THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
SC Workers' Compensation Commission
Appellate Panel

Appellate Case No. 2025-001282

Mary L. Davis, Claimant,.....Appellant,

v.

Ruiz Food Products, Inc., Employer, and
Safety National Casualty Corporation, Carrier, ...Respondents.

RECORD ON APPEAL
VOLUME I OF II

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INDEX

Decision and Order filed June 8, 2021..... 1

Corrected Order filed October 3, 2024..... 6

Appellate Panel Decision and Order filed April 15, 2025..... 8

Motion Order filed May 27, 2025..... 22

Decision and Order filed July 29, 2024..... 25

Summons and Complaint w/ Exhibits filed July 11, 2024..... 36

Amended Summons and Complaint w/ Exhibits filed August 19, 2024..... 81

Claimant's Prehearing Brief dated May 25, 2023..... 146

Defendants' Prehearing Brief dated June 9, 2023..... 158

Claimant's Prehearing Brief and APA Submissions dated September 12, 2023..... 164

Defendants' Prehearing Brief and APA Submissions dated September 15, 2023..... 255

Defendants APA Submissions dated September 15, 2023..... 297

Appellant's Brief to the Full Commission dated January 17, 2025..... 416

Defendants' Brief to the Full Commission dated January 31, 2025..... 445

Motion for Reconsideration dated April 16, 2025..... 462

Defendants' Memorandum in Reply to Claimant's Motion for Reconsideration dated April 25, 2025..... 467

Form 50 dated March 13, 2020..... 471

Form 50 dated June 27, 2023..... 65

Form 30 dated October 17, 2024..... 474

Deposition Transcript of Opal Jones dated May 12, 2023..... 512

Deposition Transcript of Shanda Blackwell dated May 12, 2023..... 552

Hearing Transcript dated September 27, 2023..... 581

Virtual Full Commission Hearing Transcript dated February 10, 2025..... 686

Notices of Appellate Hearing dated December 18, 2024..... 714

Certificate of Counsel 718

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1923627

Mary L. Davis, Employee, Claimant, vs. Ruiz Food Products, Inc., Employer, and Safety National Casualty Corporation, Carrier, Defendants.	)	DECISION AND ORDER

STATEMENT OF THE CASE

This is an admitted claim as to Claimant's back only. This matter was set before the Hearing Commissioner pursuant to Claimant's Form 50 Request for Hearing seeking additional medical treatment on the form of an evaluation and medical treatment for her left hip and left knee. Claimant requested that any award of medical treatment be provided near her home in Hartsville, South Carolina. Prior to the hearing, Defendants filed a Motion to Compel and evaluation for the left hip and left leg with Dr. DaSilva in Columbia, South Carolina. Claimant objected to Defendants' Motion, arguing that there were plenty of reputable orthopedic

specialists in Florence, South Carolina, who were much closer to Claimant's Hartsville residence.

APA SUBMISSIONS / EVIDENCE

Claimant's APA Submissions:

APA #	RECORDS	DATES	PAGES
1.	Form 50 Filed 3/19/2021 with Attachments:	March 19, 2021	1-13
2.	Sedgwick NCM Assignments	Feb. 22 – Mar. 26, 2021	14-17
3.	Corresp. Btwn Defense Counsel/Claimant	Nov. 16, 2020 – Feb. 3, 2021	18-22
4.	MRI Bills & Corresp.	Aug. 21, 2020 – Mar. 1, 2021	23-27
5.	McLeod Occupational Health	Nov. 16, 2019 – May 18, 2021	28-54

Defendants' APA Submissions:

APA#	RECORDS	DATES	PAGES
6.	Midlands Orthopaedics and Neurosurgery	May 20, 2021	55-56
7.	Correspondence to Claimant's Attorney	March 3, 2021	57
8.	E-mail Correspondence to Claimant's Attorney's office	March 4, 2021	58
9.	E-mail Exchanges with Claimant's Attorney	March 19, 2021	59-60
10.	Correspondence to Claimant's Attorney	March 30, 2021	61
11.	E-mail Correspondence to Claimant's Attorney and his office	04/13/2021	62
12.	Correspondence from Claimant's Attorney	04/15/2021	63

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After review of the arguments of counsel and the APA Submissions, I hereby make the following FINDINGS OF FACT and CONCLUSIONS OF LAW:

1. On November 16, 2019, Claimant sustained an admitted compensable injury to her low back within the course and scope of her employment. (Defendants' Form 51- 4/16/2021).
2. Claimant also alleges injuries to her left hip and left knee arising out of the same work injury. (Claimant's Form 50 – 3/19/2021).
3. After an MRI of Claimant's left hip revealed a labrum tear, Dr. Start Sandler, the authorized treating physician, referred Claimant for and orthopedic surgical evaluation and noted Dr. Thurman or Dr, Alan of McLeod Orthopedics in Florence, SC were recommended. (Claimant's APA pp. 30-32,36).
4. Claimant also had an MRI of her left knee that revealed a partial ACL tear among other things. (Claimant's APA p. 7).
5. Defendants authorized a surgical evaluation of Claimant's left hip and left knee with Dr. DaSilva in Columbia, South Carolina on two separate occasions. Defendants arranged transportation for the Claimant for both appointments. Claimant failed to attend either appointment citing the distance of the appointment in Columbia when she was referred to orthopedists in Florence, SC, closer to her home.
6. Pursuant to S.C. Code Ann. Section 42-15-80, I find Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopaedics in Florence, South Carolina and it is most reasonable in time and place as it relates to Claimant's home in Hartsville, South Carolina.

7. I find it is unreasonable for Claimant, who is asserting low back, left hip, and left knee injuries, to ride over 70 miles to an evaluation in Columbia, South Carolina, when the authorized treating physician specifically referred her to surgeons within the McLeod practice and within approximately 20 minutes of her home.
8. Defendants are to provide Claimant with written authorization for an appointment with Dr. Alan within fourteen (14) days of the date of this Order. An actual appointment date will be left of to the discretion of Dr. Alan's office.
9. Claimant's request for filing fees is denied.
10. No hearing costs are assessed.

ORDER

Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopedics in Florence, South Carolina. Defendants are to provide Claimant with written authorization for an appointment with Dr. Alan within fourteen (14) days of the date of this Order. An actual appointment date will be left to the discretion of Dr. Alan's office.

AND IT IS SO ORDERED.

June 7, 2021



Commissioner Aisha Taylor

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.

June 8, 2021

By: Renee Smith, Administrative Assistant to Commissioner Taylor

Order Served via Email 6-8-21:

Walter H. Barefoot walt.barefoot@mgclaw.com

Preston F. McDaniel preston@pfmcdlaw.com

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NOS. 1923627 and 2223041

MARY L. DAVIS, Claimant, v. RUIZ FOOD PRODUCTS, INC., Employer, and SAFETY NATIONAL INS. CO. C/O SEDGEWICK, Carrier, Defendants.	**CORRECTED ORDER**

On July 31, 2024, Claimant filed a Motion to Reconsider the Decision and Order dated July 29, 2024. The Commission received the Motion on August 6, 2024. Defendants filed a Response to the Motion on August 6, 2024. The Commission received Defendants' Response on August 13, 2024.

After careful consideration of the Claimant's Motion for Reconsideration pursuant to R. 67-215(B), I am unable to discover that any material fact or principle of law has been either overlooked or misapprehended and hence, there is no basis for granting Claimant's Motion. Accordingly, the Motion for Reconsideration is denied.

AND IT IS SO ORDERED.

October 3, 2024

Commissioner Aisha Taylor

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).

October 3, 2024

By: Renee Smith, Administrative Assistant to Commissioner Taylor

Order Served via Email 10-3-24:

Walter H. Barefoot walt.barefoot@mgclaw.com

Preston F. McDaniel preston@pfmcdlaw.com

State of South Carolina
Workers' Compensation Commission

APPELLATE PANEL DECISION AND ORDER

COMMISSION PANEL: The Honorable Melody L. James; The Honorable Cynthia C. Dooley; and The Honorable R. Michael Campbell.

SCWCC File Nos.: 1923627 & 2223041

Mary Davis,

Claimant,

v.

Ruiz Food Products, Inc.,

Employer,

and

Safety National Casualty Corp.,

Defendants.

AFFIRMED WITH AMENDMENTS

Hearing held in Richland County, South Carolina,
on February 10, 2025
Per notice timely and properly served upon all Parties of Interest.

Appearances:	Preston McDaniel, Esq., of McDaniel Law Firm, appeared on behalf of Claimant/Appellant.
	Walter Barefoot, Esq., of McAngus, Goudelock & Courie, LLC, appeared on behalf of Defendants/Respondents.
Court Reporter:	Nadine Garrett, 1230 Richland St, Columbia, SC 29201, 803-252-3445, contact@creelreporting.com.
Filed:	April 15, 2025

I. STATEMENT OF THE CASE

Single Commissioner

WCC File No. 1923627

On June 3, 2021, the parties presented for a hearing before the Single Commissioner. Ruiz Food Products, Inc. (Employer) and Safety National Casualty Corp. (Carrier) (hereinafter collectively known as "Defendants") admitted the injury to Mary Davis' (Claimant's) back, but denied she sustained any other injuries in an at-work accident on November 16, 2019. Claimant sought an evaluation and additional medical treatment for the alleged injuries to her left hip and left knee.

The Single Commissioner determined, *inter alia*:

> Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopedics in Florence, South Carolina. Defendants are to provide Claimant with written authorization for an appointment with Dr. Alan within fourteen (14) days of the date of this Order. An actual appointment date will be left to the discretion of Dr. Alan's office. AND IT IS SO ORDERED.

(Single Commissioner's Decision and Order filed on June 7, 2021, p. 4.)

Following Claimant's at-work accident on November 16, 2019, Dr. Rodney K. Alan placed her on light-duty work restrictions. Employer accommodated Claimant's work restrictions. Claimant remained on light-duty until Employer terminated her employment on February 20, 2023.

WCC File No. 2223041

On September 27, 2023, the parties once again presented for a hearing before the same Single Commissioner. Claimant asserted that she sustained injuries or aggravated preexisting conditions after a co-worker assaulted her on November 4, 2022. Claimant further asserted Employer terminated her employment after she requested additional medical care for her subsequent injuries.

Claimant sought temporary total disability (TTD) benefits from February 20, 2023, to the present and continuing. Claimant also sought medical treatment for the injuries that she allegedly sustained on November 4, 2022.

Defendants denied Claimant's claim and asserted the substantial evidence does not support a finding that Claimant was assaulted or injured by a co-worker on November 4, 2022. Defendants further asserted that Claimant's employment continued following her at-work accident on November 16, 2019, until Employer terminated her for cause on February 20, 2023.

Defendants sought a finding that Claimant is ineligible for TTD benefits. Defendants also sought a finding that Claimant is not entitled to medical treatment for her alleged November 4, 2022 injuries.

The Single Commissioner determined, *inter alia*:

> [C]laimant is entitled to continued authorized causally related medical treatment for the injuries she sustained to her left knee, left hip and low back in an at-work accident on November 16, 2019. [C]laimant is not entitled to medical treatment for her alleged November 4, 2022 injuries. [C]laimant is not entitled to TTD benefits from her date of termination on February 20, 2023, to the present and continuing.

(Single Commissioner's Decision and Order filed on July 29, 2024, p. 10).

Appellate Panel

This matter is now before the South Carolina Workers' Compensation Commission's Appellate Panel pursuant to issues raised on appeal by Claimant. Within the statutory period, Claimant filed a Form 30, Request for Commission Review. Accordingly, the parties presented before the Appellate Panel on February 10, 2025.

II. SINGLE COMMISSIONER FINDINGS OF FACT AND CONCLUSIONS OF LAW

FINDINGS OF FACT

1. Per prior Order of this Commission, Claimant sustained compensable injuries to her left knee, left hip and low back. (Single Commissioner's Decision and Order filed on June 7, 2021.)

2. Claimant has been receiving authorized causally related medical treatment at the direction of Defendants.

3. Dr. [Rodney] Alan issued Claimant's light-duty work restrictions, which Employer was able to accommodate.

4. Employer initiated nine (9) disciplinary actions against Claimant from November 2, 2019, through November 7, 2022. These disciplinary actions ranged from verbal warnings to suspension for violating Employer's policy. (Defendants' APA (A.) No. 24, pp. 185-193.)

5. Claimant was ultimately terminated on February 20, 2023, after being observed throwing food away, which was against company policy. (Defendants' APA (A.) No. 24, p. 194.)

6. I find that but for Claimant's work-policy violation, her light-duty work restrictions would have continued to be accommodated. Claimant's testimony that she and other employees always threw food away without discipline is unpersuasive.

7. In accordance with the South Carolina Supreme Court's holding in Pollack v. Southern Wine & Spirits of America, the greater weight of the evidence in the instant case supports a finding that Claimant was terminated for cause and, therefore, Claimant's inability to earn wages was not due to or because of a work-related injury. Pollack v. Southern Wine & Spirits of America, 747 S.E.2d 430, 434 (2013). I find Claimant is not entitled to TTD benefits.

8. I find Defendants are continuing to provide medical treatment in compliance with the prior Order of the Commission and the Act. (Single Commissioner's Decision and Order filed on June 7, 2021.)

9. Claimant alleges a second injury by accident on November 4, 2022, after she was allegedly assaulted by a co-worker.

10. I find Claimant's testimony regarding her alleged assault is unreliable as to specific details surrounding the incident. Specifically, Claimant was a poor historian during her testimony, especially on cross examination. Claimant testified there was a "crowd" in the hallway where the incident occurred, but asserted she could not recall the name of one person who may have witnessed the alleged incident (Hr. Tr. p. 65.)

11. Claimant had authorized medical treatment for her November 16, 2019 injuries with Dr. Rakesh Chokshi on November 14, 2022. This appointment occurred a mere ten (10) days following the alleged work-related incident on November 4, 2022. Although Claimant testified she told Dr Chokshi about the alleged November 4, 2022 incident, her testimony is not supported by the medical evidence.

12. Again, Claimant had authorized medical treatment for her November 16, 2019 injuries with Dr. Alan on February 27, 2023. This appointment occurred over three (3) months following the alleged work-related incident on November 4, 2022. Although Claimant testified she told Dr Alan about the alleged November 4, 2022 incident, her testimony is not supported by the medical evidence.

13. I find the first mention of any pain in Claimant's wrist which could be attributable to the alleged November 14, 2022 [sic] incident is the medical record from March 24, 2023, over four (4) months after the alleged incident. However, even this record indicates Claimant "denies any injury". (Defendants' APA (B.) No. 14, p. 100.)

14. I find Claimant never filed a police report regarding the alleged assault. (Hr. Tr. p.69.)

15. I find Claimant's testimony to be unreliable and exaggerating when she testified that all of the pain was "always a ten" out of ten. (10/10), including pain to her low back, neck, left knee and

left hip. Further, Claimant admitted she had not once reported to the emergency room due to pain. (Hr. Tr. pp. 67-68.)

16. I give greater weight to the testimony of the Employer's Representative, Mr. Jonathan Holder, who testified he reviewed all of the security camera footage from Claimant's alleged date of injury on November 4, 2022, and did not see anything related to Claimant's assault allegation. (Hr. Tr. pp. 75-76.)

17. Employer's Representative, Ms. Opal Jones, testified during her deposition that she also reviewed security camera footage from Claimant's alleged date of injury on November 4, 2022, and did not see anything related to Claimant's assault allegation. (Opal Jones Depo. p. 21.)

18. I also give greater weight, over that of Claimant's, to the testimony of Mr. Holder in regard to multiple policy violations that could have led to Claimant's termination, but did not. (Hr. Tr. pp. 70-74.) I find Claimant's assertion that she was fired because of her workers' compensation claim, and thus owed temporary benefits, is not supported by the greater weight of the evidence.

19. Claimant is entitled to continued authorized causally related medical treatment for the injuries she sustained to her left knee, left hip and low back in an at-work accident on November 16, 2019.

20. All requests for benefits related to her November 4, 2022 alleged assault are denied.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-1-130, Claimant was a covered employee under the Act on November 16, 2019 and November 4, 2022.

2. Pursuant to S.C. Code Ann. § 42-1-140, Employer is a covered employer under the Act.

3. Pursuant to S.C. Code Ann. § 42-1-160, Claimant sustained injuries to her low back, left knee and left hip in an at-work accident on November 16, 2019.

4. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is entitled to continued authorized causally related medical treatment for the injuries she sustained to her left knee, left hip and low back in an at-work accident on November 16, 2019.

5. Pursuant to S.C. Code Ann. § 42-1-160, Claimant did not sustain injuries in an at-work incident on November 4, 2022.

6. Pursuant to S.C. Code Ann. § 42-9-35, Claimant did not aggravate preexisting conditions in an at-work incident on November 4, 2022.

7. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is not entitled to additional causally related medical treatment for her November 4, 2022 alleged injuries.

8. Pursuant to S.C. Code Ann. § 42-9-190, Employer accommodated Claimant's light-duty work restrictions following her at-work accident on November 16, 2019, until her termination on February 20, 2023.

9. Pursuant to Pollack v. Southern Wine & Spirits of America, Claimant was terminated by Employer for cause. Id. at 434.

10. Pursuant to Shelton v. Oscar Mayer Foods Corp., the findings of fact made during Claimant's Department of Employment and Workforce hearing have no preclusive effect on the Commission's adjudication of this case. Id.

11. Pursuant to S.C. Code Ann. § 42-9-10, Claimant is not entitled to TTD benefits from her date of termination on February 20, 2023, to the present and continuing.

III. ISSUES ON APPEAL

WCC File No. 1923627

Claimant appeals this matter arguing the Single Commissioner erred as a matter of fact and law that Claimant's neck injury was not an admitted injury, and that Claimant was not entitled to TTD benefits because she was terminated for cause.

Claimant appeals this matter arguing the Single Commissioner erred as a matter of fact and law that Claimant did not sustain any compensable injuries in a work-related incident.

Claimant requests a review of all Findings of Fact, Conclusions of Law, and the Award/Order in the Single Commissioner's Decision and Order filed on July 29, 2024.

IV. DECISION OF THE APPELLATE PANEL

In an application for review pursuant to S.C. Code Ann. § 42-17-50, the Appellate Panel shall review the Award, and, if good grounds be shown therefore, reconsider the evidence, receive further evidence, rehear the parties or their representatives and, if proper, amend the award by making its own Findings of Fact and its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

After careful review of the Requests for Review in the instant case, including review of the entire record and upon consideration of the memoranda and arguments of the parties, the Appellate Panel **Affirms with Amendments** the Decision and Order of the Single Commissioner filed on July 29, 2024.

Below are set out the Findings of Fact and Conclusions of Law of the Appellate Panel as to this claim.

FINDINGS OF FACT

1. We find Claimant is entitled to continued authorized causally related medical treatment for the compensable injuries to her low back, left knee and left hip sustained in an at-work accident on November 16, 2019.
2. We find Claimant sustained a compensable injury to her neck in an at-work accident on November 16, 2019.

3. Dr. Stuart Sandler opined to a reasonable degree of medical certainty that Claimant's neck injury is causally related to an at-work accident on November 16, 2019. (Claimant's APA No. 4, p. 31). We, therefore, find Claimant is to be returned to the authorized treating physician for an evaluation and treatment for any related conditions of her neck.

4. Dr. Rodney Alan issued Claimant's light-duty work restrictions, which Employer was able to accommodate.

5. Employer initiated nine (9) disciplinary actions against Claimant from November 2, 2019, through November 7, 2022. These disciplinary actions ranged from verbal warnings to suspension for violating Employer's policy. (Defendants' APA (A.) No. 24, pp. 185-193.)

6. Claimant was ultimately terminated on February 20, 2023, after being observed throwing food away, which was against company policy. (Defendants' APA (A.) No. 24, p. 194.)

7. We find that but for Claimant's work-policy violation, her light-duty work restrictions would have continued to be accommodated. Claimant's testimony that she and other employees always threw food away without discipline is unpersuasive.

8. In accordance with the South Carolina Supreme Court's holding in Pollack v. Southern Wine & Spirits of America, the greater weight of the evidence in the instant case supports a finding that Claimant was terminated for cause and, therefore, Claimant's inability to earn wages was not due to or because of a work-related injury. Pollack v. Southern Wine & Spirits of America, 747 S.E.2d 430, 434 (2013). We find Claimant is not entitled to TTD benefits.

9. Claimant alleges a second injury by accident on November 4, 2022, after she was allegedly assaulted by a co-worker.

10. We find Claimant's testimony regarding her alleged assault is unreliable as to specific details surrounding the incident. Specifically, Claimant was a poor historian during her testimony,

especially on cross examination. Claimant testified there was a "crowd" in the hallway where the incident occurred, but asserted she could not recall the name of one person who may have witnessed the alleged incident (Hr. Tr. p. 65.)

11. Claimant had authorized medical treatment for her November 16, 2019 injuries with Dr. Rakesh Chokshi on November 14, 2022. This appointment occurred a mere ten (10) days following the alleged work-related incident on November 4, 2022. Although Claimant testified she told Dr Chokshi about the alleged November 4, 2022 incident, her testimony is not supported by the medical evidence.

12. Again, Claimant had authorized medical treatment for her November 16, 2019 injuries with Dr. Alan on February 27, 2023. This appointment occurred over three (3) months following the alleged work-related incident on November 4, 2022. Although Claimant testified she told Dr Alan about the alleged November 4, 2022 incident, her testimony is not supported by the medical evidence.

13. We find the first mention of any pain in Claimant's wrist which could be attributable to the alleged November 4, 2022 incident is the medical record from March 24, 2023, over four (4) months after the alleged incident. However, even this record indicates Claimant "denies any injury". (Defendants' APA (B.) No. 14, p. 100.)

14. We find Claimant never filed a police report regarding the alleged assault. (Hr. Tr. p.69.)

15. We find Claimant's testimony to be unreliable and exaggerating when she testified that all of the pain was "always a ten" out of ten. (10/10), including pain to her low back, neck, left knee and left hip. Further, Claimant admitted she had not once reported to the emergency room due to pain. (Hr. Tr. pp. 67-68.)

16. We give greater weight to the testimony of the Employer's Representative, Mr. Jonathan Holder, who testified he reviewed all of the security camera footage from Claimant's alleged date of injury on November 4, 2022, and did not see anything related to Claimant's assault allegation. (Hr. Tr. pp. 75-76.)

17. Employer's Representative, Ms. Opal Jones, testified during her deposition that she also reviewed security camera footage from Claimant's alleged date of injury on November 4, 2022, and did not see anything related to Claimant's assault allegation. (Opal Jones Depo. p. 21.)

18. We also give greater weight, over that of Claimant's, to the testimony of Mr. Holder in regard to multiple policy violations that could have led to Claimant's termination, but did not. (Hr. Tr. pp. 70-74.) We find Claimant's assertion that she was fired because of her workers' compensation claim, and thus owed temporary benefits, is not supported by the greater weight of the evidence.

19. All requests for benefits related to her November 4, 2022 alleged assault are denied.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-1-130, Claimant was a covered employee under the Act on November 16, 2019 and November 4, 2022.

2. Pursuant to S.C. Code Ann. § 42-1-140, Employer is a covered employer under the Act.

3. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is entitled to continued authorized causally related medical treatment for the compensable injuries she sustained to her low back, left knee and left hip in an at-work accident on November 16, 2019.

4. Pursuant to S.C. Code Ann. § 42-1-160, Claimant sustained a compensable injury to her neck in an at-work accident on November 16, 2019.

5. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is entitled to an evaluation and treatment by the authorized treating physician for any conditions related to the neck injury she sustained in an at-work accident on November 16, 2019.

6. Pursuant to S.C. Code Ann. § 42-1-160, Claimant did not sustain injuries in an at-work incident on November 4, 2022.

7. Pursuant to S.C. Code Ann. § 42-9-35, Claimant did not aggravate preexisting conditions in an at-work incident on November 4, 2022.

8. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is not entitled to additional causally related medical treatment for her November 4, 2022 alleged injuries.

9. Pursuant to S.C. Code Ann. § 42-9-190, Employer accommodated Claimant's light-duty work restrictions following her at-work accident on November 16, 2019, until her termination on February 20, 2023.

10. Pursuant to Pollack v. Southern Wine & Spirits of America, Claimant was terminated by Employer for cause. Id. at 434.

11. Pursuant to Shelton v. Oscar Mayer Foods Corp., the findings of fact made during Claimant's Department of Employment and Workforce hearing have no preclusive effect on the Commission's adjudication of this case. Id.

12. Pursuant to S.C. Code Ann. § 42-9-10, Claimant is not entitled to TTD benefits from her date of termination on February 20, 2023, to the present and continuing.

ORDER

IT IS HEREBY ORDERED that the Decision and Order of the Single Commissioner filed on July 29, 2024, is **Affirmed and Amended** as set forth herein.

IT IS FURTHER ORDERED that Claimant is entitled to continued authorized causally related medical treatment for the compensable injuries she sustained to her low back, left knee, and left hip in an at-work accident on November 16, 2019.

IT IS FURTHER ORDERED that Claimant is entitled to an evaluation and treatment from the authorized treating physician for any conditions related to the neck injury she sustained in an at-work accident on November 16, 2019.

IT IS FURTHER ORDERED that Claimant is not entitled to medical treatment for her alleged November 4, 2022 injuries.

IT IS FURTHER ORDERED that Claimant is not entitled to TTD benefits from her date of termination on February 20, 2023, to the present and continuing.

AND SO IT IS ORDERED.

_____(date)
Columbia, SC

Melody L. James, Commissioner

Cynthia C. Dooley, Commissioner

R. Michael Campbell, Commissioner

Order Served via email:

Walter H. Barefoot McAngus Goudelock & Courie walt.barefoot@mgclaw.com	Preston F. McDaniel McDaniel Law Firm preston@pfmcdlaw.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 April 15, 2025

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1923627 & 2223041

Mary L. Davis, Claimant, v. Ruiz Food Products, Inc., Employer, and Safety National Casualty Corporation, Carrier, Defendants.	)	**MOTION ORDER**

On April 17, 2025, Claimant filed a Motion to Reconsider the Decision and Order which was dated April 15, 2025. After careful consideration of the Claimant's Motion for Reconsideration pursuant to R. 67-215(B), we are unable to discover that any material fact or principle of law has been either overlooked or misapprehended, and hence, there is no basis for granting Claimant's Motion. Accordingly, the Motion for Reconsideration is denied.

AND SO IT IS ORDERED.

May 27, 2025 (date)

Columbia, SC

Melody L. James, Commissioner

Cynthia C. Dooley, Commissioner

Mike Campbell

R. Michael Campbell, Commissioner

Order Served via email:

Preston F. McDaniel McDaniel Law Firm preston@pfmcdlaw.com	Walter H. Barefoot McAngus Goudelock & Courie walt.barefoot@mgclaw.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 May 27, 2025

State of South Carolina
Workers' Compensation Commission

DECISION AND ORDER

The Honorable Aisha Taylor

SCWCC File Nos.: 1923627 & 2223041

Mary Davis,

Claimant,

v.

Ruiz Food Products, Inc,

Employer,

and

Safety National Casualty Corp.,

Carrier,

Defendants.

District 7

Hearing held in Hartsville, South Carolina,
on September 27, 2023

Per notice timely and properly served upon all Parties of Interest.

Appearances:	Preston McDaniel, Esq., of McDaniel Law Firm, appeared on behalf of Claimant.
	Walter H. Barefoot, Esq., of McAngus Goudelock & Courie, LLC, appeared on behalf of Defendants.
Purpose of Hearing:	To determine issues as set forth on Forms 50 and 51.
Court Reporter:	Kathryn Bostrom, Garber Reporting, 3200 Devine St., Suite 103, Columbia, SC 29205, 803-256-4500, info@garberreporting.com.
Filed:	July 29, 2024

I. STATEMENT OF THE CASE

WCC File No. 1923627

On June 3, 2021, the parties presented for a hearing before the undersigned Commissioner. Ruiz Food Products, Inc. (Employer) and Safety National Casualty Corp. (Carrier) (hereinafter collectively known as "Defendants") admitted the injury to Mary Davis' (Claimant's) back, but denied she sustained any other injuries in an at-work accident on November 16, 2019. Claimant sought an evaluation and additional medical treatment for the alleged injuries to her left hip and left knee. The undersigned Commissioner determined:

> Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopedics in Florence, South Carolina. Defendants are to provide Claimant with written authorization for an appointment with Dr. Alan within fourteen (14) days of the date of this Order. An actual appointment date will be left to the discretion of Dr. Alan's office. AND IT IS SO ORDERED.
>
> (Single Commissioner's Decision and Order filed on June 7, 2021, P. 4.)

Following Claimant's at-work accident on November 16, 2019, Dr. Rodney K. Alan placed her on light-duty work restrictions. Employer accommodated Claimant's work restrictions. Claimant remained on light-duty until Employer terminated her employment on February 20, 2023.

WCC File No. 2223041

On September 27, 2023, the parties once again presented for a hearing before the undersigned Commissioner. Claimant asserted that she sustained injuries or aggravated preexisting conditions after a co-worker assaulted her on November 4, 2022. Claimant further asserted Employer terminated her employment after she requested additional medical care for her subsequent injuries.

Claimant seeks temporary total disability (TTD) benefits from February 20, 2023, to the present and continuing. Claimant also seeks medical treatment for the injuries that she allegedly sustained on November 4, 2022.

Defendants denied Claimant's claim and asserted the substantial evidence does not support a finding that Claimant was assaulted or injured by a co-worker on November 4, 2022. Defendants further

asserted that Claimant's employment continued following her at-work accident on November 16, 2019, until Employer terminated her for cause on February 20, 2023.

Defendants seek a finding that Claimant is ineligible for TTD benefits. Defendants also seek a finding that Claimant is not entitled to medical treatment for her alleged November 4, 2022 injuries.

II. STIPULATIONS

1. The South Carolina Workers' Compensation Commission has jurisdiction over this claim.
2. Venue is proper.

III. APA SUBMISSIONS

Claimant's APAs – WCC File Nos. 1923627 & 2223041

TAB	DOCUMENT	DATE OF REPORTS	NO.
1	McLeod Orthopaedics Florence Rodney K. Alan, MD	3/28/22-2/27/23	1-9
2	McLeod Spine Center Rakesh P. Chokshi, MD Bruce Johnson, MD Laura Strickland, PA-C	3/23/22 – 03/22/23	10-28
3	McLeod Spine Center W.S. Edwards, Jr., MD	12/8/20	29-30
4	McLeod Occupational Health Stuart A. Sandler, DO	12/3/19-6/14/21	31-51
5	Email from Beverly Gilliam at McLeod Health	3/16/23	52
6	Employer Ruiz Foods Products Records: Email from Shanda Blackwell, Workers' Compensation Specialist, Ruiz Food Products; and Investigation Report, Team Member/Witness Statement of Mary Davis	11/16/22; 11/4/22	53-54
7	McDaniel Law Firm requests for authorization for medical care and Temporary Total (redacted)	2/17/23-4/11/23	55-66
8	Decision and Order of Commissioner Aisha Taylor	6/8/21	67-71
9	Dept. of Employment and Workforce Records and Appeal Tribunal Decision	3/2/23-4/12/23	72-74
10	Employer Rate of Pay Adjustment	3/27/22	75

Claimant's Exhibits – WCC File Nos. 1923627 & 2223041

TAB	DOCUMENT	DATE OF REPORTS	NO.
1	Deposition of Opal Jones	5/12/23	1-39
2	Deposition of Shanda Blackwell	5/12/23	1-28

Defendants' APAs (A.) - WCC File No. 1923627

TAB	DOCUMENT	DATE OF REPORTS	NO.
11	SCWCC Decision and Order	6/7/21	76-80
12	Medical Authorizations	6/14/21-8/8/22	81-85
13	Correspondence to Rodney Alan, MD	8/25/21	86-87
14	McLeod Orthopaedics – Florence	12/13/21-2/27/23	88-103
15	McLeod Spine Center	7/5/22-12/2/22	104-118
16	Cora Physical Therapy	3/24/22	119-141
17	W.S. (Bill) Edwards, Jr., MD	12/8/20	142-143
18	Correspondence to Robert DaSilva, M.D.	8/10/22	**Removed**
19	Correspondence from Claimant's Attorney	8/26/22	**Removed**
20	McLeod Regional Medical Center	11/16/2019	146-152
21	McLeod Seacoast Hospital	10/4/2022	**Removed**
22	Carolina Pines Regional Medical Center	11/22/14-11/26/14	156-163
23	CareSouth Carolina	1/29/18-10/23/19	164-184
24	Ruiz Foods (Employer)	10/24/19-2/20/23	185-194
25	SCDMV	5/6/20	195-196
26	Videos of Claimant at work	2/8/23-2/9/23	Submitted at Hearing

Defendants' APAs (B.) - WCC File No. 2223041

TAB	DOCUMENT	DATE OF REPORTS	NO.
11	McLeod Spine	11/14/22	76-78
12	McLeod Orthopaedics – Florence	2/27/23	79-82
13	CareSouth Carolina	3/2/23-4/3/23	83-98
14	Hometown Urgent Care	3/24/23	99-101
15	Employer	10/24/19-2/20/23	102-111
16	Videos of Claimant at Work	2/8/23-2/9/23	N/A

IV. EVIDENCE OF THE CASE

During the hearing:

1. Claimant objected to the admission of Defendants' APA (A.) Nos. 18 and 19, into the record. Defendants consented to the removal of these submissions. (Hr. Tr. P. 6.) Accordingly, Defendants' APA (A.) Nos 18 and 19, have not been admitted into the record.
2. Claimant objected to the admission of Defendants' APA (A.) No. 21 into the record. Defendants did not raise any objections to the removal of this submission. (Hr. Tr. P. 5.) Accordingly, Defendants' APA (A.) No. 21 has not been admitted into the record.
3. Claimant objected to the admission of Defendants' APA (A.) No. 24 (Claimant's disciplinary history with Employer). Claimant argued that this submission was unrelated to Employer's stated reason for terminating her employment. Defendants argued that the submission of this "business record" established that Claimant provided Employer cause on numerous occasions to terminate her employment; accordingly, had Employer wanted to fire Claimant for filing a workers' compensation claim, Employer had ample reason to do so before February 20, 2023. (Hr. Tr. PP. 6-7.) I overruled Claimant's objection as to the admission of Defendants' APA (A.) No. 24 as this submission is relevant to determining whether Employer's action to terminate Claimant was retaliatory in nature or for cause.
4. Defendants objected to the admission of Claimant's APA No. 9 (Dept. of Employment and Workforce's Appeal Tribunal Decision). Defendants argued that pursuant to Shelton v. Oscar Mayer Foods Corp., this submission was irrelevant as the doctrine of collateral estoppel had no bearing on this case. Shelton v. Oscar Mayer Foods Corp., 481 S.E.2d 706, 709. (1997). Claimant reiterated the holding of the Shelton court and requested the Commission give this submission the weight deemed appropriate for a finding Claimant was not terminated for cause. (Hr. Tr. PP.8.-9) In accordance with the South Carolina Supreme Court's holding in Shelton, the purposes of the Employment Security Commission (ESC) [presently, The Dept. of Employment and Workforce]

would be frustrated by the application of the doctrine of estoppel. Therefore, findings of fact made during an ESC hearing will not receive preclusive effect. Id. at 708-709. I overruled Defendants' objection as to the admission of Claimant's APA No. 9, but have afforded this submission the weight that I deemed appropriate.

5. Defendants objected to the admission of Claimant's APA No. 6, P.53 (Internal email from Shanda Blackwell), and Shanda Blackwell's deposition, P. 18, as hearsay. (Hr. Tr. PP. 10-11.) I overruled Defendants' objection as to the admission of Claimant's APA No. 6, P. 53, and Shanda Blackwell's deposition, P. 18, but have afforded these submissions the weight that I deemed appropriate.
6. Defendants objected to the admission of Claimant's APA No. 7, PP. 55, 65-66 (Correspondence between the parties' legal counsel regarding the authorization of Claimant's benefits). Defendants argued that this submission is self-serving to Claimant and therefore inadmissible. Claimant argued that the submission of this "business record" established Claimant's multiple requests to Employer for medical treatment. (Hr. Tr. PP. 9-10.) I overruled Defendants' objection as to the admission of Claimant's APA No. 7, PP. 55, 65-66. This submission is admissible for the limited purpose of establishing Claimant's request for medical treatment.
7. Hearing testimony included that of the Claimant, Ms. Mary Dais, and the Employer's Representative, Mr. Jonathan Holder.
8. Deposition testimony included that of Ms. Opal Jones and Ms. Shanda Blackwell.

V. FINDINGS OF FACT

1. Per prior Order of this Commission, Claimant sustained compensable injuries to her left knee, left hip and low back. (Single Commissioner's Decision and Order filed on June 7, 2021.)
2. Claimant has been receiving authorized causally related medical treatment at the direction of Defendants.
3. Dr. Alan issued Claimant's light-duty work restrictions, which Employer was able to accommodate.

4. Employer initiated nine (9) disciplinary actions against Claimant from November 2, 2019, through November 7, 2022. These disciplinary actions ranged from verbal warnings to suspension for violating Employer's policy. (Defendants' APA (A.) No. 24, PP. 185-193.)

5. Claimant was ultimately terminated on February 20, 2023, after being observed throwing food away, which was against company policy. (Defendants' APA (A.) No. 24, p. 194.)

6. I find that but for Claimant's work-policy violation, her light-duty work restriction would have continued to be accommodated. Claimant's testimony that she and other employees always threw food away without discipline is unpersuasive.

7. In accordance with the South Carolina Supreme Court's holding in Pollack v. Southern Wine & Spirits of America, the greater weight of the evidence in the instant case supports a finding that Claimant was terminated for cause and, therefore, Claimant's inability to earn wages was not due or because of a work-related injury. Pollack v. Southern Wine & Spirits of America, 747 S.E.2d 430, 434 (2013). I find Claimant is not entitled to TTD benefits.

8. I find Defendants are continuing to provide medical treatment in compliance with the prior Order of the Commission and the Act. (Single Commissioner's Decision and Order filed on June 7, 2021.)

9. Claimant alleges a second injury by accident on November 4, 2022, after she was allegedly assaulted by a co-worker.

10. I find Claimant's testimony regarding her alleged assault is unreliable as to specific details surrounding the incident. Specifically, Claimant was a poor historian during her testimony, especially on cross examination. Claimant testified there was a "crowd" in the hallway where the incident occurred, but asserted she could not recall the name of one person who may have witnessed the alleged incident (Hr. Tr. P. 65.)

11. Claimant had authorized medical treatment for her November 16, 2019 injuries with Dr. Rakesh Chokshi on November 14, 2022. This appointment occurred a mere ten (10) day following the alleged work-related incident on November 4, 2022. Although Claimant testified she told Dr

Chokshi about the alleged November 4, 2022 incident, her testimony is not supported by the medical evidence.

12. Again, Claimant had authorized medical treatment for her November 16, 2019 injuries with Dr. Alan on February 27, 2023. This appointment occurred over three (3) months following the alleged work-related incident on November 4, 2022. Although Claimant testified she told Dr Alan about the alleged November 4, 2022 incident, her testimony is not supported by the medical evidence.

13. I find the first mention of any pain in Claimant's wrist which could be attributable to the alleged November 14, 2022 incident is the medical record from March 24, 2023, over four (4) months after the alleged incident. However, even this record indicates Claimant "denies any injury". (Defendants' APA (B.) No. 14, p. 100.)

14. I find Claimant never filed a police report regarding the alleged assault. (Hr. Tr. P.69.)

15. I find Claimant's testimony to be unreliable and exaggerating when she testified that all of the pain was "always a ten" out of ten. (10/10), including pain to her low back, neck, left knee and left hip. Further, Claimant admitted she had not once reported to the emergency room due to pain. (Hr. Tr. PP 67-68.)

16. I give greater weight to the testimony of the Employer's Representative, Mr. Jonathan Holder, who testified he reviewed all of the security camera footage from Claimant's alleged date of injury on November 4, 2022, and did not see anything related to Claimant's assault allegation. (Hr. Tr. PP. 75-76.)

17. Employer's Representative, Ms. Opal Jones, testified during her deposition that she also reviewed security camera footage from Claimant's alleged date of injury on November 4, 2022, and did not see anything related to Claimant's assault allegation. (Opal Jones Depo. P. 21.)

18. I also give greater weight, over that of Claimant's, to the testimony of Mr. Holder in regard to multiple policy violations that could have led to Claimant's termination, but did not. (Hr. Tr. PP.

70-74.) I find Claimant's assertion that she was fired because of her workers' compensation claim, and thus owed temporary benefits, is not supported by the greater weight of the evidence.

19. Claimant is entitled to continued authorized causally related medical treatment for the injuries she sustained to her left knee, left hip and low back in an at-work accident on November 16, 2019.

20. All requests for benefits related to her November 4, 2022 alleged assault are denied.

VI. CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-1-130, Claimant was a covered employee under the Act on November 16, 2019 and November 4, 2022.

2. Pursuant to S.C. Code Ann. § 42-1-140, Employer is a covered employer under the Act.

3. Pursuant to S.C. Code Ann. § 42-1-160, Claimant sustained injuries to her low back, left knee and left hip in an at-work accident on November 16, 2019.

4. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is entitled to continued authorized causally related medical treatment for the injuries she sustained to her left knee, left hip and low back in an at-work accident on November 16, 2019.

5. Pursuant to S.C. Code Ann. § 42-1-160, Claimant did not sustain injuries in an at-work incident on November 4, 2022.

6. Pursuant to S.C. Code Ann. § 42-9-35, Claimant did not aggravate preexisting conditions in an at-work incident on November 4, 2022.

7. Pursuant to S.C. Code Ann. § 42-15-60, Claimant is not entitled to additional causally related medical treatment for her November 4, 2022 alleged injuries.

8. Pursuant to S.C. Code Ann. § 42-9-190, Employer accommodated Claimant's light-duty work restrictions following her at-work accident on November 16, 2019, until her termination on February 20, 2023.

9. Pursuant to Pollack v. Southern Wine & Spirits of America, Claimant was terminated by Employer for cause. Id. at 434.

10. Pursuant to Shelton v. Oscar Mayer Foods Corp., the findings of fact made during Claimant's Department of Employment and Workforce hearing have no preclusive effect on the Commission's adjudication of this case. Id.

11. Pursuant to S.C. Code Ann. § 42-9-10, Claimant is not entitled to TTD benefits from her date of termination on February 20, 2023, to the present and continuing.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law:

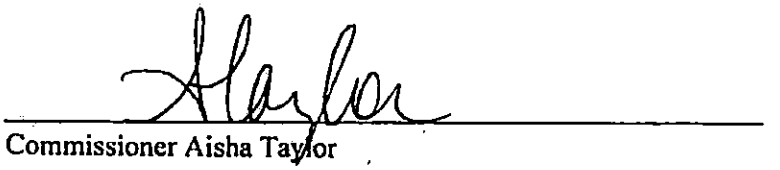
IT IS HEREBY ORDERED that Claimant is entitled to continued authorized causally related medical treatment for the injuries she sustained to her left knee, left hip and low back in an at-work accident on November 16, 2019.

IT IS FURTHER ORDERED that Claimant is not entitled to medical treatment for her alleged November 4, 2022 injuries.

12. **IT IS FURTHER ORDERED** that Claimant is not entitled to TTD benefits from her date of termination on February 20, 2023, to the present and continuing.

No penalties or hearing costs are assessed.

AND SO IT IS ORDERED.



Commissioner Aisha Taylor

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).

July 29, 2024

By: Renee Smith, Administrative Assistant to Commissioner Taylor

Order Served via Email 7-29-24:

Walter H. Barefoot walt.barefoot@mgclaw.com

Preston F. McDaniel preston@pfmcdlaw.com

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STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

IN THE COURT OF COMMON PLEAS
FOR THE TWELFTH JUDICIAL CIRCUIT

MARY L. DAVIS,

Petitioner/Plaintiff,

v.

SC WORKERS' COMPENSATION COMMISSION,

and

COMMISSIONER AISHA TAYLOR,

Respondents/Defendants.

C/A NO. _____

SUMMONS

IN RE:

SCWCC File Nos. 1923627 & 2223041

MARY L. DAVIS,

Employee/Claimant,

v.

RUIZ FOOD PRODUCTS, INC.,

Employer,

and

SAFETY NATIONAL CASUALTY CORP.,

Insurance Carrier,

Defendants.

TO: THE DEFENDANTS ABOVE NAMED:

YOU ARE HEREBY SUMMONED and required to answer the Complaint in this action, a copy of which is herewith served

upon you, and to serve a copy of your Answer to the Complaint on the Petitioner/Plaintiff's attorney, Preston F. McDaniel, at his office, McDaniel Law Firm, 1315 Elmwood Avenue, Columbia, South Carolina 29201, within thirty (30) days after the service hereof, exclusive of the day of such service, and if you fail to answer the Complaint within the time aforesaid, the Petitioner in this action will apply to the Court for the relief demanded in the Complaint.

Respectfully submitted,

s/Preston F. McDaniel
SC Bar # 3770
McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211
preston@pfmcdlaw.com

Attorney for Petitioner/Plaintiff

Dated: July 11, 2024

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STATE OF SOUTH CAROLINA)) COUNTY OF FLORENCE)	IN THE COURT OF COMMON PLEAS FOR THE TWELFTH JUDICIAL CIRCUIT
MARY L. DAVIS, Petitioner/Plaintiff, v. SC WORKERS' COMPENSATION and COMMISSIONER AISHA TAYLOR, Respondents/Defendants.	C/A NO. _____ **COMPLAINT FOR WRIT(S) OF PROHIBITION AND MANDAMUS**
IN RE: SCWCC File Nos. 1923627 & 2223041 MARY L. DAVIS, Employee/Claimant, v. RUIZ FOOD PRODUCTS, INC., Employer, and SAFETY NATIONAL CASUALTY CORP., Insurance Carrier, Defendants.	

The Petitioner/Plaintiff complaining of the Defendant(s) would petition and would show unto this Court that:

1. The Petitioner/Plaintiff is a citizen and resident of the County of Darlington, State of South Carolina, and she is the injured worker/claimant in the matter of Mary L. Davis, Employee

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v. Ruiz Food Products, Inc., Employer, and Safety National Casualty Corp., Carrier, Defendants; SCWCC File Nos. 1923627 & 2223041 with the Employer operating and doing business in Florence County where the injuries occurred.

2. That the Defendant Commission is an Agency and Commission of the State of South Carolina charged with administering the Workers' Compensation Laws of our State, SC Code §42-1-10, et. seq. with its principle place of business and operation being in Richland County, South Carolina, located at 1333 Main Street, Suite 500, Columbia, South Carolina, 29202-1715, with Gary M. Cannon being the Executive Director of the Commission. Commissioner Aisha Taylor is a duly appointed member of the Commission charged with the responsibility of administering the Workers' Compensation Laws, specifically including hearing and determining contested claims. S.C. Code §42-3-20(A) and (C).

3. That Ruiz Food Products, Inc. and Safety National Casualty Corp. respectively, are the employer and its insurance carrier and are parties to the workers' compensation claims pursuant to the SC Workers' Compensation Act, §42-1-10, et. seq., and were parties to the hearing that gave rise to this request for Writs of Prohibition and Mandamus. Commissioner Taylor issued her "ORDER INSTRUCTIONS" and requested that Defense Counsel draft a Proposed Order for her review based on the "ORDER INSTRUCTIONS".

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4. That on March 21, 2023, Ms. Mary L. Davis, hereinafter referred to as Petitioner, filed a SCWCC Form 50 requesting a hearing concerning her accepted workers' compensation claim due to an accident and injuries sustained on November 16, 2019 under SCWCC File No. 1923627. In that Form 50, the Petitioner as Claimant sought medical care as prescribed by the authorized treating physicians and further evaluation and care due to the original injury; and due to an aggravation caused by an incident that occurred on November 4, 2022, which Form 50 is attached hereto as Exhibit A. Defendants filed a responsive SCWCC Form 51 on April 20th admitting only certain body parts and important to the Order, admitting Claimant's need for additional medical care as a result of the injury unless it was determined that the Claimant had reached maximum medical improvement ("MMI") "unbeknownst to Defendants". The Form 51 also noted that the Claimant was alleging a new and separate injury on November 4, 2022. The Form 51 is attached hereto as Exhibit B.

5. That a hearing was set before Commissioner Avery B. Wilkerson, Jr. on June 20, 2023, which Notice of Hearing is attached as Exhibit C, and at the time for the hearing there was a determination that the incident that occurred on November 4, 2022 constituted a separate injury by accident, and that a separate Form 50 Request for Hearing needed to be filed concerning the incident and an Order of Postponement was entered to allow the

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Claimant to file a Form 50 which is attached hereto as Exhibit D, and quoting from that Order:

> "so that all issues may be before the Commission as to whether or not the Claimant's current problems and request for medical care and benefits stemmed from the first accident, the second accident or a combination of the two".

6. That accordingly on July 11, 2023, a Form 50 setting forth the incident that occurred on November 4th and the directions received by the Claimant from her authorized physician, Dr. Chokshi, for her back injury from the first injury was filed with the Commission; and noted Commissioner Wilkerson's Order that as soon as the Form 50 and responsive Form 51 were filed that this matter was to be set as soon as possible before the Jurisdictional Commissioner for Hearing on both claims. See SCWCC Form 50 filed July 11, 2023, attached hereto as Exhibit E. A responsive SCWCC Form 51 was filed July 27, 2023, responding that the "Defendants do not believe Claimant sustained a compensable injury", attached as Exhibit F. The second incident was assigned a WCC claim number, #2223041. Subsequently, both claims were assigned for hearing on the same date and at the same time before the Jurisdictional Commissioner, Commissioner Aisha Taylor, on September 27, 2023 at 11:00 o'clock a.m. in Hartsville, SC, which Hearing Notices are attached as Exhibit G.

7. That the Record will show that the evidence presented to the Commissioner consisted of 120 pages of Administrative

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Procedures Act submissions and the testimony of two (2) witnesses, the Claimant and Jonathan Holder for the Employer.

8. That four (4) days short of four (4) months later after the hearing, Commissioner Taylor issued Order Instructions which noted that:

> "**please note, these are general Order instructions/directives only.** The drafting Attorney is instructed to compose proposed Findings of Fact and Conclusions of Law consistent with and support of the directives below. Please cite the APA submissions, deposition transcript, and/or hearing transcript where appropriate."

Those Order Instructions which were supposed to address both claims and all essential issues for decision are attached hereto as Exhibit H, and were as follows:

> "**Subject**: ORDER INSTRUCTIONS: Mary Davis v. Ruiz Foods, **WCC File No.: 1923627**". (Emphasis added to WCC File No. 1923627).

Those general Order Instructions/Directives consisted of eight (8) general instructions, none of which deal with the Claimant's request for medical care in reference to the neck and back, nor whether or not the Defendants had continued to authorize medical care as recommended by the treating physicians for the hip and knee, nor any citations as required by law or facts and evidence upon which those directives are made. The Order and detailed Findings of Fact and Conclusions of Law on all essential Issues for Decision were left to the discretion of the Defendants to

write the Order, to make Findings of Fact and Conclusions of Law, which is as set forth hereinafter the specific statutory responsibility of the Commissioner.

9. That after a request for an extension to file the proposed Order, Defense Counsel on March 18, 2024 sent a letter to Commissioner Taylor. That letter is attached hereto as Exhibit I. Upon information and belief based on a review of the March 18, 2024 letter, Defense Counsel specifically noted and agreed that the Commissioner had not addressed essential issues before her for decision:

> "we noticed there are two issues which were not addressed in the Order Instructions."

Importantly, the second of which involves the second injury of November 4, 2022 which under the previous Order of the Commission had been referred to the Hearing Commissioner to specifically determine whether the Claimant's current need for medical care stemmed from the first accident, the second accident, or a combination of the two, wherein the Defendants noted to the Commissioner that:

> **"The Order Instructions do not contain any finding on the compensability of that alleged accident."**

Unlike the Order Instructions which refer only to SCWCC File No. 1923627, that letter appropriately refers to both file number 1923627 and the file number assigned to the second accident, number 2223041. It has now been over nine (9) months since the

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

date of the hearing, September 27, 2023, and on May 15, 2024 Defense Counsel sent a second letter to Commissioner Taylor asking her to address unaddressed essential Issues for Decision, which is attached as Exhibit J. **Again**, having heard nothing on July 1, 2024, Defense Counsel again inquired concerning additional Findings of Fact by Commissioner Aisha Taylor to which the Commissioner's office responded in pertinent part:

> "Commissioner has this but I don't have any information at this time. I will remind her of this. Sorry for the delay."

That series of emails is attached hereto as Exhibit K.

10. That SC Code §42-17-40 since the inception of the Act has provided that the Commission is to hear the parties in a summary manner and that:

> "the Award, together with a statement of the Findings of Fact, Rulings of Law, and other matters pertinent to the Questions at issue must be filed with the Record of the proceedings and a copy of the Award must immediately be sent to the parties in dispute."

The Supreme Court has long since held in accordance with that Statute and the Act that it is the duty of the Commission to make specific Findings of Fact upon which a claimant's entitlement to compensation may rest and upon which the amount of compensation due may be calculated by one of the statutory formula. Decisions without such specific Findings do not comply with the requirements

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of the Act and are illegal. Shealy v. Algernon Blair, Inc., 250 S.C. 106, 156 S.E.2d 646 (1967).

The duty to determine factual issues is solely on the Commission. Such duty requires that not only must Findings of Fact be made upon all essential factual issues but they must be sufficiently definite and detailed to enable the Appellate Courts to properly determine whether the Findings of Fact are supported by evidence and that the law has been properly applied to them. Drake v. Raybestos-Manhattan, Inc., 241 S.C. 116, 127 S.E.2d 288 (1962) holds that where there is a dispute as to a specific issue the Hearing Commissioner must make a specific express Finding on that issue and on all essential issues before the Commissioner and the failure to do so is an error of law. It is the responsibility of the Commission, not Counsel for the parties, to make specific and express Findings of Fact under the law. Aristizabal v. I.J. Woodside-Division of Dan River, Inc., 368 S.C. 366, 234 S.E.2d 21 (1977).

11. That since the advent of the Administrative Procedures Act (APA), the APA under S.C. Code §1-23-350 has required all agencies, including the Workers' Compensation Commission, in reference to any final decision in any contested case that the:

> "final decision shall include Findings of Fact and Conclusions of Law, separately stated. Findings of Fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying facts supporting the Findings."

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

12. That the General Assembly to make it perfectly clear as to the responsibility of a Commissioner hearing a workers' compensation case that it was and is the responsibility of the Commissioner to make detailed Findings of Fact based on the evidence as to each contested essential issue, added a specific statutory provision to that effect in 2007. In 2007, the General Assembly added SC Code §42-9-5 titled "Basis for Award" and it is quoted in full hereinafter:

> "Any Award made pursuant to this Title **must** be based upon **specific and written detailed Findings of Fact** substantiating the Award." (Emp. add.)

13. That a review of the documents which are part of the Commission file set forth and attached hereto as Exhibit H will establish that the Hearing Commissioner utterly and totally failed in her responsibility to make detailed Findings of Fact on each "essential" issue before her for decision and the Court need go no further than looking at the general "Order Instructions" and the absolute failure to include any Findings of Fact or Conclusions of Law in reference to the second accident, SCWCC claim no. 2223041; and the specific agreement by all parties that at least two essential issues were not addressed:

> "We noticed that there are two issues which were not addressed in the Order Instructions." (Exhibit I)

14. That as to the Petitioner's request for a Writ of Prohibition, the principle use of the Writ of Prohibition is to

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prevent the assumption and exercise of jurisdiction by a lower tribunal in cases where wrong, damage, and injustice are liable to follow such action, and should be used with forbearance and caution and only in cases of necessity. Where the Court in which the original action is brought has jurisdiction, and the usual remedies provided by law such as by appeal are adequate and complete, prohibition should not issue. However, the mere fact that an appeal may lie will not defeat the right of prohibition unless the appeal is an adequate remedy. The question of whether an ordinary legal remedy is inadequate is within the sound discretion of the Court to which application for prohibition is made and the Court may consider delay and inconvenience incident to the appeal as reason for granting a Writ of Prohibition. State ex-rel. Zimmerman, et. al. v. Gibbs, et. al., 171 S.C. 209, 172 S.E. 30 (1933); Woodworth v. Gallman, 195 S.C. 157, 10 S.E.2d 316 (1940).

15. That as to the ancient and highest judicial writ known to the Constitution, the privileged Writ of Mandamus, the primary purpose of a Writ of Mandamus is to require the performance of a ministerial act by enforcing an established right and enforcing a corresponding imperative duty created or imposed by law. To obtain a Writ of Mandamus requiring the performance of an act, the Petitioner must show (1) a duty of Respondent to perform the act; (2) the ministerial nature of the act; (3) the Petitioner's

specific legal right for such discharge of the duty is necessary; and (4) the lack of any other legal remedy. Whether to issue a Writ of Mandamus lies within the sound discretion of the Trial Court. The Appellate Court will not overturn a decision unless the Trial Court abuses its discretion. As to 1 and 2, the Plaintiff would submit that the setting of hearings is a ministerial function of the Respondent in Workers' Compensation claims. See S.C. Code §42-3-20; §42-9-30; §42-17-20; Regulation 67-207, 208 and 67-601 et seq. As to three (3), upon the issuance of the Writ of Prohibition, the Petitioner will have the specific right to Hearing on her claims. S.C. Code §42-17-20 and Regulation 67-207. As to four (4), once the Writ of Prohibition is issued there is no other legal remedy other than a new Hearing or de novo review by a Commissioner of the Record.

16. That a SC Workers' Compensation Commissioner under SC Code §1-3-240 is a public officer and under that Statute, "a public officer's failure to comply with the statutory duty" constitutes malfeasance in office. Rose v. Beasley, 327 S.C. 197, 489 S.E.2d 625 (1997). Commissioner Taylor, by failing to make detailed Findings of Fact on all of the "essential" issues failed in her statutory duty under S.C. Code §42-17-40; §42-9-5; §1-23-350, and the Supreme Court decisions applying to these Statutes.

WHEREFORE, the Petitioner would request and pray for:

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

1. A Temporary Restraining Order issued without Notice and then after a hearing on the Motion restraining the SC Workers' Compensation Commission and Commissioner Aisha Taylor from taking any further action or issuing any further Order in the above-referenced matter pending a determination of the right of the Petitioner to Writ of Prohibition and/or Writ of Mandamus;

2. After due and proper notice of and a hearing held on the Motion, a Temporary Restraining Order restraining the Commission and Commissioner Aisha Taylor from entering any further Order or taking any further action on the underlying Workers' Compensation case as set forth under the caption and as is detailed under paragraph two as set forth hereinabove; pending a hearing on the prayer for Writs of Prohibition and Prohibition;

3. After hearing, a determination and an Order granting a Writ of Prohibition prohibiting Commissioner Aisha Taylor and the SC Workers' Compensation Commission from issuing any further Order due to her statutory violation and violation of law as established by our Appellate Courts in reference to her specific requirement and statutory responsibility as a Commissioner to make detailed Findings of Fact and Conclusions of Law in reference to all of the "essential" issues before her for decision.

4. Based on the issuance of a Writ of Prohibition granting the Petitioner a Writ of Mandamus directed to the Judicial

Director of the SC Workers' Compensation Commission to immediately set this matter for a de novo hearing.

5. The Petitioner would request attorney's fees for the prosecution of this Petition for a Temporary Restraining Order and for a Writ of Prohibition and a Writ of Mandamus, and for the costs of this action, and for such other and further relief as the Court deems just and appropriate under the facts and circumstances set forth in the Petition, under Rule 65(B), SCRCP and based upon its hearing and decision in this matter.

Respectfully submitted,

s/Preston F. McDaniel
SC Bar # 3770
McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211
preston@pfmcdlaw.com

Attorney for Petitioner/Plaintiff

Dated: July 11, 2024

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

VERIFICATION

PRESTON F. McDANIEL, being duly sworn, says that he is one of the Attorneys of Record for the Petitioner/Plaintiff herein, and has read the foregoing Complaint for Writ(s) of Prohibition and Mandamus and knows the contents thereof, that the same is true of his own knowledge, except as matters therein stated to be alleged on information and belief; and to those matters he believes them to be true. This Verification is made pursuant to SCRCP Rule 11(c) and the requirements of Rule 65(B).

Preston F. McDaniel, #3770
Attorney for Petitioner/Plaintiff

SWORN TO BEFORE ME this
11th day of July, 2024.

Notary Public for South Carolina (L.S.)
My Commission Expires: 6-19-2030

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McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 35 years

Preston F. McDaniel
Matthew C. Robertson
Daniel E. Peagler

Telephone (803) 771-7211
Facsimile (803) 252-0709

March 21, 2023

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Mary L. Davis v. Ruiz Good Products, Inc.
WCC File No: 1923627

Dear Ms. Bracy:

Enclosed herewith is my Form 50 requesting a hearing with regards to the above-referenced matter along with the required $50.00 filing fee and proof of service upon defense counsel in this matter.

I am requesting that this matter be set for hearing as soon as the Commission calendar will permit.

I hope this is sufficient for filing with the Commission. Should you require anything further, kindly advise.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire
Walter H. Barefoot, Esquire
Ms. Mary L. Davis

EXHIBIT A

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

CC File #: 1923627
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Mary L. Davis SSN: -2674
Address:
City: Hartsville State: SC Zip:
Home Phone: (843) Work Phone:

Employer's Name: Ruiz Food Products, Inc.
Address: 2557 Florence Harllee Blvd.
City: Florence State: SC Zip: 295
Insurance Carrier: Safety National Casualty Corp.

Preparer's Name: Preston McDaniel, Esquire Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771 - 7211

A claim for workers' compensation benefits is made based on the following grounds:
☒Injury ☐ Illness ☐ Repetitive Trauma ☐Occupational Disease ☐Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to neck, back and hip, and leg down to left knee (Part(s) of Body Injured) on 11/16/2019 (Month/Day/Year) in Florence county, state of SC.
2. Body part(s) affected are: neck, back and hip, leg and such other bodily parts, and members organs as determined to be related by medical care and/or the Commission.
   Briefly describe how the accident occurred. Fell on wet floor and taken from the scene by ambulance. (Accepted case).
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 11/16/19 (Month/Day/Year) in the following manner: Following the injury, to Immediate Supervisor; taken from scene by ambulance. Accepted case. See Attachment #7
☒7. Due to injury, the claimant is in need of (check one):
   ☒(a) medical examination and treatment for: See Attachment 7.
   ☒(b) additional medical examination and treatment for: See Attachment #7.
☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: February 20, 2023 until released. See Attachment #11.
☐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. Claimant at MMI: ☐ Yes ☒ No
☐10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
10a. At the time of the injury, the Claimant was paid weekly wages of FORM 20 REQUESTED 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: Same employer.
11. Further grounds or unusual aspects of claim: See Attachment #11; aggravation 11/04/2022.
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: McLeod Regional Medical Center Emergency Room; Florence, SC; McLeod Occupational Health; FNP Krystal Cooley, Florence, SC; Florence Imaging, Florence, SC; Rodney K. Alan, MD, McLeod Orthopaedics Florence, Florence, SC; McLeod Spine Center, W.S. "Willie" Edwards, MD, Rakesh Chokshi, MD, Florence, SC.
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.
☐13. **I am filing a claim. I am not requesting a hearing at this time.**
☒14. **I am requesting a hearing. A $50 fee is required.** Estimated time needed for hearing: 1.5 hours

☐ **Mediation**
- ☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐b. Mediation is required pursuant to Reg. 67-1802.
- ☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE CERTIFICATE OF SERVICE on the ___day of ____20__, 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 for the Claimant (Title) | preston@pfmcdlaw.com (Email) | March 21, 2023 (Date)

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

Employee's Notice of Claim and/or Request for Hearing

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ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

ATTACHMENT TO FORM 50H

Mary L. Davis v. Ruiz Food Products, Inc.
WCC File No.: 1923627

7 a&b. The Claimant seeks medical care as prescribed by the authorized treating physicians and further evaluation and care due to the original injury and due to the aggravation caused by the incident that occurred on November 4, 2022.

The delay and failure to provide timely medical care is well documented in the Commission's file which finally resulted in the Claimant having to file a Form 50 requesting that medical care be ordered to be provided. By Order of Commissioner Taylor issued on June 7, 2021, the Defendants were ordered to provide medical care and treatment for her left knee and left hip by Dr. Rodney K. Alan. In addition, by agreement at that same time, the Defendants agreed to provide medical care through McLeod Orthopaedic Spine having seen in the past Dr. W.S. Edwards but upon referral by Dr. Alan after he instituted treatment, she was seen by Dr. Rakesh Chokshi, MD.

Although ordered in June of 2022 to provide evaluation and medical care through Dr. Alan, the Defendants required and forwarded to Dr. Alan records and **Ms. Davis was not seen by Dr. Alan until 12/13/2021**. In his first treatment note he noted that, "there were an extensive amount of records that I reviewed from 2019 until 2021...." He also noted the MRIs that had been conducted by/in **May and June of 2020** noting that:

> "patient had an MRI of the lumbar spine May 2020 which showed bulging disc. She had an MRI of the left hip June 2020 which showed left hip effusion. Patient had MRI of the left knee which showed an ACL tear."

Only after instituting treatment by Dr. Alan was treatment then provided as had been agreed to, at least six (6) months prior and the first visit with Dr. Chokshi was not performed until **March 23, 2022**.

In his March 28, 2022 treatment visit note, Dr. Alan gave the Claimant extensive work restrictions which will be addressed under #11. He addressed her future medical needs and restrictions stating:

> "Future medical interventions include intra-articular steroid injections to the left hip three times per year, gel injections to the left knee two times per year. She will need

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management of her sacroiliac joint problems as directed by the spine specialist."

Previously after performing injections as recommended inthe future including a gel injection in the knee, he had noted on February 14, 2022 that the patient,

"will eventually need left total knee arthroplasty. Gel injection provided today."

As will be set in #11, this lady has continued to work under ever increasing restrictions which were accommodated up until recently when she was basically in an accommodation job. Repeated requests have been made by both Dr. Alan and by Claimant's Counsel for the return treatment visit that Dr. Alan opined that she would continue to need in reference to her hip and knee. Further evaluation and treatment was finally scheduled after requesting authorization, again repeatedly. Ms. Davis was seen by Dr. Alan on February 27th. The Claimant has been advised by Dr. Alan's office that **according to the workers' compensation department of McLeod Orthopaedics, authorization was not obtained. According to his office, "multiple attempts were made without a response from the adjuster."**

Also, as set out forth more fully under #11, following the November 4th incident at work, the Claimant requested additional medical care through her employer and also that request was reiterated to Defense Counsel and no medical care has been provided. In addition to seeing Dr. Alan, Ms. Davis, as the Record will show, has seen her family doctor and has an appointment with Dr. Chokshi for an evaluation and treatment on March 22, 2023. Again, requests for authorization for the visits with Dr. Alan and Dr. Chokshi have been requested. In reference to medical care, the Claimant seeks authorization for the medical as provided and recommended by the authorized treating physicians and that the Defendants be assessed penalties and fines for failure to provide medical care pursuant to the Act.

11. As noted in #8, the Claimant is requesting temporary total benefits from February 20, 2023 when the Claimant was terminated while under the extreme restrictions of Dr. Alan and Dr. Chokshi. The employer has made makeshift or accommodated work available to the Claimant to avoid paying temporary disability benefits and has required the Claimant to basically work in pain in jobs which were changed to allegedly accommodate her restrictions to allow them to provide an accommodated job and avoid temporary total disability. While performing one of those jobs she was terminated on February 20th.

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

The evidence will show that Dr. Alan placed on her extreme restrictions including:

> "No lifting floor to waist. No lifting knees to waist. Lifting from the waist 10 lbs. occasionally. Waist to shoulder, 10 lbs. occasionally, shoulder to overhead, 5 lbs. occasionally, carrying 5 lbs. occasionally, pushing and pulling 30 lbs. occasionally, positional changes frequently. Limit standing to an occasional basis, limit walking to occasional basis, no kneeling, occasional stooping, no squatting or crouching, and limited balance on occasional basis."

The employer, under the guise of accommodating those restrictions made light duty work available; again, under the guise that those restrictions were being met. After seeing her on March 23, 2022, Dr. Rakesh Chokshi further restricted her to sedentary work only. Again, the employer supposedly accommodated those restrictions as well and the Claimant continued to work. On November 15, 2022, Dr. Rakesh Chokshi again continued those restrictions of sedentary work only.

After Dr. Chokshi's restrictions, the evidence will show that the Claimant was placed in a job in which all other workers performing that job stand but was provided with a chair so the employer could meet the sedentary work only requirement. Whether or not the employer was meeting the other requirements placed on the Claimant by Dr. Alan will be addressed in the evidence.

On November 4th during work the Claimant sustained an aggravation of her problems when she was assailed by a fellow worker allegedly trying to hug her but it involved him grabbing her and holding her by both hands and then pulling and pushing her with her trying to get away from the other employee. After this incident, the Claimant's neck, back and other problems from the original injury were worsened, and the Claimant asked her employer for medical care, but no medical care has been provided as noted in #7, thus requiring the Claimant to seek medical care on her own, and receiving care from the authorized treating physicians without authorization.

Then, on February 20, 2023 after making repeated requests for medical care which was denied and refused by the employer and its insurance carrier, and while under the restrictions as set forth above, the Claimant was terminated from employment. Thus, the employer is failing to make employment within the restrictions of the doctors available to the Claimant. The Claimant thus requests temporary total disability benefits from February 20th and continuing until released by her medical providers for any

and all conditions stemming from the original accident and the aggravation of her problems from the work-related incident that occurred on November 4th.

The Claimant requests penalties and fines for failure to provide benefits pursuant to the Act, thus in violation of the statutory duty, and for assessments of costs and attorneys' fees for having to enforce the prior Order of the Commission.

Respectfully submitted,

Preston F. McDaniel
McDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
(803) 771-7211

and

Gerald Malloy
MALLOY LAW FIRM
Post Office Box 1200
Darlington, SC 29551
(843) 339-3000

Attorneys for the Claimant

March 21, 2023

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CERTIFICATE OF SERVICE

WCC File No.: 1923627

I hereby certify that I have on this day, March 21, 2023, served the following in the matter of **MARY L. DAVIS v. RUIZ FOOD PRODUCTS, INC.** with a copy of the **FORM 50 - REQUEST FOR HEARING** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Walter H. Barefoot, Esquire
McAngus Goudelock & Courie
Post Office Box 12519
Columbia, South Carolina 29211

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
21 day of March, 2023.

Notary Public for South Carolina (L.S.)
My Commission Expires: 2/4/24

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mgc | INSURANCE DEFENSE

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com

April 20, 2023

Amy Bracy, Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Mary L. Davis vs. Ruiz Food Products, Inc. and Safety National Casualty Corporation c/o Sedgwick Claims Management Services, Inc.
Date of Accident: November 16, 2019
WCC File No.: 1923627
Our File No.: 20757.20017
Claim No.: RFPW-0743

Dear Ms. Bracy:

This firm has been retained to represent the employer and carrier in the matter referenced above. Please find enclosed the Form 51 on behalf of the employer and carrier in the above matter for filing in your office.

By copy of this letter, we are serving a copy of the Form 51 on the Claimant's attorney, Preston F. McDaniel, Esquire.

Very truly yours,

Walter H. Barefoot

Walter H. Barefoot

WB/egm
Enclosures
cc: Jonathan Holder, Ruiz Foods
Deborah Burford, Sedgwick Claims Management Services, Inc.
Preston F. McDaniel, Esquire, The McDaniel Law Firm
Ignacio Albarran, Ruiz Foods

EXHIBIT B

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South Carolina Workers' Compensatic mmission
1333 Main Street, Suite 500 · Post Office Bo '15
Columbia, South Carolina 29202-1715
(803)737-5723 www.wcc.sc.gov

WCC File #: 1923627
Carrier File #: RFPW-0743
Carrier Code #:
Employer FEIN #:

Claimant's Name: Mary L. Davis SSN
Address
Home Phone: (843) Work Phone #
Date of Injury: 11/16/19

Employer's Name: Ruiz Foods
Address: 2557 Florence Harllee Boulevard Florence, South Carolina 29506
Insurance Carrier: Safety National Casualty Corporation c/o Sedgwick Claims Management Services, Inc.

Preparer's Name: Walter H. Barefoot Law Firm McAngus Goudelock & Courie Preparer's Phone #: (843) 519-1801

Date of Injury or Illness: 11/16/19 **Estimated time for hearing:** 1 hour

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 application. The reasons for denial are: Admitted as to the back and left knee only. All else 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 service 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: To same extent as No. 1.
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: Unless Claimant has reached maximum medical improvement (MMI) unbeknownst to Defendants.
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: None sought on Form 50. Appears to be premature.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of **$** 514.93 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: Claimant alleges a new and separate injury on November 4, 2022.

☐ **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 Preston F. McDaniel, Esquire **Address** 1315 Elmwood Avenue Columbia, South Carolina 29201 **on the 20th day of April, 2023 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 for Employer/Carrier (Title) | walt.barefoot@mgclaw.com (Email) | April 20, 2023 (Date)

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. 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 07/15

51
060

Employer's Answer to Request for Hearing

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1923627

MARY L. DAVIS, Employee, Claimant, vs. RUIZ FOODS, Employer, AND SAFETY NATIONAL CASUALTY CORPORATION C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., Carrier, Defendants.	**CERTIFICATE OF SERVICE**

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Preston F. McDaniel, Esquire
The McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Form 51

DATE OF MAILING: April 20, 2023

Emily G. McInville
Paralegal to Walter H. Barefoot

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 1923627
Carrier File #: 5866516952000101665
May 2, 2023

NOTICE OF HEARING

Mary L Davis v. Ruiz Food Products, Inc

Subject: **To determine issues as set forth on Forms 50 and 51.**

Date: **June 20, 2023 at 12:10 PM**

Location: **South Carolina Voc Rehab Dept- LARGE Conference Room AND SMALL Conference room for pre-trial meetings and so lobby continue social distancing practices**

1947 West Darlington Street
Florence, SC 29504

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. 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.

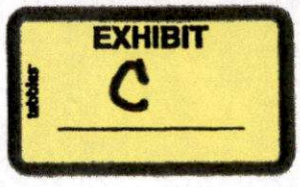
Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Avery B. Wilkerson Jr.
803-737-5697, mroark@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Melani Roark, SC Workers' Compensation, May 2, 2023

Party	Attorney
Employee: Mary L Davis	Preston F. McDaniel preston@pfmcdlaw.com 803-771-7211
Employer: Ruiz Food Products, Inc Carrier: Safety National Casualty Corporation	Walter H. Barefoot walt.barefoot@mgclaw.com 843-519-1801



ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File No.: 1923627
MARY L. DAVIS, Employee-Claimant, v. RUIZ FOOD PRODUCTS, INC., as Employer, and SAFETY NATIONAL CASUALTY CASUALTY CORP., as Carrier, Defendants.	**ORDER OF POSTPONEMNT TO FILE A SEPARATE FORM 50 CONCERNING THE SECOND ACCIDENT**

At the time for the Hearing in the above referenced matter, it was determined that the incident that occurred on November 4, 2022 constituted a separate injury by accident and that a separate Form 50 request for Hearing needed to be filed concerning that incident so that all issues may be before the Commission as to whether or not the Claiman'ts current problems and request for medical care and benefits stem from the first accident, the second accident or a combination of the two. The Hearing in this matter is thus postponed to allow Claimant's counsel the opportunity to file a separate Form 50 and subsequent to the filing of that Form 50 and a responsive Form 51, a hearing shall be set on both claims before the Jurisdictional Commissioner.

And It Is So Ordered.

Return to Grand Files.

Commissioner Avery Wilkerson

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 Melani Roark on July 11, 2023

EXHIBIT D

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 35 years.

Preston F. McDaniel

Matthew C. Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

July 11, 2023
~~June 27, 2023~~

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Mary L. Davis v. Ruiz Food Products, Inc.
DOA: 11/4/2022

Dear Ms. Bracy:

Per the direction and recommendations at the pre-hearing conference with Commissioner Wilkerson on June 20th on claim #1923627, we are filing a separate claim for the incident/accident that occurred on November 4, 2022, so that all issues can be before the Commission. Enclosed is our Form 50 requesting a hearing with regards to the above-referenced matter along with proof of service upon opposing counsel, Walt Barefoot, and this firm's check in the amount of $50.00 representing the appropriate filing fee.

Please note: Commissioner Wilkerson directed that as soon as this request and a responsive Form 51 were filed, this matter was to be **set along with SCWCC#1923627** for hearing with the Jurisdictional Commissioner.

I hope this is sufficient for filing with the Commission. Should you require anything further, kindly advise.

Sincerely yours,

Preston F. McDaniel
Attorney at Law

PFM/kecs

Enclosure

cc: Walt Barefoot, Esq. via email/regular mail
Gerald Malloy, Esq.
Safety National Casualty Corp.

EXHIBIT
E

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: 1923627
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Mary L. Davis SSN:
Address:
City: Hartsville State: SC Zip:
Home Phone: (843) Work Phone:

Employer's Name: Ruiz Food Products, Inc.
Address: 2557 Florence Harllee Blvd.
City: Florence State: SC Zip: 29506
Insurance Carrier: Safety National Casualty Co

Preparer's Name: Preston McDaniel, Esquire Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771-7211

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to neck, back and hip, and leg down to left knee (Part(s) of Body Injured) on 11/04/2022 (Month/Day/Year) in Florence county, state of SC.
2. Body part(s) affected are: neck, back and hip, leg and such other bodily parts, and members organs as determined to be related by medical care and/or the Commission.
   Briefly describe how the accident occurred. Fellow employee suddenly grabbed, pulled, and pushed Ms. Davis in hallway area.
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 11/4/22 (Month/Day/Year) in the following manner: Incident report filed that day by Ms. Davis requesting medical care.
☒ 7. Due to injury, the claimant is in need of (check one):
   ☒ (a) medical examination and treatment for: Neck, back, hip, and leg. See Attachment 11.
   ☒ (b) additional medical examination and treatment for: Neck, back, hip, and leg. See Attachment 11.
☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: February 20, 2023 until released. See Attachment #11.
☐ 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. Claimant at MMI: ☐ Yes ☒ No
☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
10a. At the time of the injury, the Claimant was paid weekly wages of FORM 20 11/16/19 accident 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: Same employer.
11. Further grounds or unusual aspects of claim: See Attachment #11: aggravation 11/04/2022.
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: McLeod Regional Medical Center Emergency Room: Florence, SC; McLeod Occupational Health: FNP Krystel Copley, Florence, SC; Florence Imaging, Florence, SC; Rodney K. Alan, MD, McLeod Orthopaedics Florence, Florence, SC; McLeod Spine Center, W.S. "Will" Edwards, MD, Rakesh Cholshi, MD, Florence, SC.
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.
☐ 13. **I am filing a claim. I am not requesting a hearing at this time.**
☒ 14. **I am requesting a hearing. A $50 fee is required.** Estimated time needed for hearing: 1.5 hours

☐ **Mediation**
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE CERTIFICATE OF SERVICE on the ___ day of ___ 20__, 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 for the Claimant (Title) | preston@pfmedlaw.com (Email) | June 27, 2023 (Date)

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

Employee's Notice of Claim and/or Request for Hearing

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

MARY L. DAVIS v. RUIZ FOOD PRODUCTS, INC

WCC# 1923627

ATTACHMENT TO FORM 50

11. The November 4, 2022 incident involved another employee in the hallway suddenly grabbing, pulling, and pushing Ms. Davis causing additional pain and problems with her neck, back, and also with her hip and leg. Within weeks of the incident Ms. Davis had a return appointment with Dr. Chokshi in reference to the November 16, 2019 accident, at which time she reported the increased problems, particularly with her neck, and was directed by Dr. Chokshi that he could not address those nor have an MRI performed on the neck until after authorized by the employer and for her to seek such authorization. The employer's records will show that the claimant sought such authorization which was not provided, nor was any medical care provided which was requested by Ms. Davis following the incident.

In addition, due to the increased problems she was having with her hip and leg she requested this additional medical care that had been ordered to be provided to maintain her condition and allow her to continue working as directed by Dr. Alan.

Finally, Commissioner Wilkerson at a hearing held on June 20th regarding the November 16, 2019 accident, ordered that the initial accident hearing be postponed and that these matters were to be set together for hearing following the filing of this Form 50 concerning the November 4, 2022 incident.

Preston F McDaniel, Esquire

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

CERTIFICATE OF SERVICE BY MAIL

I hereby certify that I have on this day served the following in the matter of Mary L. Davis v. Ruiz Food Products, Inc., DOA 11/4/22, with a copy of the **Claimant's Form 50 Request for Hearing** by depositing the same in the United States Mail with adequate postage thereon, addressed as follows:

Safety National Casualty Corporation
1832 Schuetz Road
St. Louis, MO 63146

Kimberley T. Hinkle
Kimberley Hinkle

SWORN TO BEFORE ME this

11 day of July, 2023.

(L.S.)
Notary Public for South Carolina

My Commission Expires: 2/4/24

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

mgc | INSURANCE DEFENSE

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com

July 27, 2023

Amy Bracy, Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Mary Davis vs. Ruiz Food Products and Safety National Casualty Corp. c/o Sedgwick
Date of Accident: November 4, 2022
WCC File No.: 2223041
Our File No.: 20194.23605
Claim No.: TBD

Dear Ms. Bracy:

This firm has been retained to represent the employer and carrier in the matter referenced above. Please find enclosed the Form 51 on behalf of the employer and carrier in the above matter for filing in your office.

By copy of this letter, we are serving a copy of the Form 51 on the Claimant's attorney, Preston F. McDaniel, Esquire.

Very truly yours,

Walter H. Barefoot

WB/egm
Enclosures
cc: Jonathan Holder, Ruiz Foods
DeSeon Williams, Sedgwick
Ignacio Albarran, Ruiz Foods
Preston F. McDaniel, Esquire, The McDaniel Law Firm

EXHIBIT F

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803)737-5723 www.wcc.sc.gov

WCC File #: 2223041
Carrier File #: TBD
Carrier Code #:
Employer FEIN #:

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

Claimant's Name: Mary L. Davis SSN

Address

Home Phone: Work Phone #

Date of Injury: 11/4/22

Employer's Name: Ruiz Foods

Address: 2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Insurance Carrier: Safety National Casualty Corp. c/o Sedgwick

Preparer's Name: Walter H. Barefoot, Esquire Law Firm McAngus Goudelock & Courie Preparer's Phone #: (843) 519-1801

Date of Injury or Illness: 11/4/22 **Estimated time for hearing:** 1 hour

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 application. The reasons for denial are: Defendants do not believe Claimant sustained a compensable injury.
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 service arising out of and in the course of employment. The reasons for denial are:
   See No. 1.
5. It is ☐ **Admitted** ☒ **Denied** notice of injury was given the employer. The reasons for denial are:
   See No. 1.
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:
   See No. 1.
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:
   See No. 1.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of $ **To be determined** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:

☐ **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 Preston F. McDaniel, Esquire
Address 1315 Elmwood Avenue, Columbia, South Carolina 29201 on the 27th day of July, 2023 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.

Walter H Barefoot Jr
Preparer's Signature

Attorney for Employer/Carrier
Title

walt.barefoot@mgclaw.com
Email

July 27, 2023
Date

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. 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.

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 2223041

MARY L. DAVIS,

Employee,

Claimant,

vs.

RUIZ FOODS,

Employer,

AND

SAFETY NATIONAL CASUALTY CORP.
C/O SEDGWICK,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Preston F. McDaniel, Esquire
The McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Form 51

DATE OF MAILING: July 27, 2023

Emily G. McInville
Paralegal to Walter H. Barefoot

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 1923627
Carrier File #: 5866516952000101665
August 16, 2023

NOTICE OF HEARING

Mary L Davis v. Ruiz Food Products, Inc

Subject: **To determine issues as set forth on Forms 50 and 51.**

Date: **September 27, 2023 at 11:00 AM**

Location: **Hartsville City Hall**
Council Chambers
100 E. Carolina Avenue
Park between First Citizens Bank and Centennial Park
HARTSVILLE, SC 29550

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. 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.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Aisha Taylor
803-737-5692, rgsmith@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Renee G Smith, SC Workers' Compensation, August 16, 2023

Party	Attorney
Employee: Mary L Davis	Preston F. McDaniel preston@pfmcdlaw.com 803-771-7211
Employer: Ruiz Food Products, Inc Carrier: Safety National Casualty Corporation	Walter H. Barefoot walt.barefoot@mgclaw.com 843-519-1801

EXHIBIT G

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 2223041
Carrier File #: NRHR20230705
August 16, 2023

NOTICE OF HEARING

Mary L Davis v. Ruiz Food Products, Inc

Subject: **To determine issues as set forth on Forms 50 and 51.**

Date: **September 27, 2023 at 11:00 AM**

Location: **Hartsville City Hall**
Council Chambers
100 E. Carolina Avenue
Park between First Citizens Bank and Centennial Park
HARTSVILLE, SC 29550

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. 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.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Aisha Taylor
803-737-5692, rgsmith@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Renee G Smith, SC Workers' Compensation, August 16, 2023

Party	Attorney
Employee: Mary L Davis	Preston F. McDaniel preston@pfmcdlaw.com 803-771-7211
Employer: Ruiz Food Products, Inc Carrier: Safety National Casualty Corporation	Walter H. Barefoot walt.barefoot@mgclaw.com 843-519-1801

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Preston F. McDaniel

From: Taylor, Aisha <ataylor@wcc.sc.gov>
Sent: Tuesday, January 23, 2024 2:38 PM
To: Walt Barefoot; Preston F. McDaniel
Cc: Smith, Renee
Subject: ORDER INSTRUCTIONS: Mary Davis v. Ruiz Foods WCC File No.: 1923627

Importance: High

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Good Afternoon!

Please see the Order Instructions below.

Please note these are general Order Instructions/Directives only. The drafting attorney is instructed to compose proposed Findings of Fact and Conclusions of Law consistent with and in support of the directives below. Please cite the APA Submissions, Deposition Transcripts and/or the Hearing Transcript where appropriate.

Please let me know if there are any questions.

1. Per prior Order of this Commission, Claimant sustained compensable injuries to her left knee, left hip, and low back.
2. Claimant has been receiving authorized causally related medical treatment at the direction of Defendants.
3. Dr. Alan issued Claimant light-duty work restrictions, which the Employer was able to accommodate.
4. Claimant was ultimately terminated after being observed throwing food away, which was against company policy.
5. I find that but for Claimant's work policy violation, her light-duty work restriction would have continued to be accommodated. Claimant's testimony that she and other employees always threw food away without discipline is unpersuasive.
6. I find Claimant is not entitled to TTD benefits. See Pollack.
7. I find Defendants are continuing to provide medical treatment in compliance with the prior Orders of the Commission and the Act.
8. No penalties or hearing costs are assessed.

