020. The hearing before the Single Commissioner occurred on June 12, 2020.

Following the hearing, the Single Commissioner issued an Order on November 3, 2020 in which she reached the following findings of fact and conclusions of law:

Findings of Fact:

1. All the parties of these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, to date.
2. The South Carolina Workers' Compensation Commission has subject matter and personal jurisdiction over all the parties and matters before this Commissioner; all parties having received proper notice of the hearing held set for June 12, 2020.
3. Venue is proper set in Richland County, South Carolina.
4. The Claimant's average weekly wage is \$449.34, which a resulting compensation rate of \$299.57.
5. On December 22, 2016, the Claimant suffered an admitted accident while assisting a resident that occurred while she was in the course and scope of her employment with the South Carolina Department of Mental Health.
6. In her initial report of injury to the employer, the Claimant stated that the injury she sustained was to her back, neck and jaw.
7. Defendants admitted an injury to the jaw, neck, and back pain and provided medical care and treatment.
8. The Claimant was seen at the Palmetto health Richland emergency room on December 23, 2016. The notes reflect that the Claimant was struck on the jaw at work the previous day and that she had neck, jaw and back pain. The physician's assessment was muscle spasm, and the Claimant was discharged with no recommendations of further care.
9. Claimant received no authorized medical treatment following December 23, 2016.
10. Subsequently claimant was involved in a motor vehicle accident in March 2017.
11. On March 3, 2017 claimant presented to Providence Hospital. (Defendants APA p.34, p.53) The notes reflect that the Claimant reported that she had

been in a MVA days before her visit. X-rays were obtained of the Claimant's cervical and thoracic spine as a result of her symptoms.

12. No medical evidence was presented to suggest to a reasonable degree of medical certainty that the current request for medical treatment was causally related to the December 22, 2016 injury.
13. Claimant filed a Form 50 (Notice of Claim) on September 7, 2017.
14. A form 50 (Hearing Request) was filed on February 26, 2019.
15. Claimant currently requests treatment for her back.
16. The Claimant provides a note by a physician into the record (Claimants APA p. 52), but the July 17, 2017 note does not reference the date of the workplace assault or the motor vehicle accident.
17. The July 17, 2017 note from Dr. Saunders (Claimants APA p. 52) includes no indication of reviewing records and makes no mention of prior injuries.
18. The note provided by Dr. Saunders (Claimants APA p. 52) is not stated to a degree of reasonable medical certainty as required by Section §42-15-60.
19. Based on the greater weight of the evidence, I would find that Claimant's request for treatment for the back is denied. The period for which back pain could be claimed has lapsed due to a lack of treatment and no objective medical evidence has been submitted to prove any outstanding issue is causally related to her December 22, 2016 work accident. Therefore, Claimant's request for treatment is barred under the South Carolina Workers' Compensation Act.

Conclusions of Law:

1. Pursuant to S.C. Code Ann. §42-1-130, the Claimant was a covered employee at the time in question and under S.C. Code Ann. §42-1-140, the Defendant employer was a covered employer under the Act.
2. Pursuant to S.C. Code Ann. §42-1-160, Claimant suffered injury to her jaw, neck and back by compensable accident in the course and scope of her employment.
3. Pursuant to S.C. Code Ann. §42-15-60 (A), The employer shall provide medical, surgical, hospital and other treatment, including medical and surgical supplies as reasonably may be required, for a period not exceeding ten weeks from the date of an injury, to effect a cure or give relief and for an additional time as in the judgement of the commission will tend to lessen

the period of disability as evidenced by expert medical evidence stated to a reasonable degree of medical certainty. This standard was reiterated upon in *Hartzell v. Palmetto Collision, LLC* (S.C. App. 2016) 419 S.C. 87m 796 S.E. 2d 145, which limited the period to 10 weeks and that the commission's decision to extend compensation must be based upon the heightened standard of medical evidence required by statute.

4. While Claimant does provide a note from Dr. Saunders (Claimants APA p. 52) the note does not reach the standard of reasonable medical certainty as required by Section §42-15-60.
5. The undersigned cannot provide an opinion that is the equivalent to a medical opinion. *Burnette v. City of Greenville* (S.C. App. 2012) 401 S.C. 417, 737 S.E.2d 200. Therefore, the undersigned cannot relate the complaint/ condition to either accident.
6. S.C. Code Ann. §12-15-20 governs the notice that must be provided by an injured worker to his or her employer following an accident.
7. Claimant has allowed her treatment to lapse beyond the statutory period without providing sufficient medical evidence that any ongoing back pain is the result of her December 22, 2016 work accident. As such, her request for treatment for her back in the present claim is denied.

Concluding in the Single Commissioner finding that the Appellant failed to establish that she sustained a compensable injury to her back as a result of her December 22, 2016 injury. Therefore, the Single Commissioner denied Appellant's request for treatment for her back.

On or around November 19, 2019, Appellant filed a Form 30, ostensibly seeking to appeal the decision of the Single Commissioner. In addition to her Form 30, Appellant filed a document that was construed as a Motion for Additional Evidence regarding a single page document entitled "Employer/Supervisor notification" dated 2/3/2017, which was granted by the Full Commission immediately prior to the Full Panel Hearing.

STANDARD OF REVIEW

Under the South Carolina Workers Compensation Act, the Full Commission Appellate Panel is the ultimate finder of fact and arbiter of the claim and is not bound by a single

commissioner's findings of fact and conclusions of law. *See Ross v. American Red Cross*, 298 S.C. 490, 381 S.E.2d 728 (SC 1989). The Panel is empowered to make its own findings and conclusions consistent or inconsistent with those of the single commissioner. *McGuffin v. Schlumberger-Sangamo*, 307 S.C. 184, 414 S.E.2d 162 (SC 1992). Finally, upon review of a single commissioner's Order and award, the panel may "reconsider the evidence, receive further evidence, rehear the parties or their representatives and, if proper, amend the award." S.C. Code §42-17-50. Finally, when the facts of a case are undisputed, the issue of claim compensability becomes a matter of law. *Jordan v. Dixie Chevrolet*, 218 S.C. 73, 61 S.E.2d 654 (1950).

SUMMARY OF THE EVIDENCE

At the hearing before the Single Commissioner, the Commission's file and APA submissions were made a part of the record without objection. Claimant was further advised of her right to counsel by the undersigned and elected to proceed with the hearing *pro se*. (Single Comm. Tr. p. 4, line 14- p. 5, line 12). Claimant also produced an unnumbered stack of documents which had not been presented prior to the hearing. (Single Comm. Tr. P. 5, lines 9-12).

At the time of the injury in question in this claim, Claimant testified that she was working for Defendant South Carolina Department of Mental Health ("SCDMH"). (Single Comm. Tr. p. 17, lines 21-25; p. 18, lines 5-8) Claimant testified that she started working for SCDMH on December 2, 2016. (Single Comm. Tr. p. 10, line 18). Claimant testified that she has been doing CNA-type work off-and-on, starting in October 1988. (Single Comm. Tr. p. 24, lines 24-25). She maintains both her CNA and CDL licenses. (Single Comm. Tr. p. 29, lines 11-12).

Prior to the December 22, 2016 injury, Claimant testified that she had "never, since 1988, I've never had a workers' comp claim" (Single Comm. Tr. p. 37, lines 8-10). However, that claim is refuted by the Claimants' ISO report, which shows several prior workers compensation claims.

(Defendant's APA p.77-78 and 80-87). Claimant testified as to the facts of her work-related accident which is the subject of the present claim. This accident occurred on December 22, 2016 while Claimant was acting within the course and scope of her employment with SCDMH. Claimant testified that she was injured by a resident she had never sat with before during a one-on-one. (Single Comm. Tr. p. 10, lines 23-24). She stated that a male resident attacked her. (Single Comm. Tr. p. 26, lines 18-20).

Claimant testified that, she went to Richland Memorial Hospital on 12/23/16 for medical treatment, was diagnosed with a muscle spasm and received no forms while there, save for a medical excuse from Palmetto Richland (Single Comm. Tr. p. 2, lines 5-11; p. 15, lines 10-12; p. 27, lines 18-19). Claimant had no follow-up medical visits for this injury¹. (Defendants' APA p. 65-67).

Claimant testified that she was in a car accident during March of 2017, though she provided several varying recollections of the accident (Single Comm. Tr. p. 19, lines 9-11; Tr. p. 23, lines 21-25; Tr. p. 30, lines 17-20 and Tr. p. 40, lines 3-5). She testified that went to the hospital on March 7, 2017 (Single Comm. Tr. p. 29, lines 16-17) She complained of pain in her neck and lower back. (Defendants' APA p. 34) X-rays of the back showed mild endplate degenerative changes. (Defendants' APA p. 37) The Claimant filed an insurance claim for bodily injury resulting from the accident. (Defendants' APA p. 72) There are no follow-up medical treatments for the back injury on record following the x-ray. Claimant presented no evidence or witnesses to support a causal relationship between the December 22, 2016 injury and any current back issues that may currently exist.

¹ Appellant made several allegations that the records from 12/23/2016 provided that she needed additional medical treatment. However, there is no evidence in the record to support this allegation. Contrarily, the records from Providence Hospital related to her March 2017 MVA, more than three (3) months after her work injury, note that Appellant "will be discharged home to follow up with PCP." (Defendants' APA p. 55).

Prior to the start of the Full Panel Hearing, Claimant was again advised of her right to counsel by the undersigned and elected to proceed with the hearing pro se². (Tr. p. 3, lines 16-25). Regarding the submission of evidence³, the Panel ruled on Appellant's Motion to Add a single page document to the record related to her light-duty status. (Tr. p. 4, lines 1-12). Respondents withdrew their previously stated objection, and the document was admitted to the record. (Tr. p. 4, lines 13-24). Claimant spent the majority of her argument narrating a version of the facts of the claim, failing to point to any evidence in the record to support a causal relationship between the December 22, 2016 injury and any current back issues that may currently exist. When asked by the Panel in what way the facts and statements she made hurt her claim, Appellant was unable to point to any evidence in the record, other than to state that she believed the transcript produced from the hearing before the single Commission was inaccurate. (Tr. p.7-8, lines 20-25; 1-19). Therefore, Appellant has failed to satisfy the burden of proof in the case.