INSTRUCTIONS: Order to be written by Attorney Walt Barefoot within 30 days. Please let our office know if you have difficulty obtaining a transcript or cannot complete the order within this timeframe. Draft the Order consistent with the above substance of the preceding Findings of Fact. You may add additional Findings of Fact consistent with the above ruling. The Order should also include biographical information, information regarding the Claimant's work history, and previous medical history, if relevant to the case.

If you need a transcript, order it *immediately* from the court reporter, or contact my assistant, Reneé Smith, in writing at P.O. Box 1715, Columbia, SC 29202-1715 or via e-mail at rgsmith@wcc.sc.gov. Provide a copy of the proposed Order to opposing counsel or *pro se* claimant before or at the same time one is submitted to the Commission. When submitting the proposed Order, please e-mail it to rgsmith@wcc.sc.gov, in Word format.

Matters To Include In The Order:

1. **APA Submissions**
2. **Stipulations**
3. **Statement of the Case (contentions of the parties, stated concisely)**
4. **Evidence of the Case (synopsis of the evidence, including testimony and medical reports) Also note objections to evidence and my rulings on the record.**
5. **Findings of Fact – numbered (Do NOT delete any of the above findings, however, the prevailing party may add to support the decision, except regarding credibility, unless I have instructed you to)**
6. **Conclusions of Law (cite applicable statutory sections and case law)**
7. **Award**

Do not address credibility in the Order, unless it has been addressed in the preceding Order Notes.

Commissioner Aisha Taylor
SC Workers' Compensation Commission
1333 Main St., Suite 500
Columbia, South Carolina 29201
Telephone: (803) 737-5692
Email: ataylor@wcc.sc.gov

CONFIDENTIAL & PRIVILEGED

The preceding email message, including any attachments, may be confidential and/or protected by the attorney-client or other applicable privileges. It is intended for the sole use of the individual or entity named above. If the reader of this transmission is not the intended recipient, please notify the sender immediately and destroy any copies, electronic, paper or otherwise, that you may have of this communication. Any unauthorized review, use, disclosure or distribution is strictly prohibited and may be unlawful.

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mgc

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com



March 18, 2024

Commissioner Aisha Taylor
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Mary L. Davis vs. Ruiz Food Products, Inc. and Safety National Casualty Corporation c/o Sedgwick
Date of Accident: November 16, 2019; November 4, 2022
WCC File No.: 1923627; 2223041
Our File No.: 20757.20017; 20194.23605
Claim No.: RFPW-0743; TBD

Dear Commissioner Taylor:

You sent Order Instructions in these claims on January 23, 2024. We are in the process of completing the Proposed Decision and Order. We noticed there are two issues which were not addressed in the Order Instructions.

First, at the September 27, 2023 hearing, you said you would analyze whether portions of Ms. Shanda Blackwell's deposition testimony, as well as emails submitted by the Claimant, were hearsay, and indicate your findings in the Order Instructions. No indication was made in the instructions.

Second, one of the issues at hearing was the compensability of the Claimant's alleged November 4, 2022 assault. The Order Instructions do not contain any finding on the compensability of that alleged accident.

By copy of this letter to the Claimant's attorneys we are making them aware of this communication with you. We look forward to hearing from you.

With kindest regards,

Very truly yours,

Walter H. Barefoot

Walter H. Barefoot

WB/jeg

McANGUS GOUDELOCK & COURIE LLC
1452 WEST EVANS STREET, SUITE 102
FLORENCE, SC 29501
ALL MAIL TO: POST OFFICE BOX 12519
COLUMBIA, SC 29211
843.519.1800 PHONE
800.884.3601 FAX
WWW.MGCLAW.COM

cc: Jonathan Holder, Ruiz Foods
DeSeon Williams, Sedgwick
Preston F. McDaniel, Esquire, The McDaniel Law Firm
Ignacio Albarran, Ruiz Foods
Gerald Malloy

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

ELECTRONICALLY FILED - 2024 Jul 11 5:40 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

mgc

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com

May 15, 2024

Commissioner Aisha Taylor
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Mary L. Davis vs. Ruiz Food Products, Inc. and Safety National Casualty Corporation c/o Sedgwick
Dates of Accident: November 16, 2019 and November 4, 2022
WCC File Nos.: 1923627 and 2223041
Our File Nos.: 20757.20017 and 20194.23605
Claim Nos.: RFPW-0743 and TBD

Dear Commissioner Taylor:

This matter came up on our diary to follow up with you regarding our letter of March 18, 2024. We have attached a copy of it. I would appreciate it if you would let us know if you have had a chance to review the files and can address the two issues we asked about. We look forward to hearing from you.

Very truly yours,

Walter H. Barefoot

Walter H. Barefoot

WB/sso
cc: Preston F. McDaniel, Esquire, The McDaniel Law Firm
Gerald Malloy
Jonathan Holder, Ruiz Foods
DeSeon Williams, Sedgwick
Ignacio Albarran, Ruiz Foods

EXHIBIT
J

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Kim Hinkle

From: Preston F. McDaniel
Sent: Monday, July 1, 2024 4:24 PM
To: Kim Hinkle; Kathryn Samaritis
Subject: FW: [External] Mary L. Davis vs. Ruiz Food Products, Inc. (Claim No.: RFPW-0743)

From: Smith, Renee <rgsmith@wcc.sc.gov>
Sent: Monday, July 1, 2024 3:45 PM
To: Joseph Gonzalez <Joseph.Gonzalez@mgclaw.com>
Cc: Preston F. McDaniel <preston@pfmcdlaw.com>; Walt Barefoot <walt.barefoot@mgclaw.com>; Baker Tange <baker.tange@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>
Subject: RE: [External] Mary L. Davis vs. Ruiz Food Products, Inc. (Claim No.: RFPW-0743)

No problem!

Renee' Smith

Administrative Coordinator to

Commissioner Aisha Taylor

803-737-5692

rgsmith@wcc.sc.gov

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From: Joseph Gonzalez <Joseph.Gonzalez@mgclaw.com>
Sent: Monday, July 1, 2024 3:44 PM
To: Smith, Renee <rgsmith@wcc.sc.gov>
Cc: 'preston@pfmcdlaw.com' <preston@pfmcdlaw.com>; Walt Barefoot <walt.barefoot@mgclaw.com>; Baker Tange <baker.tange@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>
Subject: RE: [External] Mary L. Davis vs. Ruiz Food Products, Inc. (Claim No.: RFPW-0743)

I appreciate the assistance. Thank you.

EXHIBIT
tabber
K

Joseph Gonzalez, *Attorney*
joseph.gonzalez@mgclaw.com
1452 West Evans Street Suite 102, Florence, SC 29501
Mail: PO Box 12519, Columbia, SC 29211-2519
Main: 843-519-1800 | **Direct:** 843-519-1776 | **Fax:** 843-884-3601
VCARD

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Please consider the environment before printing this email.

From: Smith, Renee <rgsmith@wcc.sc.gov>
Sent: Monday, July 1, 2024 3:42 PM
To: Joseph Gonzalez <Joseph.Gonzalez@mgclaw.com>
Cc: 'preston@pfmcdlaw.com' <preston@pfmcdlaw.com>; Walt Barefoot <walt.barefoot@mgclaw.com>; Baker Tange <baker.tange@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>
Subject: RE: [External] Mary L. Davis vs. Ruiz Food Products, Inc. (Claim No.: RFPW-0743)

Good afternoon,
Commissioner has this but I don't have any information at this time.
I will remind her of this.
Sorry for the delay.
Thanks

Renee' Smith

Administrative Coordinator to

Commissioner Aisha Taylor

803-737-5692

rgsmith@wcc.sc.gov

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From: Joseph Gonzalez <Joseph.Gonzalez@mgclaw.com>
Sent: Monday, July 1, 2024 3:35 PM
To: Smith, Renee <rgsmith@wcc.sc.gov>
Cc: 'preston@pfmcdlaw.com' <preston@pfmcdlaw.com>; Walt Barefoot <walt.barefoot@mgclaw.com>; Baker Tange

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<baker.tange@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>
Subject: [External] Mary L. Davis vs. Ruiz Food Products, Inc. (Claim No.: RFPW-0743)

Good afternoon,

The Defendants are checking to see if Commissioner Taylor has had a chance to review the attached letter previously submitted regarding the Order Instructions. Thank you.



Joseph Gonzalez, *Attorney*
joseph.gonzalez@mgclaw.com
1452 West Evans Street Suite 102, Florence, SC 29501
Mail: PO Box 12519, Columbia, SC 29211-2519
Main: 843-519-1800 | **Direct:** 843-519-1776 | **Fax:** 843-884-3601
VCARD

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STATE OF SOUTH CAROLINA)) COUNTY OF FLORENCE)	IN THE COURT OF COMMON PLEAS FOR THE TWELFTH JUDICIAL CIRCUIT
MARY L. DAVIS, Petitioner/Plaintiff, v. SC WORKERS' COMPENSATION COMMISSION, and COMMISSIONER AISHA TAYLOR, Respondents/Defendants.	C/A NO. 2024-CP-21-01789 **AMENDED** **SUMMONS**
IN RE: SCWCC File Nos. 1923627 & 2223041 MARY L. DAVIS, Employee/Claimant, v. RUIZ FOOD PRODUCTS, INC., Employer, and SAFETY NATIONAL CASUALTY CORP., Insurance Carrier, Defendants.	

TO: THE DEFENDANTS ABOVE NAMED:

YOU ARE HEREBY SUMMONED and required to answer the Amended Complaint in this action, a copy of which is herewith served

upon you, and to serve a copy of your Answer to the Amended Complaint on the Petitioner/Plaintiff's attorney, Preston F. McDaniel, at his office, McDaniel Law Firm, 1315 Elmwood Avenue, Columbia, South Carolina 29201, within thirty (30) days after the service hereof, exclusive of the day of such service, and if you fail to answer the Amended Complaint within the time aforesaid, the Petitioner in this action will apply to the Court for the relief demanded in the Amended Complaint.

Respectfully submitted,

s/Preston F. McDaniel
SC Bar # 3770
McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211
preston@pfmcdlaw.com

Attorney for Petitioner/Plaintiff

Dated: August 19, 2024

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STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

IN THE COURT OF COMMON PLEAS
FOR THE TWELFTH JUDICIAL CIRCUIT

MARY L. DAVIS,

Petitioner/Plaintiff,

v.

SC WORKERS' COMPENSATION and COMMISSIONER AISHA TAYLOR,

Respondents/Defendants.

C/A NO. 2024-CP-21-01789

AMENDED
COMPLAINT FOR WRIT(S) OF PROHIBITION AND MANDAMUS

IN RE:

SCWCC File Nos. 1923627 & 2223041

MARY L. DAVIS,

Employee/Claimant,

v.

RUIZ FOOD PRODUCTS, INC.,

Employer,

and

SAFETY NATIONAL CASUALTY CORP.,

Insurance Carrier,

Defendants.

The Petitioner/Plaintiff complaining of the Defendant(s) would petition and would show unto this Court that:

1. The Petitioner/Plaintiff is a citizen and resident of the County of Darlington, State of South Carolina, and she is the injured worker/claimant in the matter of Mary L. Davis, Employee

v.. Ruiz Food Products, Inc., Employer, and Safety National Casualty Corp., Carrier, Defendants; SCWCC File Nos. 1923627 & 2223041 with the Employer operating and doing business in Florence County where the injuries occurred.

2. That the Defendant Commission is an Agency and Commission of the State of South Carolina charged with administering the Workers' Compensation Laws of our State, SC Code §42-1-10, et. seq. with its principle place of business and operation being in Richland County, South Carolina, located at 1333 Main Street, Suite 500, Columbia, South Carolina, 29202-1715, with Gary M. Cannon being the Executive Director of the Commission. Commissioner Aisha Taylor is a duly appointed member of the Commission charged with the responsibility of administering the Workers' Compensation Laws, specifically including hearing and determining contested claims. S.C. Code §42-3-20(A) and (C).

3. That Ruiz Food Products, Inc. and Safety National Casualty Corp. respectively, are the employer and its insurance carrier and are parties to the workers' compensation claims pursuant to the SC Workers' Compensation Act, §42-1-10, et. seq., and were parties to the hearing that gave rise to this request for Writs of Prohibition and Mandamus. Commissioner Taylor issued her "ORDER INSTRUCTIONS" and requested that Defense Counsel draft a Proposed Order for her review based on the "ORDER INSTRUCTIONS".

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4. That on March 21, 2023, Ms. Mary L. Davis, hereinafter referred to as Petitioner, filed a SCWCC Form 50 requesting a hearing concerning her accepted workers' compensation claim due to an accident and injuries sustained on November 16, 2019 under SCWCC File No. 1923627. In that Form 50, the Petitioner as Claimant sought medical care as prescribed by the authorized treating physicians and further evaluation and care due to the original injury; and due to an aggravation caused by an incident that occurred on November 4, 2022, which Form 50 is attached hereto as Exhibit A. Defendants filed a responsive SCWCC Form 51 on April 20th admitting only certain body parts and important to the Order, admitting Claimant's need for additional medical care as a result of the injury unless it was determined that the Claimant had reached maximum medical improvement ("MMI") "unbeknownst to Defendants". The Form 51 also noted that the Claimant was alleging a new and separate injury on November 4, 2022. The Form 51 is attached hereto as Exhibit B.

5. That a hearing was set before Commissioner Avery B. Wilkerson, Jr. on June 20, 2023, which Notice of Hearing is attached as Exhibit C, and at the time for the hearing there was a determination that the incident that occurred on November 4, 2022 constituted a separate injury by accident, and that a separate Form 50 Request for Hearing needed to be filed concerning the incident and an Order of Postponement was entered to allow the

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Claimant to file a Form 50 which is attached hereto as Exhibit D, and quoting from that Order:

> "so that all issues may be before the Commission as to whether or not the Claimant's current problems and request for medical care and benefits stemmed from the first accident, the second accident or a combination of the two".

6. That accordingly on July 11, 2023, a Form 50 setting forth the incident that occurred on November 4th and the directions received by the Claimant from her authorized physician, Dr. Chokshi, for her back injury from the first injury was filed with the Commission; and noted Commissioner Wilkerson's Order that as soon as the Form 50 and responsive Form 51 were filed that this matter was to be set as soon as possible before the Jurisdictional Commissioner for Hearing on both claims. See SCWCC Form 50 filed July 11, 2023, attached hereto as Exhibit E. A responsive SCWCC Form 51 was filed July 27, 2023, responding that the "Defendants do not believe Claimant sustained a compensable injury", attached as Exhibit F. The second incident was assigned a WCC claim number, #2223041. Subsequently, both claims were assigned for hearing on the same date and at the same time before the Jurisdictional Commissioner, Commissioner Aisha Taylor, on September 27, 2023 at 11:00 o'clock a.m. in Hartsville, SC, which Hearing Notices are attached as Exhibit G.

7. That the Record will show that the evidence presented to the Commissioner consisted of 120 pages of Administrative

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

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Procedures Act submissions and the testimony of two (2) witnesses, the Claimant and Jonathan Holder for the Employer.

8. That four (4) days short of four (4) months later after the hearing, Commissioner Taylor issued Order Instructions which noted that:

> "**please note, these are general Order instructions/directives only.** The drafting Attorney is instructed to compose proposed Findings of Fact and Conclusions of Law consistent with and support of the directives below. Please cite the APA submissions, deposition transcript, and/or hearing transcript where appropriate."

Those Order Instructions which were supposed to address both claims and all essential issues for decision are attached hereto as Exhibit H, and were as follows:

> "**Subject:** ORDER INSTRUCTIONS: Mary Davis v. Ruiz Foods, **WCC File No.: 1923627**". (Emphasis added to WCC File No. 1923627).

Those general Order Instructions/Directives consisted of eight (8) general instructions, none of which deal with the Claimant's request for medical care in reference to the neck and back, nor whether or not the Defendants had continued to authorize medical care as recommended by the treating physicians for the hip and knee, nor any citations as required by law or facts and evidence upon which those directives are made. The Order and detailed Findings of Fact and Conclusions of Law on all essential Issues for Decision were left to the discretion of the Defendants to

write the Order, to make Findings of Fact and Conclusions of Law, which is as set forth hereinafter the specific statutory responsibility of the Commissioner.

9. That after a request for an extension to file the proposed Order, Defense Counsel on March 18, 2024 sent a letter to Commissioner Taylor. That letter is attached hereto as Exhibit I. Upon information and belief based on a review of the March 18, 2024 letter, Defense Counsel specifically noted and agreed that the Commissioner had not addressed essential issues before her for decision:

> "we noticed there are two issues which were not addressed in the Order Instructions."

Importantly, the second of which involves the second injury of November 4, 2022 which under the previous Order of the Commission had been referred to the Hearing Commissioner to specifically determine whether the Claimant's current need for medical care stemmed from the first accident, the second accident, or a combination of the two, wherein the Defendants noted to the Commissioner that:

> **"The Order Instructions do not contain any finding on the compensability of that alleged accident."**

Unlike the Order Instructions which refer only to SCWCC File No. 1923627, that letter appropriately refers to both file number 1923627 and the file number assigned to the second accident, number 2223041. It has now been over nine (9) months since the

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ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

date of the hearing, September 27, 2023, and on May 15, 2024 Defense Counsel sent a second letter to Commissioner Taylor asking her to address unaddressed essential Issues for Decision, which is attached as Exhibit J. **Again**, having heard nothing on July 1, 2024, Defense Counsel again inquired concerning additional Findings of Fact by Commissioner Aisha Taylor to which the Commissioner's office responded in pertinent part:

> "Commissioner has this but I don't have any information at this time. I will remind her of this. Sorry for the delay."

That series of emails is attached hereto as Exhibit K.

10. That subsequent to the Summons and Complaint being filed with the Court on July 11, 2024, **on July 19, 2024**, Plaintiff's Counsel contacted the Executive Director of the Commission inquiring as to whether or not the Commission and Commissioner Taylor in her official capacity as a Commissioner would accept service of the Summons and Complaint, **to which a courtesy copy of the filed Summons and Complaint was attached** that had been filed. **The Complaint's relief requested included** the issuance of a Temporary Restraining Order Issued Without Notice.

On Monday, July 22, 2024, the Executive Director responded with an email that they would "accept" service on the Summons and Complaint in accordance with the SC Rules of Civil Procedure

which the Executive Director copied to General Counsel Keith Roberts.

On July 24, 2024, because the Executive Director used the wording "accept" service under the Circuit Court Rules, Counsel inquired as to whether or not that meant they would accept service or would require formal service pursuant to the Rules. **By email on July 25th**, the Executive Director notified Counsel for the Plaintiff that the Commission would not agree to accept service and would require formal service. A copy is attached as Exhibit L.

On July 25, 2024, pursuant to Circuit Court Rule a copy of the Summons and Complaint was forwarded to the Attorney General's office by Registered Mail and the Summons and Complaint, Motion for a Temporary Restraining Order, and a copy of the proposed Order for a Temporary Restraining Order Issued **Without Notice** was provided to a process server for service on the Commission. That same day, the process server notified Counsel's office that Mr. Gary Cannon was on vacation and since the cover letter were addressed to Gary Cannon, the letter was redrafted as two letters for service on the Commission at its official address and separately on Commissioner Aisha Taylor in her official capacity at her official address at the Commission. Both copies of the Summons and Complaint, et al., were served on the Commission and Commissioner Taylor on July 30, 2024.

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

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11. That subsequent to a courtesy copy of the Summons and Complaint (including a request for a Temporary Restraining Order Issued Without Notice) being sent to the Commission on July 19th and prior to the Summons and Complaint being served on the Commission on July 30th, **on July 29, 2024 Commissioner Aisha Taylor, without any communication with either party** and without specific instruction to Defense Counsel, who had since January been asked to draft a proposed Order, filed an Order which unlike her Notes for Decision, made specific citations of evidence and addressed Findings of Fact as to issues that had not been addressed previously. After receiving the Order of July 29th filed by electronic service by Commissioner Taylor's office, **on July 31st, a Motion for Rehearing/Reconsideration** was filed pursuant to the Commission Regulations, SCWCC Reg. 215(B), which provides that **when a Motion for Reconsideration is filed an Order is not** considered **final** until after a decision on the Motion. A copy is attached as Exhibit M.

In the Motion for Reconsideration/Rehearing, the above-referenced specific set of circumstances is set out and the Notes for Decision are compared/contrasted to the Order that was issued and requested first that the Order be withdrawn or vacated until after a ruling on the Summons and Complaint by the Circuit Court concerning the Writ of Prohibition and Writ of Mandamus; and further asking for reconsideration of all Findings of Fact and

Conclusions of Law by the Commissioner and particularly those that are either changed in the Order that was issued and/or where Findings of Fact and Conclusion of Law were made addressing the essential Findings of Fact that were not addressed in the Notes for Decision which are in part the subject of this Summons and Complaint requesting a Writ of Prohibition and Writ of Mandamus.

12. That SC Code §42-17-40 since the inception of the Act has provided that the Commission is to hear the parties in a summary manner and that:

> "the Award, together with a statement of the Findings of Fact, Rulings of Law, and other matters pertinent to the Questions at issue must be filed with the Record of the proceedings and a copy of the Award must immediately be sent to the parties in dispute."

The Supreme Court has long since held in accordance with that Statute and the Act that it is the duty of the Commission to make specific Findings of Fact upon which a claimant's entitlement to compensation may rest and upon which the amount of compensation due may be calculated by one of the statutory formula. Decisions without such specific Findings do not comply with the requirements of the Act and are illegal. Shealy v. Algernon Blair, Inc., 250 S.C. 106, 156 S.E.2d 646 (1967).

The duty to determine factual issues is solely on the Commission. Such duty requires that not only must Findings of Fact be made upon all essential factual issues but they must be

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sufficiently definite and detailed to enable the Appellate Courts to properly determine whether the Findings of Fact are supported by evidence and that the law has been properly applied to them. Drake v. Raybestos-Manhattan, Inc., 241 S.C. 116, 127 S.E.2d 288 (1962) holds that where there is a dispute as to a specific issue the Hearing Commissioner must make a specific express Finding on that issue and on all essential issues before the Commissioner and the failure to do so is an error of law. It is the responsibility of the Commission, not Counsel for the parties, to make specific and express Findings of Fact under the law. Aristizabal v. I.J. Woodside-Division of Dan River, Inc., 368 S.C. 366, 234 S.E.2d 21 (1977).

13. That since the advent of the Administrative Procedures Act (APA), the APA under S.C. Code §1-23-350 has required all agencies, including the Workers' Compensation Commission, in reference to any final decision in any contested case that the:

> "final decision shall include Findings of Fact and Conclusions of Law, separately stated. Findings of Fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying facts supporting the Findings."

14. That the General Assembly to make it perfectly clear as to the responsibility of a Commissioner hearing a workers' compensation case that it was and is the responsibility of the Commissioner to make detailed Findings of Fact based on the evidence as to each contested essential issue, added a specific

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statutory provision to that effect in 2007. In 2007, the General Assembly added SC Code §42-9-5 titled "Basis for Award" and it is quoted in full hereinafter:

> "Any Award made pursuant to this Title **must** be based upon **specific and written detailed Findings of Fact** substantiating the Award." (Emp. add.)

15. That a review of the documents which are part of the Commission file set forth and attached hereto as Exhibit H will establish that the Hearing Commissioner utterly and totally failed in her responsibility to make detailed Findings of Fact on each "essential" issue before her for decision and the Court need go no further than looking at the general "Order Instructions" and the absolute failure to include any Findings of Fact or Conclusions of Law in reference to the second accident, SCWCC claim no. 2223041; and the specific agreement by all parties that at least two essential issues were not addressed:

> "We noticed that there are two issues which were not addressed in the Order Instructions." (Exhibit I)

16. That as to the Petitioner's request for a Writ of Prohibition, the principle use of the Writ of Prohibition is to prevent the assumption and exercise of jurisdiction by a lower tribunal in cases where wrong, damage, and injustice are liable to follow such action, and should be used with forbearance and caution and only in cases of necessity. Where the Court in which the original action is brought has jurisdiction, and the usual remedies provided by law such as by appeal are adequate and

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complete, prohibition should not issue. However, the mere fact that an appeal may lie will not defeat the right of prohibition unless the appeal is an adequate remedy. The question of whether an ordinary legal remedy is inadequate is within the sound discretion of the Court to which application for prohibition is made and the Court may consider delay and inconvenience incident to the appeal as reason for granting a Writ of Prohibition. State ex-rel. Zimmerman, et. al. v. Gibbs, et. al., 171 S.C. 209, 172 S.E. 30 (1933); Woodworth v. Gallman, 195 S.C. 157, 10 S.E.2d 316 (1940).

17. That as to the ancient and highest judicial writ known to the Constitution, the privileged Writ of Mandamus, the primary purpose of a Writ of Mandamus is to require the performance of a ministerial act by enforcing an established right and enforcing a corresponding imperative duty created or imposed by law. To obtain a Writ of Mandamus requiring the performance of an act, the Petitioner must show (1) a duty of Respondent to perform the act; (2) the ministerial nature of the act; (3) the Petitioner's specific legal right for such discharge of the duty is necessary; and (4) the lack of any other legal remedy. Whether to issue a Writ of Mandamus lies within the sound discretion of the Trial Court. The Appellate Court will not overturn a decision unless the Trial Court abuses its discretion. As to 1 and 2, the Plaintiff would submit that the setting of hearings is a ministerial

function of the Respondent in Workers' Compensation claims. See S.C. Code §42-3-20; §42-9-30; §42-17-20; Regulation 67-207, 208 and 67-601 et seq. As to three (3), upon the issuance of the Writ of Prohibition, the Petitioner will have the specific right to Hearing on her claims. S.C. Code §42-17-20 and Regulation 67-207. As to four (4), once the Writ of Prohibition is issued there is no other legal remedy other than a new Hearing or de novo review by a Commissioner of the Record.

18. That a SC Workers' Compensation Commissioner under SC Code §1-3-240 is a public officer and under that Statute, "a public officer's failure to comply with the statutory duty" constitutes malfeasance in office. Rose v. Beasley, 327 S.C. 197, 489 S.E.2d 625 (1997). Commissioner Taylor, by failing to make detailed Findings of Fact on all of the "essential" issues failed in her statutory duty under S.C. Code §42-17-40; §42-9-5; §1-23-350, and the Supreme Court decisions applying to these Statutes.

WHEREFORE, the Petitioner would request and pray for:

1. A Temporary Restraining Order issued without Notice and then after a hearing on the Motion restraining the SC Workers' Compensation Commission and Commissioner Aisha Taylor from taking any further action or issuing any further Order and specifically to include any action or Order on the Claimant's (Plaintiff/ Petitioner before this Court) Motion for Rehearing/Reconsideration filed July 31, 2024, in the above-referenced matter pending a

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determination of the right of the Petitioner to Writ of Prohibition and/or Writ of Mandamus;

2. After due and proper notice of and a hearing held on the Motion, a Temporary Restraining Order restraining the Commission and Commissioner Aisha Taylor from entering any further Order or taking any further action on the underlying Workers' Compensation case as set forth under the caption and as is detailed under paragraph one (1) as set forth hereinabove; pending a hearing on the prayer for Writs of Prohibition and Prohibition;

3. After hearing, a determination and an Order granting a Writ of Prohibition vacating the Order of July 29, 2024 and prohibiting Commissioner Aisha Taylor and the SC Workers' Compensation Commission from issuing any further Order due to her statutory violation and violation of law as established by our Appellate Courts in reference to her specific requirement and statutory responsibility as a Commissioner to make detailed Findings of Fact and Conclusions of Law in reference to all of the "essential" issues before her for decision and to prevent a great outrage upon those settled principles of law and an abuse of and wholly unwarranted exercise of discretion in the issuance of the July 29, 2024 Order.

4. Based on the issuance of a Writ of Prohibition granting the Petitioner a Writ of Mandamus directed to the Judicial

Director of the SC Workers' Compensation Commission to immediately set this matter for a de novo hearing.

5. The Petitioner would request attorney's fees for the prosecution of this Petition for a Temporary Restraining Order and for a Writ of Prohibition and a Writ of Mandamus, and for the costs of this action, and for such other and further relief as the Court deems just and appropriate under the facts and circumstances set forth in the Petition, under Rule 65(B), SCRCP and based upon its hearing and decision in this matter.

Respectfully submitted,

s/Preston F. McDaniel
SC Bar # 3770
McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211
preston@pfmcdlaw.com

Attorney for Petitioner/Plaintiff

Dated: August 19, 2024

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STATE OF SOUTH CAROLINA)
) **VERIFICATION**
COUNTY OF FLORENCE)

PRESTON F. McDANIEL, being duly sworn, says that he is one of the Attorneys of Record for the Petitioner/Plaintiff herein, and has read the foregoing Amended Complaint for Writ(s) of Prohibition and Mandamus and knows the contents thereof, that the same is true of his own knowledge, except as matters therein stated to be alleged on information and belief; and to those matters he believes them to be true. This Verification is made pursuant to SCRCP Rule 11(c) and the requirements of Rule 65(B).

Preston F. McDaniel, #3770
Attorney for Petitioner/Plaintiff

SWORN TO BEFORE ME this
19th day of August, 2024.

Hunterley T. Hinkle (L.S.)
Notary Public for South Carolina
My Commission Expires: 6/19/2030

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McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 35 years

Preston F. McDaniel
Matthew C. Robertson
Daniel E. Peagler

Telephone (803) 771-7211
Facsimile (803) 252-0709

March 21, 2023

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Mary L. Davis v. Ruiz Good Products, Inc.
WCC File No: 1923627

Dear Ms. Bracy:

Enclosed herewith is my Form 50 requesting a hearing with regards to the above-referenced matter along with the required $50.00 filing fee and proof of service upon defense counsel in this matter.

I am requesting that this matter be set for hearing as soon as the Commission calendar will permit.

I hope this is sufficient for filing with the Commission. Should you require anything further, kindly advise.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire
Walter H. Barefoot, Esquire
Ms. Mary L. Davis

EXHIBIT A

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: 1923627
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Mary L. Davis SSN: -2674
Address:
City: Hartsville State: SC Zip: 29551
Home Phone: (843) Work Phone:
Preparer's Name: Preston McDaniel, Esquire Law Firm: McDaniel Law Firm

Employer's Name: Ruiz Food Products, Inc.
Address: 2557 Florence Harllee Blvd.
City: Florence State: SC Zip: 2950(
Insurance Carrier: Safety National Casualty Corp.
Preparer's Phone #: (803) 771 - 7211

A claim for workers' compensation benefits is made based on the following grounds:
☒Injury ☐ Illness ☐ Repetitive Trauma ☐Occupational Disease ☐Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to neck, back and hip, and leg down to left knee (Part(s) of Body Injured) on 11/16/2019 (Month/Day/Year) in Florence county, state of SC.
2. Body part(s) affected are: neck, back and hip, leg and such other bodily parts, and members organs as determined to be related by medical care and/or the Commission.
   Briefly describe how the accident occurred. Fell on wet floor and taken from the scene by ambulance. (Accepted case).
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 11/16/19 (Month/Day/Year) in the following manner: Following the injury, to Immediate Supervisor; taken from scene by ambulance. Accepted case. See Attachment #7
☒7. Due to injury, the claimant is in need of (check one):
   ☒(a) medical examination and treatment for: See Attachment 7.
   ☒(b) additional medical examination and treatment for: See Attachment #7.
☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: February 20, 2023 until released. See Attachment #11.
☐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. Claimant at MMI: ☐ Yes ☒ No
☐10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
10a. At the time of the injury, the Claimant was paid weekly wages of FORM 20 REQUESTED and demands accounting of days worked and wages earned as provided law.
10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Same employer.
11. Further grounds or unusual aspects of claim: See Attachment #11; aggravation 11/04/2022.
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: McLeod Regional Medical Center Emergency Room; Florence, SC; McLeod Occupational Health; FNP Krystal Cooley, Florence, SC; Florence Imaging, Florence, SC; Rodney K. Alan, MD, McLeod Orthopaedics Florence, Florence, SC; McLeod Spine Center, W.S. "Willie" Edwards, MD, Rakesh Chokshi, MD, Florence, SC.
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.
☐13. **I am filing a claim. I am not requesting a hearing at this time.**
☒14. **I am requesting a hearing. A $50 fee is required.** Estimated time needed for hearing: 1.5 hours

☐ **Mediation**
- ☐a. Mediation is requested to be ordered pursuant to Reg. 67-1601 B.
- ☐b. Mediation is required pursuant to Reg. 67-1602.
- ☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1603.
- ☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE CERTIFICATE OF SERVICE on the ___day of ____20__, 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.

Preston L. McDaniel
Preparer's Signature

Attorney for the Claimant — Title
preston@pfmedlaw.com — Email
March 21, 2023 — Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

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ATTACHMENT TO FORM 50H

Mary L. Davis v. Ruiz Food Products, Inc.
WCC File No.: 1923627

7 a&b. The Claimant seeks medical care as prescribed by the authorized treating physicians and further evaluation and care due to the original injury and due to the aggravation caused by the incident that occurred on November 4, 2022.

The delay and failure to provide timely medical care is well documented in the Commission's file which finally resulted in the Claimant having to file a Form 50 requesting that medical care be ordered to be provided. By Order of Commissioner Taylor issued on June 7, 2021, the Defendants were ordered to provide medical care and treatment for her left knee and left hip by Dr. Rodney K. Alan. In addition, by agreement at that same time, the Defendants agreed to provide medical care through McLeod Orthopaedic Spine having seen in the past Dr. W.S. Edwards but upon referral by Dr. Alan after he instituted treatment, she was seen by Dr. Rakesh Chokshi, MD.

Although ordered in June of 2022 to provide evaluation and medical care through Dr. Alan, the Defendants required and forwarded to Dr. Alan records and **Ms. Davis was not seen by Dr. Alan until 12/13/2021**. In his first treatment note he noted that, "there were an extensive amount of records that I reviewed from 2019 until 2021...." He also noted the MRIs that had been conducted by/in **May and June of 2020** noting that:

> "patient had an MRI of the lumbar spine May 2020 which showed bulging disc. She had an MRI of the left hip June 2020 which showed left hip effusion. Patient had MRI of the left knee which showed an ACL tear."

Only after instituting treatment by Dr. Alan was treatment then provided as had been agreed to, at least six (6) months prior and the first visit with Dr. Chokshi was not performed until **March 23, 2022**.

In his March 28, 2022 treatment visit note, Dr. Alan gave the Claimant extensive work restrictions which will be addressed under #11. He addressed her future medical needs and restrictions stating:

> "Future medical interventions include intra-articular steroid injections to the left hip three times per year, gel injections to the left knee two times per year. She will need

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management of her sacroiliac joint problems as directed by the spine specialist."

Previously after performing injections as recommended inthe future including a gel injection in the knee, he had noted on February 14, 2022 that the patient,

"will eventually need left total knee arthroplasty. Gel injection provided today."

As will be set in #11, this lady has continued to work under ever increasing restrictions which were accommodated up until recently when she was basically in an accommodation job. Repeated requests have been made by both Dr. Alan and by Claimant's Counsel for the return treatment visit that Dr. Alan opined that she would continue to need in reference to her hip and knee. Further evaluation and treatment was finally scheduled after requesting authorization, again repeatedly. Ms. Davis was seen by Dr. Alan on February 27th. The Claimant has been advised by Dr. Alan's office that **according to the workers' compensation department of McLeod Orthopaedics, authorization was not obtained. According to his office, "multiple attempts were made without a response from the adjuster."**

Also, as set out forth more fully under #11, following the November 4th incident at work, the Claimant requested additional medical care through her employer and also that request was reiterated to Defense Counsel and no medical care has been provided. In addition to seeing Dr. Alan, Ms. Davis, as the Record will show, has seen her family doctor and has an appointment with Dr. Chokshi for an evaluation and treatment on March 22, 2023. Again, requests for authorization for the visits with Dr. Alan and Dr. Chokshi have been requested. In reference to medical care, the Claimant seeks authorization for the medical as provided and recommended by the authorized treating physicians and that the Defendants be assessed penalties and fines for failure to provide medical care pursuant to the Act.

11. As noted in #8, the Claimant is requesting temporary total benefits from February 20, 2023 when the Claimant was terminated while under the extreme restrictions of Dr. Alan and Dr. Chokshi. The employer has made makeshift or accommodated work available to the Claimant to avoid paying temporary disability benefits and has required the Claimant to basically work in pain in jobs which were changed to allegedly accommodate her restrictions to allow them to provide an accommodated job and avoid temporary total disability. While performing one of those jobs she was terminated on February 20th.

The evidence will show that Dr. Alan placed on her extreme restrictions including:

> "No lifting floor to waist. No lifting knees to waist. Lifting from the waist 10 lbs. occasionally. Waist to shoulder, 10 lbs. occasionally, shoulder to overhead, 5 lbs. occasionally, carrying 5 lbs. occasionally, pushing and pulling 30 lbs. occasionally, positional changes frequently. Limit standing to an occasional basis, limit walking to occasional basis, no kneeling, occasional stooping, no squatting or crouching, and limited balance on occasional basis."

The employer, under the guise of accommodating those restrictions made light duty work available; again, under the guise that those restrictions were being met. After seeing her on March 23, 2022, Dr. Rakesh Chokshi further restricted her to sedentary work only. Again, the employer supposedly accommodated those restrictions as well and the Claimant continued to work. On November 15, 2022, Dr. Rakesh Chokshi again continued those restrictions of sedentary work only.

After Dr. Chokshi's restrictions, the evidence will show that the Claimant was placed in a job in which all other workers performing that job stand but was provided with a chair so the employer could meet the sedentary work only requirement. Whether or not the employer was meeting the other requirements placed on the Claimant by Dr. Alan will be addressed in the evidence.

On November 4th during work the Claimant sustained an aggravation of her problems when she was assailed by a fellow worker allegedly trying to hug her but it involved him grabbing her and holding her by both hands and then pulling and pushing her with her trying to get away from the other employee. After this incident, the Claimant's neck, back and other problems from the original injury were worsened, and the Claimant asked her employer for medical care, but no medical care has been provided as noted in #7, thus requiring the Claimant to seek medical care on her own, and receiving care from the authorized treating physicians without authorization.

Then, on February 20, 2023 after making repeated requests for medical care which was denied and refused by the employer and its insurance carrier, and while under the restrictions as set forth above, the Claimant was terminated from employment. Thus, the employer is failing to make employment within the restrictions of the doctors available to the Claimant. The Claimant thus requests temporary total disability benefits from February 20th and continuing until released by her medical providers for any

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and all conditions stemming from the original accident and the aggravation of her problems from the work-related incident that occurred on November 4th.

The Claimant requests penalties and fines for failure to provide benefits pursuant to the Act, thus in violation of the statutory duty, and for assessments of costs and attorneys' fees for having to enforce the prior Order of the Commission.

Respectfully submitted,

Preston F. McDaniel
McDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
(803) 771-7211

and

Gerald Malloy
MALLOY LAW FIRM
Post Office Box 1200
Darlington, SC 29551
(843) 339-3000

Attorneys for the Claimant

March 21, 2023

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CERTIFICATE OF SERVICE

WCC File No.: 1923627

I hereby certify that I have on this day, March 21, 2023, served the following in the matter of **MARY L. DAVIS v. RUIZ FOOD PRODUCTS, INC.** with a copy of the **FORM 50 - REQUEST FOR HEARING** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Walter H. Barefoot, Esquire
McAngus Goudelock & Courie
Post Office Box 12519
Columbia, South Carolina 29211

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
21 day of March, 2023.

Notary Public for South Carolina (L.S.)
My Commission Expires: 2/4/24

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mgc | INSURANCE DEFENSE

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com

April 20, 2023

Amy Bracy, Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Mary L. Davis vs. Ruiz Food Products, Inc. and Safety National Casualty Corporation c/o Sedgwick Claims Management Services, Inc.
Date of Accident: November 16, 2019
WCC File No.: 1923627
Our File No.: 20757.20017
Claim No.: RFPW-0743

Dear Ms. Bracy:

This firm has been retained to represent the employer and carrier in the matter referenced above. Please find enclosed the Form 51 on behalf of the employer and carrier in the above matter for filing in your office.

By copy of this letter, we are serving a copy of the Form 51 on the Claimant's attorney, Preston F. McDaniel, Esquire.

Very truly yours,

Walter H. Barefoot

Walter H. Barefoot

WB/egm
Enclosures
cc: Jonathan Holder, Ruiz Foods
Deborah Burford, Sedgwick Claims Management Services, Inc.
Preston F. McDaniel, Esquire, The McDaniel Law Firm
Ignacio Albarran, Ruiz Foods

EXHIBIT B

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Bo "15
Columbia, South Carolina 29202-1715
(803)737-5723 www.wcc.sc.gov

WCC File #: 1923627
Carrier File #: RFPW-0743
Carrier Code #:
Employer FEIN #: –

Claimant's Name: Mary L. Davis SSN -2674
Address
Home Phone: (843) · Work Phone #
Date of Injury: 11/16/19

Employer's Name: Ruiz Foods
Address: 2557 Florence Harllee Boulevard Florence, South Carolina 29506
Insurance Carrier: Safety National Casualty Corporation c/o Sedgwick Claims Management Services, Inc

Preparer's Name: Walter H. Barefoot Law Firm McAngus Goudelock & Courie Preparer's Phone #: (843) 519-1801

Date of Injury or Illness: 11/16/19 **Estimated time for hearing:** 1 hour

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 application. The reasons for denial are: Admitted as to the back and left knee only; All else 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 service 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: To same extent as No. 1.
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: Unless Claimant has reached maximum medical improvement (MMI) unbeknownst to Defendants.
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: None sought on Form 50. Appears to be premature.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of $ 514.93 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: Claimant alleges a new and separate injury on November 4, 2022.

☐ **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 Preston F. McDaniel, Esquire
Address 1315 Elmwood Avenue Columbia, South Carolina 29201 **on the 20th day of April, 2023 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 for Employer/Carrier (Title) — walt.barefoot@mgdlaw.com (Email) — April 20, 2023 (Date)

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. 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.

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1923627

MARY L. DAVIS,

Employee,

Claimant,

vs.

RUIZ FOODS,

Employer,

AND

SAFETY NATIONAL CASUALTY CORPORATION C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Preston F. McDaniel, Esquire
The McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Form 51

DATE OF MAILING: April 20, 2023

Emily G. Melville
Paralegal to Walter H. Barefoot

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South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 1923627
Carrier File #: 5866516952000101665
May 2, 2023

NOTICE OF HEARING

Mary L Davis v. Ruiz Food Products, Inc

Subject: **To determine issues as set forth on Forms 50 and 51.**

Date: **June 20, 2023 at 12:10 PM**

Location: **South Carolina Voc Rehab Dept- LARGE Conference Room AND SMALL Conference room for pre-trial meetings and so lobby continue social distancing practices**

1947 West Darlington Street
Florence, SC 29504

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. 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.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Avery B. Wilkerson Jr.
803-737-5697, mroark@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Melani Roark, SC Workers' Compensation, May 2, 2023

Party

Employee: Mary L Davis

Attorney

Preston F. McDaniel
preston@pfmedlaw.com
803-771-7211

Employer: Ruiz Food Products, Inc
Carrier: Safety National Casualty Corporation

Walter H. Barefoot
walt.barefoot@mgclaw.com
843-519-1801

EXHIBIT
C

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File No.: 1923627
MARY L. DAVIS, Employee-Claimant, v. RUIZ FOOD PRODUCTS, INC., as Employer, and SAFETY NATIONAL CASUALTY CASUALTY CORP., as Carrier, Defendants.	ORDER OF POSTPONEMENT TO FILE A SEPARATE FORM 50 CONCERNING THE SECOND ACCIDENT

At the time for the Hearing in the above referenced matter, it was determined that the incident that occurred on November 4, 2022 constituted a separate injury by accident and that a separate Form 50 request for Hearing needed to be filed concerning that incident so that all issues may be before the Commission as to whether or not the Claiman'ts current problems and request for medical care and benefits stem from the first accident, the second accident or a combination of the two. The Hearing in this matter is thus postponed to allow Claimant's counsel the opportunity to file a separate Form 50 and subsequent to the filing of that Form 50 and a responsive Form 51, a hearing shall be set on both claims before the Jurisdictional Commissioner.

And It Is So Ordered.

Return to General Files.

Commissioner Avery Wilkerson

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 Melani Roark on July 11, 2023

EXHIBIT D

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 35 years.

Preston F. McDaniel

Matthew C. Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

July 11, 2023
~~June 27, 2023~~

Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Mary L. Davis v. Ruiz Food Products, Inc.
DOA: 11/4/2022

Dear Ms. Bracy:

Per the direction and recommendations at the pre-hearing conference with Commissioner Wilkerson on June 20th on claim #1923627, we are filing a separate claim for the incident/accident that occurred on November 4, 2022, so that all issues can be before the Commission. Enclosed is our Form 50 requesting a hearing with regards to the above-referenced matter along with proof of service upon opposing counsel, Walt Barefoot, and this firm's check in the amount of $50.00 representing the appropriate filing fee.

Please note: Commissioner Wilkerson directed that as soon as this request and a responsive Form 51 were filed, this matter was to be **set along with SCWCC#1923627** for hearing with the Jurisdictional Commissioner.

I hope this is sufficient for filing with the Commission. Should you require anything further, kindly advise.

Sincerely yours,

Preston F. McDaniel
Attorney at Law

PFM/kecs

Enclosure

cc: Walt Barefoot, Esq. via email/regular mail
Gerald Malloy, Esq.
Safety National Casualty Corp.

EXHIBIT
E

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: 1923627
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Mary L. Davis SSN: -2674
Address:
City: Hartsville State: SC Zip: 29551
Home Phone: (843) Work Phone:

Employer's Name: Ruiz Food Products, Inc.
Address: 2557 Florence Harllee Blvd.
City: Florence State: SC Zip: 29506
Insurance Carrier: Safety National Casualty Cor

Preparer's Name: Preston McDaniel, Esquire Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771-7211

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

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to neck, back and hip, and leg down to left knee (Part(s) of Body Injured) on 11/04/2022 (Month/Day/Year) in Florence county, state of SC.
2. Body part(s) affected are: neck, back and hip, leg and such other bodily parts, and members organs as determined to be related by medical care and/or the Commission.
   Briefly describe how the accident occurred. Fellow employee suddenly grabbed, pulled, and pushed Ms. Davis in hallway area.
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 11/4/22 (Month/Day/Year) in the following manner: Incident report filed that day by Ms. Davis requesting medical care.
- ☒ 7. Due to injury, the claimant is in need of (check one):
  - ☒ (a) medical examination and treatment for: Neck, back, hip, and leg. See Attachment 11.
  - ☒ (b) additional medical examination and treatment for: Neck, back, hip, and leg. See Attachment 11.
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: February 20, 2023 until released. See Attachment #11.
- ☐ 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. Claimant at MMI: ☐ Yes ☒ No
- ☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
  - 10a. At the time of the injury, the Claimant was paid weekly wages of FORM 20 11/16/19 accident 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: Same employer.
- 11. Further grounds or unusual aspects of claim: See Attachment #11; aggravation 11/04/2022.
- 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: McLeod Regional Medical Center Emergency Room; Florence, SC; McLeod Occupational Health; FNP Krystal Copley, Florence, SC; Florence Imaging; Florence, SC; Rodney K. Allen, MD, McLeod Orthopaedics Florence, Florence, SC; McLeod Spine Center, W.S. "Bill" Edwards, MD, Rakesh Chokshi, MD, Florence, SC.
- 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.
- ☐ 13. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 14. I am requesting a hearing. A $50 fee is required. Estimated time needed for hearing: 1.5 hours

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE CERTIFICATE OF SERVICE on the ___ day of ___ 20__, 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 for the Claimant — preston@pfmedlaw.com — June 27, 2023
Title — Email — Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

50 113 Employee's Notice of Claim and/or Request for Hearing

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

MARY L. DAVIS v. RUIZ FOOD PRODUCTS, INC

WCC# 1923627

ATTACHMENT TO FORM 50

11. The November 4, 2022 incident involved another employee in the hallway suddenly grabbing, pulling, and pushing Ms. Davis causing additional pain and problems with her neck, back, and also with her hip and leg. Within weeks of the incident Ms. Davis had a return appointment with Dr. Chokshi in reference to the November 16, 2019 accident, at which time she reported the increased problems, particularly with her neck, and was directed by Dr. Chokshi that he could not address those nor have an MRI performed on the neck until after authorized by the employer and for her to seek such authorization. The employer's records will show that the claimant sought such authorization which was not provided, nor was any medical care provided which was requested by Ms. Davis following the incident.

In addition, due to the increased problems she was having with her hip and leg she requested this additional medical care that had been ordered to be provided to maintain her condition and allow her to continue working as directed by Dr. Alan.

Finally, Commissioner Wilkerson at a hearing held on June 20th regarding the November 16, 2019 accident, ordered that the initial accident hearing be postponed and that these matters were to be set together for hearing following the filing of this Form 50 concerning the November 4, 2022 incident.

Preston F McDaniel, Esquire

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

CERTIFICATE OF SERVICE BY MAIL

I hereby certify that I have on this day served the following in the matter of Mary L. Davis v. Ruiz Food Products, Inc., DOA 11/4/22, with a copy of the **Claimant's Form 50 Request for Hearing** by depositing the same in the United States Mail with adequate postage thereon, addressed as follows:

Safety National Casualty Corporation
1832 Schuetz Road
St. Louis, MO 63146

Kimberley T. Hinkle
Kimberley Hinkle

SWORN TO BEFORE ME this

11 day of July, 2023.

Notary Public for South Carolina (L.S.)

My Commission Expires: 2/4/24

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

mgc | INSURANCE DEFENSE

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com

July 27, 2023

Amy Bracy, Judicial Director
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Mary Davis vs. Ruiz Food Products and Safety National Casualty Corp. c/o Sedgwick
Date of Accident: November 4, 2022
WCC File No.: 2223041
Our File No.: 20194.23605
Claim No.: TBD

Dear Ms. Bracy:

This firm has been retained to represent the employer and carrier in the matter referenced above. Please find enclosed the Form 51 on behalf of the employer and carrier in the above matter for filing in your office.

By copy of this letter, we are serving a copy of the Form 51 on the Claimant's attorney, Preston F. McDaniel, Esquire.

Very truly yours,

Walter H. Barefoot

WB/egm
Enclosures
cc: Jonathan Holder, Ruiz Foods
DeSeon Williams, Sedgwick
Ignacio Albarran, Ruiz Foods
Preston F. McDaniel, Esquire, The McDaniel Law Firm

EXHIBIT F

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Bo[illegible]15
Columbia, South Carolina 29202-1715
(803)737-5723 www.wcc.sc.gov

WCC File #: 2223041
Carrier File #: TBD
Carrier Code #:
Employer FEIN #:

Claimant's Name: Mary L. Davis SSN [illegible]-2674
Address [illegible]
Home Phone: (843) [illegible] Work Phone #
Date of Injury: 11/4/22

Employer's Name: Ruiz Foods
Address: 2557 Florence Harllee Boulevard Florence, South Carolina 29506
Insurance Carrier: Safety National Casualty Corp. c/o Sedgwick

Preparer's Name: Walter H. Barefoot, Esquire Law Firm McAngus Goudelock & Courie Preparer's Phone #: (843) 519-1801

Date of Injury or Illness: 11/4/22 **Estimated time for hearing:** 1 hour

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 application. The reasons for denial are: Defendants do not believe Claimant sustained a compensable injury.
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 service arising out of and in the course of employment. The reasons for denial are: See No. 1.
5. It is ☐ **Admitted** ☒ **Denied** notice of injury was given the employer. The reasons for denial are: See No. 1.
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: See No. 1.
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: See No. 1.
9. It is ☐ **Admitted** ☒ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of $ **To be determined** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:

☐ **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 Preston F. McDaniel, Esquire
Address 1315 Elmwood Avenue, Columbia, South Carolina 29201 **on the 27th day of July, 2023 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.

Walter H. Barefoot, Jr.
Preparer's Signature

Attorney for Employer/Carrier
Title

walt.barefoot@mcclaw.com
Email

July 27, 2023
Date

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. 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 07/15

51117 **Employer's Answer to Request for Hearing**

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 2223041

MARY L. DAVIS,

Employee,

Claimant,

vs.

RUIZ FOODS,

Employer,

AND

SAFETY NATIONAL CASUALTY CORP.
C/O SEDGWICK,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Preston F. McDaniel, Esquire
The McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Form 51

DATE OF MAILING: July 27, 2023

Emily G. McInville
Paralegal to Walter H. Barefoot

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 1923627
Carrier File #: 5866516952000101665
August 16, 2023

NOTICE OF HEARING

Mary L Davis v. Ruiz Food Products, Inc

Subject: **To determine issues as set forth on Forms 50 and 51.**

Date: **September 27, 2023 at 11:00 AM**

Location: **Hartsville City Hall**
Council Chambers
100 E. Carolina Avenue
Park between First Citizens Bank and Centennial Park
HARTSVILLE, SC 29550

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. 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.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Aisha Taylor
803-737-5692, rgsmith@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Renee G Smith, SC Workers' Compensation, August 16, 2023

Party	Attorney
Employee: Mary L Davis	Preston F. McDaniel preston@pfmedlaw.com 803-771-7211
Employer: Ruiz Food Products, Inc Carrier: Safety National Casualty Corporation	Walter H. Barefoot walt.barefoot@mgclaw.com 843-519-1801

EXHIBIT G

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ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723

WCC File #: 2223041
Carrier File #: NRHR20230705
August 16, 2023

NOTICE OF HEARING

Mary L Davis v. Ruiz Food Products, Inc

Subject: **To determine issues as set forth on Forms 50 and 51.**

Date: **September 27, 2023 at 11:00 AM**

Location: **Hartsville City Hall**
Council Chambers
100 E. Carolina Avenue
Park between First Citizens Bank and Centennial Park
HARTSVILLE, SC 29550

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. 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.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit www.wcc.sc.gov/Commissioners to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner Aisha Taylor
803-737-5692, rgsmith@wcc.sc.gov

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail.

By: Renee G Smith, SC Workers' Compensation, August 16, 2023

Party	Attorney
Employee: Mary L Davis	Preston F. McDaniel preston@pfmcdlaw.com 803-771-7211
Employer: Ruiz Food Products, Inc Carrier: Safety National Casualty Corporation	Walter H. Barefoot walt.barefoot@mgclaw.com 843-519-1801

Preston F. McDaniel

From: Taylor, Alsha <ataylor@wcc.sc.gov>
Sent: Tuesday, January 23, 2024 2:38 PM
To: Walt Barefoot; Preston F. McDaniel
Cc: Smith, Renee
Subject: ORDER INSTRUCTIONS: Mary Davis v. Ruiz Foods WCC File No.: 1923627

Importance: High

Good Afternoon!

EXHIBIT H

Please see the Order Instructions below.

Please note these are general Order Instructions/Directives only. The drafting attorney is instructed to compose proposed Findings of Fact and Conclusions of Law consistent with and in support of the directives below. Please cite the APA Submissions, Deposition Transcripts and/or the Hearing Transcript where appropriate.

Please let me know if there are any questions.

1. Per prior Order of this Commission, Claimant sustained compensable injuries to her left knee, left hip, and low back.
2. Claimant has been receiving authorized causally related medical treatment at the direction of Defendants.
3. Dr. Alan issued Claimant light-duty work restrictions, which the Employer was able to accommodate.
4. Claimant was ultimately terminated after being observed throwing food away, which was against company policy.
5. I find that but for Claimant's work policy violation, her light-duty work restriction would have continued to be accommodated. Claimant's testimony that she and other employees always threw food away without discipline is unpersuasive.
6. I find Claimant is not entitled to TTD benefits. See Pollack.
7. I find Defendants are continuing to provide medical treatment in compliance with the prior Orders of the Commission and the Act.
8. No penalties or hearing costs are assessed.

INSTRUCTIONS: Order to be written by Attorney Walt Barefoot within 30 days. Please let our office know if you have difficulty obtaining a transcript or cannot complete the order within this timeframe. Draft the Order consistent with the above substance of the preceding Findings of Fact. You may add additional Findings of Fact consistent with the above ruling. The Order should also include biographical information, information regarding the Claimant's work history, and previous medical history, if relevant to the case.

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If you need a transcript, order it *immediately* from the court reporter, or contact my assistant, Reneé Smith, in writing at P.O. Box 1715, Columbia, SC 29202-1715 or via e-mail at rgsmith@wcc.sc.gov. Provide a copy of the proposed Order to opposing counsel or *pro se* claimant before or at the same time one is submitted to the Commission. When submitting the proposed Order, please e-mail it to rgsmith@wcc.sc.gov, in Word format.

Matters To Include In The Order:

1. APA Submissions
2. Stipulations
3. Statement of the Case (contentions of the parties, stated concisely)
4. Evidence of the Case (synopsis of the evidence, including testimony and medical reports) Also note objections to evidence and my rulings on the record.
5. Findings of Fact – numbered (Do NOT delete any of the above findings, however, the prevailing party may add to support the decision, except regarding credibility, unless I have instructed you to)
6. Conclusions of Law (cite applicable statutory sections and case law)
7. Award

Do not address credibility in the Order, unless it has been addressed in the preceding Order Notes.

Commissioner Aisha Taylor
SC Workers' Compensation Commission
1333 Main St., Suite 500
Columbia, South Carolina 29201
Telephone: (803) 737-5692
Email: ataylor@wcc.sc.gov

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mgc

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com

EXHIBIT
I

March 18, 2024

Commissioner Aisha Taylor
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Mary L. Davis vs. Ruiz Food Products, Inc. and Safety National Casualty Corporation c/o Sedgwick
Date of Accident: November 16, 2019; November 4, 2022
WCC File No.: 1923627; 2223041
Our File No.: 20757.20017; 20194.23605
Claim No.: RFPW-0743; TBD

Dear Commissioner Taylor:

You sent Order Instructions in these claims on January 23, 2024. We are in the process of completing the Proposed Decision and Order. We noticed there are two issues which were not addressed in the Order Instructions.

First, at the September 27, 2023 hearing, you said you would analyze whether portions of Ms. Shanda Blackwell's deposition testimony, as well as emails submitted by the Claimant, were hearsay, and indicate your findings in the Order Instructions. No indication was made in the instructions.

Second, one of the issues at hearing was the compensability of the Claimant's alleged November 4, 2022 assault. The Order Instructions do not contain any finding on the compensability of that alleged accident.

By copy of this letter to the Claimant's attorneys we are making them aware of this communication with you. We look forward to hearing from you.

With kindest regards,

Very truly yours,

Walter H. Barefoot

WB/jeg

McANGUS GOUDELOCK & COURIE LLC
1452 WEST EVANS STREET, SUITE 102
FLORENCE, SC 29501
ALL MAIL TO: POST OFFICE BOX 12519
COLUMBIA, SC 29211
843.519.1800 PHONE
800.884.3601 FAX
WWW.MGCLAW.COM

cc: Jonathan Holder, Ruiz Foods
DeSeon Williams, Sedgwick
Preston F. McDaniel, Esquire, The McDaniel Law Firm
Ignacio Albarran, Ruiz Foods
Gerald Malloy

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ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

mgc

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com

May 15, 2024

Commissioner Aisha Taylor
South Carolina Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Mary L. Davis vs. Ruiz Food Products, Inc. and Safety National Casualty Corporation c/o Sedgwick
Dates of Accident: November 16, 2019 and November 4, 2022
WCC File Nos.: 1923627 and 2223041
Our File Nos.: 20757.20017 and 20194.23605
Claim Nos.: RFPW-0743 and TBD

Dear Commissioner Taylor:

This matter came up on our diary to follow up with you regarding our letter of March 18, 2024. We have attached a copy of it. I would appreciate it if you would let us know if you have had a chance to review the files and can address the two issues we asked about. We look forward to hearing from you.

Very truly yours,

Walter H. Barefoot

WB/sso
cc: Preston F. McDaniel, Esquire, The McDaniel Law Firm
Gerald Malloy
Jonathan Holder, Ruiz Foods
DeSeon Williams, Sedgwick
Ignacio Albarran, Ruiz Foods

EXHIBIT
5

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789

Kim Hinkle

From: Preston F. McDaniel
Sent: Monday, July 1, 2024 4:24 PM
To: Kim Hinkle; Kathryn Samaritis
Subject: FW: [External] Mary L. Davis vs. Ruiz Food Products, Inc. (Claim No.: RFPW-0743)

From: Smith, Renee <rgsmith@wcc.sc.gov>
Sent: Monday, July 1, 2024 3:45 PM
To: Joseph Gonzalez <Joseph.Gonzalez@mgclaw.com>
Cc: Preston F. McDaniel <preston@pfmcdlaw.com>; Walt Barefoot <walt.barefoot@mgclaw.com>; Baker Tange <baker.tange@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>
Subject: RE: [External] Mary L. Davis vs. Ruiz Food Products, Inc. (Claim No.: RFPW-0743)

No problem!

Renee' Smith

Administrative Coordinator to

Commissioner Aisha Taylor

803-737-5692

rgsmith@wcc.sc.gov

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From: Joseph Gonzalez <Joseph.Gonzalez@mgclaw.com>
Sent: Monday, July 1, 2024 3:44 PM
To: Smith, Renee <rgsmith@wcc.sc.gov>
Cc: 'preston@pfmcdlaw.com' <preston@pfmcdlaw.com>; Walt Barefoot <walt.barefoot@mgclaw.com>; Baker Tange <baker.tange@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>
Subject: RE: [External] Mary L. Davis vs. Ruiz Food Products, Inc. (Claim No.: RFPW-0743)

I appreciate the assistance. Thank you.

EXHIBIT K

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2101789



Joseph Gonzalez, *Attorney*
joseph.gonzalez@mgclaw.com
1452 West Evans Street Suite 102, Florence, SC 29501
Mail: PO Box 12519, Columbia, SC 29211-2519
Main: 843-519-1800 | Direct: 843-519-1776 | Fax: 843-884-3601
VCARD

This electronic mail may contain information that is confidential, attorney/client and/or work product privileged, prepared in anticipation of litigation and/or protected from disclosure under applicable law. This transmission is intended solely for the individual or entity designated above. If you are not the intended recipient you should understand that any distribution, copying, or use of the information is unauthorized and strictly prohibited. If you have received this electronic mail in error please immediately notify the sender and destroy all copies which you may have of this communication!

Please consider the environment before printing this email.

From: Smith, Renee <rgsmith@wcc.sc.gov>
Sent: Monday, July 1, 2024 3:42 PM
To: Joseph Gonzalez <Joseph.Gonzalez@mgclaw.com>
Cc: 'preston@pfmcdlaw.com' <preston@pfmcdlaw.com>; Walt Barefoot <walt.barefoot@mgclaw.com>; Baker Tange <baker.tange@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>
Subject: RE: [External] Mary L. Davis vs. Ruiz Food Products, Inc. (Claim No.: RFPW-0743)

Good afternoon,
Commissioner has this but I don't have any information at this time.
I will remind her of this.
Sorry for the delay.
Thanks

Renee' Smith

Administrative Coordinator to

Commissioner Alsha Taylor

803-737-5692

rgsmith@wcc.sc.gov

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From: Joseph Gonzalez <Joseph.Gonzalez@mgclaw.com>
Sent: Monday, July 1, 2024 3:35 PM
To: Smith, Renee <rgsmith@wcc.sc.gov>
Cc: 'preston@pfmcdlaw.com' <preston@pfmcdlaw.com>; Walt Barefoot <walt.barefoot@mgclaw.com>; Baker Tange

<baker.tange@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>
Subject: [External] Mary L. Davis vs. Ruiz Food Products, Inc. (Claim No.: RFPW-0743)

Good afternoon,

The Defendants are checking to see if Commissioner Taylor has had a chance to review the attached letter previously submitted regarding the Order Instructions. Thank you.

Joseph Gonzalez, *Attorney*
joseph.gonzalez@mgclaw.com
1452 West Evans Street Suite 102, Florence, SC 29501
Mail: PO Box 12519, Columbia, SC 29211-2519
Main: 843-519-1600 | Direct: 843-519-1778 | Fax: 843-884-3601
VCARD

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Please consider the environment before printing this email.

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Kim Hinkle

From: Cannon, Gary <gcannon@wcc.sc.gov>
Sent: Thursday, July 25, 2024 11:39 AM
To: Kim Hinkle
Cc: 'Walter Barefoot'; G. Malloy; Kathryn Samaritis; 'Greta Elliotte'; Rose Thielke; Roberts, Keith
Subject: RE: [External] RE: Mary Davis v Ruiz Foods

Dear Preston

The Commission will not agree to accept service.

Gary M Cannon
Executive Director
SC Workers' Compensation Commission

From: Kim Hinkle <kim@pfmcdlaw.com>
Sent: Wednesday, July 24, 2024 3:47 PM
To: Cannon, Gary <gcannon@wcc.sc.gov>
Cc: 'Walter Barefoot' <walt.barefoot@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>; Kathryn Samaritis <kathryn@pfmcdlaw.com>; 'Greta Elliotte' <gelliotte@bellsouth.net>; Rose Thielke <rose@pfmcdlaw.com>; Roberts, Keith <keroberts@wcc.sc.gov>
Subject: [External] RE: Mary Davis v Ruiz Foods
Importance: High

Dear Gary:

Since in your email you use the words "accept service", because the Rules provide for the acceptance of service in lieu of the various methods for effectuating service, and I noticed you sent a copy of the email to Keith Roberts which is appropriate since Keith is General Counsel for the Agency, would either one of you let me know if you will accept service? Most agencies simply accept service, but if you require service we will be glad to have the papers served.

I look forward to hearing from you today and to working with Keith or other agency Counsel assigned. Per the Rules, we are serving a copy on the Attorney General's office for their information.

Sincerely yours,

Preston F. McDaniel

From: Cannon, Gary <gcannon@wcc.sc.gov>
Sent: Monday, July 22, 2024 2:21 PM
To: Rose Thielke <rose@pfmcdlaw.com>
Cc: 'Walter Barefoot' <walt.barefoot@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>; Kim Hinkle <kim@pfmcdlaw.com>; Kathryn Samaritis <kathryn@pfmcdlaw.com>; 'Greta Elliotte' <gelliotte@bellsouth.net>; Roberts, Keith <keroberts@wcc.sc.gov>
Subject: RE: [External] Mary Davis v Ruiz Foods

EXHIBIT
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L

Rose Thielke,

Please advise Mr. McDaniels in response to his request in the attached letter, we will only accept service of the Summons and Complaint in accordance the South Carolina Rules of Civil Procedure.

Respectfully,

Gary M Cannon
Executive Director
SC Workers' Compensation Commission

From: Rose Thielke <rose@pfmcdlaw.com>
Sent: Friday, July 19, 2024 10:07 AM
To: Cannon, Gary <gcannon@wcc.sc.gov>
Cc: 'Walter Barefoot' <walt.barefoot@mgclaw.com>; G. Malloy <gmalloy@bellsouth.net>; Kim Hinkle <kim@pfmcdlaw.com>; Kathryn Samaritis <kathryn@pfmcdlaw.com>; 'Greta Elliotte' <gelliotte@bellsouth.net>
Subject: [External] Mary Davis v Ruiz Foods

The attached letter is being sent at the request of Preston McDaniel.

Rose Thielke
McDaniel Law Firm

CONFIDENTIAL & PRIVILEGED

The preceding email message, including any attachments, may be confidential and/or protected by the attorney-client or other applicable privileges. It is intended for the sole use of the individual or entity named above. If the reader of this transmission is not the intended recipient, please notify the sender immediately and destroy any copies, electronic, paper or otherwise, that you may have of this communication. Any unauthorized review, use, disclosure or distribution is strictly prohibited and may be unlawful.

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McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 35 years

Preston F. McDaniel

Daniel E. Peagler

Telephone (803) 771-7211

Facsimile (803) 252-0709

July 19, 2024

VIA EMAIL: gcannon@wcc.sc.gov
Gary Cannon, Executive Director
SC Workers' Compensation Commission
1333 Main Street, Suite 500
Columbia, SC 29201

RE: Mary L. Davis v. Ruiz Foods
WCC File No. 1923627

Dear Gary:

I hope this finds you doing well. Please find attached a copy of the Summons and Complaint that we filed this past Thursday electronically with the Florence County Clerk of Court seeking a Writ of Prohibition and a Writ of Mandamus concerning Commissioner Taylor and the Commission on the Mandamus in the above referenced workers compensation case. I would appreciate it if you would let me know whether or not y'all will accept service, so I don't have to go to the additional expense of a process server. I am forwarding a courtesy copy of the complaint to defense counsel in the WCC claim.

Sincerely yours,



Preston F. McDaniel
Attorney at Law

PFM/rmt

Cc: Walt Barefoot
Gerald Malloy

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Preston F. McDaniel

Daniel E. Peagler

July 31, 2024

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Sent To: Amy Bracy, Judicial Director, SCWC
Street, Apt. No.; or PO Box No: PO Box 1715
City, State, ZIP+4: Columbia, SC 29202

PS Form 3800, June 2002 — See Reverse for Instructions

VIA CERRIFIED MAIL - 70023150000502817191
RETURN RECEIPT REQUESTED
Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Mary Davis v. Ruiz Food Products
WCC File No.: 1923627 & 2223041

Dear Ms. Bracy:

Please find enclosed for filing with the Commission our **MOTION FOR RECONSIDERATION PURSUANT TO R. 67-215(B)** in the above-referenced matter, along with the required $50.00 filing fee. I am, by copy of this letter, serving opposing counsel with a copy of same.

I hope this is sufficient for filing with the Commission, however, if additional information or further clarification is needed, please feel free to contact me at your convenience.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire
Walter H. Barefoot, Esquire

EXHIBIT M

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STATE OF SOUTH CAROLINA)) COUNTY OF FLORENCE)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File No. 1923267 & 2223041
MARY L. DAVIS, Employee-Claimant, v. RUIZ FOODS, as Employer, and SAFETY NATIONAL CASUALTY CORPORATION C/O SEDGWICK (YORK RISK SERVICES GROUP INC., as Carrier, Defendants.	**MOTION FOR RECONSIDERATION PURSUANT TO R. 67-215 (B)**

TO: SC WORKERS' COMPENSATION COMMISSION, COMMISSIONER AISHA TAYLOR AND WALTER H. BAREFOOT, ESQUIRE, ATTORNEY FOR THE DEFENDANTS:

Please be advised that pursuant to SCWCC R. 67-215 (B), the Claimant hereby moves for Reconsideration and a vacation of the Order issued on July 29, 2024, based on the following:

1. That following the issuance of Notes for Decision back in January of 2024 as reflected in the Commission file, Counsel for the Defendants notified you that a decision had not been made on several essential issues for decision before you.

2. That as late as July 1st, Counsel for the Defendants again inquired as to the status of his request for you to make a

ruling and Findings of Fact on essential issues it is agreed by both parties upon which you had not made a decision in the initial Notes for Decision.

3. That on July 19, 2024, Counsel for the Claimant advised the Commission Executive Director Gary Cannon that Counsel had filed a Summons and Complaint/Petition for Writ of Prohibition and Writ of Mandamus with the Circuit Court in Florence County concerning this matter and asked as is reflected in the Commission's file that Mr. Cannon on behalf of the Commission(er) advise whether or not the Commission(er) would accept service.

4. That on July 25, 2024 Mr. Cannon advised specifically that the Commission(er) would not accept service for the Commission or on Commissioner Taylor in her official capacity as a Commissioner of the Commission. A copy of that email was also forwarded to Keith Roberts, Esquire as General Counsel for the Commission.

5. That on July 25, 2024, "a courtesy copy" of the cover letter and the Summons and Complaint and Motion for a Temporary Restraining Order and a proposed Order for a Temporary Restraining Order Issued Without Notice was forwarded to Gary Cannon, as Executive Director and was copied to Keith Roberts as General Counsel.

6. That as set forth in the Commission's file and as herein above, Defense Counsel had been asked to draft the Order on behalf

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of the Commission. Counsel for the Claimant has not been served with nor provided with any proposed Order from Counsel for the Defendants pursuant to the original Notes for Decision nor any further direction from the Commission in that regard.

7. That without notice of a submission of a proposed Order, Claimant's Counsel received the Order which is the subject of this Motion for Reconsideration by email on July 29, 2024 at 12:49 pm, which contains numerous Findings of Fact and specifically includes Findings of Fact concerning the two issues upon which the Commission had not made any prior Findings nor any notification to Defense Counsel with what Findings were to be included in the proposed Order, nor is there any evidence in the Record that the proposed Order was submitted by Defense Counsel.

8. That most respectfully this Order was issued only after courtesy notification to the Commission that the Claimant was seeking, and the Commission and Commissioner Taylor, in your official capacity, would be served with the Complaint, both a Temporary Restraining Order and a Temporary Restraining Order Issued Without Notice until a decision could be made on the Writs of Prohibition and Mandamus.

BASED ON A REVIEW OF THE ORDER

9. That while your Notes for Decision do not make reference to any specific evidence, the Finding of Fact addressed to those Notes do reference evidence. That addition where applicable will

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be referenced. Next, there is absolutely no reference to Commissioner Wilkerson's Order and that the purpose of filing a separate Form 50 was so that a Commissioner could determine whether or not the problems with the Claimant's neck stemmed from the accident alone, or in combination with the second incident that occurred in November or resulted from the November incident alone. Commissioner, that Order was not appealed and that Order finds that the Claimant had problems with her neck but only as to whether from which injury it occurred or a combination of both.

10. That further, looking over the Order, in large part your Findings of Fact are based on your Order of June 7, 2021. That Order was issued on the basis of our Form 50 "**seeking additional medical treatment in the form of an evaluation and medical treatment for her left hip and left knee**". At that point, the Defendants had admitted as you set forth in the Statement of the Case "this is an admitted claim as to the Claimant's back only". The only Finding in reference to the back beyond that is that the injuries to the low back was admitted under Finding of Fact #1 of that Order. In your Order Section of the **June 7, 2021 Order** you only specifically address "Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopaedics in Florence, SC". Thus, your Finding of Fact #1 **in the July 29th Order** is wrong and you never made that kind of a

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

Finding in that Order. That Order was sought and addressed only treatment for the left hip and left knee.

11. That in your Finding of Fact #2 (evidence added) you constantly reference that the Claimant is receiving authorized causally related medical treatment at the direction of the Defendants. That is wrong. The Defendants have not authorized nor are they paying for the treatment for the left knee and left hip which was initially before you at the hearing. You may recall that Mr. Barefoot, and I would ask him to correct me if I am wrong, was taking the position on behalf of his clients that because Dr. Alan had set out the need for that treatment in the same note that she had reached maximum medical improvement and since no decision had been made on permanency for either the hip or the knee, that they were not providing for the medical care. Here again that Finding is wrong.

12. That in reference to your Finding of Fact #4 (citations added) it fails to note that all of those disciplinary actions with the exception of the first disciplinary action occurred while the Claimant was on light duty.

13. That in Finding of Fact #3 (citations added) you refer to Dr. Alan's light duty restrictions but you fail to note the ever increasing light duty restrictions and the changes in jobs to which she was assigned that the employer made available to try to continue to accommodate the Claimant's ever increasing

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

restrictions. You fail to note that at the time of the termination she was under restrictions by Dr. Chokshi of "**sedentary work only**".

14. That under Finding of Fact #5 (citations added), while you recite the Defendants position you fail to note that her job, again her job, was to throw away product. You also failed to note under Finding of Fact #6 and under #5 in your Notes that not only was that her job but her testimony was agreed to by the defense witness and that to his knowledge no one had ever been fired for that reason before.

15. Under Finding of Fact #8 (#2 in Notes, citation added) you reiterate and base that Finding on your June 7, 2021 Order which again does not address those issues, nor the medical care that the Defendants are "supposedly" continuing to provide (which included treatment for the back) but there has been no treatment since Dr. Alan placed the Claimant under those permanent work restrictions per the Defendants' position on the Record.

16. That Findings of Fact #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20 are not addressed **or made** in your **original** Notes for Decision nor have the parties received any further Notes for Decision from you on these issues since that time.

In specific reference to Finding of Fact #10, it is admitted that an incident occurred and the only question is the severity of

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

the incident and whether or not the Claimant's injuries resulted from that or in combination with the prior injury or from the prior injury alone. See Wilkerson's Order.

In reference to #11, you failed to note that following the visit with Dr. Chokshi that the Claimant advised her employer, which was admitted during deposition and in the emails, as to her request for authorization for the MRI **per Dr. Chokshi's request**.

17. Commissioner, most respectfully, under Finding of Fact #13, I do not find that we ever made a request specifically for treatment of the wrist.

18. Commissioner, in reference to your Findings of Facts #16 and #17, in her deposition Ms. Opal Jones referred to a Statement she was given by Ms. Octavia Harrison. One of her answers is found at p. 16, ll. 12-14 was that "she said she was -- because they always joke around, Ms. Davis and Mr. Eugene, they always played around, you know, hugging each other --". Then at p. 17, ll. 1-5 in reference to the incident that was reported by Ms. Davis which your Notes tend to indicate did not occur, the witness, Ms. Octavia Harrison according to Ms. Opal Jones stated:

"A. She did not think it was serious until she was approached by Ms. _____ to make a statement and per the statement that I wanted to see her about a statement to write a statement as to what happened that day.

Q: And I believe that as reflected in her statement is that she -- no question that Mr. Davis hit her, and knocked into -- or, you know, I don't want to say

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A: bumped into her."

So Commissioner, according to an independent witness some type of event, thought to be jokingly or not, occurred and that Ms. Harrison was at least bumped in the process. You do recall the Fact that the videos were not shown to you and the retention time on certain videos.

19. Commissioner, in reference to Finding of Fact #19, you do remember that the Defendants authorized medical care for the neck at McLeod Occupational Health and that it was Dr. Sandifer's uncontested opinion that to a reasonable degree of medical certainty, the problems with which she was diagnosed and treated there and from which she was suffering included not only her low back but **specifically** her neck, were causally related to and stemmed from the November 16, 2019 accident. You make no Findings of Fact concerning the 2019 accident and the authorized medical care and diagnosis for cervical problems arising out of that accident.

20. Commissioner, you will recall Ms. Davis' testimony that she was instructed to throw away product that was cold and that at times there were tables full of product that had to be thrown away and you will recall that there was absolutely no contradictory testimony or evidence to that fact. Also, Mr. Holder and Ms. Opal Jones in her deposition from which you quote, both stated they did not know the policy concerning throwing away cold product. Also,

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

in your Finding of Fact #10 you make the statement that she could not recall the name of one person who may have witnessed the alleged incident. The only assumption I can make concerning that Finding (is) that it is made based on is her testimony on the day of the hearing **approximately one (1) year after the incident occurred** that she could not remember the name **because she certainly remembered the name of the lady that Ms. Opal Jones took the statement from, Ms. Octavia Harrison, right after the incident**!.

You also belittle her testimony about throwing away product but again it is uncontradicted that neither Mr. Holder nor Ms. Opal Jones knew the policy and also that **Mr. Holder confirmed that the Plant throws 3-4 tractor trailer truckloads of product away each week**. You do recall her testimony about what she did on the dock checking thrown away product doing one of her light duty jobs before she was given further restrictions beyond those which were given to her by Dr. Alan, which you refer to in your Notes. She was doing that job before she was given and you do not refer to the sedentary work only restriction given to her by Dr. Chokshi.

21. That Conclusion of Law #3 is not a Conclusion of Law in reference to the injuries the Claimant sustained as a result of her accidents but is a Finding of Fact concerning November 16, 2019 admitted accident and is contrary to both the Commission

ELECTRONICALLY FILED - 2024 Aug 19 11:11 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101789

Record and evidence. The same applies to Conclusion of Law #4 in that you make a Conclusion of Law as to the medical she is entitled to without any Findings of Fact in reference to or supporting that and also you make no statement or finding as to why the neck is not involved since the Defendants paid for authorized medical care and the undisputed medical opinion evidence from Dr. Sandler was that in his opinion to a reasonable degree of medical certainty the authorized treatment he provided for the neck and her neck injury were causally related to the November 16, 2019 injury.

22. That Conclusion of Law #6 is not a Conclusion of Law but is an unsupported Finding of Fact as you do not make any Findings of Fact nor do you address her existing injury in any of your Findings of Fact.

23. That Conclusion of Law #9 is contrary to the decisions of the SC Supreme Court and Court of Appeals and imposes fault into the workers' compensation system.

24. That Conclusion of Law #10 is in accordance with law that the Department of Employment & Workforce decision does not have a "preclusive" effect, meaning res judicata or collateral estoppel, but you make no Finding of Fact nor Conclusion of Law as to why that the uncontested testimony and evidence was not given weight.

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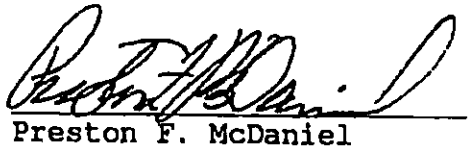
25. That in your Order without any supporting Findings of Fact or Conclusions of Law you entitle the Claimant to continued "authorized causally related medical treatment for injuries that she sustained to her left knee, left hip and low back" but you make no Finding as to what continuing medical care is being provided to any of those body parts or any of the other injuries that stemmed from the original November 16, 2019 injury which again according to the uncontested medical evidence from Dr. Sandler, the authorized treating physician and as the McLeod records confirm she was treated for her problems with her; and again Dr. Sandifer stated the opinion to a reasonable degree of medical certainty that those problems stemmed from the work-related accident of November 16, 2019. It is ironic that the Unemployment Commission based on her uncontested testimony that she was following her work instructions and gave that testimony greater weight om awarding her benefits **because there was no contradictory evidence** from the Defendants that she was not following company policy. Whereas as in this case, you will recall that both Mr. Holder and Ms. Opal Jones in her deposition could not testify as to what the policy was on the floor for throwing away cold product, and confirmed it was her job to throw away product that was unusable; thus no contradictory evidence but here benefits are denied.

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For the foregoing reasons, reconsideration is respectfully requested, or at least that the Order be withdrawn pending a decision by the Circuit Court.

WE SO MOVE.

Respectfully submitted,



Preston F. McDaniel
McDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
(803)771-7211

and

Gerald Malloy, Esquire
MALLOY LAW FIRM
108 Cargill Way
Hartsville, SC 29551
(843)339-3000

Attorneys for the Claimant

July 31, 2024

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CERTIFICATE OF SERVICE

WCC File No.: 1923627 & 2223041

I hereby certify that I have on this day, July 31, 2024, served the following in the matter of **MARY L. DAVIS v. RUIZ FOOD PRODUCTS, INC.** with a copy of the **MOTION FOR RECONSIDERATION PURSUANT TO R. 67-215(B)** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Walter H. Barefoot, Esquire
McAngus Goudelock & Courie
Post Office Box 12519
Columbia, South Carolina 29211

Kimberley T. Hinkle

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
31st day of July, 2024.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/25/28

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 35 years.

Preston F. McDaniel

Daniel E. Peagler

Telephone (803) 771-7211

Facsimile (803) 252-0709

May 25, 2023

VIA eCASE UPLOAD
Commissioner Avery B. Wilkerson
SC Workers Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Mary L. Davis v. Ruiz Food Products, Inc.
WCC File No.: 1923627

Dear Commissioner Wilkerson:

Please find enclosed a copy of the Claimant's Pre-Hearing Brief in the above referenced matter.

By copy of this letter, with enclosures, we are forwarding a copy of our Pre-Hearing Brief and APA submissions to opposing counsel on this date.

I hope this is sufficient for filing this matter with the Commission. However, if additional information is needed, please feel free to contact me at your convenience.

I look forward to seeing you at the hearing and to a resolution in the best interest of all parties concerned.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire
Walter H. Barefoot, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1923627

Claimant's Name: Mary L. Davis
Address: _____
City: Hartsville State: SC Zip: _____
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: Preston F. McDaniel, Esquire

Employer's Name: Ruiz Food Products, Inc.
Address: 2557 Florence Harilee Blvd.
City: Florence State: SC Zip: 29506
Carrier: Safety National Casualty Corp. c/o Sedgwick
Preparer's Phone #: 803-771-7211

A claim for workers' compensation benefits is made based on the following grounds:
☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $ 343.26 2. AWW: $ 514.93 **Date of Injury:** 11/16//2019 - See #4 & #6
3. Type of injury and body part(s): SEE ATTACHMENT.
4. Facts in controversy: SEE ATTACHMENT.
5. Legal issues involved: SEE ATTACHMENT.
6. Unusual aspects: SEE ATTACHMENT; AGGRAVATION ON 11/04/2022.
7. Witnesses (designate if expert):* SEE NOTICE OF WITNESSES.
8. Exhibits: CLAIMANT REQUESTS THAT WCC FILE NO. 1923627 BE MADE A PART OF THE RECORD. SC DEW Award may be submitted Portions of Deposition of Shawda Blackwell may be submitted Pursuant to Cir. Ct Rules
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE NOTICE OF WRITTEN REPORTS/PHYSICIANS.
10. Name, address, and specialty, if any, of the treating physician: SEE ATTACHMENT.
11. Impairment rating(s); body part(s); physician and date of opinion: _____
12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**

☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐b. Mediation is required pursuant to Reg. 67-1802.
☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the __ day of _____ 20__, 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: _____
Date of hearing: June 20, 2023
Email: preston@pfmcdlaw.com
Time needed for hearing: 1.5 hrs.

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 submit medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

ATTACHMENT TO FORM 58

Mary L. Davis v. Ruiz Food Products, Inc.
WCC File No.: 1923627

3. Neck, back and hip, left leg down to knee, and such other bodily parts, members, and organs as determined to be related.

4. The **November 16, 2019** accident is accepted. The Claimant seeks medical care as prescribed by the authorized treating physicians; and further evaluation and care due to the original injury;

and due to the aggravation caused by the work incident that occurred on **November 4, 2022**.

PREFACE:

The delay and failure to provide timely medical care since the inception of this claim is well documented in the Commission's file which finally resulted in the Claimant having to file a Form 50 requesting that medical care be ordered to be provided. By Order of Commissioner Taylor issued on June 7, 2021, the Defendants were ordered to provide medical care and treatment for her left knee and left hip by Dr. Rodney K. Alan. In addition, by agreement at that same time, the Defendants agreed to provide medical care through McLeod Orthopaedic Spine having seen in the past Dr. W.S. Edwards but upon referral by Dr. Alan after he saw her and instituted treatment, she was seen by Dr. Rakesh Chokshi, MD.

Although ordered in June of 2021 to provide evaluation and medical care through Dr. Alan, the Defendants required and forwarded to Dr. Alan records and **Ms. Davis was not seen by Dr. Alan until 12/13/2021**. In his first treatment note he noted that, "there were an extensive amount of records that I reviewed from 2019 until 2021...." He also noted the MRIs that had been conducted by/in **May and June of 2020** noting that:

> "patient had an MRI of the lumbar spine May 2020 which showed bulging disc. She had an MRI of the left hip June 2020 which showed left hip

effusion. Patient had MRI of the left knee which showed an ACL tear."