FINDINGS OF FACT

This matter was heard by the Panel at a Review Hearing on February 22, 2021. After careful consideration of Briefs from the parties, able arguments by counsel, and review of the evidentiary Record and applicable law, the Panel concludes that the Hearing Commissioner's Order dated November 3, 2020 must be **AFFIRMED** and Appellant's claim for compensation and

² It is important to note that Appellant has been repeatedly, at every step in the litigation process, been advised of her right to counsel, and continues to elect *pro se* representation. As such, Appellant's failure to understand the procedures and law that encompasses the litigation process does not sway the outcome of the decision on the merits of Appellant's claim. (Tr. p. 12, lines 12-19).

³ Save the single document admitted without objection by the Commission at the Full Panel hearing, the record before the Full Panel is limited to the Single Commissioner's file and APA submissions determined at the hearing before the Single Commissioner.

additional medical treatment, and all other relief under the Act, is hereby **DENIED**. Specifically, the Panel is hereby entering the following Findings of Fact in support of its determination:

1. All the parties of these proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, to date.
2. The South Carolina Workers' Compensation Commission has subject matter and personal jurisdiction over all the parties and matters before this Commissioner; all parties having received proper notice of the hearing held set for June 12, 2020.
3. Venue is proper set in Richland County, South Carolina.
4. The Claimant's average weekly wage is \$449.34, which a resulting compensation rate of \$299.57.
5. On December 22, 2016, the Claimant suffered an admitted accident while assisting a resident that occurred while she was in the course and scope of her employment with the South Carolina Department of Mental Health.
6. In her initial report of injury to the employer, the Claimant stated that the injury she sustained was to her back, neck and jaw.
7. Defendants admitted an injury to the jaw, neck, and back pain and provided medical care and treatment.
8. The Claimant was seen at the Palmetto health Richland emergency room on December 23, 2016. The notes reflect that the Claimant was struck on the jaw at work the previous day and that she had neck, jaw and back pain. The physician's assessment was muscle spasm and the Claimant was discharged with no recommendations of further care.
9. Claimant received no authorized medical treatment following December 23, 2016.
10. Subsequently claimant was involved in a motor vehicle accident in March 2017.

11. On March 3, 2017 claimant presented to Providence Hospital. (Defendants APA p.34, p.53). The notes reflect that the Claimant reported that she had been in a MVA days before her visit. X-rays were obtained of the Claimant's cervical and thoracic spine as a result of her symptoms.
12. No medical evidence was presented to suggest to a reasonable degree of medical certainty that the current request for medical treatment was causally related to the December 22, 2016 injury.
13. Claimant filed a Form 50 (Notice of Claim) on September 7, 2017.
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17. The July 17, 2017 note from Dr. Saunders (Claimants APA p. 52) includes no indication of reviewing records and makes no mention of prior injuries.
18. The note provided by Dr. Saunders (Claimants APA p. 52) is not stated to a degree of reasonable medical certainty as required by Section §42-15-60.
19. Based on the greater weight of the evidence, we would find that Claimant's request for treatment for the back is denied. The period for which back pain could be claimed has lapsed due to a lack of treatment and no objective medical evidence has been submitted to prove any outstanding issue is causally related to her December 22, 2016 work accident. Therefore, Claimant's request for treatment is barred under the South Carolina Workers' Compensation Act.

CONCLUSIONS OF LAW

Accordingly, as provided by the S.C. Code Ann. §42-17-40, it is the determination and finding of this Panel:

1. Pursuant to S.C. Code Ann. §42-1-130, the Claimant was a covered employee at the time in question and under S.C. Code Ann. §42-1-140, the Defendant employer was a covered employer under the Act.
2. Pursuant to S.C. Code Ann. §42-1-160, Claimant suffered injury to her jaw, neck and back by compensable accident in the course and scope of her employment.
3. Pursuant to S.C. Code Ann. §42-15-60 (A), The employer shall provide medical, surgical, hospital and other treatment, including medical and surgical supplies as reasonably may be required, for a period not exceeding ten weeks from the date of an injury, to effect a cure or give relief and for an additional time as in the judgement of the commission will tend to lessen the period of disability as evidenced by expert medical evidence stated to a reasonable degree of medical certainty. This standard was reiterated upon in Hartzell v. Palmetto Collision, LLC, (S.C. App. 2016) 419 S.C, 87m 796 S.E. 2d 145, which limited the period to 10 weeks and that the commission's decision to extend compensation must be based upon the heightened standard of medical evidence required by statute.
4. While Claimant does provide a note from Dr. Saunders (Claimants APA n. 52) the note does not reach the standard of reasonable medical certainty as required by Section §42-15-60.
5. The undersigned cannot provide an opinion that is the equivalent to a medical opinion. Burnette v. City of Greenville, (S.C. App. 2012) 401 S.C. 417, 737 S.E.2d 200. Therefore, the undersigned cannot relate the complaint/ condition to either accident.