Only after Dr. Alan instituted treatment by Dr. Alan was treatment then provided as had been agreed to, at least six (6) months prior and the first visit with Dr. Chokshi was not performed until **March 23, 2022**.

In his March 28, 2022 treatment visit note, Dr. Alan gave the Claimant extensive work restrictions which will be addressed under #6 and he addressed her future medical needs and restrictions stating:

> "Future medical interventions include intra-articular steroid injections to the left hip three times per year, gel injections to the left knee two times per year. She will need management of her sacroiliac joint problems as directed by the spine specialist."

Previously on February 14, 2022 after performing injections as recommended in the future including a gel injection in the knee, he had noted that the patient,

> "will eventually need left total knee arthroplasty. Gel injection provided today."

As will be set in #6, this lady has continued to work under ever increasing restrictions which were accommodated up until recently when she was basically in an accommodation job.

Repeated requests have been made by both Dr. Alan and by Claimant's Counsel for return treatment visits which Dr. Alan opined she would continue to need in reference to her hip and knee. Further evaluation and treatment was finally scheduled without confirmation of authorization but again after requesting authorization repeatedly; Ms. Davis was seen by Dr. Alan on February 27th. The Claimant has been advised by Dr. Alan's office that **according to the workers' compensation department of McLeod Orthopaedics, authorization was not obtained. According to his office, "multiple attempts were made without a response from the adjuster."**

Also, as set out forth more fully under #6, following the November 4, 2022 incident at work after which that night she completed an incident report stating, "as a result of

my neck and back are hurting real bad" and the Claimant requested additional medical care through her employer. That request was reiterated to Defense Counsel and no medical care has been provided.

In addition to seeing Dr. Alan, Ms. Davis, as the Record will show, after requesting authorization had an appointment with Dr. Chokshi for an evaluation and treatment on March 22, 2023. Again, repeated requests for authorization for the visits with Dr. Alan and Dr. Chokshi have been requested. In reference to medical care, the Claimant seeks authorization for the medical as provided and recommended by the authorized treating physicians and that the Defendants be assessed penalties and fines for failure to provide medical care pursuant to the Act.

a. Claimant's entitlement to medical care for her neck, back, hip, and left leg.

b. Claimant's entitlement to temporary total disability benefits from February 20, 2023 and continuing; see #6.

5. **IN CORRELATION WITH RESPONSES UNDER NUMBER 4:**

a. Claimant's entitlement to medical care as provided in §42-15-60; and

b. Claimant's entitlement to temporary total disability benefits as provided in §42-9-10 and §42-1-120, which defines disability.

6. As noted in #4, the Claimant is requesting temporary total benefits from February 20, 2023 when the Claimant was terminated while under the extreme restrictions of Dr. Alan and Dr. Chokshi. The employer has made makeshift or accommodated work available to the Claimant to avoid paying temporary disability benefits and has required the Claimant to basically work in pain in jobs which were changed to allegedly accommodate her restrictions to allow them to provide an accommodated job and avoid temporary total disability. While performing one of those jobs she was terminated on February 20th.

The evidence will show that Dr. Alan placed on her extreme restrictions including:

> "No lifting floor to waist. No lifting knees to waist. Lifting from the waist 10 lbs. occasionally. Waist to shoulder, 10 lbs. occasionally, shoulder to overhead, 5 lbs. occasionally, carrying 5 lbs. occasionally, pushing and pulling 30 lbs. occasionally, positional changes frequently. Limit standing to an occasional basis, limit walking to occasional basis, no kneeling, occasional stooping, no squatting or crouching, and limited balance on occasional basis."

The employer, under the guise of accommodating those restrictions made light duty work available; again, under the guise that those restrictions were being met. After seeing her on March 23, 2022, Dr. Rakesh Chokshi further restricted her to sedentary work only. Again, the employer supposedly accommodated those restrictions as well and the Claimant continued to work. On November 15, 2022, Dr. Rakesh Chokshi again continued those restrictions of sedentary work only. The evidence will show that following the November 4, 2022 incident and November 15th office visit, Ms. Davis advised her employer her doctor told her to ask for authorization for an MRI of her neck: email Shanda Blackwell, Safety Dept., Wednesday November 16, 2022, 4:59pm to Safety Manager and Human Resources concerning Team Member Ms. Mary Davis in pertinent part:

> "... TM stated that her doctor told her that she would need to ask us (assuming HR of Safety) about sending her to get an MRI done from when she was assaulted last week by another TM. TM stated she had given the paperwork from her doctor to Safety Tech on yesterday."

After Dr. Chokshi's original restrictions, the evidence will show that the Claimant was placed in an accommodation job in which all other workers performing that job stand but was provided with a chair so the employer could meet the sedentary work only requirement. In addition, other workers would perform numerous other tasks/job duties whereas Ms. Davis was assigned to only one task but was required to keep up with and meet production in that one task of throwing away bad bread which included cold bread. Whether or not the employer was meeting the other requirements placed on the Claimant by Dr. Alan will be addressed in the evidence.

The specific incident on November 4th - During work the Claimant sustained an aggravation of her problems when she was assailed by a fellow worker allegedly trying to hug her, but it involved him grabbing her and holding her by both hands and then pulling and pushing her with her trying to get away from that employee. After this incident, the Claimant's neck, back and other problems from the original injury were worsened, and the Claimant asked her employer for medical care, but no medical care has been provided as noted in #7, thus requiring the Claimant to seek medical care on her own, and receiving care from the authorized treating physicians without authorization.

Then, on February 20, 2023 after making repeated requests for medical care which were not authorized, denied, and/or refused by the employer and its insurance carrier, and while under the restrictions as set forth above, the Claimant was terminated from employment. Thus, the employer is failing to make employment within the restrictions of the doctors available to the Claimant. The Claimant thus requests temporary total disability benefits from February 20th and continuing until released by her medical providers for any and all conditions stemming from the original accident and the aggravation of her problems from the work-related incident that occurred on November 4th.

The Claimant requests penalties and fines for failure to provide benefits pursuant to the Act, thus in violation of their statutory duty, and for assessments of costs and attorneys' fees for having to enforce the prior Order of the Commission.

10. McLeod Regional Medical Center Emergency Room, Florence, SC; McLeod Occupational Health, Stuart Sandler, DO; Florence MRI & Imaging, Florence, SC; InMed Diagnostic Services, Florence, SC; CareSouth Carolina, Pickens K. Moyd, Jr., MD, Liston K. Weatherly, FNP, Hartsville, SC; McLeod Orthopaedics Florence, Rodney K. Alan, MD, Florence, SC; McLeod Spine Center, W.S. "Willie" Edwards, MD, Rakesh Chokshi, MD, Florence, SC.

Respectfully submitted,

Preston F. McDaniel
McDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
(803) 771-7211

and

Gerald Malloy
MALLOY LAW FIRM
Post Office Box 1200
Darlington, SC 29551
(843) 339-3000

Attorneys for the Claimant

5/05, 2023

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE MARY L. DAVIS, Employee-Claimant, v. RUIZ FOOD PRODUCTS, INC., as Employer, and SAFETY NATIONAL CASUALTY CASUALTY CORP., as Carrier, Defendants.	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File No.: 1923627 **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT**

TO: SC WORKERS' COMPENSATION COMMISSION AND WALTER H. BAREFOOT, ESQUIRE, ATTORNEY FOR THE EMPLOYER/CARRIER:

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

#	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE #
1.	McLeod Orthopaedics Florence Rodney K. Alan, MD	03/28/22-02/27/23	1-9
2.	McLeod Spine Center Rakesh P. Chokshi, MD Bruce Johnson, MD Laura Strickland, PA-C	03/23/22-03/22/23	10-28
3.	McLeod Spine Center W.S. Edwards, Jr., MD	12/08/20	29-30
4.	McLeod Occupational Health Stuart A. Sandler, DO	12/03/19-06/14/21	31-51
5.	Email from Beverly Gilliam at McLeod Health	03/16/23	52

6.	Employer Ruiz Foods Products Records: Email from Shanda Blackwell, Workers' Comp Specialist, Ruiz Foods Products; and Investigation Report, Team Member/Witness Statement of Mary Davis	11/16/22; 11/04/22	53-54
7.	McDaniel Law Firm requests for authorization for medical care and Temporary Total (redacted)	02/17/23-04/11/23	55-66
8.	Decision and Order of Commissioner Aisha Taylor	06/08/21	67-71

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, 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 Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: The Claimant; Records Custodian, if needed, from McDaniel and/or Malloy Law Firm; any witness listed, named or called by the Defendants; and other lay witnesses to be named.

Respectfully submitted,

Preston F. McDaniel
McDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
(803) 771-7211

and

Gerald Malloy
MALLOY LAW FIRM
Post Office Box 1200
Hartsville, SC 29551
(843) 339-3000

Attorneys for the Claimant

May 25, 2023

CERTIFICATE OF SERVICE

Mary L. Davis v. Ruiz Food Products, Inc.

WCC File No. 1923627

I HEREBY CERTIFY that on this date:

I mailed a copy of the **Pre-Hearing Brief and Notice of Witnesses and Written Reports(s)/Physician or other Evidence** to:

VIA eCASE UPLOAD
Commissioner Avery B. Wilkerson, Jr.
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

And I mailed a copy of the **Pre-Hearing Brief, Notice of Witnesses and Written Reports(s)/Physician or other Evidence, and APA Submissions with enclosures** to:

VIA FIRST CLASS MAIL
Walter H. Barefoot, Esquire
McAngus Goudelock & Courie
Post Office Box 12519
Columbia, South Carolina 29211

Kimberley T. Hinkle
Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
25th day of May, 2023
Melissa L. Thomas (L.S.)
Notary Public for South Carolina
My Commission Expires: 3/14/26

mgc | INSURANCE DEFENSE

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com

June 9, 2023

VIA eCASE
Commissioner Avery B. Wilkerson, Jr.
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Mary L. Davis vs. Ruiz Food Products, Inc. and Safety National Casualty Corporation c/o Sedgwick
Date of Accident: November 16, 2019
WCC File No.: 1923627
Our File No.: 20757.20017
Claim No.: RFPW-0743

Dear Commissioner Wilkerson:

Please find enclosed our Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports for filing in the above captioned matter.

By copy of this letter to Preston F. McDaniel, Esquire, the claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by mail.

Very truly yours,

Walter H. Barefoot

WB/brt
Enclosures
cc: Jonathan Holder, Ruiz Foods
Deborah Burford, Sedgwick Claims Management Services, Inc.
Ignacio Albarran, Ruiz Foods
Preston F. McDaniel, Esquire, The McDaniel Law Firm

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1923627

Claimant's Name: Mary L. Davis SSN: ____

Address: ____

Home Phone: (843) / Work Phone: ____

Preparer's Name: Walter H. Barefoot

Employer's Name: Ruiz Foods

Address: 2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Carrier: Safety National Casualty Corporation c/o Sedgwick

Preparer's Phone #: (843) 519-1801

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate: $343.26 2. AWW: $ 514.93 **Date of Injury:** 11/16/19
3. Type of injury and body part(s): Admitted: Back and left knee; Alleged: Neck, hip, and leg down to left knee
4. Facts in controversy: Whether Claimant is entitled to temporary total disability benefits; If so, for what period(s); Whether Claimant sustained a compensable injury to anything other than the back and left knee; If so, specifically what; Whether Defendants' complied with the June 7, 2021 Decision and Order; Whether Claimant was terminated for cause; Whether Claimant sustained a work-related aggravation or new alleged injury on November 4, 2022; If so, the specific medical treatment to which she is entitled.
5. Legal issues involved: §42-1-160; §42-9-10; §42-15-60; §42-9-160; §42-9-190; *Pollack v Southern Wine & Spirits of America*, 405 SC 9, 747 SE 2d 430 (2013).
6. Unusual aspects: Defendants complied with the June 7, 2021 Decision and Order. Defendants provided written authorization for an appointment with Rodney Alan, M.D. on June 14, 2021, which was within fourteen (14) days of the date the Decision and Order was signed. Defendants did not "by agreement" agree to provide medical care with McLeod Spine as contended by Claimant, although Defendants have authorized treatment with McLeod Spine. Defendants are scheduling Claimant for a Functional Capacity Evaluation (FCE) as ordered by Dr. Chokshi. Claimant's Attorney has not complied with Defendants' May 16, 2023 Subpoena. Defendants were providing suitable work. Claimant was terminated for cause after destroying company product. Claimant has alleged a specific assault at work on November 4, 2022 and wants to include it in this claim.
7. Witnesses (designate if expert):* Possibly: Representative of Employer; Mr. Jonathan Holder; Ms. Shanta Blackwell; Ms. Opal Jones.
8. Exhibits: Possibly Deposition of Claimant; Possibly Deposition of Opal Jones; Possibly Deposition of Shanta Blackwell; June 7, 2021 Decision and Order; Medical Authorizations; Correspondence to Rodney Alan, M.D.; Correspondence to Robert DaSilva M.D.; Correspondence from Claimant's Attorney; Records of Employer; Records of SCDMV; Video of Claimant at work.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):

   Records of: McLeod Orthopaedics, McLeod Spine Center, Cora Physical Therapy, Bill Edwards, Jr., M.D., McLeod Regional Medical Center, McLeod Seacoast Hospital, Carolina Pines Regional Medical Center, CareSouth Carolina.
10. Name, address, and specialty, if any, of the treating physician: Dr. Rodney Alan, McLeod Orthopaedics, Florence, South Carolina
11. Impairment rating(s); body part(s); physician and date of opinion: 10% as to the left lower extremity, Rodney Alan, M.D., March 28, 2022; and 5% as to the whole person, Rakesh Chokshi, M.D., November 14, 2022
12. I am amending my Form 50/51 in the following manner: None at this time.

☐ **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. 67-4803.
- ☐ 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 Preston F. McDaniel, Esquire, The McDaniel Law Firm **address** 1315 Elmwood Avenue Columbia, South Carolina 29201 **on the** 9th **day of** June **20** 23 .

by ☒ **first class postage** ☐ **certified mail** ☐ **personal service** ☐ **electronic service**

Signature: Walter H Barefoot Email: walt.barefoot@mgclaw.com

Date of Hearing: June 20, 2023 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, 67-211, and Regulations 67-601 through 67-615; as well as Reg. 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.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1923627

MARY L. DAVIS, Employee, Claimant, vs. RUIZ FOODS, Employer, AND SAFETY NATIONAL CASUALTY CORPORATION C/O SEDGWICK, Carrier, Defendants.	}	**NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANT**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND PRESTON F. MCDANIEL, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	RECORDS OF	DATES	PAGES
9.	SCWCC Decision and Order	06/07/2021	72-76
10.	Medical Authorizations	06/14/2021 – 08/08/2022	77-81
11.	Correspondence to Rodney Alan, M.D.	08/25/2021	82-83
12.	McLeod Orthopaedics – Florence	12/13/2021 – 02/27/2023	84-99
13.	McLeod Spine Center	07/05/2022 – 03/22/2023	100-120
14.	Cora Physical Therapy	03/24/2022	121-143
15.	W.S. (Bill) Edwards, Jr., MD	12/08/2020	144-145

16.	Correspondence to Robert DaSilva, M.D.	08/10/2022	146
17.	Correspondence from Claimant's Attorney	08/26/2022	147
18.	McLeod Regional Medical Center	11/16/2019	148-154
19.	McLeod Seacoast Hospital	10/04/2022	155-157
20.	Carolina Pines Regional Medical Center	11/22/2014 – 11/26/2014	158-165
21.	CareSouth Carolina	01/29/2018 – 10/23/2019	166-186
22.	Ruiz Foods (Employer)	10/24/2019 – 02/20/2023	187-196
23.	SCDMV	05/06/2020	197-198
24.	Videos of Claimant at work	02/08/23-02/09/23	N/A

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

Representative of Employer
Ruiz Food Products, Inc.
2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Shanta Blackwell
Ruiz Food Products, Inc.
2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Jon Holder
Ruiz Food Products, Inc.
2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Opal Jones
Ruiz Food Products, Inc.
2557 Florence Harllee Boulevard
Florence, South Carolina 29506

WALTER H. BAREFOOT
MCANGUS GOUDELOCK & COURIE LLC
1452 West Evans Street, Suite 102
Florence, South Carolina 29501
ALL MAIL TO: Post Office Box 12519
Columbia, South Carolina 29211
(843) 519-1800
Attorneys for the Employer/Carrier

Florence, South Carolina
June 9, 2023

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1923627

MARY L. DAVIS, Employee, Claimant, vs. RUIZ FOODS, Employer, AND SAFETY NATIONAL CASUALTY CORPORATION C/O SEDGWICK, Carrier, Defendants.	**CERTIFICATE OF SERVICE**

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Preston F. McDaniel, Esquire
The McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

VIA eCase
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports

DATE OF MAILING: June 9, 2023

Baker Tange

Baker Tange
Paralegal to Walter H. Barefoot

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 35 years.

Preston F. McDaniel

Daniel E. Peagler

Telephone (803) 771-7211

Facsimile (803) 252-0709

September 12, 2023

VIA eCASE UPLOAD
Commissioner Aisha Taylor
SC Workers Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Mary L. Davis v. Ruiz Food Products, Inc.
WCC File Nos.: 1923627 & 2223041

Dear Commissioner Taylor:

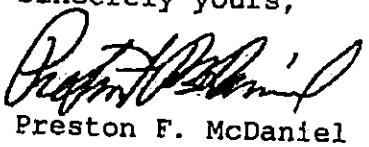
Please find enclosed a copy of the Claimant's Pre-Hearing Brief in the above referenced matter.

By copy of this letter, with enclosures, we are forwarding a copy of our Pre-Hearing Brief and APA submissions to opposing counsel on this date.

I hope this is sufficient for filing this matter with the Commission. However, if additional information is needed, please feel free to contact me at your convenience.

I look forward to seeing you at the hearing and to a resolution in the best interest of all parties concerned.

Sincerely yours,



Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire
Walter H. Barefoot, Esquire

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
( ) 737-5700 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File Nos: 1923627 & 2223041

Claimant's Name: Mary L. Davis
Address: ____
City: Hartsville State: SC Zip: ____
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: Preston F. McDaniel; Esquire

Employer's Name: Ruiz Food Products, Inc.
Address: 2557 Florence Harllee Blvd.
City: Florence State: SC Zip: 29506
Carrier: Safety National Casualty Corp. c/o Sedgwick
Preparer's Phone #: (803) 771-7211

A claim for workers' compensation benefits is made based on the following grounds:
☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $ SEE ATTACHMENT 2. AWW: $ SEE ATTACHMENT **Date of Injury:** 11/16/19 & 11/04/22
3. Type of injury and body part(s): SEE ATTACHMENT.
4. Facts in controversy: SEE ATTACHMENT.
5. Legal issues involved: SEE ATTACHMENT.
6. Unusual aspects: SEE ATTACHMENT.
7. Witnesses (designate if expert):* SEE NOTICE OF WITNESSES.
8. Exhibits: CLAIMANT REQUESTS THAT WCC FILE NOS. 1923627 & 2223041 BE MADE A PART OF THE RECORD.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE NOTICE OF WRITTEN REPORTS/PHYSICIANS.
10. Name, address, and specialty, if any, of the treating physician: SEE ATTACHMENT.
11. Impairment rating(s); body part(s); physician and date of opinion:
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. See attached certificate of service.
I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: Preston F. McDaniel
Date of hearing: September 27, 2023
Email: preston@pfmcdlaw.com
Time needed for hearing: 1.5 hours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

ATTACHMENT TO FORM 58

Mary L. Davis v. Ruiz Food Products, Inc.
WCC File Nos.: 1923627 & 2223041

1&2. As to the first accepted injury of November 16, 2019, based on the representations of the employer to the Commission, the average weekly wage is $514.93 with a resulting compensation rate of $343.26.

As to the denied accident of November 4, 2022, the Defendants allege that the compensation rate is to be determined. Since the Claimant has continually been on a light duty status since the initial accident of November 16th, 2019; and since the doctors have continually increased the degree and severity of the work restrictions since then; and the employer continued to allegedly make light duty work within those restrictions available; and since prior to the first injury the Claimant was able to make overtime, the Claimant requests that at a minimum the Commissioner award temporary total disability benefits at the rate of $343.26 and that the Claimant be allowed to reserve the right to contest the compensation rate at a subsequent hearing when that issue is specifically brought before the Commission for determination based on all available information. According to one employer record of March 2022, the Claimant was making $19.15/hr. at just 40 hours equals an average weekly wage of $766.00 and a compensation rate of $510.70.

3. Neck, back and hip, left leg down to knee, and such other bodily parts, members, and organs as determined to be related.

4. The **November 16, 2019** accident is accepted. The Claimant seeks medical care as prescribed by the authorized treating physicians; and further evaluation and care due to the original injury.

The **November 4, 2022** work related incident/accident is simply an aggravation of preexisting injuries or constitute new and worsening injuries to the same body parts, specifically the Claimant's neck and back as were injured in the initial November 16, 2019 accident.

Incident on November 4th: A fellow employee suddenly grabbed, pulled and pushed Ms. Davis in the hallway. At the time of the incident Ms. Davis was on extreme work restrictions of sedentary work only from Dr. Chokshi and under other specific work restrictions with extreme limitations as is set forth in the Record of Dr. Rodney K. Alan that he had determined to be permanent in nature.

Issue of Notice: while the Defendants response in the Form 51 is inadequate and inappropriate under law since the Defendants state that they are denying Notice as required by the Act based on their response under #1 concerning injury by accident that the "Defendants do not believe Claimant sustained a compensable injury", Notice will be addressed. As is set forth on the Form 50 and in the evidence to be presented, on the day of the incident Ms. Davis filed an investigative report concerning the incident that occurred. Further, in an email on November 16, 2022 as the evidence will show, Shanda R. Blackwell, Workman's Comp Specialist for Ruiz Food Products, Inc. sent an email which in part stated, "today, Mary requested to speak with Safety regarding an incident which occurred last week". In that email Ms. Blackwell goes on to note that the Claimant's doctor had recommended that she have an MRI following the incident and would need approval. The Defendants should be sanctioned for Notice being made an issue at this hearing.

PREFACE:

The delay and failure to provide timely medical care since the inception of this claim is well documented in the Commission's file which finally resulted in the Claimant having to file a Form 50 requesting that medical care be ordered to be provided. By Order of Commissioner Taylor issued on June 7, 2021, the Defendants were ordered to provide medical care and treatment for her left knee and left hip by Dr. Rodney K. Alan. In addition, by agreement at that same time, the Defendants agreed to provide medical care through McLeod Orthopaedic Spine having seen prior to that Order by Dr. W.S. Edwards. Finally and only after referral by Dr. Alan after he finally saw her and instituted treatment for the left hip and knee, was she seen by Dr. Rakesh Chokshi, MD.

Although ordered in June of 2021 to provide evaluation and medical care through Dr. Alan, per original referral by authorized physician Dr. Sandler of McLeod Occupational Medicine, Defendants required review of and forwarded to

Dr. Alan voluminous records; and **Ms. Davis was not seen by Dr. Alan until 12/13/2021**. In his first treatment note he noted that, "there were an extensive amount of records that I reviewed from 2019 until 2021...." He also noted the MRIs that had been conducted by/in **May and June of 2020** noting that:

> "patient had an MRI of the lumbar spine May 2020 which showed bulging disc. She had an MRI of the left hip June 2020 which showed left hip effusion. Patient had MRI of the left knee which showed an ACL tear."

Only after Dr. Alan instituted treatment and referral by Dr. Alan was treatment then provided as had been agreed to, at least six (6) months prior and the first visit with Dr. Chokshi was not performed until **March 23, 2022**.

In his March 28, 2022 treatment visit note, Dr. Alan gave the Claimant extensive work restrictions, which will be addressed under #6, and he addressed her future medical needs and restrictions stating:

> "Future medical interventions include intra-articular steroid injections to the left hip three times per year, gel injections to the left knee two times per year. She will need management of her sacroiliac joint problems as directed by the spine specialist."

Previously on February 14, 2022 after performing injections as recommended in the future including a gel injection in the knee, he had noted that the patient,

> "will eventually need left total knee arthroplasty. Gel injection provided today."

As will be set in #6, this lady has continued to work under ever increasing restrictions which were tangentially accommodated up until recently when she was basically in an accommodation job.

Repeated requests have been made by both Dr. Alan and by Claimant's Counsel for return treatment visits which Dr. Alan opined she would continue to need in reference to her hip and knee. Further evaluation and treatment was finally scheduled without confirmation of authorization but again after requesting authorization repeatedly; Ms. Davis was

seen by Dr. Alan on February 27th. The Claimant has been advised by Dr. Alan's office that **according to the workers' compensation department of McLeod Orthopaedics, authorization was not obtained. According to his office, "multiple attempts were made without a response from the adjuster**."

Also, as set out forth more fully under #6, following the November 4, 2022 incident at work after which that night she completed an incident report stating, "as a result of [sic] the incident, my neck and back are hurting real bad" and the Claimant requested additional medical care through her employer. That request was reiterated to Defense Counsel and no medical care has been provided.

In addition to seeing Dr. Alan, Ms. Davis, as the Record will show, after requesting authorization had an appointment with Dr. Chokshi for an evaluation and treatment on March 22, 2023. Again, repeated requests for authorization for the visits with Dr. Alan and Dr. Chokshi have been requested. In reference to medical care, the Claimant seeks authorization for the medical as provided and recommended by the authorized treating physicians and that the Defendants be assessed penalties and fines for failure to provide medical care pursuant to the Act.

a. Claimant's entitlement to medical care for her neck, back, hip, and left leg.

b. Claimant's entitlement to temporary total disability benefits from February 20, 2023 and continuing; see #6.

5. **IN CORRELATION WITH RESPONSES UNDER NUMBER 4:**

a. Claimant's entitlement to medical care as provided in §42-15-60; and

b. Claimant's entitlement to temporary total disability benefits as provided in §42-9-10 and §42-1-120, which defines disability.

The payment of temporary total disability benefits - quoting from the Supreme Court decision in Last v. MSI Const. Co., Inc., 305 S.C. 349, 409 S.E.2d 334 (1991):

> "In Hines v. Hendricks Canning Co., 263 S.C. 399, 211 S.E.2d 220 (1975), this Court allowed an employee temporary total benefits and

rejected the Carrier's argument that the Claimant's loss of earning capacity was caused by his full-time attendance at school rather than his work-related injury. Thus, the fact that a Claimant is unemployable for reasons other than his injury is not dispositive. **The issue is whether a claimant has suffered some loss of earning capacity as a direct result of his work-related injury.**"

In Last, the Supreme Court ordered the continuance of temporary total disability benefits while the claimant was still under medical care even though Mr. Last was incarcerated. In Orr v. Elastomeric Products, 323 S.C. 342, 474 S.E.2d 448 (SC App. 1996), Ms. Orr was entitled to benefits even though she had stopped treatment but was on light duty restrictions because she was pregnant. Under §42-9-190 the employer may be relieved of paying temporary total by offering or procuring work within the claimant's residual capacity. It was Mr. Hines fault that he went back to school. It was Mr. Last's fault that he was arrested. It was Ms. Orr's fault that she got pregnant. In other cases involving the employer, it was the employer's fault if they close the Plant. It is the employer's fault if they do not file the right forms. It is the employer's fault if they do not make work available within the claimant's residual capacity or while under medical care and under light duty restrictions. Fault is not an issue with one possible exception. That exception is in reference to termination for fault but there must be substantial evidence justifying that decision. Pollock v. S. Wine & Spirits of Am., 405 S.C. 9, 747 S.E.2d 430 (2013); and Pollack specifically warned that the Commission must remain sensitive to an employer's possible motivation to, "look for" a reason to fire an injured worker to avoid paying benefits. The employer must show just cause for termination otherwise; otherwise the employer has the responsibility to pay temporary total disability benefits.

6. As noted in #4, the Claimant is requesting temporary total benefits from February 20, 2023 when the Claimant was terminated while under the extreme restrictions of Dr. Alan and Dr. Chokshi. The employer has made makeshift or accommodated work available to the Claimant to avoid paying temporary disability benefits and has required the Claimant to basically work in pain in jobs which were changed to allegedly accommodate her restrictions to allow them to provide an accommodated job and avoid temporary total

disability. While performing one of those jobs she was terminated on February 20th.

The evidence will show that Dr. Alan placed on her extreme restrictions including:

> "No lifting floor to waist. No lifting knees to waist. Lifting from the waist 10 lbs. occasionally. Waist to shoulder, 10 lbs. occasionally, shoulder to overhead, 5 lbs. occasionally, carrying 5 lbs. occasionally, pushing and pulling 30 lbs. occasionally, positional changes frequently. Limit standing to an occasional basis, limit walking to occasional basis, no kneeling, occasional stooping, no squatting or crouching, and limited balance on occasional basis."

The employer, under the guise of accommodating those restrictions made light duty work available; again, under the guise that those restrictions were being met. After seeing her on March 23, 2022, Dr. Rakesh Chokshi further restricted her to sedentary work only. Again, the employer supposedly accommodated those restrictions as well and the Claimant continued to work. On November 15, 2022, Dr. Rakesh Chokshi again continued those restrictions of sedentary work only. The evidence will show that following the November 4, 2022 incident and November 15th office visit, Ms. Davis advised her employer her doctor told her to ask for authorization for an MRI of her neck: email Shanda Blackwell, Safety Dept., Wednesday November 16, 2022, 4:59pm to Safety Manager and Human Resources concerning Team Member Ms. Mary Davis in pertinent part:

> "... TM stated that her doctor told her that she would need to ask us (assuming HR or Safety) about sending her to get an MRI done from when she was assaulted last week by another TM. TM stated she had given the paperwork from her doctor to Safety Tech on yesterday."

After Dr. Chokshi's original restrictions on March 22, 2022, the evidence will show that the Claimant was placed in an accommodation job in which all other workers performing that job stand but was provided with a chair so the employer could meet the sedentary work only requirement. In addition, the total number of workers assigned to that production line unit as a part of their

production duties together would perform numerous other tasks/job duties whereas Ms. Davis was assigned to only one task but was required to keep up with and meet production (sometime after November 22nd without help) in that one task of throwing away bad bread which included cold bread. Whether or not the employer was meeting the other requirements placed on the Claimant by Dr. Alan will be addressed in the evidence.

The specific incident on November 4th - During work the Claimant sustained an aggravation of her problems when she was assailed by a fellow worker allegedly trying to hug her, but which involved him grabbing her and holding her by both hands and then pulling and pushing her with her trying to get away from that employee. After this incident, the Claimant's neck, back and other problems from the original injury were worsened, and the Claimant asked her employer for medical care, but no medical care has been provided as noted in #7, thus requiring the Claimant to seek medical care on her own, and receiving care from the authorized treating physicians without authorization.

Then, on February 20, 2023 after making repeated requests for medical care which were not authorized, denied, and/or refused by the employer and its insurance carrier, and while under the restrictions as set forth above, the Claimant was terminated from employment.

The SC Dept. of Employment and Workforce in the Appeal Tribunal's Decision filed April 12, 2023 found that the Claimant, Ms. Davis, was eligible for benefits on the basis that the employer had failed to prove that she was discharged for cause and that she was discharged under non-disqualifying circumstances.

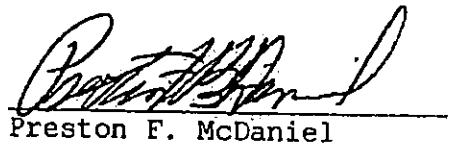
Thus, the employer is failing to make employment within the restrictions of the doctors available to the Claimant. The Claimant thus requests temporary total disability benefits from February 20th and continuing until released by her medical providers for any and all conditions stemming from the original accident and the aggravation of her problems from the work-related incident that occurred on November 4th.

The Claimant requests penalties and fines for failure to provide benefits pursuant to the Act, thus in violation of their statutory duty, and for assessments of costs and

attorneys' fees for having to enforce the prior Order of the Commission.

10. McLeod Regional Medical Center Emergency Room, Florence, SC; McLeod Occupational Health, Stuart Sandler, DO; Florence MRI & Imaging, Florence, SC; InMed Diagnostic Services, Florence, SC; CareSouth Carolina, Pickens K. Moyd, Jr., MD, Liston K. Weatherly, FNP, Hartsville, SC; McLeod Orthopaedics Florence, Rodney K. Alan, MD, Florence, SC; McLeod Spine Center, W.S. "Willie" Edwards, MD, Rakesh Chokshi, MD, Florence, SC.

Respectfully submitted,



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McDANIEL LAW FIRM
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(803) 771-7211

and

Gerald Malloy
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Attorneys for the Claimant

September 12, 2023

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE MARY L. DAVIS, Employee-Claimant, v. RUIZ FOOD PRODUCTS, INC., as Employer, and SAFETY NATIONAL CASUALTY CASUALTY CORP., as Carrier, Defendants.	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File Nos.: 1923627 & 2223041 **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT**

TO: SC WORKERS' COMPENSATION COMMISSION AND WALTER H. BAREFOOT, ESQUIRE, ATTORNEY FOR THE EMPLOYER/CARRIER:

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

#	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE #
1.	McLeod Orthopaedics Florence Rodney K. Alan, MD	03/28/22-02/27/23	1-9
2.	McLeod Spine Center Rakesh P. Chokshi, MD Bruce Johnson, MD Laura Strickland, PA-C	03/23/22-03/22/23	10-28
3.	McLeod Spine Center W.S. Edwards, Jr., MD	12/08/20	29-30
4.	McLeod Occupational Health Stuart A. Sandler, DO	12/03/19-06/14/21	31-51
5.	Email from Beverly Gilliam at McLeod Health	03/16/23	52

6.	Employer Ruiz Foods Products Records: Email from Shanda Blackwell, Workers' Comp Specialist, Ruiz Foods Products; and Investigation Report, Team Member/Witness Statement of Mary Davis	11/16/22; 11/04/22	53-54
7.	McDaniel Law Firm requests for authorization for medical care and Temporary Total (redacted)	02/17/23-04/11/23	55-66
8.	Decision and Order of Commissioner Aisha Taylor	06/08/21	67-71
9.	Dept. of Employment and Workforce Records and Appeal Tribunal Decision	03/02/23-04/12/23	72-74
10.	Employer Rate of Pay Adjustment	03/27/22	75

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, 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 Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: The Claimant; Records Custodian, if needed, from McDaniel and/or Malloy Law Firm; any witness listed, named or called by the Defendants; and other lay witnesses to be named.

Respectfully submitted,

Preston F. McDaniel
McDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
(803) 771-7211

and

Gerald Malloy
MALLOY LAW FIRM
Post Office Box 1200
Hartsville, SC 29551
(843) 339-3000

Attorneys for the Claimant

September 12, 2023

CERTIFICATE OF SERVICE

Mary L. Davis v. Ruiz Food Products, Inc.
WCC File Nos. 1923627 & 2223041

I HEREBY CERTIFY that on this date:

I mailed a copy of the **Pre-Hearing Brief and Notice of Witnesses and Written Reports(s)/Physician or other Evidence** to:

VIA eCASE UPLOAD
Commissioner Aisha Taylor
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

And I mailed a copy of the **Pre-Hearing Brief, Notice of Witnesses and Written Reports(s)/Physician or other Evidence, and APA Submissions with enclosures** to:

VIA FIRST CLASS MAIL
Walter H. Barefoot, Esquire
McAngus Goudelock & Courie
Post Office Box 12519
Columbia, South Carolina 29211

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
12 day of September, 2023

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/05/28

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE MARY L. DAVIS, Employee-Claimant, v. RUIZ FOOD PRODUCTS, INC., as Employer, and SAFETY NATIONAL CASUALTY CASUALTY CORP., as Carrier, Defendants.	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File Nos.: 1923627 & 2223041 **APA SUBMISSIONS** **DATE OF HEARING: 09/27/2023**

Pursuant to SC Code §1-23-330 and Commission Rule 67-612 Preston F. McDaniel, the Attorney for the Claimant, submits the following report(s) in support of and on behalf of the Claimant in this matter:

#	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE #
1.	McLeod Orthopaedics Florence Rodney K. Alan, MD	03/28/22-02/27/23	1-9
2.	McLeod Spine Center Rakesh P. Chokshi, MD Bruce Johnson, MD Laura Strickland, PA-C	03/23/22-03/22/23	10-28
3.	McLeod Spine Center W.S. Edwards, Jr., MD	12/08/20	29-30
4.	McLeod Occupational Health Stuart A. Sandler, DO	12/03/19-06/14/21	31-51
5.	Email from Beverly Gilliam at McLeod Health	03/16/23	52
6.	Employer Ruiz Foods Products Records: Email from Shanda Blackwell, Workers' Comp Specialist, Ruiz Foods Products; and Investigation Report, Team Member/Witness Statement of Mary Davis	11/16/22; 11/04/22	53-54

7.	McDaniel Law Firm requests for authorization for medical care and Temporary Total (redacted)	02/17/23-04/11/23	55-66
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9.	Dept. of Employment and Workforce Records and Appeal Tribunal Decision	03/02/23-04/12/23	72-74
10.	Employer Rate of Pay Adjustment	03/27/22	75

Davis, Mary Lisa

MRN:

Office Visit 2/27/2023
McLeod Orthopaedics - Florence

Provider: Rodney K Alan, MD (Orthopaedic Surgery)
Primary diagnosis: Chronic pain of left knee
Reason for Visit: Left Hip - Pain • Left Knee - Pain

Progress Notes

Rodney K Alan, MD (Physician) • Orthopedics

Procedure Orders

1. L Inj/Asp: L knee [5461978] ordered by Rodney K Alan, MD

Post-procedure Diagnoses

1. Chronic pain of left knee [M25.562, G89.29]

Chief complaint: Follow-up left hip left knee pain

History of present illness: The patient returns for follow-up evaluation. The patient had a work injury in November 2019. She reports ongoing intermittent pain in the left hip and knee and pain in the left buttock and low back. She uses a cane for ambulation. She reported that the prior injection in the knee gave her about 4 months of pain relief. She reported that the injection in the hip did not help with her symptoms. I previously gave her a rating to the left lower extremity. I outlined future medical treatments. She comes in requesting additional treatments. The patient is a diabetic. Since I last saw her I reviewed her A1c. In October 2022 her A1c was 9.2.

Physical exam:

Visit Vitals

BP	141/90
Pulse	84
Temp	37.2 °C (98.9 °F)
Ht	4' 9" (1.448 m)
Wt	102 kg (224 lb)
BMI	48.47 kg/m²
Smoking Status	Never
BSA	2.03 m²

Patient in no acute distress. She has gained 35 pounds since her last evaluation. She walks with a moderate limp. The left knee has neutral alignment. There is medial joint line tenderness. There is no effusion. There is a negative logroll. There is a negative Stinchfield sign. There is no increase in pain with internal or external rotation of the hip.

XR hip left 2 or 3 views
AP pelvis with frog left hip demonstrates periarticular osteophytes, relatively preserved joint spaces, no acute bone abnormality. Findings not significantly changed when compared to imaging from 12/13/2021.
XR knee 3 views left
Left knee 3 views demonstrates mild medial joint space narrowing, no acute

bone abnormality.

Impression and plan:

The patient has continued left lower extremity pain. The radiographs do not appear severe enough to warrant joint replacement at this time. We will continue nonoperative management. The patient was given a gel injection in the left knee. Unfortunately steroid injections need to be limited due to uncontrolled diabetes mellitus. The patient already has another follow-up with a spine specialist. There are no changes to her prior evaluation, impairment, and rating. Please see note from March 2022.

Patient ID: Mary Lisa Davis is a 56 y.o. female.

L Inj/Asp: L knee on 2/27/2023 9:56 AM
Indications: pain
Details: 18 G needle, anteromedial approach
Medications: 60 mg sodium hyaluronate 60 mg/3 mL
Outcome: tolerated well, no immediate complications
Procedure, treatment alternatives, risks and benefits explained, specific risks discussed. Patient was prepped and draped in the usual sterile fashion.

Instructions

AVS - Outpatient (Automatic SnapShot taken 2/27/2023)

Additional Documentation

Vitals: BP 141/90 Pulse 84 Temp 37.2 °C (98.9 °F) Ht 4' 9" (1.448 m) Wt 102 kg (224 lb) BMI 48.47 kg/m² BSA 2.03 m²

Communications

Letter sent to Mary L. Davis

No questionnaires available.

Encounter Status

Signed by Rodney K Alan, MD on 2/27/23 at 13:13

Orders Placed

XR hip left 2 or 3 views (Resulted 2/27/2023)
XR knee 3 views left (Resulted 2/27/2023)
L Inj/Asp: L knee (Resulted 2/27/2023)

Medication Changes
As of 2/27/2023 1:13 PM

None

Medication List at End of Visit
As of 2/27/2023 1:13 PM

	Refills	Start Date	End Date
acetaminophen (Tylenol) 500 mg tablet 2 tablets every 6 hrs Patient-reported medication		7/11/2022	
albuterol 90 mcg/actuation inhaler 1 puff as needed every 4 hrs Patient-reported medication		7/11/2022	
amLODIPine (Norvasc) 5 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
cephalexin (Keflex) 500 mg capsule 1 capsule Four times a day Patient-reported medication		7/11/2022	
cyclobenzaprine (Flexeril) 10 mg tablet 1 tablet at bedtime as needed TID Patient-reported medication		7/11/2022	
diclofenac (Voltaren) 75 mg EC tablet 1 tablet as needed Twice a day Patient-reported medication		7/11/2022	
EMPAGLIFLOZ-LINAGLIP-METFORMIN ORAL Patient-reported medication		10/21/2022	
FERROUS SULFATE ORAL 1 tablet Once a day Patient-reported medication		10/21/2022	
fluconazole (Diflucan) 150 mg tablet 1 tablet Patient-reported medication		7/11/2022	
FLUTICASONE PROPION-SALMETEROL INHL 2 puffs Twice a day Patient-reported medication		10/21/2022	
GLIPIZIDE ORAL Patient-reported medication		10/21/2022	
hydroCHLOROthiazide (HydroDIURIL) 25 mg tablet 1 tablet in the morning Once a day Patient-reported medication		7/11/2022	
Ibuprofen **Ibuprofen (ADVIL ORAL)** 1 tablet with food or milk as needed Three times a day		10/21/2022	

	Refills	Start Date	End Date
Patient-reported medication			
IBUPROFEN ORAL 1 tablet with food or milk as needed Three times a day Patient-reported medication		10/21/2022	
Tresiba FlexTouch U-100 100 unit/mL (3 mL) Injection INJECT 60 UNITS SUBCUTANEOUSLY ONCE DAILY Patient-reported medication		2/17/2023	
insulin glargine (Lantus) 100 unit/mL (3 mL) pen as directed Patient-reported medication		7/11/2022	
losartan (Cozaar) 50 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
meloxicam (Mobic) 15 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
metFORMIN (Glucophage) 1,000 mg tablet Patient-reported medication		2/26/2023	
naproxen sodium (ALEVE ORAL) 1 tablet with food or milk as needed every 12 hrs Patient-reported medication		10/21/2022	
OMEPRAZOLE ORAL 1 capsule 30 minutes before morning meal Once a day Patient-reported medication		10/21/2022	
ondansetron ODT (Zofran-ODT) 4 mg disintegrating tablet 1 tablet on the tongue and allow to dissolve Once a day Patient-reported medication		7/11/2022	
semaglutide semaglutide (Rybelsus) 7 mg tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Once a day Patient-reported medication		7/11/2022	
semaglutide (Ozempic) 0.25 mg or 0.5 mg(2 mg/1.5 mL) pen injector as directed Patient-reported medication		7/11/2022	
traMADol (Ultram) 50 mg tablet 1 tablet as needed Q 6 hrs PRN PAIN Patient-reported medication		7/11/2022	
valsartan (Diovan) 80 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	

Medications Administered

hyaluronate sodium, stabilized 60 mg

Visit Diagnoses

Primary: Chronic pain of left knee M25.562, G89.29
Left hip pain M25.552.
Work related injury Y99.0

DAVIS, MARY L DOB: (55 yo F) Acc No. DOS: 03/28/2022

McLeod
Physician Associates

DAVIS, MARY L

55 Y old Female, DOB:
Account Number: 1
PO BOX. HARTSVILLE, SC-29[illegible]
Home:
Guarantor: DAVIS, MARY L Insurance: SEDGWICK
WC Payer ID: PAPER
PCP: Liston A Weatherley, APRN
Appointment Facility: McLeod Orthopaedics Florence

03/28/2022 follow up progress note: RODNEY K. ALAN, MD

Current Medications

Unknown
- Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day
- Valsartan 80 MG Tablet 1 tablet Orally Once a day
- Hydrochlorothiazide 25 MG tablet 0.5 tablet Orally Once a day
- amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day
- Albuterol Sulfate
- Losartan Potassium 50 MG Tablet 1 tablet Orally Once a day
- Acetaminophen 500 MG Capsule 2 tablets Orally every 6 hrs
- glipiZIDE
- metFORMIN HCl
- Advil(Ibuprofen) 200 MG Tablet 1 tablet with food or milk as needed Orally Three times a day
- Aleve(Naproxen) 220 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs
- Diclofenac Sodium 75 MG Tablet Delayed Release 1 tablet as needed Orally Twice a day
- Ibuprofen 800 MG Tablet 1 tablet with food or milk as needed Orally Three times a day

Medication List reviewed and reconciled with the patient

Past Medical History

Asthma.
HTN.
Diabetes Mellitus.
Neuropathy.

Surgical History

C-Section X 2

Family History

Reason for Appointment

1. WC/ 4WK F/U LT Knee/ LT Hip- AFTER FCE
2. Patient will need same day work note

History of Present Illness

Constitutional:

Patient returns for follow-up. She was injured at Ruiz foods in on November 16, 2019. She slipped in some water and landed on her buttock and she has reported ongoing pain that radiates down the posterior aspect of the left leg. She had an MRI in May 2020 which showed disc bulges. She had an MRI of the left hip June 2020 which showed a left hip effusion. Patient had an MRI of the left knee which showed an ACL tear. Patient had an IME by Dr. Edwards the recommended orthopedic evaluation of the hip. She saw me and I referred her for an injection in the hip. This was done by interventional radiology. She reports minimal relief from that injection. I gave her a gel injection in the knee and she reports the knee is not giving her as much trouble today. When I last saw her I sent her for a functional capacity evaluation. She has reached maximal medical improvement for the left hip and the left knee. I referred her to a spine specialist because her CT demonstrated some sacroiliac arthritis. I believe the sacroiliac arthritic symptoms are causing the pain in the left buttock area. She recently had functional capacity evaluation. The report suggested a high pain focus, self-limiting behaviors, and possible inconsistent or submaximal effort.

Multiple organ system review of symptoms reviewed and signed in the chart.

Physical exam:

Female in no acute distress. She is able to stand and ambulate with a limp. She uses a cane. There is tenderness to palpation in the low back and left buttock. She has pain with maximal flexion abduction and external rotation of the hip. She has a positive Faber. She has a negative Stinchfield sign. And she has no increased pain with internal or external rotation of the hip. The left knee has normal alignment. There is no effusion. She has full range of motion. She walks with a slight limp.

I reviewed the functional capacity evaluation.

Assessment and plan:

DAVIS, MARY L DOB: (55 yo F) Acc No. DOS: 03/28/2022

Father: deceased, diagnosed with Hypertension
Mother: deceased, diagnosed with Diabetes

Social History
Tobacco Use:
Smoking Are you a: never smoker.

Allergies
Phenergan
Demerol

Hospitalization/Major Diagnostic Procedure
See Surgical

Review of Systems
As per HPI.

The patient has reached maximal medical improvement for the knee injury and the injury to the hip joint. She also has an injury to the sacroiliac joint which is still being evaluated by the spine specialist. Her impairment to the knee left knee is 10% left lower extremity which is based on page 510 of the AMA guides to the evaluation of permanent impairment for a ACL tear. She has a 2% impairment to the left lower extremity as a result of the left hip joint. Impairment is assigned based on page 513 AMA guides to the evaluation of permanent impairment. She has had a functional capacity evaluation. Her restrictions include no lifting floor to waist. No lifting knees to waist. Lifting from the waist 10 pounds occasionally, waist to shoulder 10 pounds occasionally, shoulder to overhead 5 pounds occasionally, carrying 5 pounds occasionally, pushing and pulling 30 pounds occasionally, positional changes frequently, limit standing to an occasional basis, limit walking to an occasional basis, no kneeling, occasional stooping, no squatting or crouching, and limited balance on occasional basis. Future medical interventions include intra-articular steroid injections to the left hip 3 times per year, gel injections to the left knee 2 times per year. She will need management of her sacroiliac joint problems as directed by the spine specialist.

Vital Signs
Wt 189, Ht 4'9", Ht-cm 142.24, BMI 42.37, Temp 98.0, HR 87, BP 121/84 mm Hg.

Assessments
1. Contusion of left hip, subsequent encounter - S70.02XD (Primary)
2. Sprain of anterior cruciate ligament of left knee, subsequent encounter - S83.512D
3. Work related injury - Y99.0

Treatment
1. Others
Clinical Notes:
I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed.

Visit Codes
99214 Officeoutpatient visit est Office.

Procedure Codes
WC14B Workers comp 14B forms

Follow Up
at MMI

Images

DAVIS, MARY L DOB: (55 yo F) Acc No. DOS: 03/28/2022

2021-03-28 PTS INTAKE SHEET / MOF

Electronically signed by RODNEY ALAN , MD on 03/28/2022 at 03:43 PM EDT
Sign off status: Completed

McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2777
Tel: 843-777-7900
Fax: 843-777-7925

Progress Note: RODNEY K. ALAN, MD 03/28/2022

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

DAVIS, MARY L DOB: 05/08/1966 (55 yo F) Acc No. e1336349

McLeod Physician Associates

McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE SC 29506-2777
Ph: 843-777-7900 Fax:843-777-7925

Release To School Work Form

NAME: MARY L DAVIS DATE: 03/28/2022

ADDRESS: _____ HARTSVILLE SC

☑ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Contusion of left hip, subsequent encounter S70.02XD

Release to: Work on March 28, 2022

Restrictions:

☑ No restrictions		
☑ No jumping	☑ No running	☑ No contact sports
☑ No lifting		
☑ No overhead work	☑ Right ☑ Left	
☑ Right-hand work only	☑ Left-hand work only	
☑ No repetitive bending	☑ No repetitive stooping	
☑ No continual standing	☑ No continual walking	☑ No continual stair climbing
☑ No prolonged sitting		
☑ No climbing		
☑ Sedentary Only		
☑ No lower body	☑ No upper body	
☑ No pivoting	☑ No twisting movements	
☑ Other		

Instructions:

Restrictions include no lifting floor to waist. No lifting knees to waist. Lifting from the waist 10 pounds occasionally, waist to shoulder 10 pounds occasionally, shoulder to overhead 5 pounds occasionally, carrying 5 pounds occasionally, pushing and pulling 30 pounds occasionally, positional changes frequently, limit standing to an occasional basis, limit walking to an occasional basis, no kneeling, occasional stooping, no squatting or crouching, and limited balance on occasional basis.

Recheck Visit:

Electronically signed by: RODNEY K. ALAN, MD

Physician's Signature PA's Signature March 28, 2022 Date

To Whom it May Concern

Re:

DOB: 5/8/1966

Ms. Davis was evaluated on March 22, 2023, by this office and an MRI was ordered to evaluate the causes of her neck pain and noted at that office visit that we would, "modify the treatment plan once the MRI is reviewed. In the meantime, the patient will continue with conservative treatment, Medrol Dosepak prescribed".

It is our understanding that a functional capacity evaluation has been scheduled and it is our opinion stated to a reasonable degree of medical certainty that a functional capacity evaluation is premature until after it is determined that she has reached maximum medical improvement from her neck pain stemming from the work-related incident wherein according t our note she was, "assaulted on the job and shook by a co-worker".

We are awaiting approval for the MRI and for follow up care.

Laura Strickland, PA-C (orthopaedic surgery)

And/or

Dr. Rakesh Chokshi, MD

5/15/2023

Date

Davis, Mary Lisa (MRN [redacted])

Encounter Date: 03/22/2023

McLeod Spine Center Florence
800 EAST CHEVES ST STE 480-B
FLORENCE SC 29506-2777
Phone: 843-432-1880
Fax: 843-492-1022

Patient:
Legal Name: Mary Lisa Davis
[redacted]

HARTSVILLE SC
Phone:

MRN:
DOB:
SSN: xxx-xx-2674

Sex: F

INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBER ID
Primary:				

Allergies

Allergen	Reactions
• Meperidine	Unknown
• Promethazine	Unknown

Order Date: Mar 22, 2023

MRI Cervical Spine Without Contrast (Order ID: 5481882)
Diagnosis: Neck pain (M54.2)
Reason for Exam:
neck pain
Priority: Routine Expiration Date: 3/22/2024 Interval: Count:
Record Decision Support Information? No
Decision Support Exception: Internet Access Issues (MB) [2]
Is the patient pregnant? No
What is the patient's sedation requirement? No sedation
Reason for exam: neck pain

Ordered by: Sheila Weaver
Authorized by: Rakesh P Chokshi, MD (NPI: 1053311134)

Davis, Mary Lisa

MRN:

Office Visit 3/22/2023
McLeod Spine Center Florence

Provider: Laura Strickland, PA-C (Orthopaedic Surgery)
Primary diagnosis: Neck pain
Reason for Visit: Neck - Pain

Progress Notes

Laura Strickland, PA-C (Physician Assistant) - Orthopedics

Chief Complaint: Pain of the Neck (Established patient)

HPI:
Mary Lisa Davis is a 56 y.o. female presents today for Pain of the Neck (Established patient) Patient presents today with chief complaint of neck pain. Patient states this started after she was assaulted on the job and shook by a coworker. Most of the pain is in the back of her neck. She denies any radicular symptoms into her upper extremities; no numbness, tingling or weakness. Patient states this has been going on for some time. She rates her pain as a 10 out of 10. She denies bladder or bowel incontinence. She denies previous spine surgery. Treatment so far consist of no medication, therapy or injections.

Physical Exam:
Cervical Spine:
Appearance: female in NAD. Alert and Oriented X3.
Observation: Normal Gait, using a cane
Palpation:
Spinal Process: *Non tender*
Muscle: Tender
Skin: *Normal without lesions*
Range of motion:
Cervical Spine Left *Normal*
Cervical Spine Right *Normal*
Shoulder Left *Normal*
Shoulder Right *Normal*
Elbow Left *Normal*
Elbow Right *Normal*
Muscle Strength:
Deltiod Right *5/5*
Deltoid Left *5/5*
Bicep Right *5/5*
Bicept Left *5/5*
Tricep Right *5/5*
Tricep Left *5/5*
Brachioradialis Right *5/5*
Brachioradialis Left *5/5*
Wrist ext/flex Right *5/5*

Wrist ext/flex Left 5/5
Finger ext/flex Right 5/5
Finger ext/flex Left 5/5
Intrinsics Right 5/5
Intrinsics Left 5/5
Neurological Sensory Test:
C4 Right *Normal*
C5 Right *Normal*
C6 Right *Normal*
C7 Right *Normal*
C8 Right *Normal*
C4 Left *Normal*
C5 Left *Normal*
C6 Left *Normal*
C7 Left *Normal*
C8 Left *Normal*
PSYCH appropriate mood and affect

Imaging Results:
XR cervical spine complete 4 to 5 views
Cervical AP, lateral, flexion-extension radiographs done and reviewed by me personally show decrease in intervertebral disc space height at level C5-6, C6-7 and C7-T1. Anterior listhesis at C4-5. No fractures.

Assessment/Plan

Natural history of the cervical spine condition was discussed with the patient.
We are going to proceed with obtaining an MRI of the cervical spine to evaluate for bone, disk architecture, infection, tumor, etc. Neural tissue compression also be identified using MRI. This is a standard test in defining and evaluating causes of neck pain and upper extremity pain, tingling, numbness etc. This was explained to the patient great detail. We will modify the treatment plan once the MRI is reviewed. In the meantime the patient will continue with conservative treatment.
Medrol Dosepak prescribed. Patient to follow-up after imaging study
Encounter Diagnoses:
Problem List Items Addressed This Visit
None
Visit Diagnoses

Davis, Mary Lisa (MRN , DOB: Encounter Date: 03/22/2023

Neck pain - Primary
Relevant Medications
methylPREDNISolone (Medrol Dospak) 4 mg tablets
Other Relevant Orders
XR cervical spine complete 4 to 5 views (Completed)
MRI Cervical Spine Without Contrast

DDD (degenerative disc disease), cervical

Orders Placed This Encounter
- XR cervical spine complete 4 to 5 views
- MRI Cervical Spine Without Contrast
- methylPREDNISolone (Medrol Dospak) 4 mg tablets

Instructions

Patient declined After Visit Summary

Additional Documentation

Vitals: Temp 36.9 °C (98.5 °F) (Oral) Ht 4' 8" (1.422 m) Wt 99.3 kg (219 lb) BMI 49.10 kg/m² BSA 1.98 m²

Flowsheets: Interfaced Flowsheet Data, Assessment, Pain Assessment

Communications

No questionnaires available.

Encounter Status

Signed by Laura Strickland, PA-C on 3/22/23 at 15:18

Orders Placed

XR cervical spine complete 4 to 5 views (Resulted 3/22/2023)
MRI Cervical Spine Without Contrast

Medication Changes

As of 3/22/2023 10:48 AM

	Refills	Start Date	End Date
Added: methylPREDNISolone (Medrol Dospak) 4 mg tablets	0	3/22/2023	3/22/2023

Take 1 tablet (4 mg) by mouth 1 (one) time for 1 dose. Use as directed by package instructions - oral

Medication List at End of Visit

As of 3/22/2023 10:48 AM

	Refills	Start Date	End Date
acetaminophen (Tylenol) 500 mg tablet 2 tablets every 6 hrs Patient-reported medication		7/11/2022	
albuterol 90 mcg/actuation inhaler 1 puff as needed every 4 hrs Patient-reported medication		7/11/2022	
amLODIPine (Norvasc) 5 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
cephalexin (Keflex) 500 mg capsule 1 capsule Four times a day Patient-reported medication		7/11/2022	
cyclobenzaprine (Flexeril) 10 mg tablet 1 tablet at bedtime as needed TID Patient-reported medication		7/11/2022	
diclofenac (Voltaren) 75 mg EC tablet 1 tablet as needed Twice a day Patient-reported medication		7/11/2022	
EMPAGLIFLOZ-LINAGLIP-METFORMIN ORAL Patient-reported medication		10/21/2022	
FERROUS SULFATE ORAL 1 tablet Once a day Patient-reported medication		10/21/2022	
fluconazole (Diflucan) 150 mg tablet 1 tablet Patient-reported medication		7/11/2022	
FLUTICASONE PROPION-SALMETEROL INHL 2 puffs Twice a day Patient-reported medication		10/21/2022	
GLIPIZIDE ORAL Patient-reported medication		10/21/2022	
hydroCHLOROthiazide (HydroDIURIL) 25 mg tablet 1 tablet in the morning Once a day Patient-reported medication		7/11/2022	
ibuprofen Ibuprofen (ADVIL ORAL) 1 tablet with food or milk as needed Three times a day		10/21/2022	

Davis, Mary Lisa (MRN DOB: Encounter Date: 03/22/2023

Patient-reported medication	Refills	Start Date	End Date
IBUPROFEN ORAL 1 tablet with food or milk as needed Three times a day Patient-reported medication		10/21/2022	
Tresiba FlexTouch U-100 100 unit/mL (3 mL) injection INJECT 60 UNITS SUBCUTANEOUSLY ONCE DAILY Patient-reported medication		2/17/2023	
insulin glargine (Lantus) 100 unit/mL (3 mL) pen as directed Patient-reported medication		7/11/2022	
losartan (Cozaar) 50 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
meloxicam (Mobic) 15 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
metFORMIN (Glucophage) 1,000 mg tablet Patient-reported medication		2/26/2023	
methylPREDNISolone (Medrol Dospak) 4 mg tablets Take 1 tablet (4 mg) by mouth 1 (one) time for 1 dose. Use as directed by package instructions - oral	0	3/22/2023	3/22/2023
naproxen sodium (ALEVE ORAL) 1 tablet with food or milk as needed every 12 hrs Patient-reported medication		10/21/2022	
OMEPRAZOLE ORAL 1 capsule 30 minutes before morning meal Once a day Patient-reported medication		10/21/2022	
ondansetron ODT (Zofran-ODT) 4 mg disintegrating tablet 1 tablet on the tongue and allow to dissolve Once a day Patient-reported medication		7/11/2022	
semaglutide semaglutide (Rybelsus) 7 mg tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Once a day Patient-reported medication		7/11/2022	
semaglutide (Ozempic) 0.25 mg or 0.5 mg(2 mg/1.5 mL) pen injector as directed Patient-reported medication		7/11/2022	
traMADol (Ultram) 50 mg tablet 1 tablet as needed Q 6 hrs PRN PAIN Patient-reported medication		7/11/2022	
valsartan (Diovan) 80 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	

Davis, Mary Lisa (MRN) DOB:

Encounter Date: 03/22/2023

Visit Diagnoses

Primary: Neck pain M54.2

DDD (degenerative disc disease), cervical M50.30

DAVIS, MARY L DOB: (56 yo F) Acc No.

REFERRAL

Rakesh P. Chokshi, MD
Orthopaedic Surgery
McLeod Spine Center
800 East Cheves St STE 480-B, FLORENCE, SC-29506-2777
Tel: 843-432-1880 Fax: 843-432-1022

MARY L DAVIS

Date: 02/02/2023

Patient Information:

Patient Name:	MARY L DAVIS
Patient DOB:	
Patient Insurance:	SEDGWICK WC
Patient Subscriber No:	RFPW-0743
Patient Address:	, HARTSVILLE, SC, US
Patient Phone:	
Patient Work Phone:	
Patient Cell Phone:	843-206-8835
Patient SSN:	XXX-XX-2674

Insurance Information

Insurance Name:	SEDGWICK WC
Subscriber Name:	DAVIS, MARY L
Subscriber DOB:	
Subscriber No:	RFPW-0743
Subscriber Group No:	LT HIP/LT KNEE
Subscriber Address:	HARTSVILLE, SC, US
Subscriber Phone:	

Referral From Information:

Provider Name:	CHOKSHI, RAKESH
Provider ID Number:	
Provider UPIN:	
Provider NPI:	1053311134
Provider Facility:	McLeod Spine Center
Provider Speciality:	Orthopaedic Surgery
Address1:	800 East Cheves St
Address2:	STE 480-B
City, State, Zip:	FLORENCE, SC, 29506-2777
Phone:	843-432-1880
Fax:	843-432-1022

Referral To Information:

Provider Name:	
Provider ID Number:	
Provider UPIN:	
Provider NPI:	
Provider Facility:	
Provider Speciality:	
Address1:	
Address2:	
City, State, Zip:	, ,
Phone:	
Appt. Date/Time:	
Fax:	

Facility Tax ID Number:

DAVIS, MARY L DOB: (56 yo F) Acc No.

DAVIS, MARY L DOB: (56 yo F) Acc No, DOS: 11/14/2022

Patient: DAVIS, MARY L
Account Number:
DOB: **Age:** 56 Y **Sex:** Female
Phone:
Address: , HARTSVILLE, SC
Pcp: Liston A Weatherley, APRN

F/U w/Results

Provider: Rakesh P. Chokshi, MD
Date: 11/14/2022

Subjective:

Chief Complaints:
1. POST ESI.

HPI:

Constitutional:
Mary Davis is s/p Lumbar ESI follow-up. Chief complaints are chronic low back pain with bilateral leg pain. Reports no relief with recent injection. Conservative treatment has been exhausted with no permanent relief of symptoms. Denies any bladder or bowel incontinence. Accompanied with her daughter. Patient is currently doing Sedentary duty.

ROS:

General/Constitutional:
Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:
Swollen lymph nodes none.

Respiratory:
Shortness of breath no. Wheezing no.

Cardiovascular:
Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:
General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:
Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:
General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:
General no sores. Rash no. Itching no.

Neurologic:
Dizziness no. Headache no. Seizures no.

Psychiatric:
Anxiety denies. Depression denies.

Medical History: Asthma, HTN, Diabetes Mellitus, Neuropathy.

Surgical History: C- Section X 2 .

Hospitalization/Major Diagnostic Procedure: See Surgical , none recent 03/30/2022, none recent 07/11/2022, None Recent 10/21/2022, see ex hx 11/14/2022.

Family History: Father: deceased, diagnosed with Hypertension. Mother: deceased, diagnosed with Diabetes.

Social History:

Tobacco Use: Smoking Are you a: never smoker.
Miscellaneous: Marital status: Separated. Occupation: packer. Travel outside US: no.
Drug/Alcohol: Drugs: Denies. Alcohol Did you have a drink containing alcohol in the past year? No, Points 0, Interpretation Negative.

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 11/14/2022

Medications: Taking Pt did not bring meds today, but stated no change. , Notes: 11/14/2022, Taking Albuterol Sulfate 108 (90 Base) MCG/ACT Aerosol Powder Breath Activated 1 puff as needed Inhalation every 4 hrs, Taking amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day, Taking hydroCHLOROthiazide 25 MG Tablet 1 tablet in the morning Orally Once a day, Taking Valsartan 80 MG Tablet 1 tablet Orally Once a day, Taking Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day, Taking Valsartan 80 MG Tablet 1 tablet Orally Once a day, Taking Hydrochlorothiazide 25 MG tablet 0.5 tablet Orally Once a day, Taking amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day, Taking metFORMIN HCl , Notes: 1000mg, Taking Lantus SoloStar(Insulin Glargine) 100 UNIT/ML Solution Pen-Injector as directed Subcutaneous , Not-Taking/PRN Mobic(Meloxicam) 15 MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Cyclobenzaprine HCl 10 MG Tablet 1 tablet at bedtime as needed Orally TID, Not-Taking/PRN traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN, Not-Taking/PRN Pt did not bring meds today, but stated no change. , Notes: verbal 07/11/2022, Not-Taking/PRN Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day, Not-Taking/PRN traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN, Not-Taking/PRN Cephalexin 500 MG Capsule 1 capsule Orally Four times a day, Not-Taking/PRN Ozempic (0.25 or 0.5 MG/DOSE) (Semaglutide(0.25 or 0.5MG/DOS)) 2 MG/1.5ML Solution Pen-Injector as directed Subcutaneous , Not-Taking/PRN Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day, Not-Taking/PRN Fluticasone-Salmeterol 115-21 MCG/ACT Aerosol 2 puffs Inhalation Twice a day, Not-Taking/PRN Fluconazole 150 MG Tablet 1 tablet Orally , Not-Taking/PRN Rybelsus (Semaglutide) 7 MG Tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Orally Once a day, Not-Taking/PRN Ferrous Sulfate 325 (65 Fe) MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Albuterol Sulfate , Not-Taking/PRN Losartan Potassium 50 MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Diclofenac Sodium 75 MG Tablet Delayed Release 1 tablet as needed Orally Twice a day, Not-Taking/PRN Ibuprofen 800 MG Tablet 1 tablet with food or milk as needed Orally Three times a day, Not-Taking/PRN Acetaminophen 500 MG Capsule 2 tablets Orally every 6 hrs, Not-Taking/PRN glipiZIDE , Not-Taking/PRN Advil(Ibuprofen) 200 MG Tablet 1 tablet with food or milk as needed Orally Three times a day, Not-Taking/PRN Aleve(Naproxen) 220 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: Phenergan, Demerol.

Objective:

Vitals: Wt 222.2, Wt-kg 100.79, Ht 4'8", Ht-cm 142.24, BMI 49.81, Pain scale 10, BSA 1.98 M pt denies covid symptoms.

Examination:

Lumbar Spine:

On Examination, patient is a healthy appearing female in no acute distress. Abnormal gait, using cane at today's visit. No tenderness of the spinal process or paraspinal area. Range of motion is limited. Full and painless hip bilaterally. Neurologically intact bilaterally in the LE. Reflexes are 2+ and symmetric. Motor strength is 5/5 in all major muscle groups.

Assessment:

Assessment:

1. Lumbar back pain - M54.50 (Primary)
2. Lumbar degenerative disc disease - M51.36
3. Facet arthritis of lumbar region - M47.816

Plan:

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 11/14/2022

Garris,Chelsey 11/14/2022 08:36:58 AM EST > done. Howard,Autumn CNA 11/14/2022 09:00:58 AM EST > AP and Lateral with Flexion and Extension Lumbar x-rays done 11/14/22 were personally reviewed by me with the patient demonstrates, evidence of facet arthropathy at L4-5 and L5-S1. No overt intability or abnormalities. Normal hips and SI joints. No lytic lesion.

2. Others

Notes: I, Autumn Howard, scribing for Dr. Chokshi attest that the documentation entered is accurate and reflects the physician's communication to the patient.

Previous Lumbar MRI which shows degenerative facet arthropathy at the L4-5 and L5-S1 location. No significant compressive pathology.

Clinical Notes: Nonsteroidal anti-inflammatory medication is prescribed. This is to be taken on a daily basis, with food, for the next 6 weeks, because of cumulative effects. Appropriate pain medications as prescribed.

Long-term Pain management was discussed with the patient

We have encouraged activities and weight loss as tolerated and as directed by the primary care physician.

The patient has reached MMI. Based on AMA's Guidelines 5th edition the permanent physical impairment rating is 5% medical impairment of the whole person. Use of good body mechanics and careful lifting techniques were encouraged. No follow-up is required, however patient can follow-up with me as needed.

Referral To:

Reason:FCE ONCE APPROVED BY WC

Procedure Codes: 72114 Xray exam of lower spine Office

Follow Up: prn

Billing Information:

Visit Code:
99214 Officeoutpatient visit est Office.
Procedure Codes:
72114 Xray exam of lower spine Office.

Electronically signed by RAKESH CHOKSHI , MD on 11/19/2022 at 05:06 PM EST
Sign off status Completed

Provider: Rakesh P. Chokshi, MD **Date: 11/14/2022**

DAVIS, MARY L DOB: (56 yo F) Acc No.

McLeod Physician Associates

McLeod Spine Center
800 East Cheves St STE 480-B
FLORENCE SC 29506-2777
Ph: 843-432-1680 Fax:843-432-1022

Release To School Work Form

NAME: MARY L DAVIS DATE: 11/14/2022

ADDRESS:

☑ Patient was seen in our office today for a scheduled appointment.

Diagnosis: Lumber degenerative disc disease M51.36

Release to: work (light duty) on 11/15/22

Restrictions:

- ☐ No restrictions
- ☐ No jumping
- ☐ No running
- ☐ No contact sports
- ☐ No lifting
- ☐ No overhead work
- ☐ Right ☐ Left
- ☐ Right-hand work only
- ☐ Left-hand work only
- ☐ No repetitive bending
- ☐ No repetitive stooping
- ☐ No continual standing
- ☐ No continual walking
- ☐ No continual stair climbing
- ☐ No prolonged sitting
- ☐ No climbing
- ☑ Sedentary Only
- ☐ No lower body
- ☐ No upper body
- ☐ No pivoting
- ☐ No twisting movements
- ☐ Other

Instructions:

Recheck Visit: PRN

Electronically signed by: Rakesh P. Chokshi, MD

Physician's Signature

PA's Signature

11/14/22
Date

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 10/21/2022

McLeod
Physician Associates

DAVIS, MARY L
56 Y old Female, DOB:
Account Number:
PO BOX HARTSVILLE, SC-29[illegible]
Home: 843-206-8835
Guarantor: DAVIS, MARY L. Insurance: SEDGWICK
WC Payer ID: PAPER
PCP: Liston A Weatherley, APRN
Appointment Facility: McLeod Spine Center

10/21/2022

Progress Notes: Bruce Johnson, M.D.

Current Medications
Taking
- Pt did not bring meds today, but stated no change. , Notes: verbal 07/11/2022
- Albuterol Sulfate 108 (90 Base) MCG/ACT Aerosol Powder Breath Activated 1 puff as needed Inhalation every 4 hrs
- amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day
- hydroCHLOROthiazide 25 MG Tablet 1 tablet in the morning Orally Once a day
- Valsartan 80 MG Tablet 1 tablet Orally Once a day
- Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day
- Valsartan 80 MG Tablet 1 tablet Orally Once a day
- Hydrochlorothiazide 25 MG tablet 0.5 tablet Orally Once a day
- amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day
- metFORMIN HCl , Notes: 1000mg
- Lantus SoloStar(Insulin Glargine) 100 UNIT/ML Solution Pen-injector 25 directed Subcutaneous
- Mobic(Meloxicam) 15 MG Tablet 1 tablet Orally Once a day
- Cyclobenzaprine HCl 10 MG Tablet 1 tablet at bedtime as needed Orally TID
- traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN Not-Taking/PRN
- Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day
- traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN

Reason for Appointment
1. LBP

History of Present Illness
Constitutional:
56-year-old female comes to McLeod spine pain management center with ongoing low back pain hip and buttocks pain. She says it is her whole back. She had a work-related injury from November 2019. She slipped and fell on water. She says she has been having whole back pain. She says they have been concentrating more on the low back. She was sent over to me for her lumbar spine. The pain is chronic radiating throbbing pain across the back and's in the low back. Is a burning throbbing pain. Is numbness and very bad spasms. She gets to where she can barely walk. She says she is having too much pain to do anything. The pain is worse with bending lifting standing and walking. Denies any bowel or bladder issues. She has been taking Mobic tramadol and Flexeril. She has done physical therapy with a back manual. Pain score is 10/10. Denies any previous spine surgery. She is on no blood thinners. She has diabetes and hypertension. She is here today for further recommendations. She has the MRI of the lumbar spine which shows degenerative facet arthropathy at the L4-5 and L5-S1 location. And she has seen Dr. Chokshi who has requested bilateral L5-S1 facet joint injection.

Vital Signs
Wt 222.0, Wt-kg 100.7, Ht 4'8", Ht-cm 142.24, BMI 49.77, Temp 97.5, HR 85, BP 126/86 mm Hg, Pain scale 10, BSA 1.99 M discharge 131/86
HR:81.

Examination
General Examination:
GENERAL APPEARANCE: alert and oriented, antalgic gait, cooperative , female. Difficult time getting from seated to standing position. Slight hunched over posture. Shuffle gait..
EYES: conjunctiva clear, sclera clear, no discharge.
CARDIOVASCULAR: no murmurs, click, gallops or rubs, palpable and symmetric radial pulses, regular rate and rhythm,

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 10/21/2022

- Cephalexin 500 MG Capsule 1 capsule Orally Four times a day
- Ozempic (0.25 or 0.5 MG/DOSE) (Semaglutide(0.25 or 0.5MG/DOS)) 2 MG/1.5ML Solution Pen-injector as directed Subcutaneous
- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Fluticasone-Salmeterol 115-21 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
- Fluconazole 150 MG Tablet 1 tablet Orally
- Rybelsus(Semaglutide) 7 MG Tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Orally Once a day
- Ferrous Sulfate 325 (65 Fe) MG Tablet 1 tablet Orally Once a day
- Albuterol Sulfate
- Losartan Potassium 50 MG Tablet 1 tablet Orally Once a day
- Diclofenac Sodium 75 MG Tablet Delayed Release 1 tablet as needed Orally Twice a day
- Ibuprofen 800 MG Tablet 1 tablet with food or milk as needed Orally Three times a day
- Acetaminophen 500 MG Capsule 2 tablets Orally every 6 hrs
- glipIZIDE
- Advil(Ibuprofen) 200 MG Tablet 1 tablet with food or milk as needed Orally Three times a day
- Aleve(Naproxen) 220 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs

Medication List reviewed and reconciled with the patient

Past Medical History

Asthma.
HTN.
Diabetes Mellitus.
Neuropathy.

Surgical History

C-Section X 2

Family History

Father: deceased, diagnosed with Hypertension
Mother: deceased, diagnosed with Diabetes

Social History

Tobacco Use:
Smoking Are you a: never smoker.

Allergies

Phenergan
Demerol

normal S1S2.

RESPIRATORY: clear to auscultation bilaterally, no wheezes or crackles.

GASTROINTESTINAL: bowel sounds: normal, no guarding, non-distended.

NEUROLOGIC EXAM DTRs 1-2+ in all 4 extremities, no tremor, no focal signs.

SKIN: warm, normal color, no rash or skin lesions.

BACK: lumbar paraspinal tenderness, no ecchymosis, no rash, pain with lateral rotation, straight leg raise negative. Tenderness palpation over the L5-S1 facet joint bilateral. Limited range of motion with extension lateral rotation towards both sides due to low back pain..

MUSCULOSKELETAL: no swelling or deformity , good muscle tone, Motor strength and tone: Deconditioning lower extremities..

LYMPH NODES: No palpable adenopathy, non tender to palpation.

Assessments

1. Lumbosacral spondylosis without myelopathy - M47.817 (Primary)
2. Spondylosis of lumbar region without myelopathy or radiculopathy - M47.816
3. Lumbar degenerative disc disease - M51.36
4. Chronic hypertension - I10
5. Type 2 diabetes mellitus without complication, without long-term current use of insulin - E11.9

I have reviewed and verified all information obtained by my ancillary staff.

Treatment

1. **Lumbosacral spondylosis without myelopathy**

PROCEDURE: Inj. Decadron 1 mg (J1100)
PROCEDURE: INJ BUPIVICAINE HYDROCHLORID(S0020)
PROCEDURE: Lumbar Facet Joint Injection (64493)

JOHNSON,BRUCE G 10/21/2022 12:30:09 PM EDT > Bilateral Romesburg,RN,Allison 10/24/2022 08:32:38 AM EDT > Patient tolerated procedure well. P109 O2SAT98%

Notes: Patient presents to the clinic today with ongoing low back pain and hip and buttocks pain. This been going on since a work-related injury in November 2019. Patient has been evaluated by Dr. Chokshi. She has an MRI from McLeod Regional Medical Center dated 7/5/2022. I reviewed those images with the patient personally today. She has facet arthropathy at the L4-5 and L5-S1 location. He is requested bilateral L5-S1 facet joint injections for diagnostic as well as therapeutic benefit. I have reviewed the risk benefits alternatives of the procedure with her today. She will continue her Mobic tramadol and Flexeril through her primary care physician. She will continue her home exercise regimen with a back manual. She has chronic hypertension diabetes. She understands to watch both of these over the next 7 to 10 days due to the steroid. Please see

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 10/21/2022

Hospitalization/Major Diagnostic Procedure
See Surgical
none recent 03/30/2022
none recent 07/11/2022
None Recent 10/21/2022

Review of Systems
General/Constitutional:
General no chills, no fever, no vomiting, no weight loss or gain.
HEENT/Neck:
Head no headache, no vertigo. Ears no ringing in the ears. Neck no enlarged lymph nodes.
Endocrine:
Patient denies bowel changes, excessive sweeting, fatigue.
Mood Swings no.
Respiratory:
Patient denies shortness of breath.
Cardiovascular:
Patient denies chest pain, claudication, cold extremities.
Gastrointestinal:
General no abdominal pain, no constipation, no diarrhea, no nausea/vomiting, no stool incontinence.
Hematology:
General no easy bruising or bleeding.
Genitourinary:
Urinary no burning or pain on urination, no frequency, no incontinence.
Musculoskeletal:
General decreased range of motion, backache, no muscle atrophy.
Peripheral Vascular:
General no clubbing, cyanosis, edema, no claudication.
Skin:
General no acne, no changes in hair and nails, no rashes.
Psychiatric:
Patient denies anxiety, depression, high stress level.

procedure note for further details. I will see the patient back in the future. She will follow-up with Dr. Chokshi in 2 weeks.

Procedures
Procedure: Bilateral L5-S1 facet joint injection
Indication for procedure: Lumbosacral spondylosis without myelopathy
Summary procedure: After risk benefits alternatives discussed with patient and consent form obtained, patient was taken back to the fluoroscopy suite where he was placed prone on the table. Procedural timeout. Patient identification x2. Fluoroscopy was used to identify the L5-S1 facet joint line from an oblique position on both sides. 1% lidocaine local anesthetic to the skin. 22-gauge needle advanced under intermittent fluoroscopic guidance rest in the facet joint line on both of these locations. Negative aspiration for blood or CSF, 0.25 cc of Omnipaque 180 showed good spread along the facet joint line without intravascular uptake. I half cc of 0.25% bupivacaine and 5 mg of Decadron were placed in the intra-and periarticular fashion on both sides. Needles were removed. Hemostasis was appreciated. Band-Aids were placed. Patient was aided standing position had no immediate complications. Total of 10 mg of Decadron were used. Fluoroscopy 10 seconds, 10 images, 2 saved.

Visit Codes
99214 Officeoutpatient visit est Office.

Procedure Codes
64493 Inj paravert fjnt ls 1 lev Office Bilateral
S0020 INJ BUPIVICAINE HYDROCHLORID 30 ML
J1100 Dexamethasone sodium phos per 1mg Office

Follow Up
2 Weeks (Reason: Chokshi follow-up after lumbar facet joint injection under fluoroscopy)

Electronically signed by BRUCE JOHNSON , MD on 10/24/2022 at 03:44 PM EDT

Sign off status: Completed

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 10/21/2022

McLeod Spine Center
800 East Cheves St
STE 480-B
FLORENCE, SC 29506-2777
Tel: 843-432-1880
Fax: 843-432-1022

Progress Note: Bruce Johnson, M.D. 10/21/2022

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

DAVIS, MARY L DOB: (55 yo F) Acc No.

McLeod Physician Associates

McLeod Spine Center
800 East Cheves St STE 480-B
FLORENCE SC 29506-2777
Ph: 843-432-1860 Fax:843-432-1022

Release To School Work Form

NAME: MARY L DAVIS DATE: 03/23/2022

ADDRESS: PO BOX HARTSVILLE SC

☑ Patient was seen in our office today for a scheduled appointment.

Diagnosis:

Release to: WORK (LIGHT DUTY) on 3-23-22

Restrictions:

- ☐ No restrictions
- ☐ No jumping
- ☐ No running
- ☐ No contact sports
- ☐ No lifting
- ☐ No overhead work
- ☐ Right ☐ Left
- ☐ Right-hand work only
- ☐ Left-hand work only
- ☐ No repetitive bending
- ☐ No repetitive stooping
- ☐ No continual standing
- ☐ No continual walking
- ☐ No continual stair climbing
- ☐ No prolonged sitting
- ☐ No climbing
- ☑ Sedentary Only
- ☐ No lower body
- ☐ No upper body
- ☐ No pivoting
- ☐ No twisting movements
- ☐ Other

Instructions:

Recheck Visit:

Electronically signed by: Rakesh P. Cholshi, MD

Physician's Signature PA's Signature Date

W. S. (Bill) Edwards, Jr. M.D.
Independent Medical Evaluation

Patient: Mary L. Davis

Date of Service: 12/08/20
Gender: Female
Age: 54

Chief Complaint: Back and left hip and knee injury for Independent Medical Examination.

History of Present Illness: This 54-year-old black female employed at Rubz Food Products sustained a work-related injury on November 16, 2019 when she fell on a wet floor and landed on her left side injuring the left low back and also her hip and knee. She describes no previous injuries to these areas and was working at her place of employment two years prior to the injury. She was seen in Occupational Medicine Clinic at McLeod and conservative efforts were rendered appropriately. Because of persistent symptoms she was placed on light duty which requires her walking 8 hours per day. Her main job is that of assembly line work with a lot of reaching and twisting. She describes pain in the center and left side of her low back that radiates into the left hip mainly into the buttock region but also, she has had associated pain in the left knee and feels that both of these areas inhibit her ambulation. Due to her limited tolerance for activities her daughter moved in with her to help some. The patient is currently on light duty. Patient denies any neurogenic sounding bowel or bladder dysfunction. Denies constitutional symptoms.

Focused Exam: 4'8", 194-pound pleasant black female in no acute distress. She ambulated into the examination with a cane on the right side and antalgic component to her gait on the left. She rises slowly from sitting to standing and describes back pain with this maneuver. Normal lumbar lordosis. No list. No spasm. No point tenderness. Flexion is limited to 30 degrees and she is reluctant to reverse lordosis with forward flexion. She returns upright with mechanical discomfort. Limited extension to 10 degrees and lateral bending 10 degrees all with complaints of pain. Hip and knee motion are full and painless bilaterally. Motor strength is 5/5 in the lower extremities. Reflexes 2+ symmetric. No dermatomal dysesthesias. No sciatic stretch signs.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.
Neck/thyroid: No thyromegaly, no mass.
Neurologic: Alert and oriented times 3.
Lymph nodes: No adenopathy.
Cardiovascular: Peripheral pulses good. No edema
Psych: Appropriate mood and effect

MRI: MRI scan from In Med 5/27/20 was personally reviewed and this study is essentially normal for age. No compressive pathology is noted. MRI of the left knee 6/26/20 demonstrated by report partial anterior cruciate ligament care with joint effusion. Left hip scan same date, same facility possible labral tear with effusion left hip.

CLINICAL IMPRESSION:

1. Lumbar strain/sprain
2. Left hip contusion
3. Left knee contusion

DISCUSSION: Patient has no significant spinal pathology. Her symptoms emanate from musculoligamentous strain/sprain and aggressive rehab efforts would have been helpful early on and hopefully can now still be helpful. It appears that this excessive length of time since the injury has led to significant deconditioning and return to pre-injury status will take extensive therapy/work hardening efforts. She has additional symptoms referable to her left hip and knee while physical examination of these areas was not a part of this independent medical examination it does appear that these areas clinically appear to have little issue though findings on MRI scan of these areas obtained by the Occupational Medicine Department may require specialty orthopaedic examination.

W. S. Edwards, M.D.
Spine Surgeon

From: McLeod Occupational Health ....

Re: Mary L. Davis

DOB:

To Whom it may concern,

Based on my review of the records of McLeod Occupational Health and based on my evaluation and treatment of Ms. Mary L. Davis, the problems with her leg, hip and back have been reported since the initial injury and by way of history, in my opinion stated to a reasonable degree of medical certainty, all the problems for which we have treated her in reference to her knee, hip, low back and neck are causally related to and are either directly or were pre-existing asymptomatic problems that were aggravated by the original work-related injury which occurred on November 16, 2019. reviewed in the chart. Pt first seen by me on 4/16/2020 X based on information

Stuart Sandler DO

6/14/2021
Date

Stuart A. Sandler, DO

McLeod Commerce Park Occ Health
2257 General William W Dr
Florence, SC 29506
Phone: 843-777-1263
Fax: 843-777-5704

Patient Visit Summary and Instructions

PATIENT LAST NAME	PATIENT FIRST NAME	DATE OF BIRTH	AGE	GENDER
Davis	Mary		64	Female

DATE OF TREATMENT	DATE OF INJURY OR ILLNESS	PRACTITIONER'S NAME
09/04/2020	11/18/2019	Stuart Bendler, DO

TIME ARRIVE 8:13 AM TIME IN 8:15 AM TIME OUT 9:01 AM

PATIENT'S DESCRIPTION OF PROBLEM

Pt states, "I was getting up from the table in the break room and slip and fell on water. There was no wet floor sign present. I was by the water machine and trash can."

DIAGNOSIS

1. Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter (W01.0XXD).
2. Low back pain (M54.5).
3. Contusion of left hip, subsequent encounter (S70.02XD).
4. Coccydynia (M53.3).
5. Pain in thoracic spine (M54.6).

MEDICATIONS PRESCRIBED OR DISPENSED

Mobic 15 mg 30 Quantity: one tab daily Refills: 1 Generic: Yes

WORK OR ACTIVITY RESTRICTIONS Work STATUS: Restricted Duty AS OF 09/04/2020

General: Limit pulling, pushing, lifting to 30lbs. Standing and walking as tolerated - allow pt to take seated breaks for 15 minutes every 60 minute work period if needed. Alternatively, pt may perform sit down work or sit on stool or chair in the former is not available. May use cane to help walk and stand.

AFTERCARE INSTRUCTIONS

Use the cane as instructed for support if needed. Continue with OTC Tylenol as needed as per bottle directions. Return here if needed prior to seeing the Orthopedic Dr in Columbia.

NEXT 3 APPOINTMENTS

PATIENT

I received this information and was given the opportunity to ask questions about my care.

Mary Davis

STAFF SIGNATURE

I reviewed this information with the patient. The patient verbalized understanding.

Shakita Williams

McLeod Occupational Health
DME Order

Patient Name: Marv Davis
Address: Po Box
City, St, ZIP: Hartsville, SC
Phone#:
DOB:
Company: Ruiz Foods
Insurance: York Risk
Address: P.O Box 183188
Columbus, OH 43218

Order Date: 9/4/2020

Provider: Stuart Sandler, DO
NPI#: 1669534962
Injury Date: 11/16/2019
Claim # RFPW-0743

DURABLE MEDICAL EQUIPMENT
Single cane.

DIAGNOSIS
1. Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter (W01.0XXD).
2. Low back pain (M54.5).
3. Contusion of left hip, subsequent encounter (S70.02XD).
4. Cervicalgia (M54.2).
5. Pain in thoracic spine (M54.6).

COMMENTS
Cane gait training provided.

Stuart Sandler DO, 9/4/2020 10:07 AM

InMed
Diagnostic Services

1120 West Evans Street
Florence, SC 29501
Phone: (843) 292-0033
Fax: (843) 292-0036

received 7/6/2020

Mary Davis
Patient/Account Number:
DOB: Age: 54 /Female
Exam Date: 06/26/20

Referring Physician: Stewart Sandler
Referring Phone:
Referring Fax: (843) 777-5159

MRI Lower Ext/Joint: Left Hip no IV contrast

This examination was performed at InMed Diagnostic Services Of SC-FLO,1120 West Evans St,Florence, SC 29501-3320.

HISTORY: Slip and fall. Pain,

TECHNIQUE: Magnetic resonance imaging was performed of the left hip utilizing axial, coronal and sagittal imaging techniques. This is the first time I am seeing this exam and the first time this exam was made available for me to review. There are no prior studies of the left hip available for comparison.

FINDINGS: Left iliopsoas, rectus femoris, hamstring and abductor tendons are maintained. A partial tear superficial surface anterior superior labrum is evident. There is no evidence for left hip cartilage delamination. Left hip effusion is evident. There is no abnormal signal evident within the imaged left hip, partially imaged right hip, partially imaged pelvis or partially imaged sacrum to suggest fracture or osteonecrosis. There is no bulky pelvic sidewall adenopathy. Partially visualized likely uterine fibroid measuring approximately 3 cm in greatest diameter is evident and correlation with pelvic ultrasound is suggested as clinically warranted.

IMPRESSION:
1. Partial tear superficial surface anterior superior labrum.
2. Left hip effusion.
3. Suggestion of uterine fibroid; discussion and suggestion as above.

Electronically Signed by: LUCHS, JONATHAN MD FACR
Date/Time Read: 7/2/2020 1:23:59 PM
American Board Certified Radiologist of Premier Radiology Services www.premradiology.com

Received 7/6/2020

InMed

Diagnostic Services

1120 West Evans Street
Florence, SC 29501
Phone: (843) 292-0082
Fax: (843) 292-0086

Mary Davis
Patient/Account Number:
DOB: Age: 54 /Female
Exam Date: 06/26/20

Referring Physician: Stewart Sandler
Referring Phone:
Referring Fax: (843) 777-5159

MRI Lower Ext/Joint: Left Knee no IV contrast

This examination was performed at InMed Diagnostic Services Of SC-FLO,1120 West Evans St,Florence, SC 29501-3320.

HISTORY: Slip and fall. Pain.

TECHNIQUE: Magnetic resonance imaging was performed of the left knee utilizing axial, coronal and sagittal imaging techniques. This is the first time I am seeing this exam and the first time this exam was made available for me to review. There are no prior studies of the left knee available for comparison.

FINDINGS: Partial tear proximal anterior cruciate ligament is evident. Posterior cruciate ligament is intact. Buckling posterior cruciate ligament with near vertical orientation of lateral collateral ligament suggesting a degree of mechanical incompetence of the anterior cruciate ligament is evident. Clinical correlation would be helpful. High signal within proximal lateral collateral ligament reflecting sprain is evident. Popliteus tendinosis is evident. Medial collateral ligament is intact.
There is no meniscal tear evident. Bilateral meniscal tibial attachments are intact.
There is no evidence for cartilage delamination. Joint effusion is evident. The patella tendon and quadriceps mechanism are maintained. There is no abnormal signal evident to suggest fracture or osteonecrosis.

IMPRESSION:
1. Partial tear proximal anterior cruciate ligament with suggestion of a degree of mechanical incompetence.
2. Sprain proximal lateral collateral ligament.
3. Popliteus tendinosis.
4. Joint effusion.

Electronically Signed by: LUCHS, JONATHAN MD FACR Date/Time Read: 7/2/2020 1:20:12 PM
American Board Certified Radiologist of Premier Radiology Services www.prradiology.com

Order Form

Name: Mary L. Davis
Exam Date: 07/07/2020
Appt. Time:
Patient ID:
Injury ID:
Birthdate:

Order: Referral to Orthopedist

Orthopedic surgical eval for left hip labrum tear - Dr Thornton or Allen recommended.

Additional Notes:

Order Form

Name: Mary L. Davis

Exam Date: 06/05/2020 Appt. Time:

Patient ID:

Injury ID:

Birthdate:

Order: Provider Progress Note

Discussed with pt the information on her MRI regarding the findings of the uterine irregularities. Also discussed that the insurance has only allowed us to treat the lower back, not the hip or upper back. PT will be ordered.

Additional Notes:

4H
GH

InMed

Diagnostic Services

1120 West Evans Street
Florence, SC 29501
Phone: (843) 292-0062
Fax: (843) 292-0065

Received
5/29/20

Mary Davis
Patient/Account Number:
DOB: Age: 54 /Female
Exam Date: 05/27/20

Referring Physician: Stewart Sandler
Referring Phone:
Referring Fax: (843) 777-5159

MRI Lumbar Spine no IV contrast

MRI OF THE LUMBAR SPINE WITHOUT CONTRAST HISTORY: Pain. Slip and fall 11/16/2019. Left leg pain.

TECHNIQUE: Magnetic resonance imaging was performed of the lumbar spine utilizing axial and sagittal imaging techniques. The study is somewhat limited to patient claustrophobia.

FINDINGS: Curvature lumbar spine convex to the left is evident. Relative straightening lumbar lordosis is evident. Pars interarticularis are intact. Conus medullaris terminates at the level of T12/L1 and demonstrates normal size and signal. L1/2: No disc herniation. No central canal stenosis or neural foraminal narrowing. L2/3: No disc herniation. No central canal stenosis or neural foraminal narrowing. L3/4: No disc herniation. No central canal stenosis or neural foraminal narrowing. L4/5: Diffuse disc bulge. Impingement ventral thecal sac.No neural foraminal narrowing. L5/S1: Diffuse disc bulge. Impingement ventral thecal sac. No neural foraminal narrowing. The visualized paraspinal soft tissues are grossly unremarkable. Incidental note is made of low signal focus within the posterior superior aspect of the uterus suggesting uterine fibroid measuring approximately 3 cm in greatest diameter. There is suggestion of what appears to be low signal focus within the uterine cavity measuring 1.4 cm in greatest diameter which could polyp versus partially visualized submucosal fibroid extending into the region of the uterine cavity. There is suggestion of partially visualized likely left adnexal cyst measuring 2.5 cm in greatest diameter. Evaluation of these findings is limited on this MRI of the lumbar spine. Correlation with pelvic ultrasound is suggested as clinically warranted.

IMPRESSION: 1.Curvature lumbar spine convex to the left. 2.Relative straightening lumbar lordosis. 3.Disc bulges and impingement ventral thecal sac at L4/5 and L5/S1. 4.Partially visualized findings within the uterus and ovaries; limitation, discussion and suggestion as above.

Electronically signed by: LUCAS, JONATHAN MD FACR Date/Time Read: 5/27/2020 12:03:38 PM American Board Certified Radiologist of Premier Radiology Services www.pradiology.com

5/29/20

1/1

McLEOD OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Mary Davis
Company: Ruiz Foods
Physician: Stuart Sandler, DO

Date of Birth:
Injury Date: 11/16/2019
Exam Date: 4/23/2020
Time: 00:41:00

DEMOGRAPHICS
Mary Davis is a 53 year-old Female, and employee of Ruiz Foods.

CHIEF COMPLAINT
left leg and back.

PATIENT DESCRIPTION OF ACCIDENT
Pt states,"I was getting up from the table in the break room and slip and fell on water. There was no wet floor sign present. I ws by the water machine and trash can."

HISTORY OF PRESENT ILLNESS
Mary's primary problem is Pt states that she didn't take the Celebrex due to past history of stomach problems with it. Pt called this an allergic reaction. She states that she had received Celebrex from her PCP for this injury when the Ibuprofen she had received here was not strong enough. Pt did not notify this office that she had been given Celebrex or that she could not tolerate it until today's visit. She filled the Rx given her last visit for Celebrex, but did not take any once she discovered that the it was the same as her PCP had faxed. States that work has her walking around the building wiping doors, This has been in areas other than the bakery where it is warm and all other areas of the building are cold, aggravating her back. The pt states that her pains are worse, but still a 10/10 as she normally writes. The pains are in the neck, thoracic and lumbar regions, as well as the left hip and left LE to the ankle. The MRIs ordered last visit have not yet been set up, Tiera, RT present throughout as witness.

PAST MEDICAL AND SOCIAL HISTORY
Alcohol Use:
She states she never consumes alcoholic beverages.
Tobacco Use:
Tobacco Use She currently does not smoke and has never smoked.
Current Conditions:
Current Conditions Hypertension. Asthma. Diabetes.
Previous Surgery:
Previous Surgery Cesarean section (twice).
Current Work Status:
Current Work Status She is working full time on regular duty.

REVIEW OF SYSTEMS
Constitutional: Negative for chills, fatigue, fever, loss of appetite, and recent weight loss.
Cardiovascular: Negative for swelling in extremities, palpitations/funny heart beat, chest pain, and light headedness.

CURRENT MEDICATIONS
Metformin, GlipiZIDE, high blood pressure medication, Albuterol Sulfate, pt did not bring medication list again.

ALLERGIES
Darvocet, phenergan.

VITAL SIGNS
Height (inches): 64.

Blood Pressure: 118/83.
Weight (lbs): 281.
Pulse Rate (per min): 87.
BMI: Obese (42).
Respiratory Rate (per min): 17.
Oral Temperature (°F): 97.7.
Pulse Oximetry: 100%.

TRIAGE COMPLETED BY
Nurse/MA Tierra Nowlin RTR.

EXAMINATION
Constitutional: In no apparent distress, Well developed; Well nourished, She is able to move with moderate difficulty. She is able to walk with slight difficulty. Pt holds onto the table, counter, etc to forward flex, change positions, etc to keep her balance.
Musculoskeletal: Walks guardedly, Limited ROM in all plains, flexing to 30 degrees, PROM extension of 5 degrees, rotation R and L at 20 degrees. Pt finds it hard to keep her balance with ROM testing while standing. Significant tenderness to light touch any portion of the neck, thoracic and lumbar spines touched. Positive axial loading test. Seated SLR negative bilaterally. Strength LE 5/5 and equal seated in both thighs and knees.
Neurological: Motor 5/5, Mentation: a/o x4, normal speech, Reflexes intact.
Psychiatric: pleasant, Agitation is absent. Anxiety appears to be absent. Depression appears to be absent. Judgment is intact and appropriate. Orientation to person, place and time is intact, Suicidal ideation is not expressed. Pt remains passive-aggressive in her responses, demeanor throughout the exam.

DIAGNOSIS
1. Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter (W01.0XXD).
2. Low back pain (M54.5).
3. Contusion of left hip, subsequent encounter (S70.02XD).
4. Cervicalgia (M54.2).
5. Pain in thoracic spine (M54.6).

PRESCRIPTIONS
Vimovo 500/20.
Amount: 30 (THIRTY).
Instructions: One BID with food.
Refills: 1.
Generic Allowed: yes.
Workers Compensation: This is a Workers' Compensation Claim.

RECOMMENDED WORK STATUS
Mary's recommended work status is Restricted Duty. The effective date for this work status is 4/23/2020.

RECOMMENDED ACTIVITY RESTRICTIONS
General: These restrictions are temporary. Limit puling, pushing, lifting to 5lbs, Standing and walking as tolerated - allow pt to take seated breaks for 15 minutes every 90 minute work period if needed, Alternatively, pt may perform sitdown work or sit on stool or chair in the former is not available, To work in a warmer environment, such as the bakery.

AFTERCARE INSTRUCTIONS
Continue OTC Tylenol, Start the new medication and take with food. Recheck in 10 days or sooner if needed.

CHARGES/PROCEDURES
EP-Extended Exam.



Stuart Sandler DO, 4/23/2020 9:20 AM

McLeod
Occupational Health
The Choice for Medical Excellence.

Radiology Prescription

Patient's Name: Davis, Mary L.

Date of Birth: _____

Date of Injury: 11/16/2019

Procedure: Open MRI w/o contrast left knee

Diagnosis:

1. Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter (W01.0XXD).
2. Low back pain (M54.5).
3. Contusion of left hip, subsequent encounter (S70.02XD).
4. Cervicalgia (M54.2).
5. Pain in thoracic spine (M54.6).
6. Pain in left knee (M25.562).

Provider Signature: _____ Date Ordered: 04/15/2020

Shant A. Sarafian, DO

McLeod Commerce Park Occ Health
3257 General William W Dr
Florence, SC 29506

Phone Number: (843) 777-1200 Fax Number: (843) 777-9704

McLeod
Occupational Health
The Choice for Medical Excellence

Radiology Prescription

Patient's Name: Davis, Mary L.

Date of Birth: _____

Date of Injury: 11/16/2019

Procedure: Open MRI w/o contrast cervical spine

Diagnosis:

1. Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter (W01.0XXD).
2. Low back pain (M54.5).
3. Contusion of left hip, subsequent encounter (S70.02XD).
4. Cervicalgia (M54.2).
5. Pain in thoracic spine (M54.6).
6. Pain in left knee (M25.562).

Provider Signature: _____ Date Ordered: 04/16/2020

David A. Smith, DO

McLeod Commerce Park Occ Health
3257 General William W Dr
Florence, SC 29506
Phone Number: (843) 777-1290 Fax Number: (843) 777-9704

McLeod Health

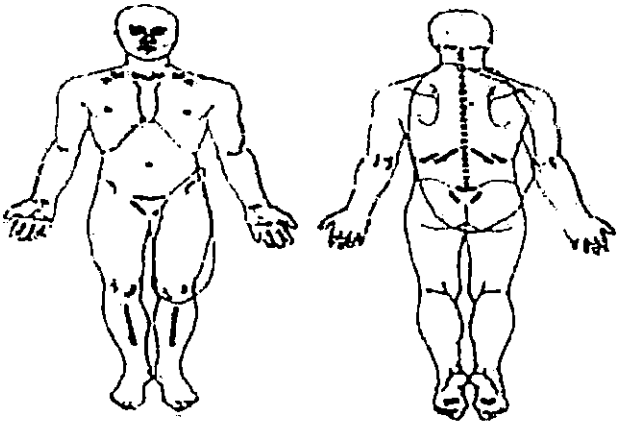
McLeod Occupational Health Worker's Comp Intake Form

Name: Mary D Davis Date: 4-16-2020

Date of Birth: _____

Mark below the areas on your body where you are hurting/injured. Include all affected areas.

Pain level – (least) 0 1 2 3 4 5 6 7 8 9 (10) (greatest) Circle your level of pain today.



Medical History – List any medical conditions you have now or have had in the past:

Please list all your medications, prescription and non-prescription. Please include any given by the ER or our office.

1.	5.
2.	6.
3.	7.
4.	8.

From the last visit are you: Improved _____ Worse _____ Same _____

Do you work another job? ✓ Yes _____ No If yes, Where? Wash Tab

Allergies: _____

BP 141/92 Pulse 108 Resp 16 Temp 97.7 201 57 972

Patient Signature: Mary D. Davis

Patient: Mary Davis
Company: Ruiz Foods
Physician: Stuart Sandler, DO

McLEOD OCCUPATIONAL MEDICINE CLINIC VISIT

Date of Birth:
Injury Date: 11/18/2019
Exam Date: 4/18/2020
Time: 01:07:09

DEMOGRAPHICS
Mary Davis is a 53 year-old Female, and employee of Ruiz Foods.

CHIEF COMPLAINT
left leg and back.

PATIENT DESCRIPTION OF ACCIDENT
Pt states,"I was getting up from the table in the break room and slip and fall on water. There was no wet floor sign present. I wa by the water machine and trash can."

HISTORY OF PRESENT ILLNESS
Mary's primary problem is Pt is brought in for follow-up, not having returned to be seen since her last visit of 12/9/2019, Pt states that she was told by Jonathan not to return to the clinic, Pt states that she has been in pain since her last visit here December 9, 2019, Pt states that she hasn't spoken to her insurance adjuster since the first visit here, Pt is represented, Pt states that she gets Aleve from work, but that they don't help, Pt states that she hasn't had physical therapy, Pt states pain in the neck, thoracic, lumbar spines and has radiation into the left hip, The left knee is also hurting and is giving out, The pain does not go past the knee.

PAST MEDICAL AND SOCIAL HISTORY
Alcohol Use:
She states she never consumes alcoholic beverages.
Tobacco Use:
Tobacco Use She currently does not smoke and has never smoked.
Current Conditions:
Current Conditions Hypertension. Asthma. Diabetes.
Previous Surgery:
Previous Surgery Cesarean section (twice).
Current Work Status:
Current Work Status She is working full time on regular duty.

REVIEW OF SYSTEMS
Constitutional: Negative for chills, fatigue, fever, loss of appetite, and recent weight loss.
Cardiovascular: Negative for swelling in extremities, palpitations/funny heart beat, chest pain, and light headedness.

CURRENT MEDICATIONS
Metformin, GlipiZIDE, high blood pressure medication, Albuterol Sulfate, pt did not bring medication list again.

ALLERGIES
Demerol, phenergan.

VITAL SIGNS
Height (inches): 58.
Blood Pressure: 141/86.
Weight (lbs): 201.
Pulse Rate (per min): 108.

BMI: Obese (42).
Respiratory Rate (per min): 16.
Oral Temperature (°F): 97.7.
Pulse Oximetry: 99%.

TRIAGE COMPLETED BY
Nurse/MA Tammy Williams.

EXAMINATION
Constitutional: In no apparent distress, Well developed; Well nourished, She does have stated discomfort rising from the chair after being seated and getting on and off the exam table, However, she does not appear to be functioning at a 10/10 pain level.
Musculoskeletal: Cervical/lumbar/thoracic: Pt states tenderness in any area of the spine palpated. No PVN fullness has been noted in any area of the spine palpated. Full ROM C-spine with discomfort. Limits forward flexion to approx 45 degrees, extension to 10 degrees due to pain. Full rotation R and L. Full ROM T spine. Positive axial loading. Seated SLR at approx 60 degrees R, 70 degrees L. Strength in UE and LE 5/5 and equal. Left knee: tenderness to minimal palpation patella. Positive Grind, negative McMurray and Drawer. Strength at hip R and L 5/5 and equal. L hip ROM could not be examined due to pt having difficulty in laying supine, even at 45 degrees, due to discomfort. Tenderness to palpation lateral aspect hip. Strength at hip seated 5/5 and equal.
Neurological: Motor 5/5, Mentation: a/o x4, normal speech, no focal deficits, DTR Patella, brachial, brachioradialis 1/4.
Psychiatric: Initially, the patient appeared angry and hostile, However, she seemed to ease as the examination progressed, was alert, paying close attention when the plan of care was discussed.

DIAGNOSIS
1. Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter (W01.0XXD).
2. Low back pain (M54.5).
3. Contusion of left hip, subsequent encounter (S70.02XD).
4. Cervicalgia (M54.2).
5. Pain in thoracic spine (M54.6).
6. Pain in left knee (M25.562).

DISCUSSION
Plan of Care reviewed with patient which they agreed. Their questions were answered and they verbalized understanding. Pt does not appear at a 10/10 pain level, so symptom magnification is probable. However, this does not say that the pt is not having discomfort at some level in the areas she notes. It is noted that per Jonathon Holder, pt has not presented for several MRI appointments and that the MRI facility will no longer schedule her for imaging. Per the pt, she has shown up for all her scheduled appointments, however, there were reasons that the MRIs were not performed, usually due to problems at the facility. She notes that the Rx for Diazepam and Xanax were not strong enough to allow her to take the MRIs - they didn't kick in until later in the evening. Pt is c/o pains in the cervical spine, thoracic spine, lumbar spine, left hip and left knee, all from the fall. Due to the duration of time and the reported level of pain, MRIs are ordered of these areas. However, the ability to obtain them will lay in the areas that the WC insurance has agreed to include as part of this injury - this was discussed with the pt. If the pt fails to present for the MRIs as scheduled, consideration will be given to place her at MMI due to non-compliance with treatment. Additionally, scheduled appointments will be made for follow-up here to monitor her response to the medications and help insure that her care is being addressed in a timely fashion. CMP to be obtained to establish her renal functions at the initiation of NSAID use and to help guide further dosing. Approx 40 minutes spent with the pt.

PRESCRIPTIONS
Diazepam 5mg:
Amount: One tablet.
Instructions: Take approx. one hour before MRI.
Refills: None.

Generic Allowed: yes.
Workers Compensation: This is a Workers' Compensation Claim.
Celebrex 100mg.
Amount: 60 (SIXTY).
Instructions: One twice daily with food.
Refills: None.
Generic Allowed: yes.
Workers Compensation: This is a Workers' Compensation Claim.

RECOMMENDED WORK STATUS
Mary's recommended work status is Restricted Duty. The effective date for this work status is 4/16/2020.

RECOMMENDED ACTIVITY RESTRICTIONS
General: These restrictions are temporary. Limit pulling, pushing, lifting to 5lbs, Standing and walking as tolerated - allow pt to take seated breaks for 15 minutes every 90 minute work period if needed, Alternatively, pt may perform sitdown work or sit on stool or chair in the former is not available, Not to work in the cold/refrigerated room.

AFTERCARE INSTRUCTIONS
No Aleve or Ibuprofen with the Celebrex. May use OTC Tylenol as per package directions. Recheck in 10-12 days or sooner if needed - call if there are issues with the medication.

CONSULTATION/REFERRAL REQUEST
Referral Radiology.
Referral Radiology.
Referral Radiology.
Referral Radiology.
Referral Radiology.

CHARGES/PROCEDURES
EP-Comprehensive Exam.



Stuart Sandler DO, 4/16/2020 5:25 PM

McLeod Commerce Park Occ Health
3257 General William W Dr
Florence, SC 29506
Phone: 843-777-1290
Fax: 843-777-9704

Patient Visit Summary and Instructions

PATIENT LAST NAME		PATIENT FIRST NAME	DATE OF BIRTH	AGE	GENDER
Davis		Mary		53	Female
DATE OF TREATMENT	DATE OF INJURY OR ILLNESS	PRACTITIONER'S NAME			
04/16/2020	11/16/2019	Stuart Sandifer, DO			

TIME ARRIVE 3:52 PM TIME IN 3:58 PM TIME OUT 5:02 PM

PATIENT'S DESCRIPTION OF PROBLEM

Pt states,"I was getting up from the table in the break room and slip and fell on water. There was no wet floor sign present. I ws by the water machine and trash can."

DIAGNOSIS

1. Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter (W01.0XXD).
2. Low back pain (M54.5).
3. Contusion of left hip, subsequent encounter (S70.02XD).
4. Cervicalgia (M54.2).
5. Pain in thoracic spine (M54.6).
6. Pain in left knee (M25.562).

MEDICATIONS PRESCRIBED OR DISPENSED

Diazepam 5mg 1 Quantity: Take approx. one hour before MRI Refills: 0 Generic: Yes
Celebrex 100mg 60 Quantity: One twice daily with food Refills: 0 Generic: Yes

WORK OR ACTIVITY RESTRICTIONS

WORK STATUS Restricted Duty AS OF 04/16/2020

General: These restrictions are temporary. Limit pulling, pushing, lifting to 5lbs. Standing and walking as tolerated - allow pt to take seated breaks for 15 minutes every 90 minute work period if needed. Alternatively, pt may perform sitdown work or sit on stool or chair in the former is not available. Not to work in the cold/refrigerated room

AFTERCARE INSTRUCTIONS

No Aleve or Ibuprofen with the Celebrex. May use OTC Tylenol as per package directions. Recheck in 10-12 days or sooner if needed - call if there are issues with the medication.

NEXT APPOINTMENTS

PATIENT

I received this information and was given the opportunity to ask questions about my care.

Mary Davis [illegible]

STAFF MEMBER

I reviewed this information with the patient. The patient verbalized understanding.

[illegible]

227

McLEOD OCCUPATIONAL MEDICINE CLINIC VISIT

Patient: Mary Davis
Company: Ruiz Foods
Physician: Krystal Cooley, NP

Date of Birth:
Injury Date: 11/16/2019
Exam Date: 12/3/2019
Time: 09:29:00

DEMOGRAPHICS
Mary Davis is a 53 year-old Female, and employee of Ruiz Foods.

CHIEF COMPLAINT
left leg and back.

PATIENT DESCRIPTION OF ACCIDENT
Pt states,"I was getting up from the table in the break room and slip and fell on water. There was no wet floor sign present. I ws by the water machine and trash can."

HISTORY OF PRESENT ILLNESS
Mary's primary problem is pain located in the neck, low back, left hip. The problem began on 11/16/2019. She feels it is getting worse. Her pain level is 10.

PAST MEDICAL AND SOCIAL HISTORY
Alcohol Use:
She states she never consumes alcoholic beverages.
Tobacco Use:
Tobacco Use: She currently does not smoke and has never smoked.
Current Conditions:
Current Conditions: Hypertension. Asthma. Diabetes.
Previous Surgery:
Previous Surgery: Cesarean section (twice).
Current Work Status:
Current Work Status: She is working full time on regular duty.

REVIEW OF SYSTEMS
Musculoskeletal: Positive for joint pain, and spasms.

CURRENT MEDICATIONS
Metformin, Glipizide, high blood pressure medication, Albuterol Sulfate, pt did not bring medication list again.

ALLERGIES
Demerol, phenergan.

VITAL SIGNS
Blood Pressure: 128/85.
Pulse Rate (per min): 86.
Respiratory Rate (per min): 16.
Oral Temperature (°F): 97.3.
Pulse Oximetry: 99.

TRIAGE COMPLETED BY
Nurse/MA Krystal Cooley RN-BC.

McLeod Commerce Park Occ Health
Mary Davis
DOB:
12/3/2019

EXAMINATION
Constitutional: In no apparent distress, Well developed; Well nourished.
Neck: Pain to palpation is present over the left trapezius, no paraspinal tenderness, no deformity, no bruising or swelling.
Lumber Spine: no paraspinal tenderness, left lower back TTP, leg raise neg.
Left Hip: Bruising is not present. A deformity is not present. Pain on motion is present over the hip. Pain to palpation is present over the hip. Swelling is not present.

DIAGNOSIS
1. Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter (W01.0XXD).
2. Low back pain (M54.5).
3. Contusion of left hip, subsequent encounter (S70.02XD).
4. Cervicalgia (M54.2).

DISCUSSION
Patient reports no improvement in pain and has had difficulty sleeping. She reports her whole back is hurting and the pain in her low back/left hip is radiating to her left groin. She still has not brought a list of home medications for review. She reports she is taking prednisone as prescribed but feels like it does not last all day or is no strong enough. She has stopped the Diclofenac as advised while taking prednisone. Her sugars have been a little elevated but not significantly. Advised patient that we would try injection of toradol in-house today and she was instructed to complete prednisone then resume diclofenac once completed. She should take extra strength Tylenol for breakthrough pain. She has not been contacted regarding physical therapy yet, but has spoken once to her adjuster Sheryl Smith. She states she is working but has difficulty standing and walking for long periods of time. She states the chair she has to sit in is hard and makes her pain worse. She is requesting xrays again because the girl who took them initially told her the machine was not working right. Due to the fact patient reports no improvement in pain after multiple pharmacologic therapies, feel MRI imaging is warranted. Do not feel there is any benefit to repeating XRAYs that were done in ED. Still think she would benefit from physical therapy. Advised she fu after MRI is completed or sooner if needed and she can call with any questions or concerns. She should continue using moist heat or heating pad for discomfort. Will try her on low dose gabapentin at night to see if this helps with her pain. She was instructed to titrate up to 300 mg if needed QHS, but no higher. She acknowledges understanding with proposed treatment plan.

PRESCRIPTIONS
Neurotin (gabapentin).
Dosage: 100 mg.
Amount: 90 (THIRTY).
Instructions: take one tablet by mouth once daily at bedtime.
Refills: 0.
Warning: She has been instructed of the side effects of Neurotin (gabapentin). She has been instructed of the impact medication (Neurotin (gabapentin)) has on driving and machine operation. She has been instructed in medication use.
Generic Allowed: yes.
Workers Compensation: This is a Workers' Compensation Claim.

RECOMMENDED WORK STATUS
Mary's recommended work status is Restricted Duty. The effective date for this work status is 12/3/2019.

RECOMMENDED ACTIVITY RESTRICTIONS
General: no bending or twisting at the waist, no lifting, pushing or pulling greater than 5 lbs, no working in cold temperatures. Should take frequent breaks while working, avoid prolonged standing/walking.

McLeod Commerce Park Occ Health
Mary [redacted]
DOB:
12/2/2019

AFTERCARE INSTRUCTIONS
Complete prednisone then resume taking Diclofenac twice daily. Do not take over the counter ibuprofen or aleve while taking these medications. Try to take extra strength Tylenol for breakthrough pain. Start taking gabapentin at night before bed as prescribed. May titrate up to 3 tablets at bedtime if needed. Continue using moist heat or heating pad to affected areas. Follow up after MRI is completed or sooner if needed. Call with any questions or concerns.

CONSULTATION/REFERRAL REQUEST
Referral Radiology.
Referral Radiology.
Referral Radiology.

CHARGES/PROCEDURES
EP-Intermediate Exam.

Krystal Cooley PNP-BC

Krystal Cooley, NP, 12/2/2019 2:10 PM

Delete Archive Report Reply Reply all Forward Read / Unread

RE: Mary Davis DOB 5-8-1966

This message is encrypted. What's encryption?

BG Beverly Gilliard <bgilliard@mcleodhealth.org>
To: Rose Thielke

Thu 3/16/2023 9:47 AM

Mary Davis.pdf

Good Morning,

After speaking with our workers comp department authorization was not obtained. Multiple attempts were made without a response from the adjuster. [redacted]

[redacted]

External Email

[redacted]

Opal Jones

From: Shanda Blackwell
Sent: Wednesday, November 16, 2022 4:59 PM
To: Jonathan Holder; Yirandi Mateo; Opal Jones; Jamie Moore; LaSonja Jackson
Cc: Venteral McDowell
Subject: TM Info _ Mary Davis

Importance: High

Hello Team,

Today, Mary requested to speak with safety regarding an incident which occurred last week. Venny and I spoke with this TM in the south safety office. TM stated that her doctor told her that she would need to ask us (assuming HR or Safety) about sending her to get an MRI done from when she was assaulted last week by another TM. TM stated she had given the paperwork from her doctor to Safety Tech on yesterday. She requested to speak with Safety Manager and/or HR. We informed her the Safety Manager was out of the office not returning to next week and HR was not available today at this time. We told the TM we would follow up with Safety Manager and HR to inform them of her request. TM then proceed to leave safety office and made the stated I guess I am going to have to wait another day to get an answer.

HR,

Can we please follow up with the TM tonight because this matter is going in a direction we will need to try to stay ahead of?

Note: This TM is presently on worker's comp.

Thanks,

Shanda R. Blackwell
Workman's Comp Specialist

Ruiz Foods Products, Inc.
2557 Florence Harllee Blvd.
Florence, SC 29506
Office: 843.758.6649
Mobile:
Fax: 843.758.6686
Email: Shanda8@ruizfoods.com

RUIZ FOODS

Investigation Report

Team Member / Witness Statement

Todays Date: 11-4-2022
Fecha De Hoy:

Name of Team Member / Witness: MARY DAVIS
Name: Nombre del Miembro del Equipo:

Department: Departamento:
HALLWAY

Date and Time of Incident: Fecha y hora del incidente:

Place of Incident: Lugar del Incidente:
HALLWAY

Who was involved: MARY DAVIS - Eugene
Quien esta involucrado:

Who else may know relevant information? (Witness)
Quien mas pudiera saber/tener informacion? (testigo)

In your words, give a description of the incident:
En sus palabras describa el incidente:

Came Out Door Was Unbatton Ing My Snack When Approached By Eugene. Who Was Approcheding At Same Time He ASKED Where Yall Going I Break He Said NO YALL AINT And Grabbed Me AGGRESSIVE PUSHING ME Real Hard I HIT ANOTHER TEAM MEMBER TRYING TO GET AWAY FROM HIM AND THEN HE STOPED AND WALKED OFF AS A RESULT MY NECK AND BACK ARE HURTING Real Bad.

I have provided this Statement voluntarily and without coercion from any party. The Statement is true, correct, complet to the best of my knowledge. This is everything that I know about the incident occuring at Ruiz Foods. Mi testimonio lo entregue voluntariamente y sin amenazas. De acuerdo a mi entendimiento, mi testimonio es correcto, completo, y verdadero. Esto es todo lo que se acerca del incidente ocurrido en Ruiz Foods.

Team Member / Witness signature: Mary Davis
Firma:

Date: 11-4-2022
Fecha:

Rose Thielke

From:	Rose Thielke
Sent:	Tuesday, April 11, 2023 5:28 PM
To:	Jessica Pool
Cc:	Kim Hinkle; 'Greta Elliotte'
Subject:	RE: REQUEST FOR DEPOSITION - Mary L. Davis vs. Rulz Food Products, Inc. (Claim No.: RFPW-0743)
Attachments:	SKM_C28723041116290.pdf

Dear Jessica,

[redacted] I would like to get these done as soon as possible, as I have been sending Walt medical and would like to get treatment authorized.

Next, I previously asked for Walt to get authorization for treatment from the previously authorized surgeons Dr. Alan and Dr. Chokshi. Both for follow up with Dr. Alan for injections per her future medical needs; and with Dr. Chokshi for her problems stemming from the first accident and as aggravated by the incident that occurred in November. I think I have sent you Dr. Alan's records, but if I haven't let me know.

In reference to Dr. Chokshi, I have attached his latest referral, referring her for an MRI. We requested authorization for that visit, but when it was not authorized, we authorized the visit as a treatment evaluation, but of course we cannot pay for the MRI. I would appreciate it if Walt would look at this and see if we can get treatment started or at least the MRI authorized.

Finally, I would appreciate it if would ask Walt if he could let me know when he could file a Form 51, as I would like to get a hearing in everyone's best interest as soon as possible, if this medical care is not going to be authorized. If Walt could please go ahead and file the 51, hopefully we can get a hearing in May. I ask this particularly because I have a vacation planned with my family beginning May 25th and I will not return until June 13th. I really hate to put this lady's treatment off that long.

I look forward to hearing from you.

Sincerely yours,

Preston F McDaniel
Attorney at Law

[redacted]

McLeod Spine Center Florence
800 EAST CHEVES ST STE 480-B
FLORENCE SC 29506-2777
Phone: 843-432-1880
Fax: 843-432-1022

Patient:
Legal Name: Mary Lisa Davis

FO,
HARTSVILLE SC
Phone

MRN:
DOB:
SSN:

Sex: F

INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBE R ID
Primary:				

Allergies

Allergen	Reactions
• Meperidine	Unknown
• Promethazine	Unknown

Order Date: Mar 22, 2023

MRI Cervical Spine Without Contrast (Order ID: 54B1982)
Diagnosis: Neck pain (M54.2)
Reason for Exam:
neck pain
Priority: Routine Expiration Date: 3/22/2024 Interval: Count:
Record Decision Support Information? No
Decision Support Exception: Internet Access Issues (MB) [2]
Is the patient pregnant? No
What is the patient's sedation requirement? No sedation
Reason for exam: neck pain

Ordered by: Sheila Weaver
Authorized by: Rakesh P Chokshi, MD (NPI: 1053311134)

Davis, Mary Lisa

MRN:

Office Visit 3/22/2023
McLeod Spine Center Florence

Provider: Laura Strickland, PA-C (Orthopaedic Surgery)
Primary diagnosis: Neck pain
Reason for Visit: Neck - Pain

Progress Notes

Laura Strickland, PA-C (Physician Assistant) - Orthopedics

Chief Complaint: Pain of the Neck (Established patient)

HPI:

Mary Lisa Davis is a 56 y.o. female presents today for Pain of the Neck (Established patient) Patient presents today with chief complaint of neck pain. Patient states this started after she was assaulted on the job and shook by a coworker. Most of the pain is in the back of her neck. She denies any radicular symptoms into her upper extremities; no numbness, tingling or weakness. Patient states this has been going on for some time. She rates her pain as a 10 out of 10. She denies bladder or bowel incontinence. She denies previous spine surgery. Treatment so far consist of no medication, therapy or injections.

Physical Exam:

Cervical Spine:

Appearance: female in NAD. Alert and Oriented X3.
Observation: Normal Gait, using a cane
Palpation:
Spinal Process: *Non tender*
Muscle: Tender
Skin: *Normal without lesions*
Range of motion:
Cervical Spine Left *Normal*
Cervical Spine Right *Normal*
Shoulder Left *Normal*
Shoulder Right *Normal*
Elbow Left *Normal*
Elbow Right *Normal*
Muscle Strength:
Deltiod Right *5/5*
Deltoid Left *5/5*
Bicep Right *5/5*
Bicept Left *5/5*
Tricep Right *5/5*
Tricep Left *5/5*
Brachioradialis Right *5/5*
Brachioradialis Left *5/5*
Wrist ext/flex Right *5/5*

Wrist ext/flex Left 5/5
Finger ext/flex Right 5/5
Finger ext/flex Left 5/5
Intrinsics Right 5/5
Intrinsics Left 5/5
Neurological Sensory Test:
C4 Right *Normal*
C5 Right *Normal*
C6 Right *Normal*
C7 Right *Normal*
C8 Right *Normal*
C4 Left *Normal*
C5 Left *Normal*
C6 Left *Normal*
C7 Left *Normal*
C8 Left *Normal*
PSYCH appropriate mood and affect.

Imaging Results:
XR cervical spine complete 4 to 5 views
Cervical AP, lateral, flexion-extension radiographs done and reviewed by me personally show decrease in intervertebral disc space height at level C5-6, C6-7 and C7-T1. Anterior listhesis at C4-5. No fractures.

Assessment/Plan

Natural history of the cervical spine condition was discussed with the patient. We are going to proceed with obtaining an MRI of the cervical spine to evaluate for bone, disk architecture, infection, tumor, etc. Neural tissue compression also be identified using MRI. This is a standard test in defining and evaluating causes of neck pain and upper extremity pain, tingling, numbness etc. This was explained to the patient great detail. We will modify the treatment plan once the MRI is reviewed. In the meantime the patient will continue with conservative treatment.
Medrol Dosepak prescribed. Patient to follow-up after imaging study
Encounter Diagnoses:
Problem List Items Addressed This Visit
None
Visit Diagnoses

Neck pain - Primary
Relevant Medications
methylPREDNISolone (Medrol Dospak) 4 mg tablets
Other Relevant Orders
XR cervical spine complete 4 to 5 views (Completed)
MRI Cervical Spine Without Contrast
DDD (degenerative disc disease), cervical

Orders Placed This Encounter
- XR cervical spine complete 4 to 5 views
- MRI Cervical Spine Without Contrast
- methylPREDNISolone (Medrol Dospak) 4 mg tablets

Instructions

Patient declined After Visit Summary

Additional Documentation

Vitals: Temp 36.9 °C (98.5 °F) (Oral) Ht 4' 8" (1.422 m) Wt 99.3 kg (219 lb) BMI 49.10 kg/m² BSA 1.98 m²

Flowsheets: Interfaced Flowsheet Data, Assessment, Pain Assessment

Communications

No questionnaires available.

Encounter Status

Signed by Laura Strickland, PA-C on 3/22/23 at 15:18

Orders Placed

XR cervical spine complete 4 to 5 views (Resulted 3/22/2023)
MRI Cervical Spine Without Contrast

Medication Changes

As of 3/22/2023 10:48 AM

	Refills	Start Date	End Date
Added: methylPREDNISolone (Medrol Dospak) 4 mg tablets Take 1 tablet (4 mg) by mouth 1 (one) time for 1 dose. Use as directed by package instructions - oral	0	3/22/2023	3/22/2023

Medication List at End of Visit

As of 3/22/2023 10:48 AM

	Refills	Start Date	End Date
acetaminophen (Tylenol) 500 mg tablet 2 tablets every 6 hrs Patient-reported medication		7/11/2022	
albuterol 90 mcg/actuation inhaler 1 puff as needed every 4 hrs Patient-reported medication		7/11/2022	
amLODIPine (Norvasc) 5 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
cephalexin (Keflex) 500 mg capsule 1 capsule Four times a day Patient-reported medication		7/11/2022	
cyclobenzaprine (Flexeril) 10 mg tablet 1 tablet at bedtime as needed TID Patient-reported medication		7/11/2022	
diclofenac (Voltaren) 75 mg EC tablet 1 tablet as needed Twice a day Patient-reported medication		7/11/2022	
EMPAGLIFLOZ-LINAGLIP-METFORMIN ORAL Patient-reported medication		10/21/2022	
FERROUS SULFATE ORAL 1 tablet Once a day Patient-reported medication		10/21/2022	
fluconazole (Diflucan) 150 mg tablet 1 tablet Patient-reported medication		7/11/2022	
FLUTICASONE PROPION-SALMETEROL INHL 2 puffs Twice a day Patient-reported medication		10/21/2022	
GLIPIZIDE ORAL Patient-reported medication		10/21/2022	
hydroCHLOROthiazide (HydroDIURIL) 25 mg tablet 1 tablet in the morning Once a day Patient-reported medication		7/11/2022	
Ibuprofen Ibuprofen (ADVIL ORAL) 1 tablet with food or milk as needed Three times a day		10/21/2022	

Davis, Mary Lisa (MRN [redacted] OB: [redacted] Encounter Date: 03/22/2023

Patient-reported medication	Refills	Start Date	End Date
IBUPROFEN ORAL 1 tablet with food or milk as needed Three times a day Patient-reported medication		10/21/2022	
Tresiba FlexTouch U-100 100 unit/mL (3 mL) injection INJECT 60 UNITS SUBCUTANEOUSLY ONCE DAILY Patient-reported medication		2/17/2023	
insulin glargine (Lantus) 100 unit/mL (3 mL) pen as directed Patient-reported medication		7/11/2022	
losartan (Cozaar) 50 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
meloxicam (Mobic) 15 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
metFORMIN (Glucophage) 1,000 mg tablet Patient-reported medication		2/26/2023	
methylPREDNISolone (Medrol Dospak) 4 mg tablets Take 1 tablet (4 mg) by mouth 1 (one) time for 1 dose. Use as directed by package instructions - oral	0	3/22/2023	3/22/2023
naproxen sodium (ALEVE ORAL) 1 tablet with food or milk as needed every 12 hrs Patient-reported medication		10/21/2022	
OMEPRAZOLE ORAL 1 capsule 30 minutes before morning meal Once a day Patient-reported medication		10/21/2022	
ondansetron ODT (Zofran-ODT) 4 mg disintegrating tablet 1 tablet on the tongue and allow to dissolve Once a day Patient-reported medication		7/11/2022	
semaglutide semaglutide (Rybelsus) 7 mg tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Once a day Patient-reported medication		7/11/2022	
semaglutide (Ozempic) 0.25 mg or 0.5 mg/2 mg/1.5 mL) pen injector as directed Patient-reported medication		7/11/2022	
traMADol (Ultram) 50 mg tablet 1 tablet as needed Q 6 hrs PRN PAIN Patient-reported medication		7/11/2022	
valsartan (Diovan) 80 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	

Davis, Mary Lisa (MRN . . . . .) DOB: Encounter Date: 03/22/2023

Visit Diagnoses

Primary: Neck pain M54.2
DDD (degenerative disc disease), cervical M50.30

FAX

McLeod Spine Center
800 East Cheves Street
Suite 480-B
Florence, SC 29506
843-432-1880 (phone)
843-432-1022 (fax)

To: Kim
Fax number: 803-252-0709

From; Elizabeth
Fax number: 843-432-1022

Date: 4/3/23

Regarding: M. Davis - 5/8/66

Subject Cervical Spine MRI approval.

Phone number for follow-up:
843-432-1816
Elizabeth.Haun@mcleodhealth.org

Comments:

Kim Hinkle

From:	Kim Hinkle
Sent:	Monday, February 27, 2023 12:20 PM
To:	Emily McInville
Subject:	FW: URGENT - Mary Davis v. Ruiz Foods; WCC File No. 1923627
Attachments:	Walt Barefoot ltr 2-17-23.docx
Importance:	High

From: Kim Hinkle
Sent: Monday, February 27, 2023 11:29 AM
To: 'Walter Barefoot' <walt.barefoot@mgclaw.com>; Baker Tange <baker.tange@mgclaw.com>
Cc: gmalloy@bellsouth.net; Greta Elliott (gelliotte@bellsouth.net) <gelliotte@bellsouth.net>; Rose Thielke <rose@pfmcdlaw.com>
Subject: URGENT - Mary Davis v. Ruiz Foods; WCC File No. 1923627
Importance: High

Walt:

Ms. Davis has an appointment with Dr. Alan for her hip and knee. Please make sure authorization is in place.

Thanks, Preston

Kimberley T. Hinkle
McDANIEL LAW FIRM
Senior Paralegal

(803) 771-7211 - Telephone
(803) 252-0709 - Fax
kim@pfmcdlaw.com

1315 Elmwood Avenue
Columbia, SC 29201

Please "reply to all" when responding.

From: Rose Thielke <rose@pfmcdlaw.com>
Sent: Friday, February 17, 2023 5:31 PM
To: 'Walter Barefoot' <walt.barefoot@mgclaw.com>
Cc: Kim Hinkle <kim@pfmcdlaw.com>
Subject: mary davis

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 35 years

Preston F. McDaniel

Matthew C. Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

February 17, 2023

VIA EMAIL ONLY: walt.barefoot@mcclaw.com
Walter H. Barefoot, Esquire
McAngus Goudelock & Courie
Post Office Box 7489
Florence, South Carolina 29502

RE: Mary L. Davis v. Ruiz Foods
WCC File No. 1923627

Dear Walt:

I hope you are doing well.

Got a lot of problems with Mary Davis that I need to get addressed.

First, she was involved in another accident in November. I advised her to seek medical care through the company and they did not offer any. Ever since then she has been trying to get care through either Dr. Chokshi or Dr. Alan to see her for the injuries from that accident. I think Dr. Chokshi's office is tied up with the first accident and her being almost at the end of treatment when this next accident occurred as far as seeing her.

Next as you know Dr. Alan in his final treatment note put in that this lady was going to need approximately three injections in the hip every year and two gel injections in the left knee every year. She is having a lot more problems with the knee and hip and I told her to call and get those set up. Dr. Alan's office advised that they needed authorization from the carrier so can you please get that authorization from the adjuster and let me know. Then you and I are out of it.

Next, Dr Chokshi's office advised that the number they have for authorization, treatment, and payment was no longer good.

Finally as you probably know Dr. Alan put her under extreme work restrictions and the employer accommodated those. Then Dr. Chokshi limited her even further to sedentary work only and the employer accommodated those and has been so for the past, approximately, year. However ,February 15, 2023, she was sent home for, "throwing away too much bread"; not sure what that means since that is her job in the sedentary only job. At this point she has not been terminated but I really think the employer needs to rethink what they are doing. In any event they are not making light duty work within the restrictions of the doctors available so we need to get temporary total started or we need them to put her back into the job she was doing or a job in accordance with the restrictions.

I appreciate your help and if you would like to give me a call, I would be glad to talk with you and discuss this.

Sincerely yours,

Preston F. McDaniel

PFM/sav/kth

cc: Gerald Malloy, Esquire

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1923627

Mary L. Davis, Employee, Claimant, vs. Ruiz Food Products, Inc., Employer, and Safety National Casualty Corporation, Carrier, Defendants.	)	DECISION AND ORDER

STATEMENT OF THE CASE

This is an admitted claim as to Claimant's back only. This matter was set before the Hearing Commissioner pursuant to Claimant's Form 50 Request for Hearing seeking additional medical treatment on the form of an evaluation and medical treatment for her left hip and left knee. Claimant requested that any award of medical treatment be provided near her home in Hartsville, South Carolina. Prior to the hearing, Defendants filed a Motion to Compel and evaluation for the left hip and left leg with Dr. DaSilva in Columbia, South Carolina. Claimant objected to Defendants' Motion, arguing that there were plenty of reputable orthopedic

specialists in Florence, South Carolina, who were much closer to Claimant's Hartsville residence.

APA SUBMISSIONS / EVIDENCE

Claimant's APA Submissions:

APA #	RECORDS	DATES	PAGES
1.	Form 50 Filed 3/19/2021 with Attachments:	March 19, 2021	1-13
2.	Sedgwick NCM Assignments	Feb. 22 – Mar. 26, 2021	14-17
3.	Corresp. Btwn Defense Counsel/Claimant	Nov. 16, 2020 – Feb. 3, 2021	18-22
4.	MRI Bills & Corresp.	Aug. 21, 2020 – Mar. 1, 2021	23-27
5.	McLeod Occupational Health	Nov. 16, 2019 – May 18, 2021	28-54

Defendants' APA Submissions:

APA#	RECORDS	DATES	PAGES
6.	Midlands Orthopaedics and Neurosurgery	May 20, 2021	55-56
7.	Correspondence to Claimant's Attorney	March 3, 2021	57
8.	E-mail Correspondence to Claimant's Attorney's office	March 4, 2021	58
9.	E-mail Exchanges with Claimant's Attorney	March 19, 2021	59-60
10.	Correspondence to Claimant's Attorney	March 30, 2021	61
11.	E-mail Correspondence to Claimant's Attorney and his office	04/13/2021	62
12.	Correspondence from Claimant's Attorney	04/15/2021	63

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After review of the arguments of counsel and the APA Submissions, I hereby make the following FINDINGS OF FACT and CONCLUSIONS OF LAW:

1. On November 16, 2019, Claimant sustained an admitted compensable injury to her low back within the course and scope of her employment. (Defendants' Form 51- 4/16/2021).
2. Claimant also alleges injuries to her left hip and left knee arising out of the same work injury. (Claimant's Form 50 – 3/19/2021).
3 After an MRI of Claimant's left hip revealed a labrum tear, Dr. Start Sandler, the authorized treating physician, referred Claimant for and orthopedic surgical evaluation and noted Dr. Thurman or Dr, Alan of McLeod Orthopedics in Florence, SC were recommended. (Claimant's APA pp. 30-32,36).
4 Claimant also had an MRI of her left knee that revealed a partial ACL tear among other things. (Claimant's APA p. 7).
5. Defendants authorized a surgical evaluation of Claimant's left hip and left knee with Dr. DaSilva in Columbia, South Carolina on two separate occasions. Defendants arranged transportation for the Claimant for both appointments. Claimant failed to attend either appointment citing the distance of the appointment in Columbia when she was referred to orthopedists in Florence, SC, closer to her home.
6. Pursuant to S.C. Code Ann. Section 42-15-80, I find Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopaedics in Florence, South Carolina and it is most reasonable in time and place as it relates to Claimant's home in Hartsville, South Carolina.

7. I find it is unreasonable for Claimant, who is asserting low back, left hip, and left knee injuries, to ride over 70 miles to an evaluation in Columbia, South Carolina, when the authorized treating physician specifically referred her to surgeons within the McLeod practice and within approximately 20 minutes of her home.
8. Defendants are to provide Claimant with written authorization for an appointment with Dr. Alan within fourteen (14) days of the date of this Order. An actual appointment date will be left of to the discretion of Dr. Alan's office.
9. Claimant's request for filing fees is denied.
10. No hearing costs are assessed.

ORDER

Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopedics in Florence, South Carolina. Defendants are to provide Claimant with written authorization for an appointment with Dr. Alan within fourteen (14) days of the date of this Order. An actual appointment date will be left to the discretion of Dr. Alan's office.

AND IT IS SO ORDERED.

June 7, 2021



Commissioner Alsha Taylor

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.

June 8, 2021

By: Renee Smith, Administrative Assistant to Commissioner Taylor

Order Served via Email 6-8-21:

Walter H. Barefoot walt.barefoot@mgclaw.com

Preston F. McDaniel preston@pfmcdlaw.com

South Carolina
Department of Employment and Workforce

23282503

DECISION OF APPEAL TRIBUNAL

Hearing Date: April 12, 2023

Appeal Number: 23-LA-003404

MARY I. DAVIS

CLAIMANT

RUIZ FOOD PRODUCTS INC
PO BOX 1190
LONDONDERRY NH 03053-8233

EMPLOYER

APPELLANT: Claimant SSN: XX- CLAIMANT ID:

APPEARANCES

FOR THE CLAIMANT: Claimant

FOR THE EMPLOYER: NONE

ISSUE STATEMENT

The issue in this case is whether the claimant was discharged for cause.

FINDINGS OF FACT

The claimant appealed the claims adjudicator's determination mailed March 7, 2023, which held the claimant disqualified from receiving benefits for sixteen (16) weeks, effective February 26, 2023, through June 17, 2023, along with a corresponding reduction in the maximum potential benefit amount upon a finding the claimant was discharged for cause.

The claimant worked from November 28, 2018, to February 20, 2023, with the subject employer, most recently as a rework. The claimant maintains she told she was discharged for throwing away company product. The claimant also maintains she was responsible for inspecting the tortillas after they were cooked and dispose of ones that did not meet the employer's quality standards. She maintains that she did not discard tortillas that meet the criteria to be used as she was trained. She denied any other reason for the termination.

REASONS

S.C. Code Ann. §41-27-20 requires that unemployment benefits to be set aside for persons unemployed through no fault of their own.

S.C. Code Ann. § 41-35-120(2)(b) requires disqualification from benefits for five (5) to nineteen (19) weeks, with a corresponding monetary reduction, when the Department finds a claimant has been discharged for cause, other than misconduct, connected with the employment. "Cause other than misconduct" is defined by S.C. Reg. 47-100 as conduct that demonstrates a level of fault of the employee, but does not rise to the level of deliberate disregard for the standards of behavior which the employer has the right to expect of an employee. Fault includes those acts or omissions of employees over which an employee exercised reasonable control and which violate reasonable requirements of the job.

Although duly notified of the hearing, the employer did not appear and provide any testimony. To justify a disqualification from benefits, the evidence must establish that the claimant was discharged either for misconduct or cause or voluntarily quit available employment without good cause. The Tribunal must give greater weight to the claimant's firsthand sworn testimony than to the limited evidence provided by the employer at the time of the initial adjudication. As such the Tribunal must find the greater weight of credibility lies with the claimant. The claimant has consistently denied any wrongdoing and insists she was following her rework training. Based upon the claimant's denial of any inappropriate behavior at the time of discharge and a lack of dispositive evidence from the employer indicating otherwise, the Tribunal must conclude the claimant was discharged without cause in connection with the work. Such being the case, no disqualification shall be imposed upon the claimant.

DECISION

The Tribunal hereby holds the claimant eligible for benefits, effective February 26, 2023, upon finding the claimant was discharged under non-disqualifying circumstances. This decision reverses the determination mailed March 7, 2023.

This will be the final decision of the Agency, unless you file an appeal to the Appellate Panel setting forth in detail the grounds for appeal within ten (10) calendar days, including weekends and holidays, from the mailing date of this decision. If the tenth day falls on a Saturday, Sunday or holiday, the appeal period is extended to the next business day. Your appeal may be filed by mail addressed to **"Appellate Panel, Post Office Box 1752, Columbia South Carolina, 29202"**, or by **fax at 803-737-3166**. For additional information on filing an appeal, visit our web site at https://dew.sc.gov/individuals/manage-your-benefits/appeals.

Cassandra Huggins
Administrative Hearing Officer

Decision Mailed: April 14, 2023

South Carolina
Department of Employment and Workforce

23080128

MARY L DAVIS

Claim ID: 3426758
Claimant ID:
SSN:
SC Works Center: Hartsville
Effective Date: 02/26/2023
Date Filed: 02/28/2023
Date Prepared: 03/02/2023

Initial Determination of Status as an Insured Worker

***BENEFITS YOU MAY BE ELIGIBLE FOR**

WEEKLY BENEFIT AMOUNT	$326.00
MAXIMUM TOTAL BENEFITS	$6,520.00
BENEFIT YEAR ENDS	02/24/2024

SEE ATTACHED FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD		STANDARD BASE PERIOD QUARTERLY EARNINGS			
EMPLOYER	ACCOUNT NO.	*QTR / YEAR	*QTR / YEAR	*QTR / YEAR	*QTR / YEAR
		4/2021	1/2022	2/2022	3/2022
RUIZ FOOD PRODUCTS INC	585021	$9,702.31	$7,953.15	$10,290.54	$9,556.14
STANDARD BASE QUARTER TOTAL		$9,702.31	$7,953.15	$10,290.54	$9,556.14

NOTE: The weekly benefit amount on this form reflects your GROSS PAYMENT EACH WEEK BEFORE ANY DEDUCTIONS are made. Possible deductions to this amount include, but are not limited to, tax withholding, pension, child support, offset of overpayment, and part-time earnings. ALSO, YOUR FINAL PAYMENT MAY BE LESS THAN THE FULL WEEKLY BENEFIT AMOUNT BASED ON THE BALANCE REMAINING IN YOUR ACCOUNT.

*QTR.
1. JAN, FEB, MAR 3. JULY, AUG, SEPT
2. APR, MAY, JUNE 4. OCT, NOV, DEC

Rate of Pay Adjustment

Name: Davis, Mary L.

Emp #: 22315 Date:

Job Title: PACKER

Level: L01 2ND Shift

DOH: 11/28/2018 3 Years of Service

Premium Job: NONE

	Current	New
Level Rate:	$ 15.00	$ 17.00
Seniority:	$ 0.15	$ 0.15
Shift:	$ 1.00	$ 1.00
Job Premium:	$ 0.00	$ 0.00
COMPOSITE RATE:	$ 16.15	$ 18.15
	Total Dollar Increase	$ 2.00
Attendance Incentive:	$ 2.00 *	$ 1.00 *
Total Potential Rate:	$ 18.15	$ [redacted]

Effective Date: 3/27/2022

Preferred Language: Shirt Size:

Comments:

Approved By:

Team Member: Date

Supervisor/Manager: Date

Human Resources: Date

*Must qualify for the Attendance Incentive

Ruiz Food Products, Inc. Confidential

mgc

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com

September 15, 2023

VIA eCASE
Commissioner Aisha Taylor
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Mary Davis vs. Ruiz Food Products and Safety National Casualty Corp. c/o Sedgwick
Date of Accident: November 4, 2022
WCC File No.: 2223041
Our File No.: 20194.23605
Claim No.: TBD

Dear Commissioner Taylor:

Please find enclosed our Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports for filing in the above captioned matter.

By copy of this letter to Preston F. McDaniel, Esquire, the claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by mail.

Very truly yours,

Walter H. Barefoot

WB/brt
Enclosures
cc: Jonathan Holder, Ruiz Foods
DeSeon Williams, Sedgwick
Preston F. McDaniel, Esquire, The McDaniel Law Firm
Ignacio Albarran, Ruiz Foods

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 2223041

Claimant's Name: Mary L. Davis SSN:

Address:

Home Phone: Phone:

Preparer's Name: Walter H. Barefoot

Employer's Name: Ruiz Foods

Address: 2557 Florence Harllee Boulevard Florence, South Carolina 29506

Carrier: Safety National Casualty Corp. c/o Sedgwick

Preparer's Phone #: (843) 519-1801

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate: $ TBD 2. AWW: $ TBD **Date of Injury:** 11/04/22
3. Type of injury and body part(s): Alleged: neck, back, left hip, left leg, left knee.
4. Facts in controversy: Whether the Claimant sustained a compensable injury; If so, whether or not she is entitled to medical treatment; If so, specifically what; Whether the Claimant is entitled to temporary disability benefits; If so, for what specific period(s); Whether Claimant was terminated for cause.
5. Legal issues involved: §42-1-160; §42-9-10; §42-15-60; §42-9-160; §42-9-170; §42-9-190; *Pollack v Southern Wine & Spirits of America*, 405 SC 9, 747 SE 2d 430 (2013).
6. Unusual aspects: Claimant was terminated for cause.
7. Witnesses (designate if expert):* Possibly: Representative of Employer; Mr. Jonathan Holder; Ms. Shanda Blackwell; Ms. Opal Jones; Mr. Windell Hayes; Ms. Yirandi Mateo.
8. Exhibits: Possibly Deposition of Claimant; Possibly Deposition of Opal Jones; Possibly Deposition of Shanda Blackwell; Records of Employer.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):

   Records of: McLeod Spine; McLeod Orthopaedics Florence; CareSouth Carolina; Hometown Urgent Care
10. Name, address, and specialty, if any, of the treating physician: None known to Defendants
11. Impairment rating(s); body part(s); physician and date of opinion: None known to Defendants
12. I am amending my Form 50/51 in the following manner: None at this time

☐ **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. 67-4803.
- ☐ 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 Preston F. McDaniel, Esquire, The McDaniel Law Firm **address** 1315 Elmwood Avenue Columbia, South Carolina 29201 **on the** 15th **day of** September **20** 23 .
by ☒ **first class postage** ☐ **certified mail** ☐ **personal service** ☐ **electronic service**

Signature: Walter H. Barefoot

Email: walt.barefoot@mgclaw.com

Date of Hearing: September 27, 2023

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, 67-211, and Regulations 67-601 through 67-615; as well as Reg. 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. *Commissioners reserve the right to admit expert witnesses at hearings.

WCC FORM # 58
Revised 7/15

58

PRE-HEARING BRIEF

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 2223041

MARY L. DAVIS,

Employee,

Claimant,

vs.

RUIZ FOODS,

Employer,

AND

SAFETY NATIONAL CASUALTY CORP.
C/O SEDGWICK,

Carrier,

Defendants.

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND PRESTON F. MCDANIEL, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	RECORDS OF	DATES	PAGES
11.	McLeod Spine	11/14/2022	76-78
12.	McLeod Orthopaedics Florence	02/27/2023	79-82
13.	CareSouth Carolina	03/02/2023 – 04/03/2023	83-98
14.	Hometown Urgent Care	03/24/2023	99-101
15.	Employer	10/24/2019 – 02/20/2023	102-111
16.	Videos of Claimant at Work	02/08/2023 – 02/09/2023	To Be Submitted at Hearing

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise

oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

Representative of Employer
Ruiz Food Products, Inc.
2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Jon Holder
Ruiz Food Products, Inc.
2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Shanda Blackwell
Ruiz Food Products, Inc.
2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Opal Jones
Ruiz Food Products, Inc.
2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Windell Hayes
Ruiz Food Products, Inc.
2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Yirandi Mateo
Ruiz Food Products, Inc.
2557 Florence Harllee Boulevard
Florence, South Carolina 29506

Walter H. Barefoot

WALTER H. BAREFOOT
MCANGUS GOUDELOCK & COURIE LLC
1452 West Evans Street, Suite 102
Florence, South Carolina 29501
ALL MAIL TO: Post Office Box 12519
Columbia, South Carolina 29211
(843) 519-1800
Attorneys for the Employer/Carrier

Florence, South Carolina
September 15, 2023

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 2223041

MARY L. DAVIS, Employee, Claimant, vs. RUIZ FOODS, Employer, AND SAFETY NATIONAL CASUALTY CORP. C/O SEDGWICK, Carrier, Defendants.	**CERTIFICATE OF SERVICE**

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Preston F. McDaniel, Esquire
The McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

VIA eCase
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports

DATE OF MAILING: September 15, 2023

Baker Tange

Baker Tange
Paralegal to Walter H. Barefoot

DEFENDANTS' INDEX TO APA SUBMISSIONS

Mary Davis vs. Ruiz Foods

WCC File No.: 2223041

Hearing Date: September 27, 2023

Our File No: 2057.23002

APA#	RECORDS OF	DATES	PAGES
11.	McLeod Spine	11/14/2022	76-78
12.	McLeod Orthopaedics Florence	02/27/2023	79-82
13.	CareSouth Carolina	03/02/2023 – 04/03/2023	83-98
14.	Hometown Urgent Care	03/24/2023	99-101
15.	Employer	10/24/2019 – 02/20/2023	102-111
16.	Videos of Claimant at Work	02/08/2023 – 02/09/2023	To Be Submitted at Hearing

DAVIS, MARY L DOB: (56 yo F) Acc No. , DOS: 11/14/2022

F/U w/Results

Patient: DAVIS, MARY L
Account Number:
DOB: **Age:** 56 Y **Sex:** Female
Phone:
Address:
Pcp: Liston A Weatherey, APRN

Provider: Rakesh P. Chokshi, MD
Date: 11/14/2022

Subjective:

Chief Complaints:
1. POST ESI.

HPI:
Constitutional:
Mary Davis is s/p Lumbar ESI follow-up. Chief complaints are chronic low back pain with bilateral leg pain. Reports no relief with recent injection. Conservative treatment has been exhausted with no permanent relief of symptoms. Denies any bladder or bowel incontinence. Accompanied with her daughter. Patient is currently doing Sedentary duty.

ROS:
General/Constitutional:
Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.
HEENT/Neck:
Swollen lymph nodes none.
Respiratory:
Shortness of breath no. Wheezing no.
Cardiovascular:
Chest pain no. Irregular heart beat denies. Palpitations denies.
Gastrointestinal:
General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.
Genitourinary:
Urinary no burning or pain on urination, no frequency, no hesitancy.
Musculoskeletal:
General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.
Skin:
General no sores. Rash no. Itching no.
Neurologic:
Dizziness no. Headache no. Seizures no.
Psychiatric:
Anxiety denies. Depression denies.

Medical History: Asthma, HTN, Diabetes Mellitus, Neuropathy.

Surgical History: C- Section X 2 .

Hospitalization/Major Diagnostic Procedure: See Surgical , none recent 03/30/2022, none recent 07/11/2022, None Recent 10/21/2022, see sx hx 11/14/2022.

Family History: Father: deceased, diagnosed with Hypertension. Mother: deceased, diagnosed with Diabetes.

Social History:
Tobacco Use: Smoking Are you a: never smoker.
Miscellaneous: Marital status: Separated. Occupation: packer. Travel outside US: no.
Drug/Alcohol: Drugs: Denies. Alcohol Did you have a drink containing alcohol in the past year? No, Points 0, Interpretation Negative.

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 11/14/2022

Medications: Taking Pt did not bring meds today, but stated no change. , Notes: 11/14/2022, Taking Albuterol Sulfate 108 (90 Base) MCG/ACT Aerosol Powder Breath Activated 1 puff as needed Inhalation every 4 hrs, Taking amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day, Taking hydroCHLOROthiazide 25 MG Tablet 1 tablet in the morning Orally Once a day, Taking Valsartan 80 MG Tablet 1 tablet Orally Once a day, Taking Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day, Taking Valsartan 80 MG Tablet 1 tablet Orally Once a day, Taking Hydrochlorothiazide 25 MG tablet 0.5 tablet Orally Once a day, Taking amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day, Taking metFORMIN HCl , Notes: 1000mg, Taking Lantus SoloStar(Insulin Glargine) 100 UNIT/ML Solution Pen-Injector as directed Subcutaneous , Not-Taking/PRN Mobic(Meloxicam) 15 MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Cyclobenzaprine HCl 10 MG Tablet 1 tablet at bedtime as needed Orally TID, Not-Taking/PRN traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN, Not-Taking/PRN Pt did not bring meds today, but stated no change. , Notes: verbal 07/11/2022, Not-Taking/PRN Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day, Not-Taking/PRN traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN, Not-Taking/PRN Cephalexin 500 MG Capsule 1 capsule Orally Four times a day, Not-Taking/PRN Ozempic (0.25 or 0.5 MG/DOSE) (Semaglutide(0.25 or 0.5MG/DOS)) 2 MG/1.5ML Solution Pen-Injector as directed Subcutaneous , Not-Taking/PRN Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day, Not-Taking/PRN Fluticasone-Salmeterol 115-21 MCG/ACT Aerosol 2 puffs Inhalation Twice a day, Not-Taking/PRN Fluconazole 150 MG Tablet 1 tablet Orally , Not-Taking/PRN Rybelsus (Semaglutide) 7 MG Tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Orally Once a day, Not-Taking/PRN Ferrous Sulfate 325 (65 Fe) MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Albuterol Sulfate , Not-Taking/PRN Losartan Potassium 50 MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Diclofenac Sodium 75 MG Tablet Delayed Release 1 tablet as needed Orally Twice a day, Not-Taking/PRN Ibuprofen 800 MG Tablet 1 tablet with food or milk as needed Orally Three times a day, Not-Taking/PRN Acetaminophen 500 MG Capsule 2 tablets Orally every 6 hrs, Not-Taking/PRN glipiZIDE , Not-Taking/PRN Advil(Ibuprofen) 200 MG Tablet 1 tablet with food or milk as needed Orally Three times a day, Not-Taking/PRN Aleve(Naproxen) 220 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Medcation List reviewed and reconciled with the patient

Allergies: Phenergan, Demerol.

Objective:

Vitals: Wt **222.2**, Wt-kg **100.79**, Ht 4'8", Ht-cm 142.24, BMI **49.81**, Pain scale **10**, BSA **1.99 M** pt denies covid symptoms.

Examination:

Lumbar Spine:

On Examination, patient is a healthy appearing female in no acute distress. Abnormal gait, using cane at today's visit. No tenderness of the spinal process or paraspinal area. Range of motion is limited. Full and painless hip bilaterally. Neurologically intact bilaterally in the LE. Reflexes are 2+ and symmetric. Motor strength is 5/5 in all major muscle groups.

Assessment:

Assessment:

1. Lumbar back pain - M54.50 (Primary)
2. Lumbar degenerative disc disease - M51.36
3. Facet arthritis of lumbar region - M47.816

Plan:

1. Lumbar back pain

Refill traMADol HCl Tablet, 50 MG, 1 tablet as needed, Orally, Q 6 hrs PRN, 10 days, 40, Refills 0 ;
Refill Mobic Tablet, 15 MG, 1 tablet, Orally, Once a day, 30 day(s), 30 .

Imaging: LUMBAR (AP, LAT, FLEX, EXT)

Provider: Rakesh P. Chokshi, MD **Date:** 11/14/2022

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 11/14/2022

Garris,Chelsey 11/14/2022 08:36:58 AM EST > done. Howard,Autumn CNA 11/14/2022 09:00:58 AM EST > AP and Lateral with Flexion and Extension Lumbar x-rays done 11/14/22 were personally reviewed by me with the patient demonstrates, evidence of facet arthropathy at L4-5 and L5-S1. No overt Intability or abnormalities. Normal hips and SI joints. No lytic lesion.

2. Others
Notes: I, Autumn Howard, scribing for Dr. Chokshi attest that the documentation entered is accurate and reflects the physician's communication to the patient.

Previous Lumbar MRI which shows degenerative facet arthropathy at the L4-5 and L5-S1 location. No significant compressive pathology.
Clinical Notes: Nonsteroidal anti-inflammatory medication is prescribed. This is to be taken on a daily basis, with food, for the next 6 weeks, because of cumulative effects. Appropriate pain medications as prescribed.

Long-term Pain management was discussed with the patient

We have encouraged activities and weight loss as tolerated and as directed by the primary care physician.

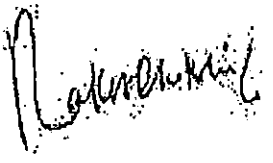
The patient has reached MMI. Based on AMA's Guidelines 5th edition the permanent physical impairment rating is 5% medical impairment of the whole person. Use of good body mechanics and careful lifting techniques were encouraged. No follow-up is required, however patient can follow-up with me as needed.
Referral To:
Reason:FCE ONCE APPROVED BY WC

Procedure Codes: 72114 Xray exam of lower spine Office

Follow Up: prn

Billing Information:

Visit Code:
99214 Officeoutpatient visit est Office.
Procedure Codes:
72114 Xray exam of lower spine Office.



Electronically signed by RAKESH CHOKSHI , MD on 11/19/2022 at 05:06 PM EST
Sign off status: Completed

Provider: Rakesh P. Chokshi, MD **Date:** 11/14/2022

Davis, Mary Lisa (MRN DOB: Encounter Date: 02/27/2023

Davis, Mary Lisa MRN:

Office Visit 2/27/2023
McLeod Orthopaedics - Florence

Provider: Rodney K Alan, MD (Orthopaedic Surgery)
Primary diagnosis: Chronic pain of left knee
Reason for Visit: Left Hip - Pain • Left Knee - Pain

Progress Notes Rodney K Alan, MD (Physician)
Orthopedics

Procedure Orders
1. L Inj/Asp: L knee [5461978] ordered by Rodney K Alan, MD

Post-procedure Diagnoses
1. Chronic pain of left knee (M25.562, G89.29)

Chief complaint: Follow-up left hip left knee pain

History of present illness: The patient returns for follow-up evaluation. The patient had a work injury in November 2019. She reports ongoing intermittent pain in the left hip and knee and pain in the left buttock and low back. She uses a cane for ambulation. She reported that the prior injection in the knee gave her about 4 months of pain relief. She reported that the injection in the hip did not help with her symptoms. I previously gave her a rating to the left lower extremity. I outlined future medical treatments. She comes in requesting additional treatments. The patient is a diabetic. Since I last saw her I reviewed her A1c. In October 2022 her A1c was 9.2.

Physical exam:

Visit Vitals

BP	141/90
Pulse	84
Temp	37.2 °C (98.9 °F)
Ht	4' 9" (1.448 m)
Wt	102 kg (224 lb)
BMI	48.47 kg/m²
Smoking Status	Never
BSA	2.03 m²

Patient in no acute distress. She has gained 35 pounds since her last evaluation. She walks with a moderate limp. The left knee has neutral alignment. There is medial joint line tenderness. There is no effusion. There is a negative logroll. There is a negative Stinchfield sign. There is no increase in pain with internal or external rotation of the hip.

XR hip left 2 or 3 views
AP pelvis with frog left hip demonstrates periarticular osteophytes, relatively preserved joint spaces, no acute bone abnormality. Findings not significantly changed when compared to imaging from 12/13/2021.
XR knee 3 views left
Left knee 3 views demonstrates mild medial joint space narrowing, no acute bone abnormality.

Davis, Mary Lisa (MRN DOB:

Encounter Date: 02/27/2023
Rodney K Alan, MD (Physician)
Orthopedics

Progress Notes (continued)

Impression and plan:

The patient has continued left lower extremity pain. The radiographs do not appear severe enough to warrant joint replacement at this time. We will continue nonoperative management. The patient was given a gel injection in the left knee. Unfortunately steroid injections need to be limited due to uncontrolled diabetes mellitus. The patient already has another follow-up with a spine specialist. There are no changes to her prior evaluation, impairment, and rating. Please see note from March 2022.

Patient ID: Mary Lisa Davis is a 56 y.o. female.

L Inj/Asp: L knee on 2/27/2023 9:56 AM
Indications: pain
Details: 18 G needle, anteromedial approach
Medications: 60 mg sodium hyaluronate 60 mg/3 mL
Outcome: tolerated well, no immediate complications
Procedure, treatment alternatives, risks and benefits explained, specific risks discussed. Patient was prepped and draped in the usual sterile fashion.

Instructions

AVS - Outpatient (Automatic SnapShot taken 2/27/2023)

Additional Documentation

Vitals:
BP 141/90
Pulse 84
Temp 37.2 °C (98.9 °F)
Ht 4' 9" (1.448 m)
Wt 102 kg (224 lb)
BMI 48.47 kg/m²
BSA 2.03 m²

Communications

Letter sent to Mary L. Davis

No questionnaires available.

Encounter Status

Signed by Rodney K Alan, MD on 2/27/23 at 13:13

Orders Placed

XR hip left 2 or 3 views (Resulted 2/27/2023)
XR knee 3 views left (Resulted 2/27/2023)
L Inj/Asp: L knee (Resulted 2/27/2023)

Davis, Mary Lisa (MRN , DOB:
Orders Placed (continued) Encounter Date: 02/27/2023

Medication Changes As of 2/27/2023 1:13 PM

None

Medication List at End of Visit As of 2/27/2023 1:13 PM

	Refills	Start Date	End Date
acetaminophen (Tylenol) 500 mg tablet 2 tablets every 6 hrs Patient-reported medication		7/11/2022	
albuterol 90 mcg/actuation inhaler 1 puff as needed every 4 hrs Patient-reported medication		7/11/2022	
amLODIPine (Norvasc) 5 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
cephalexin (Keflex) 500 mg capsule 1 capsule Four times a day Patient-reported medication		7/11/2022	
cyclobenzaprine (Flexeril) 10 mg tablet 1 tablet at bedtime as needed TID Patient-reported medication		7/11/2022	
diclofenac (Voltaren) 75 mg EC tablet 1 tablet as needed Twice a day Patient-reported medication		7/11/2022	
EMPAGLIFLOZ-LINAGLIP-METFORMIN ORAL Patient-reported medication		10/21/2022	
FERROUS SULFATE ORAL 1 tablet Once a day Patient-reported medication		10/21/2022	
fluconazole (Diflucan) 150 mg tablet 1 tablet Patient-reported medication		7/11/2022	
FLUTICASONE PROPION-SALMETEROL INHL 2 puffs Twice a day Patient-reported medication		10/21/2022	
GLIPIZIDE ORAL Patient-reported medication		10/21/2022	
hydroCHLOROthiazide (HydroDIURIL) 25 mg tablet 1 tablet in the morning Once a day Patient-reported medication		7/11/2022	
Ibuprofen			
Ibuprofen (ADVIL ORAL) 1 tablet with food or milk as needed Three times a day Patient-reported medication		10/21/2022	
IBUPROFEN ORAL 1 tablet with food or milk as needed Three times a day Patient-reported medication		10/21/2022	
Tresiba FlexTouch U-100 100 unit/mL (3 mL) injection INJECT 60 UNITS SUBCUTANEOUSLY ONCE DAILY Patient-reported medication		2/17/2023	
insulin glargine (Lantus) 100 unit/mL (3 mL) pen as directed Patient-reported medication		7/11/2022	
losartan (Cozaar) 50 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	

Printed by Brittanny Prosser at 2/27/2023 3:16 PM

Davis, Mary Lisa (MRN DOB: Encounter Date: 02/27/2023

Medication List at End of Visit (continued) As of 2/27/2023 1:13 PM

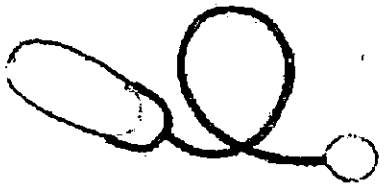
	Refills	Start Date	End Date
meloxicam (Mobic) 15 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
metFORMIN (Glucophage) 1,000 mg tablet Patient-reported medication		2/26/2023	
naproxen sodium (ALEVE ORAL) 1 tablet with food or milk as needed every 12 hrs Patient-reported medication		10/21/2022	
OMEPRAZOLE ORAL 1 capsule 30 minutes before morning meal Once a day Patient-reported medication		10/21/2022	
ondansetron ODT (Zofran-ODT) 4 mg disintegrating tablet 1 tablet on the tongue and allow to dissolve Once a day Patient-reported medication		7/11/2022	
semaglutide			
semaglutide (Rybelsus) 7 mg tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Once a day Patient-reported medication		7/11/2022	
semaglutide (Ozempic) 0.25 mg or 0.5 mg(2 mg/1.5 mL) pen injector as directed Patient-reported medication		7/11/2022	
traMADol (Ultram) 50 mg tablet 1 tablet as needed Q6 hrs PRN PAIN Patient-reported medication		7/11/2022	
valsartan (Diovan) 80 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	

Medications Administered

hyaluronate sodium, stabilized 60 mg

Visit Diagnoses

Primary: **Chronic pain of left knee** M25.562, G89.29
Left hip pain M25.552
Work related injury Y99.0



Davis, Mary L
56 Y old Female, DOB:
Account Number:
, Hartsville, SC
Home:
Guarantor: Davis, Mary L Insurance: BCBS Medical Payer ID:
Appointment Facility: Hartsville Suite A - CareSouth Carolina

03/02/2023
Check In: 08:04 AM EST

Progress Notes: Liston Alex Weatherly Jr., FNP

Current Medications
Taking
- WAVESENSE KEYNOTE W/DEVICE KIT Use as directed , Notes: "please review for potential update for e-prescription and drug interaction check"
- Lancets Thin Use as directed to check blood sugar , Notes: "please review for potential update for e-prescription and drug interaction check"
- WAVESENSE PRESTO IN VITRO STRIP Check FSBS TID , Notes: "please review for potential update for e-prescription and drug interaction check"
- Handicap Placard 1 Placard 1 as needed
Daily
- Advair Diskus 250-50 MCG/DOSE Aerosol Powder Breath Activated 1 puff Inhalation Twice a day
- Nebulizer Miscellaneous as directed , Notes: tubing kit
- Fluticasone-Salmeterol 115-21 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
- Dexcom G6 Receiver Device as directed topical four times a day
- Dexcom G6 Sensor Miscellaneous 1 sensor intradermal every 10 days
- Dexcom G6 Transmitter Miscellaneous as directed intradermal once every 3 months
- Advair HFA 45-21 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Twice daily
- Nystatin 100000 UNIT/GM Powder 1 application Externally Twice a day
- Albuterol Sulfate (2.5 MG/3ML) 0.083% Nebulization Solution USE IN NEBULIZER MACHINE AS NEEDED Inhalation every 4 hrs
- Proventil HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 PUFF BY MOUTH AS NEEDED Inhalation every 4 hrs
- hydroCHLOROthiazide 25 MG Tablet 1 tablet Orally Once a day

Reason for Appointment
1. Tongue pain from broken tooth rubbing it, feet/back pain
2. Refills

History of Present Illness
Depression Screening:
PHQ-9
Little interest or pleasure in doing things *Not at all*
Feeling down, depressed, or hopeless *Not at all*
Trouble falling or staying asleep, or sleeping too much *Several days*
Feeling tired or having little energy *Not at all*
Poor appetite or overeating *Several days*
Feeling bad about yourself or that you are a failure, or have let yourself or your family down *Not at all*
Trouble concentrating on things, such as reading the newspaper or watching television *Not at all*
Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual *Not at all*
Thoughts that you would be better off dead or of hurting yourself in some way *Not at all*
Total Score *2*
Interpretation *Minimal Depression*
CSC 2 Patient Identifier:
Patient Identification Checked
Nurse *Name, DOB Taylor Gainey,RMA*
Lab *Patient Name, DOB Tyquanda Williamson, Lab Tech*
Provider *Patient Name, DOB Liston A. Weatherly Jr, FNP-BC*
Gainey RMA, Taylor 03/02/2023 08:21:18 AM >
WEATHERLY, LISTON ALEX 03/02/2023 08:56:26 AM > Patient presents today for DM check up and refills. Patient has c/o tongue pain due to broken tooth. Patient is trying to get an upstair apartment and needs a letter stating her health problems that prevent her from climbing the stairs.

Vital Signs
Ht: 57.25, Wt: **226**, Temp: **98.0**, TEMP SITE: **oral**, BP: **139/86**, BP CUFF SIZE: **large**, HR: **86**, RR: **20**, Pain scale: **10**, BMI: **48.47**, Body Surface Area: 2.03, Wt-kg: 102.51
Gainey RMA, Taylor 03/02/2023 08:29:22 AM >
pain-feet/back.

DAVIS, Mary L DOB: (56 yo F) Acc No. DOS: 03/02/2023

- amLODIPine Besylate 5 MG Tablet Take 1 tablet by mouth once daily
- metFORMIN HCl 1000 MG Tablet 1 tablet with a meal Orally Twice a day
- Tresiba FlexTouch 100 UNIT/ML Solution Pen-injector Inject 60 units Subcutaneous once a day; Notes: Quantity sufficient for 1 month
- Omeprazole 20 MG Capsule Delayed Release 1 capsule Orally Once a day
- Valsartan 80 MG Tablet 1 tablet Orally Once a day

Not Taking/PRN

- Lantus SoloStar 100 UNIT/ML Solution Pen-injector 30 unit sc in pm Subcutaneous
- Ozempic (1 MG/DOSE) 2 MG/1.5ML Solution Pen-injector Inject 1 mg Subcutaneous once a week
- Ferrous Sulfate 325 (65 Fe) MG Tablet 1 tablet Orally Once a day
- Ibuprofen 800 MG Tablet 1 tablet as needed Orally Three times a day
- Naproxen 500 MG Tablet 1 tablet with food or milk as needed Orally Twice a day

Unknown

- ZyrTEC Allergy 10 MG Tablet 1 tablet Orally Once a day
- Cetirizine HCl 5 MG/5ML Solution 5 ML Orally Once a day

Medication List reviewed and reconciled with the patient

Past Medical History

DM, HTN

Surgical History

cyst removed from vagina PAST SurgHX Till 09/23/2020

tubal ligation 1994 PAST SurgHX Till 09/23/2020

c-section x 2 1991,1994 PAST SurgHX Till 09/23/2020

Family History

Mother: deceased, Diabetes
Father: deceased, MI male <55
Maternal Grand Mother: deceased
Maternal Grand Father: deceased
Paternal Grand Mother: deceased
Paternal Grand Father: deceased
Sister: alive
Brother: alive
Migrated Family History: family history Heart Attack/Angina: Father,Diabetes: Mother,Asthma/Respiratory Problems: Sister: , myocardial infarction in female under 65, family hx: no , myocardial infarction in male under 55, family hx (NCEP risk factors): yes
Sister: Full Sister,Diabetes Full Sister: Heart Disease Full Sister: Lung/Respiratory Disease
1 brother(s) , 2 sister(s) , healthy 2 daughter(s) , healthy
Knox, Angela Ervin RMA 02/15/2021 09:32:03 AM

Examination

General Examination:

GENERAL APPEARANCE: normal, alert, well hydrated, in no distress, pleasant, in no acute distress, well developed, well nourished, in no acute distress.