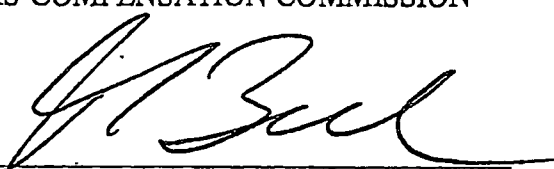
6. S.C. Code Ann. §12-15-20 governs the notice that must be provided by an injured worker to his or her employer following an accident.
7. Claimant has allowed her treatment to lapse beyond the statutory period without providing sufficient medical evidence that any ongoing back pain is the result of her December 22, 2016 work accident. As such, her request for treatment for her back in the present claim is denied.

CONCLUSION AND ORDER

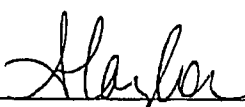
For all the aforementioned reasons, it is **ORDERED, ADJUDGED, AND DECREED** that the Hearing Commissioner's Decision and Order dated November 3, 2020 is hereby **AFFIRMED** and Appellant's claims for compensation and additional medical treatment, and all other relief under the Act, are hereby **DENIED**.

SO ORDERED!

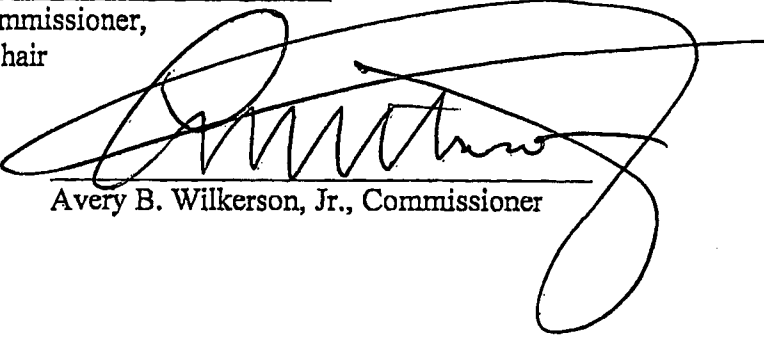
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION



T. Scott Beck, Commissioner,
Appellate Panel Chair



Commissioner Aisha Taylor
Aisha Taylor, Commissioner



Avery B. Wilkerson, Jr., Commissioner

Columbia, SC _____, 2021

Order Served via USPS:

Dana Dixon 181 Stabler Farm Road St. Matthews, SC 29135	M. Stephen Stubley Speed, Seta, Martin, Trivett, & Stubley P.O. Box 11669 Columbia, SC 29211

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia Hollmon on May 26, 2021

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1623303

Dana Dixon,)
)
Claimant,)
)
v.)
)
Department of Mental Health,)
)
Employer,)
)
and)
)
State Accident Fund,)
)
Carrier/Defendants.)
-----)

VIRTUAL FULL COMMISSION HEARING

Monday, February 22, 2021
3:26 p.m. - 3:44 p.m.

COPY

The Full Commission Hearing was heard virtually before Commissioner T. Scott Beck, Commissioner Avery Wilkerson and Commissioner Aisha Taylor, Chair, and was taken in South Carolina on the 22nd day of February, 2021 before M. Sean Cary, Court Reporter and Notary Public in and for the State of South Carolina.



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378

VIRTUAL APPEARANCES

M. Stephen Stubley, Esquire
 SPEED, SETA, MARTIN, TRIVETT & STUBLEY, LLC
 1122 Lady Street,
 Columbia, South Carolina 29201
 Attorney for the Respondents

Also Present:
 Dana Dixon, Pro Se Claimant

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

It is stipulated by and between counsel that the hearing is being conducted by remote means and the court reporter is not present with the witness.



1 **CHAIR:** Mr. Cary, will you please call the case.

2 **CALL TO ORDER:**

3 **COURT REPORTER:** Today is Monday, February 22nd,
4 2021. This is South Carolina Workers'
5 Compensation Case Number 1623303. This is the
6 case of Dana Dixon, the Claimant, versus
7 Department of Mental Health, the Employer, and
8 the State Accident Fund, the Carrier. The
9 Appellant is the Claimant and is appearing pro
10 se. The Respondent is represented by M.
11 Stephen Stubley. Each side is allowed ten
12 minutes for oral argument and the Appellant
13 three minutes in reply. You are requested to
14 argue the grounds of exception and stay within
15 the record.

16 **CHAIR:** Okay. Thank you. We are here in the matter
17 as called. Before we actually get to the
18 merits of the appeal I do want to first, Ms.
19 Dixon, advise you. I know you -- you -- you
20 know that you do have the right to have an
21 attorney represent you in this manner, and it's
22 my understanding that you are wishing to
23 proceed representing yourself today. Is that
24 correct?

25 **MS. DIXON:** That's correct.



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1 **CHAIR:** Okay. And now before, again, we get to the
2 merits we do have the issue of your motion that
3 you filed to add the document related to your
4 light-duty status into the record. Is that
5 correct?

6 **MS. DIXON:** Correct.