ORAL CAVITY: tongue pain.

NECK / THYROID: neck supple, full range of motion.

LUNGS: normal, clear to auscultation bilaterally, good air movement, no wheezes, rales, rhonchi.

HEART: non-displaced PMI, chest non-tender, no murmurs, rubs, gallops, regular rate and rhythm, S1, S2 normal.

MUSCULOSKELETAL: back pain.

PERIPHERAL PULSES: pulses normal in all 4 extremities.

EXTREMITIES: no clubbing, cyanosis, edema, or deformity noted, normal full range of motion of all joints.

NEUROLOGIC: no focal deficits, alert and oriented, cognitive exam grossly normal, normal sensation, reflexes, coordination, muscle strength and tone.

SKIN: intact without lesions or rashes, limited exam.

PODIATRIC: bilateral foot pain.

PSYCH: anxious appearing , affect irritable.

FOOT EXAM:

Date *03/02/2023*

Sensory and motor testing performed: *sensations and strength normal*

Pedal pulse taking performed: *2+*

Visual exam of foot performed: *Yes*

Assessments

1. Type 2 diabetes mellitus with diabetic chronic kidney disease - E11.22 (Primary)
2. Essential (primary) hypertension - I10
3. Pain in right foot - M79.671
4. Pain in left foot - M79.672
5. Lumbar spondylosis - M47.816
6. Diabetic polyneuropathy associated with type 2 diabetes mellitus - E11.42

Treatment

1. Type 2 diabetes mellitus with diabetic chronic kidney disease

Refill Tresiba FlexTouch Solution Pen-injector, 100 UNIT/ML, Inject 60 units, Subcutaneous, once a day, 30 days, 10 Each, Refills 2, Notes: Quantity sufficient for 1 month

Start Gabapentin Capsule, 300 MG, 1 capsule, Orally, at bedtime, 30 days, 30 capsule, Refills 2

Refill metFORMIN HCl Tablet, 1000 MG, 1 tablet with a meal, Orally, Twice a day, 30 day(s), 60 Tablet, Refills 2

LAB: CSC IH Hemoglobin A1C (HGBA1C) (83036)

	Value	Reference Range
Hemoglobin A1C	11.1	4.5 - 5.7 %

2. Essential (primary) hypertension

Refill hydroCHLOROthiazide Tablet, 25 MG, 1 tablet, Orally, Once a day, 30 days, 30 Tablet, Refills 2

Coe, Jenica Shavon, LPN 10/02/2021 10:40:53 AM >
McCaskill, Evette Tyease, RMA 02/05/2022 10:24:23 AM >
Watson RMA, Lynnisha 03/12/2022 09:55:45 AM >
McDuffie RMA, Kiira 05/02/2022 07:55:26 AM >
Gainey RMA, Taylor 10/18/2022 08:06:29 AM >
Gainey RMA, Taylor 03/02/2023 08:21:50 AM >

Social History

Tobacco Use:
Tobacco Use/Smoking:
Tobacco use: *nonsmoker*
Tobacco use other than smoking
Are you an other tobacco user? *No*
Social Determinants:
PRAPARE
Date Completed/Updated: *10/18/2022*
What is your current housing situation? *I have housing*
Are you worried about losing your housing? *No*
What is the highest level of school that you have finished? *Less than a high school degree*
What is your current work situation? *Full time work*
In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. *I do not have problems meeting my needs*
Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? *No*
How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings) *3 to 5 times a week*
How stressed are you? Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. *Not at all*
In the past year have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility? *No*
Are you a refugee? *No*
What country are you from? *United States*
Do you feel physically and emotionally safe where you currently live? *Yes*
In the past year, have you been afraid of your partner or ex-partner? *No*
PRAPARE Score: *4*
Learning Needs
Information obtained from *Patient*
Able to Read: *yes*
Patient communicates in *English*
Patient Reads in: *English*
Highest Level of Education: *Some School*
Preferred Method of Learning: *Visual*

Refill amLODIPine Besylate Tablet, 5 MG, 1 tablet, Orally, Once a day, 30 days, 30 Tablet, Refills 2
Refill Valsartan Tablet, 80 MG, 1 tablet, Orally, Once a day, 30 days, 30 tablets, Refills 2

Visit Codes
99213 A Office Visit, Est Pt., Level 3.

Procedure Codes
83036 Hemoglobin; glycosylated (A1C)

Follow Up
1 month (Reason: A1C check up)

Electronically signed by LISTON WEATHERLY on 04/03/2023 at 07:44 AM EDT

Sign off status: Completed

Hartsville Suite A - CareSouth Carolina
1268 S 4TH ST
HARTSVILLE, SC 29550-0703
Tel: 843-332-3422
Fax: 843-332-3985

(seeing), Auditory (hearing), Tactile (Hands on)
Factors influencing Learning: No Barriers
Migrated Social History:
Migrated Social History: alcohol use : no , alcohol use : yes , alcohol use, frequency : Never , caffeine use, average drinks per day : 5lt : 1 , caffeine use, average drinks per day : 0 , caffeine use, average drinks per day : 2 , chewing tobacco use : Never , cigarette use : yes , current narcotic use : 04/19/2016 , current narcotic use : 09/02/2020 , diet plan : Discussed With Patient/Guardian Verbalized Understanding , drug use, illicit : no , Exercise counseling : yes , Gender identity : Female , Homeless Status from Practice Management Plug-In : Not Homeless , How often do you have six or more alcohol drinks on one occasion? : Never , In the past 3 months, has anyone annoyed you by telling you to cut down or stop using drugs? (CAGE substance use question #2) : N , In the past 3 months, have you been waking up wanting to use drugs? (CAGE substance use question #4) : N , In the past 3 months, have you felt guilty or bad about using drugs? (CAGE substance use question #3) : N , In the past 3 months, have you felt you should cut down or stop using drugs?(CAGE substance use question #1) : N , known exposure to STD (sexually transmitted disease) : Herpes , passive cigarette smoke exposure : yes , pediatric weight management exercise goals : Discussed With Patient/Guardian Verbalized Understanding , seatbelt usage : 100 , sex at birth : Female , sexual orientation : Straight or heterosexual , smoking status : Former smoker , smoking, date started : 1980 , smoking, year quit : 1996 , smoking/tobacco cessation, patient education and counseling : yes , social history - sexual practice : No , social history E&M : Patient is a former smoker & , social history E&M : Patient is a former smoker & Passive smoke exposure - yes& Alcohol Use - no& Drug Use - no& HIV/High Risk - no& Regular Exercise - no& Smoking History & Patient is a former smoker & , social history E&M : Patient is a former smoker & Passive smoke exposure - yes& Alcohol Use - no& Drug Use - no& HIV/High Risk - no& Regular Exercise - no& Smoking History & Patient is a former smoker & Married& , social history E&M : Patient is a former smoker. , Patient has never used smokeless tobacco. ; Passive Smoke: Y; Alcohol Use: N; Drug Use: N; HIV/High Risk: N; Regular Exercise: N; Hx Domestic Abuse: N; Religion Affecting Care: N; Sexually Active: N; & , social history E&M : Patient is a former smoker. , Patient has never used smokeless tobacco. , Passive Smoke: Y; Alcohol Use: Y; Drug Use: N; HIV/High Risk: N;

Regular Exercise: N; Hx Domestic Abuse: N; Religion Affecting Care: N; Sexually Active: N; & ; Weight Management Counseling Provided : Discussed With Patient/Guardian Verbalized Understanding : What is your total monthly income : 1000 : What is your total monthly income : 614 : What is your total monthly income : 640.
Drugs/Alcohol:
Drugs
Have you used drugs other than those for medical reasons in the past 12 months? *No*
Alcohol Screen (Audit-C)
Did you have a drink containing alcohol in the past year? *No*
Points *0*
Interpretation *Negative*
Caffeine
Intake: *3-4 cups per day*
Do you smoke marijuana?: Denies
Do you drink alcohol?: No
CAGE-AID Questionnaire (2018 Edition)
Have you ever felt that you ought to cut down on your drinking or drug use? *No*
Have people annoyed you by criticizing your drinking or drug use? *No*
Have you ever felt bad or guilty about your drinking or drug use? *No*
Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? *No*

Knox, Angela Ervin, RMA 02/15/2021 09:33:02 AM >
Roscoe, Bethany 04/29/2021 08:36:55 AM >
Roscoe, Bethany 07/01/2021 09:13:32 AM >
Roscoe, Bethany 08/23/2021 08:07:41 AM >
Coe, Jenica Shavon, LPN 10/02/2021 10:42:02 AM >
Roscoe, Bethany 11/02/2021 10:47:07 AM >
Roscoe, Bethany 12/15/2021 08:04:15 AM >
Roscoe, Bethany 12/28/2021 07:53:10 AM >
McCaskill, Evette Tyease, RMA 02/05/2022 10:24:29 AM >
Roscoe CMA, Bethany 03/01/2022 07:43:36 AM >
Watson RMA, Lynnisha 03/12/2022 09:56:38 AM >
McDuffie RMA, Kiira 05/02/2022 07:55:45 AM >
Roscoe CMA, Bethany 08/04/2022 08:24:24 AM >
Gainey RMA, Taylor 10/18/2022 08:06:35 AM >
Gainey RMA, Taylor 03/02/2023 08:21:57 AM >

Allergies

PHENERGAN: Allergy
DEMEROL: Allergy

DAVIS, Mary L DOB: (56 yo F) Acc No. DOS: 03/02/2023

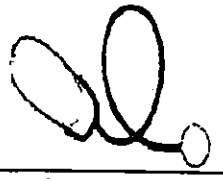
Hospitalization/Major Diagnostic Procedure
Denies Past Hospitalization

Review of Systems
GENERAL/CONSTITUTIONAL
Patient denies fever, chills, night sweats, weight loss, lightheadedness, change in appetite. Patient complains of tongue pain due to broken tooth, bilateral foot pain

---

Progress Note: Liston Alex Weatherly Jr., FNP 03/02/2023

DAVIS, Mary L DOB: 56 yo F) Acc No.



Hartsville Suite A - CareSouth Carolina
1268 S 4TH ST
HARTSVILLE SC 29550-0703
Ph: 843-332-3422 Fax:843-332-3985

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: Mary L Davis **Date:** 03/02/2023

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "x" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1) Little interest or pleasure in doing things	☑	☐	☐	☐
2) Feeling down, depressed, or hopeless	☑	☐	☐	☐
3) Trouble falling or staying asleep, or sleeping too much	☐	☑	☐	☐
4) Feeling tired or having little energy	☑	☐	☐	☐
5) Poor appetite or overeating	☐	☑	☐	☐
6) Feeling bad about yourself or that you are a failure, or have let yourself or your family down	☑	☐	☐	☐
7) Trouble concentrating on things, such as reading the newspaper or watching television	☑	☐	☐	☐
8) Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	☑	☐	☐	☐
9) Thoughts that you would be better off dead or of hurting yourself in some way	☑	☐	☐	☐
	Total Score:		2	

Interpretation

☑ Minimal Depression

☐ Mild Depression

☐ Moderate Depression

DAVIS, Mary L DOB: (56 yo F) Acc No.

☐ Moderately Severe Depression

☐ Severe Depression

Interpretation of Total Score for Depression Severity

- 1-4 Minimal depression
- 5-9 Mild depression
- 10-14 Moderate depression
- 15-19 Moderately severe depression
- 20-27 Severe depression

Source: Adapted from materials prepared by: Kroenke K, Spitzer R, Williams W. The PHQ-9: Validity of a brief depression severity measure. JGIM, 2001, 16:606-616

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DAVIS, Mary L DOB: ..,.. ... (56 yo F) Acc No. DOS: 04/03/2023



Davis, Mary L
56 Y old Female, DOB:
Account Number:

Guarantor: Davis, Mary L Insurance: BCBS Medica
ID:
Appointment Facility: Hartsville Suite A - CareSouth Carolina

04/03/2023
Check In: 08:46 AM EST

Progress Notes: Liston Alex Weatherly Jr., FNP

Current Medications

Taking

- WAVESENSE KEYNOTE W/DEVICE KIT Use as directed , Notes: *please review for potential update for e-prescription and drug interaction check*
- Lancets Thin Use as directed to check blood sugar , Notes: *please review for potential update for e-prescription and drug interaction check*
- WAVESENSE PRESTO IN VITRO STRIP Check FSBS TID , Notes: *please review for potential update for e-prescription and drug interaction check*
- Handicap Placard 1 Placard 1 as needed Daily
- Advair Diskus 250-50 MCG/DOSE Aerosol Powder Breath Activated 1 puff Inhalation Twice a day
- 1 Nebulizer - Miscellaneous as directed , Notes: tubing kit
- Fluticasone-Salmeterol 115-21 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
- Dexcom G6 Receiver - Device as directed topical four times a day
- Dexcom G6 Sensor - Miscellaneous 1 sensor intradermal every 10 days
- Dexcom G6 Transmitter - Miscellaneous as directed intradermal once every 3 months
- Advair HFA 45-21 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
- Fluticasone Propionate 50 MCG/ACT Suspension 1 spray in each nostril Nasally Twice daily
- Nystatin 100000 UNIT/GM Powder 1 application Externally Twice a day
- Albuterol Sulfate (2.5 MG/3ML) 0.083% Nebulization Solution USE IN NEBULIZER MACHINE AS NEEDED Inhalation every 4 hrs
- Proventil HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 PUFF BY MOUTH AS NEEDED Inhalation every 4 hrs
- Omeprazole 20 MG Capsule Delayed Release 1 capsule Orally Once a day

Reason for Appointment

1. Follow up- diabetes
2. Right hand pain

History of Present Illness

CSC 2 Patient Identifier:

Patient Identification Checked
Nurse *Name, DOB Taylor Gainey,RMA*
Lab *DOB,Patient Name Chastity Moses,Phlebotomist*
Provider *Patient Name, DOB Liston A. Weatherly Jr, FNP-BC*
Gainey RMA, Taylor 04/03/2023 09:03:24 AM >
WEATHERLY, LISTON ALEX 04/03/2023 09:23:53 AM > Patient presents today for DM check up. Patient has c/o right hand pain.

Vital Signs

Ht: 57.25, Wt: **214**, Temp: **98.1**, TEMP SITE: **oral**, BP: **143/84**, BP CUFF SIZE: **large**, HR: **92**, RR: **18**, Pain scale: **10**, BMI: **45.9**, Body Surface Area: 1.98, Wt-kg: 97.07
Gainey RMA, Taylor 04/03/2023 09:07:33 AM >.

Examination

General Examination:

GENERAL APPEARANCE: uncomfortable due to pain.
NECK / THYROID: neck supple, full range of motion.
LUNGS: normal, clear to auscultation bilaterally, good air movement, no wheezes, rales, rhonchi.
HEART: non-displaced PMI, chest non-tender, no murmurs, rubs, gallops, regular rate and rhythm, S1, S2 normal.
MUSCULOSKELETAL: right hand pain.
PERIPHERAL PULSES: pulses normal in all 4 extremities.
EXTREMITIES: no clubbing, cyanosis, edema, or deformity noted, normal full range of motion of all joints.
NEUROLOGIC: no focal deficits, alert and oriented, cognitive exam grossly normal, normal sensation, reflexes, coordination, muscle strength and tone.
SKIN: intact without lesions or rashes, limited exam.
PSYCH: affect irritable.
FOOT EXAM:
Date *04/03/2023*
Sensory and motor testing performed: *sensations and strength normal*

- Tresiba FlexTouch 100 UNIT/ML Solution Pen-injector Inject 60 units Subcutaneous once a day; Notes: Quantity sufficient for 1 month
- Gabapentin 300 MG Capsule 1 capsule Orally at bedtime
- hydroCHLOROthiazide 25 MG Tablet 1 tablet Orally Once a day
- amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day
- metFORMIN HCl 1000 MG Tablet 1 tablet with a meal Orally Twice a day
- Valsartan 80 MG Tablet 1 tablet Orally Once a day

Not Taking/PRN

- Lantus SoloStar 100 UNIT/ML Solution Pen-injector 30 unit sc in pm Subcutaneous
- Ozempic (1 MG/DOSE) 2 MG/1.5ML Solution Pen-injector Inject 1 mg Subcutaneous once a week
- Ferrous Sulfate 325 (65 Fe) MG Tablet 1 tablet Orally Once a day
- Ibuprofen 800 MG Tablet 1 tablet as needed Orally Three times a day
- Naproxen 500 MG Tablet 1 tablet with food or milk as needed Orally Twice a day

Unknown

- ZyrTEC Allergy 10 MG Tablet 1 tablet Orally Once a day
- Cetirizine HCl 5 MG/5ML Solution 5 ML Orally Once a day

Medication List reviewed and reconciled with the patient

Past Medical History

DM, HTN

Surgical History

cyst removed from vagina PAST SurgHX Till 09/23/2020, tubal ligation 1994 PAST SurgHX Till 09/23/2020, c-section x 2 1991,1994 PAST SurgHX Till 09/23/2020

Family History

Mother: deceased, Diabetes
Father: deceased, MI male <55
Maternal Grand Mother: deceased
Maternal Grand Father: deceased
Paternal Grand Mother: deceased
Paternal Grand Father: deceased
Sister: alive
Brother: alive
Migrated Family History: family history Heart Attack/Angina: Father, Diabetes: Mother, Asthma/Respiratory Problems: Sister, myocardial infarction in female under 65, family hx: no, myocardial infarction in male under 55, family hx (NCEP risk factors): yes, Sister: Full Sister: Diabetes Full Sister: Heart Disease Full Sister: Lung/Respiratory Disease
1 brother(s), 2 sister(s), healthy, 2 daughter(s), healthy

Pedal pulse taking performed: 2+
Visual exam of foot performed: *Yes*
WEATHERLY, LISTON ALEX 04/03/2023 09:26:43 AM >.

Assessments

1. Type 2 diabetes mellitus with diabetic chronic kidney disease - E11.22
2. Right hand pain - M79.641
3. Gastro-esophageal reflux disease without esophagitis - K21.9
4. Essential (primary) hypertension - I10
5. COPD exacerbation - J44.1

Treatment

1. Type 2 diabetes mellitus with diabetic chronic kidney disease
Refill Tresiba FlexTouch Solution Pen-injector, 200 UNIT/ML, Inject 60 units, Subcutaneous, once a day, 30 days, 10 Each, Refills 0, Notes: Quantity sufficient for 1 month
Refill metFORMIN HCl Tablet, 1000 MG, 1 tablet with a meal, Orally, Twice a day, 30 days, 60 Tablet, Refills 0
LAB: CSC IH Hemoglobin A1C (HGBA1C) (83036) 12.3

	Value	Reference Range
Hemoglobin A1C	12.3	4.5 - 5.7 %

2. Right hand pain
Refill Gabapentin Capsule, 300 MG, 1 capsule, Orally, twice a day, 30 days, 60 Capsule, Refills 0

3. Gastro-esophageal reflux disease without esophagitis
Refill Omeprazole Capsule Delayed Release, 20 MG, 1 capsule, Orally, Once a day, 30 days, 30 capsule, Refills 0

4. Essential (primary) hypertension
Refill hydroCHLOROthiazide Tablet, 25 MG, 1 tablet, Orally, Once a day, 30 days, 30 Tablet, Refills 0
Refill amLODIPine Besylate Tablet, 5 MG, 1 tablet, Orally, Once a day, 30 days, 30 Tablet, Refills 0
Refill Valsartan Tablet, 80 MG, 1 tablet, Orally, Once a day, 30 days, 30 tablets, Refills 0

5. COPD exacerbation
Refill Advair Diskus Aerosol Powder Breath Activated, 250-50 MCG/DOSE, 1 puff, Inhalation, Twice a day, 30 days, 1, Refills 0

6. Others
Start Albuterol Sulfate HFA Aerosol Solution, 108 (90 Base) MCG/ACT, 1 puff as needed, Inhalation, every 4 hrs, 30 days, 1 each, Refills 0

Visit Codes

99213 A Office Visit, Est Pt., Level 3.

Procedure Codes

83036 Hemoglobin; glycosylated (A1C)

Follow Up

DAVIS, Mary L **DOB:** (56 yo F) **Acc No.** **DOS: 04/03/2023**

Knox, Angela Ervin, RMA 02/15/2021 09:32:03 AM >
Coe, Jenica Shavon, LPN 10/02/2021 10:40:53 AM >
McCaskill, Evette Tyease, RMA 02/05/2022 10:24:23 AM >
Watson RMA, Lynnisha 03/12/2022 09:55:45 AM >
McDuffie RMA, Kiira 05/02/2022 07:55:26 AM >
Gainey RMA, Taylor 10/18/2022 08:06:29 AM >
Gainey RMA, Taylor 03/02/2023 08:21:50 AM >
Gainey RMA, Taylor 04/03/2023 09:06:38 AM >

Social History

Social Determinants:
PRAPARE:
What is your current housing situation? *I have housing*
Are you worried about losing your housing? *No*
What is the highest level of school that you have finished? *High school diploma or GED*
What is your current work situation? *Part time or temporary work*
In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply *I do not have problems meeting my needs*
Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? *No*
How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings) *3 to 5 times a week*
How stressed are you? Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled *A little bit*
In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility? *No*
Are you a refugee? *No*
What country are you from? *United States*
Do you feel physically and emotionally safe where you currently live? *Yes*
In the past year, have you been afraid of your partner or ex-partner? *No*
PRAPARE Score: *4*

Knox, Angela Ervin, RMA 02/15/2021 09:33:02 AM >
Roscoe, Bethany 04/29/2021 08:36:55 AM >
Roscoe, Bethany 07/01/2021 09:13:32 AM >
Roscoe, Bethany 08/23/2021 08:07:41 AM >
Coe, Jenica Shavon, LPN 10/02/2021

1 month (Reason: A1C check)

Electronically signed by LISTON WEATHERLY on 04/04/2023 at 02:31 PM EDT

Sign off status: Completed

Hartsville Suite A - CareSouth Carolina
1268 S 4TH ST
HARTSVILLE, SC 29550-0703
Tel: 843-332-3422
Fax: 843-332-3985

10:42:02 AM >
Roscoe, Bethany 11/02/2021 10:47:07 AM >
Roscoe, Bethany 12/15/2021 08:04:15 AM >
Roscoe, Bethany 12/28/2021 07:53:10 AM >
McCaskill, Evette Tyease, RMA 02/05/2022 10:24:29 AM >
Roscoe CMA, Bethany 03/01/2022 07:43:36 AM >
Watson RMA, Lynnisha 03/12/2022 09:56:38 AM >
McDuffie RMA, Kiira 05/02/2022 07:55:45 AM >
Roscoe CMA, Bethany 08/04/2022 08:24:24 AM >
Gainey RMA, Taylor 10/18/2022 08:06:35 AM >
Gainey RMA, Taylor 03/02/2023 08:21:57 AM >
Gainey RMA, Taylor 04/03/2023 09:06:44 AM >

Allergies

PHENERGAN: Allergy
DEMEROL: Allergy

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

GENERAL/CONSTITUTIONAL:

Patient denies fever, chills, night sweats, weight loss, lightheadedness, change in appetite. Patient complains of right hand pain.

Progress Note: Liston Alex Weatherly Jr., FNP 04/03/2023

DAVIS, Mary L DOB: (56 yo F) Acc No.

careSOUTH carolina
Hartsville Suite A - CareSouth Carolina
1268 S 4TH ST
HARTSVILLE SC 29550-0703
Ph: 843-332-3422 Fax:843-332-3985

PRAPARE SMART FORM

PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

<=" li="">> Date Completed/Updated:

Patient Name:	Mary L Davis
Address:	Hartsville SC
Race:	Black or African American
Ethnicity:	Not Hispanic or Latino
Language:	English
Insurance:	BCBS Medical
Insurance Class:	Commercial
Income Level:	883.00
Income Level ICD:	
Migrant:	No
Seasonal:	No
Veteran:	No

Money & Resources

What is your current housing situation?

☑ I have housing

☐ I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, or in a park)

☐ I choose not to answer this question

Are you worried about losing your housing?

☐ Yes

☑ No

☐ I choose not to answer this question

What is the highest level of school that you have finished?

☐ Less than a high school degree

☑ High school diploma or GED

DAVIS, Mary L DOB: (56 yo F) Acc No.

- [ ] More than high school
- [ ] I choose not to answer this question

What is your current work situation?

- [ ] Unemployed and seeking work
- [x] Part time or temporary work
- [ ] Full time work
- [ ] Otherwise unemployed but not seeking work (ex. student, retired, disabled, unpaid primary care giver)
- [ ] I choose not to answer this question

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply

- [ ] Food
- [ ] Clothing
- [ ] Utilities
- [ ] Child care
- [ ] Medicine or any health care (medical, dental, mental health or vision)
- [ ] Phone
- [ ] Other (please write in notes)
- [x] I do not have problems meeting my needs
- [ ] I choose not to answer this question

Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- [ ] Yes, it has kept me from medical appointments or from getting my medications
- [ ] Yes, it has kept me from non-medical meetings, appointments, work, or getting things needed for daily living
- [x] No
- [ ] I choose not to answer this question

Social and Emotional Health

How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

- [ ] Less than once a week
- [ ] 1 or 2 times a week
- [x] 3 to 5 times a week
- [ ] More than 5 times a week

☐ I choose not to answer this question

How stressed are you? Stress is when someone feels tense, nervous, anxious, or cant sleep at night because their mind is troubled

☐ Not at all

☑ A little bit

☐ Somewhat

☐ Quite a bit

☐ Very much

☐ I choos not to answer this question

Additional Questions

In the past year have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

☐ Yes

☑ No

☐ I choose not to answer this question

Are you a refugee?

☐ Yes

☑ No

☐ I choose not to answer this question

What country are you from?

☑ United States

☐ Country Other than the United States (please write in notes)

☐ I choose not to answer this question

Do you feel physically and emotionally safe where you currently live?

☑ Yes

☐ No

☐ Unsure

☐ I choose not to answer this question

In the past year, have you been afraid of your partner or ex-partner?

☐ Yes

☑ No

☐ Unsure

☐ I have not had a partner in the past year

DAVIS, Mary L DOB: ((56 yo F) Acc No.

☐ I choose not to answer this question

<=" li=""> **PRAPARE Score: 4**

Enabling Services Provided?

☐ Yes

Source: Copyright 2016. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, and the Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without prior written consent from NACHC. All rights reserved.
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PATIENT		FACILITY
Mary L Davis		**Tracie Woodward Practice**
DOB		T (843) 309-3028
AGE	57 yrs	F (843) 309-3029
SEX	Female	305 W. Bobo Newsome Hwy
PRN		Hartsville, SC 29550

Patient identifying details and demographics

FIRST NAME	Mary	SEX	Female	RACE	-
MIDDLE NAME	L	DATE OF BIRTH		ETHNICITY	-
LAST NAME	Davis	DATE OF DEATH	-	PREF. LANGUAGE	English
SSN		PRN		STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1		CONTACT BY	Mobile Phone
ADDRESS LINE 2	-	EMAIL	Woodmixon@bells
CITY	Hartsville		outh.net
STATE	SC	HOME PHONE	-
ZIP CODE		MOBILE PHONE	-
		OFFICE PHONE	-
		OFFICE EXTENSION	-

FAMILY INFORMATION

NEXT OF KIN	Latifah Morris	PATIENT'S MOTHER'S MAIDEN NAME	-
RELATION TO PATIENT	Child		
PHONE			
ADDRESS	-		

PATIENT NOTES

2/25/2021 DOS 1/31/2021 faxed missing note w/ demo/ins to Donjoy. se 5/5/2021 received request for all records from atty, work comp subpoena. Faxed, Invoice $36.70, se

Active Insurance

Payment Information

PAYMENT PREFERENCE	Self Pay	DATE OF BIRTH	
PATIENT'S RELATIONSHIP TO GUARANTOR	Self	SEX	Female
		SOCIAL SECURITY NUMBER	
GUARANTOR NAME	Mary L Davis	PRIMARY PHONE NUMBER	
GUARANTOR ADDRESS		SECONDARY PHONE NUMBER	-
	Hartsville, SC		

Advance Directive

DIRECTIVE	RECORDED
No advance directives recorded for this patient.	

PATIENT
Mary L Davis
DOB
AGE 57 yrs
SEX Female
PRN

FACILITY
Tracie Woodward Practice
T (843) 309-3028
F (843) 309-3029
305 W. Bobo Newsome Hwy
Hartsville, SC 29550

ENCOUNTER
Office Visit
NOTE TYPE SOAP Note
SEEN BY Tracie Woodward FNP-C
DATE 03/24/2023
AGE AT DOS 56 yrs
Electronically signed by Tracie Woodward FNP-C at 03/27/2023 09:31 pm

Chief complaint

Rt arm/wrist pain/numbness

Vitals for this encounter

	03/24/23 11:02 AM
Height	57 in
Weight	200 lb
Temperature	98.10 °F
Pulse	96 bpm
O2 Saturation	99 %
BMI	43.28
Blood pressure	175/100 mmHg

SUBJECTIVE

Presents to clinic with c/o Rt arm/wrist pain/numbness Denies any injury and has not had any other issues.

OBJECTIVE

General: Normotensive, in no acute distress. Chest: Lungs clear, no rales, no rhonchi, no wheezes. Heart: RR, no murmurs, no rubs, no gallops. Extremities: Warm, well perfused, no edema.

ASSESSMENT

Right wrist pain

Diagnoses attached to this encounter:

Pain in right wrist (ICD-10; M25.531), (ICD-9: 719.43), (SNOMED; 316991000119100)

PLAN

Take your meds and wear a wrist splint. Use heat to your wrist and follow-up as needed.

Medications attached to this encounter:

predniSONE 20 MG Oral Tablet Take 2 tabs for 3 days 1 tab for 3 days and 1/2 tab for 4 days. (start date: 3/24/2023)

Quality of care

Was diagnosis reconciliation completed?
Yes, reconciliation performed

Was medication allergy reconciliation completed?
Yes, reconciliation performed

Was medication reconciliation completed?

Yes, reconciliation performed

Documentation of current medications

Patient Decision Aids / Education Materials Given

Care plan

Take your meds and wear a wrist splint. Use heat to your wrist and follow-up as needed.

ENTERED

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

ALEXANDER

Employee Name	Payroll #	Dept. #	Date of This Report
MARY DAVIS	22315		10/24/2019

Type of Report: ☑ COACHING/COUNSELING REVIEW (not a disciplinary action) ☐ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous reports: ABSENT 10/24/2019

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☑ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY

☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards/Procedures (2) Behavior/Attitude (3) Other

COMMENTS: TEAM MEMBER HAS 7 POINTS.

THIS WILL STAND AS A COACHING COUNSELING.

PROPOSED SOLUTION: IMPROVE ATTENDANCE

FUTURE ACTION If problem recurs: CORRECTIVE ACTION LEADING UP TO TERMINATION.

termination.

EMPLOYEE COMMENTS: Corrected Record in 7 pts.

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Mary Davis 11-2-19
Employee's Signature Date

11-2-19
Supervisor Signature Date

Manager Signature Date

Plant Manager Signature Date

11/4/19
Human Resources Signature Date

FORM #1008 REV 02/17

ENTERED

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

ALEXANDER

Employee Name	Payroll #:	Dept #	Date of This Report
MARY DAVIS	22315		11/07/2019

Type of Report: ☐ COACHING/COUNSELING REVIEW (not a disciplinary action) ☑ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report: ABSENT 11/07/2019

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☑ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY

☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TEAM MEMBER HAS 8 POINTS.

THIS WILL STAND AS A VERBAL WARNING.

PROPOSED SOLUTION: IMPROVE ATTENDANCE

FUTURE ACTION If problem recurs: CORRECTIVE ACTION LEADING UP TO TERMINATION.

termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Mary Davis 11-12-19
Employee's Signature Date

Supervisor Signature 11-12-19 Date

Manager Signature 11/12/19 Date

Plant Manager Signature Date

Human Resources Signature 11/13/19 Date

ENTERED

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

ALEXANDER

Employee Name	Payroll #:	Dept.#	Date of This Report
Mary Davis	22315		1/9/20

Type of Report: ☐ COACHING/COUNSELING REVIEW (not a disciplinary action) ☐ VERBAL WARNING ☒ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report: TM absent on 11/19 BVS

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☒ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY

☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TM has accrued 9 pts. This serves as a Written Warning for attendance.

PROPOSED SOLUTION: Improved Attendance.

FUTURE ACTION If problem recurs: CORRECTIVE ACTION LEADING UP TO TERMINATION.

termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

x Mary Davis 1-9-20
Employee's Signature Date

Supervisor Signature 1/9/2020 Date

Manager Signature 1/16/20 Date

Plant Manager Signature Date

Human Resources Signature 1/16/20 Date

FORM #1006 REV 02/17

ENTERED

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

ALEXANDER

Employee Name	Payroll #:	Dept #	Date of This Report
Mary Davis	22315		1/24/2020

Type of Report: ☒ COACHING/COUNSELING REVIEW (non-disciplinary action) ☐ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report:

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☐ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY

☐ MISCONDUCT ☐ GMP VIOLATION ☒ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other: _____

COMMENTS: TM punched late < 1 hr. on 1/10/20, 1/21/20, & 1/23/20

This serves as a Coaching for Performance points

PROPOSED SOLUTION: Improve punches and punctuality

FUTURE ACTION If problem recurs: CORRECTIVE ACTION LEADING UP TO TERMINATION.

termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Mary Davis 1-24-2020
Employee's Signature Date

Supervisor Signature	1-24-20 Date
Manager Signature	1/27/20 Date
Plant Manager Signature	Date
Human Resources Signature	2/7/2020 Date

FORM #1006 REV 02/17

ENTERED

16:54

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

ALEXANDER

Employee Name	Payroll #:	Dept #	Date of This Report
Mary Davis	22315		3/11/20

Type of Report: ☐ COACHING/COUNSELING REVIEW (not a disciplinary action) ☒ VERBAL WARNING ☐ WRITTEN WARNING ☒ FINAL WRITTEN WARNING ☒ SEPARATION SUSPENSION

Indicate date & type of previous report: TM absent 3/10/2020

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☒ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY

☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TM has accrued 11 points. This serves as a Final Written Warning for Attendance w/ a 3 day suspension to be served on 3/17/20, 3/18/20, 3/20/20.

TM is to return to work on 3/21/20.

PROPOSED SOLUTION: Improve Attendance

FUTURE ACTION If problem recurs: CORRECTIVE ACTION LEADING UP TO TERMINATION.

termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Refuse to Sign
Employee's Signature — Date

Supervisor Signature — Date 3-17-20

Manager Signature — Date 3/17/20

Final Manager Signature — Date

Human Resources Signature — Date 3/17/2020

FORM #1008 REV 02/17

PERSONNEL FILE

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

Employee Name	Payroll #:	Dept.#	Date of This Report
Mary Davis	22315	470201	7/2/2020

Type of Report: ☐ COACHING/COUNSELING REVIEW (note disciplinary action) ☐ VERBAL WARNING ☐ WRITTEN WARNING ☒ FINAL WRITTEN WARNING ☐ SEPARATION ☒ SUSPENSION

Indicate date & type of previous report: 3/11/20 Final w/ Suspension

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☑ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY ☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: Tm was absent on 6/28 for a total of 12 pts
10/14/19 - Coaching 7 pts 1/9/2020 - written 9 pts
11/7/19 - Verbal 8pts 3/11/2020 - Final 11 pts
2nd Final w/ Suspension 7/3, 7/6, 7/7
Return to work 7/9

PROPOSED SOLUTION: Abide by attendance policy, keep track of Absences

FUTURE ACTION If problem recurs: Further Disciplinary Action Up To Termination

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X
Employee's Signature Date

TM Refused to sign
7/2/20

Supervisor Signature Date

Manager Signature Date

Plant Manager Signature Date 7/2/2020

Human Resources Signature Date

FORM #1006 REV 02/17

PERSONNEL FILE

UNITED

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

Employee Name	Payroll #:	Dept #	Date of This Report
Mary Davis	22315	470201	8/4/2020

Type of Report: ☐ COACHING/COUNSELING REVIEW (not a disciplinary action) ☒ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report: TM last record was on 1/24/2020 a Coaching/Counseling Review.

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☐ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY ☐ MISCONDUCT ☐ GMP VIOLATION ☒ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TM missed out punch on 7/14, no badge on 7/25 and was late on 7/28.

TM will be receiving a verbal warning for performance ponit.

PROPOSED SOLUTION: TM will improve on attendance and report to work as scheduled.

FUTURE ACTION If problem recurs: Any reoccurence of this type will result in futher disciplinary action leading up to termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Mary Davis 8-11-20
Employee's Signature Date

Supervisor Signature 8-11-20 Date

Manager Signature 8-12-20 Date

Plant Manager Signature 8/15/2020 Date

Human Resources Signature Date

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

Employee Name	Payroll #:	Dept #	Date of This Report
Mary Davis	022315	317201	7/8/22

Type of Report: ☒ COACHING/COUNSELING REVIEW (not a disciplinary action) ☐ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION.

Indicate date & type of previous report:

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☒ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY
☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TM left early>15min on 7/8/22. TM has accrued 5 attendance points and will be receiving a coaching/counseling review for attendance.

PROPOSED SOLUTION: TM will improve on attendance and report to work as scheduled.

FUTURE ACTION If problem recurs: Any reoccurence of this type will result in futher disciplinary action leading up to termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

x Mary Davis 7-18-22
Employee's Signature Date

Supervisor Signature 7/18/22
Manager Signature 7/18/22
Plant Manager Signature
Human Resources Signature 8/20/22

FORM #1008 REV 02/17

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

Employee Name	Payroll #:	Dept.#	Date of This Report
Mary Davis	022315	318201	10/31/22

Type of Report: ☐ COACHING/COUNSELING REVIEW (not a disciplinary action) ☒ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report: 1/14/22coaching

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☐ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY
☐ MISCONDUCT ☐ GMP VIOLATION ☒ PERFORMANCE (1) Standards / Procedures 2) Behavior / Attitude 3) Other

COMMENTS: TM received citations on 10/19,10/27and 10/31 for clocking in <15min after your scheduled shift and long lunch. TM will be receiving a verbal for performance.

PROPOSED SOLUTION: If absent or late TM is required to give notice by phone prior to the start of the shift. 843-758-6649 ext 2803

FUTURE ACTION If problem recurs: Any reoccurence of this type will result in futher disciplinary action leading up to termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Mary Davis 11-7-2022
Employee's Signature Date

Supervisor Signature 11/7/22 Date

Manager Signature 11/8/22 Date

Plant Manager Signature 11/11/22 Date

Human Resources Signature Date

FORM # 1008 REV 02/17

PERSONNEL FILE

Mary Davis - 022315 - Ruiz Food Products, Inc.

Termination Information

Name	Mary L Davis
Status	Terminated
SSN	
Employee number	022315
Time clock	029211
Terminated	02/20/2023
Last day worked	02/15/2023
Pay through	02/28/2023
Termination reason	VIOLATION OF COMP POLICY
Type	Involuntary
Home company	Ruiz Food Products, Inc.
Eligible for rehire	No
Notes	TM was seen on several occasions willfully destroying and throwing away company product. Not eligible for rehire

DEFENDANTS' INDEX TO APA SUBMISSIONS

Mary Davis vs. Ruiz Foods

WCC File No.: 1923627

Hearing Date: September 27, 2023

Our File No: 20757.20017

APA#	RECORDS OF	DATES	PAGES
11.	SCWCC Decision and Order	06/07/2021	76-80
12.	Medical Authorizations	06/14/2021 – 08/08/2022	81-85
13.	Correspondence to Rodney Alan, M.D.	08/25/2021	86-87
14.	McLeod Orthopaedics – Florence	12/13/2021 – 02/27/2023	88-103
15.	McLeod Spine Center	07/05/2022 – 12/02/2022	104-118
16.	Cora Physical Therapy	03/24/2022	119-141
17.	W.S. (Bill) Edwards, Jr., MD	12/08/2020	142-143
18.	Correspondence to Robert DaSilva, M.D.	08/10/2022	144
19.	Correspondence from Claimant's Attorney	08/26/2022	145
20.	McLeod Regional Medical Center	11/16/2019	146-152
21.	McLeod Seacoast Hospital	10/04/2022	153-155
22.	Carolina Pines Regional Medical Center	11/22/2014 – 11/26/2014	156-163
23.	CareSouth Carolina	01/29/2018 – 10/23/2019	164-184
24.	Ruiz Foods (Employer)	10/24/2019 – 02/20/2023	185-194
25.	SCDMV	05/06/2020	195-196
26.	Videos of Claimant at work	02/08/23-02/09/23	N/A

STATE OF SOUTH CAROLINA

BEFORE THE SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1923627

Mary L. Davis, Employee, Claimant, vs. Ruiz Food Products, Inc., Employer, and Safety National Casualty Corporation, Carrier, Defendants.	)	DECISION AND ORDER

STATEMENT OF THE CASE

This is an admitted claim as to Claimant's back only. This matter was set before the Hearing Commissioner pursuant to Claimant's Form 50 Request for Hearing seeking additional medical treatment on the form of an evaluation and medical treatment for her left hip and left knee. Claimant requested that any award of medical treatment be provided near her home in Hartsville, South Carolina. Prior to the hearing, Defendants filed a Motion to Compel and evaluation for the left hip and left leg with Dr. DaSilva in Columbia, South Carolina. Claimant objected to Defendants' Motion, arguing that there were plenty of reputable orthopedic

specialists in Florence, South Carolina, who were much closer to Claimant's Hartsville residence.

APA SUBMISSIONS / EVIDENCE

Claimant's APA Submissions:

APA #	RECORDS	DATES	PAGES
1.	Form 50 Filed 3/19/2021 with Attachments:	March 19, 2021	1-13
2.	Sedgwick NCM Assignments	Feb. 22 – Mar. 26, 2021	14-17
3.	Corresp. Btwn Defense Counsel/Claimant	Nov. 16, 2020 – Feb. 3, 2021	18-22
4.	MRI Bills & Corresp.	Aug. 21, 2020 – Mar. 1, 2021	23-27
5.	McLeod Occupational Health	Nov. 16, 2019 – May 18, 2021	28-54

Defendants' APA Submissions:

APA#	RECORDS	DATES	PAGES
6.	Midlands Orthopaedics and Neurosurgery	May 20, 2021	55-56
7.	Correspondence to Claimant's Attorney	March 3, 2021	57
8.	E-mail Correspondence to Claimant's Attorney's office	March 4, 2021	58
9.	E-mail Exchanges with Claimant's Attorney	March 19, 2021	59-60
10.	Correspondence to Claimant's Attorney	March 30, 2021	61
11.	E-mail Correspondence to Claimant's Attorney and his office	04/13/2021	62
12.	Correspondence from Claimant's Attorney	04/15/2021	63

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After review of the arguments of counsel and the APA Submissions, I hereby make the following FINDINGS OF FACT and CONCLUSIONS OF LAW:

1. On November 16, 2019, Claimant sustained an admitted compensable injury to her low back within the course and scope of her employment. (Defendants' Form 51- 4/16/2021).
2. Claimant also alleges injuries to her left hip and left knee arising out of the same work injury. (Claimant's Form 50 – 3/19/2021).
3. After an MRI of Claimant's left hip revealed a labrum tear, Dr. Start Sandler, the authorized treating physician, referred Claimant for and orthopedic surgical evaluation and noted Dr. Thurman or Dr, Alan of McLeod Orthopedics in Florence, SC were recommended. (Claimant's APA pp. 30-32,36).
4. Claimant also had an MRI of her left knee that revealed a partial ACL tear among other things. (Claimant's APA p. 7).
5. Defendants authorized a surgical evaluation of Claimant's left hip and left knee with Dr. DaSilva in Columbia, South Carolina on two separate occasions. Defendants arranged transportation for the Claimant for both appointments. Claimant failed to attend either appointment citing the distance of the appointment in Columbia when she was referred to orthopedists in Florence, SC, closer to her home.
6. Pursuant to S.C. Code Ann. Section 42-15-80, I find Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopaedics in Florence, South Carolina and it is most reasonable in time and place as it relates to Claimant's home in Hartsville, South Carolina.

7. I find it is unreasonable for Claimant, who is asserting low back, left hip, and left knee injuries, to ride over 70 miles to an evaluation in Columbia, South Carolina, when the authorized treating physician specifically referred her to surgeons within the McLeod practice and within approximately 20 minutes of her home.
8. Defendants are to provide Claimant with written authorization for an appointment with Dr. Alan within fqurteen (14) days of the date of this Order. An actual appointment date will be left of to the discretion of Dr. Alan's office.
9. Claimant's request for filing fees is denied.
10. No hearing costs are assessed.

ORDER

Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopedics in Florence, South Carolina. Defendants are to provide Claimant with written authorization for an appointment with Dr. Alan within fourteen (14) days of the date of this Order. An actual appointment date will be left to the discretion of Dr. Alan's office.

AND IT IS SO ORDERED.

June 7, 2021

Commissioner Aisha Taylor

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.

June 8, 2021

By: Renee Smith, Administrative Assistant to Commissioner Taylor

Order Served via Email 6-8-21:

Walter H. Barefoot walt.barefoot@mgclaw.com

Preston F. McDaniel preston@pfmcdlaw.com

Sedgwick Claims Management Services, Inc.

P O Box 14490
Lexington, KY 40512-4480

sedgwick

Phone: (304)348-9689
Fax: (866)828-8550

June 14, 2021

McLeod Spine Center
Fax: 843-432-1022

RE:		
	Employee:	Mary Davis
	Social Security #:	***-**-2674
	Employer:	Ruiz Food Products
	Date of Accident:	11/16/2019
	Claim Number:	RFPW-0743

Dear W.S. (Bill) Edwards, JR., MD:

Sedgwick Claims Management Services, Inc. is the third party claims administrator for the above referenced company. We are administering a claim for Workers' Compensation benefits involving Roto-Rooter Services Company. It is our understanding that you are treating Mary Davis for injuries allegedly arising out of the accident on 11/16/2019.

We are approving the following treatment:
With Dr. Edwards for physical therapy and work hardening

Payment will be considered upon submission of corroborating medical reports and the related charges. The only treatment being approved with this letter is that which directly relates to the above referenced injury(ies). If it is later determined that the injury or treatment is unrelated or unnecessary, we reserve the right to revoke this approval.

Please send your bills referencing the patient's name and our claim number to the address listed above.

Enclosed is a signed medical authorization for your records. Please furnish to this office copies of all medical records, reports, diagnostic test results, and interpretations of said results pertaining to the care for the above injury(ies).

Sincerely,
Brooke Davis
Claims Examiner
Direct Phone: (304)348-9689
Toll Free: (877)925-5580
Fax: (866)548-2637
Email: Brooke.Davis@sedgwick.com

Sedgwick Claims Management Services, Inc.

P O Box 14490
Lexington, KY 40512-4480

sedgwick

Phone: (304)348-9689
Fax: (866)828-8550

June 14, 2021

McLeod Orthopaedics-Florence
Fax: 843-777-7926

RE:	Employee:	Mary Davis
	Social Security #:	***-**-2674
	Employer:	Ruiz Food Products
	Date of Accident:	11/16/2019
	Claim Number:	RFPW-0743

Dear Dr. Rodney Alan:

Sedgwick Claims Management Services, Inc. is the third party claims administrator for the above referenced company. We are administering a claim for Workers' Compensation benefits involving Roto-Rooter Services Company. It is our understanding that you are treating Mary Davis for injuries allegedly arising out of the accident on 11/16/2019.

We are approving the following treatment:
with Dr. Rodney Alan

Payment will be considered upon submission of corroborating medical reports and the related charges. The only treatment being approved with this letter is that which directly relates to the above referenced injury(ies). If it is later determined that the injury or treatment is unrelated or unnecessary, we reserve the right to revoke this approval.

Please send your bills referencing the patient's name and our claim number to the address listed above.

Enclosed is a signed medical authorization for your records. Please furnish to this office copies of all medical records, reports, diagnostic test results, and interpretations of said results pertaining to the care for the above injury(ies).

Sincerely,
Brooke Davis
Claims Examiner
Direct Phone: (304)348-9689
Toll Free: (877)925-5580
Fax: (866)548-2637
Email: Brooke.Davis@sedgwick.com

Sedgwick Claims Management Services, Inc.
P O Box 14490
Lexington, KY 40512-4480

sedgwick.

Phone: (304)347-9612
Fax: (866)828-8550

May 20, 2022

McLeod Spine Center
Fax# 843-432-1022

RE:	Employee:	Mary Davis
	Social Security #:	***-**-2674
	Employer:	Ruiz Food Products, Inc.
	Date of Accident:	11/16/2019
	Claim Number:	RFPW-0743

Sedgwick Claims Management Services, Inc. is the third party claims administrator for the above referenced company. We are administering a claim for Workers' Compensation benefits involving Ruiz Food Products, Inc.. It is our understanding that you are treating Mary Davis for injuries allegedly arising out of the accident on 11/16/2019.

We believe the following injuries to be related to this accident : Low Back Strain

We are approving the following treatment: MRI Spine Lumbar w/o contrast with IV Sedation

Payment will be considered upon submission of corroborating medical reports and the related charges. The only treatment being approved with this letter is that which directly relates to the above referenced injury(ies). If it is later determined that the injury or treatment is unrelated or unnecessary, we reserve the right to revoke this approval.

Please send your bills referencing the patient's name and our claim number to the address listed above.

Enclosed is a signed medical authorization for your records. Please furnish to this office copies of all medical records, reports, diagnostic test results, and interpretations of said results pertaining to the care for the above injury(ies). Sedgwick manages claims for Safety National Casualty Corporation on behalf of Ruiz Food Products, Inc..

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice www.sedgwick.com.

Sincerely,
Sedgwick Claims Management Services, Inc.
Ann McDaniel
Claims Adjuster

1C05214299.665-76931

Sedgwick Claims Management Services, Inc.
P O Box 14490
Lexington, KY 40512-4480

sedgwick.

Phone: (877)925-5580
Fax: (866)828-8550

August 08, 2022

Rakesh Chokski MD
Fax# 843-432-1022

RE:	Employee:	Mary Davis
	SNN:	***-**-2674
	Employer:	Ruiz Food Products, Inc.
	Date of Injury:	11/16/2019
	Claim Number:	RFPW-0743

Dear Mary Davis :

Sedgwick Claims Management Services, Inc. is the third party claims administrator for the above referenced company. We are administering a claim for Workers' Compensation benefits involving Mary Davis .

We are approving the following treatment: Pain Management/Facet Joint Injection w/Fluro L5-S1 x 1 Eval and Treatment DX: Lumbar Radiculopathy.

Please call email me and advise of the date and time of Ms. Davis's appointment, so we may continue to process this claim.

Payment will be considered upon submission of corroborating medical reports and the related charges. The only treatment being approved with this letter is that which directly relates to the above referenced injury(ies). If it is later determined that the injury or treatment is unrelated or unnecessary, we reserve the right to revoke this approval.

Please send your bills referencing the patient's name and our claim number to the address listed above.

Please furnish to this office copies of all medical records, reports, diagnostic test results, and interpretations of said results pertaining to the care for the above injury(ies).

Sedgwick manages claims for Safety National Casualty Corporation on behalf of Ruiz Food Products, Inc..

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice www.sedgwick.com.

Sincerely,
Ann McDaniel
Claims Adjuster
Direct Phone: (304)347-9612
Toll Free Phone: (877)925-5580
Fax: (866)828-8550
E-mail: Ann.McDaniel@sedgwick.com
Cc: File



mgc | INSURANCE DEFENSE

Reply To
WALTER H. BAREFOOT
Direct Dial: (843) 519-1801
walt.barefoot@mgclaw.com

August 25, 2021

VIA HAND-DELIVERY
Rodney K. Alan, M.D.
McLeod Orthopaedics
800 East Cheves Street, Suite 480
Florence, South Carolina 29506

RE: Mary L. Davis vs. Ruiz Food Products, Inc. and Safety National Casualty Corporation c/o Sedgwick Claims Management Services, Inc.
Date of Accident: November 16, 2019
WCC File No.: 1923627
Our File No.: 20757.20017
Claim No.: RFPW-0743

Dear Dr. Alan:

We represent Ruiz Food Products and its workers' compensation insurance carrier in this workers' compensation claim involving Ms. Mary Davis. Commissioner Aisha Taylor issued an Order stating "Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopaedics in Florence, SC. Defendants are to provide Claimant with written authorization for an appointment with Dr. Alan within fourteen (14) days of the date of this Order. An actual appointment date will be left to the discretion of Dr. Alan's office." We have enclosed the Order section from that Order. You will also find enclosed correspondence from Ms. Brooke Davis, the adjuster on the file, to you dated June 14, 2021 approving your evaluation of the Claimant.

It is our understanding your office has not yet set a date for the Claimant to see you. When my office reached out to try to get the date set, we were informed that you want us to send all of the records to you with "a letter." Please allow this to serve as that letter. We have enclosed all the records we have in our file. If you have any questions, please let me know.

With kind regards,

Very truly yours,

Walter H. Barefoot

Walter H. Barefoot

WB/caj

Enclosures
cc: Commissioner Alsha Taylor
Preston F. McDaniel, Esquire
Jonathan Holder, Ruiz Foods
Ignacio Albarran, Ruiz Foods
Brooke Davis, Sedgwick Claims Management Services, Inc.

Progress Note

McLeod
Physician Associates

DAVIS, MARY L
55 Y old Female, DOB:
Account Number:
PO BOX , HARTSVILLE, SC-
Home:
Guarantor: DAVIS, MARY L Insurance: SEDGWICK WC Payer ID: PAPER
PCP: Liston A Weatherley, APRN
Appointment Facility: McLeod Orthopaedics Florence

12/13/2021

Progress Notes: RODNEY K. ALAN, MD

Current Medications
Taking
- Losartan Potassium 50 MG Tablet 1 tablet Orally Once a day
- Hydrochlorothiazide 25 MG tablet 0.5 tablet Orally Once a day
- amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day
- Albuterol Sulfate
- Acetaminophen 500 MG Capsule 2 tablets Orally every 6 hrs

Not-Taking/PRN
- glipiZIDE
- metFORMIN HCl
- Advil(Ibuprofen) 200 MG Tablet 1 tablet with food or milk as needed Orally Three times a day
- Aleve(Naproxen) 220 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs
- Diclofenac Sodium 75 MG Tablet Delayed Release 1 tablet as needed Orally Twice a day
- Ibuprofen 800 MG Tablet 1 tablet with food or milk as needed Orally Three times a day

Medication List reviewed and reconciled with the patient

Past Medical History
Asthma.
HTN.
Diabetes Mellitus.
Neuropathy.

Surgical History
C- Section X 2

Family History
Father: deceased, diagnosed with Hypertension
Mother: deceased, diagnosed with

Reason for Appointment
1. XRAY/: WC-LEFT HIP& LEFT KNEE

History of Present Illness
Constitutional:
Patient comes in for evaluation of left knee pain. She slipped in some water while working as a packer for a food company. Date of injury was November 16, 2019. She has been working light duty. She reports that physical therapy does not help. She reports that ibuprofen does not help. Pain is located in the back and radiates down the posterior aspect of the left leg. Patient had an MRI of the lumbar spine May 2020 which showed disc bulges. She had an MRI of the left hip June 2020 which showed left hip effusion. Patient had MRI of the left knee which showed an ACL tear. Patient reports that she feels like the bone is moving. There were an extensive amount of records that I reviewed from 2019 until 2021. I also reviewed an FCE.

Multiple organ system review of symptoms reviewed and signed in the chart.

Physical exam:
General: Patient in no acute distress, cooperative with exam
Weight 191 pounds
Psych: Mood and affect appropriate, judgment and insight intact for situation and circumstance
Lumbar spine with normal alignment, painful range of motion, no observed spasm.
Extremity Exam left lower extremity
Inspection: Normal alignment, no effusion left knee
Palpation: Tenderness to palpation over left sacroiliac region
ROM: Pain with range of motion of the hip
Stability: No instability of hip or knee
Muscles: Quadriceps atrophy and weakness noted
Special tests: Positive FABER, negative logroll
Gait: Antalgic gait with shortened stride length
Integument: No open or draining wounds on the extremities, No rash
Lymph: No lymphedema
Neurological: No clonus, No tremor, Sensation grossly intact
Circulation: Normal temperature and turgor, and no delayed capillary refill
X-rays reviewed
Impression and plan:
Patient had a work-related injury with exacerbation of degenerative

Diabetes

Social History

Tobacco Use:
Smoking Are you a: never smoker.
Miscellaneous:
Marital status: Separated.
Occupation: Custodial. Travel outside US: no.
Drug/Alcohol:
Drugs: Denies. Alcohol Did you have a drink containing alcohol in the past year? No, Points 0, Interpretation Negative.

Allergies

Phenergan
Demerol

Hospitalization/Major Diagnostic Procedure

See Surgical

Review of Systems

As per HPI.

changes to the lumbar spine, sacroiliac joint, left hip, and left knee. The left knee shows evidence of an ACL tear. Given the patient's age I would not recommend reconstruction. I recommend CT of the pelvis to further evaluate sacroiliac joint and hip arthritis. Recommend intra-articular steroid injection left hip. Due to persistent pain in the left knee recommend hyaluronic acid injection. We will get these interventions authorized. Sedentary duty for now. Continue anti-inflammatories. Not at MMI.

Vital Signs

Wt 191, Wt-kg 86.64, Ht 4'8", Ht-cm 142.24, BMI 42.82, Temp 98.0, HR 99, BP 155/92 mm Hg, BSA 1.85 M

Assessments

1. Rupture of anterior cruciate ligament of left knee, initial encounter - S83.512A (Primary)
2. Left hip pain - M25.552
3. Contusion of left hip region - S70.02XA
4. Work related injury - Y99.0

Treatment

1. Rupture of anterior cruciate ligament of left knee, initial encounter

IMAGING: Knee-LT /3 Views

Sims,Courtney 12/13/2021 08:52:46 AM EST > done.
ALAN,RODNEY K 12/22/2021 04:24:36 PM EST > Left knee 3 views demonstrates preserved joint spaces, very small osteophytes on the patella. Findings consistent with mild radiographic evidence of osteoarthritis.

Referral To:Other Medical Care
Reason:Please obtain auth for gel injection

2. Left hip pain

IMAGING: HIP/UNI-LT/2-3 VIEW + PELVIS (73502)

Sims,Courtney 12/13/2021 08:53:09 AM EST > done.
ALAN,RODNEY K 12/22/2021 04:24:04 PM EST > AP pelvis with frog left hip demonstrates symmetric joint space narrowing with periarticular osteophytes. Findings consistent with mild radiographic evidence of hip arthritis.

3. Contusion of left hip region

IMAGING: CT Pelvis w/o Contrast (2906881)

Referral To:Interventional Radiology
Reason:Left Hip intra-articular injection[Inject 1mL 1% Lidocaine, 80mg Kenalog

4. Others

Clinical Notes:
I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as needed.

Visit Codes

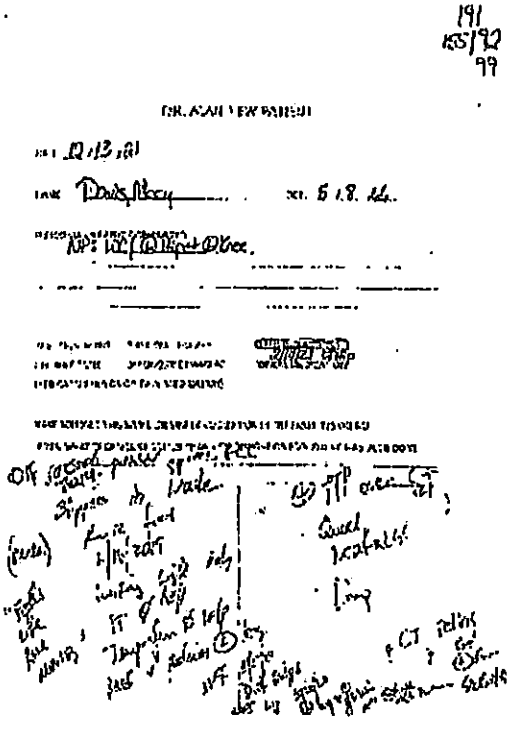
99204 Officeoutpatient visit new Office.

Procedure Codes
73562 Xray exam of knee 3 Office
73502 X-RAY Exam Hip Uni 2-3 Views Office

Follow Up
f/u CT, Auth for injection and injection

Images

2021-12-13 PTS INTAKE SHEET.MOF



Electronically signed by RODNEY ALAN , MD on 12/22/2021 at 04:29 PM EST

Sign off status: Completed

McLeod Orthopaedics Florence
1005 East Cheves St
FLORENCE, SC 29506-2777
Tel: 843-777-7900
Fax: 843-777-7925

Progress Note: RODNEYK, ALAN, MD 12/13/2021

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

* SCI Faxed Order and Attachments - Auth (Verified) *

Patient Name: DAVIS, MARY. DOB:r Account No:

REFERRAL

RODNEY K. ALAN, MD
Orthopaedic Surgery
McLeod Orthopaedics Florence
1005 East Cheves St , FLORENCE, SC 29506-2777
Tel: 843-777-7900 Fax: 843-777-7925

MARY L DAVIS
05/08/1968

Date: 02/04/2022

Patient Information:
Patient Name: MARY L DAVIS
Patient DOB:
Patient Insurance: SEDGWICK WC
Patient Subscriber No: RFPW-0743
Patient Address: PO BOX HARTSVILLE, SC, US
Patient Phone:
Patient Work Phone:
Patient Cell Phone:
Patient SSN: XXX-XX-2074

Insurance Information
Insurance Name: SEDGWICK WC
Subscriber Name: DAVIS, MARY L
Subscriber DOB:
Subscriber No: RFPW-0743
Subscriber Group No: LT HIP/LT KNEE
Subscriber Address: , HARTSVILLE, SC, US
Subscriber Phone:

Referral From Information:
Provider Name: ALAN, RODNEY
Provider ID Number:
Provider UPIN: B92178
Provider NPI: 1568499572
Provider Facility: McLeod Orthopaedics Florence
Provider Specialty: Orthopaedic Surgery
Address1: 1005 East Cheves St
Address2:
City, State, Zip: FLORENCE, SC, 29506-2777
Phone: 843-777-7900
Fax: 843-777-7925

Referral To Information:
Provider Name:
Provider ID Number:
Provider UPIN:
Provider NPI:
Provider Facility:
Provider Specialty: Interventional Radiology
Address1:
Address2:
City, State, Zip: , ,
Phone:
Appt. Date/Time:
Fax:

Facility Tax ID Number:

REFERRAL

RODNEY K. ALAN, MD
Orthopaedic Surgery
McLeod Orthopaedics Florence
1005 East Cheves St , FLORENCE, SC 29506-2777
Tel: 843-777-7900 Fax: 843-777-7925

MARY L DAVIS

* SCI Faxed Order and Attachments - Auth (Verified) *

Patient Name: DAVIS, MARY, DOB: Account No:

Reason For Referral:

Authorization No:	Authorization Type:
Reason:	#Left Hip Intra-articular Injection, Inject 1mL 1% Lidocaine, 80mg Kenalog
Diagnosis:	S70.02XA - Contusion of left hip region
E/M Codes:	
Procedures:	
Visits Allowed:	0
Unit Type:	V (VISIT)
Start Date:	12/13/2021
End Date:	12/13/2022

Notes: Prosser,Britanny 12/20/2021 11:11:39 AM EST > Faxed WC Adj. Brooke Davis the referral for patient to have injection. Waiting for approval Miller,Lesa 01/06/2022 04:13:33 PM EST > refaxed to wc adj & called and left a message with Brooke Davis wc Adj/awaiting her response. Miller,Lesa 01/07/2022 11:47:37 AM EST > Order is approved/approval is in patient docs under billing.

Clinical Notes:

Structured Data:

Provider NPI: 1568499572

Electronically signed by RODNEY K. ALAN, MD on 02/04/2022 at 12:52 PM EST

Progress Note

follow up progress note

Patient: DAVIS, MARY L
Account Number:
DOB: Age: 55 Y Sex: Female
Phone:
Address: PO BOX. HARTSVILLE, SC
Pcp: Lision A Weatherley, APRN

Provider: RODNEY K. ALAN, MD
Date: 02/14/2022

Subjective:

Chief Complaints:
1. WC/POST CT FOLLOW UP/LT KNEE GEL INJ IF AUTH.

ROS:
As per HPI.

Medical History: Asthma, HTN, Diabetes Mellitus, Neuropathy.

Surgical History: C- Section X2 .

Hospitalization/Major Diagnostic Procedure: See Surgical .

Family History: Father: deceased, diagnosed with Hypertension. Mother: deceased, diagnosed with Diabetes.

Social History:
Tobacco Use: Smoking Are you a: never smoker.

Medications: Taking Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day, Taking Valsartan 80 MG Tablet 1 tablet Orally Once a day, Taking Hydrochlorothiazide 25 MG tablet 0.5 tablet Orally Once a day, Taking amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day, Taking Albuterol Sulfate , Not-Taking/PRN Losartan Potassium 50 MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Acetaminophen 500 MG Capsule 2 tablets Orally every 6 hrs, Not-Taking/PRN glipiZIDE , Not-Taking/PRN metFORMIN HCl , Not-Taking/PRN Advil(Ibuprofen) 200 MG Tablet 1 tablet with food or milk as needed Orally Three times a day, Not-Taking/PRN Aleve(Naproxen) 220 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Not-Taking/PRN Diclofenac Sodium 75 MG Tablet Delayed Release 1 tablet as needed Orally Twice a day, Not-Taking/PRN Ibuprofen 800 MG Tablet 1 tablet with food or milk as needed Orally Three times a day, Medication List reviewed and reconciled with the patient

Allergies: Phenergan, Demerol.

Objective:

Vitals: Wt 188, Ht 4'8", Ht-cm 142.24, BMI 42.14, Temp 98.0, HR 85, BP 139/64 mm Hg.

Assessment:

Assessment:

1. Sprain of anterior cruciate ligament of left knee, subsequent encounter - S83.512D (Primary)
2. Left hip pain - M25.552
3. Contusion of left hip region - S70.02XA
4. Work related injury - Y99.0
5. SI joint arthritis - M47.816

Plan:

1. Sprain of anterior cruciate ligament of left knee, subsequent encounter

Referral To:Physical Therapy
Reason:#Functional Capacity Evaluation

2. SI joint arthritis

Referral To:RAKESH CHOKSHI Orthopaedic Surgery
Reason:#Eval and Treat

3. Others
Clinical Notes:
I have reviewed the review of systems, past medical, family, and social history as well as vital signs. Appropriate changes made as

needed.

Procedures:
After obtaining consent and reviewing risks of intra-articular injection, sterile prep of the left knee was carried out. Bony landmarks were identified by palpation. A needle was inserted intra-articularly. Aspiration was used to confirm intra-articular location. The knee was injected with 3 ml Durolane Viscosupplement solution. The patient tolerated the procedure without complication. The puncture site was dressed sterilely. NDC # 89130-2020-1.

Procedure Codes: 20610 Drain/inject, joint bursa Office, J7318 Inj, durolane 1 mg Office
Follow Up: 4 Weeks (Reason: f/u PCE)

Billing Information:

Visit Code:
99213 Officeoutpatient visit est Office. Modifiers: 25
Procedure Codes:
20610 Drain/inject, joint bursa Office.
J7318 Inj, durolane 1 mg Office.

Images

2022-02-14 PTS INTAKE SHEET / MOF

Provider: RODNEY K. ALAN, MD Date: 02/14/2022

REFERRAL

RODNEY K. ALAN, MD
Orthopaedic Surgery
McLeod Orthopaedics Florence
1005 East Cheves St , FLORENCE, SC-29506-2777
Tel: 843-777-7900 Fax: 843-777-7925

MARY L DAVIS

Date: 02/21/2022

Patient Information:

Patient Name:	MARY L DAVIS
Patient DOB:	
Patient Insurance:	SEDGWICK WC
Patient Subscriber No:	RFPW-0743
Patient Address:	PO BOX: HARTSVILLE, SC, US
Patient Phone:	
Patient Work Phone:	
Patient Cell Phone:	
Patient SSN:	

Insurance Information

Insurance Name:	SEDGWICK WC
Subscriber Name:	DAVIS, MARY L
Subscriber DOB:	
Subscriber No:	RFPW-0743
Subscriber Group No:	LT HIP/LT KNEE
Subscriber Address:	PO BOX HARTSVILLE, SC, US 2
Subscriber Phone:	

Referral From Information:

Provider Name:	ALAN, RODNEY
Provider ID Number:	
Provider UPIN:	B92176
Provider NPI:	1568499572
Provider Facility:	McLeod Orthopaedics Florence
Provider Specialty:	Orthopaedic Surgery
Address1:	1005 East Cheves St
Address2:	
City, State, Zip:	FLORENCE, SC, 29506-2777
Phone:	843-777-7900
Fax:	843-777-7925

Referral To Information:

Provider Name:	
Provider ID Number:	
Provider UPIN:	
Provider NPI:	
Provider Facility:	
Provider Specialty:	Physical Therapy
Address1:	
Address2:	
City, State, Zip:	, ,
Phone:	
Appt. Date/Time:	
Fax:	

Facility Tax ID Number:

REFERRAL

RODNEY K. ALAN, MD
Orthopaedic Surgery
McLeod Orthopaedics Florence
1005 East Cheves St , FLORENCE, SC-29506-2777
Tel: 843-777-7900 Fax: 843-777-7925

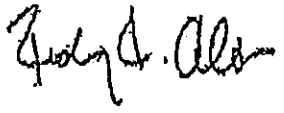
MARY L DAVIS
05/08/1968

Reason For Referral:

Authorization No:	Authorization Type:
Reason:	#Functional Capacity Evaluation
Diagnosis:	S83.512D - Sprain of anterior cruciate ligament of left knee, subsequent encounter
E/M Codes:	
Procedures:	
Visits Allowed:	0
Unit Type:	V (VISIT)
Start Date:	02/14/2022
End Date:	02/14/2023

Notes: Miller,Lesa 02/15/2022 10:08:30 AM EST > Faxed order to wc adjuster/I will call to notify. Miller,Lesa 02/21/2022 11:12:24 AM EST > Faxed order to wc adj

Clinical Notes:
Structured Data:



Provider NPI: 1568499572

Electronically signed by RODNEY K. ALAN, MD on 02/21/2022 at 11:13 AM EST

Patient Name: DAVIS, MARY LISA
MRN:
FIN: 1000149097
DOB/Age/Sex: 57 years Female

Admit: 2/23/2022
Disch: 2/23/2022
Admitting: Alan,MD,Rodney K

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
10-XR-22-049752	2/23/2022 10:56 EST	XR Injection Hip Joint LT	Alan,MD,Rodney K	56 years

Reason for Exam
(XR Injection Hip Joint LT) S70.02XA CONTUSION OF LEFT HIP, INITIAL ENCOUNTER - S70.02XA;S70.02XA CONTUSION OF LEFT HIP, INITIAL ENCOUNTER - S70.02XA

Report
EXAM:
Fluoroscopic guided arthrogram-left hip.

CLINICAL DATA:
Chronic left hip pain.

COMPARISON:
None.

TECHNIQUE:
Informed consent was obtained and the patient was identified by me. A surgical pause was then completed. After localization of the injection site the area was prepped and draped in usual sterile fashion, using maximal sterile barrier protocol (*). 1% lidocaine was utilized to obtain local anesthesia. A 22-gauge needle was then directed fluoroscopically into the joint and 1-3mL of Omnipaque was injected to confirm localization within the joint space. Subsequently, a mixture of 3 ml of 1% lidocaine 60 mg in 2 mL of Kenalog was injected into the joint space. The needle was removed. Hemostasis was achieved. An adhesive bandage was placed over the incision site. The patient tolerated this procedure well and without evidence of immediate complication.

FINDINGS:
Fluoroscopy time: 27 seconds.

Fluoroscopic images obtained: 1 image(s).

IMPRESSION:
Uneventful fluoroscopic guided arthrogram as described above.

THIS PROCEDURE WAS PERFORMED BY JORDAN B. WICKER, PA-C, UNDER THE DIRECT SUPERVISION OF Dr. Samuel C. Hill, IV, MD.

(*) Usual sterile fashion: signifies use of hand hygiene, scrub cap, face mask, sterile gloves, fenestrated drape and 2% chlorhexidine solution.

SIGNATURE:

Patient Name: DAVIS, MARY LISA
MRN:
FIN:
DOB/Age/Sex: 57 years Female

Admit: 2/23/2022
Disch: 2/23/2022
Admitting: Alan,MD,Rodney K

Diagnostic Radiology

Report

Electronically Signed
By: Sam Hill M.D.
On: 02/23/2022 13:40

***** Final *****
Dictated by: Hill, MD, Samuel C
Dictated DT/TM: 02/23/2022 1:31 pm

Signed by: Hill, MD, Samuel C
Signed (Electronic Signature): 02/23/2022 2:06 pm

Davis, Mary Lisa (MRN:) DOB: Encounter Date: 02/27/2023

Davis, Mary Lisa MRN:

Office Visit 2/27/2023
McLeod Orthopaedics - Florence

Provider: Rodney K Alan, MD (Orthopaedic Surgery)
Primary diagnosis: Chronic pain of left knee
Reason for Visit: Left Hip - Pain • Left Knee - Pain

Progress Notes Rodney K Alan, MD (Physician) Orthopedics

Procedure Orders
1. L Inj/Asp: L knee [5461978] ordered by Rodney K Alan, MD

Post-procedure Diagnoses
1. Chronic pain of left knee [M25.562, G89.29]

Chief complaint: Follow-up left hip left knee pain

History of present illness: The patient returns for follow-up evaluation. The patient had a work injury in November 2019. She reports ongoing intermittent pain in the left hip and knee and pain in the left buttock and low back. She uses a cane for ambulation. She reported that the prior injection in the knee gave her about 4 months of pain relief. She reported that the injection in the hip did not help with her symptoms. I previously gave her a rating to the left lower extremity. I outlined future medical treatments. She comes in requesting additional treatments. The patient is a diabetic. Since I last saw her I reviewed her A1c. In October 2022 her A1c was 9.2.

Physical exam:

Visit Vitals

BP	141/90
Pulse	84
Temp	37.2 °C (98.9 °F)
Ht	4' 9" (1.448 m)
Wt	102 kg (224 lb)
BMI	48.47 kg/m²
Smoking Status	Never
BSA	2.03 m²

Patient in no acute distress. She has gained 35 pounds since her last evaluation. She walks with a moderate limp. The left knee has neutral alignment. There is medial joint line tenderness. There is no effusion. There is a negative logroll. There is a negative Stinchfield sign. There is no increase in pain with internal or external rotation of the hip.

XR hip left 2 or 3 views
AP pelvis with frog left hip demonstrates periarticular osteophytes, relatively preserved joint spaces, no acute bone abnormality. Findings not significantly changed when compared to imaging from 12/13/2021.
XR knee 3 views left
Left knee 3 views demonstrates mild medial joint space narrowing, no acute bone abnormality.

Davis, Mary Lisa (MRN) DOB:

Encounter Date: 02/27/2023
Rodney K Alan, MD (Physician)
Orthopedics

Progress Notes (continued)

Impression and plan:

The patient has continued left lower extremity pain. The radiographs do not appear severe enough to warrant joint replacement at this time. We will continue nonoperative management. The patient was given a gel injection in the left knee. Unfortunately steroid injections need to be limited due to uncontrolled diabetes mellitus. The patient already has another follow-up with a spine specialist. There are no changes to her prior evaluation, impairment, and rating. Please see note from March 2022.

Patient ID: Mary Lisa Davis is a 56 y.o. female.

L Inj/Asp: L knee on 2/27/2023 9:56 AM
Indications: pain
Details: 18 G needle, anteromedial approach
Medications: 60 mg sodium hyaluronate 60 mg/3 mL
Outcome: tolerated well, no immediate complications
Procedure, treatment alternatives, risks and benefits explained, specific risks discussed. Patient was prepped and draped in the usual sterile fashion.

Instructions

AVS - Outpatient (Automatic SnapShot taken 2/27/2023)

Additional Documentation

Vitals:	BP 141/90 Pulse 84 Temp 37.2 °C (98.9 °F) Ht 4' 9" (1.448 m) Wt 102 kg (224 lb) BMI 48.47 kg/m² BSA 2.03 m²

Communications

Letter sent to Mary L. Davis

No questionnaires available.

Encounter Status

Signed by Rodney K Alan, MD on 2/27/23 at 13:13

Orders Placed

XR hip left 2 or 3 views (Resulted 2/27/2023)
XR knee 3 views left (Resulted 2/27/2023)
L Inj/Asp: L knee (Resulted 2/27/2023)

Davis, Mary Lisa (MRN ') DOB: Encounter Date: 02/27/2023

Orders Placed (continued)

Medication Changes As of 2/27/2023 1:13 PM

None

Medication List at End of Visit As of 2/27/2023 1:13 PM

	Refills	Start Date	End Date
acetaminophen (Tylenol) 500 mg tablet 2 tablets every 6 hrs Patient-reported medication		7/11/2022	
albuterol 90 mcg/actuation inhaler 1 puff as needed every 4 hrs Patient-reported medication		7/11/2022	
amLODIPine (Norvasc) 5 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
cephalexin (Keflex) 500 mg capsule 1 capsule Four times a day Patient-reported medication		7/11/2022	
cyclobenzaprine (Flexeril) 10 mg tablet 1 tablet at bedtime as needed TID Patient-reported medication		7/11/2022	
diclofenac (Voltaren) 75 mg EC tablet 1 tablet as needed Twice a day Patient-reported medication		7/11/2022	
EMPAGLIFLOZ-LINAGLIP-METFORMIN ORAL Patient-reported medication		10/21/2022	
FERROUS SULFATE ORAL 1 tablet Once a day Patient-reported medication		10/21/2022	
fluconazole (Diflucan) 150 mg tablet 1 tablet Patient-reported medication		7/11/2022	
FLUTICASONE PROPION-SALMETEROL INHL 2 puffs Twice a day Patient-reported medication		10/21/2022	
GLIPIZIDE ORAL Patient-reported medication		10/21/2022	
hydroCHLOROthiazide (HydroDIURIL) 25 mg tablet 1 tablet in the morning Once a day Patient-reported medication		7/11/2022	
Ibuprofen			
Ibuprofen (ADVIL ORAL) 1 tablet with food or milk as needed Three times a day Patient-reported medication		10/21/2022	
IBUPROFEN ORAL 1 tablet with food or milk as needed Three times a day Patient-reported medication		10/21/2022	
Tresiba FlexTouch U-100 100 unit/mL (3 mL) injection INJECT 60 UNITS SUBCUTANEOUSLY ONCE DAILY Patient-reported medication		2/17/2023	
insulin glargine (Lantus) 100 unit/mL (3 mL) pen as directed Patient-reported medication		7/11/2022	
losartan (Cozaar) 50 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	

Davis, Mary Lisa (MRN) DOB:
Medication List at End of Visit (continued) As of 2/27/2023 1:13 PM

Encounter Date: 02/27/2023

	Refills	Start Date	End Date
meloxicam (Mobic) 15 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	
metFORMIN (Glucophage) 1,000 mg tablet Patient-reported medication		2/26/2023	
naproxen sodium (ALEVE ORAL) 1 tablet with food or milk as needed every 12 hrs Patient-reported medication		10/21/2022	
OMEPRAZOLE ORAL 1 capsule 30 minutes before morning meal Once a day Patient-reported medication		10/21/2022	
ondansetron ODT (Zofran-ODT) 4 mg disintegrating tablet 1 tablet on the tongue and allow to dissolve Once a day Patient-reported medication		7/11/2022	
semaglutide			
semaglutide (Rybelsus) 7 mg tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Once a day Patient-reported medication		7/11/2022	
semaglutide (Ozempic) 0.25 mg or 0.5 mg(2 mg/1.5 mL) pen injector as directed Patient-reported medication		7/11/2022	
traMADol (Ultram) 50 mg tablet 1 tablet as needed Q 6 hrs PRN PAIN Patient-reported medication		7/11/2022	
valsartan (Diovan) 80 mg tablet 1 tablet Once a day Patient-reported medication		7/11/2022	

Medications Administered

hyaluronate sodium, stabilized 60 mg

Visit Diagnoses

Primary: **Chronic pain of left knee** M25.562, G89.29
Left hip pain M25.552
Work related injury Y99.0

Patient Name: DAVIS, MARY LISA
MRN:
FIN:
DOB/Age/Sex: 57 years Female

Admit: 7/5/2022
Disch: 7/5/2022
Admitting: Chokshi,MD,Rakesh P

Magnetic Resonance Imaging

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
10-MR-22-016589	7/5/2022 15:06 EDT	MRI Spine Lumbar w/o Contrast	Chokshi,MD,Rakesh P	56 years

Reason for Exam
(MRI Spine Lumbar w/o Contrast) M54.50 LOW BACK PAIN, UNSPECIFIED - M54.50;M54.50 LOW BACK PAIN, UNSPECIFIED - M54.50

Report
EXAM:
MRI LUMBAR SPINE WITHOUT CONTRAST

CLINICAL DATA:
M54.50 LOW BACK PAIN, UNSPECIFIED - M54.50; low back pain

COMPARISON:
None.

TECHNIQUE:
Sagittal and selected axial T1 and T2-weighted images were obtained through the lumbar spine.

FINDINGS:
There is normal bony alignment, vertebral body height and marrow signal. The cord demonstrates normal caliber, contour and signal. The visible paraspinal soft tissues are unremarkable within the limitations of technique and field of view.

L2-L3: Unremarkable

L3-4: There is no significant central canal, lateral recess or foraminal stenosis. Mild bilateral facet hypertrophy.

L4-5: There is no significant central canal, lateral recess or foraminal stenosis. Mild bilateral facet hypertrophy. Bilateral ligamentum flavum thickening.

L5-S1: There is no significant central canal, lateral recess or foraminal stenosis. Mild to moderate bilateral facet hypertrophic arthropathy.

IMPRESSION:
1. Minimal hypertrophic osteoarthropathy involving the facet joints.
2. Rest of the study is unremarkable.

SIGNATURE:

Patient Name:	DAVIS MARY LISA				
MRN:				Admit:	7/5/2022
FIN:	1002389750			Disch:	7/5/2022
DOB/Age/Sex:		57 years	Female	Admitting:	Chokshi,MD,Rakesh P

Magnetic Resonance Imaging

Report
Electronically Signed
By: Basil Shah
On: 07/05/2022 15:39

***** Final *****
Dictated by: Shah, MD, Basil
Dictated DT/TM: 07/05/2022 3:37 pm

Signed by: Shah, MD, Basil
Signed (Electronic Signature): 07/05/2022 3:41 pm

Progress Note

F/U w/Results

Patient: DAVIS, MARY L
Account Number:
DOB: Age: 68 Y Sex: Female
Phone:
Address: PO BOX: , HARTSVILLE, SC
Pcp: Liston A Weatherley, APRN

Provider: Rakesh P. Chokshi, MD
Date: 07/11/2022

Subjective:

Chief Complaints:
1. POST LS MRI.

HPI:

Constitutional:
May Davis presents today for review of lumbar MRI scan. She continues to complain lower back pain and left sided radiculopathy that began back in November of 2019 after a work-related injury. She presents with her daughter today.

ROS:

General/Constitutional:
Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:
Swollen lymph nodes none.

Respiratory:
Shortness of breath no. Wheezing no.

Cardiovascular:
Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:
General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:
Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:
General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:
General no sores. Rash no. Itching no.

Neurologic:
Dizziness no. Headache no. Seizures no.

Psychiatric:
Anxiety denies. Depression denies.

Medical History: Asthma, HTN, Diabetes Mellitus, Neuropathy.

Surgical History: C- Section X2 .

Hospitalization/Major Diagnostic Procedure: See Surgical , none recent 03/30/2022, none recent 07/11/2022.

Family History: Father: deceased, diagnosed with Hypertension. Mother: deceased, diagnosed with Diabetes.

Social History:

Tobacco Use: Smoking Are you a: never smoker.

Medications: Taking Pt did not bring meds today, but stated no change. , Notes: verbal 07/11/2022, Taking Albuterol Sulfate 108 (90 Base) MCG/ACT Aerosol Powder Breath Activated 1 puff as needed Inhalation every 4 hrs, Taking amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day, Taking hydroCHLOROthiazide 25 MG Tablet 1 tablet in the morning Orally Once a day, Taking Valsartan 80 MG Tablet 1 tablet Orally Once a day, Taking Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day, Taking Valsartan 80 MG Tablet 1 tablet Orally Once a day, Taking Hydrochlorothiazide 25 MG tablet 0.5 tablet Orally Once a day, Taking amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day, Taking metFORMIN HCl , Notes: 1000mg, Taking Lantus SoloStar(Insulin Glargine) 100 UNIT/ML Solution Pen-Injector as directed Subcutaneous , Not-Taking/PRN Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day, Not-Taking/PRN traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN, Not-Taking/PRN Cephalexin 500 MG Capsule 1 capsule Orally Four times a day, Not-Taking/PRN Ozempic (0.25 or 0.5 MG/DOSE)(Semaglutide(0.25 or 0.5MG/DOS)) 2 MG/1.5ML Solution Pen-Injector as directed Subcutaneous , Not-Taking/PRN Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day, Not-Taking/PRN Fluticasone-Salmeterol 115-21 MCG/ACT Aerosol 2 puffs Inhalation Twice a day, Not-Taking/PRN Fluconazole 150 MG Tablet 1 tablet Orally , Not-Taking/PRN Rybelsus(Semaglutide) 7 MG Tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Orally Once a day, Not-Taking/PRN Ferrous Sulfate 325 (65 Fe) MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Albuterol Sulfate , Not-Taking/PRN Losartan Potassium 50 MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN

Diclofenac Sodium 75 MG Tablet Delayed Release 1 tablet as needed Orally Twice a day, Not-Taking/PRN Ibuprofen 800 MG Tablet 1 tablet with food or milk as needed Orally Three times a day, Not-Taking/PRN Acetaminophen 500 MG Capsule 2 tablets Orally every 6 hrs, Not-Taking/PRN glipiZIDE , Not-Taking/PRN Advil(Ibuprofen) 200 MG Tablet 1 tablet with food or milk as needed Orally Three times a day, Not-Taking/PRN Aleve(Naproxen) 220 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: Phenergan, Demerol.

Objective:

Vitals: Wt 195, Wt-kg 88.45, Ht 4'8", Ht-cm 142.24, BMI 43.71, Pain scale 10, BSA 1.87 M
Pt denies any covid symptoms.

Examination:

Lumbar Spine:

Appearance: Well developed, Well nourished, in no acute distress.
Observation: Normal gait and station Yes, Lumbar Lordosis Normal, Thoracic Kyphosis Normal, Scoliosis None.
Palpation: Spinal Process Non Tender, Paraspinous muscle Tender, Greater Trochanter Non Tender, Sciatic Notch Non Tender.
Skin: Normal without lesions.
Soft tissue triggers: No triggers are palpated.
Muscle Spasms: No muscle spasms.
Range of Motion: Forward Flexion Full, Extension Limited extension, Hip Full and painless.
Special Test: Sitting Straight Leg Raising Negative bilaterally.
Muscle Strength: Hip Flexors Right 5/5, Hip Flexors Left 5/5, Quadriceps Right 5/5, Quadriceps Left 5/5, Hamstring Right 5/5, Hamstring Left 5/5, Gastrocnemius Right 5/5, Gastrocnemius Left 5/5, Anterior Tibialis Right 5/5, Anterior Tibialis Left 5/5, EHL Right 5/5, EHL Left 5/5.
Neurological Sensory Testing: L1 Right Normal, L1 Left Normal, L2 Right Normal, L2 Left Normal, L3 Right Normal, L3 Left Normal, L4 Right Normal, L4 Left Normal, L5 Right Normal, L5 Left Normal, S1 Right Normal, S1 Left Normal.
Reflexes: Patellar Tendon Right 2/4, Patellar Tendon Left 2/4, Achilles Tendon Right 2/4, Achilles Tendon Left 2/4, Babinski Right Negative, Babinski Left Negative, Clonus Right Negative, Clonus Left Negative.
Pulses: Dorsalis Pedis Right 2/4, Dorsalis Pedis Left 2/4.

General Examination:

HEENT: HEAD: normocephalic, atraumatic EYES: eyes normal, pupils, equal, round, reactive to light and accomodation (PERRLA).
NEUROLOGIC EXAM: alert and oriented x 3.
LYMPH NODES: normal, no inguinal adenopathy.
PSYCH: appropriate mood and affect .

Assessment:

Assessment:

1. Lumbar back pain - M54.50 (Primary)
2. Lumbar Radiculopathy - M54.16

Plan:

1. Lumbar Radiculopathy

Referral To:BRUCE JOHNSON Pain Medicine
Reason:New patient referral at McLeod for pain management[Facet joint injection w/fluoro L5-S1 x1]Eval and treat

2. Others
Start Mobic Tablet, 15 MG, 1 tablet, Orally, Once a day, 30 day(s), 30 ; Start Cyclobenzaprine HCl Tablet, 10 MG, 1 tablet at bedtime as needed, Orally, TID, 30 day(s), 90 ; Start traMADol HCl Tablet, 50 MG, 1 tablet as needed, Orally, Q 6 hrs PRN, 5 days, 20 .
Notes: I, Kiri Anderson Spell, scribing for Dr. Chokshi attests that the documentation entered is accurate and reflects the physician's communication to the patient.

Lumbar MRI done 7/5/22 was reviewed by me personally with the patient and discussed. Please see the radiologist report for all the details. The most pertinent findings of my review are, facet arthropathy at L4-5 and L5-S1. No evidence of stenosis or disc herniation.
Clinical Notes: We have encouraged activities and weight loss as tolerated and as directed by the primary care physician.

Patient will referred to pain managment for definitive care as there is no evidence of needed surgical intervention for the Lumbar spine at this time. MMI will be completed and given per Pain management as well. This was discussed in great detail with the patient.

Conservative treatment has been unsuccessful thus far. I am going to proceed with a facet injection at the level of L5-S1 in hopes of relieving back pain.

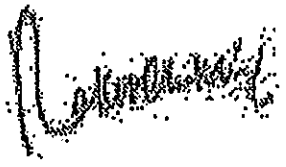
Natural history of the lumbar spine condition was discussed with the patient. Proper body mechanics and weight reduction exercise program

Natural history of the lumbar spine condition was discussed with the patient. Proper body mechanics and maintenance exercise program discussed with the patient. Hopefully, the symptoms will not recur or progress. If symptoms get progressively worse or new symptoms arise, I will be happy to see and re-evaluate the patient. Patient will contact my office on as needed basis. .

Follow Up: prn

Billing Information:

Visit Code:
99214 Officeoutpatient visit est Office.
Procedure Codes:



Provider: Rakesh P. Chokshi, MD **Date:** 07/11/2022

REFERRAL

Rakesh P. Chokshi, MD
Orthopaedic Surgery
McLeod Spine Center
800 East Cheves St STE 480-B, FLORENCE, SC-29506-2777
Tel: 843-432-1880 Fax: 843-432-1022

MARY L DAVIS

Date: 07/19/2022

Patient Information:

Patient Name:	MARY L DAVIS
Patient DOB:	
Patient Insurance:	BLUE CROSS BLUE SHIELD OF SC
Patient Subscriber No:	RZOT50061508
Patient Address:	PO BOX: HARTSVILLE, SC, US
Patient Phone:	
Patient Work Phone:	
Patient Cell Phone:	
Patient SSN:	

Insurance Information

Insurance Name:	BLUE CROSS BLUE SHIELD OF SC
Subscriber Name:	DAVIS, MARY L
Subscriber DOB:	
Subscriber No:	RZOT50061508
Subscriber Group No:	
Subscriber Address:	PO BOX , HARTSVILLE, SC, US
Subscriber Phone:	

Referral From Information:

Provider Name:	CHOKSHI, RAKESH
Provider ID Number:	202935692
Provider UPIN:	
Provider NPI:	1053311134
Provider Facility:	McLeod Spine Center
Provider Specialty:	Orthopaedic Surgery
Address1:	800 East Cheves St
Address2:	STE 480-B
City, State, Zip:	FLORENCE, SC, 29506-2777
Phone:	843-432-1880
Fax:	843-432-1022

Referral To Information:

Provider Name:	BRUCE G JOHNSON
Provider ID Number:	202935692
Provider UPIN:	
Provider NPI:	1447453097
Provider Facility:	McLeod Spine Center
Provider Specialty:	Pain Medicine
Address1:	800 East Cheves St
Address2:	STE 480-B
City, State, Zip:	FLORENCE, SC, 29506-2777
Phone:	843-432-1880
Appt. Date/Time:	
Fax:	843-432-1022

Facility Tax ID Number: 202935692007

REFERRAL

Rakesh P. Chokshi, MD
Orthopaedic Surgery
McLeod Spine Center
800 East Cheves St STE 480-B, FLORENCE, SC-29506-2777
Tel: 843-432-1880 Fax: 843-432-1022

MARY L DAVIS

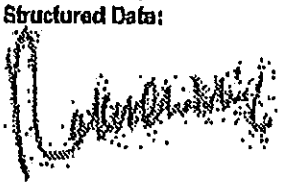
Reason For Referral:

Authorization No:	Authorization Type:
Reason:	New patient referral at McLeod for pain management, Facet joint injection w/fluoro L5-S1 x1, Eval and treat
Diagnosis:	M54.16 - Lumbar Radiculopathy
E/M Codes:	
Procedures:	
Visits Allowed:	0
Unit Type:	V (VISIT)
Start Date:	07/11/2022
End Date:	07/11/2023

Notes: Turner,Vicky 07/19/2022 01:01:01 PM EDT > ORDER FAXED TO BROOKE, SEDGWICK FOR AUTHORIZATION FOR NEW PATIENT EVALUATION AND FACET JOINT INJECTIONS 866-548-2837

Clinical Notes:

Structured Data:



Provider NPI: 1053311134

Electronically signed by Rakesh P. Chokshi, MD on 07/19/2022 at 01:01 PM EDT

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 10/21/2022

McLeod
Physician Associates

DAVIS, MARY L
56 Y old Female, DOB:
Account Number:
PO BOX HARTSVILLE, SC
Home:
Guarantor: DAVIS, MARY L Insurance: BRIDGWICK
WC Payer ID: PAPER
PCP: Liston A Weatherley, APRN
Appointment Facility: McLeod Spine Center

10/21/2022 Progress Notes: Bruce Johnson, M.D.

Current Medications

Taking
- Pt did not bring meds today, but stated no change. , Notes: verbal 07/11/2022
- Albuterol Sulfate 108 (90 Base) MCG/ACT Aerosol Powder Breath Activated 1 puff as needed Inhalation every 4 hrs
- amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day
- hydroCHLOROthiazide 25 MG Tablet 1 tablet in the morning Orally Once a day
- Valsartan 80 MG Tablet 1 tablet Orally Once a day
- Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day
- Valsartan 80 MG Tablet 1 tablet Orally Once a day
- Hydrochlorothiazide 25 MG tablet 0.5 tablet Orally Once a day
- amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day
- metFORMIN HCl , Notes: 1000mg
- Lantus SoloStar(Insulin Glargine) 100 UNIT/ML Solution Pen-Injector as directed Subcutaneous
- Mobic(Meloxicam) 15 MG Tablet 1 tablet Orally Once a day
- Cyclobenzaprine HCl 10 MG Tablet 1 tablet at bedtime as needed Orally TID
- traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN
Not-Taking/PRN
- Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day
- traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN
- Cephalexin 500 MG Capsule 1 capsule Orally Four times a day
- Ozempic (0.25 or 0.5 MG/DOSE) (Semaglutide(0.25 or 0.5MG/DOS)) 2 MG/1.5ML Solution Pen-Injector as directed Subcutaneous

Reason for Appointment

1. LBP

History of Present Illness

Constitutional:

56-year-old female comes to McLeod spine pain management center with ongoing low back pain hip and buttocks pain. She says it is her whole back. She had a work-related injury from November 2019. She slipped and fell on water. She says she has been having whole back pain. She says they have been concentrating more on the low back. She was sent over to me for her lumbar spine. The pain is chronic radiating throbbing pain across the back and's in the low back. Is a burning throbbing pain. Is numbness and very bad spasms. She gets to where she can barely walk. She says she is having too much pain to do anything. The pain is worse with bending lifting standing and walking. Denies any bowel or bladder issues. She has been taking Mobic tramadol and Flexeril. She has done physical therapy with a back manual. Pain score is 10/10. Denies any previous spine surgery. She is on no blood thinners. She has diabetes and hypertension. She is here today for further recommendations. She has the MRI of the lumbar spine which shows degenerative facet arthropathy at the L4-5 and L5-S1 location. And she has seen Dr. Chokshi who has requested bilateral L5-S1 facet joint injection.

Vital Signs

Wt 222.0, Wt-kg 100.7, Ht 4'8", Ht-cm 142.24, BMI 49.77, Temp 97.5, HR 85, BP 126/86 mm Hg, Pain scale 10, BSA 1.99 M
discharge 131/86
HR:81.

Examination

General Examination:

GENERAL APPEARANCE: alert and oriented, antalgic gait, cooperative , female. Difficult time getting from seated to standing position. Slight hunched over posture. Shuffle gait..

EYES: conjunctiva clear, sclera clear, no discharge.

CARDIOVASCULAR: no murmurs, click, gallops or rubs, palpable and symmetic radial pulses, regular rate and rhythm, normal S1S2.

RESPIRATORY: clear to auscultation bilaterally, no wheezes or crackles.

GASTROINTESTINAL: bowel sounds: normal, no guarding, non-

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 10/21/2022

- Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
- Fluticasone-Salmeterol 115-21 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
- Fluconazole 150 MG Tablet 1 tablet Orally
- Rybelsus(Semaglutide) 7 MG Tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Orally Once a day
- Ferrous Sulfate 325 (65 Fe) MG Tablet 1 tablet Orally Once a day
- Albuterol Sulfate
- Losartan Potassium 50 MG Tablet 1 tablet Orally Once a day
- Diclofenac Sodium 75 MG Tablet Delayed Release 1 tablet as needed Orally Twice a day
- Ibuprofen 800 MG Tablet 1 tablet with food or milk as needed Orally Three times a day
- Acetaminophen 500 MG Capsule 2 tablets Orally every 6 hrs
- glipiZIDE
- Advil(Ibuprofen) 200 MG Tablet 1 tablet with food or milk as needed Orally Three times a day
- Aleve(Naproxen) 220 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs

Medication List reviewed and reconciled with the patient

Past Medical History

Asthma.
HTN.
Diabetes Mellitus.
Neuropathy.

Surgical History

C- Section X 2

Family History

Father: deceased, diagnosed with Hypertension
Mother: deceased, diagnosed with Diabetes

Social History

Tobacco Use:
Smoking Are you a: never smoker.

Allergies

Phenergan
Demerol

Hospitalization/Major Diagnostic Procedure

See Surgical
none recent 03/30/2022
none recent 07/11/2022
None Recent 10/21/2022

Review of Systems

General/Constitutional:
General no chills, no fever, no distended.

NEUROLOGIC EXAM DTRs 1-2+ in all 4 extremities, no tremor, no focal signs.

SKIN: warm, normal color, no rash or skin lesions.

BACK: lumbar paraspinal tenderness, no ecchymosis, no rash, pain with lateral rotation, straight leg raise negative. Tenderness palpation over the L5-S1 facet joint bilateral. Limited range of motion with extension lateral rotation towards both sides due to low back pain..

MUSCULOSKELETAL: no swelling or deformity , good muscle tone, Motor strength and tone: Deconditioning lower extremities..

LYMPH NODES: No palpable adenopathy, non tender to palpation.

Assessments

1. Lumbosacral spondylosis without myelopathy - M47.817 (Primary)
2. Spondylosis of lumbar region without myelopathy or radiculopathy - M47.816
3. Lumbar degenerative disc disease - M51.36
4. Chronic hypertension - I10
5. Type 2 diabetes mellitus without complication, without long-term current use of insulin - E11.9

I have reviewed and verified all information obtained by my ancillary staff.

Treatment

1. Lumbosacral spondylosis without myelopathy

PROCEDURE: Inj. Decadron 1 mg (J1100)
PROCEDURE: INJ BUPIVICAINE HYDROCHLORID(S0020)
PROCEDURE: Lumbar Facet Joint Injection (64493)
JOHNSON,BRUCE G 10/21/2022 12:30:09 PM EDT > Bilateral Romesburg,RN,Allison 10/24/2022 08:32:38 AM EDT > Patient tolerated procedure well. P109 O2SAT98%

Notes: Patient presents to the clinic today with ongoing low back pain and hip and buttocks pain. This been going on since a work-related injury in November 2019. Patient has been evaluated by Dr. Chokshi. She has an MRI from McLeod Regional Medical Center dated 7/5/2022. I reviewed those images with the patient personally today. She has facet arthropathy at the L4-5 and L5-S1 location. He is requested bilateral L5-S1 facet joint injections for diagnostic as well as therapeutic benefit. I have reviewed the risk benefits alternatives of the procedure with her today. She will continue her Mobic tramadol and Flexeril through her primary care physician. She will continue her home exercise regimen with a back manual. She has chronic hypertension diabetes. She understands to watch both of these over the next 7 to 10 days due to the steroid. Please see procedure note for further details. I will see the patient back in the future. She will follow-up with Dr. Chokshi in 2 weeks.

Procedures

Procedure: Bilateral L5-S1 facet joint injection
Indication for procedure: Lumbosacral spondylosis without myelopathy
Summary procedure: After risk benefits alternatives discussed with

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 10/21/2022

vomiting, no weight loss or gain.

HEENT/Neck:
Head no headache, no vertigo.
Ears no ringing in the ears.
Neck no enlarged lymph nodes.
Endocrine:
Patient denies bowel changes, excessive sweating, fatigue. Mood Swings no.
Respiratory:
Patient denies shortness of breath.
Cardiovascular:
Patient denies chest pain, claudication, cold extremities.
Gastrointestinal:
General no abdominal pain, no constipation, no diarrhea, no nausea/vomiting, no stool incontinence.
Hematology:
General no easy bruising or bleeding.
Genitourinary:
Urinary no burning or pain on urination, no frequency, no incontinence.
Musculoskeletal:
General decreased range of motion, backache, no muscle atrophy.
Peripheral Vascular:
General no clubbing, cyanosis, edema, no claudication.
Skin:
General no acne, no changes in hair and nails, no rashes.
Psychiatric:
Patient denies anxiety, depression, high stress level.

patient and consent form obtained, patient was taken back to the fluoroscopy suite where he was placed prone on the table. Procedural timeout. Patient identification x2. Fluoroscopy was used to identify the L5-S1 facet joint line from an oblique position on both sides. 1% lidocaine local anesthetic to the skin. 22-gauge needle advanced under intermittent fluoroscopic guidance rest in the facet joint line on both of these locations. Negative aspiration for blood or CSF. 0.25 cc of Omnipaque 180 showed good spread along the facet joint line without intravascular uptake. I half cc of 0.25% bupivacaine and 5 mg of Decadron were placed in the intra-and periarticular fashion on both sides. Needles were removed. Hemostasis was appreciated. Band-Aids were placed. Patient was aided standing position had no immediate complications. Total of 10 mg of Decadron were used. Fluoroscopy 10 seconds, 10 images, 2 saved.

Visit Codes

99214 Officeoutpatient visit est Office.

Procedure Codes

64493 Inj paravert f jnt ls 1 lev Office Bilateral
S0020 INJ BUPIVICAINE HYDROCHLORID 30 ML
J1100 Dexamethasone sodium phos per 1mg Office

Follow Up

2 Weeks (Reason: Chokshi follow-up after lumbar facet joint injection under fluoroscopy)

Electronically signed by BRUCE JOHNSON , MD on 10/24/2022 at 03:44 PM EDT
Sign off status: Completed

McLeod Spine Center
800 East Cheves St
STE 480-B
FLORENCE, SC 29506-2777
Tel: 843-432-1880
Fax: 843-432-1022

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 11/14/2022

F/U w/Results

Patient: DAVIS, MARY L.
Account Number:
DOB: **Age:** 56 Y **Sex:** Female
Phone:
Address: PO BOX HARTSVILLE, SC
Pcp: Liston A Weatherley, APRN

Provider: Rakesh P. Chokshi, MD
Date: 11/14/2022

Subjective:

Chief Complaints:
1. POST ESI.

HPI:

Constitutional:
Mary Davis is s/p Lumbar ESI follow-up. Chief complaints are chronic low back pain with bilateral leg pain. Reports no relief with recent injection. Conservative treatment has been exhausted with no permanent relief of symptoms. Denies any bladder or bowel incontinence. Accompanied with her daughter. Patient is currently doing Sedentary duty.

ROS:

General/Constitutional:
Fever no. Chills no. Fatigue no. Loss of appetite no. Weakness no. Weight change no.

HEENT/Neck:
Swollen lymph nodes none.

Respiratory:
Shortness of breath no. Wheezing no.

Cardiovascular:
Chest pain no. Irregular heart beat denies. Palpitations denies.

Gastrointestinal:
General no nausea/vomiting, no constipation, no abdominal pain, no diarrhea.

Genitourinary:
Urinary no burning or pain on urination, no frequency, no hesitancy.

Musculoskeletal:
General no swelling or redness in joints, no muscle or joint pain, no muscle weakness.

Skin:
General no sores. Rash no. Itching no.

Neurologic:
Dizziness no. Headache no. Seizures no.

Psychiatric:
Anxiety denies. Depression denies.

Medical History: Asthma, HTN, Diabetes Mellitus, Neuropathy.

Surgical History: C- Section X 2 .

Hospitalization/Major Diagnostic Procedure: See Surgical , none recent 03/30/2022, none recent 07/11/2022, None Recent 10/21/2022, see sx hx 11/14/2022.

Family History: Father: deceased, diagnosed with Hypertension. Mother: deceased, diagnosed with Diabetes.

Social History:

Tobacco Use: Smoking Are you a: never smoker.
Miscellaneous: Marital status: Separated. Occupation: packer. Travel outside US: no.
Drug/Alcohol: Drugs: Denies. Alcohol Did you have a drink containing alcohol in the past year? No, Points 0, Interpretation Negative.

DAVIS, MARY L DOB: (56 yo F) Acc No. DOS: 11/14/2022

Medications: Taking Pt did not bring meds today, but stated no change. , Notes: 11/14/2022, Taking Albuterol Sulfate 108 (90 Base) MCG/ACT Aerosol Powder Breath Activated 1 puff as needed Inhalation every 4 hrs, Taking amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day, Taking hydroCHLOROthiazide 25 MG Tablet 1 tablet in the morning Orally Once a day, Taking Valsartan 80 MG Tablet 1 tablet Orally Once a day, Taking Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day, Taking Valsartan 80 MG Tablet 1 tablet Orally Once a day, Taking Hydrochlorothiazide 25 MG tablet 0.5 tablet Orally Once a day, Taking amLODIPine Besylate 5 MG Tablet 1 tablet Orally Once a day, Taking metFORMIN HCl , Notes: 1000mg, Taking Lantus SoloStar(Insulin Glargine) 100 UNIT/ML Solution Pen-Injector as directed Subcutaneous , Not-Taking/PRN Mobic(Meloxicam) 15 MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Cyclobenzaprine HCl 10 MG Tablet 1 tablet at bedtime as needed Orally TID, Not-Taking/PRN traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN, Not-Taking/PRN Pt did not bring meds today, but stated no change. , Notes: verball 07/11/2022, Not-Taking/PRN Ondansetron 4 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally Once a day, Not-Taking/PRN traMADol HCl 50 MG Tablet 1 tablet as needed Orally Q 6 hrs PRN PAIN, Not-Taking/PRN Cephalexin 500 MG Capsule 1 capsule Orally Four times a day, Not-Taking/PRN Ozempic (0.25 or 0.5 MG/DOSE) (Semaglutide(0.25 or 0.5MG/DOS)) 2 MG/1.5ML Solution Pen-Injector as directed Subcutaneous , Not-Taking/PRN Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day, Not-Taking/PRN Fluticasone-Salmeterol 115-21 MCG/ACT Aerosol 2 puffs Inhalation Twice a day, Not-Taking/PRN Fluconazole 150 MG Tablet 1 tablet Orally , Not-Taking/PRN Rybelsus (Semaglutide) 7 MG Tablet 1 tablet at least 30 minutes before first food, beverage or other oral medicine of the day Orally Once a day, Not-Taking/PRN Ferrous Sulfate 325 (65 Fe) MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Albuterol Sulfate , Not-Taking/PRN Losartan Potassium 50 MG Tablet 1 tablet Orally Once a day, Not-Taking/PRN Diclofenac Sodium 75 MG Tablet Delayed Release 1 tablet as needed Orally Twice a day, Not-Taking/PRN Ibuprofen 800 MG Tablet 1 tablet with food or milk as needed Orally Three times a day, Not-Taking/PRN Acetaminophen 500 MG Capsule 2 tablets Orally every 6 hrs, Not-Taking/PRN glipiZIDE , Not-Taking/PRN Advil(Ibuprofen) 200 MG Tablet 1 tablet with food or milk as needed Orally Three times a day, Not-Taking/PRN Aleve(Naproxen) 220 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs, Medication List reviewed and reconciled with the patient

Allergies: Phenergan, Demerol.

Objective:

Vitals: Wt **222.2**, Wt-kg **100.79**, Ht 4'8", Ht-cm 142.24, BMI **49.81**, Pain scale **10**, BSA **1.99 M** pt denies covid symptoms.

Examination:

Lumbar Spine:

On Examination, patient is a healthy appearing female in no acute distress. Abnormal gait, using cane at today's visit. No tenderness of the spinal process or paraspinal area. Range of motion is limited. Full and painless hip bilaterally. Neurologically intact bilaterally in the LE. Reflexes are 2+ and symmetric. Motor strength is 5/5 in all major muscle groups.

Assessment:

Assessment:

1. Lumbar back pain - M54.50 (Primary)
2. Lumbar degenerative disc disease - M51.36
3. Facet arthritis of lumbar region - M47.816

Plan:

1. Lumbar back pain

Refill traMADol HCl Tablet, 50 MG, 1 tablet as needed, Orally, Q 6 hrs PRN, 10 days, 40, Refills 0 ;
Refill Mobic Tablet, 15 MG, 1 tablet, Orally, Once a day, 30 day(s), 30 .

Imaging: LUMBAR (AP, LAT, FLEX, EXT)

Provider: Rakesh P. Chokshi, MD **Date:** 11/14/2022

DAVIS, MARY L DOB: . . (56 yo F) Acc No. DOS: 11/14/2022

Garris,Chelsey 11/14/2022 08:36:58 AM EST > done. Howard,Autumn CNA 11/14/2022 09:00:58 AM EST > AP and Lateral with Flexion and Extension Lumbar x-rays done 11/14/22 were personally reviewed by me with the patient demonstrates, evidence of facet arthropathy at L4-5 and L5-S1. No overt instability or abnormalities. Normal hips and SI joints. No lytic lesion.

2. Others
Notes: I, Autumn Howard, scribing for Dr. Chokshi attest that the documentation entered is accurate and reflects the physician's communication to the patient.

Previous Lumbar MRI which shows degenerative facet arthropathy at the L4-5 and L5-S1 location. No significant compressive pathology.
Clinical Notes: Nonsteroidal anti-inflammatory medication is prescribed. This is to be taken on a daily basis, with food, for the next 6 weeks, because of cumulative effects. Appropriate pain medications as prescribed.

Long-term Pain management was discussed with the patient

We have encouraged activities and weight loss as tolerated and as directed by the primary care physician.

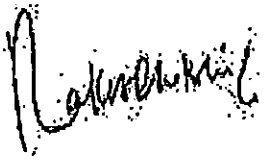
The patient has reached MMI. Based on AMA's Guidelines 5th edition the permanent physical impairment rating is 5% medical impairment of the whole person. Use of good body mechanics and careful lifting techniques were encouraged. No follow-up is required, however patient can follow-up with me as needed.
Referral To:
Reason:FCE ONCE APPROVED BY WC

Procedure Codes: 72114 Xray exam of lower spine Office

Follow Up: prn

Billing Information:

Visit Code:
99214 Officeoutpatient visit est Office.
Procedure Codes:
72114 Xray exam of lower spine Office.



Electronically signed by RAKESH CHOKSHI, MD on 11/19/2022 at 05:06 PM EST
Sign off status: Completed

Provider: Rakesh P. Chokshi, MD **Date:** 11/14/2022

REFERRAL

Rakesh P. Chokshi, MD
Orthopaedic Surgery
McLeod Spine Center
800 East Cheves St STE 480-B, FLORENCE, SC 29506-2777
Tel: 843-432-1880 Fax: 843-432-1022

MARY L DAVIS

Date: 12/02/2022

Patient Information:
Patient Name: MARY L DAVIS
Patient DOB:
Patient Insurance: SEDGWICK WC
Patient Subscriber No: RFPW-0743
Patient Address: PO BOX: HARTSVILLE, SC, US:
Patient Phone:
Patient Work Phone:
Patient Cell Phone:
Patient SSN:

Insurance Information
Insurance Name: SEDGWICK WC
Subscriber Name: DAVIS, MARY L
Subscriber DOB:
Subscriber No: RFPW-0743
Subscriber Group No: LT HIP/LT KNEE
Subscriber Address: PO BOX: HARTSVILLE, SC,
Subscriber Phone:

Referral From Information:
Provider Name: CHOKSHI, RAKESH
Provider ID Number:
Provider UPIN
Provider NPI: 1053311134
Provider Facility: McLeod Spine Center
Provider Specialty: Orthopaedic Surgery
Address1: 800 East Cheves St
Address2: STE 480-B
City, State, Zip: FLORENCE, SC, 29506-2777
Phone: 843-432-1880
Fax: 843-432-1022

Referral To Information:
Provider Name:
Provider ID Number:
Provider UPIN
Provider NPI:
Provider Facility:
Provider Specialty:
Address1:
Address2:
City, State, Zip:
Phone:
Appt. Date/Time:
Fax:

Facility Tax ID Number:

REFERRAL

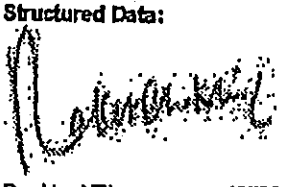
Rakesh P. Chokshi, MD
Orthopaedic Surgery
McLeod Spine Center
800 East Cheves St STE 480-B, FLORENCE, SC 29506-2777
Tel: 843-432-1880 Fax: 843-432-1022

MARY L DAVIS
05/08/1966

Reason For Referral:

Authorization No: **Authorization Type:**
Reason: FCE ONCE APPROVED BY WC
Diagnosis:
E/M Codes:
Procedures:
Visits Allowed: 0
Unit Type: V (VISIT)
Start Date: 11/14/2022
End Date: 11/14/2023

Notes: Haun,Eli 11/17/2022 10:51:21 AM EST > FAXED ORDER TO BROOKE DAVIS (866-548-2637) FOR APPROVAL
Clinical Notes:
Structured Data:



Provider NPI: 1053311134

Electronically signed by Rakesh P. Chokshi, MD on 12/02/2022 at 11:02 AM EST

Functional Capacity Evaluation

Ms. Mary Davis was referred to CORA Rehabilitation for an FCE to define her return to work ability. A job specific FCE was performed to determine if she can perform the required job demands of a Packer/Feeder.

Name	Mary Davis
Occupation	Packer/Feeder
Employer	Ruiz Food Products Inc.
Job Req. PDC	Medium
Body Part/System	Knee
Date of Injury	11/16/2019
Ref. Physician	Dr. Rodney Alan
Total FCE Time	3.5 hours - testing/reporting

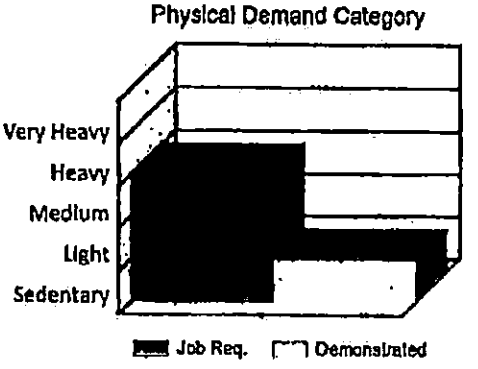
Sincerity of Effort

The results of this evaluation show that Ms. Davis demonstrated submaximal effort. The test results and the referral diagnosis do not correlate. Therefore this FCE is not a reliable indication of her true functional abilities at this time.

Lifting Ability Summary

Ms. Davis 's occasional lifting capabilities are at a Sedentary physical demand category (PDC). According to the US Department of Labor guidelines, Sedentary work is defined as lifting 0-10 pounds 0-33% of the workday.

Essential Job Demand	Status
Lifting - up to 38 lbs on an Occasional basis to waist height in order to move packed cold products to appropriate areas.	Not Met
Carrying - up to 38 lbs on an Occasional basis to in order to move packed cold products to appropriate areas.	Not Met



Functional Restrictions & Limitations

The client's high pain focus, self-limiting behaviors, and possible inconsistent/sub-maximal effort played a large role in today's FCE; however, the client did demonstrate the ability to work at the Sedentary PDC level (per DOL). Based on demonstrated functional abilities, she was not able to meet the required job demands provided in the outlined job description. At current, her greatest deficits are with prolonged standing, prolonged walking, kneeling, stooping, crouching/squatting, balancing, working at lower levels, lifting, carrying, and pushing/pulling. The client demonstrated the use of intermittent pain management techniques throughout functional testing (positional changes between sitting/standing, weight shifting on R LE, and UE support/leaning on nearby tables/SPC). The results from her MVE sincerity of effort testing did not demonstrate a bell shaped curve with her R UE, which can be indicative of possible inconsistent/sub-maximal effort. Her score of a 67 on the McGill pain questionnaire and subjective reports of over a 10/10 pain per NPRS is indicative of a high pain focus/fear of pain. Her self-termination of material handling activities without appropriate physiological and biomechanical signs and symptoms being noted (no shaking/tremors, no sweating, and no breakdown in body mechanics) can be indicative of self-limiting behaviors. Based on demonstrated functional abilities and limitations to prolonged standing, prolonged walking, and balancing, Ms. Davis is limited to working at the Sedentary PDC level (per DOL) with the following functional restrictions; however, as noted throughout the FCE, the client did demonstrate a high pain focus, self-limiting behaviors, and possible inconsistent/sub-maximal effort:

- Floor to waist: Unable due to positional limitations.
- 12 inch to knuckle: Unable due to positional limitations.
- 14 inch to knuckle: 10 lbs on an Occasional basis.
- Waist to shoulder: 5 lbs on a Frequent basis / 10 lbs on an Occasional basis.
- Shoulder to overhead: 5 lbs on an Occasional basis.
- Bilateral carrying: 5 lbs on an Occasional basis.
- Pushing/pulling: 30 lbs on an Occasional basis.

Recommendations & Accommodations

Based on demonstrated functional abilities and limitations to prolonged standing, prolonged walking, and balancing, Ms. Davis is limited to working at the Sedentary PDC level (per DOL) with the following recommendations/accommodations; however, as noted throughout the FCE, the client did demonstrate a high pain focus, self-limiting behaviors, and possible inconsistent/sub-maximal effort:

- The client demonstrated intermittent positional changes between sitting/standing for pain management.
- Standing is limited to an Occasional basis.
- Walking is limited to an Occasional basis with the use of intermittent sitting/standing rest breaks and SPC to maintain balance and stability.
- Kneeling is limited to Never.
- Stooping is limited to an Occasional basis.
- Low squatting/crouching is limited to Never.
- Balancing is limited to an Occasional basis.
- Lower level lifting/working should be raised to 14 inches from floor level.

Evaluator 1	PTA Joe Cifelli, PTA		03/24/2022
Evaluator 2	PT, DPT Alan Lockwood, PT		03/24/2022
Physician	Dr. Rodney Alan	← Physicians Signature	← Date

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Patient Demographics

Name:	Mary Davis	**Gender:**	Female
SS#:		**Age:**	55
Referring Physician:	Dr. Rodney Alan	**Height:**	4 ft. 8 in.
Date of Onset/Injury:	November 16, 2019	**Weight:**	182 lbs.
Surgery Date:	N/A	**Hand Dominance:**	Right

Employment Information

Employer:	Rulz Food Products Inc.	**Job Req. PDC:**	Medium
Occupation:	Packer/Feeder	**DOT Code:**	529.686-070
Claim #:	RFPW-0743	**Work Status:**	Light Duty Full Time
Insurance/Payer:	MedRisk		

Diagnosis

ICD-10	Description	ICD-10	Description
M25562	Pain in left knee	S83512D	Sprain of anterior cruciate ligament of left knee, subs

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History & Mechanism of Injury

Ms. Davis reports that she was injured on November 16, 2019 while working as a Packer/Feeder for Ruiz Food Products Inc.

Patient's Report of Injury:

11/16/2019: The client reported that she was at work when there was some water on the floor and she slipped and fell. She stated that she twisted her left knee and fell onto her back and hip. She reported that she informed her employer of the injury right away and an ambulance was called about two hours after the fall. She stated that she received multiple shots for pain at the hospital. She reported that she was eventually referred out to different doctors and had MRIs conducted on her back, left knee, and left hip. The client reported that she has not received any surgical interventions for her injuries, but she has received injections in her left knee and left hip. She stated that she has attended outpatient physical therapy for this injury. She reported that she is currently working full time at a Light duty capacity. She stated that her current symptoms include a constant pain in her low back, left hip, and left knee. She reported that her pain increases with certain weather conditions and with positional changes.

Past Medical History

She did attend therapy for this diagnosis. She did not have surgery for this injury.

High Blood Pressure; Diabetes; Asthma

Medication

Ms. Davis is currently taking the following medications: Metformin, Amlodipine , Valsartan , Ondansetron , and Hydrochlorothiazide. Ms. Davis reports that she did not take pain medication prior to the evaluation.

Sincerity of Effort

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Sincerity of Effort

Hand grip, pinch grip and static testing were used to determine if Ms. Davis 's performance is consistent and reliable.

	Test	Result	Expected	Measure	Reliable
Jamar Hand Test	Bell Curve - MVE - Right	No Bell Curve	Bell Curve	MVE	No

The results of the sincerity of efforts testing show that Ms. Davis demonstrated submaximal effort during the evaluation.

In addition to the sincerity of effort testing results, Ms. Davis was observed throughout the FCE using distraction based testing, a technique used to detect insincere effort. Distraction based testing is a clinical testing situation in which the client is unaware of all information being gathered by the tester making it difficult if not impossible to consciously control performance.

There were no inconsistencies noted during the test.

Please note that according to the AMA Guidelines-Fifth Edition, page 19, section 2.5c "the physician can use the entire range of clinical skill and judgment when assessing whether or not test results are plausible and consistent with the impairment being evaluated."

JAMAR Hand Tests

The JAMAR hand dynamometer was used to quantify grip strength and determine whether Ms. Davis exerted consistent effort during grip strength testing. Ms. Davis was tested using the maximum voluntary effort (MVE) and rapid exchange hand grip (REG) protocols.

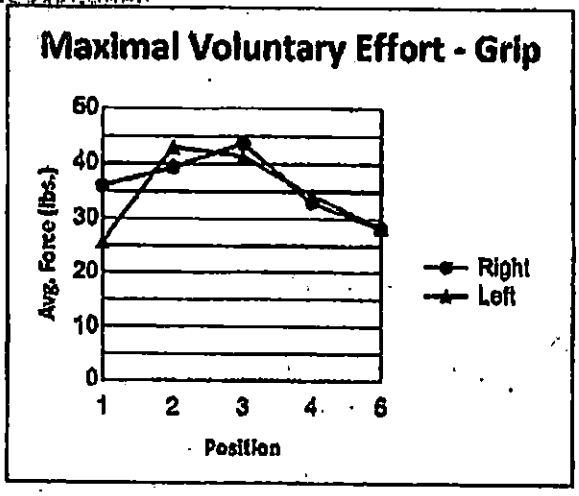
Maximum Voluntary Effort

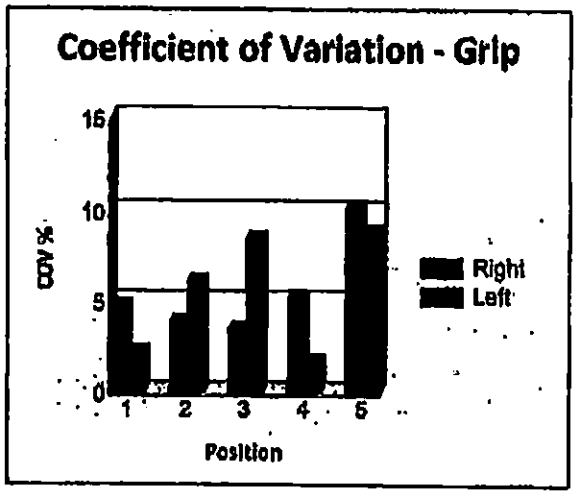
The MVE protocol tests strength over a range of five positions on the hand dynamometer. With maximal effort, the strength graphs obtained will result in a bell-shaped curve. Research has shown that both normal and injured hand strength should be strongest in positions 2, 3 and 4 and weaker in positions 1 and 5. The average and standard deviation is analyzed for coefficient of variation (COV) at each test position. Any COV > 20% indicates inconsistent effort. Any COV <11% indicates consistent effort. Anything between 11% and 20% does not indicate either consistent or inconsistent effort and is therefore not relevant for determining consistency of effort.

	Right Hand			Avg.	SD	COV
1	35.0	38.0	35.0	36.0	1.7	4.8%
2	39.0	41.0	38.0	39.3	1.5	3.9%
3	44.0	45.0	42.0	43.7	1.5	3.5%
4	32.0	32.0	35.0	33.0	1.7	5.2%
5	30.0	30.0	25.0	28.3	2.9	10.2%

	Left Hand			Avg.	SD	COV
1	25.0	26.0	26.0	25.7	0.6	2.2%
2	44.0	45.0	40.0	43.0	2.6	6.2%
3	45.0	41.0	38.0	41.3	3.5	8.5%
4	34.0	35.0	34.0	34.3	0.6	1.7%
5	31.0	28.0	26.0	28.3	2.5	8.9%

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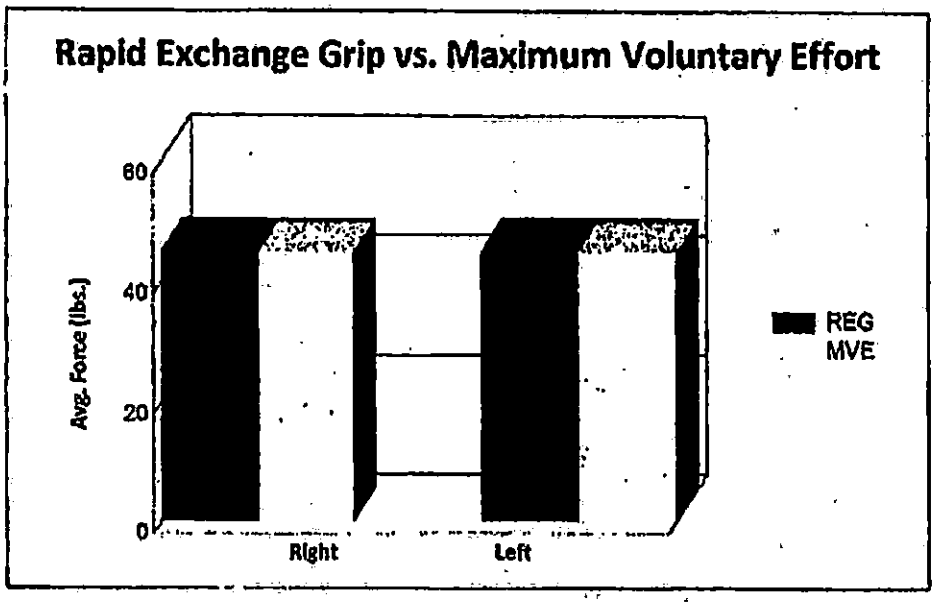
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Rapid Exchange Grip

The REG test protocol is used as a means to assess the reliability of effort in the maximum voluntary effort test. Research shows that REG strength exceeding max grip strength is an indication of sub maximal or unreliable effort. REG testing is performed using the position in which the client produces the greatest force during the MVE test.

Ms. Davis demonstrated the highest MVE on position 3 on the right hand, therefore position 3 was used for REG testing. REG values were compared to MVE values for both right and left sides at position 3.

Position 3	REG	MVE	Results
Right	45 lbs	45 lbs	Pass
Left	45 lbs	45 lbs	Pass



Results

The results of these tests show that Ms. Davis demonstrated submaximal effort.

The data obtained for Ms. Davis did not demonstrate a bell shaped curve which indicates sub maximal effort. The coefficients of variation measured during the MVE are between 11% and 20% which does not indicate either consistent or inconsistent effort. Ms. Davis 's rapid exchange grip was not a significant factor in determining reliability of effort. Ms. Davis 's grip strength is within the normal range when compared to published norms.

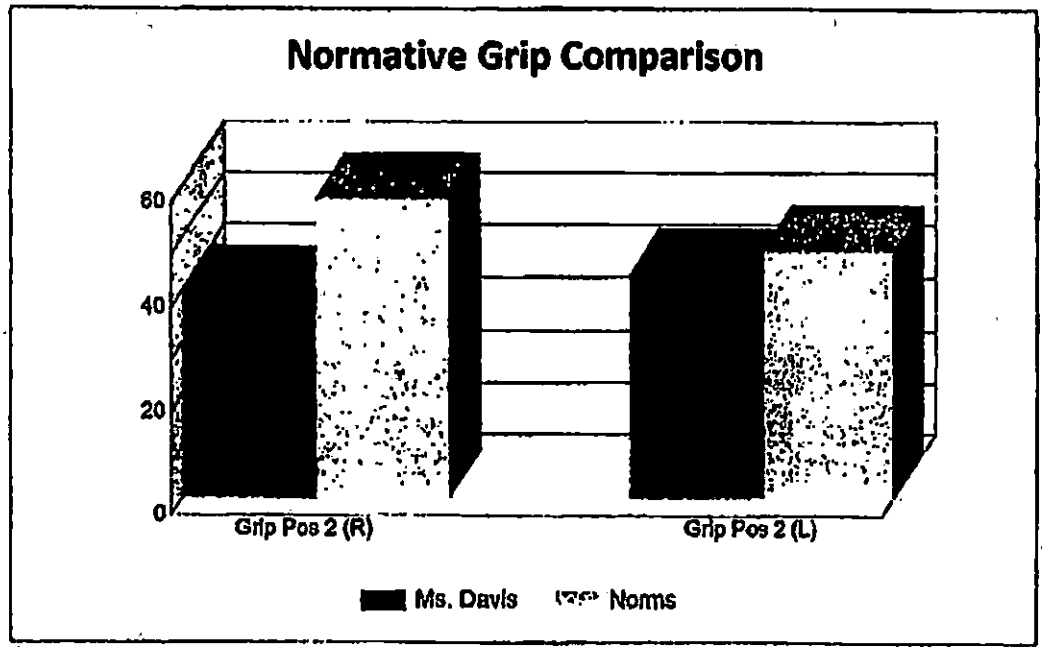
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Normative Data Comparison

Normative data was compiled for grip strength to establish clinical norms for adults. In this test, normative data for grip strength at position 2 was used as a baseline to compare with evaluation data collected on Ms. Davis .

Ms. Davis 's average hand grip on position 2 bilaterally was compared to normative data for women her age.

Task Name	Actual	Normative Value	% Difference
Grip Pos 2 (R)	39.3	57.3	31.4%
Grip Pos 2 (L)	43.0	47.3	9.1%



Task Name	Right	Left	% Difference
Grip Pos 2	39.3	43.0	8.5%

Ms. Davis 's grip strength was compared to age and gender matched normative data. The published normal grip strength range for the left hand is between 31 and 76 pounds. Ms. Davis produced an average force of 43 pounds which is considered within the normal range. The published normal grip strength range for the right hand is between 33 and 86 pounds. Ms. Davis produced an average force of 39 pounds which is considered within the normal range. Ms. Davis is right hand dominant and her average strength on position 2 for her right hand was 8.5% weaker than her left side which demonstrates an abnormal relationship. Right hand dominant subjects are assumed to be approximately 10% stronger on the right side, while left hand dominant subjects are assumed to have approximately equal strength on both sides.

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Pain Assessment

Pre-FCE	Post FCE
10/10	10/10

Symptom Magnification

Symptom magnification or exaggerated pain response is noted when patients display more pain, difficulties, or incapacitation than would normally be expected for the same diagnosis. The implication of symptom magnification or exaggerated pain response is that the results of standard treatment are less predictable and the chance of delayed, temporary, or incomplete recovery is greater.

Test	Result	Expected	Symptom Magnification

The results of this evaluation show that Ms. Davis demonstrated negative symptom magnification.

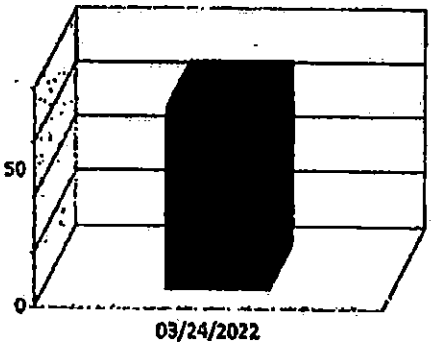
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McGill Pain Index

McGill Pain Index is a self-report questionnaire that allows an individual to give a description of the quality and intensity of pain on a scale of 0-78.

Results

Ms. Davis scored 67 on the McGill Pain Index which shows a high pain focus. A score of greater than 30 also indicates possible symptom magnification.



	Score	Symptom Magnification
McGill	67	Positive

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Job Demand Analysis

A detailed job demand analysis compares Ms. Davis 's abilities to her required demands for overall physical capacity, material handling, non-material handling and essential job demands. Ms. Davis 's employer provided a job description outlining the functional demands needed to perform her job as a Packer/Feeder for Ruiz Food Products Inc.

Activity	Job Requirement	Demonstrated Ability	Meets Job Requirement
Physical Demand Category	**Medium**	**Sedentary**	**Not Met**
Lifting Floor to Waist	**38 lbs/Occasional**	**0 lbs/Occasional**	**Not Able**
Lifting 12" to Knuckle	**38 lbs/Occasional**	**10 lbs/Occasional**	**Not Met**
Carrying	**38 lbs/Occasional**	**5 lbs/Occasional**	**Not Met**
Sitting	**Occasional**	**Constant**	**Met**
Standing	**Constant**	**Occasional**	**Not Met**
Walking	**Occasional**	**Occasional**	**Met with Restrictions**
Reaching	**Constant**	**Constant**	**Met with Restrictions**
Kneeling	**Occasional**	**Not Able**	**Not Able**
Stooping	**Frequent**	**Occasional**	**Not Met**
Crouching	**Occasional**	**Not Able**	**Not Met**
Balancing	**Frequent**	**Occasional**	**Not Met**
Twisting	**Frequent**	**Frequent**	**Met with Restrictions**
Handling	**Constant**	**Constant**	**Met**

Essential Job Demand	Meets Job Requirement
up to 38 lbs on an Occasional basis to waist height in order to move packed cold products to appropriate areas.	**Not Met**
up to 38 lbs on an Occasional basis to in order to move packed cold products to appropriate areas.	**Not Met**

Physical Demand Category	Occasional 0-33% or 1-100 Reps	Frequent 34-66% or 100-500 Reps	Constant 67-100% or 500+ Reps
Sedentary	0-10 lbs.	Negligible	N/A
Light	0-20 lbs.	0-10 lbs.	Negligible
Medium	20-50 lbs.	10-25 lbs.	0-10 lbs.
Heavy	50-100 lbs.	25-50 lbs.	10-20 lbs.
Very Heavy	> 100 lbs.	> 50 lbs.	> 20 lbs.

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Material Handling

Material handling is performed to test Ms. Davis 's maximal function with lifting, carrying, pushing and pulling. Progressive loading with incremental increases in weight is used until test is terminated by the client for any reason or by the evaluator when a notable breakdown in body mechanics is observed.

According to the DOT:

- Lifting is raising or lowering an object from one level to another.
- Carrying is transporting an object, usually holding it in the hands or arms, or on the shoulder.
- Pushing is exerting force upon an object so that it moves away from the force.
- Pulling is exerting force upon an object so that the object moves toward the force.

Lifting, pushing and pulling are evaluated in terms of both intensity and duration. Consideration is given to the weight handled and the position of the body. Carrying is most often evaluated in terms of duration, weight carried and distance carried.

NIOSH Lift Testing principles are used for maximal weight lifted when the client can perform beyond the weight load requirements for his/her job.

Lifting Floor to Waist - Unable

A box or crate is placed on the floor with the client lifting the weight from the floor and placing it at waist level.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
38 lbs.	0 lbs.	Occasional	The client was unable due to positional limitations.	The client was unable due to positional limitations.

Lifting Shoulder to Overhead

A box or crate is placed at shoulder height with the client lifting the weight from shoulder height to overhead.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
N/A lbs.	5 lbs.	N/A	Client terminated at 5 lbs on an Occasional basis due to RPE and pain at 10/10.	RPE's: 5# (Occasional) 10/10. Noted groaning, facial grimacing, B shoulder hiking, posterior leaning, and intermittent sitting rest breaks. Subjective reports of a 10/10 pain per NPRS through her back, in her left hip, and in her left knee.

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Carrying - Not Met

A weighted box is placed at waist height and the client carries it over a distance of 50 ft.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
38 lbs.	5 lbs.	Occasional	Client terminated at 5 lbs on an Occasional basis due to RPE and pain at 10/10.	RPE's: 5# (Occasional) 10/10. Noted significantly slow gait speed, antalgic gait pattern, decreased step length bilaterally, favoring of L LE, and groaning. Subjective reports of a 10/10 pain per NPRS through her low back, in her left hip, and in her left knee.

Lifting 12" to Knuckle - Not Met

A box or crate is placed on the floor with box handles at 12" above floor height with the client lifting the weight from 12" and standing upright until hand placement of the box is at knuckle height. (This test requires no flexion of the shoulder, elbow and wrist joints.)

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
38 lbs.	10 lbs.	Occasional	Raised to 14 inches from floor level. Client terminated at 10 lbs on an Occasional basis due to RPE and pain at a 10/10.	RPE's: 10# (Occasional) 10/10. Noted slow/guarded movements, crying/tears, facial grimacing, groaning, favoring of R LE, decreased squatting, slight forward posture, and intermittent sitting rest breaks. Subjective reports of a 10/10 pain per NPRS through her back, in her left hip, and in her left knee.

Lifting Waist to Shoulder

A box or crate is placed at waist height with the client lifting the weight from waist height to shoulder height.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
N/A lbs.	10 lbs.	N/A	Client terminated after 10 lbs on an Occasional basis due to RPE and pain 10/10.	RPE's: 5# (Frequent) 10/10, 10# (Occasional) 10/10. Noted slow/guarded movements, groaning, facial grimacing, posterior leaning, B shoulder hiking, and crying/tears. Subjective reports of a 10/10 pain per NPRS in her back, left hip, and left knee.

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Pushing

The client pushes a weighted sled to perform dynamic pushing for 50 ft.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
N/A lbs.	30 lbs.	N/A	Client terminated at 30 lbs on an Occasional basis due to RPE and pain at a 10/10.	RPE's: 30# (Occasional) 10/10. Noted slow gait speed, favoring of R LE, facial grimacing, groaning, and step to/antalgic gait pattern. Subjective reports of a 10/10 pain per NPRS in her back, left hip, and left knee.

Pulling

The client pulls a weighted sled to perform dynamic pulling for 50 ft.

Job Req.	Demonstrated	Frequency & Duration	ROM/Position/Parameter	Comments
N/A lbs.	30 lbs.	N/A	Client terminated at 30 lbs on an Occasional basis due to RPE and pain at a 10/10.	RPE's: 30# (Occasional) 10/10. Noted slow gait speed, favoring of R LE, facial grimacing, groaning, and step to/antalgic gait pattern. Subjective reports of a 10/10 pain per NPRS in her back, left hip, and left knee.

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Non-Material Handling

Ms. Davis is assessed for positional tolerance using static or repetitive testing while comparing test performance to the standards of time and repetitions according to the Physical Demand Categories of Work for the Department of Labor (Dictionary of Occupational Titles, Fourth Edition Supplement Appendix D pg 101-102, 1996). All below tests are stopped when job standard is met; if a significant breakdown or compensation in body mechanics is observed; or if the client self terminates the activity early for any reason.

Sitting - Met

Sitting tolerance and frequency is observed throughout the duration of the FCE while the client performs testing in a seated position. The client's reported ability may also be referenced and compared to observed ability.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Occasional	Constant	No limitations.	The client demonstrated the ability to sit on a Constant basis. Noted weight shifting bilaterally, fidgeting, UE support to transfer STS, and facial grimacing. Subjective reports of a constant pain in her back, left knee, and left hip.

Handling - Met

Grasping ability and frequency is observed throughout the duration of the FCE. The client is observed seizing, holding, grasping, turning, or otherwise working with one or both hands. Fingers are involved only to the extent that they are an extension of the hand.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Constant	Constant	No limitations.	The client demonstrated the ability to handle on a Constant basis. No subjective reports or complaints.

Standing - Not Met

Standing tolerance and frequency is observed throughout the duration of the FCE while the client performs testing in an upright position at a work station without moving about. The client's reported ability may also be referenced and compared to observed ability.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Constant	Occasional	The client demonstrated intermittent positional changes between sitting/standing for pain management.	The client demonstrated the ability to stand on an Occasional basis. Noted UE support on nearby tables/SPC, intermittent SLS on R LE with UE support, intermittent positional changes between sitting/standing, facial grimacing, weight shifting/favoring of R LE, and groaning.

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Stooping - Not Met

Stooping tolerance may be measured either statically or dynamically. The client is asked to bend downward and forward by bending the spine at the waist. This motion requires the full use of the lower extremities and back muscles. For static tolerance the client maintains the stopping position as long as able, while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from stooping to standing and back to stooping as many times as can be safely demonstrated.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Occasional	The client demonstrated intermittent sitting rest breaks for pain management.	The client demonstrated the ability to stoop on an Occasional basis. Noted groaning, facial grimacing, intermittent standing/leaning rest breaks, favoring of R LE, crying/tears, labored breathing, sitting rest breaks, and intermittent SLS on R LE with UE support. Subjective reports of a 10/10 pain per NPRS through her back and into her left hip area.

Crouching - Not Met

Crouching tolerance may be measured either statically or dynamically. The client is asked to bend downward and forward by bending the legs and spine. For static tolerance the client maintains the crouching position as long as able while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from crouching to standing and back to crouching as many times as can be safely demonstrated.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Occasional	Not Able	The client was unable to complete low squatting/crouching, but was able to complete very mini squats with UE support.	The client was unable to complete low squatting/crouching. Noted weight shifting/favoring of R LE, facial grimacing, groaning, and UE support in // bars. Subjective reports of over a 10/10 ("20") pain per NPRS in her back and left hip and knee.

Balancing - Not Met

Balancing refers to maintaining one's body equilibrium to prevent falling when walking, standing, crouching, or running on various surfaces. The client is asked to perform tandem walking and a bilateral single leg stand with eyes open and closed to determine safe work ability.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Occasional	The client was unable to complete SLS on L LE, and SLS < 10 seconds on R LE. TUG: 45.45 seconds.	The client demonstrated the ability to balance on an Occasional basis. SLS < 10 seconds on R LE, unable to SLS on L LE, and poor balance during tandem walking. Noted forward posture, facial grimacing, and favoring of L LE. Subjective reports of a 10/10 pain per NPRS in her back and into her L LE.

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Walking - Met with Restrictions

The client is asked to walk freely around the testing facility or on a treadmill using a normal pace for as long as possible.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Occasional	Occasional	The client demonstrated intermittent sitting and standing/leaning rest breaks for pain management with the use of a SPC to maintain balance and stability.	The client demonstrated the ability to walk on an Occasional basis. Noted significantly slow gait speed, antalgic gait pattern, use of SPC to maintain stability and balance, facial grimacing, groaning, intermittent standing/leaning rest breaks, wall walking, favoring of L LE, and slightly labored breathing. Subjective reports of a 10/10 pain per NPRS through her back, in her left hip, and in her left knee.

Reaching - Met with Restrictions

Using a pegboard, the client was asked to extend hand(s) and arm(s) in any direction.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Constant	Constant	The client demonstrated intermittent rest breaks for pain management.	The client demonstrated the ability to reach on a Constant basis. Noted symmetrical reaching, facial grimacing, groaning, labored breathing, weight shifting on R LE, crying/tears, and intermittent standing/leaning rest breaks. Subjective reports of a significant pain at a 10/10 per NPRS through her back and into her left hip.

Twisting - Met with Restrictions

Twisting refers to the ability to rotate through the spine. Ability is observed throughout the FCE and with ROM testing during the musculoskeletal screen. If client is expected to have job required twisting ability then client will be asked to move an empty crate across a horizontal plane back and forth from the right side of the body to the left side until frequency is met.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Frequent	Frequent	The client demonstrated intermittent sitting rest breaks for pain management.	The client demonstrated the ability to twist on a Frequent basis. Noted symmetrical reaching, UE support on table, intermittent leaning on table, facial grimacing, weight shifting/favoring of R LE, decreased pivoting on L LE, crying/tears, slightly labored breathing, and intermittent sitting rest breaks for pain management. Subjective reports of a 10/10 pain per NPRS through her back and into her left hip.

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Kneeling - Unable

Kneeling tolerance may be measured either statically or dynamically. The client is asked to kneel on one or both knees. For static tolerance the client maintains the kneeling position as long as able, while moving pegs up and down a peg board from chest to floor height. For dynamic tolerance, the client is asked to go from kneeling to standing and back to kneeling as many times as can be safely demonstrated.

Job Req.	Demonstrated	ROM/Position/Parameter	Comments
Occasional	Not Able	The client was unable due to positional limitations.	The client was unable due to positional limitations. Noted UE support, groaning, facial grimacing, and favoring of R LE during attempt. Subjective reports of a 20/10 pain per NPRS in her back, left hip, and left knee during attempt.

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Essential Job Demand

Ms. Davis was asked to demonstrate the ability to perform the job specific activities which are required for her job as a Packer/Feeder for Ruiz Food Products Inc..

Lifting - Not Met

Job Req.	Comments
up to 38 lbs on an Occasional basis to waist height in order to move packed cold products to appropriate areas.	The client was unable to lift from floor or 12 inch heights, and demonstrated the ability to lift 10 lbs occasionally from 14 inch to knuckle, 10 lbs occasionally from waist to shoulder, and 5 lbs occasionally from shoulder to overhead.

Carrying - Not Met

Job Req.	Comments
up to 38 lbs on an Occasional basis to in order to move packed cold products to appropriate areas.	The client demonstrated the ability to carry 5 lbs on an Occasional basis.

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Sit/Stand Tolerance

	Reported	Demonstrated Duration	Demonstrated Interval
Sitting	25 minutes	90 minutes	55 minutes
Standing	20 minutes	65 minutes	12 minutes

Ms. Davis 's demonstrated tolerance to sitting did not match her reported ability. Ms. Davis 's demonstrated tolerance to standing did not match her reported ability.

Cardiovascular Status

According to the ACSM's Resource Manual for Guidelines for Exercise Testing and Prescription , exercise should not be initiated if blood pressure is uncontrolled (>160/100 mm Hg). Individuals with hypertension should avoid very strenuous aerobic activity, very heavy loads, sustained contractions, isometric handgrip, and Valsalva maneuver during lifting. Due to these guidelines the FCE would not be a safe test for anyone who's Pre-Testing BP is uncontrolled. The cut off for safe resting heart rate is <100 bpm. Individuals with high resting heart rates would require medical clearance prior to proceeding with the FCE.

	Pre-Testing	Post-Testing
Blood Pressure (BP)	132/84	130/85
Heart Rate (HR)	93	90

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Musculoskeletal Assessment

Musculoskeletal	ROM Normal (degrees)	ROM Right (degrees)	ROM Left (degrees)	Strength Right	Strength Left	Non-Phys Response
Lumbar - Flexion	40 to 60	25		N/T		N/T
Lumbar - Extension	20 to 35	0		N/T		N/T
Lumbar - Lat. Flexion	15 to 20	22	14	N/T	N/T	N/T
Lumbar - Rotation	3 to 18	25%	50%	N/T	N/T	N/T
Hip - Flexion	>100	N/T	N/T	5/5	4-/5	None
Hip - Abduction	>25	N/T	N/T	4/5	3+/5	None
Hip - Adduction	>15	N/T	N/T	4/5	4-/5	None
Knee - Flexion	>110	120	104	5/5	4-/5	None
Knee - Extension	<5	0	-2	5/5	3+/5	None

Results

AROM and MMT were performed to determine Ms. Davis 's range of motion and strength respectively. AROM below /5% and strength below 4-/5 are considered below functional limits. During MMT, attention is paid to any non-physiologic responses such as cogwheeling or breakaway. Cogwheeling is a jerky movement pattern similar to a tremor and breakaway is a complete sudden release of manual resistance.

Ms. Davis demonstrated below functional AROM for lumbar flexion and lumbar extension and below functional strength for left knee extension and left hip abduction.

Ms. Davis did not exhibit non-physiological responses to manual muscle testing.

During material handling, Ms. Davis performed lifting with poor body mechanics.

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Effort Analysis Testing

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W. S. (Bill) Edwards, Jr. M.D.
Independent Medical Evaluation

Patient: Mary L. Davis

Date of Service: 12/08/20
Gender: Female
Age: 54

Chief Complaint: Back and left hip and knee injury for Independent Medical Examination.

History of Present Illness: This 54-year-old black female employed at Ruiz Food Products sustained a work-related injury on November 16, 2019 when she fell on a wet floor and landed on her left side injuring the left low back and also her hip and knee. She describes no previous injuries to these areas and was working at her place of employment two years prior to the injury. She was seen in Occupational Medicine Clinic at McLeod and conservative efforts were rendered appropriately. Because of persistent symptoms she was placed on light duty which requires her walking 8 hours per day. Her main job is that of assembly line work with a lot of reaching and twisting. She describes pain in the center and left side of her low back that radiates into the left hip mainly into the buttock region but also, she has had associated pain in the left knee and feels that both of these areas inhibit her ambulation. Due to her limited tolerance for activities her daughter moved in with her to help some. The patient is currently on light duty. Patient denies any neurogenic sounding bowel or bladder dysfunction. Denies constitutional symptoms.

Focused Exam: 4'8", 194-pound pleasant black female in no acute distress. She ambulated into the examination with a cane on the right side and antalgic component to her gait on the left. She rises slowly from sitting to standing and describes back pain with this maneuver. Normal lumbar lordosis. No list. No spasm. No point tenderness. Flexion is limited to 30 degrees and she is reluctant to reverse lordosis with forward flexion. She returns upright with mechanical discomfort. Limited extension to 10 degrees and lateral bending 10 degrees all with complaints of pain. Hip and knee motion are full and painless bilaterally. Motor strength is 5/5 in the lower extremities. Reflexes 2+ symmetric. No dermatomal dysesthesias. No sciatic stretch signs.

HEENT: Atraumatic, normocephalic, normal hearing. Pupils equal round and reactive to light.
Neck/thyroid: No thyromegaly, no mass.
Neurologic: Alert and oriented times 3.
Lymph nodes: No adenopathy.
Cardiovascular: Peripheral pulses good. No edema
Psych: Appropriate mood and affect

MRI: MRI scan from In Med 5/27/20 was personally reviewed and this study is essentially normal for age. No compressive pathology is noted. MRI of the left knee 6/26/20 demonstrated by report partial anterior cruciate ligament care with joint effusion. Left hip scan same date, same facility possible labral tear with effusion left hip.

CLINICAL IMPRESSION:

1. Lumbar strain/sprain
2. Left hip contusion
3. Left knee contusion

DISCUSSION: Patient has no significant spinal pathology. Her symptoms emanate from musculoligamentous strain/sprain and aggressive rehab efforts would have been helpful early on and hopefully can now still be helpful. It appears that this excessive length of time since the injury has led to significant deconditioning and return to pre-injury status will take extensive therapy/work hardening efforts. She has additional symptoms referable to her left hip and knee while physical examination of these areas was not a part of this independent medical examination it does appear that these areas clinically appear to have little issue though findings on MRI scan of these areas obtained by the Occupational Medicine Department may require specialty orthopaedic examination.

W. S. Edwards, M.D.
Spine Surgeon

mgc | INSURANCE DEFENSE

Reply To
WALT BAREFOOT
Direct Dial: (843) 519-1802
Walt.barefoot@mgclaw.com

August 10, 2022

VIA U.S. MAIL AND E-MAIL
Preston F. McDaniel, Esquire
The McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

RE: Mary L. Davis vs. Ruiz Food Products, Inc. and Safety National Casualty Corporation c/o Sedgwick Claims Management Inc.
Date of Accident: November 16, 2019
WCC File No.: 1923627
Our File No.: 20757.20017
Claim No.: RFPW-0743

Dear Mr. McDaniel:

This letter will confirm that we have made arrangements for Mary L. Davis to see Robert M. DaSilva, M.D. at Midlands Orthopaedics and Neurosurgery for a medical evaluation. The appointment has been scheduled for Monday, August 29, 2022, at 10:35 AM in his office at 1910 Blanding Street Columbia, South Carolina 29201. I would appreciate it if you would advise your client of this appointment and ensure her attendance at the appropriate time. ***Also, please be sure that your client brings any diagnostic films to this appointment.***

Should you have any questions or comments, please do not hesitate to call. Thank you for your assistance in this matter.

Very truly yours,

Baker Tange

Baker Tange
Paralegal to Walter H. Barefoot

/brt
cc: Jonathan Holder, Ruiz Foods
Ann McDaniel, Sedgwick Claims Management Inc.
Ignacio Albarran, Ruiz Foods

From: Kim Hinkle <kim@pfmcdlaw.com>
Sent: Friday, August 26, 2022 9:51 AM
To: Walt Barefoot
Cc: gmalloy@bellsouth.net; Greta Elliott (gelliotte@bellsouth.net); Rose Thielke; Baker Tange; Joseph Gonzalez
Subject: Mary Davis

Importance: High

Good morning Mr. Barefoot:

I am following up on the voicemail Mr. McDaniel left for you yesterday concerning the rescheduling of Ms. Davis' appointment with Dr. DaSilva on Monday. Please let me know if this appointment can be rescheduled until after Ms. Davis' injection.

Thank you in advance and I look forward to hearing from you. Mr. McDaniel is out of the office today at an all day mediation but I can get a message to him if needed.

Kim

Kimberley T. Hinkle
McDANIEL LAW FIRM
Senior Paralegal

(803) 771-7211 - Telephone
(803) 252-0709 - Fax
kim@pfmcdlaw.com

1315 Elmwood Avenue
Columbia, SC 29201

Please "reply to all" when responding.

Patient Name: DAVIS, MARY LISA
MRN:
FIN:
DOB/Age/Sex: 57 years Female

Admit: 11/16/2019
Disch: 11/16/2019
Admitting: Langley,MD,Adrian D

Emergency Documentation

Type of Fall Morse : Unanticipated physiological
Activity at Time of Fall Morse : Ambulating
Presence of Secondary Diagnosis : No
Use of Ambulatory Aid : None, bedrest, wheelchair, nurse
IV or IV Lock Morse : Yes
Gait/ Transferring : Normal, bedrest, immobile
Mental Status : Oriented to own ability
Score : 45

FLOWERS, MARY - 11/16/2019 19:45 EST

Image 1 - Images currently included in the form version of this document have not been included in the text rendition version of the form.
Advance Directive
Advance Directive : No

FLOWERS, MARY - 11/16/2019 19:45 EST

Document Type: ED Triage Note
Service Date/Time: 11/16/2019 19:45 EST
Result Status: Auth (Verified)
Document Subject: ED Triage Part 1 - Adult
Sign Information: FLOWERS,MARY (11/16/2019 19:45 EST)

ED Triage Part 1 - Adult Entered On: 11/16/2019 19:48 EST
Performed On: 11/16/2019 19:45 EST by FLOWERS, MARY

ED Triage Part 1 - Adult
Chief Complaint : pt presents to the ED via EMS c/o back and L hip/leg pain after slipping on water at work. describes pain as "contractions" pt denies hitting head, LOC. pt given 100mcg fentanly in route
Lynx Mode of Arrival : Ground ambulance
ED Allergies/Med Hx Section : Document assessment
ED RFV/Problems/Surgical History : Document assessment
ED Travel Outside US last 30 days : No
Temperature Oral : 37 Deg C(Converted to: 98.6 Deg F)
Systolic Blood Pressure : 125 mmHg
Diastolic Blood Pressure : 73 mmHg
Heart Rate Monitored : 77 bpm
Respiratory Rate : 18 br/min
SpO2 : 100 %
Oxygen Therapy : Room air
Pain Present : Yes actual or suspected pain
Self Report Pain : Numeric rating scale

FLOWERS, MARY - 11/16/2019 19:45 EST

DCP GENERIC CODE
Tracking Acuity : 4 - Less Urgent

Patient Name: DAVIS, MARY LISA
MRN:
FIN:
DOB/Age/Sex: 57 years Female

Admit: 11/16/2019
Disch: 11/16/2019
Admitting: Langley,MD,Adrian D

Emergency Documentation

Tracking Group : MRMC ED Tracking Group

FLOWERS, MARY - 11/16/2019 19:45 EST

Pain Assessment Adult
Pain Location : Back
Numeric Pain Scale : 10 = Worst possible pain
Numeric Pain Score : 10

FLOWERS, MARY - 11/16/2019 19:45 EST

ED Triage Allergies/Meds

(As Of: 11/16/2019 19:48:44 EST)

Allergies (Active)

Demerol	Estimated Onset Date: Unspecified ; Created By: FLOWERS, MARY; Reaction Status: Active ; Category: Drug ; Substance: Demerol ; Type: Allergy ; Updated By: FLOWERS, MARY; Reviewed Date: 11/16/2019 19:46 EST
Phenergan	Estimated Onset Date: Unspecified ; Created By: FLOWERS, MARY; Reaction Status: Active ; Category: Drug ; Substance: Phenergan ; Type: Allergy ; Updated By: FLOWERS, MARY; Reviewed Date: 11/16/2019 19:46 EST

Medication List

(As Of: 11/16/2019 19:48:44 EST)

Pre-arrival Interventions
ED PTA Medic Procedures : IV Initiated
ED PTA Medications : Fentanyl 100mcg

FLOWERS, MARY - 11/16/2019 19:45 EST

Reason for Visit/Problems/Surgical History

(As Of: 11/16/2019 19:48:45 EST)

Problems(Active)

Asthma (SNOMED CT :301485011)	Name of Problem: Asthma ; Recorder: FLOWERS, MARY; Confirmation: Confirmed ; Classification: Medical ; Code: 301485011 ; Contributor System: PowerChart ; Last Updated: 11/16/2019 19:47 EST ; Life Cycle Date: 11/16/2019 ; Life Cycle Status: Active ; Vocabulary: SNOMED CT
Diabetes (SNOMED CT :82680)	Name of Problem: Diabetes ; Recorder: FLOWERS, MARY; Confirmation: Confirmed ; Classification: Medical ; Code: 82680 ; Contributor System: PowerChart ; Last Updated: 11/16/2019 19:47 EST ; Life Cycle Date: 11/16/2019 ; Life Cycle Status: Active ; Vocabulary: SNOMED CT
HTN - Hypertension (SNOMED CT :2164904016)	Name of Problem: HTN - Hypertension ; Recorder: FLOWERS, MARY; Confirmation: Confirmed ; Classification: Medical ; Code: 2164904016 ; Contributor System: PowerChart ; Last Updated: 11/16/2019 19:47 EST ; Life Cycle Date: 11/16/2019 ; Life Cycle Status: Active ; Vocabulary:

Patient Name: DAVIS, MARY LISA
MRN:
FIN:
DOB/Age/Sex: 57 years Female

Admit: 11/16/2019
Disch: 11/16/2019
Admitting: Langley,MD,Adrian D

Emergency Documentation

	SNOMED CT
Neuropathy (SNOMED CT :1480220018)	Name of Problem: Neuropathy ; Recorder: FLOWERS, MARY; Confirmation: Confirmed ; Classification: Medical ; Code: 1480220018 ; Contributor System: PowerChart ; Last Updated: 11/16/2019 19:47 EST ; Life Cycle Date: 11/16/2019 ; Life Cycle Status: Active ; Vocabulary: SNOMED CT

Diagnoses(Active)

Fall	Date: 11/16/2019 ; Diagnosis Type: Reason For Visit ; Confirmation: Complaint of ; Clinical Dx: Fall ; Classification: Nursing ; Clinical Service: Non-Specified ; Code: PNED ; Probability: 0 ; Diagnosis Code: 972DCDB6-6058-47E5-9321-44B9DBFE0EC6

Procedure History

(As Of: 11/16/2019 19:48:45 EST)

Document Type: ED Note Physician
Service Date/Time: 11/16/2019 20:17 EST
Result Status: Auth (Verified)
Document Subject: ED Note
Sign Information: Em,Scribe,Maria S (11/16/2019 23:29 EST); Langley,MD, Adrian D (11/16/2019 22:38 EST); Em,Scribe,Maria S (11/16/2019 20:19 EST)

Basic Information

Time Seen:
Langley, MD, Adrian D / 11/16/2019 19:30

Chief Complaint
pt presents to the ED via EMS c/o back and L hip/leg pain after slipping on water at work. describes pain as "contractions" pt denies hitting head, LOC. pt given 100mcg fentanyl in route

History of Present Illness
Reviewed and Agreed with Available Nursing Documentation: Yes
Seen By: Physician
Historian: Self
Arrived from: Work
Treatment Prior to Arrival: 10mcg fentanyl en route via EMS

Problem List/Past Medical History
Ongoing
- Asthma
- Diabetes
- HTN - Hypertension
- Neuropathy

Historical
- No qualifying data

Medications
Inpatient
- Ibuprofen, 800 mg= 1 tab, Oral, Once
- Tylenol, 1000 mg= 2 tab, Oral, Once

Home
- No active home medications

Allergies
Demerol

Patient Name: DAVIS, MARY LISA
MRN:
FIN:
DOB/Age/Sex: 57 years Female

Admit: 11/16/2019
Disch: 11/16/2019
Admitting: Langley,MD,Adrian D

Emergency Documentation

Provider at bedside 11/16/2019 @ 19:59

53 y/o AAF with hx of asthma, DM, HTN, and neuropathy presents to the ED via EMS with c/o back and left hip pain that began tonight. Patient reports that she was a work tonight (Ruiz Foods), when she slipped and fell on some ice on the floor. She reports that she landed on her back, and she denies LOC or head injury. She states that since her fall, her pain has been constant, and is exacerbated with palpation or weight bearing. She denies headache, vision loss, neck pain, nausea, vomiting, diarrhea, or any other associated symptoms at this time.

Review of Systems
Constitutional: (-) Chills,(-) Fever,
ENT: (-) Rhinorrhea, (-) Sore Throat
Cardiovascular:(-) Chest Pain, (-) Palpitations,
Respiratory:(-) Cough,(-) Dyspnea,
GI:(-) Abdominal Pain, (-) Diarrhea,(-) Nausea,(-) Vomiting
GU: (-) Dysuria, (-) Hematuria
Musculoskeletal:(+) **Back Pain, (-) Neck Pain, +Left hip pain**
Neurologic:(-) Headache, (-) Numbness, (-) Weakness,
Skin:(-) Rash,(-) Diaphoresis.
Psychiatric: ,(-) Homicidal,(-) Suicidal Thoughts

Additional ROS Info: All other Organ Systems Reviewed and negative except as indicated.

Physical Exam

Vitals & Measurements
T: 37 °C (Oral) **HR:** 77(Monitored) **RR:** 18 **BP:** 125/73 **SpO2:** 100%

Constitutional: Alert, well nourished, NAD
Head: NCAT
Eyes: EOMI, sclera nonicteric
Neck: Trachea Midline, Supple
ENT: Mucous membranes moist, oropharynx no exudate
Cardiovascular: RRR ,No Edema, no murmur
Respiratory: CTA B/L , no retractions
Gastrointestinal: Soft, nontender, non-distended
Musculoskeletal: Tenderness over the left hip.
Neurologic: alert, moves all extremities
Skin: warm, dry,
Psychiatric: Normal affect, cooperative

Medical Decision Making
Personally reviewed x-rays and reports. I agree there is no evidence of fracture on X-ray. The patient will be discharged to follow-up with her primary care physician and with occupational medicine.
due to ongoing continued pain, given an iv dose of morphine. tolerated well.

Assessment/Plan
1. Fall (W19.XXXA)
2. Acute lumbar back pain (M54.5)
3. Contusion of hip (S70.00XA)

Phenergan

Social History
Alcohol
Never, 11/16/2019
Substance Use
Never, 11/16/2019
Tobacco
Smoking tobacco use: Never (less than 100 in lifetime)., 11/16/2019

Diagnostic Results
XR Spine Lumbar 2-3 Views AP+LAT

11/16/19 21:25:02
IMPRESSION:

No acute bony fracture dislocation or subluxation seen.

Signed By: Chu, MD, William O

****
XR Hip 2-3 Views w/AP Pelvis Left

11/16/19 21:25:09
PROCEDURE: XR Hip 2-3 Views w/AP Pelvis Left

INDICATION: Pelvic pain after trauma.

COMPARISON: None.

TECHNIQUE: AP, and frog leg views of the hip were performed.

FINDINGS/IMPRESSIONS

1. No evidence of acute fractures, dislocations, soft tissue swelling, or radiopaque foreign bodies are noted in the bony structures, soft tissues of the pelvis and bilateral hips.

2. The articular surfaces and spaces are preserved.

3 . No acute findings.

Signed By: Stamato, MD, Stephan

Patient Name: DAVIS, MARY LISA
MRN:
FIN:
DOB/Age/Sex: 57 years Female

Admit: 11/16/2019
Disch: 11/16/2019
Admitting: Langley,MD,Adrian D

Emergency Documentation

4. Lumbar sprain (S33.5XXA)

Data Review/Billing
Laboratory Test Ordered or Reviewed:No
Laboratory Test Discussed with another Provider: No
Laboratory discussed with Patient and/or Family: No
Laboratory Interpretation:

Radiology Test Ordered or Reviewed:Yes
Radiology image discussed with Another Provider: No
Radiology image Interpretation:

EKG or other Medical Test Ordered or reviewed:Yes
EKG or Other Medical Test Discussed with Another Provider: No
Other Medical Test Result Interpretation:normal continual pulse ox.

Decision to obtain old records:No
Old record reviewed: No
History obtained from others other than the patient: No

All of the medical record entries made by the Scribe were at my direction and personally dictated by me.
I have reviewed the chart and agree that the record accurately reflects my personal performance of the history, physical exam, assessment and plan.

Electronically Signed on 11/16/19 08:19 PM

Ern, Scribe, Maria S

Electronically Signed on 11/16/19 10:36 PM

Langley, MD, Adrian D

Electronically Signed on 11/16/19 11:29 PM

Ern, Scribe, Maria S

Document Type: ED Discharge Information
Service Date/Time: 11/16/2019 23:06 EST
Result Status: Auth (Verified)
Document Subject: ED Disposition Documentation
Sign Information: Boyles,RN,Monae A (11/16/2019 23:06 EST)

ED Disposition Documentation Entered On: 11/16/2019 23:07 EST
Performed On: 11/16/2019 23:06 EST by Boyles, RN, Monae A

Patient Name: DAVIS, MARY LISA
MRN:
FIN:
DOB/Age/Sex: 57 years Female

Admit: 11/16/2019
Disch: 11/16/2019
Admitting: Langley,MD,Adrian D

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
10-XR-19-108640	11/16/2019 21:25 EST	XR Hip 2-3 Views w/AP Pelvis Left	Langley,MD,Adrian D	53 years

Reason for Exam
(XR Hip 2-3 Views w/AP Pelvis Left) trauma,pain

Report
PROCEDURE: XR Hip 2-3 Views w/AP Pelvis Left

INDICATION: Pelvic pain after trauma.

COMPARISON: None.

TECHNIQUE: AP, and frog leg views of the hip were performed.

FINDINGS/IMPRESSIONS

1. No evidence of acute fractures, dislocations, soft tissue swelling, or radiopaque foreign bodies are noted in the bony structures, soft tissues of the pelvis and bilateral hips.

2. The articular surfaces and spaces are preserved.

3. No acute findings.

***** Final *****
Dictated by: Stamato, MD, Stephan
Dictated DT/TM: 11/16/2019 9:38 pm

Signed by: Stamato, MD, Stephan
Signed (Electronic Signature): 11/16/2019 9:38 pm

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
10-XR-19-108639	11/16/2019 21:25 EST	XR Spine Lumbar 2-3 Views AP+LAT	Langley,MD,Adrian D	53 years

Reason for Exam
(XR Spine Lumbar 2-3 Views AP+LAT) trauma,pain

Report
Examination lumbar spine performed 53-year-old female slipped on water lower back pain. Alignment of the lumbar spine within normal limits. Vertebral heights and disc spaces are maintained.

Some minimal anterior spurring involving the L3-L4 and L5 level.

No acute bony fracture dislocation subluxation seen.

Patient Name: DAVIS, MARY LISA
MRN:
FIN:
DOB/Age/Sex: 57 years Female

Admit: 11/16/2019
Disch: 11/16/2019
Admitting: Langley,MD,Adrian D

Diagnostic Radiology

Report
IMPRESSION:

No acute bony fracture dislocation or subluxation seen.

***** Final *****
Dictated by: Chu, MD, William O
Dictated DT/TM: 11/16/2019 10:02 pm

Signed by: Chu, MD, William O
Signed (Electronic Signature): 11/16/2019 10:03 pm

CAROLINA PINES REG MED CENTER Coid: 833
Consultations
Report Status: Transcribed
Patient Nbr: 9136244 DAVIS, MARY L Admit: 11/22/2014 17:40
DOB:
Req By: CARTWRIGHT, MARISSA SHAN Discharge: 00/00/0000 00:00
Med. Rec. 0000114209 Pat. Type: I1 Location: 0239-A
Type: MED Dict.: 11/23/2014 15:48 74144605 Transcr: 11/23/2014 16:39
Dictated by: 2517 IVERSON, MICHELLE-ANNE

PULMONARY CONSULTATION

ATTENDING PHYSICIAN: Marissa Cartwright, MD

CONSULTING PHYSICIAN: Michelle A. Iverson, DO

REQUESTING PHYSICIAN: Dr. Marissa Cartwright.

REASON FOR CONSULTATION: Asthma exacerbation.

HISTORY OF CHIEF COMPLAINT: Ms. Davis is a very pleasant 48-year-old female with longstanding asthma and was actually previously diagnosed with COPD. Unfortunately, due to financial constraints and lack of insurance, she has been pretty much noncompliant with most medications. At baseline, she states that she was told several years ago she had COPD and was actually supposed to be on home oxygen. She is unable to afford this. She is supposed to be on Advair 250/50; however, she has been out of this for at least 1 month. She relies on samples from her primary care physicians office; however, frequently cannot afford the co-pay ago, and as such, is noncompliant and untreated for most of the year. She is also on ProAir inhaler, which he uses daily and actually has run out. She has albuterol nebulizers that she uses usually approximately 3 times per day.

At baseline, and when not acutely ill, she notes that she has chronic wheeze and dyspnea. She has actually been unable to work now for the last one year or more, stating that she is unable to walk long enough to really do any work. She notes that she had a sick contact at home with her daughter and she has had a cold and flu-type symptoms for the past 3 days. She lives out in the country contrary and actually states that it acutely worsened yesterday when a local farmer sprayed crops. She began having immediate shortness of breath and dyspnea on exertion, this progressed and she was ultimately brought to the emergency room. She was admitted last night to PCU and initially started on BiPAP secondary to severe dyspnea. An ABG actually was a normal, pH 7.407, CO2 37, pO2 of 85. This was actually on BiPAP, 40 percent FIO2. This morning, she was intolerant of the BiPAP and was transitioned to a nonrebreather last night and an ABG obtained on a nonrebreather had a pH of 7.327, CO2 of 42, pO2 of 111, bicarb of 23, and sats of 98 percent. I was asked to see with medical management to help establish outpatient pulmonary care.

PAST MEDICAL HISTORY:
1. Asthma/COPD.
2. Hypertension.
3. Allergies.
4. Former heavy tobacco abuser and drug abuse.