7 **CHAIR:** All right. And it's my understanding that
8 you had previously submitted that to the
9 Commission on more than one occasion, but it
10 had not been part of the APAs once they were
11 scanned and filed to the record, is that right?

12 **MS. DIXON:** Correct.

13 **CHAIR:** Okay. Thank you, ma'am. Mr. Stublely, I'll
14 hear your objection for the record.

15 **MR. STUBLEY:** Commissioner, I- -- I'm just going to
16 withdraw my objection.

17 **CHAIR:** Okay. All right. Thank you, sir. Well,
18 that record, Ms. Dixon, will be admitted
19 without objection and again, I will note that
20 based on the review of the pleadings, that it
21 is that employer supervisor notification that
22 is dated February 3rd, 2017 and has your
23 signature, that item will now be admitted into
24 the record without objection. Okay, Ms. Dixon?

25 **MS. DIXON:** Thank you.



1 CHAIR: All right. You're very welcome. All right.
2 Now, I'll -- you'll have ten minutes to argue
3 the merits of your appeal.

4 MS. DIXON: Now?

5 CHAIR: Yes, ma'am.

6 MS. DIXON: Okay.

7 CHAIR: Thank you. Okay.

8 **APPELLANT'S ARGUMENT**

9 MS. DIXON: On the Commission website under
10 authorization to treat, it states the
11 following, providers should contain -- excuse
12 me obtain written authorization from employers.
13 Providers may request employee to fax a written
14 authorization at the time authorization is
15 given. If not possible to obtain written
16 authorization, the provider must document the
17 authorization by noting date and time of the
18 authorization, and name of person who
19 authorized the treatment. Defendants did not
20 submit any documents to show name of person who
21 gave consent on 12/22/2016. The paid hospital
22 bill does not show wording of Workers'
23 Compensation but date of service 12/23/2016
24 that was paid for by the Defendants on March
25 14th, 2017. The first report was submitted by



1 Defendants on September the 25th, 2017, nine
2 months after my work injury, and it's
3 incorrect. Defendant's transcript references
4 in the order is incorrect. On January the
5 12th, 2021, I was trying to email my 16 page
6 brief to Ms. Hollman. I was able to send five
7 pages only, which was not -- has numbers on
8 each page Defendant's received. Ms. Hollman
9 told me that it was asking her to upload Avast
10 on her work computer, and she then told me she
11 wouldn't and to put the hard copy in the mail.
12 Defendants erred by stating upon my discharge
13 I was released with no further recommendation
14 for medical care, when the Discharge Summary
15 stated the need for medical treatment from my
16 doctor immediately. Only form I received from
17 Defendant was the Witness Statement that I
18 wrote on 01/13/2017 for my 12/22/2016 injury.
19 Five days later I received a letter from the
20 Defendants dated January the 18th, 2017,
21 stating they received my Work Injury Report
22 from my employers. 73 days after my work
23 injury, I was involved in a car accident;
24 please see Exhibit 1 through 3. On March 7th,
25 2017, I went to Providence Northeast for neck



1 pain. I submitted 11 pages stating neck pain.
2 By Defendant's own admission, on Page 4 of
3 their brief, Number 4, they stated they filed
4 a Form 51 on February the 7th, 2020 for date of
5 injury, December the 22nd, 2016. Defendant's
6 compensation rate is wrong -- excuse me,
7 Defendant's compensation rate is from the Form
8 20 of WCC File Number 1712879 of 2017.
9 Defendants stated, I am asking for additional
10 treatment, when the fact of the matter is I
11 never received authorization on 12/23/2016.
12 And even after my visit to the ER with di- --
13 with the Discharge Summary, Defendants never
14 called or followed up. Defendants have given
15 their opinion of my brief, so I am asking you
16 to please review what I have written that
17 pertains to this case. I have no reason to make
18 accusations or false claims or to be
19 untruthful. Thank you.

20 **CHAIR:** Ms. Dixon, if you wouldn't mind, can you te-
21 -- can you tell me how those items that you
22 just listed adversely affected your case?

23 **MS. DIXON:** I'm sorry?

24 **CHAIR:** Can you tell me how those -- the things you
25 just listed with inaccuracies in the various



1 reports, how they -- how they hurt your claim?

2 **MS. DIXON:** Well, I feel like when the Defendants
3 make the motion that they found six -- I don't
4 even have my paper in front of me, but they --
5 they listed -- stated that they had six -- six
6 -- I'm sorry, it was something they listed.
7 They listed a number.

8 **CHAIR:** Okay.