SOCIAL HISTORY: The patient has been married for 15 years. She is a long time heavy smoker, having started at age 13, she quit somewhere around age 36. She was smoking more than 2 packs a day. Her husband of 15 years is also smoking 2 packs per day. She notes that he too is not working and he smokes consistently at home. She has 2 children, 20 and 22 years of age. She has a history of heavy alcohol abuse in the past; however, she has been sober now for several years. She also has a history of heavy drug use in the past, having used "everything" except IV drugs." Most consistently, her drugs of choice included marijuana, cocaine, and crack cocaine, all of which she smokes. She has been sober from this for several years. She used to do security, however, states that she was unable to ambulate and perform her job due to dyspnea and wheezing. She then left that job and was doing some landscaping work, however, states that she can no longer walk long enough to do this either. She has one outdoor dog, denies any indoor pets, however, frequently states that she has broaches at home. She denies any foreign or domestic travel recently, however, most recently has traveled to Charlotte several years ago.

SURGICAL HISTORY:
1. C-sections x2.
2. Tubal ligation.

FAMILY HISTORY: The patients mother died due to a diabetic coma at 54, her father died of an MI at 57. She has one brother with hypertension, two sisters who have diabetes. She has a niece who has childhood asthma and also has rheumatoid arthritis. There is no history of other autoimmune diseases in the family, no other history of asthma in an immediate family member and no history of any blood disorders including sickle cell disease or trait.

REVIEW OF SYSTEMS:
CONSTITUTIONAL: Positive for fevers, chills, Flu-like symptoms, positive for seasonal allergies.
HEENT: She does complain of worsening blurred vision; however, freely states that she could not afford an ophthalmology visit and therefore has been using glasses for more than 10 years with no prescription change. She has chronic rhinorrhea, itchy watery eyes.
CARDIOVASCULAR: She complains of chest pain only with cough.
PULMONARY: At baseline, she complains of some rare cough and frequent wheezing. She does have early fatigue and severe dyspnea on exertion. However, in the last several days, she has had a worsening cough, productive of white sputum. She denies any hemoptysis. She has frequent persistent wheezing all day long, which is unresponsive to her bronchodilators. ABDOMEN: She complains of diarrhea, presumably secondary to the antibiotics; however, she also states that this may be due to milk products she consumed at lunch. Denies any nausea or vomiting.
GENITOURINARY: Denies any vaginal bleeding or discharge.
EXTREMITIES: Denies any new or worsening extremity complaints or pain including pedal edema.
INTEGUMENTARY: Denies any new rashes, lumps, bumps, moles or other skin irregularities.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 119/85, heart rate of 101, respiratory rate of 30, O2 saturation 96 percent on 40 percent FiO2, 20 liters per minute high-flow oxygen.
GENERAL: Well-developed, well-nourished, 48-year-old female with mild respiratory distress, somewhat tachypneic at rest. I am told she has improved from admission significantly.
HEENT: Normocephalic, atraumatic. There is no nasal flaring, facial droop nor slurred speech noted. Oropharynx is pink and moist.

PULMONARY: She has tight expiratory wheezing and inspiratory wheezing noted in all lobes. There is no current cough nor hemoptysis noted.
CARDIOVASCULAR: Regular rate and rhythm. There are no appreciable murmurs, rubs, or gallops noted. She is mildly tachycardic.
ABDOMEN: Soft, nontender to palpation, good bowel sounds are noted.
EXTREMITIES: There is no clubbing, cyanosis, nor edema noted in any extremity.
INTEGUMENTARY: Good skin turgor is noted, she is nonjaundiced.

LABORATORY DATA:
1. BMP this a.m.: Sodium 136, potassium 4.1, chloride 106, bicarb 24, BUN 8, creatinine 0.8, glucose 162. CBC: WBC 14.1, hemoglobin 10.4, hematocrit 33.5, platelets 162. Magnesium 2.4. Phosphorus 2.0.
2. Cardiac enzymes: Troponin x3 -- negative.
3. ABG on BiPAP in the emergency room, 40 percent, 7.407/37/85/23/97 percent.
4. ABG this a.m. on nonrebreather, 100 percent: 7.372/42/111/24/98 percent.

RADIOLOGY STUDIES: Chest x-ray portable on admission -- no evidence of acute cardiopulmonary disease.

ASSESSMENT:
1. Probable chronic obstructive pulmonary disease exacerbation.
2. Asthma/chronic obstructive pulmonary disease, poorly controlled outpatient secondary to financial issues.
3. Prior tobacco abuse, currently living with a heavy smoker.

PLAN: With regard to her current COPD exacerbation, initially when I found her this morning, she was on the nonrebreather. I switched her to a high-flow oxygen device at 20 liters per minute, initially 100 percent FiO2 and this was able to be weaned down to 40 percent. The high-flow oxygen has allowed her to eat and converse with family. It was better tolerated than the BiPAP. She was initially on DuoNebs only; however, I have added Pulmicort and Brovana monitored nebulizers b.i.d. She is currently on DuoNebs q.4 hours and she will continue these for now. She is also on steroids, Solu-Medrol 80 mg IV q.8 hours and this too should be continued for now. She has been started on azithromycin and I do agree with this for now. I do not see that she has had a rapid influenza swab and needs to have this ASAP. If this is positive, she should be started on Tamiflu. Given her prior drug abuse, will also check a urine drug screen as inhaled substances (cocaine, marijuana) will worsen/trigger bronchospasm.

Unfortunately, due to her social issues (i.e. neither she nor her husband are working, neither she nor her husband have insurance and income is very limited), I will ask that social work meet with her to see whether or not she is eligible for any Medicaid or drug assistance programs. She will most certainly need outpatient medications for her COPD at discharge. While I am happy to see her in my office, she does state that she is not sure whether or not she is able to afford the copay. I do not think there are drug assistance plans which may be of benefit. However, if she is not able to be seen in my office, these can be done through her primary care physicians office as well. We did discuss this at length. When she is a little bit more stable and closer to discharge, I suggest obtaining PFTs, at the very least bedside spirometry; however, for outpatient PFTs including total lung volumes and diffusion capacity are able to be obtained inpatient while she is here, this would be ideal. Given her outpatient financial situation, I do not think that she is going to be able to complete these.

Lastly, we did discuss trigger avoidance, and unfortunately, she lives with, heavy smoker and is not able to avoid that. She also lives in the country

were farmers frequently spray crops, which seems to trigger her as well. Her treatment options, I feel, are going to be very limited secondary to her financial issues; however, I am happy to help in any way possible including providing free samples if she comes to see me in the office.

Thank you for allowing me to participate in the care of Mary Davis. We will continue to follow her with you.

_____

Michelle A. Iverson, DO

DATE:_____

TIME:_____

cc:

30059 \74144605 \DD: Sun Nov 23 15:48:38 2014 \TD: Sun Nov 23 16:39:49 2014

Authenticated and Edited by Katja Michelle-Anne Iverson On 11/24/14 8:37:02 AM

CAROLINA PINES REG MED CENTER Coid: 833
Hospitalist Discharge Summary
Report Status: Transcribed
Patient Nbr: 9136?44 DAVIS, MARY L Admit: 11/22/2014 17:40
DOB:
Req By: CARTWRIGHT, MARISSA SHAN Discharge: 00/00/0000 00:00
Med. Rec. 0000114209 Pat. Type: I1 Location: 0239-A
Type: MED Dict.: 11/26/2014 07:40 74204608 Transcr: 11/26/2014 09:08
Dictated by: 0467 ELDER, ROBERT L.

DATE OF ADMISSION: 11/22/2014

DATE OF DISCHARGE: 11/26/2014

PRINCIPAL DIAGNOSES AT ADMISSION:
1. Asthma exacerbation.
2. History of hypertension.

PRINCIPAL DIAGNOSES AT DISCHARGE:
1. Chronic obstructive pulmonary disease exacerbation.
2. Acute bronchitis.
3. Cocaine abuse.
4. History of prior tobacco abuse.

ADDITIONAL DIAGNOSES EVALUATED AND TREATED DURING THE ADMISSION:

CONSULTANTS: Dr. Shelley Iverson.

PROCEDURES: None.

HISTORY OF HOSPITAL COURSE: The patient is a 48-year-old African-American female with history of longstanding asthma, who was admitted with asthma/COPD exacerbation. She has financial issues for a lot of her medications. She was noted to have cocaine in her system on admission and is felt that the cocaine triggered her COPD exacerbation, the patient conferring this to Dr. Iverson as well. She was counseled on avoiding cocaine and all drugs in the future and avoiding tobacco use and even secondhand smoke. She was treated with IV steroids and aerosol treatments and antibiotics, initially thought may have pneumonia. Her chest x-ray showed no acute cardiac or pulmonary disease. She likely has some bronchitis and will be treated with 5 more days of antibiotics. She will see Dr. Iverson in 2 weeks and follow up with Dr. Andrews in 1 week. Blood pressure was stable. She was stable otherwise from hospitalization. Urine drug screen was positive for cocaine, otherwise negative.

PHYSICAL EXAMINATION:
GENERAL: On the morning of discharge, she had been off her oxygen all night, was alert and oriented, in no acute distress.
VITAL SIGNS: Oxygen saturation was 95 percent on room air, temperature was 97, respirations 16, pulse 78, blood pressure 151/99.
HEENT: TMs clear. Nose is clear. Oropharynx is moist and clear.
NECK: Supple. No lymphadenopathy.
LUNGS: Mild expiratory wheezing at the bases.
HEART: Regular rate and rhythm without murmur.
ABDOMEN: Soft, nontender.
EXTREMITIES: No cyanosis, clubbing or edema.

LAB AND IMAGE DATA: Cardiac enzymes negative x3. Chem profile on 11/23/2014

showed glucose 162, BUN 8, creatinine 0.82, sodium 136, potassium 4.1, chloride 106, CO2 is 24. CBC on 11/23/2014 showed WBC 14.1, hemoglobin and hematocrit 10.4 and 32.5, platelets 160,000.

MEDICATIONS AT TIME OF DISCHARGE:
1. Dulera 200/5 two puffs b.i.d.
2. Albuterol aerosols every 6 hours.
3. Coricidin p.r.n. for cough.
4. Atrovent aerosols every 6 hours.
5. Prednisone 20 mg b.i.d. for 4 days and 1 a day for 3 days.
6. Singulair 10 mg daily.
7. Ventolin inhaler p.r.n.
8. Lisinopril 10 mg daily.
9. She will be given a pneumonia vaccine and flu vaccine prior to discharge.

DISCHARGE PLAN: Discharged home. Follow up with Dr. Iverson in 2 weeks and Dr. Andrews in 1 week.

ISSUES TO BE ADDRESSED AT FOLLOWUP:
1. Reinforced the avoidance of cocaine and medication compliance.
2. She will be evaluated for home O2 prior to discharge and if meets criteria will be arranged for home O2.

TIME SPENT ON THE DAY OF DISCHARGE: 40 minutes was spent discharging the patient, and coordinating plan of care.

_____
Robert L Elder, M D

DATE:_____

TIME:_____

cc: Dr. Jerry Andrews; Dr. Shelley Iverson
5403 \74204608 \DD: Wed Nov 26 07:40:26 2014 \TD: Wed Nov 26 09:08:36 2014

Authenticated by Robert L. Elder, MD On 11/26/2014 01:48:55 PM

Discharge

CAROLINA PINES REGIONAL MEDICAL CENTER

1304 West Bobo Newsom Highway, Hartsville, SC 29550

Tarek M. Bishara, M.D., Pathologist

PATIENT: DAVIS, MARY L MRN: LOCATION: PCU-0239-

I.D.#: | DISCH.: 11/26/14 DOB: AGE: 48 SEX: F

URINALYSIS

	N9230203	
COLLECTED	11/23/14 19:28	
PRIORITY, PHYSICIAN	ROUTINE CARTWRIGHT, MA	REFERENCE RANGE
VERIFIED	11/24/2014 01:47	
COLLECTED	11/23/14 19:28 NURSE	
URINALYSIS		
COLLECTED	11/23/14 19:28 NURSE	
TRICYCLICS	NEGATIVE	NEGATIVE
TETRAHYDROCANNIBOL THC	NEGATIVE	NEGATIVE
PHENCYCLIDINE	NEGATIVE	NEGATIVE
COCAINE	POSITIVE	NEGATIVE
METAMPHETAMINE	NEGATIVE	NEGATIVE
OPIATES	NEGATIVE	NEGATIVE
AMPHETAMINES	NEGATIVE	NEGATIVE
BENZODIAZEPINES	NEGATIVE	NEGATIVE
METHADONE	NEGATIVE	NEGATIVE
BARBITURATES	NEGATIVE	NEGATIVE
OXYCODONE	NEGATIVE	M NEGATIVE

M1: This is a screening test for medical purposes only. Legal drug screens are not performed at Carolina Pines RMC. Confirmations or quantitations of positives should be ordered by the physician and will be sent to the reference laboratory.

Results are considered Positive when at or above the following threshold values:

THC	50ng/mL
Phencyclidine	25ng/mL
Cocaine	150ng/mL
Methamphetamines	500ng/mL
Opiates	100ng/mL
Amphetamines	500ng/mL
Benzodiazepines	150ng/mL
Tricyclic Antidepressants	300ng/mL
Methadone	200ng/mL
Barbiturates	200ng/mL
Oxycodone	100ng/mL

^ - RESULT REPORTED FIRST TIME

ATT.PHYS.: CARTWRIGHT, MARISSA MRN:

LOCATION: PCU-0239-A PATIENT: DAVIS, MARY L

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

URINALYSIS

DISCLAIMER: The Verified Date and Time represents the last test result verified on the chapter. The Date/Time next to the order number represents the Collected Date/Time.

Discharge

CAROLINA PINES REGIONAL MEDICAL CENTER

1304 West Bobo Newsom Highway, Hartsville, SC 29550

Tarek M. Bishara, M.D., Pathologist

PATIENT: DAVIS, MARY L MRN: LOCATION: PCU-0239-

I.D.#: DISCH.: 11/26/14 DOB: AGE: 48 SEX: F

MICROBIOLOGY

	N9230175	
COLLECTED ,	11/23/14 15:50	
PRIORITY, PHYSICIAN	ROUTINE IVERSON, MICHE	REFERENCE RANGE
VERIFIED	11/23/2014 17:04	
COLLECTED	11/23/14 15:50 NURSE	
MICROBIOLOGY		
COLLECTED	11/23/14 15:50 NURSE	
INFLUENZA TYPE A	NEGATIVE	
INFLUENZA TYPE B	NEGATIVE	

* - RESULT REPORTED FIRST TIME

ATT.PHYS.: CARTWRIGHT, MARISSA MRN:

LOCATION: PCU-0239-A PATIENT: DAVIS, MARY L

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

MICROBIOLOGY

DISCLAIMER: The Verified Date and Time represents the last test result verified on the chapter. The Date/Time next to the order

number represents the Collected Date/Time.

Patient LastName : Davis
Patient FirstName : Mary
Patient DOB: :
Clinical Date: 2018-01-29

Patient Identification Checked

Two Identifiers Checked by Nurse: Patient Name, DOB
Checked By: Clarece Johnson RMA (January 29, 2018 3:59 PM)

Two Identifiers Checked by Lab: Patient Name, DOB
Checked By: Tonya Felton (January 29, 2018 4:50 PM)

Two Identifiers Checked by Provider: Patient Name, DOB
Checked By: Elizabeth Boster FNP (January 29, 2018 4:12 PM)

Past Medical History:

Reviewed history from 09/14/2016 and no changes required:
- HTN
- Asthma
- Diabetes

Past Surgical History:

Reviewed history from 11/22/2016 and no changes required:
- c-section x 2 1991,1994
- tubal ligation 1994
- cyst removed from vagina
- endometrial biopsy 11/01/2016

Family History Summary:

Reviewed history Last on 10/16/2017 and no changes required:01/29/2018

General Comments - FH:

Heart Attack/Angina--Father
Diabetes--Mother
Asthma/Respriatory Problems--Sister

Social History:

Reviewed history from 09/14/2016 and no changes required:
- Patient is a former smoker.
- Passive smoke exposure - yes
- Alcohol Use - no
- Drug Use - no
- HIV/High Risk - no
- Regular Exercise - no
- Smoking History:
- Patient is a former smoker.

Married

Vital Signs:

Patient Profile: 51 Years Old Female

Height:	57.25 inches
Weight:	215 pounds
BMI:	46.12
BSA:	1.86
Temp:	98.1 degrees F oral
Pulse rate:	83 / minute
Pulse rhythm:	regular
Resp:	20 per minute
BP sitting:	137 / 89
Cuff size:	large

Pt. in pain?	yes
Location:	lower back
Intensity:	8
Type:	sharp

Vitals Entered By: Clarece Johnson RMA (January 29, 2018 3:59 PM)
RBS 109

Medications:
VITAMIN C 100 MG ORAL TABLET (ASCORBIC ACID) TAKE ONE TABLET BY MOUTH THREE TIMES A DAY
SIMVASTATIN 10 MG ORAL TABLET (SIMVASTATIN) TAKE ONE TABLET BY MOUTH AT BEDTIME
FE TABS 325 (65 Fe) MG ORAL TABLET DELAYED RELEASE (FERROUS SULFATE) TAKE ONE TABLET BY MOUTH THREE TIMES PER DAY
GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) ONE CAPSULE BY MOUTH AT BEDTIME
OMEPRAZOLE 20 MG ORAL CAPSULE DELAYED RELEASE (OMEPRAZOLE) TAKE ONE CAPSULE BY MOUTH DAILY
BENICAR HCT 40-12.5 MG ORAL TABLET (OLMESARTAN MEDOXOMIL-HCTZ) TAKE ONE TABLET BY MOUTH DAILY
GLIPIZIDE 5 MG ORAL TABLET (GLIPIZIDE) TAKE ONE TABLET BY MOUTH TWO TIMES PER DAY
JANUVIA 50 MG ORAL TABLET (SITAGLIPTIN PHOSPHATE) TAKE ONE TABLET BY MOUTH DAILY
GLUCOPHAGE 1000 MG ORAL TABLET (METFORMIN HCL) TAKE ONE TABLET BY MOUTH TWO TIMES PER DAY
ADVAIR DISKUS 250-50 MCG/DOSE INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) ONE PUFF INHALED TWICE DAILY
SINGULAIR 10 MG ORAL TABLET (MONTELUKAST SODIUM) Take one by mouth daily
PROVENTIL HFA 108 (90 Base) MCG/ACT INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE) 2 PUFF BY MOUTH EVERY 4 HOURS AS NEEDED
PROVENTIL HFA 108 (90 Base) MCG/ACT INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE) 2 puffs every 4 hours as needed
ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% INHALATION NEBULIZATION SOLUTION (ALBUTEROL SULFATE) 1 Inhal. every 4 hours as needed

Medications:
Medications were reviewed with the patient during this visit.

Allergies:
No Known Allergies

Allergies:
Allergies were reviewed with the patient during this visit.

Visit Type: Acute Visit
Primary Provider: Elizabeth Boster FNP

CC: rx refills sharp pain in back room 15.

History of Present Illness:
Patient is a 51 Years Old African American Female here with complaints of back pain that started Friday. Patient works at the laundry mat. Patient states her father died of an MI at the age of 66. Patient has not tried OTCs.
..... Clarece Johnson RMA January 29, 2018 4:01 PM

Review of Systems

MS
Complains of back pain.

Physical Exam

General:
well developed, well nourished, in no acute distress.
Head:
normocephalic and atraumatic
Eyes:
EOM intact, conjunctiva and sclera clear with out nystagmus.
Lungs:
clear bilaterally to auscultation.
Heart:
non-displaced PMI, chest non-tender; regular rate and rhythm, S1, S2 without murmurs, rubs, or gallops
Msk:
no deformity or scoliosis noted of thoracic or lumbar spine.
Neurologic:
no focal deficits
Skin:
Intact without lesions or rashes
Psych:
alert and cooperative; normal mood and affect; normal attention span and concentration

Additional Labs

Finger Stick Glucose Tests:

Finger Stick Glucose Entered By: Tonya Felton (January 29, 2018 4:53 PM)

FS Glucose Random: 109 Normal Value: 65-99 mg/dl

Additional Labs 1:

Additional Labs 1 Entered By: Tonya Felton (January 29, 2018 4:53 PM)

Hgb: 9.6 Normal Value: M 13-17,F 12-16 g/dl
Hemoglobin A1C: 9.0 Normal Value: 4.5-5.7%

Impression & Recommendations:

Problem # 1: HYPERTENSION (ICD-401.9) (ICD10-I10)
Assessment: Unchanged
Recommend DASH diet.
EKG today.
Her updated medication list for this problem includes:
Benicar Hct 40-12.5 Mg Oral Tablet (Olmesartan medoxomil-hctz) ..... Take one tablet by mouth daily

Orders:
EKG Interpret and report Medicare (CPT-93010)
OFFICE 99213 EST 15 MIN (CPT-99213)

BP today: 137/89
Prior BP: 138/89 (10/16/2017)

Labs Reviewed:
Creat: 0.85 (06/27/2017)
Chol: 127 (06/27/2017) HDL: 37 (06/27/2017) LDL: 71 (06/27/2017)

Problem # 2: Diabetes mellitus, type 2 (ICD-250.00) (ICD10-E11.9)
Assessment: Unchanged
Recommend increasing non-startch vegetables and exercise. Follow up in one month.
Her updated medication list for this problem includes:
Benicar Hct 40-12.5 Mg Oral Tablet (Olmesartan medoxomil-hctz) ..... Take one tablet by mouth daily
Glipizide 5 Mg Oral Tablet (Glipizide) ..... Take one tablet by mouth two times per day
Januvia 50 Mg Oral Tablet (Sitagliptin phosphate) ..... Take one tablet by mouth daily
Glucophage 1000 Mg Oral Tablet (Metformin hcl) ..... Take one tablet by mouth two times per day

Orders:
FEE FINGERSTICKS (CPT-36416)
GLUCOSE-FBS FINGERSTICK (CPT-82948)
HEMOGLOBIN A1C (CPT-83036)
HEMOGLOBIN FINGERSTICK (CPT-85018)
OFFICE 99213 EST 15 MIN (CPT-99213)

Labs Reviewed:
HgBA1c: 9.0 (01/29/2018) Creat: 0.85 (06/27/2017) Microalbumin: 80 (06/27/2017)

Problem # 3: Dyslipidemia (ICD-272.4) (ICD10-E78.5)
Assessment: Unchanged
Recommend low saturated fat diet and exercise.
Her updated medication list for this problem includes:

Simvastatin 10 Mg Oral Tablet (Simvastatin) ..... Take one tablet by mouth at bedtime

Labs Reviewed:
Chol: 127 (06/27/2017) HDL: 37 (06/27/2017) LDL: 71 (06/27/2017)
SGOT: 15 (06/27/2017) SGPT: 17 (06/27/2017)

Orders:
OFFICE 99213 EST 15 MIN (CPT-99213)

Problem # 4: COPD (ICD-496) (ICD10-J44.9)
Assessment: Unchanged
Stable.
Her updated medication list for this problem includes:
Advair Diskus 250-50 Mcg/dose Inhalation Aerosol Powder Breath Activated (Fluticasone-salmeterol) ..... One puff inhaled twice daily
Singulair 10 Mg Oral Tablet (Montelukast sodium) ..... Take one by mouth daily
Proventil Hfa 108 (90 Base) Mcg/act Inhalation Aerosol Solution (Albuterol sulfate) ..... 2 puff by mouth every 4 hours as needed
Proventil Hfa 108 (90 Base) Mcg/act Inhalation Aerosol Solution (Albuterol sulfate) ..... 2 puffs every 4 hours as needed
Albuterol Sulfate (2.5 Mg/3ml) 0.083% Inhalation Nebulization Solution (Albuterol sulfate) ..... 1 inhal. every 4 hours as needed

Pulmonary Functions Reviewed:
O2 sat: 100 (12/29/2016)

Vaccines Reviewed:
Flu Vax: Given Fluvirin Intramuscular Injectable 0.5mL (10/16/2017)

Orders:
OFFICE 99213 EST 15 MIN (CPT-99213)

Problem # 5: Back pain (ICD-724.5) (ICD10-M54.9)
Assessment: New
Recommend tylenol PRN and chiropractic care. Follow up if no improvement.
Orders:
OFFICE 99213 EST 15 MIN (CPT-99213)

Problem # 6: Anemia (ICD-285.9) (ICD10-D64.9)
Assessment: Unchanged
Restart iron. Check HGB at follow up.
Her updated medication list for this problem includes:
Fe Tabs 325 (65 Fe) Mg Oral Tablet Delayed Release (Ferrous sulfate) ..... Take one tablet by mouth three times per day

Orders:
OFFICE 99213 EST 15 MIN (CPT-99213)
Hgb: 9.6 (01/29/2018) Hct: 32.9 (06/27/2017) Platelets: 240 X10E3/UL (06/27/2017)
RBC: 4.74 X10E6/UL (06/27/2017) RDW: 16.6 (06/27/2017) WBC: 6.7 X10E3/UL (06/27/2017)
MCV: 69 (06/27/2017) MCH: 21.5 (06/27/2017) Ferritin: 16 (06/27/2017)
Iron: 31 (06/27/2017) TIBC: 381 (06/27/2017) % Sat: 8 (06/27/2017)
B12: 286 (06/27/2017) Folate: 16.6 (06/27/2017) TSH: 1.530 (06/27/2017)

Other Orders:
SNOMED-CT: 428191000124101 Current Medications Documented (SCT-428191000124101)
SNOMED-CT: 428191000124101 Current Medications Documented (SCT-428191000124101)

Patient Instructions:
1) Please schedule a follow-up appointment in 2 weeks.

Prescriptions:
FE TABS 325 (66 Fe) MG ORAL TABLET DELAYED RELEASE (FERROUS SULFATE) TAKE ONE TABLET BY MOUTH THREE TIMES PER DAY #90 x 1
Entered and Authorized by: Elizabeth Boster FNP
Electronically signed by:Elizabeth Boster FNP on 01/29/2018
Method used: Electronically to
CSC Community Pharmacy* (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
RxID: 1832864337333540
GLUCOPHAGE 1000 MG ORAL TABLET (METFORMIN HCL) TAKE ONE TABLET BY MOUTH TWO TIMES PER DAY #180 x 1
Entered and Authorized by: Elizabeth Boster FNP
Electronically signed by:Elizabeth Boster FNP on 01/29/2018
Method used: Electronically to
CSC Community Pharmacy* (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
RxID: 1832862054548560
JANUVIA 50 MG ORAL TABLET (SITAGLIPTIN PHOSPHATE) TAKE ONE TABLET BY MOUTH DAILY #90 x 1
Entered and Authorized by: Elizabeth Boster FNP
Electronically signed by:Elizabeth Boster FNP on 01/29/2018
Method used: Electronically to
CSC Community Pharmacy* (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
RxID: 1832862054548510
GLIPIZIDE 5 MG ORAL TABLET (GLIPIZIDE) TAKE ONE TABLET BY MOUTH TWO TIMES PER DAY #180 x 1
Entered and Authorized by: Elizabeth Boster FNP
Electronically signed by:Elizabeth Boster FNP on 01/29/2018
Method used: Electronically to
CSC Community Pharmacy* (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
RxID: 1832862053548430
OMEPRAZOLE 20 MG ORAL CAPSULE DELAYED RELEASE (OMEPRAZOLE) TAKE ONE CAPSULE BY MOUTH DAILY #90 x 1
Entered and Authorized by: Elizabeth Boster FNP
Electronically signed by:Elizabeth Boster FNP on 01/29/2018
Method used: Electronically to
CSC Community Pharmacy* (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530

Fax: (843) 339-5531
RxID: 1832862052548340
GABAPENTIN 300 MG ORAL CAPSULE (GABAPENTIN) ONE CAPSULE BY MOUTH AT BEDTIME #90 x 1
Entered and Authorized by: Elizabeth Boster FNP
Electronically signed by:Elizabeth Boster FNP on 01/29/2018
Method used: Electronically to
CSC Community Pharmacy* (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
RxID: 1832862028542850

Medical Decision-Making

Amount/complexity of data to be reviewed
* review/order clinical lab tests

Risk of complications: moderate

Electronically Signed By:Sorg, FNP, Elizabeth Anne 2018-01-29

Electronically Co-Signed By:Merriman, Ceresa 2018-02-01 4:01:PM

Patient LastName : Davis
Patient FirstName : Mary
Patient DOB:
Clinical Date: 2019-05-08

Patient Identification Checked

Two Identifiers Checked by Nurse: Patient Name, DOB
Checked By: Taylor Gainey RMA (May 8, 2019 1:48 PM)

Two Identifiers Checked by Lab: Patient Name, DOB
Checked By: Tonya Felton (May 8, 2019 2:01 PM)

Past Medical History:

Reviewed history from 01/09/2019 and no changes required:
- HTN
- Asthma
- Diabetes

Past Surgical History:

Reviewed history from 01/09/2019 and no changes required:
- c-section x 2 1991,1994
- tubal ligation 1994
- cyst removed from vagina
- endometrial biopsy 11/01/2016

Risk Factors:

Smoked Tobacco Use: Former smoker
- Cigarettes: Yes
  - Year Started: 1980
  - Year Quit: 1996
  - Years Since Last Quit: 23

Smokeless Tobacco Use: Never
Passive Smoke Exposure: yes
HIV High Risk Behavior: no
Caffeine Use: <1 drinks per day
Exercise: no
Seatbelt Use: 100 %
Sun Exposure: frequently

Alcohol Use: yes

AUDIT-C
- How often do you have a drink containing alcohol? Never
- How often do you have 6 or more drinks on one occasion? Never

Total AUDIT-C Score: 0

CAGE
Has patient --
Felt need to cut down: no
Been annoyed by complaints: no
Felt guilty about drinking: no
Needed eye opener in the morning: no

Drug Use: no

Previous Tobacco Use: Signed On - 01/09/2019
Smoked Tobacco Use: Former smoker
Cigarettes: Yes
Year Started: 1980
Year Quit: 1996
Years Since Last Quit: 23 years, 4 months, 9 days
Smokeless Tobacco Use: Never
Counseled to Quit/Cut Down: yes
Passive Smoke Exposure: yes
HIV High Risk Behavior: no
Caffeine Use: <1 drinks per day
Exercise: no
Seatbelt Use: 100 %
Sun Exposure: frequently
Alcohol Use: yes

Previous Drug Use: Signed On - 01/09/2019
Drug Use: no

Family History Summary:
Family History of MI male <55 for Father - Entered On: 5/8/2019

Family History Reviewed: 05/08/2019

Social History Summary:

Social History Reviewed: 05/08/2019
Previous Social History:
Patient is a former smoker.
Patient has never used smokeless tobacco.
Passive Smoke: Y
Alcohol Use: Y
Drug Use: N
HIV/High Risk: N
Regular Exercise: N
Hx Domestic Abuse: N
Religion Affecting Care: N
Sexually Active: N

Problems:
Assessed Diabetes mellitus, type 2 as improved - Signed
Assessed Plantar fasciitis as unchanged - Signed
Assessed HYPERTENSION as improved - Signed

Vital Signs:

Patient Profile: 53 Years Old Female
Height: 57.25 Inches
Weight: 188 pounds
BMI: 40.32
Temp: 98.0 degrees F oral
Pulse rate: 79 / minute
Resp: 20 per minute
BP Sitting: 111 / 82 (left arm)

Cuff size: large
Patient in pain? Yes
Location: feet
Intensity: 10
Type: aching

Problems: Active problems were reviewed with the patient during this visit.
Medications: Medications were reviewed with the patient during this visit.
Allergies: Allergies were reviewed with the patient during this visit.

Vitals Entered By: Taylor Gainey RMA (May 8, 2019 1:49 PM)
LMP - Reliable? Yes
Menarche (age onset): 12
Menses Interval: 28
Menstrual flow (days) 2-3

Patient Learning Needs
Information Obtain From: Patient
Able to Read: Yes
Communicates In: English
Education Level: High School
Preferred Method of Learning: Visual(Seeing), Tactile/Kinesthetic(Hands on)
Factors Influencing Learning: No Barriers
Assessed By: Taylor Gainey RMA (May 8, 2019 1:53 PM)

..... Taylor Gainey RMA May 8, 2019 1:53 PM

Primary Provider: Patrycia L Streater FNP

CC: feet pain and needs new antibotic because one given broke her out .

History of Present Illness:
Patient is a 53 Years Old African American Female. She presents today with c/o bil foot pain that she states she has had for years. She has just started a new job in which she has to walk alot and the pain is almost unbearable, but she wants to keep this job.

She also states that her dentist called in an antibx after pulling her teeth. She is allergic to PCN and wants another antibx.

Review of Systems

General
Denies fever, chills, sweats, anorexia, fatigue, weakness, malaise, weight loss and sleep disorder.

Eyes
Denies vision loss - 1 eye, double vision, eye irritation, vision loss - both eyes, blurring, eye pain, halos, discharge and light sensitivity.

ENT
Denies ringing in the ears, ear discharge, earache, decreased hearing, nasal congestion, nosebleeds, difficulty swallowing, hoarseness and sore throat.

CV
Denies difficulty breathing at night, near fainting, chest pain or discomfort, racing/skipping heart beats, fatigue, lightheadedness, shortness of breath with exertion, palpitations, swelling of hands or feet, difficulty breathing while lying down, fainting, leg cramps with exertion, bluish discoloration of lips or nails and weight gain.

Resp
Denies sleep disturbances due to breathing, cough, shortness of breath, coughing up blood, chest discomfort, wheezing, excessive sputum and excessive snoring.

GI
Denies excessive appetite, loss of appetite, indigestion, vomiting blood, nausea, vomiting, yellowish skin color, gas, abdominal pain, abdominal bloating, hemorrhoids, diarrhea, change in bowel habits, constipation, dark tarry stools and bloody stools.

GU
Denies foul urinary discharge, blood in urine, urinary frequency, inability to empty bladder, urinary urgency, kidney pain, trouble starting urinary stream, painful urination, night time urination, inability to control bladder, genital sores, lack of sexual drive, excessive heavy periods, missed periods, unusual urinary color, other abnormal vaginal bleeding and pelvic pain.

MS
Complains of joint pain.
Denies muscle cramps, joint swelling, presence of joint fluid, back pain, stiffness, muscle weakness, arthritis, gout, loss of strength and muscle aches.
bil foot pain

Derm
Denies excessive perspiration, night sweats, suspicious lesions, changes in nail beds, dryness, poor wound healing, unusual hair distribution, skin cancer, itching, changes in color of skin, flushing and rash.

Neuro
Denies difficulty with concentration, poor balance, headaches, disturbances in coordination, numbness, inability to speak, falling down, tingling, brief paralysis, visual disturbances, seizures, weakness, sensation of room spinning, tremors, fainting, excessive daytime sleeping and memory loss.

Psych
Denies sense of great danger, anxiety, thoughts of suicide, mental problems, depression, thoughts of violence and frightening visions or sounds.

Endo
Denies excessive hunger, cold intolerance, heat intolerance, excessive urination, excessive thirst and weight change.

Heme
Denies enlarged lymph nodes, bleeding, skin discoloration, abnormal bruising and fevers.

Allergy
Denies persistent infections, hives or rash, seasonal allergies and HIV exposure.

Physical Exam

General:
obese.
Lungs:
clear bilaterally to auscultation.
Heart:
non-displaced PMI, chest non-tender; regular rate and rhythm, S1, S2 without murmurs, rubs, or gallops
Abdomen:
normal bowel sounds; no hepatosplenomegaly no ventral,umbilical hernias or masses noted.

Blood Pressure:
Today's BP: 111/82 mm Hg
BP Goal: 130/80 mm Hg
JNC VIII Rec. BP Goals: < 140/90 mm Hg

Labwork:
Most Recent Lab Results:
LDL: 64 mg/dL 05/30/2018
HbA1c: : 10.7 % 05/08/2019
Microalbumin: 80 mg/L 05/30/2018

Foot/Ankle Exam

General:
obese.

Gait:
Normal heel-toe gait pattern bilaterally.

Skin:
Intact with no erythema; no scarring.

Inspection:
plantigrade foot with normal alignment of leg, ankle, hindfoot, and foot.

Vascular:
dorsalis pedis and posterior tibial pulses 2+ and symmetric, capillary refill < 2 seconds, normal hair pattern, no evidence of ischemia.

Additional Labs

Finger Stick Glucose Tests:

Finger Stick Glucose Entered By: Taylor Gainey RMA (May 8, 2019 1:55 PM)

FS Glucose Random: 279 Normal Value: 65-99 mg/dl

Additional Labs 1:

Additional Labs 1 Entered By: Tonya Felton (May 8, 2019 2:01 PM)

Hemoglobin A1C: 10.7 Normal Value: 4.5-5.7%

Impression & Recommendations:

Problem # 1: Plantar fasciitis (ICD-728.71) (ICD10-M72.2)
Assessment: Unchanged

Her updated medication list for this problem includes:
Diclofenac Sodium 75 Mg Oral Tablet Delayed Release (Diclofenac sodium) ..... 1 po bid prn pain

Orders:
OFFICE 99213 EST 15 MIN (CPT-99213)

Problem # 2: Diabetes mellitus, type 2 (ICD-250.00) (ICD10-E11.9)
Assessment: Improved

Her updated medication list for this problem includes:
Januvia 50 Mg Oral Tablet (Sitagliptin phosphate) ..... Take one tablet by mouth daily
Glipizide 10 Mg Oral Tablet (Glipizide) ..... Take one tablet by mouth twice daily
Glucophage 1000 Mg Oral Tablet (Metformin hcl) ..... Take one tablet by mouth two times per day

Orders:
FEE FINGERSTICKS (CPT-36416)
GLUCOSE-FINGERSTICK; quantitative, blood (except reagent strip) (CPT-82947)
HEMOGLOBIN A1C (CPT-83036)
OFFICE 99213 EST 15 MIN (CPT-99213)

Problem # 3: HYPERTENSION (ICD-401.9) (ICD10-I10)
Assessment: Improved

Her updated medication list for this problem includes:
Olmesartan-amlodipine-hctz 40-5-12.5 Mg Oral Tablet (Olmesartan-amlodipine-hctz) ..... Take one tablet by mouth daily

Orders:
OFFICE 99213 EST 15 MIN (CPT-99213)

Medications Added to Medication List This Visit:
1) Diclofenac Sodium 75 Mg Oral Tablet Delayed Release (Diclofenac sodium) .... 1 po bid prn pain

Other Orders:
SNOMED-CT: 428191000124101 Current Medications Documented (SCT-428191000124101)
SNOMED-CT: 274798009 Physical Exam, Performed: Retinal Exam (SCT-274798009)

Patient Instructions:
1) 1. Call dentist for new antibx.

Electronically Signed By:Streater FNP , Patrycia L 2019-05-06

Electronically Co-Signed By:Streater FNP , Patrycia L 2019-05-10 12:33:AM

Patient LastName : Davis
Patient FirstName : Mary
Patient DOB:
Clinical Date: 2019-10-23

Patient Identification Checked

Two Identifiers Checked by Nurse: Patient Name, DOB
Checked By: Rachel Brittany Outen RMA (October 23, 2019 2:03 PM)

Two Identifiers Checked by Lab: Patient Name, DOB
Checked By: Whitley Gattison (October 23, 2019 2:16 PM)

Two Identifiers Checked by Provider: Patient Name, DOB
Checked By: Vicky Freeman Craig, FNP-C (October 23, 2019 3:13 PM)

Past Medical History:

Reviewed history from 05/08/2019 and no changes required:
- HTN
- Asthma
- Diabetes

Past Surgical History:

Reviewed history from 05/08/2019 and no changes required:
- c-section x 2 1991,1994
- tubal ligation 1994
- cyst removed from vagina
- endometrial biopsy 11/01/2016

Risk Factors:

Smoked Tobacco Use: Former smoker
- Cigarettes: Yes
  - Year Started: 1980
  - Year Quit: 1996
  - Years Since Last Quit: 23

Smokeless Tobacco Use: Never
Passive Smoke Exposure: yes
HIV High Risk Behavior: no
Caffeine Use: <1 drinks per day
Exercise: no
Seatbelt Use: 100 %
Sun Exposure: frequently

Alcohol Use: yes

AUDIT-C
- How often do you have a drink containing alcohol? Never

How often do you have 6 or more drinks on one occasion? Never
Total AUDIT-C Score: 0

CAGE
Has patient --
Felt need to cut down: no
Been annoyed by complaints: no
Felt guilty about drinking: no
Needed eye opener in the morning: no

Drug Use: no

Family History Summary:
Family History of MI male <55 for Father - Entered On: 10/23/2019

Family History Reviewed: 10/23/2019

Social History Summary:
Patient is a former smoker.
Patient has never used smokeless tobacco.
Passive Smoke: Y
Alcohol Use: Y
Drug Use: N
HIV/High Risk: N
Regular Exercise: N
Hx Domestic Abuse: N
Religion Affecting Care: N
Sexually Active: N

Social History Reviewed: 10/23/2019
Previous Social History:
Patient is a former smoker.
Patient has never used smokeless tobacco.
Passive Smoke: Y
Alcohol Use: Y
Drug Use: N
HIV/High Risk: N
Regular Exercise: N
Hx Domestic Abuse: N
Religion Affecting Care: N
Sexually Active: N

PHQ-9 Patient Questionnaire

1. Over the last 2 weeks how often have you been bothered by any of the following problems?
Little interest or pleasure in doing things - Score: 0
Feeling down, depressed, or hopeless - Score: 0
Trouble falling/staying asleep, sleeping too much - Score: 2
Feeling tired or having little energy - Score: 0
Poor appetite or overeating - Score: 0
Feeling bad about yourself - or that you are a failure or have let yourself or your family down - Score: 0
Trouble concentrating on things, such as reading newspaper or watching television - Score: 0
Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that you have been moving around alot more than usual - Score: 0
Thoughts that you would be better off dead or of hurting yourself in some way - Score: 0
Total PHQ-9 Score 2

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Not difficult at all

Vital Signs:

Patient Profile:	63 Years Old Female
Height:	67.25 Inches
Weight:	196.6 pounds
BMI:	41.95
Temp:	98.0 degrees F oral
Pulse rate:	76 / minute
Resp:	18 per minute
BP Sitting:	107 / 76 (left arm)

Cuff size:	large
Patient in pain?	Yes
Location:	feet
Intensity:	10
Type:	aching

Problems: Active problems were reviewed with the patient during this visit.
Medications: Medications were reviewed with the patient during this visit.
Allergies: Allergies were reviewed with the patient during this visit.

Vitals Entered By: Rachel Brittany Outen RMA (October 23, 2019 2:04 PM)
LMP - Reliable? Yes
Menarche (age onset): 12
Menses Interval: 28
Menstrual flow (days) 2-3

Visit Type: Follow-up Visit
Primary Provider: Patrycia L Streater FNP

CC: Rm 11: Diabetes Maintenance and foot pain.

History of Present Illness:
Patient is a 63 Years Old African American Female here today for diabetes check up and bilateral foot pain x several years. Patient complains of foot pain that radiates up the leg, aching, burning and sensitive to the touch. She also complains of frequent urination and frequent thirst. She states she is not checking her FSBS daily because she no longer has a glucometer since her home burned down. Patient instructed to stay aay from all white foods:potatoes, bread, pastas, etc. Patient verbalizes understanding.

Review of Systems
See HPI

Physical Exam

General:
well developed, well nourished, in no acute distress.
Head:
normocephalic and atraumatic.
Lungs:
clear bilaterally to auscultation.
Heart:
non-displaced PMI, chest non-tender; regular rate and rhythm, S1, S2 without murmurs, rubs, or gallops
Abdomen:
normal bowel sounds; no hepatosplenomegaly no ventral,umbilical hernias or masses noted.
Pulses:
pulses normal in all 4 extremities.
Extremities:
bilateral foot pain with palpation to feet
Neurologic:
hyper sensitive bilateral feet
Skin:
intact without lesions or rashes.
Psych:
alert and cooperative; normal mood and affect; normal attention span and concentration.

Diabetes Management Exam:
Foot Exam (with socks and/or shoes not present):
Inspection:
Left foot: normal
Right foot: normal
Nails:
Left foot: normal
Right foot: normal
Sensory-Pinprick/Light touch:
Left medial foot (L-4): normal
Left dorsal foot (L-5): normal
Left lateral foot (S-1): normal
Right medial foot (L-4): normal
Right dorsal foot (L-5): normal
Right lateral foot (S-1): normal
Sensory-Other: hypersensitive

Blood Pressure:
Today's BP: 107/75 mm Hg
BP Goal: 130/80 mm Hg
JNC VIII Rec. BP Goals: < 140/90 mm Hg

Labwork:
Most Recent Lab Results:
LDL: 64 mg/dL 05/30/2018
HbA1c: : 12.6 % 10/23/2019
Microalbumin: 80 mg/L 05/30/2018

Additional Labs

Additional Labs 1:

Additional Labs 1 Entered By: Whitley Gattison (October 23, 2019 2:17 PM)

Hemoglobin A1C: 12.6 Normal Value: 4.6-5.7%

Impression & Recommendations:

Problem # 1: Peripheral neuropathy (ICD-356.9) (ICD10-G60.9)

Orders:
OFFICE 99213 EST 15 MIN (CPT-99213)

Problem # 2: Diabetes mellitus, type 2 (ICD-250.00) (ICD10-E11.9)

Her updated medication list for this problem includes:
Trulicity 0.75 Mg/0.5ml Subcutaneous Solution Pen-Injector (Dulaglutide) ..... Take 0.75 mg sq weekly
Januvia 50 Mg Oral Tablet (Sitagliptin phosphate) ..... Take one tablet by mouth daily
Glipizide 10 Mg Oral Tablet (Glipizide) ..... Take one tablet by mouth twice daily
Glucophage 1000 Mg Oral Tablet (Metformin hcl) ..... Take one tablet by mouth two times per day

Orders:
HEMOGLOBIN A1C (CPT-83036)
DRAWING FEE (CPT-36415)
HANDLING FEE (CPT-99000)
OFFICE 99213 EST 15 MIN (CPT-99213)

Medications Added to Medication List This Visit:
1) Trulicity 0.75 Mg/0.5ml Subcutaneous Solution Pen-Injector (Dulaglutide) .... Take 0.75 mg sq weekly
2) Clindamycin Hcl 300 Mg Oral Capsule (Clindamycin hcl) .... Take 1 by mouth 3 times a day x 7 days
3) Lyrica 75 Mg Oral Capsule (Pregabalin) .... 1 capsule bid by mouth
4) Lancets Thin (Lancets) .... Use as directed to check blood sugar
5) Wavesense Keynote W/device Kit (Blood glucose monitoring suppl) .... Use as directed
6) Wavesense Presto In Vitro Strip (Glucose blood) .... Check fsbs tid
7) Proventil Hfa 108 (90 Base) Mcg/act Inhalation Aerosol Solution (Albuterol sulfate) .... 2 puff by mouth every 4 hours as needed

Other Orders:
CBC With Differential/Platelet (CPT-85025)
Comp. Metabolic Panel (14) (CPT-80053)
Lipid Panel (CPT-80061)
TSH+Free T4 (CPT-84439)

Patient Instructions:
1) Stay away from all starches and fatty or fried foods. Recommend an ADA diet and The importance of monitoring blood sugar regularly was reviewed.
2) The importance of monitoring the HgBA1c level regularly was reviewed.
3) Patients understanding of instructions verified using the teach back method.
4) Please schedule a follow-up appointment in 2 weeks.

Process Orders
Check Orders Results (467699_165):
Laboratory: ABN not required for this insurance.
Tests Sent for requisitioning (October 23, 2019 3:07 PM):

10/23/2019: Laboratory -- CBC With Differential/Platelet [CPT-85025] (signed)
10/23/2019: Laboratory -- Comp. Metabolic Panel (14) [CPT-80053] (signed)
10/23/2019: Laboratory -- Lipid Panel [CPT-80061] (signed)
10/23/2019: Laboratory -- TSH+Free T4 [CPT-84439] (signed)

Medications:

TRULICITY 0.75 MG/0.5ML SUBCUTANEOUS SOLUTION PEN-INJECTOR (DULAGLUTIDE) take 0.75 mg SQ weekly #2 x 0
Route:SUBCUTANEOUS
Entered and Authorized by: Vicky Freeman Craig, FNP-C
Electronically signed by:Vicky Freeman Craig, FNP-C on 10/23/2019
Method used: Print then Give to Patient
Note to Pharmacy: Route: SUBCUTANEOUS;
RxID: 1887461769435970

PROVENTIL HFA 108 (90 BASE) MCG/ACT INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE) 2 PUFF BY MOUTH EVERY 4 HOURS AS NEEDED #1[Inhaler] x 2
Route:INHALATION
Entered and Authorized by: Vicky Freeman Craig, FNP-C
Electronically signed by:Vicky Freeman Craig, FNP-C on 10/23/2019
Method used: Electronically to
CSC Community Pharmacy* (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
Note to Pharmacy: Route: INHALATION;Route: INH;
RxID: 1887461621379360

CLINDAMYCIN HCL 300 MG ORAL CAPSULE (CLINDAMYCIN HCL) TAKE 1 BY MOUTH 3 TIMES A DAY x 7 days #21[Capsule] x 0
Route:ORAL
Entered and Authorized by: Vicky Freeman Craig, FNP-C
Electronically signed by:Vicky Freeman Craig, FNP-C on 10/23/2019
Method used: Electronically to
CSC Community Pharmacy* (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
Note to Pharmacy: Route: ORAL;
RxID: 1887461469330110

LYRICA 75 MG ORAL CAPSULE (PREGABALIN) 1 capsule BID by mouth #60 x 3
Route:ORAL
Entered by: Vicky Freeman Craig, FNP-C
Authorized by: Barbara Dawn Calhoun FNP
Electronically signed by:Vicky Freeman Craig, FNP-C on 10/23/2019
Method used: Print then Give to Patient
Note to Pharmacy: Route: ORAL;
RxID: 1887461469329910

LANCETS THIN (LANCETS) Use as directed to check blood sugar #100[Lancet] x 3
Entered and Authorized by: Vicky Freeman Craig, FNP-C
Electronically signed by:Vicky Freeman Craig, FNP-C on 10/23/2019
Method used: Electronically to
CSC Community Pharmacy* (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
RxID: 1887461216248610

WAVESENSE KEYNOTE W/DEVICE KIT (BLOOD GLUCOSE MONITORING SUPPL) Use as directed #1[Kit] x 0

Entered and Authorized by: Vicky Freeman Craig, FNP-C
Electronically signed by:Vicky Freeman Craig, FNP-C on 10/23/2019
Method used: Electronically to
CSC Community Pharmacy' (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
RxID: 1887461133209120

WAVESENSE PRESTO IN VITRO STRIP (GLUCOSE BLOOD) Check FSBS TID #100[Strip] x 3

Route:IN VITRO
Entered and Authorized by: Vicky Freeman Craig, FNP-C
Electronically signed by:Vicky Freeman Craig, FNP-C on 10/23/2019
Method used: Electronically to
CSC Community Pharmacy' (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
Note to Pharmacy: Route: IN VITRO;
RxID: 1887461133209020

GLUCOPHAGE 1000 MG ORAL TABLET (METFORMIN HCL) TAKE ONE TABLET BY MOUTH TWO TIMES PER DAY #60[Tablet] x 2

Route:ORAL
Entered and Authorized by: Vicky Freeman Craig, FNP-C
Electronically signed by:Vicky Freeman Craig, FNP-C on 10/23/2019
Method used: Electronically to
CSC Community Pharmacy' (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
Note to Pharmacy: Route: ORAL;
RxID: 1887468742290290

GLIPIZIDE 10 MG ORAL TABLET (GLIPIZIDE) TAKE ONE TABLET BY MOUTH TWICE DAILY #60[Tablet] x 2

Route:ORAL
Entered and Authorized by: Vicky Freeman Craig, FNP-C
Electronically signed by:Vicky Freeman Craig, FNP-C on 10/23/2019
Method used: Electronically to
CSC Community Pharmacy' (retail)
1268 South 4th Street
Hartsville, SC 29550
Ph: (843) 339-5530
Fax: (843) 339-5531
Note to Pharmacy: Route: ORAL;
RxID: 1887468742290210

Electronically Signed By:Craig, FNP-C, Vicky Freeman 2019-10-23

Electronically Co-Signed By:Charles RMA, Whitley 2019-10-23 4:57:PM

ENTERED

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

ALEXANDER

Employee Name	Payroll #:	Dept.#	Date of This Report
MARY DAVIS	22315		10/24/2019

Type of Report: ☑ COACHING/COUNSELING REVIEW (prior to disciplinary action) ☐ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report: ABSENT 10/24/2019

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☑ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY

☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TEAM MEMBER HAS 7 POINTS.

THIS WILL STAND AS A COACHING COUNSELING.

PROPOSED SOLUTION: IMPROVE ATTENDANCE

FUTURE ACTION If problem recurs: CORRECTIVE ACTION LEADING UP TO TERMINATION.

termination.

EMPLOYEE COMMENTS: Corrected Record w/ 7pts.

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Mary Davis 11-2-19
Employee's Signature Date

11-2-19
Supervisor Signature Date

Manager Signature Date

Plant Manager Signature Date

11/4/19
Human Resources Signature Date

ENTERED

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

ALEXANDER

Employee Name	Payroll #:	Dept #	Date of This Report
MARY DAVIS	22315		11/07/2019

Type of Report: ☐ COACHING/COUNSELING REVIEW (not a disciplinary action) ☑ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report: ABSENT 11/07/2019

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☑ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY ☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TEAM MEMBER HAS 8 POINTS.

THIS WILL STAND AS A VERBAL WARNING.

PROPOSED SOLUTION: IMPROVE ATTENDANCE

FUTURE ACTION If problem recurs: CORRECTIVE ACTION LEADING UP TO TERMINATION.

termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Mary Davis 11-12-19
Employee's Signature Date

Supervisor Signature 11-12-19 Date

Manager Signature 11/13/19 Date

Plant Manager Signature Date

Human Resources Signature 11/13/19 Date

ENTERED

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

ALEXANDER

Employee Name	Payroll #:	Dept.#	Date of This Report
Mary Davis	22315		1/9/20

Type of Report: ☐ COACHING/COUNSELING REVIEW (not a disciplinary action) ☐ VERBAL WARNING ☒ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report: TM absent on 11/17 (BWB)

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☒ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY ☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TM has accrued 9 pts. This serves as a Written Warning for attendance.

PROPOSED SOLUTION: Improved Attendance.

FUTURE ACTION If problem recurs: CORRECTIVE ACTION LEADING UP TO TERMINATION.

termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

x Mary Davis 1-9-20
Employee's Signature Date

Supervisor Signature 1/9/2020 Date

Manager Signature 1/16/20 Date

Plant Manager Signature Date

Human Resources Signature 1/16/20 Date

ENTERED

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

ALEXANDER

Employee Name	Payroll #:	Dept #	Date of TM1 Report
Mary Davis	22315		1/24/2020

Type of Report: ☒ COACHING/COUNSELING REVIEW (non-disciplinary action) ☐ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report:

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☐ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY ☐ MISCONDUCT ☐ GMP VIOLATION ☒ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TM punched late < 1 hr. on 1/10/20, 1/21/20, & 1/23/20

This serves as a Coaching for Performance points

PROPOSED SOLUTION: Improve punches and punctuality

FUTURE ACTION If problem recurs: CORRECTIVE ACTION LEADING UP TO TERMINATION.

termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Mary Davis 1-24-2020
Employee's Signature Date

Supervisor Signature 1-24-20 Date

Manager Signature 1/27/20 Date

Plant Manager Signature Date

Human Resources Signature 2/7/2020 Date

ENTERED

16:54

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

ALEXANDER

Employee Name	Payroll #	Dept. #	Date of This Report
Mary Davis	22315		3/11/20

Type of Report: ☐ COACHING/COUNSELING REVIEW (not a disciplinary action) ☒ VERBAL WARNING ☐ WRITTEN WARNING ☒ FINAL WRITTEN WARNING ☐ SEPARATION ☒ SUSPENSION

Indicate date & type of previous report: TM absent 3/10/2020

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☒ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY

☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TM has accrued 11 points. This serves as a Final Written Warning for Attendance w/ a 3 day suspension to be served on 3/17/20, 3/18/20, 3/20/20.

TM is to return to work on 3/21/20.

PROPOSED SOLUTION: Improve Attendance

FUTURE ACTION If problem recurs: CORRECTIVE ACTION LEADING UP TO TERMINATION.

termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Refuse to Sign
Employee's Signature Date

Supervisor Signature 3-17-20 Date

Manager Signature 3/17/20 Date

Plant Manager Signature Date

Human Resources Signature 3/17/2020 Date

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

Employee Name	Payroll #:	Dept #	Date of This Report
Mary Davis	22315	470201	7/2/2020

Type of Report: ☐ COACHING/COUNSELING REVIEW (note disciplinary action) ☐ VERBAL WARNING ☐ WRITTEN WARNING ☒ FINAL WRITTEN WARNING ☒ SEPARATION SUSPENSION

Indicate date & type of previous report: 3/11/20 Final w/ Suspension

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☑ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY
☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: Tm was absent on 6/28 for a total of 12 pts
10/14/19 - Coaching 7 pts 1/9/2020 - written 9 pts
11/7/19 - Verbal 8pts 3/11/2020 - Final 11 pts
2nd Final w/ Suspension 7/3, 7/6, 7/7
Return to work 7/9

PROPOSED SOLUTION: Abide by attendance policy, keep track of Absences

FUTURE ACTION If problem recurs: Further Disciplinary Action Up To Termination

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X _____
Employee's Signature Date

TM Refused to sign

Supervisor Signature Date

Manager Signature Date

Plant Manager Signature Date 7/2/2020

Human Resources Signature Date

7/2/20

FORM #1006 REV 02/17

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

Employee Name	Payroll #:	Dept #	Date of This Report
Mary Davis	22315	470201	8/4/2020

Type of Report: ☐ COACHING/COUNSELING REVIEW (non-disciplinary action) ☒ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report: TM last record was on 1/24/2020 a Coaching/Counseling Review.

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☐ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY ☐ MISCONDUCT ☐ GMP VIOLATION ☒ PERFORMANCE (1) Standards / Procedures 2) Behavior / Attitude (3) Other

COMMENTS: TM missed out punch on 7/14, no badge on 7/25 and was late on 7/28.

TM will be receiving a verbal warning for performance ponit.

PROPOSED SOLUTION: TM will improve on attendance and report to work as scheduled.

FUTURE ACTION If problem occurs: Any reoccurence of this type will result in futher disciplinary action leading up to termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Mary Davis 8-11-20
Employee's Signature Date

Supervisor Signature 8-11-20 Date

Manager Signature 8-12-20 Date

Plant Manager Signature Date

Human Resources Signature 8/10/2020 Date

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

Employee Name	Payroll #:	Dept.#	Date of This Report
Mary Davis	022315	317201	7/8/22

Type of Report: ☒ COACHING/COUNSELING REVIEW (not a disciplinary action) ☐ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report:

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☒ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY ☐ MISCONDUCT ☐ GMP VIOLATION ☐ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TM left early>15min on 7/8/22. TM has accrued 5 attendance points and will be receiving a coaching/counseling review for attendance.

PROPOSED SOLUTION: TM will improve on attendance and report to work as scheduled.

FUTURE ACTION If problem recurs: Any reoccurence of this type will result in futher disciplinary action leading up to termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

X Mary Davis 7-18-22
Employee's Signature Date

Supervisor Signature 7/18/22 Date

Manager Signature 7/18/22 Date

Plant Manager Signature 8/20/22 Date

Human Resources Signature Date

FORM #1008 REV 02/17

Ruiz FOODS

EMPLOYEE COUNSELING RECORD

Employee Name	Payroll #:	Dept.#	Date of This Report
Mary Davis	022315	318201	10/31/22

Type of Report: ☐ COACHING/COUNSELING REVIEW (not a disciplinary action) ☒ VERBAL WARNING ☐ WRITTEN WARNING ☐ FINAL WRITTEN WARNING ☐ SEPARATION ☐ SUSPENSION

Indicate date & type of previous report: 1/14/22coaching

Please check mark(s) and explain below. Attach supporting documentation

Nature of problem: ☐ ATTENDANCE ☐ SAFETY VIOLATION ☐ VIOLATION OF COMPANY POLICY ☐ MISCONDUCT ☐ GMP VIOLATION ☒ PERFORMANCE (1) Standards / Procedures (2) Behavior / Attitude (3) Other

COMMENTS: TM received citations on 10/19,10/27and 10/31 for clocking in <15min after your scheduled shift and long lunch. TM will be receiving a verbal for performance.

PROPOSED SOLUTION: If absent or late TM is required to give notice by phone prior to the start of the shift. 843-758-6649 ext 2803

FUTURE ACTION If problem recurs: Any reoccurence of this type will result in futher disciplinary action leading up to termination.

EMPLOYEE COMMENTS:

My signature below merely signifies that I have read and understand the above report, and that I have received a copy of it.

XMary Davis 11-7-2022
Employee's Signature Date

Supervisor Signature 11/7/22 Date

Manager Signature 11/8/22 Date

Plant Manager Signature Date

Human Resources Signature 11/11/22 Date

FORM #1008 REV 02/17

Mary Davis - 022315 - Ruiz Food Products, Inc.

Termination Information

Name	Mary L Davis
Status	Terminated
SSN	
Employee number	022315
Time clock	029211
Terminated	02/20/2023
Last day worked	02/15/2023
Pay through	02/28/2023
Termination reason	VIOLATION OF COMP POLICY
Type	Involuntary
Home company	Ruiz Food Products, Inc.
Eligible for rehire	No
Notes	TM was seen on several occasions willfully destroying and throwing away company product. Not eligible for rehire

Henry McMaster
Governor

Kevin A. Shwedo
Executive Director

State of South Carolina
Department of Motor Vehicles

May 6, 2020

BAKER TANGE MCANGUS GOUDELOCK & COURIE LLC
PO BOX 7489
FLORENCE, SC 29501

Subject: Disabled Placard Information

Dear Customer:

This will acknowledge your recent correspondence to this department requesting disabled placard information. According to our records, placard number 604901D is a permanent placard, belonging to MARY LISA DAVIS, was issued on 01/23/2017 and will expire on 05/08/2021. DOB

If you have any questions, please contact us at the number listed below.

Customer Service Unit (803) 896-5000
SC Department of Motor Vehicles
PO Box 1498
Blythewood SC 29016-0024

Customer No. 22955926

/ADV

CUSTOMER PRODUCTS INQUIRY

Cancel | Previous | Next | Finish

—> PRODUCTION ENVIRONMENT <—

Customer Number 22955926
Customer Name DAVIS,MARY LISA
Address
City, State, Zip FLORENCE, SC,
DOB
Product Type PERM PHOTO PLACARD

Plate	Plate Class	Plate Status Desc	Plate Status Date	Issue Date	Expiration Date	VIN	Buyer/Seller
604901D		ACTIVE	01/23/2017	01/23/2017	05/08/2021		

415
196

Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

Customer Service Delivery Director

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File Nos.: 1923627 & 2223041
MARY L. DAVIS, Claimant/Appellant, v. RUIZ FOOD PRODUCTS, INC., Employer, and SAFETY NATIONAL CASUALTY CORPORATION, Carrier, Defendants/Respondents.	**APPELLANT'S BRIEF TO THE FULL COMMISSION**

STATEMENT OF THE CASE

Ms. Mary Davis sustained an admitted injury on November 16, 2019 when she fell on a wet floor and was taken by ambulance to the emergency room. She was referred for authorized treatment with McLeod Occupational Health where she was treated by Dr. Stuart Sandler. Throughout the course of treatment from December 2019 to September 4, 2020, and in his opinion letter of June 19, 2021, Ms. Davis was treated and diagnosed with the following: low back pain, contusion of left hip, **cervicalgia**. (Cl. APA pp. 31-51). In his opinion statement, Dr. Sandler stated that to a:

> "reasonable degree of medical certainty, all the problems for which we have treated her in reference to her knee, hip, low back, and **neck** are causally related to and are either directly or were preexisting asymptomatic problems that were aggravated by the original work-related injury which occurred on November 16, 2019."

The first Commission Order issued on June 8, 2021 addressed only and ordered the Defendants to provide evaluation and treatment for the left hip, leg and knee by a local orthopaedist. (Comm'r Taylor Order, 06/08/21). Subsequently in the March 17, 2023 Form 50 after refusal to provide care, Ms. Davis requested that the Commission order the Defendants to provide medical care for her upper and lower back and for her left hip and knee through her authorized treating physicians, Dr. Alan and Dr. Chokshi. (Cl. APA, 03/17/23).

In her Form 50, Ms. Davis noted that on November 4, 2022 while working for the employer under light duty restrictions of "sedentary work only", another incident occurred at work when she was assailed by a fellow worker mostly trying to hug her but which involved grabbing and pulling her by both of her hands, and pushing and pulling her with her trying to get away from the other employee.

After a Pre-Hearing Conference before the scheduled June 20, 2023 hearing, Commissioner Wilkerson opined that the second incident that occurred on November 4, 2022 constituted a separate injury by accident and required a separate Form 50 be filed concerning that incident so that all issues may be before the Commission and quoting:

> "as to whether or not the claimant's current problems and request for medical care and benefits stem from the **first accident, the second accident, or a combination of the two**"

and ordered that after the filing of the Forms 50/Form 51, this matter was to be reset for hearing before the Jurisdictional Commissioner. (Comm'r. Wilkerson Order, 07/11/23).

Per the direction of Commissioner Wilkerson, on June 27, 2023 Ms. Davis filed a separate claim for benefits due to the November 4, 2022 accident and requested the same relief, that being medical evaluation and treatment for her neck, back, and hip, leg, and knee and such other bodily parts as were determined to be causally related. In addition, Ms. Davis requested temporary total disability benefits from the date she was terminated on February 20, 2023, to continue until released at maximum medical improvement. (Form 50, 06/27/23).

The two claims came to be heard by Commissioner Taylor on September 27, 2023. **Almost exactly four (4) months later** on January 23, 2024, the Commissioner issued the following Order Instructions:

> "1. Per Order of this Commission, claimant sustained compensable injuries to her left knee, left hip, and low back.
>
> 2. Claimant has been receiving authorized causally related medical treatment at the direction of the defendants.
>
> 3. Dr. Alan issued claimant light-duty work restrictions, which the employer was able to accommodate.
>
> 4. The claimant was ultimately terminated after being 'observed throwing food away, which was against company policy'.
>
> 5. I find that but for claimant's work policy violation, her light-duty work restriction would

have continued to be accommodated. Claimant's testimony that she and other employees always throw food away without discipline is unpersuasive.

6. I find claimant is not entitled to TTD benefits. See Pollock.

7. I find defendants are to continue provide medical treatment in compliance with the prior Orders of the Commission and the Act.

8. No penalties or hearing costs are assessed."

(Order Instructions, 01/23/24).

On March 18, 2024, Defendants' Counsel having noted that the Commissioner had not addressed all the issues before her, wrote a letter requesting further instructions. Quoting:

"First, at the September 27, 2023 hearing, you said you would analyze whether portions of Shanda Blackwell's deposition testimony, as well as emails submitted by the claimant, were hearsay, and indicate your Findings in the Order Instructions. No indication was made in the Instructions.

Second, one of the issues at the hearing was the compensability of the claimant's alleged November 4, 2022 assault. The Order Instructions do not contain any Findings on the compensability of that alleged accident."

Having heard nothing from the Commissioner again on **May 15, 2024**, Defendants' Counsel again sought the direction of the Commissioner in reference to those issues.

Again, on July 1, 2024, Defendants' Counsel sent a copy of the March 18th letter regarding the Order Instructions and the failure to rule on certain issues. The response from the Commissioner's office was:

"Good afternoon. Commissioner has this but I don't have any information at this time. I will remind her of this. Sorry for the delay...".

Note: while Ms. Davis takes the position that there are multiple issues upon which the Commissioner did not rule, the Defendants take the position that she did not rule on two (2) specific issues before her for decision, and thus the parties agree and it is uncontested that the Commissioner did not rule on issues before her for decision.

On July 11, 2024, the Commissioner having not entered an Order in over ten (10) months since the hearing, Ms. Davis filed a Complaint in the Circuit Court requesting a Writ of Mandamus and a Writ of Prohibition.

On July 19, 2024, Appellant's Counsel inquired whether or not the Commission would accept service and provided a "**courtesy copy**" of the pleadings that had been filed in the Circuit Court. (Email to Executive Director, in Commission's file).

On July 29, 2024 without contact with either party, Commissioner Taylor unexplainedly and suddenly issued an Order.

Ms. Davis's Counsel then filed an Amended Complaint asking for a Writ of Mandamus and Writ of Prohibition prohibiting the Commissioner from issuing an Order on Appellant's Motion for Reconsideration, to which a Return was filed and then the Commissioner issued an Order before a hearing on the Complaint in October 2024 rendering the Complaint and the request for a Writ of Prohibition and Mandamus moot. (Comm'r. Taylor Order, 10/03/24).

Based on the testimony and evidence submitted at the hearing, the Record establishes that as her authorized treating physicians increased her restrictions, the Employer changed her multiple times into various new lighter duty jobs in an effort to provide light duty work within the restrictions issued. At the time of the November 4th incident, Ms. Davis was under work restrictions more stringent than those placed on her by Dr. Alan, from Dr. Chokshi of "sedentary work only". The Employer sought to address her "sedentary work only" restrictions by providing her a stool on the line and allowing her to work at a table where her job was to **throw away** bad product. Testimony at the hearing is uncontested that this was normally a job performed by the employees working on that line and that machine and was a special light duty job that was created where all she had to do was sit and **throw away** product. The testimony at the hearing is also uncontested and undenied that she was instructed by her supervisors that she was to "**throw away**" any product that had gotten cold. (Tr. p. 25, l. 21 - p. 26., l. 22). Ms. Davis testified that up until the November 4th incident the other employees working on the machine where she worked had helped her to keep up with the pace of production and assisted in sorting through and "**throwing away**" bad product. After the November 4th incident and it being reported, Ms. Davis's testimony is uncontested that she was not provided assistance in doing that

sedentary light duty job which required her to keep up with the demands of the production line.

Jonathan Holder testified, on behalf of the Defendants, that the basis for her termination was that she was throwing away product, including cold product. He acknowledged that her job in the light duty capacity was to throw away bad product. He also confirmed that the Plant throws away 1-2 truckloads a day of bad product. He testified that he reviewed video tape of Ms. Davis doing her job and based on her being observed on several occasions throwing away batches of product, she was terminated.

Mr. Holder also acknowledged in his testimony that he did not know the policy for what products should be thrown away and did know that bad product included cold product. He could not either confirm or deny Ms. Davis's testimony that she had been told by her supervisors and everyone on the line in management to keep the table clear and not stacked up. (Tr. p. 87, ll. 5-19). He only watched the video, never watched video on anyone else. There is no evidence of meetings with Ms. Davis concerning why she was throwing away the product she threw away. (Tr. p. 87, ll. 3-19; p. 94, l. 25 - p. 95, l. 24).

In reference to the incident, Ms. Opal Jones' and Ms. Shanda Blackwell's deposition transcripts were placed into evidence. Both of those depositions confirmed that an incident occurred on November 4th but the other person involved in the

incident, Mr. Eugene, stated that he was simply trying to hug her and it involved a hugging incident. Another witness confirmed Ms. Davis's testimony in that Ms. Davis was either bumped or knocked into her as a result of the incident. The witness stated that Ms. Davis bumped into her. She also stated that she thought that Mr. Eugene and Ms. Davis were kidding around.

Ms. Shanda Blackwell, both in her deposition, and her email found at p. 53 of the Appellant's APA Submissions, confirmed that she had had a conversation at the request of Ms. Mary Davis and that both she and Vennie had spoken with the TM (Team Member) in the South Safety Office and that she had told them at that time her doctor had instructed that she needed to ask them about authorizing her to get an MRI done on her neck after she was assaulted last week by another TM. She also advised them that she had given the paperwork from her doctor to the Safety Tech on the day before. Ms. Opal Jones confirmed that she took the statements from the employees and was aware of the incident on the night that it occurred. No evidence was placed into the Record concerning the policy of the company for termination of an employee for throwing away product.

While previous company policy violations involving attendance or checking in or coming in late were made a part of the Record, there is absolutely no company policy or any other

company policies referred to in the company record under notation of termination placed into the Record by the Respondents at p. 194 of their APA Submissions and the only notation was "violation of company policy" (again, no policy specified), and then in the notes it states that she was terminated for being seen on several occasions willfully destroying and throwing away company product. Again, there are no guidelines nor was there any discussion with the Claimant as to her light duty job which was to throw away product as to what product should or should not be thrown away or any communication with her as to why she was throwing away the product seen on the video. Again, there was no dispute to what the Appellant was told as to what product was to be thrown away by her supervisors in her light duty job. The job was to destroy and throw away company product that was unusable.

Ms. Davis filed for unemployment. The appeals tribunal found as a fact in sustaining the claim for unemployment, that Ms. Mary Davis, stated under oath that she:

> "was told she was discharged for throwing away company product. The claimant also maintained she was responsible for inspecting the tortillas after they were cooked and dispose of ones that did not meet the employer's quality standards. She maintained that she did not discard tortillas that met the criteria to be used as she was trained."

Again, Mr. Holder did not dispute her statements as to her understanding and her training as to the tortillas that were to be disposed of.

In her decision, Commissioner Taylor, in addition to the eight (8) instructions, made an additional twelve (12) Findings of Fact not recorded anywhere in the Record or in her Notes for Decision. In addition, the Notes for Decision did not contain any references to the Record and specifically Findings of Fact #2, #6, #7 and #8 contain absolutely no reference to the evidence submitted in the case or any basis for those alleged Findings of Fact.

ARGUMENTS

I. THE HEARING COMMISSIONER DID NOT MAKE FINDINGS OF FACT AND ADDRESS ALL THE ESSENTIAL ISSUES BEFORE HER FOR DECISION, WHICH REQUIRES THAT THIS MATTER MUST BE REMANDED FOR A NEW HEARING.

Way before the advent of all the statutory requirements that the Commission make detailed Findings of Fact and Conclusions of Law, the Supreme Court had held that it is the Commission's sole responsibility to determine factual issues and that:

> "Such duty requires that not only must Findings of Fact be made upon **essential factual issues** but they must be sufficiently definite and detailed to enable the Appellate Court properly to determine whether the Findings of Fact **are supported by the evidence** and that law has been properly applied to them." Drake v. Raybestos-Manhattan, Inc., 341 S.C. 116, 127 S.E.2d 288 (1962).

Of course, §42-17-40 has always required that the Award has to contain Findings of Fact, Rulings of Law, and set forth other matters pertinent to the questions at issue. The Legislature has added to that the requirements of the APA under §1-23-350 that

all administrative agencies are required to make detailed Findings of Fact and Conclusions of Law which statute requires in addition that if a Finding of Fact is set forth in statutory language, that it shall be accompanied by a concise and explicit statement of the underlying facts supporting the Finding. Thereafter for whatever reason the General Assembly also added §42-9-5 which requires that any Award must be based upon specific and written detailed Findings of Fact substantiating the Award. While there is a plethora of cases by the Supreme Court and Court of Appeals that where a Commission Decision does not comply with this requirement of detailed Findings of Fact that the case will be reversed and remanded, one case will be cited here; Hill v. Jones. In Hill, the Hearing Commissioner had found that the claimant failed to establish his right to compensation. On appeal, the majority of the Full Commission made the following statement in reversing that decision:

> "In the absence of any medical testimony to the effect that claimant had a history of suffering from physical seizures and since there is so much controversy as to how claimant fell, it is the opinion of the majority of the Commission that the basic purpose of the Workers' Compensation Act is to include injured workmen within its protection rather than exclude them."

The Supreme Court in reversing and remanding the case for a more "definitive" Finding, noted that the majority of the Commission contained only "brief references to the testimony and no reasons were stated for the factual Finding that the claim was

compensable." The Court then went on after further criticism of the lack of a factual basis for its decision, the Court held that:

> "The vice in this award, **which we here disapprove** is that the quoted statement, in the absence of further factual or legal clarification of the basis for the ultimate finding of compensability, creates a substantial question as to whether the majority of the Commission applied the correct rule of law with reference to the burden of proof."

The Court then remanded the case to the Commission:

> "for the purpose of making a decision or award which will clearly reflect its findings in accordance with the greater weight of the preponderance of the evidence."

The Hill decision is most instructive because after remand it was again taken up to the Supreme Court. On remand, the Full Commission again affirmed the Award of benefits to the injured worker and that decision was affirmed by the Circuit Court. On appeal to the Supreme Court, the Supreme Court also this time affirmed the Award. This time the Court found the Commission fulfilled its statutory duty and made a "specific Finding of Fact" that it had reviewed all the transcript testimony and the other evidence available and based on that review of the conflicting evidence they found that the claimant had established by a preponderance of the evidence that he was entitled to an award of benefits. Hill v. Jones, 260 S.C. 183, 194 S.E.2d 888 (1973).

The Commission need to look no further than the Commissioner's Order Instructions **wherein she makes absolutely no reference to any of the testimony or evidence presented**. She does not even refer to the testimony, the APA Submissions, nor the deposition testimony presented to her even "generically"; for example, that I have reviewed the deposition testimony of Shanda Blackwell and find etc., etc., or I have reviewed the testimony of Jonathan Holder and find etc., etc.

If the Commission chooses or feels like it needs to go beyond her failure to make detailed Findings of Fact and Conclusions of Law in her Order Instructions in the very Order that she issued herself **after defense counsel brought to her attention repeatedly that she had not made decisions in her notes on several issues** before her for decision, the Order does not contain references to the evidence upon which her Findings of Fact are made. After reciting those same eight (8) Order Instructions, the Commissioner makes twelve (12) additional Findings of Fact that are nowhere stated anywhere in the Record during the over ten (10) months after the hearing and not referred to in her original Order Instructions, nor had the Commissioner even responded to the numerous requests between January and July from defense counsel to make Findings of Fact on issues which she had not addressed.

Further, in reference to the Order itself, first in reference to the first eight (8) Findings of Fact which are simply a restatement of the Order Instructions, under Finding of Fact #2 she states that the claimant is receiving authorized causally related medical treatment at the direction of the Respondents. In reference to Dr. Alan, there is no evidence they were providing the medical care Dr. Alan recommended. The Record is replete with requests by both Ms. Davis and her Counsel and Dr. Alan's office for authorization. Here again, the Commissioner does not cite to any evidence and she does not make any detailed Findings of Fact supporting that Finding of Fact. The evidence is actually to the contrary. In Finding of Fact #3 she refers to the employer accommodating Dr. Alan's light duty restrictions, but **there is absolutely no reference to Dr. Chokshi's work restrictions, which are the work restrictions under which she was working at the time of the incident on November 4, 2022, and at the time of her termination in February 2023**.

In Finding of Fact #6, she makes the blanket statement:

> "that but for the claimant's work policy violation that light duty restrictions would have continued to be accommodated and that the claimant's testimony was unpersuasive"

is made without any reference to any factual basis for that. In fact, it is contrary to Ms. Davis's testimony. Ms. Davis's testimony was that she had been given this specific job and it was agreed that she had been given a specific made up job to where she

was allowed to sit to meet the "sedentary work only" accommodations and to throw away bad product. Her testimony is uncontested that as part of that she was instructed to throw away cold product as being unusable. There is no reference to that testimony or to the other under-oath testimony of Ms. Davis found at APA p. 72 before the Dept. of Employment and Workforce in reference to unemployment benefits wherein she testified that she was terminated for throwing away company product but that she had not discarded any tortillas that did not meet the criteria that they could be used as she was trained.

Again, in Finding of Fact #9 the Commissioner alleges that Ms. Davis in reference to the second accident of November 4th alleged that she had been "assaulted by a co-worker". She then under Finding of Fact #14 states that Ms. Davis never filed a police report regarding the alleged assault. A review of Ms. Davis's statement found at p. 54 of the Claimant's APA Submissions establishes that she never alleged that there had been an assault. She made simply an allegation that she was approached and was grabbed and aggressively pushed so that she hit another team member trying to get away, then he stopped and walked off. In other words, it was a grabbing and pushing incident, not an allegation of assault. The only reference made by anyone is by Shanda Blackwell found at APA p. 53 in an email where she uses the words "that Ms. Davis was assaulted last week". In her deposition,

Ms. Blackwell confirmed that she did not consider the incident to be an assault and the company which would have reported it had it been an assault, did not report the incident. None of this evidence is referred to and again, Finding of Fact #9 does not even contain a reference to any testimony but simply Ms. Davis's allegation of an assault. In fact, in her Form 50 requesting a hearing on the November 4th incident, she described the accident as follows:

> "Fellow employee suddenly, grabbed, pulled, and pushed Ms. Davis in hallway area."

Again, there is no reference to an assault.

The Commissioner simply failed to make detailed Findings of Fact and/or citing to the evidence either by transcript page number, deposition page number, or APA Submission page number, or even generically; to the deposition testimony of; the hearing testimony of; or the APA Submissions of. This case must be reversed and remanded for a new hearing.

II. THE HEARING COMMISSIONER ERRED BY NOT AWARDING THE APPELLANT TEMPORARY TOTAL DISABILITY BENEFITS ON THE BASIS OF POLLOCK v. SOUTHERN WINE & SPIRITS OF AMERICA.

It is axiomatic under every decision in the Supreme Court and Court of Appeals that the law is to be liberally construed in favor of providing benefits to the injured worker and any decision to the contrary is to be "strictly construed" and limited to that set of facts. The Supreme Court and Court of Appeals have always, always been very careful to make sure when

they either deny benefits, reverse and deny benefits, or affirm a decision denying benefits that they limit their decisions to that particular set of facts. For example, in reference to the idiopathic fall concept, the Supreme Court and Court of Appeals has specifically held that:

> "As an exception to workers' compensation coverage, the idiopathic doctrine should be strictly construed." Barnes v. Charter One Realty, 411 S.C. 391, 768 S.E.2d 651 (2015); Foran v. Murphy USA, 420 S.C. 377, 803 S.E.2d 311 (SC App. 2017).

In Pollock, there was a specific written policy that was violated by Mr. Pollock. That company policy stated that:

> "all accidents and incidents with a vehicle must be reported, whether or not there is damage to the company vehicle, another vehicle, or other property"

and that:

> "all accidents in a company vehicle, at fault or not, must be immediately reported to the driver's supervisor. Failure to report an accident will result in immediate termination." (Emp. add.)

Mr. Pollock did not report the accident and the specific written policy **which was put into evidence** required immediate termination. Thus, just as in an idiopathic fall situation, a denial of benefits is to be strictly construed and limited to very specific facts. If one agrees with the Pollock decision, the Commission should not expand that beyond the dictates of the Pollock Court wherein they found specifically that the violation of a strict, written policy that required termination justified

the non-payment of temporary total disability benefits in a light duty situation.

That is simply not the case here. In this case, it is agreed that Ms. Davis's light duty, sedentary work only restricted job was to throw away product. She testified that under her Supervisor's instructions that she was trained to throw away, in addition to the other broken, burned, or otherwise bad product that she was to throw away cold product because it was not usable. Mr. Jonathan Holder testified that he did not know what she was instructed, but agreed that it was the company policy in reference to cold product that it should be thrown away. There was no hearing or meeting concerning a review of the video for her having thrown away product as to whether or not product that was being thrown away was thrown away in accordance with company policy. **There was no written policy placed into evidence concerning what product was to be thrown away or what the policy was in reference to disciple for throwing away product**, unlike Pollock. It was specifically agreed and stated that the basis for Ms. Davis's termination was that she was throwing away company product.

Not only did the Defendants not present a written company policy that was violated and only made the blanket statement that she had thrown away product, but her testimony before the Unemployment Security Commission was not contested there as

well, and similarly to her testimony at hearing in that unemployment hearing, she testified that she was throwing away product in accordance with her training. (Cl. APA, pp. 72-73). The Unemployment Administrative Hearing Officer specifically noted that "although duly notified of the hearing, the employer did not appear and provide any testimony". He noted "the claimant has consistently denied any wrongdoing and insists she was following her rework training". Thus, not only in this Transcript but in the Transcript from the Unemployment Commission hearing the Defendants submitted no evidence of a written policy that was violated or contested the facts of her testimony that she was throwing away product in accordance with her training.

The Pollock decision should be strictly construed since it serves as a basis to deny benefits to an injured worker making them a charge on society while disabled, instead of a liberal construction in favor of benefits to the injured worker which is the law as dictated by the Supreme Court in reference to its decisions in granting benefits versus denying benefits and achieving one goal of the Act to prevent the injured worker from becoming a charge on society. **The burden is placed on the carrier not the tax payer during the disability.** The Pollock decision simply does not apply to the facts in this case.

Further, the Pollock decision is an exception to the provision of benefits based on the disability of the injured worker to do work and must be strictly construed as an exception to that overriding and general policy and provision of the Act. SC Code §42-1-120 provides that disability is defined and means the "incapacity **because of injury** to earn the wages which the employee was receiving at the time of injury in the same or in any other employment. It is uncontested that at the time of termination that Ms. Davis was in not her regular position in which she was earning wages, but she was in an accommodated light duty made up position. So, the question as a matter of law is: was the injured worker suffering from a disability or incapacity to earn wages caused by the injury at that time? It does not matter whether the employee was incarcerated; it does not matter if the employee fell asleep on the job; it does not matter if the employee was pregnant; it does not matter if the employee went back to school; it does not matter if the employer decides to close the plant; or the employee was going to retire two weeks after the injury; or that the employee moved out of state. The question is whether or not the claimant was under medical care and was at the time in question suffering from an incapacity to do work caused by the injury entitling them to weekly compensation benefits. Ms. Davis was suffering from an incapacity to do work at the time that she was terminated and

was not released to do her **regular** duty job and she was under medical care. Thus, it does not matter **why the employer chose** to stop providing light duty employment during the disability and before the claimant was released from medical care. She either needed to be released back to her regular job or to a permanent disability. Since Pollock stands for a contrary position to that law, that decision is to be strictly construed and limited to the facts of that decision. Again, there was no written policy put into evidence or even stated specifically as to what the policy of the company was for throwing away product. Unlike Pollock, there was no review process; there was no suspension; there was no investigation, nor any of that. Here, they simply looked at video tape, saw her throwing away product and without checking as to whether or not that was in accordance with training and as to whether or not it was in accordance with company policy and any investigation as to why she was throwing away that product; they simply used that as a basis for terminating her even though her job, again her job, in a light duty sedentary capacity was to sort and throw out bad product. The Hearing Commissioner erred by not awarding Ms. Davis temporary total disability benefits.