9 **MS. DIXON:** And I feel like since the transcript
10 references are incorrect, what they found to be
11 -- what they found throughout the -- the claim
12 or whatever, or the hearing transcript or
13 however they phrased it, I forget, I apologize.
14 That could be wrong also. So by me doing my
15 due diligence and looking and going word for
16 word as far as what was said in the transcript
17 and what's on paper that the Defendants wrote
18 is not accurate, so it's like why should
19 anything else be? So it's just the fact that
20 he's out to win his case just like I am out to
21 get medical treatment since the start of this
22 entire thing. I been injured since 2016. They
23 admit they had filed a 51 in 2020. So it's
24 like -- like I said, I don't have no reason to
25 story, but for somebody to continually to keep



1 saying that I received authorized medical
2 treatment, cannot that provide one document for
3 2016 or '17 or '18 where they show contin- --
4 show anybody where they sent me for medical
5 treatment. I been asking the same question
6 over and over and over again. I got injured
7 when a male resident assaulted me, but yet and
8 still I went on my own, never received any
9 paperwork the night of, even the medical record
10 don't even have workers -- I mean, excuse me,
11 not the medical record, the itemized statement
12 where they paid the bill don't even have
13 Workers' Compensation. My hospital medical
14 record do not have Workers' Comp listed
15 anywhere. The Defendants didn't submit any,
16 and on y'all website it states that they're
17 supposed to get authorization. So if they --
18 I'm trying to figure out why I got to follow
19 the rules and the Defendants don't. So it's
20 just the fact that he said she said. I don't
21 have no reason to lie or be untruthful in any
22 shape, form, or fashion. I'm piggybacking off
23 of what he wrote in his brief, in his
24 statements, or whatever. I follow up the
25 paperwork, the original paperwork that I



1 received when I left the ER in 2016 is what I
2 have submitted to the Commission. So it's like
3 if -- if I was injured, where's the paperwork
4 the Defendants supposed to have given to the
5 Commission? They stating that I hurt my back
6 with one document, and that's unfair. I mean,
7 if the whole record is given, give the whole
8 record, don't give one page where it states
9 that they took a x-ray of my back. I don't --
10 I don't think it's fair. But I can submit 11
11 pages and the final page where it says I was
12 seen on March 7th, 2017 for neck pain. So it
13 just -- by me not being a lawyer, see, it hurts
14 me, because the Defendants get to say whatever
15 they want to, use the big words, still make
16 errors -- and I do apologize, Commission for
17 adding Commissioner James, Number 11 from the
18 Proposed Order into my paperwork for this
19 hearing, so I apologize for that.

20 **CHAIR:** Okay. That's fine. And I'm looking through
21 the file, though, and so for this 2016 Claim
22 Number, I do see where that at different points
23 -- now remember for all of your hearings the
24 Commission's File becomes a part of the record,
25 so that would include anything that was



1 previously filed in the same claim. But I do
2 see where medical records from Providence
3 Hospital and Palmetto Health Richland were
4 submitted, looks like back in, well, 2019. So
5 it wasn't that -- that long ago.

6 **MS. DIXON:** Right.

7 **CHAIR:** And so there -- there is more than just that
8 one spot, one note in the record, you would
9 agree with that?

10 **MS. DIXON:** I'm trying to see -- I know I submitted
11 a lot of pages.

12 **CHAIR:** Yes, ma'am.

13 **MS. DIXON:** From the hospital. But I'm just -- you
14 know, my -- my thing is in regards to -- if you
15 going to say that you sent me to the hospital,
16 where's the authorization number? Where's the
17 claim number? Where is something for 2016?
18 Nothing is being shown. I mean, just the fact
19 that even when the case first opened, when it
20 was brought to the Commission's attention that
21 the -- my then attorney filed a Form 50, it was
22 never a reply back. So by the Defendant's own
23 admission they filed a Form 51 in 2020. So
24 2000 -- the first case, first injury happened
25 in 12/22/2016. My second injury happened



1 January the 31st, 2017. Defendant's handled
2 the first -- excuse me, the second case first
3 and the second case -- the first case second.
4 And nothing was never found. If y'all was
5 going to look through the record, it's nothing
6 in there for 2016, or them showing where I went
7 to the hospital and they paid that day, that
8 month or whatever.

9 **CHAIR:** Okay.

10 **MS. DIXON:** They didn't even know about my injury
11 until I wrote my statement on January the 13th,
12 2017, 22 days after my injury.

13 **CHAIR:** Yes, ma'am. Okay. Thank you, ma'am. And
14 you'll still have three minutes in rebuttal
15 after Mr. Stubley, okay?

16 **MS. DIXON:** Okay.

17 **CHAIR:** Okay. Thank you. Mr. Stubley?

18 **RESPONDENT'S ARGUMENT**

19 **MR. STUBLEY:** Commissioner, we'll adopt all the
20 findings in Commissioner James' Order as well
21 as all arguments listed in our appeal brief
22 because I'm really not sure how to respond to
23 some of her -- the things that she said in
24 there. Obviously, the Commission has a Form 51
25 -- all Form 51s that were filed on this claim.



1 in response to Form 50s that were filed by her
2 prior attorney as well as herself. We believe
3 that if a review of the medical records as
4 outlined in the order will reflect that she was
5 discharged with no further care. We believe
6 that the evidence is in the record to support
7 that she did report both low-back pain and neck
8 pain after her motor vehicle accident. And we
9 believe that a review of the complete file of
10 the Commission review that will reveal that the
11 requirements under Hartzell as well as 42-15-
12 60(a) are -- are not met. And that it's not
13 enough for the Claimant at this point after 10
14 weeks to testify that she needs medical care;
15 there has to be expert evidence. The Claimant
16 was, and this is cited, you know, in our brief
17 and in the order, was, you know, counseled by
18 Commissioner James about her right to an
19 attorney and going forward, and that is in the
20 records, in the hearing transcript. So it's
21 not enough to come today and say oh, well, they
22 have an attorney and I don't have an attorney.
23 While I understand the Commission has a duty to
24 be fair to pro se litigants, being pro se
25 cannot be a blank card to come in and not



1 follow any of the rules that an attorney has to
2 follow. If you ask specific questions in
3 regards to our argument, I'm happy to answer
4 those. I'm just not sure what else is out
5 there that you would like me to respond to.

6 **CHAIR:** Okay. I don't have any questions. No
7 questions for Mr. Stubley. Okay. Thank you,
8 sir. All right. Ms. Dixon, you have three
9 minutes in rebuttal.

10 **APPELLANT'S REPLY**

11 **MS. DIXON:** Okay. I ask that the Commission please
12 look at the Discharge Summary that I was given
13 on 12/22/2016 which indicated I was supposed to
14 contact my doctor immediately for definitive
15 medical care. The Defendant states I received
16 authorized treatment on 12/23/2016, but failed
17 to do what's on the website under authorization
18 to treat. Defendants have never submitted any
19 documents to the Commission that has received
20 by the Commission for 2016. The Defendants
21 have stated I'm wanting additional treatment
22 and that's not the fact. My right to equal and
23 fair treatment or 42-15-68 has never been
24 applied in his claim. Defendant's have argued
25 that I've amended my brief, that isn't true.



1 I had four days remaining from the 12th. The
2 Defendants stated in their brief that there was
3 no recommendation for further medical care, and
4 that's untrue. The Discharge Summary
5 instructed me to contact my doctor immediately
6 for definitive medical care. And by the
7 Defendant's own admission, again, they filed a
8 Form 51 on February the 7th, 2020 for work
9 injury on December the 22nd, 2016. On March 7,
10 2017, I went to the ER for neck pain only, I
11 submitted 11 pages. Defendant's compensation
12 rate is wrong. I've stated that I had --
13 Defendant's have stated I had authorization on
14 December 22nd. And then, again, they turn
15 around and say they filed a Form 51 on February
16 the 7th, 2020. It cant be both. The
17 Defendants has issues with my brief in it's
18 entirety, but I do not and have not made any
19 accusations, so I ask you to please review the
20 facts of my brief, review the exhibits, examine
21 the Discharge Summary, and fact check the
22 transcript references and search the entire
23 record for this claim located at 1335 Main
24 Street to see if what the Defendants have
25 stated about my brief is true. And by the



1 Defendant's admission Page 4, again, should be
2 evident. I was -- I never received 42-15-68⁴ for
3 this claim. Thank you.

4 **CHAIR:** All right. Thank you, Ms. Dixon. All
5 right. And I'll note that the brief and all of
6 -- and the attachment as well as the
7 attachments that were given to Commissioner
8 James are part of the file and subject to our
9 review. And then you'll get a letter in the
10 mail, Ms. Dixon, and I do -- I did see that --
11 that address change that you'd submitted in and
12 so I believe we have the current address for
13 you. Is that right?

14 **MS. DIXON:** Yes.

15 **CHAIR:** Okay. All right. Very good. Thank you,
16 ma'am. Thank you, Mr. Stublely. Y'all have a
17 great afternoon.

18 **(There being nothing further, the virtual full**
19 **commission hearing concluded at 3:06 p.m.)**
20
21
22
23
24
25

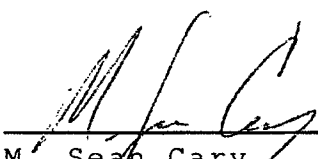


CERTIFICATE

This is to certify that the within hearing consisting of sixteen (16) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on April 7, 2021.



M. Sean Cary
Court Reporter

Notary Public for South Carolina
My Commission Expires: January 29, 2023



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South Carolina COMMERCIAL DRIVER'S LICENSE

DL# 004015368 DIXON, DANA LASHAUNE
1011 BEATTY RD APT B7
COLUMBIA SC 292104697

DOB: 01-15-1967
Issued: 01-14-2016
Expires: 01-15-2021
Class: A
Sex: F
Weight: 205
Height: 5-07
Restrict: O.M.
Endorse: PS

01-15-1967

400051 MOD

Governor

Included in my medical Record.

On April 16, 2021 I was informed that if I had any objections to the proposed order I was to list them, Copy Stephen Stabiky And Eugenia Holloman. The following is what I listed and emailed

1. After being struck by pt while assisting them into bed. (That's not stated on Respondent APA p 97)
2. Subsequently filed a form 50 February 26, 2019.
3. Appellant provided no evidence. (I submitted 87 pages as my APA(s) + Physician Discharge Summary)
4. Appellant filed a form 50 July 08, 2019 requesting a hearing following a hearing on October 28, 2019.
5. Appellant again filed a Form 50 requesting a hearing on January 08, 2020 (Respondents filed their first form 51 for S.C.W.C.C on April 02, 2019.)
6. Claimant Testified that she received no forms while there, Save for a medical excuse. (Single Commissioner transcript p. 18 Lines 21-25, TR. p. 19 Lines 1-3)
7. She provided several varying recollections of Accident. (TR. p. 38 Line 24-25, TR. p. 39. 1-25, TR. p. 40. Lines 1-25, TR. p. 41 Lines 1-8)
8. There are no follow up medical treatments for the back injury on record following the X-Ray. Transcript of February 22, 2019 page 35 Line 2. TR. p. 30. Lines 1-5.
9. Appellant made several allegations on record from 12/30/2016.
10. Claimant spent majority of her argument narrating A version of the —

- Facts of the claim.