III. **THE HEARING COMMISSIONER ERRED BY NOT PROPERLY ADDRESSING AND ORDERING THE DEFENDANTS TO PROVIDE MEDICAL CARE, FIRST IN REFERENCE TO THE KNEE, LEG, AND HIP; AND/OR THE BACK, ESPECIALLY THE NECK.**

The Commissioner did not adequately address this issue and any Statements set out as Findings of Fact are totally unsupported by and contrary to the evidence. First, in reference to further treatment by Dr. Alan in reference to the knee and hip, the undisputed evidence establishes under Claimant's APA Tab 5, p. 52 that Beverly Gilliard of McLeod Health on March 16th confirmed that she had spoken with their workers' compensation department concerning authorization for the February 27th treatment and that it had not been obtained and that "**multiple attempts were made without a response from the adjuster**." On February 17th, Claimant's Counsel requested authorization. (Cl. APA p. 65). Again the day before treatment, February 27th, email marked "**URGENT**" "Please make sure authorization is in place.". (Cl. APA p. 64). Then again Defense Counsel's legal assistant on April 11, 2023, was sent a confirmation email by Ms. Davis's Counsel following up with the Defendants concerning multiple prior requests for authorization for the treatment by Dr. Alan. (Cl. APA, p. 55). Dr. Alan had gone ahead and seen Ms. Davis on February 27th and provided another injection in her left knee according to his previous recommendations and recorded as her primary diagnosis: chronic pain left knee; left hip pain; work related injury. (Cl. APA p. 5). There is absolutely no reference

by the Commissioner to the Record in reference to failure of the Defendants to provide this medical care with only a blanket statement that the Defendants are providing medical care, which is not true based on the evidence submitted. **The Commissioner totally ignored or did not review the evidence**.

In reference to the neck, Dr. Rashed Chokshi and PA Laura Strickland issued an opinion that by history the neck problems became in need of treatment following the November 2022 event, stated the opinion that she was not at maximum medical improvement and that they were awaiting approval for the MRI and follow-up care. As previously stated in the Statement of the Case, **ever since** and beginning after the first accident on November 16, 2019, Ms. Davis carried as one of her diagnoses cervicalgia and the upper back/neck was a part of her body that was treated as stemming from the accident. Dr. Stuart Sandler of McLeod Occupational Health issued an opinion stated to a reasonable degree of certainty that the problems that she was having with her knee, hip, low back, and neck were causally related to and either directly or were preexisting asymptomatic problems that were aggravated by the original work-related injury which occurred on November 16, 2019. In McLeod Occupational's first report, 12/3/2019, recorded a history that "Mary's primary problem is pain located in the **neck**, low back, and left hip". (APA p. 50). On April 16, 2020, Dr. Sandler ordered an MRI without contrast of the

cervical spine. (Cl. APA, p. 43). Commissioner Taylor, in her previous Order of June 7, 2021, addressed only the issues before her which were the Appellant's Form 50 requesting evaluation and treatment for the left knee and hip by Dr. Alan, and Defendants' Motion to Compel to attend an evaluation of the left knee and hip in Columbia which she denied and ordered that evaluation and treatment be provided by the local orthopaedist, Dr. Rodney K. Alan. (Cl. APA, p. 67). Thus, the Hearing Commissioner failed to address by even making Findings of Fact or citing to any of the evidence in reference to the Respondents' failure to provide medical care for the hip and knee, and that the adjuster after "multiple attempts" had failed to authorized that care. In reference to the neck, she failed to make any reference to any of the medical care that had been previously provided or recommended for the neck, **including the MRI, that was requested by** Dr. Sandler, **Dr. Sandler**, on April 16, 2020 and only referenced the one visit with Dr. Chokshi in April 2023 when he recommended **also and again** an MRI of the cervical spine. The Commission should either address this or remand these issues for decision at hearing.

IV. THE HEARING COMMISSIONER FAILED TO COMPLY AND LIMIT HER DECISION IN THE DICATES OF COMMISSIONER WILKERSON'S ORDER.

Commissioner Wilkinson's Order after requiring a separate Form 50 be filed for the second incident of November 4, 2022

stated that after the Form 50 was filed that a hearing was to be reset so that all issues may be before the Commission:

> "as to whether or not the claimant's current problems and request for medical care and benefits stem from the first accident, the second accident, or a combination of the two".

The Hearing Commissioner in her original eight (8) Order Instructions recited verbatim the Order, which do not give any evidentiary references, do not in any way address any of these issues. In her Order filed six (6) months after her Instructions and only after a Circuit Court action was filed to prohibit her from issuing a belated Order, contains twelve (12) additional Findings of Fact. However, nowhere in those does she address the evidence in the Record of the diagnosis and medical care provided after the 2019 accident for Appellant's upper body/neck including the MRI that was requested back then and whether her problems stem from the first accident. Nor does it refer to whether or not her current problems stem as a combination of the two accidents and in those she does not note a Finding of Fact on whether her problems stem from the second accident alone. The additional Findings of Fact that the Commissioner decided to make sometime (presumably after the Complaint was filed in July 2024 since there was no previous Notes to the parties on these Findings and no response to Defendants' Counsel concerning his request for additional Findings), do not actually address whether the problems she was having stem from the second accident. While attacking all of the

Claimant's evidence (actually leaving out some) in those Findings, she actually does not ever make a decision that her current problems do not stem from that incident. The Claimant would ask the Commission to remember that the witness to the incident; the party that grabbed Ms. Davis, Mr. Eugene; and the emails and records from the employer all agree that something happened that day. Mr. Eugene and the witness's statement both say they were playing and he was hugging her.

There is no question that Dr. Chokshi, after evaluation determined that she needs an MRI and needs treatment for the upper back and neck.

The Appellant in the Form 50 requested medical care as prescribed by the authorized treating physicians due to the November 16, 2019 accident. The Appellant would ask the Commission to note the diagnosis of problems with the upper back and neck, cervicalgia following that injury, and also Dr. Sandler's request for an MRI of the neck back then. At the first hearing before Commissioner Taylor, Respondents admitted the back but were challenging the evaluation and treatment for the left knee and hip.

In her Form 50 in reference to the November 4, 2022 work-related event, the Appellant alleged that this was simply an aggravation of pre-existing injuries or constituted a worsening to the injuries to the same body parts, specially including the

Appellant's neck and back "as were injured in the initial November 16, 2019 accident". The Commissioner simply did not address in her Findings of Fact or in her Notes for Decision **or in any way** whether or not her current problems, which Dr. Chokshi found to need treatment in reference to the cervical spine stem from the original injury, stem from the November 4th incident, or from a combination of both. Commissioner Wilkerson's Order was the law of the case and those issues which were presented to the Hearing Commissioner for decision were not addressed. The Commission should either award the medical care or remand this case for a hearing on all these issues which were not addressed by the Hearing Commissioner.

V. **THE HEARING COMMISSIONER ERRED AS A MATTER OF LAW AND FACT IN MAKING ORDER INSTRUCTION #1 AND FINDING OF FACT #1 IN THE ORDER, IN THAT THERE IS NO PRIOR ORDER FINDING THE CLAIMANT SUSTAINED COMPENSABLE INJURIES TO HER KNEE, LEFT HIP AND LOW BACK.**

The Record will show that the Defendants had provided authorized medical care for the Claimant's left knee, left hip, low back and neck after the first accident, **and that** the only Order in reference to body parts for which benefits have been ordered to be provided is the Order of June 7, 2021 **which only addresses the left knee and left hip** which was the subject of that hearing.

VI. **THE HEARING COMMISSIONER ERRED AS A MATTER OF LAW AND FACT IN MAKING ORDER INSTRUCTION #2 AND FINDING OF FACT #2 IN THE ORDER OF JULY 29TH AS THE FINDING OF FACT IS WRONG.**

One of the "essential issues" for decision at the hearing in both of these claims is because the Defendants had failed; and at the hearing admitted they had refused, to provide further medical care for the Claimant's left hip and leg and also to provide medical care for the Claimant's neck and back. **There is absolutely no evidence in the Record that the Defendants were providing causally related medical care at the time of the hearing.**

VII. **THE HEARING COMMISSIONER ERRED AS A MATTER OF LAW AND FACT IN MAKING GENERAL ORDER INSTRUCTION #3 AND FINDING OF FACT #3 AS IT IS INACCURATE AS A MATTER OF FACT AND AS A MATTER OF LAW.**

Following Dr. Alan's original work restrictions the Record will show that Dr. Chokshi continued to make ever increasing restrictions and is the doctor that restricted her to "sedentary work only". This Finding of Fact is, as are Findings of Fact #1 and #2, totally inadequate based on the requirement that the Commissioner make detailed Findings of Fact that are sufficiently definite and detailed enough to allow for Judicial Review including the factual review by the Full Commission. There is no citation to the evidence nor to the actual work restrictions of Dr. Alan, nor as to where in the evidence those restrictions are set out; nor is there any reference to any of

the evidence concerning Dr. Chokshi and the work restrictions which applied at the time of the hearing.

VIII. IN REFERENCE TO THE EXCEPTONS 8-30 THOSE WILL BE RELIED UPON AS SET FORTH IN THE REQUEST FOR REVIEW.

CONCLUSION

For the foregoing reasons, the matter should be reversed and remanded.

Respectfully submitted,

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January 17, 2025

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NOS: 1923627 & 2223041

MARY L. DAVIS, Employee, Claimant, vs. RUIZ FOOD PRODUCTS, INC., Employer, AND SAFETY NATIONAL CASUALTY CORPORATION, Carrier, Defendants.	**DEFENDANTS' BRIEF TO THE FULL COMMISSION**

STATEMENT OF THE CASE

This matter involves two claims. The first claim was initiated by claimant, Mary L. Davis ("Claimant") filing a Form 50 on March 13, 2020 seeking workers' compensation benefits for injuries she alleged arose out of a work-related fall on November 16, 2019. Ruiz Food Products, Inc. ("Employer") and Safety National Casualty Corporation ("Carrier") (collectively "Defendants") accepted that Claimant had suffered a compensable injury to her low back.

On June 7, 2021, Commissioner Aisha Taylor concluded Claimant sustained compensable injuries to her low back, left hip and left knee arising out of the November 16, 2019 accident. The issue of whether Claimant's neck was injured was not addressed or determined by Commissioner Taylor. Further, Commissioner Taylor's decision was not appealed to the Full

Commission. Defendants have provided appropriate medical treatment for the claim and fully complied with Commissioner Taylor's June 7, 2021 order.

The second case was initiated on June 27, 2023 when Claimant filed a Form 50 seeking additional workers' compensation benefits for injuries she alleged arose out of a November 4, 2022 assault by a fellow employee, including injuries to her neck. Further, Claimant alleged she was entitled to temporary total disability benefits as a result of her February 20, 2023 termination. Defendants deny that Claimant suffered a compensable injury from any alleged assault. Additionally, because Claimant was terminated for cause, she was not entitled to temporary total disability benefits.

The Claimant requested a hearing on both claims. A hearing was held on September 27, 2023 before Commissioner Taylor.

In a Decision and Order dated July 29, 2024, Commissioner Taylor found: (1) Claimant was receiving causally related medical treatment from the Defendants and that was to continue; (2) Defendants had accommodated Claimant's work restrictions; (3) Claimant would have continued to be accommodated for her work restrictions if she had not been terminated for cause for discarding company product; (4) Claimant is not entitled to temporary total disability; and (5) Claimant is not entitled to benefits related to the alleged November 4, 2022 assault.

Claimant timely filed a Form 30. In Claimant's Brief to the Full Commission, Claimant argues Commissioner Taylor erred: (1) by failing to make findings of fact; (2) by not awarding temporary total disability benefits; (3) by not ordering Defendants to provide causally related medical care to Claimant; (4) by failing to determine Claimant suffered a compensable injury to her neck as a result of a November 4, 2022 assault; and (5) in her findings of fact numbers 1, 2 and 3.

EVIDENCE OF THE CASE

Prior to working for Employer, Claimant held a number of jobs. (Hr. T. 54:9-55:24). However, Claimant could not recall if she quit or was fired from most of them. (Hr. T. 54:9-55:24). On November 16, 2019, Claimant suffered a compensable injury to her low back, left hip and left knee arising out of a fall during the course and scope of her employment. (APA – 1923627 at 76-80). After her fall, Claimant went to the emergency room and saw multiple doctors for her treatment. (Hr. T. 56:16-57:5). Some of Claimant's medical care, such as MRIs, were delayed because Claimant did not attend or cancelled the appointments out of fear for the procedure. (Hr. T. 78:17-79:3)

Claimant was placed under work restrictions by her medical providers. (APA – both at 9, 23, and 28). All witnesses, including Claimant, testified that after her fall, the positions in which she was placed at Employer were within her medical restrictions. (Hr. T. 57:23-58:24; 70:20-70:22; Blackwell Dep. at 23:14-23:19).

On March 24, 2022, Claimant underwent a 3.5 hour functional capacity evaluation. (APA – 1923627 at 119-141). It was reported that "[t]he results of this evaluation show that Ms. Davis demonstrated submaximal effort. The test results and the referral diagnosis do not correlate. Therefore this FCE is not a reliable indication of her true functional abilities at this time." (APA – 1923627 at 119). Claimant alleges the provider of the FCE "lied" about her effort. (Hr. T. 57:12-57:13).

Claimant alleges that on November 4, 2022 she "got assaulted by the other guy." (Hr. T. 32:20-32:22). She was "coming through the double doors...to go out into the hallway" when she encountered her assailant. (Hr. T. 33:14-34:1). He grabbed her and his hand was holding her wrist and he was shaking her. (Hr. T. 34:10-34:24) She was trying to get loose and to get away

and bumped into another person but he would not let her go until someone told him to let her go. (Hr. T. 34:10-34:24).

Jonathan Holder, the Environmental Health & Safety Manager at the plant, reviewed video from November 4, 2022, which showed the doors and the hallway where Claimant alleged the assault took place. (Hr. T. 75:15-75:19; 100:2-100:8). There were approximately six to eight people in the area. (Hr. T. 99:2-99:8). Mr. Holder saw Claimant come through the doors into the hallway and passing people, including the person she alleged assaulted her. (Hr. T. 101:12-102:1). Mr. Holder did not see an assault of the Claimant. (Hr. T. 75:20-76:4). Opal Jones, the human resources supervisor, also reviewed the video and did not see any assault, pushing or shoving. (Jones Dep. at 21:7-21:24).

According to Claimant, the alleged assailant had previously threatened her and had made "a lot of threating" comments before this incident. (Hr. T. 35:10-35:22). Claimant never reported any of these threats. At no point, even after the alleged assault, did Claimant file a police report or even call the police to ask about filing a report. (Hr. T. 68:21-69:7).

After the alleged assault, Claimant reported to her supervisor and the superintendent, who told her to write out an incident report. (Hr. T. 37:17-37:25). Claimant alleges she needed to see a doctor because she was hurt badly. (Hr. T.37:17-37:25). Claimant did not see any medical professional that day or in the days following the incident. (APA).

Claimant did see Dr. Rakesh Chokshi ten days after the alleged assault and testified that she mentioned the assault to Dr. Chokshi. (Hr. T. 65:11-65:24). Records indicate that on November 14, 2022 Claimant saw Dr. Chokshi. (APA – 2223041 at 76-78). The record gives no indication that Claimant was assaulted or injured on November 4, 2022 or that Claimant was suffering any neck pain. (APA – 2223041 at 76-78). In fact, the record demonstrates that Dr.

Chokshi had concluded Claimant at reached maximum medical improvement and noted a 5% permanent impairment rating. (APA – 2223041 at 78).

Claimant further testified that she told Dr. Rodney Alan about the assault and pain in her neck when she saw him in February of 2023. (Hr. T. 66:6-66:17). Records indicate that on February 27, 2023, Claimant saw Dr. Alan. (APA – 2223041 at 79-82). The record gives no indication that Claimant was assaulted or injured on November 4, 2022 or that Claimant was suffering any neck pain. (APA – 2223041 at 79-82).

On March 2, 2023, Claimant saw nurse practitioner Liston Weatherly, Jr. or an unrelated issue. (APA – 2223041 at 83-90). The record gives no indication that Claimant was assaulted or injured on November 4, 2022 or that Claimant was suffering any neck pain. (APA – 2223041 at 83-90). In fact, under the general examination, it was determined that Claimant's neck was supple with "full range of motion." (APA – 2223041 at 84).

On March 22, 2023, Claimant saw physician's assistant Laura Strickland with a complaint of neck pain which "Patient states...started after she was assaulted on the job and shook by a coworker." (APA – both at 12-17). This record, dated almost five months after the assault and just over one month after she was terminated, is the first medical record that mentions the alleged assault.

According to Claimant, her neck, back, hip and knee "never stop hurting" and "hurt[] all the time." (Hr. T. 51:14-52:16). Claimant contends that her low back, neck, left knee and left hip are always a 10/10 on the pain scale. (Hr. T. 67:7-67:23). Despite her alleged constant extreme pain, she has not been to an emergency room. (Hr. T. 67:24-68:2).

In January and February 2023, Claimant's position at Employer was a sedentary job separating bad bread (i.e. tortillas) from good bread. (Hr. T. 44:11-44:15). Her job was to

determine if any of the bad bread could be salvaged. (Hr. T. 90:18-91:12). According to Claimant, someone would put the bread on a table in front of her and then Claimant would "go through to see how many good and how many bad" and she would have a pile for the good and a trash can for the bad. (Hr. T. 44:21-45:13; 59:24-60:3). The tortillas would come in a stack of about 50 and, Claimant agreed that "to figure out what need[ed] to be kept, [she] need[ed] to go through the stack." (Hr. T. 60:4-60:8; 81:4-81:10).

Despite the need to inspect the entire stack, in February 2023, a team member came to the human resources office and reported that when she would take tortillas to Claimant, Claimant would throw them straight in the garbage. (Jones Dep. 23:23-24:10). Accordingly, Ms. Jones asked Mr. Holder to look at the videos of Claimant's shift. (Jones Dep. 23:23-24:10).

The videos showed the team member giving Claimant large stacks of bread and each time she would throw the entire stack in the garbage without inspecting it. (Hr. T. 70:12-70:16; 74:7-74:11; 75:3-75:10; Jones Dep. 25:3-25:11; 31:7-31:12; Video clips). Mr. Holder reviewed two days of tapes of Claimant's work to make sure her disposal of stacks of tortillas without inspecting them was not just a snapshot in time. (Hr. T. 93:11-93:18). She was observed on multiple different occasions and on multiple days, throwing away an entire stack of bread without inspecting it. (Hr. T. 94:12-94:18; 95:14-95:24; Jones Dep. at 29:2-29:4; 29:11-29:15).

At the hearing, Claimant alleged that her Employer was "putting too much bread on the table" and forcing her to do more than she could do. (Hr. T 58:25-59:10). However, she never reported to anyone that too much was asked of her. (Hr. T 58:25-59:10). Additionally, the work she was assigned to do, inspecting and separating bad bread, was normally done by someone who stacked the bread in addition to inspecting and separating it. (Hr. T. 88:18-89:3).

According to Claimant, when she was informed that she was terminated for throwing away company product, she defended herself by stating it was her job to throw away company product and she was being terminated for doing her job. (Hr. T. 50:9-50:22). According to the human resources supervisor, when Claimant was informed there was an investigation into her throwing away bread, she did not say anything. (Jones Dep. at 29:16-30:2; 35:8-35:19; 37:4-37:10). During a second conversation when Claimant was informed she was terminated, she claimed that her supervisor told her to throw away the product, a claim her supervisor denied. (Jones Dep. at 35:8-35:19).

Claimant had been written up and suspended on numerous occasions. On at least two occasions before her November 16, 2019 fall, Plaintiff was written up. On October 24, 2019, Claimant was written up as having 7 points due to being absent from work. (APA – 1923627 at 185). On November 7, 2019, Claimant was written up as having 8 points for being absent from work. (APA – 1923627 at 186).

Her violations of company policies continued after her fall. On January 9, 2020, Claimant was written up as having 9 points due to being absent from work. (APA – 1923627 at 187). On January 24, 2020, Claimant was written up for punching in late on three separate occasions. (APA – 1923627 at 188). On March 11, 2020, Claimant was written up as having 11 points for being absent from work, which led to a three day suspension. (APA – 1923627 at 189). On July 2, 2020, Claimant was written up as having 12 points for being absent from work and was again suspended for three days. (APA – 1923627 at 190). On August 4, 2020, Claimant was written up for failing to punch out, not having her badge and being late on three separate dates. (APA – 1923627 at 191). On July 8, 2022, Claimant was written up for leaving early.

(APA – 1923627 at 192). On October 31, 2022, Claimant was written up for clocking in late on three separate dates. (APA – 1923627 at 193).

Claimant could have been terminated for her various and repeated violations of company policies, however was not. (Hr. T. 73:23-74:2). Claimant was not terminated until February 20, 2023 when it was reported and confirmed that she was intentionally destroying stacks of bread without inspecting it. There was no evidence to dispute that had she not thrown away the stacks of tortillas without inspecting them on multiple occasions, Employer would have continued to provide her suitable work. (Hr. T. 75:11-75:14).

STANDARD OF REVIEW

The Full Commission is the ultimate fact finder in workers' compensation cases. *See Shealy v. Aiken County*, 341 S.C. 448, 455, 535 S.E.2d 438, 442 (2000). "The final determination of witness credibility and the weight to be accorded evidence is reserved to the Full Commission." *Brunson v. American Koyo Bearings*, 395 S.C. 450, 455, 718 S.E.2d 755, 758 (Ct. App. 2011). However, "[i]t is logical for the full Commission, which did not have the benefit of observing the witnesses, to give weight to the Hearing Commissioner's opinion." *Green v. Raybestos-Manhattan, Inc.*, 250 S.C. 58, 64, 156 S.E.2d 318, 321 (1967).

ARGUMENT

A. Commissioner Taylor made appropriate findings of fact.

There is no dispute that Commissioner Taylor was obligated to make findings of fact. That is exactly what she did. While Claimant takes issue with the amount of time Commissioner Taylor took to issue her findings, her findings are supported by the record and adequately cite to the record.

Claimant relies on *Hill v. Jones*, 255 S.C. 219, 178 S.E.2d 142 (1970). However, in *Hill*, the opinion of the Commission "contained only brief references to the testimony and no reasons were stated for the factual findings that the claim was compensable." *See id.* at 224, 178 S.E.2d at 145. Here, the Commissioner Taylor issued a ten page decision with eight paragraphs describing the evidence, twenty paragraphs of findings of fact and eleven paragraphs of conclusions of law, most of which cite to cases, statutes or evidence in the record. The two main issues in dispute are whether Claimant is entitled to temporary total disability and whether Claimant suffered a compensable injury as a result of the alleged assault.

On the first issue, Commissioner Taylor issued findings of fact five through seven, seventeen and eighteen, which included citations to the record and relevant case law. Those citations supported her determination that Claimant was less credible and the testimony of other witnesses and video evidence contradicted her allegations. Further, it supported her conclusion that Claimant was fired for cause and not entitled to temporary total disability as discussed in more detail below.

As to the second issue, Commissioner Taylor issued findings of fact nine through seventeen, which include citations to testimony, medical records and Claimant's credibility. Those findings support her conclusion that Claimant did not suffer a compensable injury as a result of an alleged assault as discussed in more detail below.

Whether Claimant agrees with Commissioner Taylor's findings or not is irrelevant. It should be undisputed that Commissioner Taylor adequately supported her conclusions with sufficient findings of fact and conclusions of law.

B. Commissioner Taylor appropriately denied temporary total disability benefits to Claimant.

Claimant makes two arguments in her quest to suggest Commissioner Taylor committed reversible error in finding that Claimant was not entitled to temporary total disability. First, she argues that the Supreme Court's decision in *Pollack v. Southern Wine & Spirits of America*, 405 S.C. 9, 747 S.E.2d 430 (2013) was wrongly decided and must be strictly limited. Second, she argues she was fired for doing her job and not for cause. Claimant is incorrect on both counts.

Despite Claimant's arguments to the contrary, there is nothing in *Pollack* to suggest it is limited to situations where an employee violates a "specific written policy" and is not considered to be an aberration. As an initial matter, it must be noted that *Pollack*, a Supreme Court decision, has been cited at least 35 times since its issuance just over 10 years ago. It has not been questioned or criticized by any Court, let alone overruled. Put simply, the Supreme Court's decision remains good law.

In *Pollack*, an employee suffered an admitted injury to his back and returned to work as a drivers' supervisor with restrictions. *See id.* at 11, 747 S.E.2d at 431. While the employee was investigating an accident involving a driver, he hit the side of another vehicle leaving only "a line of dirt on the vehicle" and no real property damage. *See id.* at 12, 747 S.E.2d at 431-432. The employee did not report his own minor accident in violation of the employer's policy. *See id.* at 12, 747 S.E.2d at 432. The employee was suspended, but reinstated by his local superiors, only to be terminated by the corporate office just over two months after having returned from injury. *See id.*

Thereafter, the employee filed a claim for temporary total disability. *See id.* The employer testified that, but for the employee's violation of the company policy in failing to report his accident, the employee would have continued to work with his restrictions. *See id.* at

13, 747 S.E.2d at 432. The hearing commissioner and the full commission found the employee was not entitled to temporary total disability because he was terminated for cause. *See id.*

The South Carolina Supreme Court held that S.C. Code Ann. § 42-9-260 provides that temporary total disability may begin when "an employee has been out of work *due to* a reported work-related injury...for eight days[.]..." *See id.* at 14, 747 S.E.2d at 433 (emphasis in original). The Court continued that when an employer offers suitable employment within the injured employee's restrictions, entitlement to temporary total disability benefits is based on whether the employee's inability to earn wages was the result of a work-related injury or termination for cause. *See id.* at 15-16, 747 S.E.2d at 433-434.

Here, Claimant was accommodated with her work restrictions for more than three years. She was written up numerous times resulting in several warnings and two mutli-day suspensions. She was not terminated, even though she could have been, during that entire time. She was not terminated until there was a witness and video evidence that she was destroying company product by discarding stacks of approximately 50 tortillas without inspecting them. Put simply, Claimant was terminated for cause and her status as being out of work was "due to" her for-cause termination and not a work-related injury. Under the holding in *Pollack* and the plain language of S.C. Code Ann. § 42-9-260, Claimant is not entitled to temporary total disability.

Claimant's second argument fares no better. While it is true that part of Claimant's job was to throw away bad product, she was to do so only after inspecting the product to confirm that it was in fact bad or unacceptable. Instead, a co-worker complained that Claimant was taking stacks of approximately 50 tortillas and immediately putting them in the trash. This complaint was verified by review of two days of video footage involving numerous incidents of Claimant failing to inspect the stacks of tortillas and simply depositing them directly in the trash.

Unable to refute the fact that she disposed of entire stacks of 50 tortillas without inspecting them, Claimant offered two defenses. First, she claimed that too much bread was being delivered and she was not capable of keeping up. However, Claimant never reported that she was unable to keep up. Moreover, that would not be a reason to dispose of good bread, but rather to report her concerns.

Second, Claimant has argued throwing away bread was her job and her supervisor told her to throw away the product. It borders on the absurd that Claimant takes the position that her supervisor would agree to the disposal of the Employer's product without inspection. Regardless, there was testimony from Mr. Holder and Ms. Jones that Claimant was not assigned to throw out stacks of tortillas without inspection and that her supervisor denied he had instructed her otherwise.

Ultimately, Claimant's suggestion is that Employer used Claimant's actions as a pretext for terminating her. As noted, Claimant was accommodated for over three years, had numerous warnings and two suspensions prior to her termination. Employer had many opportunities to terminate Claimant in the years before she was terminated. Thus, there is no basis to suggest she was terminated as a pretext. Put simply, Claimant was terminated for cause, which under *Pollock*, means she is not entitled to temporary total disability.

C. Commissioner Taylor was correct in its findings that Defendants provided Claimant medical care.

Claimant's allegation that Defendants failed to provide medical care is confusing at best. It is undisputed that Claimant suffered a compensable injury to her low back, left hip and left knee. Claimant appears to make the argument that treatment by Dr. Alan in February 27, 2023 was not authorized. (Brief at pp. 22-23). However, it is undisputed that Claimant received treatment from Dr. Alan on February 27, 2023. (APA – 2223041 at 79-82). Dr. Alan noted that

"[t]he patient was given a gel injection in the left knee. Unfortunately, steroid injections need to be limited due to uncontrolled diabetes mellitus." (APA – 2223041 at 80). Put simply, Claimant received the medical care even if there was some miscommunication concerning the payment for that care in the weeks after it was received.

It is also undisputed that at no time has Claimant's alleged neck issues been determined to be compensable. Claim notes that Dr. Chokshi and PA Laura Strickland "issued an opinion that by history the neck problems became in need of treatment following the November 2022 event..." (Brief at p. 23). As noted below, Defendants and Commissioner Taylor have concluded that Claimant did not suffer a compensable injury as the result of an alleged assault on November 4, 2022.

Accordingly, there is abundant support that Defendants have provided Claimant the medical care required and no support that they have failed to do so.

D. Commissioner Taylor was correct in her findings that Claimant was not entitled to medical care for her neck as a result of the alleged assault.

The South Carolina Workers' Compensation Act places the burden of proving all elements of his or her right to compensation on the claimant. *See, e.g., Clade v. Champion Labs.*, 330 S.C. 8, 11, 496 S.E.2d 856, 848 (1998); *Cross v. Concrete Materials*, 236 S.C. 440, 446, 114 S.E.2d 828, 832 (1960) ("a claimant must establish by the preponderance of the evidence the facts which will entitle him to an award; the burden of proof is upon him. He cannot prevail by the resolution of doubts").

It is undisputed that Claimant was found to have a compensable injury to her back, left hip and left knee as a result of the November 16, 2019 fall. There was no determination that she suffered a compensable injury to her neck. While she may have received some treatment to her neck, that is not a determination of compensability.

As Claimant's brief and her medical records suggest, her alleged neck injury was caused by an alleged assault at work. Strangely, Claimant appears to argue that she never alleged there had been an assault and the only person who used the term "assault" was Ms. Blackwell. (Brief at pp. 15-16). However, Claimant's testimony at the hearing before Commissioner Taylor was that she "got assaulted by the other guy." (Hr. T. 32:20-32:22). Further, the first medical record to mention any incident or concerns with her neck described the incident as an alleged assault. (APA – both at 12-17). Claimant has characterized the incident as an assault (and not as a mere hug) repeatedly. The question was whether it occurred and caused her to suffer a compensable injury.

Claimant did report an incident on November 4, 2022 to her Employer. However, when Mr. Holder and Ms. Jones reviewed the video of the area where Claimant alleged it occurred, they did see any pushing, shoving, shaking or an assault. Additionally, despite seeing three different medical professionals in the four months after this alleged assault, she did not mention to any of them she was assaulted. Moreover, she did not mention to any of them she had any neck issue and one visit involved an examination of her neck finding it supple with "full range of motion."

It was not until March 22, 2023, four and half months after the alleged assault, and about one month after she was terminated, that any medical record mentioned the assault. Claimant told physician's assistant Laura Strickland her neck pain "started after she was assaulted on the job and shook by a coworker." (APA – both at 12-17). The delay of reporting this assault to any medical provider is noteworthy as is the fact that it first occurred after Claimant was terminated. Accordingly, it must be viewed with a healthy level of skepticism, which requires an examination of Claimant's credibility.

Commissioner Taylor correctly noted that Claimant's credibility was questionable. Claimant was found to give submaximal effort on her FCE, which she alleged was the result of someone lying. She claimed that the individual who assaulted her had made numerous prior threats, which she never reported and for which there is no evidence. Claimant testified she reported the assault to the medical professionals, one of whom treated her ten days after the alleged assault and one who saw her only three months after the alleged assault. Yet, neither of their records mention an assault or any complaints of neck pain. Finally, Claimant has testified that she is in constant 10/10 pain in her low back, left hip, left knee and neck, yet fails to mention some of those body parts to her medical providers, received only a 5% permanent rating from her doctor ten days after the alleged assault, and has failed to seek emergency care.

In the end, the record supports Commissioner Taylor's determination that Claimant was not the victim of an assault on November 4, 2022 which caused her to suffer a compensable injury to her neck. The lack of evidence of an assault and justifiable questions about Claimant's credibility support the determination that Claimant did not suffer a compensable injury on November 4, 2022.

E. Commissioner Taylor was correct in her Finding of Fact #1.

Finding of Fact #1 provides: "[p]er prior Order of this Commission, Claimant sustained compensable injuries to her left knee, left hip and low back. (Single Commissioner's Decision and Order filed on June 7, 2021)." Claimant suggest "there is no prior order finding the Claimant sustained compensable injuries to her knee, left hip and low back" (Brief at p. 27 (emphasis omitted)). However, as cited by Commissioner Taylor such an order does exist. (APA – 1923627 at 76-80).

Accordingly Finding of Fact #1 is correct and adequately supported.

F. Commissioner Taylor was correct in her Finding of Fact #2.

Finding of Fact #2 provides: "Claimant has been receiving authorized causally related medical treatment at the direction of Defendants." Claimant appears to raise two arguments. First, Claimant argues that Defendants had failed to provide medical care for Claimant's left hip, leg and back. However, as noted above, Claimant saw Dr. Alan and received treatment to her left knee, though treatment was limited due her underlying conditions. (APA – 2223041 at 79-82). Additionally, Claimant saw Dr. Chokshi who provided her treatment for her back and concluded she has reached maximum medical improvement. (APA – 2223041 at 76-78). Claimant fails to point to anything in the record that any treatment to Claimant's left hip, left leg or law back was refused or denied.

Second, as to treatment for Claimant's neck, Defendants were never ordered to provided treatment to Claimant's neck and Commissioner Taylor agreed that Claimant did not suffer a compensable injury to her neck as a result of the alleged assault on November 4, 2022.

Accordingly Finding of Fact #2 is correct and adequately supported.

G. Commissioner Taylor was correct in her Finding of Fact #3.

Finding of Fact #3 provides: "Dr. Alan issued Claimant's light-duty work restrictions, which Employer was able to accommodate." Claimant's issue appears to be that Commissioner Taylor failed to note that Dr. Chokshi also issued light-duty work restrictions, which Claimant alleges were stricter. As an initial point, Claimant's work restrictions were available to Commissioner Taylor. (APA – both at 9, 23, and 28). However, more importantly, the level of Claimant's work restrictions were not a contested issue before Commissioner Taylor. Everyone, even Claimant, admitted that Employer accommodated her work restrictions. (Hr. T. 57:23-58:24). Thus, it was not an issue that Commissioner Taylor had to resolve as to whether or not

Employer accommodated Claimant's work restrictions. Accordingly, even if there were error or should have been better citations to the record, such error was harmless and irrelevant.

Accordingly Finding of Fact #3 is correct.

CONCLUSION

For the reasons stated herein, the Commission should affirm Commissioner Taylor's Decision and Order.

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January 31, 2025

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE MARY DAVIS, Claimant/Appellant, v. RUIZ FOOD PRODUCTS, INC., Employer, and SAFETY NATIONAL CASUALTY CORPORATION, Carrier, Defendants/Respondents.	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File Nos.: 1923627 & 2223041 **MOTION FOR RECONSIDERATION**

SCWCC
APR 17 2023
JUDICIAL

Pursuant to the Commission's Regulations, the Claimant requests reconsideration and/or clarification as to the Findings of Fact and Conclusions of Law and the Order of the Full Commission which affirmed the Hearing Commissioner's Order with Amendments as follows:

1. That the Full Commission Order in the Statement of the Case refers to and quotes the previous Order of Commissioner Aisha Taylor but does not refer to or quote the subsequent Order of Commissioner Avery Wilkerson, and does not address the dictates of that Order which sets out what would be addressed at the hearing. The Statement of the Case should also reflect that two (2) Form 50s were filed, one for the 2019 accident and the second one for the 2022 accident, and importantly that the second Form 50 alleging a separate accident was only filed after

and at the direction of Commissioner Wilkerson. The Commission must also address how the Decision is in accordance with the directions and Order of Commissioner Wilkerson.

2. That the Claimant would seek clarification on the Commission's ruling as to the November 4, 2022 incident as to whether or not the Commissioners are ruling that an incident did not occur or that the incident was insufficient to cause, in the opinion of the Commission, additional compensable injuries. The uncontested evidence is that an incident occurred. Mr. Eugene McClendan gave a statement regarding the event (Depo. Tr. of Opal Jones, p. 10, l. 13-p. 11, l. 8) and another fellow employee, Ms. Octavia Harrison, gave a statement that she thought they (Mr. Eugene and Ms. Davis) were just "playing around" and acknowledged that Ms. Davis "**bumped into her**". (Depo. Tr. of Opal Jones, p. 17, ll. 6-10). As Ms. Jones stated in her deposition, Ms. Harrison, "told me they are always joking around, hugging each other, high-fiving, so she thought they were just playing." So, the Claimant seeks clarification as to whether or not the Commission is saying an incident did not occur or that whatever occurred was simply insufficient in and of itself in the opinion of the Commission under the facts to not cause the need for medical care.

3. That the Findings of Fact of the Full Commission, which are supposed to be definite and detailed, do not contain

any Findings of Fact noting that the light duty employment, "sedentary work only" according to the doctors, that was made available to the Claimant which she was doing at the time she was terminated for cause, was to **throw away product**. Since the Claimant's light duty job made available to her was to "**throw away bad product**", the Commission's Finding of Facts as a matter of law must address how termination for doing that light duty job "**throwing away product**" was a violation of company policy, and how that constituted just cause since that was her assigned job **and only job**.

4. That since it was undisputed that the Claimant was terminated for cause for, as the Commission put it in Finding of Fact #6, "after being observed throwing food away, which was against company policy". Again, that was her job so how that constituted a company policy violation needs to be set out **factually**.

5. That the Full Commission Decision also needs clarification or more detailed Findings of Fact and Conclusions of Law as a matter of law in reference to Finding of Fact #4 wherein the Commission noted that the Claimant had been under light duty restrictions which were being accommodated as described by Dr. Rodney Alan. That Finding of Fact as to the time of the accident in November is **patently wrong**. Dr. Rakesh Chokshi, who had been authorized to treat her for her low back

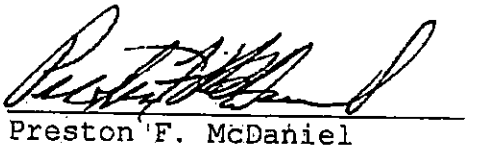
injury only and had been treating her since at least March 23, 2022, according to the undisputed evidence in the Record, placed her at "**sedentary work only**" (Cl. APA, p. 28), and it was under those work restrictions that she was working uncontested at the time of the incident which occurred on November 4th, and continuing at the time of her termination.

6. That the Full Commission should reconsider its decision and must make detailed Findings of Fact and Conclusions of Law as to whether or not the Hearing Commissioner failed in her statutory responsibility by failing to make detailed Findings of Fact and Conclusions of Law on all the "essential" issues before her for decision. Since the actual decision filed **July 29, 2024** by the Commissioner, which she had originally requested in her Order Instructions of **January 23, 2024** be drafted by the defense attorney, was in fact drafted by the Hearing Commissioner and **was drafted/filed only after a Complaint was filed** in the Circuit Court **July 11, 2024**, seeking a Writ of Prohibition prohibiting her from issuing an Order due to delay between the hearing and Order Instructions and then **seven (7) more months before an Order**; and her failure to address all the essential issues before her for decision, the Commission is duty bound to make Findings of Fact and Conclusions of Law in reference to that delay and when those additional Findings of Facts addressing those issues were made

and as to whether or not the Commissioner erred in her statutory responsibility. Further, based on those Findings of Fact and Conclusions of Law that must be made by the Commission to fulfill its statutory duty, the Commission must make a determination as to whether the parties and the Claimant are entitled to, as a matter of law for the Commissioner's failures to afford the Claimant due process of law under law and specifically under the SC Constitution, Art. I, §22, to a new hearing on all the issues.

For the foregoing reasons, the Claimant requests reconsideration and realleges all the original issues as presented to the Full Commission for decision.

Respectfully submitted,



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April 16, 2025

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NOS: 1923627 & 2223041

MARY L. DAVIS, Employee, Claimant, vs. RUIZ FOOD PRODUCTS, INC., Employer, AND SAFETY NATIONAL CASUALTY CORPORATION, Carrier, Defendants.	**DEFENDANTS' MEMORANDUM IN REPLY TO CLAIMANT'S MOTION FOR RECONSIDERATION**

Pursuant to WCC Reg. 67-215, Defendants, by and through their undersigned attorney, respectfully submit their Reply in opposition to Claimant's Motion for Reconsideration of the Findings of Fact and Conclusions of Law and the Order of the Full Commission in the above matters (the "Motion for Reconsideration"). In support of their opposition to the Motion for Reconsideration, Defendants state as follows:

1. As to Paragraph 1 of the Motion for Reconsideration, the Full Commission's recitation of the procedural background of this matter is sufficient. Claimant takes issues with the absence of references or quotes to orders by Commissioner Avery Wilkerson. Claimant fails to articulate why such references are necessary or how the absence of such references requires reconsideration of the Full Commission's decision.

2. As to Paragraph 1 of the Motion for Reconsideration, presumably the order of Commissioner Avery Wilkerson to which Claimant refers is the portion of the order Claimant cited in her brief to the Full Commission that it be determined whether Claimant's medical issues "stem from the first accident, the second accident or a combination of the two." The Full Commission has fully answered that question in its decision. The Full Commission has ordered Claimant is entitled to "continued authorized causally related medical treatment for the compensable injuries she sustained to her low back, left knee, and left hip in an at-work accident on November 16, 2019." Further, she is "entitled to an evaluation and treatment from the authorized treating physician for any conditions related to the neck injury she sustained in an at-work accident on November 16, 2019." Finally, "Claimant is not entitled to medical treatment for her alleged November 4, 2022 injuries."

3. Accordingly, Paragraph 1 of the Motion for Reconsideration does not demonstrate that reconsideration of the Full Commission's decision is necessary. Moreover, Claimant appears to be rearguing the merits in violation of WCC Reg. 67-215(B).

4. As to Paragraph 2 of the Motion for Reconsideration, Findings of Fact nine through nineteen make clear that Claimant was not assaulted and did not suffer a compensable injury as a result of any alleged assault. Accordingly, reconsideration of the Full Commission's decision is not necessary. Moreover, Claimant appears to be rearguing the merits in violation of WCC Reg. 67-215(B).

5. As to Paragraphs 3 and 4 of the Motion for Reconsideration, the determination that Claimant was terminated for cause, as stated in Findings of Fact four through eight, was supported by the testimony that Claimant's job was not just to throw away product, but rather to inspect the product and throw away product that did not pass the inspection. (Hr. T. 44:11-

44:15; 44:21-45:13; 59:24-60:8; 81:4-81:10; 90:18-91:12). Reports of a co-employee and videos of Claimant's work performance demonstrated she was not inspecting the product but simply disposing of it without inspection. (Jones Dep. 23:23-25:11; 29:2-29:4; 29:11-29:15; 31:7-31:12; Hr. T. 70:12-70:16; 74:7-74:11; 75:3-75:10; 93:11-93:18; 94:12-94:18; 95:14-95:24; Video clips).

6. As to Paragraphs 3 and 4 of the Motion for Reconsideration, arguments that Claimant was fired for a pretextual reason is belied by the numerous disciplinary actions against Claimant from November 2, 2019 through November 7, 2022, which did not lead to termination, as articulated by the Full Commission.

7. Accordingly, Paragraphs 3 and 4 of the Motion for Reconsideration do not demonstrate that reconsideration of the Full Commission's decision is necessary. Moreover, Claimant appears to be rearguing the merits in violation of WCC Reg. 67-215(B).

8. As to Paragraph 5 of the Motion for Reconsideration, Claimant was working under light duty restrictions during the relevant time periods and no issues have been raised that her work restrictions were not sufficiently accommodated. Accordingly, reconsideration of the Full Commission's decision is not necessary.

9. As to Paragraph 6 of the Motion for Reconsideration, Claimant appears to take issue with the timing of the decision by Commissioner Aisha Taylor. However, Claimant cites no legal authority indicating that the timing of the decision renders it invalid or inappropriate. As noted herein, all "essential" issues have been addressed. Finally, as to Claimant's allegation she was denied due process of law, Claimant had a hearing, appealed that decision to the Full Commission and is seeking reconsideration of that decision. Put simply, Claimant is availing

herself fully of her due process rights. Moreover, Claimant appears to be rearguing the merits in violation of WCC Reg. 67-215(B).

As noted herein, reconsideration of the issues raised by Claimant is unnecessary. Moreover, Claimant, in several areas is improperly attempting to reargue the merits of the dispute in violation of WCC Reg. 67-215(B). Accordingly, Defendants respectfully request that the Full Commission deny Claimant's Motion for Reconsideration.

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Attorneys for the Employer/Carrier

April 25, 2025

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #:
Carrier File #:
Carrier Code #: 01026
Employer FEIN #:

Claimant's Name: Mary L. Davis SSN:
Address:
City: Florence State: SC Zip:
Home Phone: Work Phone:

Employer's Name: Ruiz Food Products, Inc.
Address: 2557 Florence Harllee Blvd.
City: Florence State: SC Zip: 2950(
Insurance Carrier: Safety National Casualty Corp.

Preparer's Name: Preston McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771 - 7211

A claim for workers' compensation benefits is made based on the following grounds:
☒Injury ☐ Illness ☐ Repetitive Trauma ☐Occupational Disease ☐Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to neck, back and leg down to left knee(Part(s) of Body Injured) on 11/16/19 (Month/Day/Year) in Florence county, state of SC
2. Body part(s) affected are: neck, back and leg and such other bodily parts, and members organs as determined to be related by medical care and/or Commission.
   Briefly describe how the accident occurred. Getting up from break table and fell on wet floor.
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 11/16/19 (Month/Day/Year) in the following manner: Following the injury, Immediate Supervisor; taken from scene by ambulance.
☒7. Due to injury, the claimant is in need of (check one):
   ☒(a) medical examination and treatment for: Medical care and additional medical care for her neck, back and down to her left knee.
   ☒(b) additional medical examination and treatment for: See Attachment #7.
☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: To be determined. See Attachment #8.
☐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. Claimant at MMI: ☐ Yes ☒ No
☒10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: TBD
10a. At the time of the injury, the Claimant was paid weekly wages of See Att. 10.a. 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: Same employer.
11. Further grounds or unusual aspects of claim: All benefits under the Act. Ms. Davis is not being paid mileage expense.
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: McLeod Regional Medical Center Emergency Room; Florence, SC; McLeod Occupational Health; FNP Krystal Cooley, Florence, SC; Florence Imaging, Florence, SC.
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.
☒13. **I am filing a claim. I am not requesting a hearing at this time.** Estimated time needed for hearing: ____
☐14. **I am requesting a hearing. A $50 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 **mediation@wcc.sc.gov.**

SCWCC
MAR 16 2020
INSURANCE & MEDICAL SERVICES

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE CERTIFICATE OF SERVICE on the ___day of ____20__, 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 for the Claimant (Title) | preston@pfmcdlaw.com (Email) | March 13, 2020 (Date)

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 1/19

50 Employee's Notice of Claim and/or Request for Hearing

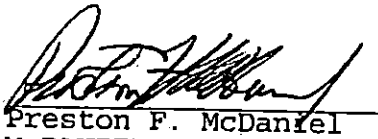
ATTACHMENT TO FORM 50

7. Medical care was being provided through McLeod Occupational Health, but the return visit has not been scheduled or authorized at this time. In addition, an MRI which was scheduled has not been authorized and the claimant requests authorization for the MRI. Because of the failure of the employer representative to notify Ms. Davis and/or to authorized the follow up visit with McLeod, Ms. Davis had to go to her family doctor because of continuing back, leg and hip pain where she was given an injection in the hip, pain medication and taken out of work for a week. Ms. Davis would request authorization for this emergency care and for authorization for follow up and continuing care through McLeod and for such treatment as they designate.

8. The Claimant missed several days from work and since treatment began following the accident, the Claimant has had to take various days off to attend medical care. In addition, she has been on light duty ever since the date of the accident and she has not been working full duty nor is she making the same because she is not making any overtime and is only working part days at this time. Claimant would request determination as to temporary total disability benefits and temporary partial disability benefits.

10. a. The Claimant requests a Form 20 from the employer but also the Claimant works a part-time job and requests that that be considered and be added to the compensation rate in this matter.

Respectfully submitted,



Preston F. McDaniel
McDANIEL LAW FIRM
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Columbia, SC 29201
(803) 771-7211

and

Gerald Malloy
MALLOY LAW FIRM
Post Office Box 1200
Darlington, SC 29551
(843) 339-3000.

Attorneys for the Claimant

March 13, 2020

CERTIFICATE OF SERVICE

WCC File No.: TBD

I hereby certify that I have on this day, March 13, 2020, served the following in the matter of **MARY L. DAVIS v. RUIZ FOOD PRODUCTS, INC.** with a copy of the **FORM 50 - FILING A CLAIM** by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

Safety National Casualty Corp.
1832 Schuetz Rd.
St. Louis, MO 63146

Kimberley T. Hinkle

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
13th day of March, 2020.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/26/28

South Carolina Workers' Compensation Co[illegible]ssion
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5700 www.wcc.sc.gov

WCC File #: 1923627 & 2223041
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Mary L. Davis SSN: _ _
Address: Post Office Box
City: Hartsville State: SC Zip: _ _

Employer's Name: Ruiz Food Products, Inc.
Address: 2557 Florence Harllee Blvd.
City: Florence State: SC Zip: 29506

Home Phone: ( ) - Work Phone: ( ) -
Insurance Carrier: Safety National Casualty Corp.

Preparer's Name: Preston F. McDaniel, Esquire Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771 - 7211

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 11/16/19 & 11/04/22

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).

SEE ATTACHMENT.

Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.
certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.

Preparer's Signature | Attorney for the Claimant (Title) | preston@pfmcdlaw.com (Email) | October 9, 2024 (Date)

Check this box if you are not represented by an attorney ☐

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. 67-705 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.

ATTACHMENT TO FORM 30

Mary L. Davis v. Ruiz Food Products, Inc.
WCC File Nos. 1923627 & 2223041

1. That pursuant to S.C. Code of Laws §42-17-50, the Claimant requests a review of all of the Findings of Fact, the Conclusions of Law, the Order and Award filed July 29, 2024 and denial of Reconsideration filed October 3, 2024, and of all rulings and decisions made by the Commissioner at the hearing, as contained in the Record or as made at any unrecorded pre-hearing conference, and in any communications concerning the claim, Orders, Award and Decisions rendered by the Hearing Commissioner in this matter.

2. That the Claimant requests Commission Review for all the reasons as set forth in the Motion for Reconsideration attached hereto and incorporated herein by reference in reference to the original Order Instructions dated January 23, 20204 and the Order issued by Commissioner Aisha Taylor on July 29, 2024 and as set forth in the Complaint filed July 11, 2024 and then Amended and filed August 19, 2024.

3. That due to the Commissioner's failure to make detailed Findings of Fact and Conclusions of Law in accordance with the decisions of the SC Supreme Court and Court of Appeals, and SC Code §42-17-40; §42-9-5, and §1-23-350 pursuant to the provisions of SC Code §42-17-50 the Claimant would request the Full Commission perform the statutory duty of the Commission and set a full hearing review and either reconsider the evidence or rehear the parties or assign this case **immediately** to another Hearing Commissioner for either a review of the evidence or a de novo hearing.

As of the date of the filing of this Form 30, a hearing in this matter was held over one (1) year ago; and an Order was only issued ten (10) months after hearing and only after a Complaint was filed in the Circuit Court.

4. That the Hearing Commissioner erred as a matter of law and fact in making Order Instruction #1 and Finding of Fact #1 in the Order, in that there is no prior Order finding the Claimant sustained compensable injuries to her knee, left hip and low back. The Record will show that the Defendants had provided authorized medical care for the Claimant's left knee, left hip, low back and neck after the first accident, **and that** the only Order in reference to body parts for which benefits have been ordered to be provided is the Order of June 7, 2021

which only addresses the left knee and left hip which was the subject of that hearing.

5. That the Hearing Commissioner erred as a matter of law and fact in making Order Instruction #2 and Finding of Fact #2 in the Order of July 29th as the Finding of Fact is **wrong**. One of the "essential issues" for decision at the hearing in both of these claims is because the Defendants had failed; and at the hearing admitted they had refused, to provide further medical care for the Claimant's left hip and leg and also to provide medical care for the Claimant's neck and back. **There is absolutely no evidence in the Record that the Defendants were providing causally related medical care at the time of the hearing**.

6. That the Hearing Commissioner erred as a matter of law and fact in making General Order Instruction #3 and Finding of Fact #3 as it is inaccurate as a matter of fact and as a matter of law. Following Dr. Alan's original restrictions the Record will show that Dr. Chokshi continued to make ever increasing restrictions and is the doctor that restricted her to sedentary work only. The Finding of Fact is, as are Findings of Fact #1 and #2, totally inadequate based on the requirement that the Commissioner make detailed Findings of Fact that are sufficiently definite and detailed enough to allow for Judicial Review including the factual review by the Full Commission. There is no citation to the evidence nor to the actual work restrictions of Dr. Alan, nor as to where in the evidence those restrictions are set out; nor is there any reference to any of the evidence concerning Dr. Chokshi and the work restrictions which applied at the time of the hearing.

7. That the Hearing Commissioner erred as a matter of fact and law in reference to General Order Instruction #4, #5 and #6 and by making Findings of Fact #4, #5, #6, and #7. First, there is insufficient evidence in the Record to meet the standard for denying a claimant temporary total disability benefits for a violation of a specific written company policy while under light duty restrictions and for the strictly limited reasons as set forth in Pollack v. Southern Wine & Spirits of America, 747 S.E.2d 430 (2013). The Commissioner erred by not citing any evidence in her Order Instructions or in her Findings of Fact and by relying on evidence that does not have anything to do with the alleged basis for termination. The Commissioner specifically erred as a matter of law and fact under Finding of Fact #3 which refers to the only item in the Record concerning the basis for termination of "throwing away" product, and the Commissioner failed to note **that the accommodated sedentary work only job that the Employer was making available was to sit in a**

chair on the production line as needed and to "throw away" bad, damaged, or unusable product.

That as a matter of law the facts in this case do not constitute termination for violation of a company policy sufficient enough to meet the Pollack standard for termination on the very limited basis for violation of a specific company policy.

8. That the Hearing Commissioner erred as a matter of law and fact by making General Order Instruction #7 and Finding of Fact #8 as they are contrary to law and fact. As to the Order, the Order refers to the June 7, 2021 Order which only ordered an evaluation of the hip and knee by Dr. Rodney K. Alan for which medical care had previously been provided for months after the original accident at McLeod Occupational Health as set forth in the Record. In February 2022 Dr. Alan had stated the opinion that Ms. Davis would need future medical interventions to include intraarticular steroid injections in the left hip three times per year, gel injections to the left knee two times per year. "She will need management of her sacroiliac joint problems as directed by the spine specialist." At the time of the hearing, one of the very purposes of the hearing was to obtain that further medical care ordered as directed by Dr. Alan for the left hip and knee and in reference to the spine specialist (note: her original Order of June 7, 2021 noted that "**this is an admitted claim as to claimant's back only**") the Defendants, at that time, had failed to provide any medical care for the Claimant's back as ordered by Dr. Chokshi which was the other purpose of the hearing.

9. That the Hearing Commissioner erred as a matter of law in making Findings of Fact #9 thru #20 in that there is absolutely no evidence in the Commission file that any of those Findings of Fact were made before or addressed in the Commissioner's original Notes for Decision or that they were made at any time prior to the time that the Claimant filed a Summons and Complaint requesting a Writ of Prohibition to prevent the Commissioner from issuing a decision since she had not made a decision in over **ten (10) months** since the date of the hearing; and further the Findings of Fact are in direct violation of the Decision and Order of Commissioner Wilkerson filed July 11, 2023 and quoting from that Order, it provided specifically:

> "the incident that occurred on November 4, 2022 constituted **a separate injury by accident** and that a separate Form 50 Request for Hearing needed to be filed concerning that incident so

> that all issues may be before the Commission as to whether or not the Claimant's current problems and request for medical care and benefits **stem from the first accident, the second accident, or a combination of the two**."

Thus, that Order is the law of the case; the evidence established a second incident occurred; and the determination to be made by the Commissioner was whether or not the problems with the Claimant's neck for which she needed medical care and requested medical care stemmed from the first accident, the second accident or a combination of the two.

10. That the Hearing Commissioner erred as a matter of law and fact by making Finding of Fact #9, particularly in that it is not based on the Record and cites to no evidence from the Record where the Claimant alleged that a pulling and pushing incident occurred, not an assault. The Defendants admitted that the incident occurred but denied that it resulted in a compensable injury. Additionally, Commissioner Wilkerson's Order is the law of the case that the Commissioner was to address whether or not the Claimant's problems for which she sought medical care stem from the first accident, the second accident, or a combination of the two.

11. That the Hearing Commissioner erred as a matter of law and fact by making Finding of Fact #10 as it was not included in her original Notes for Decision and is inaccurate in reference to the evidence presented at the hearing and is contrary to law of the case under Commissioner Wilkerson's Order.

12. That the Hearing Commissioner erred in making Finding of Fact #11 as it was not included in her original Notes for Decision and there is no evidence of review prior to the Circuit Court Complaint and it is contrary to Commissioner Wilkerson's law of the case Order, and erroneous in view of the facts presented, specifically from the Employer and the Employer witnesses itself. Quoting from the email of November 16, 2022:

> "TM, requested to speak with Safety regarding an incident which occurred last week". .... TM stated that **her doctor told us that she would need to ask us** (assuming HR or Safety) **about sending her to get an MRI done from when she was assaulted last week by another TM**. TM stated she had given the paperwork from her doctor to Safety Tech on yesterday ...".

Shanda R. Blackwell to Jonathan Holder. (Cl. APA, p. 53).

13. That the Hearing Commissioner erred as a matter of law and fact by making Finding of Fact #12 as there is no reference to this Finding in her original Notes for Decision either in substance and is not correct factually. While noting that the Claimant had an appointment with Dr. Alan for the hip and leg on February 27, 2023, she fails to note the visit had not been authorized by the Defendants; and failed to note that the Claimant stated she had a follow-up appointment with a spine specialist.

14. That the Hearing Commissioner erred as a matter of law and fact by making Finding of Fact #13 as it is not part of the original Order Instructions nor is it in accordance with the Record, nor is it factually accurate. The Claimant in her Prehearing Brief and Form 50 did not make a claim for injury and treatment for the wrist. In addition. the notation on p. 100 of the Defendants' APA of the quotation that Claimant "denies any injury" is wrong.

15. That the Hearing Commissioner erred as a matter of law and fact by making Finding of Fact #14 as it is not contained in the original Order Instructions and is an arbitrary and capricious Finding and as a matter of law and fact not based on facts. The Claimant has alleged that there was a pushing and pulling incident not an assault. That characterization is made by the Employer and is contrary to the testimony of the Defense witnesses whose depositions were placed into the Record.

16. That the Hearing Commissioner erred as a matter of law and fact by making Finding of Fact #15 where it does not appear in her Order Instructions and was only made after the Claimant filed a Circuit Court action due to the Commissioner's failure to make Findings of Fact relative to this essential issue and exhibits a bias and prejudice towards the Claimant not substantiated by the medical records, and also is arbitrary and capricious and not based on fact in reference to the comment concerning emergency room visits.

17. That the Hearing Commissioner erred as a matter of law and fact by making Finding of Fact #16 wherein the Commissioner did not make this Finding of Fact as part of her original Order Instructions and was only made after the Claimant had filed an action in the Circuit Court because of the Commissioner's lack of due diligence and failure to make detailed Findings of Fact and Conclusions of Law on this essential issue. It also exhibits a bias and is arbitrary and capricious in reference to the basis

for giving more credibility to the defense witness wherein the defense witness testified that the video footage had been destroyed and is contrary to the evidence in the Record from both the Claimant and the other employee involved in the pushing and shoving incident, who both admitted and agreed that there was physical contact between the two on the date and time of the incident.

18. That the Hearing Commissioner erred as a matter of law and fact by making Finding of Fact #17 first because it was not a part of her original Order Instructions and was thus clearly made after that and there is no evidence that it was made prior to the time that the Claimant instituted an action in the Circuit Court due to the Commissioner's failure to perform due diligence and make detailed Findings of Fact and Conclusions of Law on the essential issues relevant to this Finding of Fact. Further, the Finding of Fact is inaccurate according to the evidence in reference to an incident occurring. Again, the assault characterization are the words of the employer, not the Claimant. In her depositions, Ms. Shanda Blackwell reiterated a statement made by a fellow co-worker, Ms. Octavia, noting that Ms. Davis and Mr. Eugene had previously been playing around and hugging each other and that she thought that was what was happening. The fellow employee then confirmed in her statement that the incident which occurred on the date of the accident was hard enough to where Ms. Davis bumped into her. In other words, Ms. Davis was knocked hard enough to where she was knocked into her. On p. 18 Ms. Blackwell confirmed that during the conversation between the two co-workers Ms. Davis was talking to Ms. Octavia also about her back. Then after stating that she had reviewed the camera footage, which again had been destroyed, and while looking for an assault she did not see an assault <u>but</u> she did observe a "<u>hugging</u>" incident but that because it was just an "<u>aggressive hug</u>" and it did not happen at a machine she did not think it was workers' comp. (Depo. pp. 22&23). Thus the Finding of Fact is contrary to the facts and evidence in the Record.

19. That the Hearing Commissioner erred as a matter of law and fact in making Finding of Fact #18 first because it was not included in her original Order Instructions and there is no evidence it was made until after the Claimant had filed in the Circuit Court for an Order because a lack of due diligence and compliance with law in making detailed Findings of Fact and Conclusions of Law on all the issues, on which the parties agreed that she did not make Findings of Fact on two issues, before her for decision. The Finding is also arbitrary and capricious and reflects an arbitrary abuse of authority by referring to other policy violations and basing the Finding on an assumption not in the evidence and speculation and as

unsupported justification for a Finding wherein there is absolutely no evidence in the Record concerning termination for any of those other violations. It is also an error of law and fact because the Claimant's request was for the issue before the Commissioner was for temporary total disability benefits; not whether or not she was fired as a result of a workers' compensation claim. That issue was simply not before the Commissioner and it is totally irrelevant as to whether or not the Claimant is entitled to temporary total disability benefits.

20. That the Hearing Commissioner erred as a matter of law and fact by making Finding of Fact #19 wherein again it was not part of the original Order Instructions and is contrary to the facts and evidence presented and cites no evidentiary basis for that Finding of Fact wherein the Record substantiates even in the Commissioner's prior Order that only the back was admitted and while treatment for the left knee and low left hip had been provided for over six (6) months following the first injury it was only provided after the Claimant filed for a hearing to have it ordered and it was ordered. The Finding of Fact is also contrary to the evidence in that the evidence also establishes that for a period of over six (6) months following the original injury and through the care of McLeod Occupational Medicine, the Defendants provided treatment for the Claimant's neck as part of a work-related diagnosis. Thus, the Finding of Fact is contrary to both fact and law.

21. That the Hearing Commissioner erred as a matter of law and fact by making Finding of Fact #20 first because it was not included in the original Order Instructions issued on January 23, 2024; and it is contrary to the law of the case Order of Commissioner Wilkerson as to the issue before her in reference to whether or not the Claimant's problems stem from the first accident, the second accident, or a combination of the two. It is also vague and does not specify what benefits are requested due to the November accident and/or the factual basis upon which the Finding of Fact is made. **Most importantly**, since this is one of the specific issues that defense counsel wrote the Commissioner about repeatedly after her Notes for Decision noting that she had not made Findings of Fact and Conclusions of Law on this issue before her for decision; and this is also one of the specific reasons for the Claimant filing a Circuit Court action due to her delay and failure to perform her statutory responsibilities in making Findings of Fact and Conclusions of Law on that and other issues.

22. That the Hearing Commissioner erred as a matter of law and fact in making Conclusion of Law #3 and #4 by failing to reference the accepted medical care and provision of medical

care for the Claimant's upper back; and it is also contrary to the prior decision noting that the Defendants had admitted the back injury only; and the Conclusion of Law is both not in accordance with law or fact.

23. That the Hearing Commissioner erred as a matter of law and fact in making Conclusions of Law #5 in that it is not a statement of law but is in fact a generalized statement of fact insufficient to allow for a review by this Commission. It is admitted that an incident occurred on November 4th and the question is thus whether it resulted in a compensable injury for either medical and/or compensation benefits.

24. That the Hearing Commissioner erred as a matter of law and fact as again it is not a Conclusion of Law but is in fact a Finding of Fact and does not reference an issue that was before her and is a generalized summary Finding unsupported by evidence and insufficient for review.

25. That the Hearing Commissioner erred as a matter of law and fact by making Conclusion of Law #7 as again it is a generalized Finding of Fact unsupported by fact or evidence and is not a Conclusion of Law nor a statement of law. Again it is a conclusion of fact that is not sufficient enough to allow for review by this Commission or Judicial Review.

26. That the Hearing Commissioner erred as a matter of law and fact in making Conclusions of Law #8 and #9 by failing to apply the Pollock, supra, decision and its requirements to the issues and evidence in this case, and by infusing fault and by failing to make detailed Findings of Fact or in the Conclusion of Law of exactly what company policy was violated and led to her termination. **Pollack involved a specific written policy put into evidence**.

27. That the Hearing Commissioner erred as a matter of law and fact by making Conclusion of Law #10. While setting forth appropriately the law as to the non-preclusive effect of the Dept. of Workforce's decision, the Commissioner erred by not setting forth whether or not it was given any weight and what weight it was given and a detailed Finding as to both.

28. That the Hearing Commissioner erred as a matter of law and fact by making Conclusion of Law #11 which is an insufficient Finding as a matter of law. It can only be assumed that it is based on Conclusions of Law #8 and #9 wherein as stated above, the Hearing Commissioner did not properly apply the Pollack decision or the other Supreme Court decisions in reference to disability benefits; and by infusing fault into a

no-fault system; and by failing to apply the Supreme Court decisions in Last v. MSI Constructions, Hines v. Hendrix, Orr v. Elastomeric Products, Inc. and other cases dealing with the continuation of weekly disability benefits while the claimant is on light duty. In relation thereto the Commissioner erred by failing to give a liberal application of the Appellate decisions and interpretation of the Workers' Compensation Act in favor of the injured worker and specifically the definition of disability under SC Code §42-1-120. Under the definition the worker is entitled to continuing "disability" payments where due to the incapacity because of the injury the worker is not able to earn the wages the injured worker was receiving at the time of injury in the same **or any other employment**. There is no evidence in the Record that the Claimant in her current capacity could earn the wages in the same or any other employment and is also contrary to the evidence.

29. That the Hearing Commissioner erred as a matter of law and fact in her "**Order**" by making a decision on medical care and not including medical care for the entire back; and also by making the determination the Claimant was not entitled to medical care due to the November 4, 2022 accident without specifying what medical care was requested as a result of just the November 4, 2022 injuries which decision is also contrary to the law of the case under Commissioner Wilkerson's Order; and by finding that the Claimant is not entitled to temporary total disability benefits from the date of termination on February 20th and continuing.

30. That based on the testimony and evidence from the Employer at the hearing concerning violations of other company policies during the time that the Claimant was on light duty employment for which under the testimony from the Employer the Employee could have been terminated but was not, were the Defendants estopped as a matter of law and under the Pollack decision and the other decisions of the Supreme Court and Court of Appeals from failing to pay weekly disability benefits, and did the Commissioner err in this regard?

For all the foregoing reasons the Decision of the Hearing Commissioner should be reversed and this Claimant awarded benefits to include all the injuries for which medical care has been accepted and provided to include treatment for the back, treatment for the left leg, treatment for the left hip, and all conditions found to be related to the work-related injuries and the Claimant provided temporary total disability benefits and due to the Commissioner's abject and total lack of performance of her statutory responsibility in making detailed Findings of Fact and Conclusions of Law as required both by the Act and by

court decisions, the Decision should be vacated and this matter remanded either for a hearing before a Commissioner based on a review of the Record or for a de novo hearing.

The above-referenced Exceptions are subject to amendment upon receipt of the Transcript.

Respectfully submitted,

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and

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Attorneys for Claimant

October 17, 2024

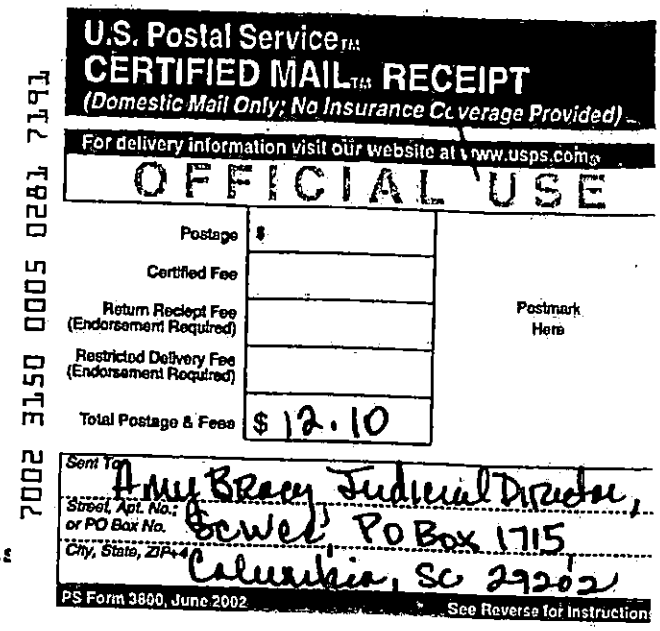
McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers for over 35 years

Preston F. McDaniel

Daniel E. Peagler

July 31, 2024



VIA CERRIFIED MAIL - 70023150000502817191
RETURN RECEIPT REQUESTED
Amy Bracy, Judicial Director
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Mary Davis v. Ruiz Food Products
WCC File No.: 1923627 & 2223041

Dear Ms. Bracy:

Please find enclosed for filing with the Commission our **MOTION FOR RECONSIDERATION PURSUANT TO R. 67-215(B)** in the above-referenced matter, along with the required $50.00 filing fee. I am, by copy of this letter, serving opposing counsel with a copy of same.

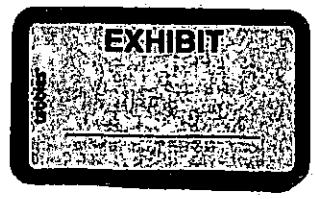
I hope this is sufficient for filing with the Commission, however, if additional information or further clarification is needed, please feel free to contact me at your convenience.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire
Walter H. Barefoot, Esquire



STATE OF SOUTH CAROLINA)) COUNTY OF FLORENCE)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File No. 1923267 & 2223041
MARY L. DAVIS, Employee-Claimant, v. RUIZ FOODS, as Employer, and SAFETY NATIONAL CASUALTY CORPORATION C/O SEDGWICK (YORK RISK SERVICES GROUP INC., as Carrier, Defendants.	**MOTION FOR RECONSIDERATION PURSUANT TO R. 67-215(B)**

TO: SC WORKERS' COMPENSATION COMMISSION, COMMISSIONER AISHA TAYLOR AND WALTER H. BAREFOOT, ESQUIRE, ATTORNEY FOR THE DEFENDANTS:

Please be advised that pursuant to SCWCC R. 67-215 (B), the Claimant hereby moves for Reconsideration and a vacation of the Order issued on July 29, 2024, based on the following:

1. That following the issuance of Notes for Decision back in January of 2024 as reflected in the Commission file, Counsel for the Defendants notified you that a decision had not been made on several essential issues for decision before you.

2. That as late as July 1st, Counsel for the Defendants again inquired as to the status of his request for you to make a

ruling and Findings of Fact on essential issues it is agreed by both parties upon which you had not made a decision in the initial Notes for Decision.

3. That on July 19, 2024, Counsel for the Claimant advised the Commission Executive Director Gary Cannon that Counsel had filed a Summons and Complaint/Petition for Writ of Prohibition and Writ of Mandamus with the Circuit Court in Florence County concerning this matter and asked as is reflected in the Commission's file that Mr. Cannon on behalf of the Commission(er) advise whether or not the Commission(er) would accept service.

4. That on July 25, 2024 Mr. Cannon advised specifically that the Commission(er) would not accept service for the Commission or on Commissioner Taylor in her official capacity as a Commissioner of the Commission. A copy of that email was also forwarded to Keith Roberts, Esquire as General Counsel for the Commission.

5. That on July 25, 2024, "a courtesy copy" of the cover letter and the Summons and Complaint and Motion for a Temporary Restraining Order and a proposed Order for a Temporary Restraining Order Issued Without Notice was forwarded to Gary Cannon, as Executive Director and was copied to Keith Roberts as General Counsel.

6. That as set forth in the Commission's file and as herein above, Defense Counsel had been asked to draft the Order on behalf

of the Commission. Counsel for the Claimant has not been served with nor provided with any proposed Order from Counsel for the Defendants pursuant to the original Notes for Decision nor any further direction from the Commission in that regard.

7. That without notice of a submission of a proposed Order, Claimant's Counsel received the Order which is the subject of this Motion for Reconsideration by email on July 29, 2024 at 12:49 pm, which contains numerous Findings of Fact and specifically includes Findings of Fact concerning the two issues upon which the Commission had not made any prior Findings nor any notification to Defense Counsel with what Findings were to be included in the proposed Order, nor is there any evidence in the Record that the proposed Order was submitted by Defense Counsel.

8. That most respectfully this Order was issued only after courtesy notification to the Commission that the Claimant was seeking, and the Commission and Commissioner Taylor, in your official capacity, would be served with the Complaint, both a Temporary Restraining Order and a Temporary Restraining Order Issued Without Notice until a decision could be made on the Writs of Prohibition and Mandamus.

BASED ON A REVIEW OF THE ORDER

9. That while your Notes for Decision do not make reference to any specific evidence, the Finding of Fact addressed to those Notes do reference evidence. That addition where applicable will

be referenced. Next, there is absolutely no reference to Commissioner Wilkerson's Order and that the purpose of filing a separate Form 50 was so that a Commissioner could determine whether or not the problems with the Claimant's neck stemmed from the accident alone, or in combination with the second incident that occurred in November or resulted from the November incident alone. Commissioner, that Order was not appealed and that Order finds that the Claimant had problems with her neck but only as to whether from which injury it occurred or a combination of both.

10. That further, looking over the Order, in large part your Findings of Fact are based on your Order of June 7, 2021. That Order was issued on the basis of our Form 50 "**seeking additional medical treatment in the form of an evaluation and medical treatment for her left hip and left knee**". At that point, the Defendants had admitted as you set forth in the Statement of the Case "this is an admitted claim as to the Claimant's back only". The only Finding in reference to the back beyond that is that the injuries to the low back was admitted under Finding of Fact #1 of that Order. In your Order Section of the **June 7, 2021 Order** you only specifically address "Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopaedics in Florence, SC". Thus, your Finding of Fact #1 **in the July 29th Order** is wrong and you never made that kind of a

Finding in that Order. That Order was sought and addressed only treatment for the left hip and left knee.

11. That in your Finding of Fact #2 (evidence added) you constantly reference that the Claimant is receiving authorized causally related medical treatment at the direction of the Defendants. That is wrong. The Defendants have not authorized nor are they paying for the treatment for the left knee and left hip which was initially before you at the hearing. You may recall that Mr. Barefoot, and I would ask him to correct me if I am wrong, was taking the position on behalf of his clients that because Dr. Alan had set out the need for that treatment in the same note that she had reached maximum medical improvement and since no decision had been made on permanency for either the hip or the knee, that they were not providing for the medical care. Here again that Finding is wrong.

12. That in reference to your Finding of Fact #4 (citations added) it fails to note that all of those disciplinary actions with the exception of the first disciplinary action occurred while the Claimant was on light duty.

13. That in Finding of Fact #3 (citations added) you refer to Dr. Alan's light duty restrictions but you fail to note the ever increasing light duty restrictions and the changes in jobs to which she was assigned that the employer made available to try to continue to accommodate the Claimant's ever increasing

restrictions. You fail to note that at the time of the termination she was under restrictions by Dr. Chokshi of "**sedentary work only**".

14. That under Finding of Fact #5 (citations added), while you recite the Defendants position you fail to note that her job, again her job, was to throw away product. You also failed to note under Finding of Fact #6 and under #5 in your Notes that not only was that her job but her testimony was agreed to by the defense witness and that to his knowledge no one had ever been fired for that reason before.

15. Under Finding of Fact #8 (#2 in Notes, citation added) you reiterate and base that Finding on your June 7, 2021 Order which again does not address those issues, nor the medical care that the Defendants are "supposedly" continuing to provide (which included treatment for the back) but there has been no treatment since Dr. Alan placed the Claimant under those permanent work restrictions per the Defendants' position on the Record.

16. That Findings of Fact #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20 are not addressed **or made** in your **original** Notes for Decision nor have the parties received any further Notes for Decision from you on these issues since that time.

In specific reference to Finding of Fact #10, it is admitted that an incident occurred and the only question is the severity of

the incident and whether or not the Claimant's injuries resulted from that or in combination with the prior injury or from the prior injury alone. See Wilkerson's Order.

In reference to #11, you failed to note that following the visit with Dr. Chokshi that the Claimant advised her employer, which was admitted during deposition and in the emails, as to her request for authorization for the MRI **per Dr. Chokshi's request**.

17. Commissioner, most respectfully, under Finding of Fact #13, I do not find that we ever made a request specifically for treatment of the wrist.

18. Commissioner, in reference to your Findings of Facts #16 and #17, in her deposition Ms. Opal Jones referred to a Statement she was given by Ms. Octavia Harrison. One of her answers is found at p. 16, ll. 12-14 was that "she said she was -- because they always joke around, Ms. Davis and Mr. Eugene, they always played around, you know, hugging each other --". Then at p. 17, ll. 1-5 in reference to the incident that was reported by Ms. Davis which your Notes tend to indicate did not occur, the witness, Ms. Octavia Harrison according to Ms. Opal Jones stated:

"A. She did not think it was serious until she was approached by Ms. _____ to make a statement and per the statement that I wanted to see her about a statement to write a statement as to what happened that day.

Q: And I believe that as reflected in her statement is that she -- no question that Mr. Davis hit her, and knocked into -- or, you know, I don't want to say

A: bumped into her."

So Commissioner, according to an independent witness some type of event, thought to be jokingly or not, occurred and that Ms. Harrison was at least bumped in the process. You do recall the Fact that the videos were not shown to you and the retention time on certain videos.

19. Commissioner, in reference to Finding of Fact #19, you do remember that the Defendants authorized medical care for the neck at McLeod Occupational Health and that it was Dr. Sandifer's uncontested opinion that to a reasonable degree of medical certainty, the problems with which she was diagnosed and treated there and from which she was suffering included not only her low back but **specifically** her neck, were causally related to and stemmed from the November 16, 2019 accident. You make no Findings of Fact concerning the 2019 accident and the authorized medical care and diagnosis for cervical problems arising out of that accident.

20. Commissioner, you will recall Ms. Davis' testimony that she was instructed to throw away product that was cold and that at times there were tables full of product that had to be thrown away and you will recall that there was absolutely no contradictory testimony or evidence to that fact. Also, Mr. Holder and Ms. Opal Jones in her deposition from which you quote, both stated they did not know the policy concerning throwing away cold product. Also,

in your Finding of Fact #10 you make the statement that she could not recall the name of one person who may have witnessed the alleged incident. The only assumption I can make concerning that Finding (is) that it is made based on is her testimony on the day of the hearing **approximately one (1) year after the incident occurred** that she could not remember the name **because she certainly remembered the name of the lady that Ms. Opal Jones took the statement from, Ms. Octavia Harrison, right after the incident**!.

You also belittle her testimony about throwing away product but again it is uncontradicted that neither Mr. Holder nor Ms. Opal Jones knew the policy and also that **Mr. Holder confirmed that the Plant throws 3-4 tractor trailer truckloads of product away each week**. You do recall her testimony about what she did on the dock checking thrown away product doing one of her light duty jobs before she was given further restrictions beyond those which were given to her by Dr. Alan, which you refer to in your Notes. She was doing that job before she was given and you do not refer to the sedentary work only restriction given to her by Dr. Chokshi.

21. That Conclusion of Law #3 is not a Conclusion of Law in reference to the injuries the Claimant sustained as a result of her accidents but is a Finding of Fact concerning November 16, 2019 admitted accident and is contrary to both the Commission

Record and evidence. The same applies to Conclusion of Law #4 in that you make a Conclusion of Law as to the medical she is entitled to without any Findings of Fact in reference to or supporting that and also you make no statement or finding as to why the neck is not involved since the Defendants paid for authorized medical care and the undisputed medical opinion evidence from Dr. Sandler was that in his opinion to a reasonable degree of medical certainty the authorized treatment he provided for the neck and her neck injury were causally related to the November 16, 2019 injury.

22. That Conclusion of Law #6 is not a Conclusion of Law but is an unsupported Finding of Fact as you do not make any Findings of Fact nor do you address her existing injury in any of your Findings of Fact.

23. That Conclusion of Law #9 is contrary to the decisions of the SC Supreme Court and Court of Appeals and imposes fault into the workers' compensation system.

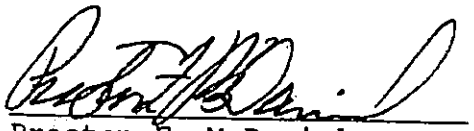
24. That Conclusion of Law #10 is in accordance with law that the Department of Employment & Workforce decision does not have a "preclusive" effect, meaning res judicata or collateral estoppel, but you make no Finding of Fact nor Conclusion of Law as to why that the uncontested testimony and evidence was not given weight.

25. That in your Order without any supporting Findings of Fact or Conclusions of Law you entitle the Claimant to continued "authorized causally related medical treatment for injuries that she sustained to her left knee, left hip and low back" but you make no Finding as to what continuing medical care is being provided to any of those body parts or any of the other injuries that stemmed from the original November 16, 2019 injury which again according to the uncontested medical evidence from Dr. Sandler, the authorized treating physician and as the McLeod records confirm she was treated for her problems with her; and again Dr. Sandifer stated the opinion to a reasonable degree of medical certainty that those problems stemmed from the work-related accident of November 16, 2019. It is ironic that the Unemployment Commission based on her uncontested testimony that she was following her work instructions and gave that testimony greater weight om awarding her benefits **because there was no contradictory evidence** from the Defendants that she was not following company policy. Whereas as in this case, you will recall that both Mr. Holder and Ms. Opal Jones in her deposition could not testify as to what the policy was on the floor for throwing away cold product, and confirmed it was her job to throw away product that was unusable; thus no contradictory evidence but here benefits are denied.

For the foregoing reasons, reconsideration is respectfully requested, or at least that the Order be withdrawn pending a decision by the Circuit Court.

WE SO MOVE.

Respectfully submitted,



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(843)339-3000

Attorneys for the Claimant

July 31, 2024

State of South Carolina
Workers' Compensation Commission

DECISION AND ORDER

The Honorable Aisha Taylor

SCWCC File Nos.: 1923627 & 2223041

Mary Davis,

Claimant,

v.

Ruiz Food Products, Inc,

Employer,

and

Safety National Casualty Corp.,

Carrier,

Defendants.

District 7

Hearing held in Hartsville, South Carolina,
on September 27, 2023

Per notice timely and properly served upon all Parties of Interest.

Appearances:	Preston McDaniel, Esq., of McDaniel Law Firm, appeared on behalf of Claimant.
	Walter H. Barefoot, Esq., of McAngus Goudelock & Courie, LLC, appeared on behalf of Defendants.
Purpose of Hearing:	To determine issues as set forth on Forms 50 and 51.
Court Reporter:	Kathryn Bostrom, Garber Reporting, 3200 Devine St., Suite 103, Columbia, SC 29205, 803-256-4500, info@garberreporting.com.
Filed:	July 29, 2024



I. STATEMENT OF THE CASE

WCC File No. 1923627

On June 3, 2021, the parties presented for a hearing before the undersigned Commissioner. Ruiz Food Products, Inc. (Employer) and Safety National Casualty Corp. (Carrier) (hereinafter collectively known as "Defendants") admitted the injury to Mary Davis' (Claimant's) back, but denied she sustained any other injuries in an at-work accident on November 16, 2019. Claimant sought an evaluation and additional medical treatment for the alleged injuries to her left hip and left knee. The undersigned Commissioner determined:

> Claimant is entitled to an evaluation for her left knee and left hip with Dr. Rodney K. Alan at McLeod Orthopedics in Florence, South Carolina. Defendants are to provide Claimant with written authorization for an appointment with Dr. Alan within fourteen (14) days of the date of this Order. An actual appointment date will be left to the discretion of Dr. Alan's office. AND IT IS SO ORDERED.
>
> (Single Commissioner's Decision and Order filed on June 7, 2021, P. 4.)

Following Claimant's at-work accident on November 16, 2019, Dr. Rodney K. Alan placed her on light-duty work restrictions. Employer accommodated Claimant's work restrictions. Claimant remained on light-duty until Employer terminated her employment on February 20, 2023.

WCC File No. 2223041

On September 27, 2023, the parties once again presented for a hearing before the undersigned Commissioner. Claimant asserted that she sustained injuries or aggravated preexisting conditions after a co-worker assaulted her on November 4, 2022. Claimant further asserted Employer terminated her employment after she requested additional medical care for her subsequent injuries.

Claimant seeks temporary total disability (TTD) benefits from February 20, 2023, to the present and continuing. Claimant also seeks medical treatment for the injuries that she allegedly sustained on November 4, 2022.

Defendants denied Claimant's claim and asserted the substantial evidence does not support a finding that Claimant was assaulted or injured by a co-worker on November 4, 2022. Defendants further

asserted that Claimant's employment continued following her at-work accident on November 16, 2019, until Employer terminated her for cause on February 20, 2023.

Defendants seek a finding that Claimant is ineligible for TTD benefits. Defendants also seek a finding that Claimant is not entitled to medical treatment for her alleged November 4, 2022 injuries.

II. STIPULATIONS

1. The South Carolina Workers' Compensation Commission has jurisdiction over this claim.
2. Venue is proper.

III. APA SUBMISSIONS

Claimant's APAs – WCC File Nos. 1923627 & 2223041

TAB	DOCUMENT	DATE OF REPORTS	NO.
1	McLeod Orthopaedics Florence Rodney K. Alan, MD	3/28/22-2/27/23	1-9
2	McLeod Spine Center Rakesh P. Chokshi, MD Bruce Johnson, MD Laura Strickland, PA-C	3/23/22 – 03/22/23	10-28
3	McLeod Spine Center W.S. Edwards, Jr., MD	12/8/20	29-30
4	McLeod Occupational Health Stuart A. Sandler, DO	12/3/19-6/14/21	31-51
5	Email from Beverly Gilliam at McLeod Health	3/16/23	52
6	Employer Ruiz Foods Products Records: Email from Shanda Blackwell, Workers' Compensation Specialist, Ruiz Food Products; and Investigation Report, Team Member/Witness Statement of Mary Davis	11/16/22; 11/4/22	53-54
7	McDaniel Law Firm requests for authorization for medical care and Temporary Total (redacted)	2/17/23-4/11/23	55-66
8	Decision and Order of Commissioner Aisha Taylor	6/8/21	67-71
9	Dept. of Employment and Workforce Records and Appeal Tribunal Decision	3/2/23-4/12/23	72-74
10	Employer Rate of Pay Adjustment	3/27/22	75