11. Appellant failure to understand the procedures.

- Findings of Fact -

12. #4 is not the Weekly Compensation Weekly rate from the Form 20 filed on January 07, 2020.

13. #5. While assisting resident. That is not what I wrote on the title form S.C. D.M.H Witness Statement of injury or illness report of January 13, 2017.

14. #8. Claimant was discharged with no recommendation of further care. (TR p. 18. Lines 21-22 from June 12 2020 TR)

15. #16. The letter from Dr. Saunder is dated July 17, 2019. Not 2017.

16. #17. The Respondents continues to put Wrong date of July 17, 2017. When the letter is dated July 17, 2019.

- Conclusions of Law -

#4 should be removed since it's a letter dated after the fact. And the Case Cities does not apply.

- Summary of The Evidence -

* Claimant also produced an unnumbered stack of documents which had not been presented prior to the hearing. The Numbered APA(s) all 87 pages that was submitted was stamped received March 13, 2020.

17. Claimant testified that she has never had a Workers Comp claim prior to December 22, 2016 injury. (TR p39. Lines 21-25) (Tr. p42 22-24.) 2019 Transcript. June 12, 2020 (TR. p 34. Lines 14-17)

DEFENDANTS APAS AND EXHIBITS

Dana Dixon v. SC Department of Mental Health

WCC File No.: 1623303

Date of Injury: 12/22/2016

Date of Hearing: April 1, 2020

Time: 10:15 a.m.

Hearing: 50/51

**Location: SC Workers' Compensation Commission, 1333 Main Street,
Ste. 500, Hearing Room A, Columbia, SC**

Commissioner: Melody James

CA: Pro se

APA #	NAME OF PHYSICIAN/OTHER	DATED	PAGE NOS.
1.	Providence Hospital	4/21/2008-3/7/2017	1-64
2.	Palmetto Health Richland	12/23/2016	65-67

EXH #	EXHIBIT	DATED	PAGE NOS.
3.	Claimant's ISO reports	1/12/2018-10/24/2019	68-96
4.	Claimant's statement	1/13/2017	97



**SOUTH CAROLINA
STATE ACCIDENT FUND**

AMY V. COFIELD, Director

Feb 12, 2019

**VIA REGULAR U.S. MAIL &
CERTIFIED MAIL**

Dana Dixon
3420 Park Road, Room 216
Charlotte, NC 28209

Re: Dana Dixon v. SC Dept of Mental Health
WCC File Number: 1712879
SAF File Number: 2017-0258

Dear Ms. Dixon:

Enclosed please find a Notice of Deposition and Subpoena for your deposition as it relates to the above-referenced matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,



Bonnie-Jean Thompson
Paralegal
/bjt

Enclosure(s)

cc: Marie Boyce, Court Reporter

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



WCC File #: 1712879

Carrier File #: 2017-0258

Carrier Code #:

Employer FEIN #:

Claimant's Name: Dana Dixon SSN: 251-31-0505

Employer's Name: SC Dept of Mental Health

Address: 3420 Park Road, Room 216

Address: 2414 Bull Street

City: Charlotte State: NC Zip: 28209

City: Columbia State: SC Zip: 29201

Home Phone: () - Work Phone: () -

Insurance Carrier: State Accident Fund

Preparer's Name: Erin Farthing, Esquire Law Firm: State Accident Fund

Preparer's Phone #: (803) 896 - 5892

SUBPOENA

To: DANA DIXON, 3420 Park Road, Room 216, Charlotte, NC 28209

☐ YOU ARE COMMANDED to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY:

ROOM:

DATE AND TIME:

☒ YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in t above case.

PLACE OF DEPOSITION:

Willson Jones Carter & Baxley
11440 Carmel Commons Blvd, Ste 206
Charlotte, NC 28226

DATE AND TIME: 02/22/2019 @ 10:00a.m.

☐ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS:

PLACE:

DATE AND TIME:

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES:

DATE AND TIME:

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTIN ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICI

ISSUING OFFICER'S SIGNATURE AND TITLE

(803) 896 - 5892
PHONE NUMBER

DATE

2/11/19

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.

Certificate Of Counsel

RECEIVED

MAR 10 2022

SC Court of Appeals

The Undersigned hereby Certifies that
the Record On Appeal Contains all
Material Proposed to be included by
Any of the Parties And not any other
Material.

Dana L. Dixon
698 Stabler Farm Rd.
S.T. Matthews, S.C. 29135
(470) 422-0591
Appellant